

The background is a detailed botanical illustration featuring various green plants, leaves, and flowers. A small brown bird is perched on a branch in the upper left, and a butterfly is visible on the right. The central text is overlaid on this pattern.

# COMMUNITIES Need Clinics

The Abortion Care Ecosystem Depends on Independent Clinics



Abortion Care Network

[www.abortioncarenetwork.org](http://www.abortioncarenetwork.org)

**2023 Report**





## Methodology

*Abortion Care Network collects data annually on every abortion clinic in the United States that makes abortion care services publicly available. Using publicly available search engines and clinic directories to identify providers, each independent clinic is contacted for operational status and information on the scope of services provided. Data were gathered from July through October 15, 2023, and findings are presented throughout this report.*

*Abortion Care Network is grateful to the team at [ineedanA.com](https://ineedanA.com) for their support with data collection, and to our partners at the Guttmacher Institute and Ibis Reproductive Health for advice related to data collection and analysis.*

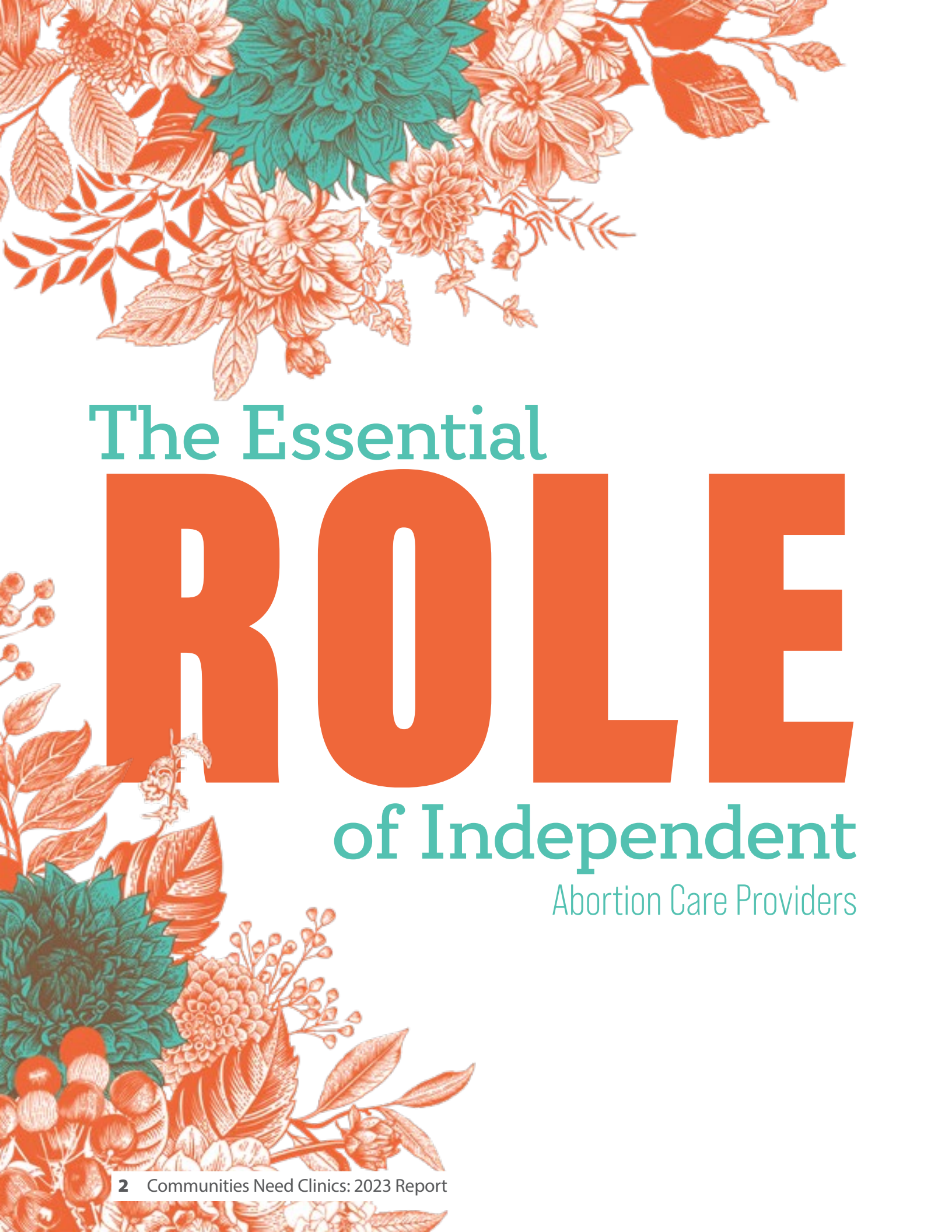


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The Essential

# ROLE

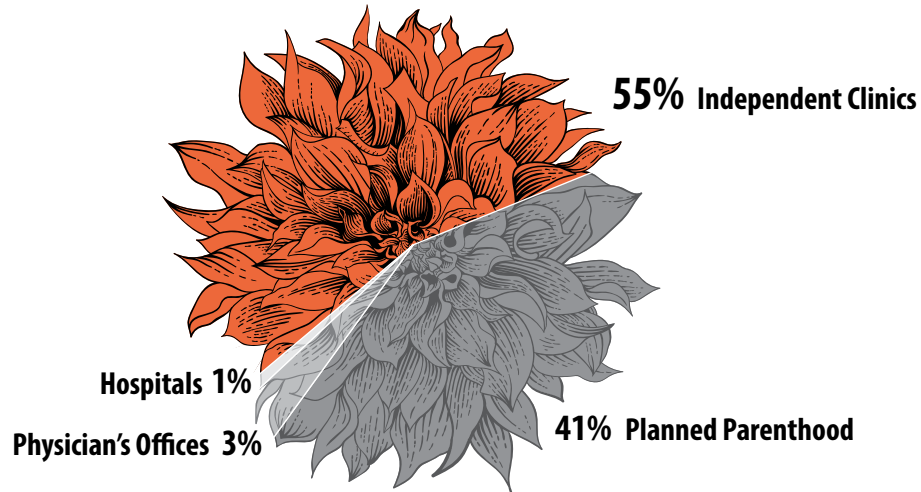
of Independent

Abortion Care Providers



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## Abortion Procedures by Provider Type



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In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and independent abortion clinics (indies). Although independent abortion providers represent about 24 percent of all facilities offering abortion care, they provide 55 percent of all abortion procedures nationwide.<sup>1, 2</sup>

All of these providers are necessary to cultivate and create a sustainable, accessible, and meaningful landscape of reproductive health care, including abortion. Yet independent abortion clinics remain under-resourced and are rarely centered in the public discourse on abortion care in the United States. Indies lack the institutional support, visibility, name recognition, and fundraising capacity of national health centers and hospitals, making it especially difficult for them to secure the resources needed to keep their doors open.

In addition to providing the majority of abortions in the U.S., independent providers operate 60 percent of the abortion clinics in the states that are most politically hostile to abortion.<sup>3</sup> Wherever they're located, independent clinics are centers of care in their communities: they often provide a breadth of sexual and reproductive health services, serve as trusted sources of health information, and work with abortion funds and practical support organizations to ensure that services are available to people with the fewest resources. They are bold advocates in their states — along with legal experts, community partners, and activists, they fiercely defend each person's right to access abortion





# ACCESS

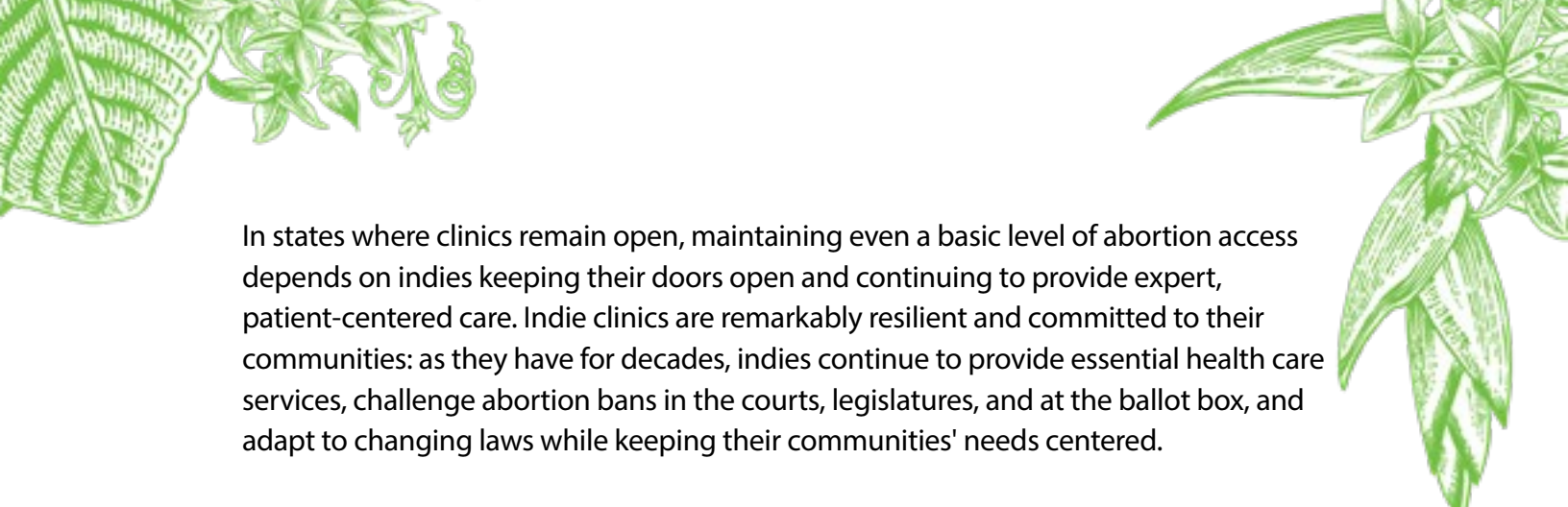
## to Care

### Depends on Independent Clinics

Independent abortion clinics have long been more vulnerable to anti-abortion attacks intended to close clinics or push abortion out of reach.<sup>4,5</sup> As such, indies were disproportionately impacted by the U.S. Supreme Court's decision to overturn *Roe v. Wade*\* and the flood of abortion bans that followed.<sup>5</sup> With over half the states in the U.S. banning or severely restricting abortion and fourteen states lacking a single abortion clinic, access to abortion care in many parts of the United States has been decimated.<sup>3,6</sup>

\* The U.S. Supreme Court issued its ruling in the *Dobbs v. Jackson Women's Health Organization* case on June 24, 2022, overturning *Roe v. Wade*. These cases are also referred to as *Roe* and *Dobbs* throughout this report.





In states where clinics remain open, maintaining even a basic level of abortion access depends on indies keeping their doors open and continuing to provide expert, patient-centered care. Indie clinics are remarkably resilient and committed to their communities: as they have for decades, indies continue to provide essential health care services, challenge abortion bans in the courts, legislatures, and at the ballot box, and adapt to changing laws while keeping their communities' needs centered.

## Care Throughout Pregnancy Depends on Independent Clinics

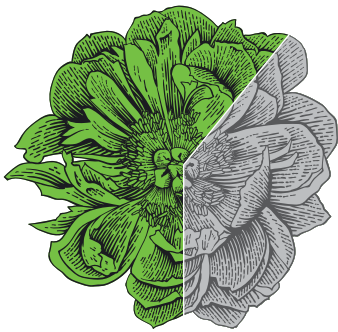
Access to abortion care throughout pregnancy has depended on independent abortion clinics for decades. This remains true even after the overturning of *Roe v Wade*: independent clinics make up 61 percent of all U.S. clinics that provide abortion after the first trimester.<sup>†</sup>

Independent clinics represent 61 percent of all clinics that provide care at and after 16 weeks of pregnancy, 67 percent of clinics providing care at and after 19 weeks of pregnancy, and 86 percent of clinics that provide care at or after 22 weeks of pregnancy. After 26 weeks of pregnancy, the only clinics that provide abortion care are independent.



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### Care Throughout Pregnancy Depends on Independent Abortion Clinics



**61%**

of all U.S. clinics that provide abortion after the first trimester are **independent**



**86%**

of all U.S. clinics that provide care at or after 22 weeks are **independent**



**100%**

of all U.S. clinics that provide abortion after 26 weeks of pregnancy are **independent**

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<sup>†</sup> For the purposes of this report, the first trimester is defined as the first 12 weeks and 6 days from a person's last menstrual period.





Though most abortions occur in the first trimester of pregnancy,<sup>7</sup> there are many reasons that people need abortions in the second and third trimesters, including abortion restrictions, a lack of resources, increased clinic wait times, and factors related to health, safety, and viability.

Patients must sometimes travel hundreds of miles for care, take time off of work, navigate politically-imposed restrictions, arrange childcare, and gather the money needed to get an abortion.<sup>6</sup> With over half the states in the U.S. banning or severely restricting abortion and dozens of clinics (including both independent clinics and Planned Parenthood affiliates) forced to close, the demand placed on remaining clinics often exceeds their capacity, resulting in longer wait times for appointments.<sup>8, 9</sup> All of these factors create delays, and many of them are imposed by anti-abortion politicians.<sup>10, 11</sup>

Finally, targeted abortion restrictions and financial pressures make it harder for clinics that provide care further into pregnancy to stay open, even though they are a lifeline for many people. Because independent clinics account for the majority of clinics providing care after the first trimester, their continued closing presents a disproportionate threat to the availability of abortion care as pregnancy progresses.


## Independent Clinics Provide More Comprehensive Abortion Care

Independent abortion clinics are more likely to provide both medication and in-clinic abortion care as options. Seventy three percent of brick-and-mortar independent clinics offer both medication and in-clinic abortion care, as compared to Planned Parenthood, where both medication and in-clinic abortion care are available at only 42 percent of affiliated clinics.

When medication abortion is the only option available, the ability to access abortion beyond 10 to 12 weeks of pregnancy becomes substantially more difficult, requiring additional travel, time off work, and out-of-pocket costs. It also limits patients' ability to choose the best method of care for themselves. While both medication and in-clinic abortion are safe and effective, there are reasons why patients may need or prefer one method over another.<sup>12, 13</sup> This is especially true for patients for whom it's not safe to end a pregnancy outside the clinic — including those experiencing intimate partner violence, minors without support at home, people experiencing homelessness, and patients who cannot take time off from work or from caretaking.



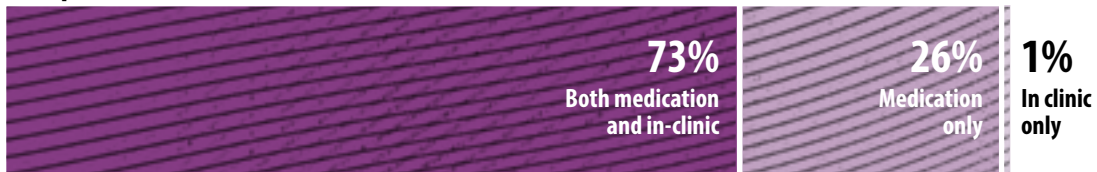




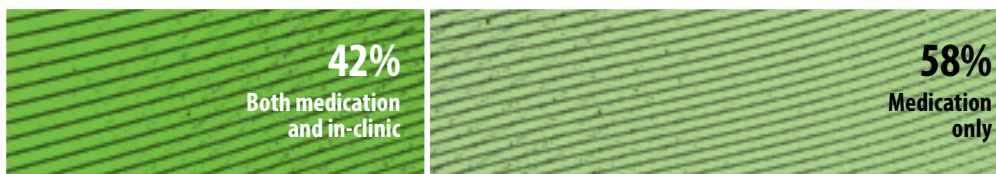
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## Types of Abortion Care Provided by Clinic Type

### Independent Clinics



### Planned Parenthood

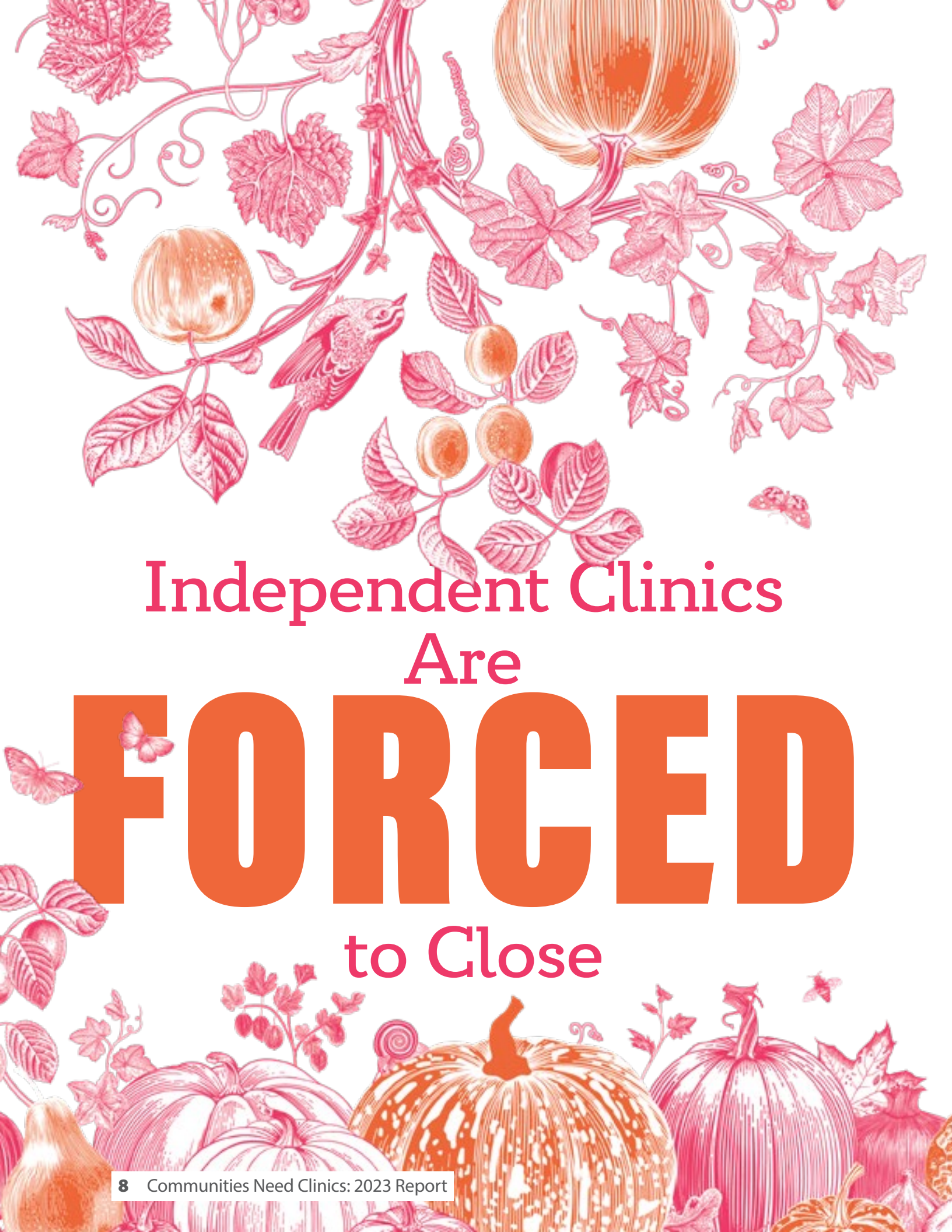


*\*Graph represents brick and mortar clinics only*



## Independent Clinics Innovate to Provide Care Online

As entire states and regions are left without brick-and-mortar clinics, indies have shown themselves to be innovators, operating 100 percent of online-only clinics (also referred to as telemedicine-only clinics) in the U.S. While the number of online clinics has increased dramatically over the last three years, this mode of abortion provision is not available in 18 states that ban abortion via telemedicine or ban abortion completely;<sup>14</sup> additional states have restrictions onerous enough that online provision is logistically impossible. Equitable access to abortion depends on brick-and-mortar clinics remaining open, lifting abortion restrictions in every state, and technological innovations — true access can not rely on any one model of care.

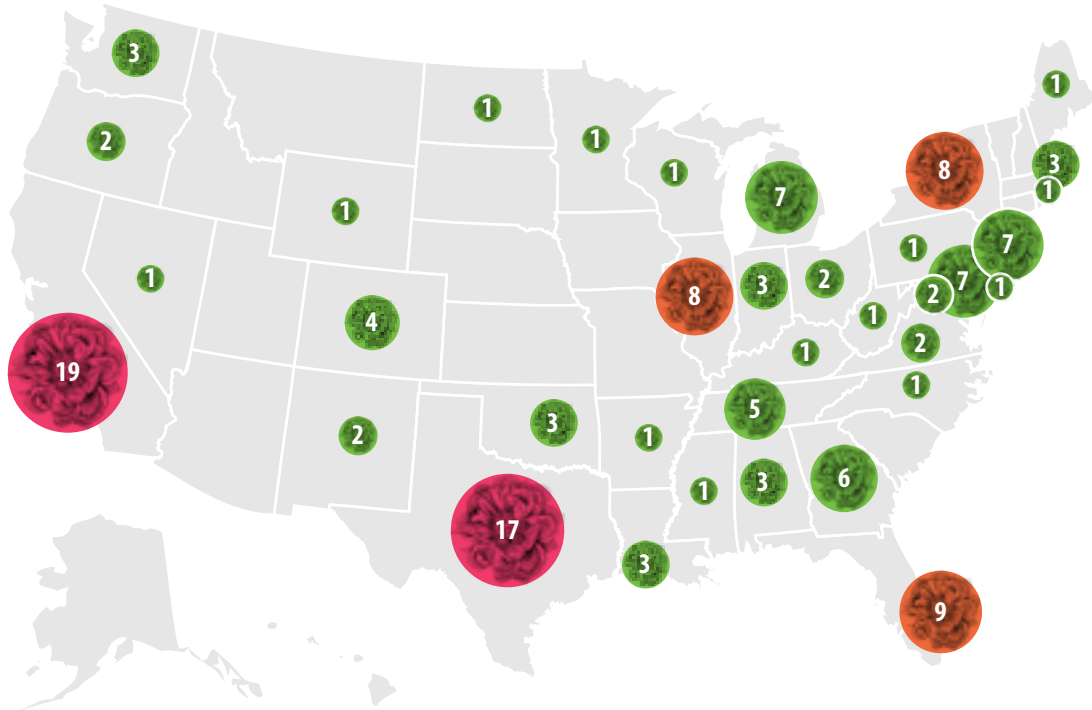


Independent Clinics  
Are

**FORCED**

to Close





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Abortion Care Network identified 139 independent abortion clinic closures between 2018 and 2023.<sup>§</sup> Thirteen independent clinics closed in 2018; 27 closed in 2019; 14 closed in 2020; 20 closed in 2021; 42 closed in 2022. As of October 2023, we have confirmed 23 independent clinic closures in 2023.

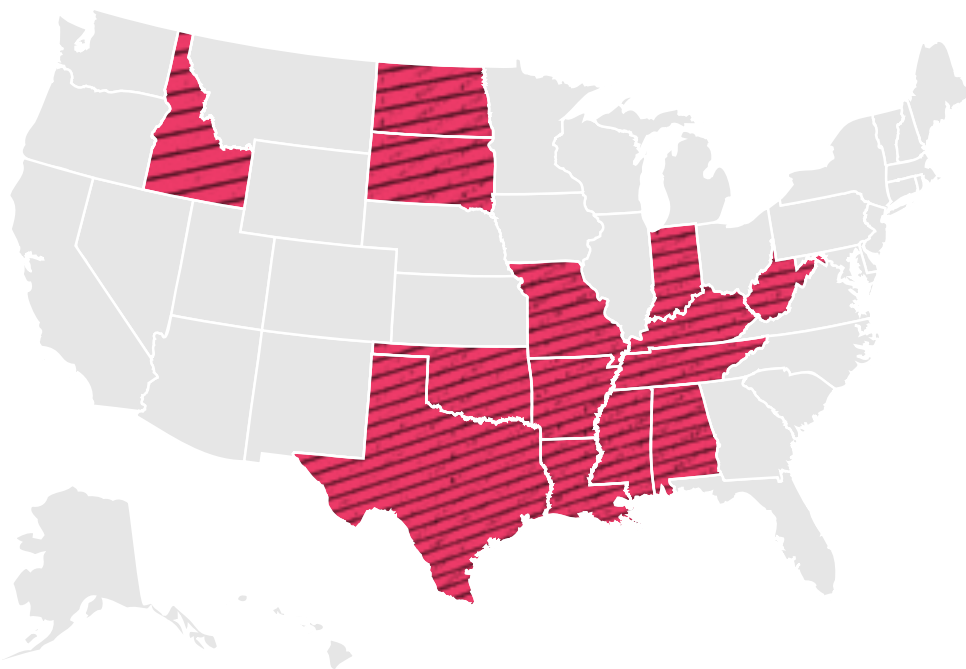
## A look at Communities Without Independent Clinics

There are several reasons for clinic closures, with the overturning of *Roe v Wade* and the flood of abortion bans and restrictions that followed in 2022 and 2023 being the clearest and most immediate. In 2022, 14 states enacted abortion bans sweeping enough to force all the clinics in those states to close or stop providing abortions.<sup>15</sup> In 2023 alone, 53 laws restricting access to abortion care have been enacted.<sup>16</sup>

Even in states where abortion remains legal, medically unnecessary restrictions, financial barriers associated with operating a health center, and the constant work of protecting against anti-abortion extremism make it challenging for many clinics to keep their doors open at all.




### 14 States Have No Clinics Providing Abortion Care



<sup>§</sup> Closures are confirmed by phone and publicly available reports.







There were too few clinics to meet the needs of people seeking care even before *Roe* was overturned: 89 percent of U.S. counties were without an abortion provider in 2020.<sup>17</sup> This number quickly increased as clinics across the country were forced to close: currently, 14 states have no abortion clinic at all. The devastation has been especially stark in the Midwest and South, where 75 percent of the independent clinics that closed in 2022 and 2023 were located.

## What We Lose When Clinics Close

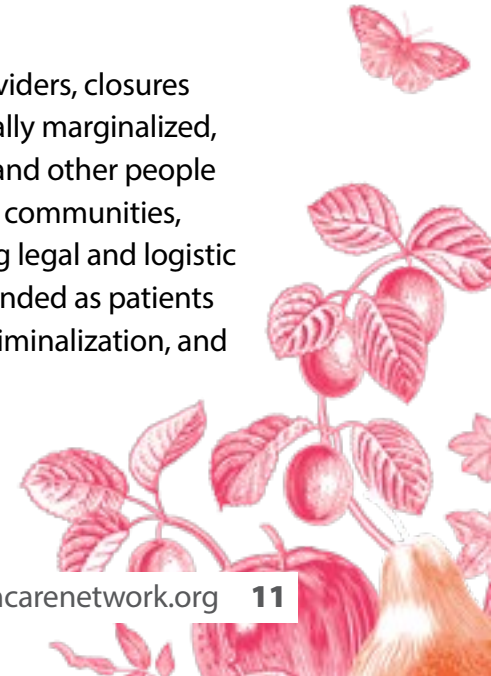
When indie clinics are forced to close, they are very unlikely to re-open — and access to abortion care is not the only thing lost. Clinic closures also mean the loss of trusted medical expertise, community-based jobs, comprehensive reproductive and sexual health services, and neighbors who have cared for each other with compassion, respect, and shared cultural knowledge.<sup>8, 9, 18</sup>

Independent clinics often host medical residencies and other clinician training programs. When their doors close, so does the opportunity for future clinicians to train and graduate to go on to provide comprehensive reproductive care that includes abortion.<sup>19</sup>

Independent clinics also play a crucial role in protecting and defending our rights in state and federal courts. Because providers often have legal standing to serve as plaintiffs, they can fight to block bans, overturn harmful laws, or restore abortion access in their states. When clinics close entirely, they lose standing and can no longer bring such lawsuits, leaving few other feasible options for legal challenges in the courts.

With fewer clinics open, anti-abortion extremists have also escalated their attacks on abortion providers: 2022 saw increases in arson, clinic invasions, burglaries, stalking, and death threats.<sup>20</sup> Notably, extremist violence intensified in states where abortion remains legal, suggesting that with fewer clinics remaining, it is increasingly easy for extremists to concentrate their focus on clinics that are still open.<sup>20</sup>

Finally, just as abortion bans have disparate impacts on different providers, closures and bans disproportionately affect people who are already systemically marginalized, criminalized, and surveilled, including Black and Indigenous people and other people of color, immigrants, people with disabilities, LGBTQIA+ people, rural communities, young people, and people with low or no incomes.<sup>10, 21, 22</sup> The growing legal and logistic barriers to accessing reproductive health care in the U.S. are compounded as patients navigate financial and geographic hurdles, threats of violence and criminalization, and a broken, discriminatory U.S. health care system.<sup>6, 10, 20, 21, 23</sup>






Independent Clinics  
Flourish When

**ROOTED**

in Community





The U.S. Supreme Court's decision overturning *Roe v Wade* made way for the most severe abortion bans in generations, sowing confusion and leaving entire regions without clinics. Amidst this public health and human rights crisis, independent clinics worked hard to continue caring for their communities — providing abortions if and when they could, expanding or relocating, and working with partners to protect abortion access. At the same time, people all over the world stepped up to offer their time, talents, and resources to support abortion access. Individuals donated time and money to keep clinics open and to cover patient costs, while voters defended abortion rights in their states. Building a liberated future with abortion access for everyone will require years of investment from many people, and indies have been a part of building that foundation for decades.

## **Independent Clinics Adapt and Respond to Community Needs**

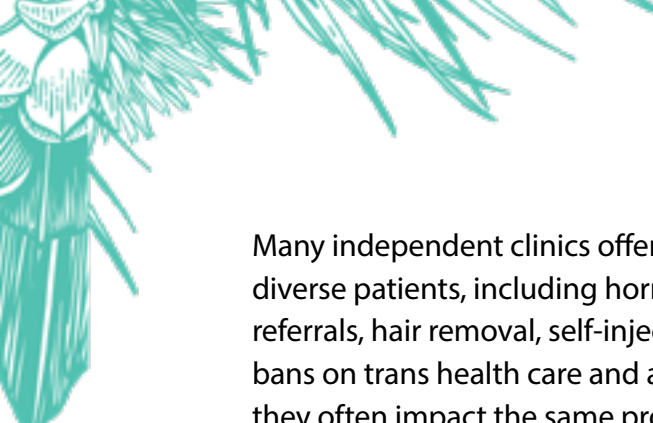
When clinics are forced to stop providing abortion care, they have limited options — close completely, offer new or expanded services, or move across state lines. Given their strong community roots and dedication to their patients, staff, and partners, many independent clinics opt to stay in their communities to continue providing services.

Indie providers listen to their patients, have built trusted community partnerships, and hold deep expertise in patient-centered care. These clinics often serve as the only source of health care for many individuals, including people who are uninsured or underinsured.<sup>24, 25</sup> For these reasons, independent clinics are in a position to gauge and respond to the needs of their communities.

Many indies offer comprehensive sexual and reproductive health services, including contraception, annual exams, HIV and STI testing and treatment, and pregnancy options counseling. In recent years, some clinics have expanded services further, offering prenatal and birthing care, gender-affirming and trans-inclusive care, and harm reduction services for people who use drugs.

### **Independent Clinics Provide Gender-Affirming Care**

Over the last few years, the U.S. has seen an escalation of state-level attacks on transgender and gender diverse people through health care (and other) bans. The tactics used to restrict abortion are strikingly similar to those used to undermine and restrict gender-affirming care: both stem from an intent to control people's bodies, and both seek to criminalize people for providing and seeking the health care they need.<sup>26, 27</sup>



Many independent clinics offer health care services for transgender and gender diverse patients, including hormone therapy, surgical procedures and follow-ups, referrals, hair removal, self-injection classes, and clerical legal services. Not only are bans on trans health care and abortion rooted in the same denial of bodily autonomy, they often impact the same providers, patients, and clinics.



### Allegheny Reproductive Health Center offers expansive, inclusive care

*Allegheny Reproductive Health Center saw a drastic increase in patient need when abortion was temporarily unavailable in neighboring Ohio and banned in West Virginia.<sup>A1</sup> Additionally, several nearby states introduced bans and limits on transgender care.<sup>A2</sup> In addition to providing abortion services, Allegheny Reproductive Health provides a wide array of LGBTQIA health care, including hormone therapy, contraception, cancer screenings, fertility services, and surgical consultations and procedures. In 2024, the clinic is on track to be in partnership with the opening of a gender-inclusive fertility clinic.<sup>A3</sup> As an expert in providing care to people who have been unable to access care because of finances, safety, and stigma, Allegheny Reproductive Health Center is an important access point for all people to build their families when, where, and how they choose with the support of skilled health care providers.*

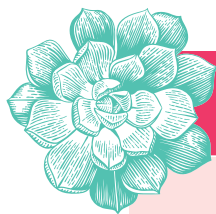


### Independent Clinics Provide Harm Reduction Services

Like abortion restrictions, bans on gender-affirming care and laws that criminalize drug use are harmful and based on ideology rather than medical best practices. These policies deprive people of essential health care, promote surveillance and stigma, and subject providers, people seeking care, and those who support them to criminalization.

Harm reduction is an approach that attempts to reduce negative consequences associated with drug use, including criminalization and health impacts.<sup>28</sup> Providing harm reduction services with respect means believing in the dignity, rights, and autonomy of each person — values that many abortion care providers hold. Because of their position as trusted centers of care and their experience providing services free of judgment, stigma, and coercion, some indies offer services specifically for people who use drugs, including needle exchanges and safer drug use supplies, naloxone and overdose response training, and HIV and hepatitis C testing and treatment.





## In Appalachia, continuing community care includes harm reduction

*In September of 2022, West Virginia passed a law banning abortion with few exceptions, forcing The Women's Health Center of West Virginia (WHCWV) — the only remaining abortion clinic in the state — to stop providing abortion care. WHCWV is a trusted center of care, offering comprehensive sexual and reproductive care, including gender-affirming hormone therapy, birth control, and annual exams. As an abortion provider, WHCWV has experience providing evidence-based, patient-centered health care free of stigma,<sup>B1</sup> and in 2023, it became apparent that WHCWV could offer harm reduction services for people who use drugs, including naloxone and overdose response training, referrals to medical care, safer drug use supplies such as bleach kits for syringes, fentanyl test strips, and HIV and hepatitis C testing and treatment.<sup>B2</sup> As WHCWV was expanding services in West Virginia, they put their commitment to abortion into action: the clinic opened another location in Maryland in order to provide abortions to patients from across Appalachia.*



## Independent Clinics Provide Pregnancy-Related Care

Despite the fact that some lawmakers, insurance policies, and popular narratives treat abortion as a separate, singular experience, abortion is part of the full spectrum of reproductive health care. Abortions are normal: many people who have abortions will also use birth control, experience miscarriage, pursue pregnancy, give birth, and/ or parent children.

Because of their commitment to ensuring that pregnant people have options, several independent clinics have shifted or expanded their pregnancy-related services. Ultrasounds, post-abortion follow-ups, miscarriage management, prenatal care, assisted fertility services, and even birthing centers can be found at indie clinics across the country.



Provider shortages, the cost of care, systemic racism, and logistical barriers all contribute to a growing maternal health care crisis in the U.S.,<sup>29</sup> and because restricting abortion results in increases in negative pregnancy- and birth-related health outcomes,<sup>30, 31</sup> abortion bans will very likely exacerbate the current crisis. With over 35 percent of U.S. counties lacking sufficient access to prenatal and maternity care,<sup>32</sup> independent clinics that offer pregnancy-related services represent a critical lifeline for many.



### Austin Women's Health Clinic remains committed to pregnant people

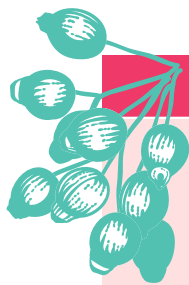
*Austin Women's Health Clinic — one of only four independent clinics in Texas — has completely shifted its practice to daily gynecology and comprehensive reproductive care. This care has become vital for the community: the clinic provided more than 1,000 ultrasounds, 250 post-abortion follow-ups, counseling for 25 miscarriages, and 150 long-acting reversible contraceptive devices between June 2022 and June 2023. In total, during this time, it served about 3,000 patients, compared to only 2,400 who sought that type of care in 2021.<sup>C1</sup> When patients cannot see their primary providers or do not have access to a primary care provider, independent clinics like Austin Women's Health Center ensure that patients are treated for life-threatening pregnancy complications the same day.<sup>C2</sup>*



Whether providing abortions, gender-affirming care, preventive sexual health care, harm reduction services, or pregnancy-related care, independent providers are driven by the belief that every person should have access to the care and resources they need to make decisions about their own bodies, families, and futures.







## Maintaining continuity of community care in Alabama

*Less than a month after the Dobbs decision, West Alabama Women's Center (WAWC) — a for-profit abortion clinic that had been providing abortion care since 1993 — transitioned to a nonprofit reproductive health care center.<sup>D1</sup> The clinic stayed in the same location, with the same staff and commitment to providing care without stigma or shame. WAWC offers pregnancy care, prenatal care and miscarriage management, contraceptive care, and STI testing and treatment. The clinic focuses on providing care for uninsured, underinsured, and patients receiving their health care through Medicare and Medicaid. These patients are often neglected or ignored by traditional health care institutions, and without WAWC, might not be able to access reproductive health services at all. In a state where abortion care has been banned and maternal mortality rates are skyrocketing,<sup>D2, D3</sup> access to comprehensive care that meets all people where they are financially, geographically, and emotionally is paramount.*

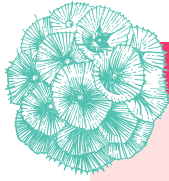


## Communities Support Abortion and Independent Clinics

Abortion has long been framed as a controversial, divisive issue in the public conversation, and U.S. legal and legislative systems repeatedly enact unpopular bans on abortion. The general public is not divided, however: not only do the majority of Americans support abortion rights, individuals continue to support clinics in their communities, states, and across the country.

In nearly every state, a majority of people support legal abortion, and there was no state where more than 14 percent of respondents said abortion should be illegal.<sup>33</sup> A significant majority of Americans believe abortion should be legal in most or all cases,<sup>34</sup> and support has only increased in recent years.<sup>35</sup> Abortion restrictions are deeply unpopular: most people disagree with abortion bans and believe that states make it “too hard” to get an abortion.<sup>36</sup>

Since the overturn of *Roe*, voters have consistently turned out to defend and protect abortion rights: abortion-related measures were on the ballot in seven states, and in every case, voters rejected efforts to restrict abortion and affirmed measures to protect it.<sup>37, 38</sup> Though our fundamental human rights shouldn't be up for a vote, it is clear that protecting and advancing the right to abortion is a winning strategy: voters have shown that they trust that their neighbors know what they need.



## Voters resoundingly reject efforts to ban abortion

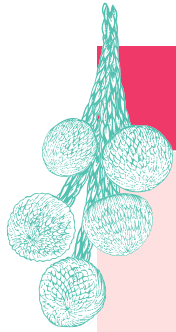
*In 2022, Kansas voters rejected a proposed state constitutional amendment that would say there is no right to abortion in the Kansas state constitution. The vote prevented further restrictions on abortion in a state with only six brick-and-mortar abortion clinics. Winning by nearly 60 percent of the vote, the decisive election came as a surprise to many. In Kansas, registered Republican voters outnumber Democrats, but support for abortion cuts across party affiliation. States with other severe abortion restrictions surround Kansas, making it an important safeguard for access in the region.<sup>E1</sup> The vote in Kansas was the first time voters had the opportunity to vote on abortion access since Roe was overturned and became a bellwether for other states, including Kentucky, Montana, Michigan, Vermont, California, and Ohio — all states in which ballot initiatives confirmed popular support for abortion.<sup>37,38</sup>*



Independent clinics rely on their communities for support, and over the last two years, a growing number of people have stepped up to support independent clinics by donating their time, talent, and money. Celebrities, lawmakers, and businesses took action to support clinics and patients, pushing back against the narrative that abortion is taboo or unpopular. Millions of dollars in donations poured in following the *Dobbs v Jackson* decision, sending a clear signal that people all over the country — and the world — support people who have and provide abortions.<sup>39</sup> In an unprecedented show of solidarity and support, individual community members reached out to clinics, abortion funds, practical support organizations, and advocacy groups to volunteer their time, homes, vehicles, and other resources. When communities show up to support clinics, clinics are more likely to be able to keep their doors open and continue providing trusted community care.







## Independent clinics rely on the support of their communities, near and far

*Red River Women's Clinic*, the only clinic in North Dakota, surpassed their \$1 million crowdfunding goal in 2022.<sup>F1</sup> This allowed them to open their doors within walking distance from their old clinic—just across the state border—in Minnesota, a state with protective policies for abortion access.

In Wyoming, *Wellspring Health Access* and the patients they serve were written off by most major funders because of their location and misperceptions of popular support for abortion in that state. With funds raised through Abortion Care Network's *Keep Our Clinics* campaign—the only centralized public fundraising mechanism for independent clinics—Wellspring was able to bring a lawsuit that reinstated abortion access in Wyoming— a pivotal access point in the mountain region.<sup>F2</sup>

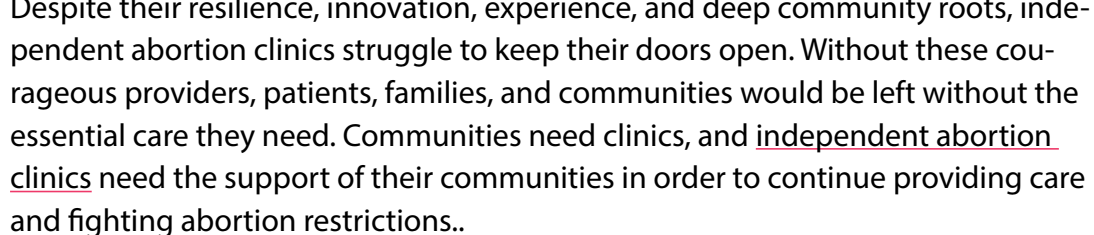
Community support in the form of Keep Our Clinics donations allowed clinics in Arizona, Arkansas, Colorado, Florida, Illinois, Iowa, Michigan, Montana, New Jersey, North Dakota, Pennsylvania, and Virginia to upgrade security measures in response to rising white supremacist violence and anti-abortion extremism. Additionally, clinics in Alabama, Arizona, Georgia, Nebraska, North Carolina, Oklahoma, and Washington were able to buy medical supplies and equipment to accommodate an influx of patients from neighboring states.<sup>F2</sup>




# Conclusion and ACTION



Despite their resilience, innovation, experience, and deep community roots, independent abortion clinics struggle to keep their doors open. Without these courageous providers, patients, families, and communities would be left without the essential care they need. Communities need clinics, and independent abortion clinics need the support of their communities in order to continue providing care and fighting abortion restrictions..



Indies can not safeguard access to abortion alone: they are part of an ecosystem that includes other providers, abortion funds, practical support organizations, advocates and activists, researchers, policy experts, artists, and individual community members — all working to ensure that people can get the abortions they need. If we are to protect access to abortion in the U.S., we must keep clinics open while we work to increase access and undo harmful bans..





# There is a place for everyone in this ecosystem. Take action by:



**RAISING PUBLIC AWARENESS OF THE ESSENTIAL ROLE OF INDEPENDENT CLINICS.** Tell others how to find a clinic at [www.ineedanA.com](http://www.ineedanA.com), and share this report with colleagues, elected representatives, journalists, on social media, and with your community.



**DONATING TO INDEPENDENT ABORTION CLINICS.** Indies typically pour every cent they have into patient care and rely on donors to support any additional work they do in their communities.



**SUPPORTING ABORTION FUNDS AND PRACTICAL SUPPORT ORGANIZATIONS.** While no one should have to travel or navigate barriers to care, abortion funds and practical support organizations remain a vital support system for people who need abortions.



**VOLUNTEERING FOR OR WORK WITH YOUR LOCAL CLINIC.** Clinics need everything from website design to landscaping to patient escorts. Whatever your skill set is, independent abortion care providers need your expertise and support.



**WORKING WITH LOCAL, STATE, AND NATIONAL ADVOCATES AND REPRODUCTIVE HEALTH, RIGHTS AND JUSTICE GROUPS** to bring the U.S. in line with [World Health Organization recommendations](#) and [best practices](#) related to abortion. This includes blocking or overturning medically unnecessary, politically motivated restrictions and introducing, passing, and actualizing policies that protect and increase access to abortions.



Center people's bodily autonomy, self-determination, dignity, and well-being by **REFUSING TO PARTICIPATE IN ACTIONS THAT CRIMINALIZE PEOPLE WHO SEEK, PROVIDE, OR SUPPORT PEOPLE WHO HAVE ABORTIONS.**



**SHOWING YOUR SUPPORT FOR PEOPLE WHO PROVIDE, HAVE, AND SUPPORT ABORTIONS.** Talk about abortion [openly](#), [honestly](#), and without using euphemisms or stigma; support the people in your life who need or have had abortions, and participate in public rallies and online actions, including celebrating [Abortion Provider Appreciation Day](#) every year.

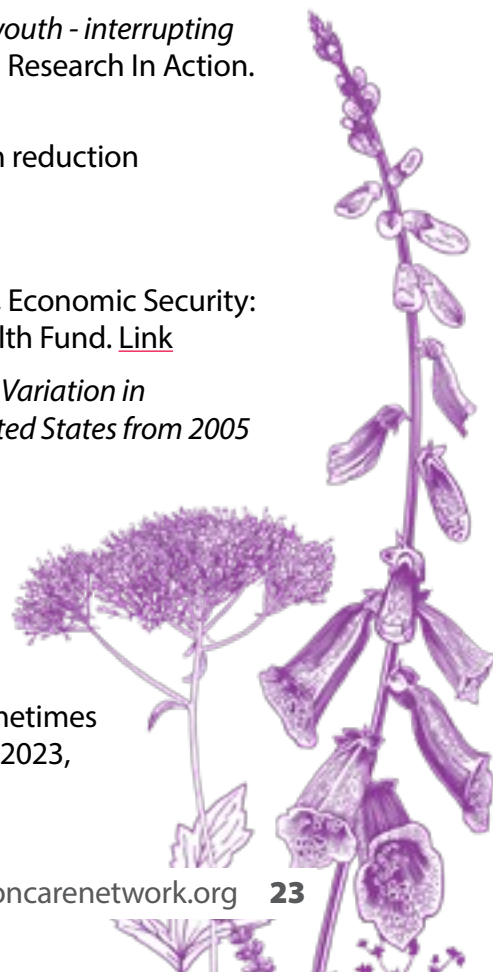


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## About Abortion Care Network

Abortion Care Network is the national association for independent abortion care providers and their allies. Together we work to ensure the rights of all people to experience respectful, dignified abortion care.

Abortion Care Network  
300 I Street NW, Suite 400E  
Washington, DC 20005-3318  
202-419-1444

[www.abortioncarenetwork.org](https://www.abortioncarenetwork.org)  
[media@abortioncarenetwork.org](mailto:media@abortioncarenetwork.org)

View this report and all previous years' reports at:  
<https://www.abortioncarenetwork.org/communitiesneedclinics>





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