

# Blue states like New York must protect abortion rights



## Your Turn

Tymoni Correa-Buntley  
Guest columnist

After 50 years, the Supreme Court has signaled that it will overturn *Roe v. Wade* and open the door for more than half of the states to ban abortion. Although abortion remains legal nationwide until a formal decision in *Dobbs v. Jackson Women's Health Organization* is announced (the draft opinion has no legal weight), the consequences of this decision will be felt across the nation – including here in Western New York and the Finger Lakes.

When I was 23 – working at a local news station in Rochester – I had an abortion. It wasn't a difficult decision: I didn't want to be a parent. The hard part was finding a way to access the care I needed.

I have a predictable menstrual cycle, so I caught the pregnancy early, when I was only six weeks along. Immediately, I set up an appointment with my doctor's office to talk about my options, but I quickly learned that the so-called family planning my doctor offered was just marketing speak and didn't include abortion services. My doctor said Planned Parenthood was my only option.

As a Western New Yorker, I was shocked. I was living in the third-largest city in a blue state led by pro-choice legislators. How could I only have one option?

While still sitting in the doctor's office, I called the local Planned Parenthood. They wouldn't be able to see me for several weeks, which would rule out my desired treatment: medication abortion with pills, which is approved for use up to 10 weeks. My time was limited, so I kept searching for other options. I called Planned Parenthood locations in Buffalo and Syracuse, but they, too, were experiencing similar scheduling backlogs. So, I looked to my north: Canada.

After explaining my situation to a receptionist on the phone, the Planned Parenthood in Toronto was able to get me scheduled one week later for a same-day service. I was about to drive nearly four hours, into another country, just to get an abortion – and then four hours back home.

I was sure and committed to my deci-



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sion. But even with that appointment scheduled, I kept looking for an alternative that wouldn't require me to use the limited sick time I had at work. A few days before my Toronto appointment, I learned about a small clinic in the professional office building next to Highland Hospital, and I was able to get the care that I needed there.

The clinic was tucked away at the end of a long hallway. I checked in, paid the \$20 insurance copay and sat in the small, dark waiting room until they called me back. While the doctor did my ultrasound, I held my now-husband's

hand and stared up at the ceiling. There were fish on the tile above my head. For a moment, it reminded me of being at the dentist as a kid. But then I looked around at the other tiles: they were water damaged and dingy.

After the ultrasound, the doctor gave me the first pill: mifepristone. Later, at home, I took the second pill: misoprostol, a painkiller, and laid in bed watching Beyoncé's *Homecoming* documentary. A few hours later, intense cramping and bleeding began, but before I knew it, it was over.

Jackson Women's Health Organiza-

tion is located more than 1,000 miles away from Rochester. It's the only remaining abortion clinic in the state of Mississippi, and the plaintiff in what will likely be the most important abortion case of the past decade. The clinic sued Mississippi after a 15-week abortion ban went into effect, leading all but one clinic to close, and making it nearly impossible for residents to access care. If the Supreme Court rules in favor of Mississippi, thus overturning *Roe*, abortion access will be much worse than it already is.

Anti-choice politicians have already made it harder for people to get an abortion across the country. Clinics are closing and schedules are backlogged, which changes how and who can access this necessary health care service. When it's difficult to find care locally, people travel long distances to receive it, which makes capacity an issue for everyone as pro-choice states are left to fill this need.

New York is one of several states preparing for this now. Recently, Gov. Kathy Hochul announced a \$35 million investment to launch an abortion provider support fund. Attorney General Letitia James also introduced legislation to create a program that would allow the state to accommodate more patients as clinics prepare for those coming from out of state. While these investments are much-needed, they alone will not solve the abortion access crisis.

We need Congress to do the job they were elected to do: Act in their constituents' favor. The majority of Americans support abortion access, yet the Senate recently voted against the Women's Health Protection Act – a federal bill that would protect and expand abortion rights. The need for abortion has always existed and will continue post-*Roe*. This is why safe abortion access is so important.

It's been four years since my abortion, and I'm more afraid now than I was then. I am scared for the people who will be forced to carry an unwanted pregnancy because their representatives have let them down. Now 27 and married, I'm still unsure if I want children. But what I do know is that whether you want to be a parent or not, the choice must be yours.

*Tymoni Correa-Buntley, a Rochester native, is a senior content strategy manager at the Center for American Progress.*