How states 'trap' abortion clinics to shut them down

"It feels like we are sitting ducks in a way and just waiting until the government gets around to addressing abortion care further in this country."
– *Julie Burkhart*

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Welcome to Code WACK!, where we shine a light on America's callous healthcare system, how it can hurt us and what we can do about it. I'm your host **Brenda Gazzar.**

This time on **Code WACK!** How has the Wyoming legislature effectively shut down the only surgical abortion clinic in the state? What are the possible ramifications of this? And what might the Trump administration do when it comes to abortion care? We recently spoke to **Julie Burkhart,** longtime reproductive rights advocate, founder and CEO of Trust Women Foundation, which works to expand access to abortion care in underserved communities, and protégé of Dr. George Tiller, who was murdered for providing abortion care in 2009. This is the second episode in a two-part series.

We interviewed Julie just before the Wyoming legislature passed a bill that effectively shut down her women's health clinic in Casper, Wyoming. Since this

interview, the clinic has put a pause on performing abortions and is awaiting further guidance from a regulatory body.

Welcome back to Code WACK! Julie. Last episode, you mentioned a state bill that you said could shut down Wellspring Health Access, the sole surgical abortion clinic in Wyoming. What can you tell us about that?

Burkhart: The bill, we call it TRAP -- Targeted Regulations against Abortion Providers– it would require us to become an ambulatory surgery center, which in the state of Wyoming is not a requirement, nor is it medically necessary <laugh> to have an [Ambulatory Service Center] to provide abortion care. So our clinic is structured as a doctor's office, so we would not meet the Ambulatory Surgery Center code. We would have to make tons of changes to the clinic. It would cost hundreds of thousands of dollars. And then also it has a hospital privileges provision that says doctors have to have hospital privileges, which is also medically unnecessary, nor is it common for doctors to have hospital privileges. We have one hospital in Casper. They're the ones who would hold all the cards and not necessarily grant us privileges and so that would also shut down our clinical practice.

Q: Fingers crossed that doesn't happen. But if it does, what would that mean for your clients and the people of Wyoming?

Burkhart: We would have some decisions to make. Do we comply with the law and just make the changes and cross our fingers that we would get a license, that our doctors would get privileges? Or do we file a lawsuit? Or I guess the third option would be we don't do anything and just shut it all down.

Q: And what would the impact of that be?

Burkhart: Oh, it would be devastating. We see people from all over the state of Wyoming. We also provide telehealth services to people and that would have a grave impact on their health care.

Q: What's the name of the medication abortion?

Burkhart: It's a two medication regimen – so Mifepristone and Misoprostol.

Q: So you can’t take medication abortion in the second trimester?

Burkhart: No. So here in the United States medication, abortion is generally depending on the clinic, medication abortion is provided up to 10 weeks of pregnancy and no more than 12 weeks. So just depending on the protocol at the individual clinics, no. So medication abortion in this country is used for first trimester procedures only.

Q: So I guess that was my question. Why can't they just move to medication abortion? But it depends on where they're able to get access or when they are able to get treated.

Burkhart: Yeah, medication for second trimester procedures is not something that's incorporated into practices here in this country. You do have some countries that do, out of necessity, provide medication to patients for second trimester procedures, but it's pretty intense and it still needs to be done in clinic.

Q: Right, but the first trimester doesn't need to be done in clinic?

Burkhart: That can be done via telehealth and then mailing the medication.

Q: Got it. And then what is your take on the increase or the rise of medication abortions?

Burkhart: I think with Roe falling, it's become an easier way for people to access abortion care when sometimes people just would prefer to have medication versus a procedural abortion, but it can come down to personal preference. So it's a resource that's available to people, and that's good. People should have choices in how and where they have their abortions.

Q: And is that something you offer at the clinic also in Wyoming?

Burkhart: Yeah, so we provide telehealth medication abortions. So our doctor will meet with the patients online and then a prescription goes out to the pharmacy we work with, and then they mail them the medication.

Q: Do they need to be monitored when they take this medication?

Burkhart: No, but we do callbacks and follow up, and of course we have an answering service. So if anything were to happen, we give them aftercare instructions for 'these are the warning signs that you wanna look [for]' so if anybody is feeling that they're having any of those symptoms, then of course we want them to contact us when sometimes it's necessary to say, you really maybe should go to your local emergency department so you can be seen.

Q: ***So Wyoming has aggressively pursued abortion bans while in Illinois, where you have the second clinic, has strengthened protections. How do you navigate operating in such opposing legal environments?***

Burkhart: It's definitely night and day <laugh> operating between Wyoming and Illinois. And I am so grateful for everyone who's done the work that they've done in Illinois to strengthen that state so there it's more of a proactive approach. We're not playing defense. We have friendly relationships with lawmakers and policymakers. It doesn't mean that we don't pay attention, we do because things can change versus Wyoming where it's defense and not all, but a lot of our interactions with people at the state level are not friendly.

Q: What are the biggest barriers for patients in Wyoming seeking abortion care, and how does your clinic help overcome these challenges?

Burkhart: I think the biggest challenges for people are the travel distance and then the overall cost. 80% to 90% of our patients receive some level of assistance for their appointments. It could be for the medical care they're getting. It could be transportation, lodging, food. So that's a really big obstacle for people, and then transportation and just the distance. We have a great partnership with a nonprofit that will fly our patients so we've worked with them a lot. Especially say you're coming from Utah, you know it's going to be faster and easier to hop on a flight. So we have funds we work with to do not only funding for the medical care, but also all this wraparound logistical care as well. Items of the travel, lodging and food.

Q: Got it. So how is it that you're able to help with the cost of the abortion? Is that money that you get donated to you?

Burkhart: So I guess it's three-pronged. The most common way that we help people is we work with funds that provide typically the monetary support to help people with the things they need. Sometimes they won't contribute the money, but they'll book hotel rooms or pledge to fly people to Wyoming. The second is we reach out to our supporters to ask folks if they can contribute to help with care. And then thirdly, if we aren't able to put the money together at times, that's stuff we have to write off. We absorb the cost.

Wow.

Burkhart: Yeah, and it's just a crazy way in this country – talking about our broken healthcare system – what other specialty do you have to go out and cobble together all this money so people can get health care? It's just so dysfunctional and it just shows how policymakers have not really considered the real impact and cost then that's absorbed by people needing that health care.

I imagine that in most countries with universal healthcare, abortion is usually covered.

Burkhart: Yeah, like Canada's a great example. I know a lot of European countries – definitely in the Canadian health system, abortion care is covered. And also in a lot of these countries that have universal health care and have abortion coverage, they also have easy access to contraceptive care and education about contraception. Not only have abortion care that's covered, but you have a lower abortion rate because there's just a different mentality when it comes to talking about sex, contraception and abortion.

Q: Are your clinics seeing more demand in recent months?

Burkhart: We haven't seen a change in demand in recent months. Tell you that our clinic in Illinois, on average, before the Dobbs decision, before we started to see all of these mass closures, we saw anywhere between 3,000 to 4,000 patients annually. Now we see around, depending, we see around 8,000 patients a year. Big jump. Yeah. So a lot of <laugh> expansion of staff, clinic hours. We really had to build capacity because what are we gonna do? We don't want to turn people away, which we don't. But, so that's an example of after Dobbs, just this

immediate spike and so we had a lot of growing pains, <laugh>. And then in Wyoming, since we're such a new clinic, we've definitely seen an upward trend. But of course we didn't have that drastic increase in patient volume because one we've opened close to a year after the Dobbs ruling, but we definitely have seen an upward trend in our patient load.

Q: And how are you able to manage that increase?

Burkhart: In Wyoming, patient load isn't such that we've had to hire additional staff. It's pretty much at what was projected, but as more people find out about the clinic, our numbers have been increasing. But it's not to the point where I felt like, oh, 'hey, we need to add more staff members.'

Q: So given ongoing threats and protests to abortion clinics, how do you ensure the safety of your staff and patients?

Burkhart: We have security measures in place. I can tell you that knowing who was going to come back into office, we definitely increased security there [in Wyoming] and took some more measures because clearly the federal government now does not have our back in any way, shape, or form. So yeah. So it's always top of mind. Safety and security.

Q: Right. Julie, what are your biggest concerns about the Trump administration's approach to abortion?

Burkhart: We continue to be concerned that the other shoe basically is going to drop. We've all seen the pages out of Project 2025, which he has proven that's his playbook. So it feels like we are sitting ducks in a way and just waiting until the government gets around to addressing abortion care further in this country. I don't know exactly what that looks like. If there's gonna be a ban on Mifepristone, if Comstock might be enforced, if he's going to try to push a national ban. We don't quite know what it's going to look like, but I feel certain that we're going to see something further.

Yeah. So he may ban the abortion medication.

Burkhart: Yes, they could. Yeah, definitely work to ban the distribution of Mifepristone, a number of ways that they could work to go after abortion providers.

Right. And then you mentioned the national ban, which would ban abortion nationwide, even though Trump has backed away from that, that doesn't mean anything.

Burkhart: And I think that was political expediency.

Then the third thing you said was Comstock. Tell us about that.

Burkhart: So Comstock is a law that's been on the books since the mid 18 hundreds. Something I studied when I was in graduate school, and for some reason I was under the impression 'cause I don't walk around thinking about Comstock every day. I thought it had been repealed, but only part of it had been repealed. So it's still in effect. What it could do basically is disrupt the distribution of via the US mail commercial carriers like FedEx from distributing medications and supplies that are used specifically in abortion care.

Oh, very interesting. So it's kind of an indirect way of banning abortion.

Yes. Would it be impossible to continue if you can't distribute the supplies technically or is there a way around that?

Burkhart: There are other ways. It would present an incredible hardship if say each clinic were responsible for getting their supplies to their clinic. We all have a variety of vendors that we contract with. You could have supplies coming from different parts of the country. You would really have to figure out that transportation process, which Is complicated. It takes money, it takes resources.

So there's a lot of options that they have essentially to restrict abortion even more.

Burkhart: Yes, unfortunately. And with RFK [Jr.] now having been confirmed, he is another Trump loyalist, and so we're waiting to see what might come from that department.

I see. What policy changes at the state or federal level do you think would make the biggest difference in protecting abortion access?

Burkhart: I think in these states that have banned abortion and restricted abortion, it would be nice if policymakers could come to their senses and understand that there have to be protections for abortion care. And that by banning abortion, you're not only hurting people in that way, but studies have shown that there's a direct impact then on maternal health. On childhood health. And these people are banning abortion in the name of being pro-life, pro child. But these abortion bans really have a direct negative impact on children. Is

Is that because the children are not wanted or why?

Burkhart: Yeah, if you're having to carry a pregnancy that maybe you otherwise wouldn't have carried. If you're already in an economically precarious position, you already don't have good [or] adequate access to health care, all of these factors work against families.

Q: How do you feel about single payer health care, for example, as a policy?

Burkhart: I can't say our organizations have a position on that. Personally, I am a huge advocate. <Laugh>. I see it from both sides. The consumer side, and I see it from the healthcare provider side. What we have now is so incredibly broken. As a provider, it's really an ineffective process the way it's set up now. Anyway, we don't meet revenue goals. Regarding single payer, people deserve to have more simplicity in that area. So just, to me, it's common sense.

Q: Yes. And if there could be a single payer healthcare system nationally, someday, or even statewide, I imagine you would hope that abortion care would be included in that.

Burkhart: Yes. We would absolutely want abortion care to be included in any single payer program. The fact of the matter is that sometimes some people need abortions and they should not have to rob from their piggy banks in order to access that care. They deserve to have that healthcare coverage.

Thank you Julie Burkhart.

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