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6 HEARING ON:

7 "ROE REVERSAL: THE IMPACTS OF TAKING

8 AWAY THE CONSTITUTIONAL RIGHT TO AN

9 ABORTION''

10 TUESDAY, JULY 19, 2022

11 House of Representatives,

12 Subcommittee on Oversight and

13 Investigations,

14 Committee on Energy and Commerce,

15 Washington, D.C.

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19 The subcommittee met, pursuant to notice, at 10:30 a.m.,

20 in the John D. Dingell Room, 2123, Rayburn House Office

21 Building and via Webex, Hon. Diana DeGette, [chairwoman of

22 the subcommittee] presiding.

23

24 Present: Representatives DeGette, Kuster, Rice,

25 Schakowsky, Tonko, Ruiz, Peters, Schrier, Trahan, O'Halleran,

26 Pallone [ex officio], Griffith, Burgess, Long, Palmer, Dunn,

27 Joyce, and Rodgers [ex officio].

28

29           Also Present: Representatives Eshoo, Castor, Cardenas,  
30 Dingell, Kelly, Soto, Blunt Rochester, Craig, Fletcher,  
31 Carter, and Lesko.

32

33           Staff Present: Jacquelyn Bolen, Health Counsel; Jesseca  
34 Boyer, Professional Staff Member; Austin Flack, Junior  
35 Professional Staff Member; Waverly Gordon, Deputy Staff  
36 Director and General Counsel; Jessica Grandberry, staff  
37 Assistant; Tiffany Guarascio, Staff Director; Perry Hamilton,  
38 Clerk; Xiaoyi Huang, GAO Detailee; Rebekah Jones, Oversight  
39 Counsel; Zach Kahan, Deputy Director Outreach and Member  
40 Services; Mackenzie Kuhl, Digital Assistant; Will McAuliffe,  
41 Counsel; Chloe Rodriguez, Clerk; Harry Samuels, Professional  
42 Staff Member; Andrew Souvall, Director of Communications,  
43 Outreach and Member Services; Caroline Wood, Research  
44 Assistant; C.J. Young, Deputy Communications Director; Sarah  
45 Burke, Minority Deputy Staff Director; Grace Graham, Minority  
46 Chief Counsel, Health; Brittany Havens, Minority Professional  
47 Staff Member, O&I; Jack Heretik, Minority Press Secretary;  
48 Nate Hodson, Minority Staff Director; Noah Jackson, Minority  
49 Staff Assistant; Sean Kelly, Minority Press Secretary; Peter  
50 Kielty, Minority General Counsel; Emily King, Minority Member  
51 Services Director; Clare Peoletta, Minority Policy Analyst,  
52 Health; Kristin Seum, Minority Counsel, Health; Kristen

53 Shatynski, Minority Professional Staff Member, Health; Olivia  
54 Shields, Minority Communications Director; Alan Slobodin,  
55 Minority Chief Investigative Counsel, O&I; Michael Taggart,  
56 Minority Policy Director; and Everett Winnick, Minority  
57 Director of Information Technology.

58

59           \*Ms. DeGette. The Subcommittee on Oversight and  
60 Investigations hearing will now come to order.

61           Today the committee is having a hearing entitled "Roe  
62 Reversal: the Impacts of Taking Away the Constitutional Right  
63 to an Abortion.'" Today's hearing will examine the impact of  
64 the Supreme Court's recent decision overturning the right to  
65 abortion and the implications for health care access for all  
66 Americans.

67           Due to the COVID-19 public health emergency, members can  
68 participate in today's hearing either in person or remotely  
69 via video conferencing.

70           For members participating remotely, your microphones  
71 will be set on mute for purposes of eliminating inadvertent  
72 background noise. Members participating remotely will need  
73 to unmute your microphone each time you wish to speak.

74           Please note once you unmute your microphone, anything  
75 you say will be heard over the loudspeakers in the committee  
76 room and subject to the live stream and also being broadcast  
77 on C-SPAN.

78           Because members are participating from different  
79 locations at today's hearing, all recognition of members,  
80 including for questions, will be in the order of subcommittee  
81 seniority.

82           Documents for the record can be sent to Austin Flack at  
83 the email address we provided to staff, and all documents

84 will be entered into the record at the conclusion of the  
85 hearing.

86 The chair will now recognize herself for an opening  
87 statement.

88 On June 24th, 2022, the Supreme Court overturned the  
89 constitutional right to abortion. Today the subcommittee  
90 will explore the devastating impacts of that unprecedented  
91 decision on the American people and on the Nation's health.

92 The Court's decision in Dobbs reversing nearly 50 years  
93 of Roe and other affirming legal precedent has wreaked  
94 pandemonium for patients and for doctors. Confusion, fear,  
95 refusal, these are the common themes in the weeks since the  
96 Court effectively stripped away the freedom of 36 million  
97 women to control their own bodies and handed that power  
98 instead to politicians with extreme agendas in their States.

99 We have been horrified by the reports of a child, a ten-  
100 year-old girl, who after surviving rape had to endure being  
101 revictimized when her parents were forced to take her out of  
102 State for an abortion due to Ohio's restrictive abortion  
103 laws.

104 And we have heard multiple reports of women who have  
105 experienced miscarriages or pregnancy complications that were  
106 delayed or delayed care because of health care providers,  
107 pharmacists, or health systems' legal confusion surrounding  
108 what was considered permissible in a post-Dobbs world.

109 Further, patients are being denied medication, some not  
110 even related to pregnancy, because their pharmacist refused  
111 to fill their prescription due to miscarriage-related risk.

112 Now, many of these examples are not new to the reversal  
113 of Roe, and in fact, sadly common in some States after anti-  
114 abortion extremists' successful efforts to enact restrictive  
115 abortion laws in those States, but the volume of the reports  
116 now and the certainty of what lies ahead is alarming.

117 While we are just under a month past reversal of the  
118 constitutional right to abortion, the experiences of women  
119 subjected to preexisting restrictive State laws and research  
120 on their impacts provides us insight into the troubling road  
121 ahead.

122 Despite the fact that the overwhelming majority of  
123 American wants legal access to abortion, for Republicans the  
124 Dobbs decision is just the beginning of their radical quest  
125 to prohibit and criminalize all abortions.

126 And now as Federal protections have fallen, abortion  
127 bans already in place in at least eight States will continue  
128 to expand across this country. Residents of roughly half the  
129 States in the Nation face an increasingly complex and  
130 terrifying legal landscape in trying to access abortion care,  
131 undoubtedly putting the health and economic futures of  
132 millions of women and families at risk.

133 While such State abortion bans affect everybody in that

134 respective State, they disproportionately affect those  
135 already facing significant barriers to accessing the health  
136 care they need. This includes young people, people of color,  
137 people living in rural areas, and just everybody striving to  
138 make ends meet.

139 I appreciate that the topic of abortion can be a deeply  
140 personal one, and I respect the differences right up until  
141 that belief seeks to deny millions of women the right and  
142 access to the health care they need.

143 Under the guise of personal belief, I am sure, because I  
144 have been doing this for a long time, we will undoubtedly  
145 hear inflammatory language and intentional distortions of  
146 truth today. However, we must not let this rhetoric or  
147 tactic distract us from the fact that health care decisions  
148 must be made by patients in consultation with their health  
149 care providers and not directed by politicians.

150 Decisions like the one made by We Testify's Colorado  
151 storyteller Erica who found herself pregnant in 2020 and in  
152 no financial position to raise a child. As an adoptee, she  
153 thought she would never have an abortion, but with the help  
154 of a midwife, she was able to talk through her options, find  
155 the courage to talk to her parents who helped provide funds  
156 for her abortion, and she made that decision that was the  
157 best one for her.

158 We will be hearing a range of abortion experiences in

159 addition to Erica's today, including from one of our  
160 witnesses, and we are also fortunate to be joined by  
161 additional experts to provide their legal, public health, and  
162 medical expertise.

163 Democrats in the House have passed critical legislation  
164 that enshrines the right to abortion and protects Americans'  
165 ability to get the full access of health care. I urge the  
166 Senate to act quickly and finally pass the Women's Health  
167 Protection Act, which codifies Roe v. Wade, so that it can be  
168 signed into law without future delay.

169 Now, as co-chair of the House Pro Choice Caucus and as  
170 chair of this subcommittee, I can guarantee you I will never  
171 give up our fight to ensure that everybody in this country,  
172 regardless of where they live, has the power and the freedom  
173 to make their own decisions, including decisions about  
174 abortion.

175 I join with Chairman Pallone, Speaker Pelosi, and the  
176 Biden Administration in being more determined and committed  
177 than ever to do everything that we can at every turn and  
178 every possibility to restore and expand the freedom of all  
179 people to make their own decisions and to access the health  
180 care they need.

181 [The prepared statement of Ms. DeGette follows:]

182

183 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

184



185           \*Ms. DeGette. And at this time I would like to  
186 recognize the ranking member of the subcommittee, Mr.  
187 Griffith, for five minutes for an opening statement.

188           \*Mr. Griffith. Thank you, Chair DeGette.

189           Just three years ago in my home Commonwealth of  
190 Virginia, an aggressive abortion bill introduced by Delegate  
191 Kathy Tran in the House of Delegates caused an uproar.  
192 During questioning by how Speaker of the House Todd Gilbert,  
193 the sponsor herself admitted that her bill would legalize  
194 abortion in the final moments before birth, even after a  
195 mother has dilated at 40 weeks, provided one doctor certified  
196 that continuation of the pregnancy would in some way impair  
197 the mother's mental health.

198           Even during follow-up questions by Delegate Gilbert,  
199 Delegate Tran confirmed that her bill's language would allow  
200 for that possibility.

201           Adding fuel to the fire, then Governor Ralph Northam  
202 made the following public comments when asked about Delegate  
203 Tran's bill. I quote, "If a mother is in labor, I can tell  
204 you exactly what would happen. The infant would be  
205 delivered. The infant would be kept comfortable. The infant  
206 would be resuscitated if that is what the mother and the  
207 family desired, and then a discussion would ensue between the  
208 physicians and the mother," end of quote.

209           This statement shocked many, including myself, who

210 criticized it as being in favor of infanticide. It is  
211 inconceivable that a baby born alive should not have the same  
212 rights as any other newborn.

213 It is inconceivable that if the life of a mother is not  
214 threatened that you could abort a baby even after dilation.

215 It is inconceivable to me that some would advocate for  
216 terminating the life of a child after he or she has been  
217 born.

218 So inconceivable to me were these view that after  
219 learning of the governor's comments, I held off. I held off  
220 releasing a strongly worded statement, assuming he would  
221 quickly clarify his statements and strongly rebut this  
222 horrific interpretation.

223 Unfortunately, this did not happen. After widely being  
224 accused of supporting infanticide, the governor stood by his  
225 comments the next day. The governor doubled down and he said  
226 he had no regrets about his comments.

227 It is clear that some radical pro-abortion advocates  
228 have moved way past safe, legal, and rare. And this is not a  
229 recent development. We only needed to look back to 2019  
230 right across the river to Virginia.

231 This is just one example of how some abortion supporters  
232 have failed to acknowledge the humanity of an unborn child or  
233 even a child born alive. As a strong supporter of the right  
234 to life, I welcome the Dobbs opinion. The Supreme Court got

235 the law right in Dobbs.

236 The majority opinion made a well-reasoned and persuasive  
237 argument that Roe took power out of the hands of the people  
238 and the State legislators. The Court has restored democratic  
239 principles to this issue.

240 It is important for those of us who call ourselves pro-  
241 life to support mothers, children, and adoptive families. We  
242 have a foundation to build on.

243 According to a report by the Charlotte Lozier Institute,  
244 there were more than 2,700 pregnancy help centers nationwide  
245 in 2019, providing free and low-cost services to millions of  
246 people annually. These centers provide help and alternatives  
247 to abortion.

248 More than 800,000 lives were saved at pregnancy help  
249 centers from 2016 to 2020.

250 In addition, the Federal Government offers programs to  
251 aid adoptive families. We should do more to help adoptive  
252 parents.

253 It is time for our country to move on from the grave  
254 constitutional error of Roe and make progress on fulfilling  
255 the right to life.

256 In closing, I am disappointed the majority did not have  
257 the second witness on the panel today, particularly when  
258 reviewing a topic so important to many citizens in front of  
259 this Oversight and Investigations Subcommittee.

260 I believe a more balanced representation of merits of  
261 both sides of the debate would have been valuable to today's  
262 conversation. I understand the practice is for the majority  
263 to host most of the witnesses for a hearing, but to stack a  
264 panel five to one like this does not allow for a truly  
265 balance fact-finding hearing, particularly on such an  
266 important issue.

267 We should strive to hear from multiple viewpoints,  
268 particularly on an issue as deeply personal as abortion.

269 Regardless, I thank all the witnesses for being here  
270 today, and I now would like to yield to Dr. Burgess for the  
271 remainder of my time.

272 [The prepared statement of Mr. Griffith follows:]

273

274 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

275

276           \*Mr. Burgess. I thank the gentleman, the ranking  
277 member, for yielding.

278           I do feel obligated to say I am or have been a dues-  
279 paying member of both the American College of OB-GYNs, the  
280 American Medical Association, and the American Association of  
281 Pro-Life OB-GYNs.

282           I think the witness testimony we are going to hear today  
283 is going to be valuable. Dr. Francis, I will just have to  
284 say after reading your testimony, and I encourage if anyone  
285 has not read your testimony, after serving on this  
286 subcommittee for almost 20 years, your testimony and the  
287 research that went into it, the documentation behind your  
288 statements is really exemplary. I do not know that I have  
289 ever encountered anything quite as thorough.

290           This is not a list of talking points. This is a  
291 reasoned opinion, and I will just agree with the ranking  
292 member of the subcommittee. The Democratic majority on the  
293 floor of the House right now is four. In committee it is  
294 six, and then we see a ratio of witnesses that is five-to-  
295 one.

296           The only good news in all of that, Mr. Griffith, is that  
297 Dr. Francis is equal to the task, and she has prepared  
298 excellent testimony. We need to listen to what she has to  
299 say.

300           Thank you, and I will yield back.

301           \*Mr. Griffith. I yield back.

302           \*Ms. DeGette. I thank the gentleman.

303           The chair now will recognize the chairman of the full  
304 committee, Mr. Pallone, for five minutes.

305           \*The Chairman. Thank you, Chairwoman DeGette.

306           The Supreme Court's extreme decision last month to  
307 overturn the constitutional right to an abortion is causing  
308 chaos and confusion throughout the Nation. Today the  
309 subcommittee will examine the devastating impacts the Court's  
310 decision will have on women and on health care in the U.S.

311           The Court's ideological decision reversed nearly 50  
312 years of precedent. It was the first time in our Nation's  
313 history that a fundamental individual right guaranteed by the  
314 Constitution had been stripped away by an extreme and  
315 partisan Court.

316           And it is the culmination of decades of unrelenting  
317 efforts by Republicans to control women's lives and bodies.  
318 The consequences of this unprecedented decision have been  
319 swift and severe. Already abortion bans are in effect in at  
320 least eight States and over a dozen more are expected to  
321 either ban or severely limit abortion in a matter of weeks.

322           As a result, women are either being forced to travel  
323 long distances to States where abortion remains lawful or are  
324 being forced to continue their pregnancies.

325           Republican State politicians and anti-abortion

326 extremists are also considering other actions that would  
327 penalize women, health providers, and anyone who wants to  
328 assist a woman obtain a legal abortion.

329         These tactics are already having chilling effects.  
330 Women are being denied care and doctors are being put in the  
331 horrible position of hesitating to provide lifesaving health  
332 services out of legal confusion or fear or criminalization.

333         And Republicans have made it clear that they are  
334 plotting to advance a nationwide ban to criminalize abortion.  
335 These Republican efforts to restrict abortion and to control  
336 women's lives and their future are turning back the clock on  
337 the health, wellbeing, and the quality of women nationwide.

338         Studies show that women denied abortion face worse  
339 financial health and family outcomes. There is an increased  
340 likelihood of staying in contact with a violent partner,  
341 greater risk of serious health problems, and heightened risk  
342 of maternal death.

343         In addition, those most impacted by abortion bans  
344 already face discriminatory barriers to health care,  
345 including women of color, low-income women, young women, and  
346 LGBTQ+ individuals.

347         Since the Court's decision, the Biden Administration has  
348 taken steps to protect access to abortion. The  
349 Administration has reiterated that Federal regulation permits  
350 access to medication abortion, clarified requirements under

351 the Emergency Medical Treatment and Labor Act, and issued  
352 guidance to make it clear to pharmacies they cannot  
353 discriminate against patients that seek to fill  
354 prescriptions.

355         And while Republicans continue their efforts to punish  
356 and control women, House Democrats continue our fight to  
357 protect women's right to reproductive freedom. Just last  
358 week the House passed the Women's Health Protection Act,  
359 which restores the right to an abortion nationwide, ensuring  
360 all Americans regardless of where they live can make their  
361 own decisions about their lives and futures.

362         We also passed the Ensuring Women's Right to  
363 Reproductive Freedom Act, which reaffirms the constitutional  
364 right to travel across State lines to obtain a lawful  
365 abortion. It also protects health care providers who provide  
366 lawful abortions to out-of-State residents, and it protects  
367 anyone who may assist a woman in crossing State lines to  
368 obtain a lawful abortion, such as a friend, partner, or  
369 volunteer.

370         And it is now time for the Senate to act on both of  
371 these bills.

372         I just want to stress there is simply too much at stake.  
373 Consider my constituent Andrea. She is a fourth-year student  
374 at Rutgers University in my district. She learned she was  
375 pregnant when she was 19 years old in her sophomore year of



376 college, while in a toxic and abusive relationship. Andrea  
377 realized she was not in a position to raise a child,  
378 particularly with her then partner, and that she would be  
379 changing the trajectory of her future.

380 As she said at a rally before the Supreme Court's  
381 decision, and now I am quoting, "I am thankful every day that  
382 I made the choices that I did and I was able to make those  
383 choices," unquote.

384 It is Andrea's right and every woman's right to make her  
385 own decision about her health, her future, and her family  
386 without interference from Republican politicians.

387 Democrats will continue our fight to protect access to  
388 reproductive health care and restore the right to an abortion  
389 as the law of the land. In the meantime, we must understand  
390 what is happening on the ground in the wake of this dangerous  
391 Dobbs decision by the Supreme Court.

392 And for that reason I am pleased the witnesses are here  
393 today, and I look forward to their testimony.

394 And with that, I yield back, Madam Chair.

395 And let me say, Madam Chair, I really appreciate all  
396 that you have done not only as the chairwoman of the O&I  
397 Committee here, but also with the Pro-Choice Caucus in  
398 bringing to our attention the terrible consequences of this  
399 Supreme Court action.

400 And I yield back.

401 [The opening statement of Mr. Pallone follows:]

402

403 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

404

405           \*Ms. DeGette. Thank you so much, Mr. Chairman.

406           The chair now recognizes the ranking member of the full  
407 committee, Mrs. McMorris Rodgers, for five minutes.

408           \*Mrs. Rodgers. Thank you, Madam Chair.

409           I expect a lot of the discussion today will be about,  
410 quote, codifying Roe, but I want to be very clear. Roe v.  
411 Wade never settled the issue of abortion. For decades it has  
412 divided America in unimaginable ways over the sharpest, most  
413 soul-searching issue before us as a Nation.

414           Supreme Court Justice Ruth Bader Ginsburg said herself  
415 in 1985 that it has provoked, not resolved conflict. She was  
416 right then, and those words ring true today.

417           Further, Roe never kept up with the science. Because of  
418 technology today, we can see a baby develop day by day.  
419 Doctors perform prenatal surgery to treat babies as patients  
420 in the womb and save lives.

421           That was not possible in 1973 when Roe was decided.  
422 Decades later, look how far we have come. The first  
423 successful fetal surgery was not until 1981.

424           In 2002, three American hospitals led the way in the  
425 MOMS trial to see a baby diagnosed with spina bifida had a  
426 better quality of life after birth if they had surgery while  
427 in the womb.

428           As STAT News reported, doctors stopped the trial early  
429 because the results were so conclusive. Fetal surgery was

430 better for babies and their ability to walk later in live.  
431 As of 2011, fetal surgery for this diagnosis is a standard of  
432 care.

433 In addition, the world's first successful heart surgery  
434 was in 2016. Doctors removed a fast-growing heart tumor from  
435 a baby inside the womb at six months.

436 Surely these are medical achievements the American  
437 Medical Association celebrated to save lives. So I am  
438 disappointed you are here today to advocate for an agenda for  
439 more abortions. I do not understand.

440 Roe does not reflect the latest research or modern  
441 medicine. The science has evolved. We should be learning  
442 from this and come to reject abortion because it is inhumane.

443 Now nearly 50 years after Roe, the Supreme Court has  
444 affirmed the American people's right to speak through their  
445 elected officials and enact laws to protect unborn children.  
446 So the question upon us is how do we want to define the human  
447 rights issue of our generation.

448 Is it by dehumanizing life and promoting a culture that  
449 destroys the most vulnerable among us or is it by making  
450 abortion unthinkable, by leading a new era that celebrates  
451 the science and every person's God-given inalienable human  
452 rights to life, liberty, and the pursuit of happiness for  
453 all?

454 Unfortunately, the Democrats are choosing a path of more

455 pain, insecurity and dehumanization. Last week Democrats  
456 passed the Abortion on Demand until Birth Act and  
457 Ensuring Access to Abortion Act. This agenda is not about  
458 codifying Roe v. Wade. The Democrats' extreme abortion  
459 agenda goes far beyond that.

460         While my colleagues across the aisle talk about 1973,  
461 this is the future they want to create in America: abortions  
462 for all nine months of pregnancy; unrestricted abortions for  
463 any reason, including based on race, sex, and disability; the  
464 elimination of people with Down's Syndrome; the destruction  
465 of pro-life pregnancy centers providing health care and  
466 helping women and babies; the denial of science and amazing  
467 medical achievements; and doctors and health care providers  
468 forced to violate their sincerely held belief and perform  
469 abortions.

470         There is nothing about this agenda that celebrates human  
471 rights or the dignity of every person. This is not how I  
472 define a free and just society for my daughters and my sons.

473         Every person born and unborn has human rights. It is  
474 self-evident. And for America to be a more perfect union,  
475 our laws must reflect that.

476         I hope today that we will have a more informed  
477 discussion about how we can build a better future so women  
478 and their babies have the love, care, and support that they  
479 need at every stage of life. Let's come together to help the

480 most marginalized in society, especially the weakest,  
481 helpless, most innocent and vulnerable who do not have a  
482 voice.

483 I also want to thank and recognize Dr. Christina Francis  
484 with the American Association of Pro-life OB-GYNs. Your  
485 expertise is valued, and I am grateful that you are here  
486 today to dispel the fear and misinformation President Biden  
487 and Democrats are spreading to promote abortion for all nine  
488 months.

489 Women everywhere deserve the truth.

490 Thank you, and I yield back.

491 [The opening statement of Mrs. Cathy McMorris Rodgers  
492 follows:]

493

494 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

495

496           \*Ms. DeGette. The chair now asks unanimous consent that  
497 the members' written opening statements be made part of the  
498 record.

499           And without objection, so ordered.

500           I now want to introduce our witnesses for today's  
501 hearing. Ms. Renee Bracey Sherman, the founder and Executive  
502 Director of We Testify, welcome.

503           Ms. Leah M. Litman, Assistant Professor of Law at the  
504 University of Michigan Law School, welcome.

505           Dr. Paulina Guerrero, the National Programs Manager of  
506 All-Options, welcome.

507           Dr. Nisha Verma, a Fellow with Physicians for  
508 Reproductive Health, and welcome to you.

509           Dr. Jack Resneck, who is the President of the American  
510 Medical Association.

511           And Dr. Christina Francis, the CEO-Elect of the American  
512 Association of Pro-life Obstetricians and Gynecologists,  
513 welcome.

514           Thanks to all of the witnesses for appearing before our  
515 committee today.

516           As you are aware, the committee is holding a hearing  
517 under oath or an investigative hearing, and we do so where we  
518 have a tradition of swearing our witnesses in under oath.

519           Do any of you have any objection to testifying under  
520 oath today?

521 [No response.]

522 \*Ms. DeGette. Let the record reflect the witnesses  
523 responded no.

524 The chair then advises you under the rules of the House  
525 and the rules of the committee, you are entitled to be  
526 accompanied by counsel.

527 Do any of you wish to be accompanied by counsel today?

528 [No response.]

529 \*Ms. DeGette. Let the record reflect the witnesses have  
530 responded no.

531 So if you would, please rise and raise your right hand  
532 so you may be sworn in.

533 [Witnesses sworn.]

534 \*Ms. DeGette. Please be seated.

535 Let the record reflect that the witnesses have responded  
536 affirmatively, and you are now under oath and subject to the  
537 penalties set forth in Title 18, Section 1001 of the U.S.  
538 Code.

539 At this time, the chair will recognize each witness for  
540 five minutes to begin their opening statement.

541 Before we begin, I would like to make you aware there is  
542 a timer on your screen. We are hoping that it will work now.  
543 It will count down your remaining time.

544 And so, first, I would like to recognize you, Ms. Bracey  
545 Sherman. You are recognized for five minutes.

546



547 TESTIMONY OF RENEE BRACEY SHERMAN, M.P.A., FOUNDER AND  
548 EXECUTIVE DIRECTOR, WE TESTIFY; LEAH M. LITMAN, J.D.,  
549 ASSISTANT PROFESSOR OF LAW, UNIVERSITY OF MICHIGAN LAW  
550 SCHOOL; PAULINA GUERRERO, Ph.D., NATIONAL PROGRAMS MANAGER,  
551 ALL-OPTIONS; NISHA VERMA, M.D., M.P.H., FACOG, FELLOW,  
552 PHYSICIANS FOR REPRODUCTIVE HEALTH; JACK RESNECK, JR., M.D.,  
553 PRESIDENT, AMERICAN MEDICAL ASSOCIATION; AND CHRISTINA  
554 FRANCIS, J.D., CEO-ELECT, AMERICAN ASSOCIATION OF PROLIFE  
555 OBSTETRICIANS AND GYNECOLOGISTS

556

557       \*Ms. Bracey Sherman. Good morning, members of the House  
558 Energy and Commerce Committee. It is my distinct honor to  
559 speak to you this morning and serve my country in this way.

560       My name is Renee Bracey Sherman, and I am the founder  
561 and Executive Director of We Testify, an organization  
562 dedicated to the leadership and representation of people who  
563 have abortions.

564       Like many of your constituents and loved ones, I had an  
565 abortion. It was one of the best decisions of my life,  
566 period.

567       I had been to several congressional hearings before,  
568 often seated behind the We Testify storytellers. It takes  
569 courage for them to sit here, to open up their hearts and  
570 life stories and share how they have been impacted by the  
571 barriers that make abortion more costly, inaccessible, and

572 less rooted in the best practices of medicine.

573         The bans and restrictions are designed to shame us and  
574 make abortion hard or impossible to access. These situations  
575 are tragic not only because people must remain pregnant  
576 longer than they want to be, often while caring for the  
577 children they already have, but because the very leaders who  
578 forced them to do so also blocked child tax credits, the  
579 Medicaid expansion, and refused to engage in conversations  
580 about paid parental or sick leave or affordable health care  
581 and affordable childcare or even create a national health  
582 care system.

583         And once these children are born, immigrant children are  
584 caged apart from their families. Trans children are turned  
585 into political fodder. Young students are murdered in their  
586 schools, and Black and Brown parents live in anxiety about  
587 the day their children encounter the police.

588         These issues are not separate from abortion. They are  
589 the realities we consider when weighing whether we want to  
590 bring another life into this country. That is what  
591 reproductive justice is all about, the ability for all of us,  
592 especially people of color, to be able to decide if, when,  
593 and how to grow our families, and to be able to do so free  
594 from State-sanctioned coercion, oppression, and violence.

595         Despite the abortion bans, many people are and will  
596 still get abortions, but far from home and at great expense.

597 I care for them regularly. I am one of the many thousands of  
598 volunteers with local abortion funds who receive them into  
599 our cars, our homes, and communities.

600 This community care is being criminalized, not because  
601 it is wrong, but because anti-abortion legislators think it  
602 is a good policy to criminalize Americans showing up for each  
603 other.

604 No one should be prosecuted for the outcomes of their  
605 pregnancies, whether it is a miscarriage, stillbirth, or an  
606 abortion. Neither should the providers or helpers who care  
607 for us.

608 One in four of us will have an abortion in our lives.  
609 Everyone loves someone who has abortions. Ask yourself who  
610 do you love that you would be willing to lock up simply  
611 because they had abortions.

612 I feel so lucky that when I was 19 my abortion care  
613 network clinic was ten minutes from my home, and an orthodox  
614 Jewish nurse held my hand, and she did so because her faith  
615 called her to.

616 But that almost was not my story. Shortly before my  
617 appointment, I did not know if I could hold on. I did not  
618 think I could be pregnant for another moment. I hoped it  
619 would all go away, and when it did not, every day I  
620 considered throwing myself down the stairs as I had seen in  
621 movies and in history books. One night I drank an unsafe

622 amount of alcohol, believing it would cause a miscarriage.  
623 It did not.

624         Thankfully, I went to my appointment and received my  
625 abortion. That was when it was legal in every State. Now it  
626 is not, and I know some will try the methods that I did, and  
627 I want them to know that there are safe methods to self-  
628 managing their abortions according to the World Health  
629 Organization.

630         It is one mifepristone pill followed by four misoprostol  
631 pills dissolved under the tongues 24 to 48 hours later or a  
632 series of 12 misoprostol pills, four at a time, dissolved  
633 under the tongue every three hours.

634         There is no way to test it in the blood stream, and a  
635 person does not need to tell the police what they took.

636         I share that to exercise my right to free speech because  
637 there are organizations and legislators who want to make what  
638 I just said a crime. Everyone loves someone who has  
639 abortions.

640         As I close, I would like to say that I have been sharing  
641 my story for over a decade, but for a long time I thought my  
642 cousin Nora and I were the only ones in our family who had  
643 had abortions. But as I shared my story others shared  
644 theirs. Many in my family had abortions. They joined me as  
645 some of the 6,641 people who got abortions who signed our  
646 amicus brief in the Dobbs case.

647           Our abortions are just one of the many factors that  
648 shape our families. I owe my life to an abortion, not only  
649 mine but because shortly after Roe v. Wade, a Black woman was  
650 able to have an abortion in Illinois. She was in a  
651 relationship that was not right for her, and it allowed her  
652 to move on and attend nursing school and marry a fellow  
653 student had have a child with him. That child was me.

654           And as my mother told me, "Renee, I chose you.'" That  
655 is exactly what abortion is about, the ability for all of us  
656 to choose if, when, and how to create our families.

657           On behalf of the over 100 We Testify abortion  
658 storytellers, I say this. Give us back our abortions at any  
659 time and for any reason anywhere in this country.

660           Thank you.

661           [The prepared statement of Ms. Bracey Sherman follows:]

662

663           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

664

665           \*Ms. DeGette. Professor Litman, you are now recognized  
666 for five minutes.  
667

668 TESTIMONY OF LEAH M. LITMAN, J.D.

669

670 \*Ms. Litman. Chair DeGette, Ranking Member Griffith,  
671 and members of the House Committee on Energy and Commerce,  
672 Subcommittee on Oversight and Investigations, thank you for  
673 the opportunity to appear before you.

674 My name is Leah Litman. I am an Assistant Professor of  
675 Law at the University of Michigan Law School, where I teach  
676 constitutional law, Federal courts, reproductive rights and  
677 justice, current issues in public law litigation, and classes  
678 on the Supreme Court.

679 I am here to explain how the Court's decision overruling  
680 Roe v. Wade represents a challenge to the rule of law and is  
681 already having dramatic consequence on Americans' lives.

682 The decision in Dobbs v. Jackson Women's Health  
683 Organization is part of a trend in Supreme Court decision  
684 making. The Court has engaged in a selective approach to  
685 precedent, to history, to facts, and to standard components  
686 of legal reasoning.

687 The resulting unpredictability chills people's ability  
688 to exercise their constitutional rights and it chills  
689 institutions' ability to protest those rights outside of the  
690 Court.

691 Let me briefly explain the decision in Dobbs. The case  
692 focused on a Mississippi law that was concededly

693 unconstitutional under Roe. While Mississippi did not  
694 initially ask the Court to overturn Roe to uphold its  
695 abortion ban, it changed its tune once the makeup of the  
696 Court changed.

697         The Court majority ultimately handed down the decision  
698 Mississippi asked for, overruling Roe and Casey. Since the  
699 decision came out, it has had an immediate and devastating  
700 impact on individuals' lives and their ability to make  
701 decisions about their bodily autonomy.

702         Over ten States immediately sought to enforce laws  
703 banning abortion. Clinics stopped performing abortions in  
704 other States because of legal uncertainty created by the  
705 decision. These laws and the legal uncertainty they create  
706 have caused profound harm on various groups, the people who  
707 struggle to travel to obtain abortion care, who must search  
708 for clinics that are more than 500 miles from their  
709 communities, clinics that are overwhelmed with the influx of  
710 patients from States that have banned abortion and are now  
711 booking appointments well into the future.

712         People who are unable to travel and are now forced to  
713 carry pregnancies to term against their will and people who  
714 will have to be close to death before they received  
715 lifesaving care.

716         The abortion ban and the fervor of the anti-abortion  
717 movements have a broad, chilling effect on reproductive



718 health care. What we are seeing is that just because a law  
719 does not explicitly prohibit a procedure, that does not  
720 ensure that the procedure will be available when it is  
721 actually needed.

722         Just this week the Texas Medical Association sent a  
723 letter describing how abortion bans are delaying miscarriage  
724 care and increasing risk to women's lives and their wellbeing  
725 and denying, burdening or destabilizing abortion care will  
726 not only impact people's lives and their health. It will  
727 also jeopardize their economic stability, their ability to  
728 care for their families and more.

729         The reasoning in Dobbs has also created uncertainty  
730 about the future of the right to privacy more broadly. The  
731 Court's reason for overruling Roe calls into question  
732 decisions that recognize the right to contraception, the  
733 right to marriage equality, and the right to same sex sexual  
734 intimacy.

735         In Dobbs itself, Justice Thomas wrote to urge the courts  
736 to overrule the decisions protecting those rights, rights  
737 that we have relied on in our lives just as we have relied on  
738 the right to abortion.

739         People are also wondering if they have the right to  
740 travel to another State to obtain an abortion. Will the  
741 Court invalidate statutes prohibiting interstate travel?

742         Will the court invalidate a conviction or professional

743 sanction on a doctor who provides an abortion to someone who  
744 has traveled out of State?

745         These are just some of the questions the Court's opinion  
746 has raised, and some of the questions that are all the more  
747 difficult to answer now given the Court's chaotic and  
748 selective approach to legal reasoning.

749         I would like to close with three anecdotes about where  
750 we find ourselves today, less than a month after the decision  
751 in Dobbs. The State of Texas is currently suing to ensure  
752 that hospitals are not required to perform lifesaving  
753 abortion. Let me repeat that. Texas is trying to force  
754 doctors to choose between not acting in life-threatening  
755 situations and facing criminal prosecution.

756         This is happening at the same time that the Texas  
757 Medical Association wrote a letter to the State Medical Board  
758 begging them to do something because of how abortion bans are  
759 threatening patients' lives and health by interfering with  
760 doctors' ability to provide lifesaving care.

761         The Indiana Attorney General sought to investigate a  
762 doctor who performed an abortion on a ten-year-old rape  
763 victim from out of State. There are myriad reports of health  
764 care providers and patients experiencing difficulties and  
765 uncertainty about whether they can provide either miscarriage  
766 care or obtain certain forms of contraception.

767         This is what has happened within a month, a month of the

768 Dobbs decision. I shudder to think about what will happen  
769 next if there is not meaningful action to protect access to  
770 abortion and support those people who seek it.

771 Thank you.

772 [The prepared statement of Ms. Litman follows:]

773

774 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

775

776 \*Ms. DeGette. Thank you so much, Professor.

777 Dr. Guerrero, you are now recognized for five minutes.

778

779 TESTIMONY OF PAULINA GUERRERO, Ph.D.

780

781 \*Dr. Guerrero. Good morning, Chair DeGette, Ranking  
782 Member --

783 \*Ms. DeGette. Doctor, if you can move that microphone a  
784 little closer, that would be great.

785 \*Dr. Guerrero. Sure. Does that work?

786 \*Ms. DeGette. Perfect.

787 \*Dr. Guerrero. Okay. Good morning, Chair DeGette,  
788 Ranking Member Griffith, and other members of the  
789 subcommittee. Thank you for allowing me to speak today about  
790 the devastating impacts of the recent reversal of Roe.

791 My name is Paulina Guerrero, and I am the National  
792 Programs Manager at All-Options. I am a proud grassroots  
793 organizer, educator, and most importantly, a peer counselor  
794 for pregnant people.

795 All-Options is a nonprofit organization that provides  
796 unbiased, judgment-free support to people in all of their  
797 pregnancy experiences, including parenting, abortion,  
798 adoption, miscarriage, and infertility. We do this through  
799 extensive programming, which includes our Hoosier Diaper  
800 Program and Hoosier Abortion Fund in Indiana, and two  
801 national counseling hotlines.

802 Our national hotlines include the Talk Line, which is  
803 the secular line staffed by trained peer counselors, and

804 Faith Allowed, which provides spiritual support by clergy and  
805 spiritual leaders.

806 Our services support pregnant people and their partners,  
807 family members, friends, and other community members.

808 All-Options offers support for the full spectrum of  
809 pregnancy experiences. We know that our clients can include  
810 the mother of two kids who may also need to have an abortion,  
811 who could also be an adoptee, and could have also suffered a  
812 previous miscarriage. They are all the same person.

813 Parenting, adoption, and abortion should not be siloed  
814 off from each other as if it belongs to different sets of  
815 people, but rather seen as a compendium of experiences that  
816 can happen within a reproductive lifetime of an individual,  
817 each deserving of respectful and compassionate care.

818 We know one thing for certain. Everyone deserves all  
819 options. In Indiana, there is already a ban on insurance  
820 coverage for abortion and a mandatory 18-hour delay that  
821 requires two appointments to access care. That means  
822 scraping together hundreds of dollars, missing two days of  
823 work, finding childcare and coordinating transportation to  
824 get health care that is so stigmatized and shamed that our  
825 clients are not even able to tell anyone why they need to be  
826 gone for two days without facing repercussions.

827 With Roe overturned, the ability to seek abortion care  
828 has become exponentially and in some cases dangerously more

829 difficult. The recent Supreme Court ruling has opened the  
830 door for complete and utter chaos.

831 We have created a situation where pregnant people are  
832 shut out from care, cut off from trusted resources, and could  
833 face severe legal repercussions. Those most at risk of being  
834 criminalized are Black, indigenous, Latinx, AAPI, people of  
835 color, queer people, immigrants, young people, and people  
836 living in poverty.

837 I am sure of this because it has already happened in the  
838 State of Indiana. Bei Bei Shuai, a Chinese immigrant living  
839 in Indiana, was criminalized in 2011 for attempting suicide  
840 while pregnant. Purvi Patel, who is Indian-American, was  
841 criminalized in 2013 for allegedly self-managing her  
842 abortion.

843 At the Hoosier Abortion Fund, 35 percent of our clients  
844 are already forced to travel to neighboring States to access  
845 basic health care. If abortion is banned in Indiana, 100  
846 percent of our clients will need to travel out of State to  
847 receive care.

848 What is an already untenable situation has now become  
849 close to impossible. These are the conditions that are  
850 leading to a humanitarian crisis.

851 Polls show that the majority of Americans support  
852 abortion access while still having some complicated feelings  
853 and thoughts around it. This has always made complete sense

854 to me. Anybody facing a pregnancy decision is sitting with  
855 all of the layers, complexities, and challenges of what it  
856 would take to make any decision.

857 Parenting can be a very difficult choice, especially if  
858 you already have children, which the majority of abortion  
859 patients do and are struggling with emotional and financial  
860 capacity. We know from working with our clients that  
861 abortion is not a better or worse option but simply another  
862 option with its own layered and complex dynamics.

863 And finally, yes, abortion can be a difficult choice for  
864 some, a very obvious choice for others, and a lifesaving  
865 decision of many. At All-Options, our experiences of  
866 supporting people with any of their pregnancy decisions has  
867 given us one simple truth. Abortion is a parenting decision.  
868 Over 60 percent of people having abortions are already  
869 parents. So they understand the realities and demands of  
870 raising a child.

871 The feelings our clients express when trying to make a  
872 pregnancy decision range from shock, sadness, relief, anger,  
873 determination, happiness, and at times a heartfelt and  
874 abiding sense of love, love for their families, their  
875 children, their communities, and themselves.

876 Finally, I want to be very clear. To attack the right  
877 to access abortion care is to wage war on the poor.  
878 Individuals of wealth and means have always been able to



879 access abortion care and will continue to be able to access  
880 abortion care no matter what the laws decide. Access to  
881 abortion care should be accessible to all people.

882       Securing abortion is a fundamental right and can be a  
883 small step toward addressing racial and economic inequities  
884 in the United States. It will not solve it, and it is not  
885 nearly enough but it is a start.

886       Thank you.

887       [The prepared statement of Dr. Guerrero follows:]

888

889       \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

890

891           \*Ms. DeGette. Thank you.

892           Dr. Verma, you are now recognized for five minutes.

893

894 TESTIMONY OF NISHA VERMA, M.D., M.P.H., FACOG

895

896 \*Dr. Verma. Thank you.

897 Good morning, Chair DeGette, Ranking Member Griffith,  
898 and distinguished members of the --

899 \*Ms. DeGette. Doctor, if you could also move your  
900 microphone a little. Perfect.

901 \*Dr. Verma. My name is Dr. Nisha Verma, and I am a  
902 Board certified, fellowship trained obstetrician and  
903 gynecologist who provides full spectrum reproductive health  
904 care.

905 I am a Fellow with Physicians for Reproductive Health, a  
906 network of physicians across the country looking to improve  
907 access to comprehensive reproductive health care.

908 I am also a proud Southerner. I was born and raised in  
909 North Carolina and have lived in the Southeast for most of my  
910 life.

911 Growing up, I saw firsthand the devastating impacts of  
912 restrictions on contraception and abortion care in the lives  
913 of real people, my friends, family, people in my community.  
914 They are the reason that I am here before you today.

915 I became a doctor and OB-GYN because of my drive to take  
916 care of people without judgment throughout the course of  
917 their lives, regardless of their health care needs. For me  
918 that commitment includes talking people through their first

919 PAP smears, delivering their babies, and supporting them as  
920 they decide to continue or to end a pregnancy.

921         Whether I'm caring for someone who is ready to build a  
922 family, already parenting, or focused on their education or  
923 career, all my patients have something in common. They are  
924 making thoughtful decisions about their health and wellbeing  
925 and deserve high quality care, including abortion care,  
926 regardless of who they are or where they live.

927         In this moment, I am terrified for my patients and my  
928 community. As a doctor in Georgia, I see firsthand the  
929 reality we are in. Like many other States, Georgia has had  
930 multiple restrictions on abortion access for years, none of  
931 them based in medicine or science.

932         One of these restrictions is a mandatory waiting period,  
933 meaning the patients must receive State-directed counseling  
934 and then wait 24 hours before I can provide their needed  
935 abortion. I have to follow this law even though I know based  
936 on the evidence that waiting periods serve no medical  
937 purpose. They are intended to make the care less accessible.

938         This mandatory waiting period can only be waived in a  
939 medical emergency forcing me to question how sick is sick  
940 enough. Now, after the Supreme Court erased our  
941 constitutional right to abortion, we as doctors are forced to  
942 grapple with these impossible situations more and more often,  
943 situations where the laws of our State directly violate the

944 medical expertise that we gained through years of training  
945 and the oath that we took to provide the best care for our  
946 patients.

947 I have also provided care in Massachusetts and Delaware  
948 and have seen how dramatically the care that I am able to  
949 provide and that people are able to receive vary based on the  
950 laws of the State. In the States where I do not have to deal  
951 with medically unnecessary restrictions on abortion access, I  
952 can focus on doing what I am trained to do, providing safe,  
953 compassionate, evidenced based care.

954 I understand that abortion care can be a complicated  
955 issue for many people, just like so many aspects of health  
956 care and life can be. But I am here today to tell you that  
957 abortion is evidence-based, compassionate, essential health  
958 care. It should not be singled out for exclusion or have  
959 additional administrative or financial burdens placed upon  
960 it.

961 Bans and restrictions on abortion care have far-reaching  
962 consequences, both deepening existing inequities and  
963 worsening health outcomes. When abortion is difficult or  
964 impossible to access, complicated health conditions can  
965 worsen and even result in death.

966 In Georgia, abortion is still legal, but H.B. 481, a law  
967 that would ban most abortions in the State, could go into  
968 effect in the coming months. This would undoubtedly worsen

969 maternal outcomes in our region, forcing doctors to turn away  
970 patients that we know how to care for.

971         The reality is as a provider of comprehensive  
972 reproductive health care, I know people are able to make  
973 complex, thoughtful decisions about their health and lives.  
974 It is indefensible that anyone, any politician, would try to  
975 prevent them from doing so.

976         Despite the Supreme Court's decision and efforts by  
977 politicians to create an unjust patchwork of abortion bans  
978 and restrictions, I am unwavering in my commitment to support  
979 people in my home and my community in the South in whatever  
980 way I can.

981         It should not have to be this way. People should be  
982 able to get the care that they need in their communities in a  
983 manner that is best for them with the people they trust.

984         I urge you to listen to the stories of people who  
985 provide and access abortion care. I hope these stories help  
986 you understand that abortion care is not an isolated  
987 political issue and to see how profoundly restrictions on  
988 abortion access harm all of our communities.

989         Thank you for having me today, and I look forward to  
990 your questions.

991         [The prepared statement of Dr. Verma follows:]

992

993 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

994

995           \*Ms. DeGette. Thank you so much, Doctor.

996           Dr. Resneck, you are now recognized for five minutes.

997

998 TESTIMONY OF JACK RESNECK, JR., M.D.

999

1000 \*Dr. Resneck. Thank you and good morning.

1001 As President of the AMA, I appreciate the opportunity to  
1002 discuss the ramifications of the Dobbs decision on physicians  
1003 and on our patients.

1004 It overturns nearly half a century of precedent, ending  
1005 patients' rights to comprehensive reproductive health care,  
1006 allowing government intrusion into the exam room, and  
1007 criminalizing medical care.

1008 And now our members in many States are reporting chaos  
1009 and confusion. My physician colleagues have been placed in  
1010 an impossible situation, trying to meet their ethical duties  
1011 to place patients' health and wellbeing first, while  
1012 attempting to comply with vague, restrictive, complex, and  
1013 conflicting State laws that interfere in the practice of  
1014 medicine, and jeopardize the health of our patients.

1015 Physicians are worried about prosecution of their  
1016 patients and themselves in the midst of significant legal  
1017 uncertainty. Let me be clear.

1018 This is dangerous for our patients. Our ethical  
1019 obligation is to help patients choose the optimal course of  
1020 treatment through shared decision making that is fully  
1021 informed by evidence-based medical science and shaped by  
1022 patient autonomy. Anything less puts patients at risk and



1023 undermines both the practice of medicine and our Nation's  
1024 health.

1025 AMA policy supports patients' access to the full  
1026 spectrum of reproductive health care options, including  
1027 abortion and contraception, as a right. Our policies are a  
1028 result of a democratic process in which physicians  
1029 representing every specialty, every State, urban and rural  
1030 communities across the political spectrum come together in  
1031 our large, diverse House of Delegates.

1032 Let me tell you about some of the extraordinary ways in  
1033 which lives are now being put at risk. Physicians seeing  
1034 ectopic pregnancies or patients with sepsis or hemorrhage  
1035 during pregnancy are literally calling hospital attorneys  
1036 who, in some cases, tell them to wait until there is a higher  
1037 chance of death before intervening.

1038 Patients with new life-threatening cancers are being  
1039 forced to travel to other States and wait to terminate their  
1040 pregnancies and begin their chemotherapy treatment.

1041 These are not rare examples. This is what happens when  
1042 government inserts itself into complex health care decisions  
1043 that should be made between a patient and a physician. This  
1044 is what happens when physicians know their clinical judgment  
1045 may be second guessed by other hospital staff or prosecutors.  
1046 And make no mistake. This is very dangerous.

1047 Ectopic pregnancies are already the leading cause of

1048 maternal mortality in the first trimester. Miscarriages with  
1049 complications and ectopic pregnancies are not rare. Every  
1050 day physicians are making intense, time-sensitive decisions  
1051 where delays threaten lives.

1052         We applaud the recent clarification by HHS that EMTALA  
1053 will be a defense for criminal prosecutions when a physician  
1054 needs to terminate a pregnancy to stabilize or save the life  
1055 of a pregnant person.

1056         The physicians continue to face uncertainty and risk in  
1057 these situations. As Professor Litman noted, the State of  
1058 Texas just brought a legal challenge against HHS' assertion  
1059 of EMTALA preemption over State law.

1060         We are also aware of patients having difficulty  
1061 accessing methotrexate just because it happens to be a very  
1062 effective alternative to surgery for the treatment of ectopic  
1063 pregnancies. I am a dermatologist. I use methotrexate to  
1064 treat certain autoimmune diseases, cancers, psoriasis.

1065         But some pharmacists in some States are refusing to  
1066 stock or dispense methotrexate and other drugs.

1067         We are also concerned about ensuring continued access to  
1068 mifepristone, part of a safe and highly effective regimen to  
1069 terminate pregnancies and manage miscarriages. Certain  
1070 States have laws that are not evidence-based and  
1071 inappropriately interfere with the FDA's regulatory decisions  
1072 about the use of mifepristone.

1073           Everything we are witnessing in the wake of Dobbs will  
1074           exacerbate existing health inequities. The heaviest burdens  
1075           will fall on patients from Black, Latino, indigenous, low-  
1076           income, rural, LGBTQ, and other historically disadvantaged  
1077           communities. And that includes worsening our maternal  
1078           mortality crisis.

1079           States that end legal abortion will not end abortion.  
1080           They will end safe abortion, risking devastating  
1081           consequences, including patients' lives. Many more people  
1082           will resort to self-managed abortions without medical  
1083           supervision.

1084           Some who are able to obtain abortions will get them far  
1085           later in pregnancy after traveling and waiting, and clear,  
1086           convincing evidence shows that others who carry unwanted  
1087           pregnancies to term will experience worsening physical and  
1088           mental health, more exposure to intimate partner violence,  
1089           and far more economic distress.

1090           We have only begun to assess the full impact of the  
1091           Dobbs decision. I have not even touched on the impacts on  
1092           medical education, privacy of medical data, travel across  
1093           State lines, or the physical safety of patients and  
1094           physicians.

1095           The AMA is committed to its longtime opposition to  
1096           criminalizing medical practice. We believe termination of a  
1097           pregnancy is a medical matter between patients and their

1098 physicians. We will always have doctors' backs and patients'  
1099 backs, and we will oppose laws or regulations that limit  
1100 access to comprehensive, evidence-based reproductive health  
1101 care, including abortion.

1102 Thank you, Madam Chair.

1103 [The prepared statement of Dr. Resneck follows:]

1104

1105 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1106

1107           \*Ms. DeGette. Thank you so much, Doctor.

1108           The chair will announce there is a vote on the floor  
1109 right now, and so we will hear from Dr. Francis, and then we  
1110 will recess until we are finished. I do not know how many  
1111 votes there are, but when we are finished with the votes.

1112           So, Dr. Francis, you are now recognized for five  
1113 minutes.

1114

1115 TESTIMONY OF CHRISTINA FRANCIS, M.D.

1116

1117 \*Dr. Francis. Thank you.

1118 Chairs DeGette and Pallone, Ranking Members Griffith and  
1119 McMorris Rodgers, and members of the subcommittee, thank you  
1120 for the opportunity to speak with you today.

1121 My name is Dr. Christina Francis, and I am a Board-  
1122 certified OB-GYN.

1123 I desire for women to have the best possible health care  
1124 and for them and their children to have the best chance to  
1125 pursue their goals and dreams.

1126 As an OB-GYN hospitalist, I have the distinct honor and  
1127 privilege to be with women and their families during the most  
1128 exciting, challenging, and sometimes heartbreaking times of  
1129 their lives.

1130 I also serve as a patient and human rights advocate. I  
1131 believe that all human beings are created equal. One of the  
1132 reasons I chose the specialty of obstetrics was because of  
1133 the challenge of taking care of two patients at once.

1134 With the advances in medical technology and  
1135 understanding over the last 49 years, it is now undisputed  
1136 fact that at the moment of fertilization, a distinct living  
1137 and whole human being comes into existence.

1138 Thankfully, in most circumstances, the lives of my two  
1139 patients benefit one another, and our mantra of healthy mom

1140 and healthy baby is a reality.

1141           In the decades since the Roe decision, our ability to  
1142 successfully treat medically complex pregnancies has  
1143 increased dramatically. There are, however, still situations  
1144 in which a pregnancy complication can occur and endanger a  
1145 pregnant woman's life, such as a ectopic pregnancy or an  
1146 infected uterus, which I have treated hundreds of times in my  
1147 14-year career.

1148           My intent in these situations is to save the life of the  
1149 mother, not as is the case in an abortion to end the life of  
1150 the preborn human being. However, this can be done in a way  
1151 that not only ensures the mother receives excellent medical  
1152 care, but also respects the dignity of the life of her child,  
1153 something my patients have been very grateful for.

1154           There has been a lot of false information being spread  
1155 that laws limiting abortion will prevent these lifesaving  
1156 treatments, but this is blatantly absurd. Not only do no  
1157 State laws currently on the books prohibit these treatments,  
1158 but even State laws restricting abortions pre-Roe allowed for  
1159 them.

1160           The nearly 7,000 of AAPOG, the American Association of  
1161 Pro-life OB-GYNs, along with the remainder of the 76 to 93  
1162 percent of OB-GYNs who do not perform abortions, know that  
1163 elective abortion does not need to be legal in order to  
1164 ensure we can provide our patients with excellent health

1165 care.

1166 Our position at AAPOG is that women deserve fully  
1167 informed consent. This should be a point of common ground  
1168 for both abortion advocates and those who advocate for both  
1169 patients. Women cannot receive fully informed consent on  
1170 risks and benefits of any given procedure if they are not  
1171 seen by a physician or other qualified medical professional,  
1172 and yet we see this happening with the push for self-managed  
1173 abortion via pills obtained online.

1174 This actively places women's lives at risk if they  
1175 cannot be adequately screened for ectopic pregnancies, which  
1176 occur in one in 50 pregnancies, or for an accurate  
1177 gestational age, something ACOG states up to 50 percent of  
1178 women will be wrong about without an ultrasound.

1179 Women deserve better than this kind of negligent care.  
1180 I was the only OB-GYN for roughly 300,000 women in rural  
1181 Kenya for three years. I have seen firsthand what happens  
1182 when women do not have access to basic medical care, and I  
1183 have also seen what interventions improve their outcomes:  
1184 access to quality prenatal care, access to blood products,  
1185 and appropriate screening and treatment of health  
1186 complications during pregnancy.

1187 Excellent health care does not include abortions.  
1188 Elective abortion has no health benefits to my patients. It  
1189 ends the life of one, and it often causes harm to the other.



1190           There are more than 160 studies that show an increased  
1191 risk of preterm birth in future pregnancies after surgical  
1192 abortions. Our preterm birth rates are already the highest  
1193 in the developed world, with a disparate impact on the Black  
1194 communities.

1195           Women considering abortion deserve to know that once  
1196 they are ready to be mothers, they could face the possibility  
1197 of losing a child to prematurity. Having sat and cried with  
1198 patients in this very situation, I could not help but wonder  
1199 if they would have made a different decision had they only  
1200 known.

1201           Abortion also leads to a significant increased risk of  
1202 adverse mental health outcomes. The vast majority of the  
1203 peer reviewed literature on this issue shows that the long-  
1204 lasting mental health effects from abortion include  
1205 depression, anxiety, drug abuse, and suicide.

1206           One very large registry-linked study showed that women  
1207 who had abortions had a seven-times increased risk of suicide  
1208 compared to women who carried their pregnancies to term.

1209           When our country is already facing a mental health  
1210 crisis unlike anything we have seen before, we should be  
1211 minimizing contributing factors, not encouraging them.

1212           So what is post-Roe world mean for my patients' health?  
1213 Now we can finally have a robust discussion of the impact  
1214 abortion has had. We have a chance to restore trust in the

1215 medical profession to advocate for both of our patients. It  
1216 means that women have a chance at health care that puts their  
1217 safety and that of their child ahead of a political  
1218 narrative.

1219           And it means that instead of defaulting to abortion as a  
1220 Band-Aid for variety of complex issues, we will now be  
1221 working to identify innovative solutions for women today,  
1222 their preborn children, and for future generations.

1223           Thank you.

1224           [The prepared statement of Dr. Francis follows:]

1225

1226           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1227

1228           \*Ms. DeGette. Thanks so much, Doctor.

1229           The committee will now stand in recess until the return  
1230 of the chair.

1231           [Recess.]

1232           \*Ms. DeGette. The committee will come to order.

1233           And it is now time for members to have the opportunity  
1234 to ask questions to our witnesses.

1235           Before I begin, once again I want to remind members that  
1236 if you are not speaking, please mute your microphone. This  
1237 prevents audio feedback for the witnesses and listeners at  
1238 home, and it also prevents everything you are saying from  
1239 being heard in this room and on C-SPAN.

1240           The chair will now recognize herself for five minutes.

1241           So I think the thing that happened with the Dobbs  
1242 decision is that it really unleashed an unprecedented amount  
1243 of chaos in our country, and that was because we had many  
1244 States that already had these so-called trigger laws that  
1245 went into effect immediately upon the decision, and also  
1246 because many States started taking quick action to take very  
1247 extreme positions, like banning all of abortions.

1248           And so I want to hear from our witnesses about just what  
1249 kind of effect several of the witnesses said just in the last  
1250 30 days. I would like to hear from you about some of these  
1251 things.

1252           And if you can, keep your responses brief so we can hear

1253 from everybody.

1254 Professor Litman, as a legal scholar, are you aware of  
1255 any prior instance in America's history in which the U.S.  
1256 Supreme Court has actually taken away a right that was given  
1257 under the Constitution?

1258 \*Ms. Litman. I am not aware of any prior instance in  
1259 which the Court has taken away a right that is so fundamental  
1260 to so many or denied the privacy, liberty, and equality  
1261 rights of over half of the country.

1262 \*Ms. DeGette. Thank you.

1263 Dr. Verma, do you think that the public health impacts  
1264 are going to be just as sweeping as this decision that  
1265 Professor Litman talked about?

1266 \*Dr. Verma. Thank you for that question.  
1267 Absolutely.

1268 \*Ms. DeGette. And why is that?

1269 \*Dr. Verma. I think that these restrictions are going  
1270 to affect people seeking abortion care for all reasons,  
1271 including lifesaving abortion care in medical emergencies.

1272 We are also seeing that in States with laws  
1273 criminalizing abortion provision that doctors are nervous to  
1274 provide pregnant patients with needed diagnostic testing like  
1275 radiology imaging, anesthesia. Pregnant people are not being  
1276 able to get medications, for example.

1277 Autoimmune conditions, we are seeing a vast array of

1278 effects. People with ectopic pregnancies and miscarriages  
1279 are being affected. So this is really affecting all aspects  
1280 of reproductive health care.

1281 \*Ms. DeGette. So we are hearing from people on the  
1282 other side of the aisle, the Republicans that this is just  
1283 really not true, and that abortion is actually not health  
1284 care, and that people are not experiencing these  
1285 consequences.

1286 You are practicing medicine on a daily basis; is that  
1287 correct?

1288 \*Dr. Verma. Correct.

1289 \*Ms. DeGette. And so, first of all, is abortion health  
1290 care?

1291 \*Dr. Verma. Abortion is absolutely health care. All of  
1292 medical, our science-based, evidence-based medical societies  
1293 have come together to establish this fact, that abortion is  
1294 health care.

1295 \*Ms. DeGette. And are you seeing the kind of cases that  
1296 everybody has been talking about and that we are seeing in  
1297 the press?

1298 \*Dr. Verma. Absolutely, yes.

1299 \*Ms. DeGette. Thank you.

1300 Now, Dr. Resneck, we do not often see the American  
1301 Medical Association here, and we are glad to have you here.  
1302 Can you tell me exactly why the AMA is speaking out on this

1303 particular issue today?

1304 \*Dr. Resneck. Thank you, Madam Chair.

1305 I would say we actually have for several years now been  
1306 deeply involved in the number of cases around access to  
1307 abortion which we believe is part of comprehensive health  
1308 care.

1309 We briefed in the Dobbs case, as we were engaged in  
1310 several of the Texas cases that preceded it.

1311 \*Ms. DeGette. And why did you do that as an  
1312 association?

1313 Why did you think abortion was so important?

1314 \*Dr. Resneck. Well, as I said in my opening statement,  
1315 our House of Delegates decides our policy. It does not just  
1316 come from me as President or from our Board, and our House of  
1317 Delegates recognizes just how dangerous it is, whether it is  
1318 reproductive health care, whether it is taking care of LGBTQ  
1319 youth, whether it is pediatricians being able to counsel  
1320 their patients about firearm violence, that when we have  
1321 people and legislators trying to make hard and fast rules  
1322 about how you take care of patients, that it does not  
1323 recognize the complexities of patient care.

1324 \*Ms. DeGette. So what you are saying is that the AMA  
1325 feels strongly that these decisions should be made by a  
1326 person and their doctor, not by politicians.

1327 \*Dr. Resneck. We do, and again, that comes from a

1328 diverse set of people in our House of Delegates from every  
1329 State in the country, from across the political spectrum.

1330 While we recognize that individual physicians obviously  
1331 come to this with their own individual opinions about  
1332 abortion, that the ability to actually take care of patients  
1333 and not have criminalization of health care is of fundamental  
1334 importance to the health of the Nation.

1335 \*Ms. DeGette. Thank you.

1336 Dr. Guerrero, how do you think that the women and  
1337 providers who are already being affected by the Court's  
1338 decision are feeling about this?

1339 What are you hearing?

1340 \*Dr. Guerrero. What we are hearing with our clients and  
1341 colleagues that we work with is just a huge sense of urgency,  
1342 fear. There is a lot of fear around criminalization. Mass  
1343 confusion, people are extremely confused as to even what the  
1344 laws are.

1345 The laws right now with what has happened with Roe  
1346 reversal were already confusing because of the various  
1347 challenges that were happening on a State level, and now with  
1348 this happening people are even more just at a loss as to what  
1349 to do.

1350 \*Ms. DeGette. Thank you.

1351 \*Dr. Guerrero. And so the effects have been  
1352 detrimental.

1353           \*Ms. DeGette. Thank you.

1354           I am going to let you, Ms. Bracey Sherman, just speak  
1355 quickly about how far you and the people you work with think  
1356 that this agenda is going to go.

1357           \*Ms. Bracey Sherman. I mean, we have always known that  
1358 their goal is to criminalize abortion, and anyone who says  
1359 that that is not the goal is lying because we have seen that  
1360 people who have abortions, anyone who helps someone get an  
1361 abortion has been criminalized.

1362           There are people who are sitting in jail experiencing  
1363 that. So we know that is the truth, and it is very scary.

1364           \*Ms. DeGette. Thank you so much.

1365           The chair now recognizes the ranking member for five  
1366 minutes.

1367           \*Mr. Griffith. Thank you, Madam Chair.

1368           This is going to be a question for all of the witnesses.  
1369 It is a yes or no question. So I know you may want to  
1370 expand, but it is yes or no to all of the witnesses.

1371           Do you support any restrictions on abortion? Do you  
1372 support any restrictions on abortion? Yes or no?

1373           \*Ms. Bracey Sherman. I believe that --

1374           \*Mr. Griffith. Yes or no?

1375           \*Ms. Bracey Sherman. I believe that people have a --

1376           \*Mr. Griffith. Yes or no?

1377           \*Ms. Bracey Sherman. I believe that people who have



1378 abortions deserve to make that decision themselves.

1379 \*Mr. Griffith. Yes or no.

1380 \*Ms. Bracey Sherman. I don't think --

1381 \*Mr. Griffith. All right. That is enough. You are  
1382 good.

1383 \*Ms. Bracey Sherman. You are asking us a yes or no.  
1384 So --

1385 \*Mr. Griffith. Ms. Litman?

1386 \*Ms. Bracey Sherman. -- to a question that is --

1387 \*Mr. Griffith. I am worried. I am taking back my time.  
1388 Yes or no?

1389 \*Ms. Litman. I reject the question because all bans are  
1390 denying people the ability to --

1391 \*Mr. Griffith. All right. That is enough.  
1392 Dr. Guerrero, yes or no?

1393 \*Ms. Litman. -- reproductive health care and control of  
1394 --

1395 \*Mr. Griffith. Dr. Guerrero, yes or no?

1396 \*Dr. Guerrero. It is not a yes or no question. It  
1397 is --

1398 \*Mr. Griffith. All right. Fair enough. It is a no.  
1399 Dr. Verma, yes or no, any restrictions?

1400 \*Dr. Verma. I would love to answer your question. I do  
1401 need more --

1402 \*Mr. Griffith. That is a no.

1403 Dr. Resneck, yes or no?

1404 \*Dr. Resneck. I am sorry. I need more time to discuss  
1405 it. It is just not a yes --

1406 \*Mr. Griffith. A yes or no on any restriction? It is a  
1407 no.

1408 Dr. Francis -- thank you -- Dr. Francis, what were the  
1409 impacts of Roe v. Wade on health care of pregnant mothers and  
1410 their unborn children?

1411 \*Dr. Francis. So we have had 49 years of access to  
1412 abortion in this country, and what we have seen is that we  
1413 now have the worst preterm birth rates in the developed  
1414 world. We know that abortions, again, based on 168 studies,  
1415 increases a woman's risk of preterm birth.

1416 We also have one of the worst maternal mortality rates  
1417 in the developed world. Abortion has done nothing to  
1418 decrease our maternal mortality rates, and in fact, if you  
1419 look at other countries who have more restrictive abortion  
1420 laws than we have had in this country, their maternal  
1421 mortality rates are better.

1422 \*Mr. Griffith. And, Dr. Frances, what does the data  
1423 show on the correlation between abortion and adverse mental  
1424 health outcomes?

1425 You mentioned this earlier a little bit, but go ahead  
1426 and expand.

1427 \*Dr. Francis. Yes, absolutely. So if you look at the

1428 whole of the medical literature on this issue, what it shows  
1429 is that two-thirds of the peer-reviewed studies show a link  
1430 between abortion and adverse mental health outcomes.

1431 In fact, 20 to 30 percent of women, on the low estimate,  
1432 will have long-lasting adverse mental health effects from  
1433 their abortions.

1434 \*Mr. Griffith. All right, Dr. Francis. Why is it  
1435 important for women seeking abortions to be screened for  
1436 coercion?

1437 \*Dr. Francis. This is very important. So there is a  
1438 study that reported that over 60 percent of women who  
1439 obtained abortions reported feeling pressured or coerced into  
1440 having their abortion, and only 11 percent of women reported  
1441 receiving adequate counseling prior to their abortion.

1442 So it is extremely important. You know, if we want  
1443 women to be able to make choices about their health care,  
1444 they should be the ones making that choice, not someone  
1445 pressuring them into that.

1446 And so it is very important that we be screening for  
1447 this, and that is one of the reasons why women seeing a  
1448 physician in person prior to obtaining an abortion is so key,  
1449 so that they can have one-on-one interaction with her face to  
1450 face to ensure that no one is pressuring her into this  
1451 decision.

1452 \*Mr. Griffith. So let me reiterate what I heard. Sixty

1453 percent of women felt there was some form of coercion for  
1454 them to have an abortion?

1455 \*Dr. Francis. Correct.

1456 \*Mr. Griffith. Who came in seeking an abortion, and  
1457 only 11 percent, according to your data, indicated they felt  
1458 they had gotten proper counseling prior to having the  
1459 abortion; is that correct?

1460 \*Dr. Francis. Correct, and proper counseling is  
1461 imperative for a woman to be able to give informed consent.

1462 \*Mr. Griffith. Because that would also help on the  
1463 mental health side, would it not?

1464 \*Dr. Francis. Correct.

1465 \*Mr. Griffith. Right. Dr. Francis, you mentioned in  
1466 your written testimony instances of physicians practicing  
1467 outside their area of expertise when providing abortions.  
1468 Can you provide examples of situations where this has  
1469 happened and what the implications of this could be for a  
1470 patient?

1471 \*Dr. Francis. Absolutely. So we know in the June  
1472 Medical v. Gee case that went before the Supreme Court in  
1473 2020, one of the reasons that the State of Louisiana actually  
1474 enacted their admitting privilege law, which was a bipartisan  
1475 supported law, was because that two of the abortion  
1476 facilities in the State of Louisiana had radiologists and  
1477 ophthalmologists performing surgical abortions on women.

1478           This is absolute medical malpractice. Radiologists and  
1479 ophthalmologists are not trained in how to instrument a  
1480 pregnant woman's uterus. They are not trained in how to take  
1481 care of the complications, and this just represented again  
1482 medical malpractice and poor care for women.

1483           \*Mr. Griffith. And let's talk about that not keeping up  
1484 with the patient or not being able to.

1485           You mentioned in your written testimony instances of  
1486 patients being abandoned by abortion clinics at the  
1487 conclusion of the procedure. Could you elaborate on the  
1488 nature of this abandonment?

1489           \*Dr. Francis. Yes. So according to one recent study  
1490 that looked at complications reported to the FDA of  
1491 medication abortions, that showed that fewer than 40 percent  
1492 of the complications were actually treated by the abortion  
1493 provider themselves. The vast majority of women were left to  
1494 present to their local emergency room.

1495           And I would like to read actually from an ACOG committee  
1496 opinion on how --

1497           \*Mr. Griffith. You have got 15 seconds. Go.

1498           \*Dr. Francis. Okay. It says, "Accurate communication  
1499 of information about a patient from one member of the health  
1500 care team to another is a critical element of patient care  
1501 and safety. This highlights the need for direct patient  
1502 handoff if a patient is having a complication, and this often

1503 does not happen when women have sought abortions and have  
1504 complications.'

1505 \*Mr. Griffith. Thank you very much.

1506 I yield back.

1507 \*Ms. DeGette. The chair now recognizes the chairman of  
1508 the full committee, Mr. Pallone, for five minutes.

1509 \*The Chairman. Thank you, Chairwoman DeGette.

1510 I wanted to start with Dr. Verma.

1511 You state in your testimony that you are, and I quote,  
1512 "terrified for my patients in my community.'" Can you  
1513 explain what has you so terrified for your patients, or the  
1514 particular impacts you fear most as abortion bans spread in  
1515 States across the country?

1516 \*Dr. Verma. Thank you for that question.

1517 So we are already seeing these impacts across the  
1518 country in States where bans have gone into effect and in  
1519 States like Georgia where I practice, where we already have  
1520 abortion restrictions.

1521 These restrictions are making it harder for people to  
1522 get care, including in medical emergencies. And so as one  
1523 example of where the laws just do not make sense for us when  
1524 we are taking care of the patient in front of us, I have  
1525 taken care of patients with a condition called pulmonary  
1526 hypertension. So that is a condition where if the person  
1527 continues the pregnancy, their risk of death is 50 percent,

1528 50 percent.

1529 But under these laws, if that person comes to me at six  
1530 or seven weeks before they have gotten a chance to get really  
1531 sick, can I do their abortion or do I have to wait until they  
1532 get sick and they risk death?

1533 The idea of having to wait for someone to get sick is  
1534 just counterintuitive to what we train to do as physicians,  
1535 but that is what we are seeing in our communities. That is  
1536 what we are being told by these laws that we have to do.

1537 \*The Chairman. Thank you.

1538 Dr. Resneck, does the AMA share these concerns?

1539 Are there other impacts that your members fear should  
1540 political interference in health care continue and abortion  
1541 bans expand?

1542 \*Dr. Resneck. We do share these concerns. As has been  
1543 described today, we are seeing chaos in the States. So we  
1544 have not only trigger laws from recent years and new laws  
1545 being passed, but we have laws from the 1800s still on the  
1546 books in some States when medical care was quite different  
1547 than it is today.

1548 So physicians are struggling every day. These are not  
1549 rare examples with how to treat, again, these patients who  
1550 present with great complexity in terms of how to treat them.  
1551 And so in order to give informed consent and be able to  
1552 proceed with what is best for a patient and help them decide,

1553 the lack of flexibility due to that government intrusion is  
1554 very frightening.

1555 \*The Chairman. Thank you.

1556 We have heard from the medical profession. So let me  
1557 ask Professor Litman for your legal expertise. Can you talk  
1558 a bit about what it means to have a constitutional right  
1559 taken away not only for access to abortion, but for other  
1560 fundamental rights that Americans build their lives around?

1561 And when the Court no longer follows precedent, what  
1562 does that do to the rule of law?

1563 \*Ms. Litman. We are already seeing that the Court's  
1564 decision overruling Roe v. Wade has opened the door for  
1565 possibly overruling other rights since allowed.

1566 In Dobbs itself, Justice Thomas called on the courts to  
1567 revisit the right to contraception, the right to marriage  
1568 equality, and the right to same sex sexual intimacy.

1569 After Justice Thomas penned that opinion, essentially  
1570 inviting litigants to bring him cases to overrule those  
1571 decisions, we have seen politicians, including some of your  
1572 colleagues in the other chamber, urge States to pass laws  
1573 that would allow the courts to overrule decisions recognizing  
1574 marriage equality, decisions recognizing the right to  
1575 contraception, and decisions recognizing the right to same  
1576 sex sexual intimacy.

1577 We are already seeing some of these broadly worded laws



1578 restricting those rights today. There have been confusion  
1579 and chaos about whether individuals still have continued  
1580 access to certain forms of contraception like IUDs, Plan B,  
1581 the morning after pill, because some of these broadly worded  
1582 laws might potentially prohibit those practices.

1583         And so providers and patients are experiencing  
1584 uncertainty and doubt about whether they can continue to  
1585 obtain contraception and whether they can continue to provide  
1586 it.

1587         So even if the Court does not overrule those decisions  
1588 immediately, its decision overruling Roe has already chilled  
1589 the exercise of constitution rights in addition to the right  
1590 to abortion.

1591         \*The Chairman. Thank you.

1592         And let me just ask Dr. Guerrero. Can you describe what  
1593 the Dobbs decision has meant for your clients and what added  
1594 uncertainty folks are now facing when they call to ask for  
1595 your help?

1596         \*Dr. Guerrero. Sure. I think that the repercussions  
1597 have been catastrophic. As far as the feelings that are  
1598 coming up for people, there is just a huge range of extreme  
1599 fear, urgency, anxiety, depression at the thought of not  
1600 being able to access care.

1601         And we are seeing a sense of people just really feeling  
1602 already they were facing restrictions that really prevented

1603 them from accessing care in the first place, and now with the  
1604 decision, we are seeing that kind of ratcheted up to a level  
1605 where there is something to be really fearful about this  
1606 being a crisis.

1607         And that is not hyperbole. That is not just some sort  
1608 of "flying off the handle" dramatics. It is the real  
1609 potential for humanitarian crisis.

1610         And so we are facing something that is going to be  
1611 incredibly difficult to manage.

1612         \*The Chairman. I appreciate that.

1613         And I want to thank our witnesses for the work that you  
1614 do every day to support the rights and health of women and  
1615 families across the country.

1616         I yield back, Madam Chair.

1617         \*Ms. DeGette. I thank the chairman.

1618         The chair now recognizes the ranking member, Mrs.  
1619 McMorris Rodgers, for five minutes.

1620         \*Mrs. Rodgers. Thank you, Madam Chair.

1621         Last week the Biden Administration told hospitals that  
1622 they must provide abortion services if the life of the mother  
1623 is at risk, stating that the Emergency Medical Treatment and  
1624 Labor Act, EMTALA, preempts State laws that limit abortions.

1625         The Administration also threatened to defund hospitals  
1626 that refuse to perform such procedures.

1627         Dr. Francis, is such guidance necessary?

1628           \*Dr. Francis. So those of us who work in the hospital  
1629 and see medical emergencies every day have operated under  
1630 EMTALA, you know, as long as I have been in practice. I have  
1631 been operating under EMTALA.

1632           So there has never been a circumstance where I have not  
1633 been able to intervene in order to save lives or save the  
1634 life of my patient when that is needed.

1635           And the other thing that EMTALA also provides for  
1636 actually is for a pregnant woman. It provides for the  
1637 stabilization and lifesaving attempt for her unborn child as  
1638 well. And that is how we have always operated.

1639           So as long as the directive is that we must intervene in  
1640 a life-threatening situation to save a woman's life, and if  
1641 that means prematurely separating her from her unborn child,  
1642 that is how I have always practiced for my entire 14-year  
1643 career, and I have never worked in a hospital that performed  
1644 elective abortions.

1645           But, again, those situations where it is a life-  
1646 threatening condition for the mother, those are not the same  
1647 as abortions that are intended to end the life of the unborn  
1648 child. All of us who are physicians would be committing  
1649 medical malpractice if we did not intervene to save a woman's  
1650 life.

1651           And, again, that is what I have done every day for my  
1652 14-year career, and I do not see how that would need to

1653 change. I will still be able to intervene to save the life  
1654 of my patient.

1655 \*Mrs. Rodgers. As a pro-life OB-GYN, have you ever been  
1656 able to provide emergency treatments without resorting to  
1657 abortion?

1658 And is there any emergency situation where you can think  
1659 of where an abortion is the only option?

1660 \*Dr. Francis. So if we are defining abortion as the  
1661 Royal College of OB-GYNs defines it, which is the procedure  
1662 intended to produce the death of a fetus, I have never needed  
1663 to intentionally end the life of my fetal patient in order to  
1664 save the life of the mother.

1665 There are situations, unfortunately, before viability,  
1666 before baby can survive outside of Mom, where we have to  
1667 intervene because of a life-threatening complication. But,  
1668 again, that can be done in a way that respects the dignity of  
1669 that unborn child's life and hopefully deliver Mom an intact  
1670 child that she can hold and grieve.

1671 And I can tell you from going through this with many,  
1672 many patients, that they appreciate being able to have this  
1673 child, to hold and grieve.

1674 So I fully acknowledge that there are life-threatening  
1675 complications of pregnancy that we as competent and well-  
1676 trained physicians need to treat, but that does not require  
1677 allowing elective abortions through all nine months of

1678 pregnancy for any reason.

1679 \*Mrs. Rodgers. Thank you.

1680 Would any existing State laws prevent you from treating  
1681 ectopic pregnancy?

1682 \*Dr. Francis. No State law that I am aware of or have  
1683 seen the text of. In fact, all of the laws that I have seen  
1684 specifically state that these laws do not apply to the  
1685 situation of ectopic pregnancy.

1686 \*Mrs. Rodgers. Would any existing State laws prevent  
1687 you from treating miscarriages?

1688 \*Dr. Francis. Absolutely not. So a miscarriage is a  
1689 completely different situation. That is a situation where  
1690 the fetus has already passed, and you are performing a  
1691 procedure in order to evacuate the woman's uterus of the  
1692 fetus that has already passed.

1693 And so State laws banning elective abortion are not  
1694 banning procedures in and of themselves. They are banning  
1695 procedures with the intent to end the life of the fetal human  
1696 being.

1697 \*Mrs. Rodgers. Will overturning of Roe v. Wade lead to  
1698 an increase in women dying? Why or why not?

1699 \*Dr. Francis. No, because we see in other countries  
1700 that have much more restrictive abortion laws than we do or  
1701 countries that have gone from legalized abortion to illegal  
1702 abortion, they have actually seen their maternal mortality

1703 rates drop.

1704           What will lead to more women dying is women obtaining  
1705 abortion pills online without being screened for ectopic  
1706 pregnancies and then having a ruptured ectopic pregnancy  
1707 experiencing vaginal pain and bleeding -- I am sorry --  
1708 vaginal bleeding and abdominal pain and thinking that those  
1709 symptoms are from their abortion and then wasting valuable  
1710 time where they should be seeking care, thinking that those  
1711 are normal symptoms from their abortion while they are  
1712 bleeding in their abdomen from a ruptured ectopic pregnancy.

1713           \*Mrs. Rodgers. Would you speak to what the data show on  
1714 the issue of abortion access and maternal mortality rates?

1715           \*Dr. Francis. So you know, again, when we look at --  
1716 there was a really good study actually done in Mexico that  
1717 looked at different states that had different abortion laws,  
1718 and what they found was that the states that had more  
1719 restrictive abortion laws either had similar or better  
1720 maternal mortality rates than those that had more permissive  
1721 laws.

1722           And we have seen this in multiple other countries. And,  
1723 again, we have the worst, one of the worst, maternal  
1724 mortality rates in the developed world, and yet we have had  
1725 some of the most permissive abortion laws out of step with  
1726 most of Europe and putting us in league with countries like  
1727 China and North Korea.

1728           \*Mrs. Rodgers. Thank you.

1729           Well, I appreciate you being here to focus on the health  
1730 care of women and how we can improve health care for women  
1731 and children post-Roe.

1732           \*Dr. Francis. Thank you.

1733           \*Mrs. Rodgers. I yield back.

1734           \*Ms. DeGette. The chair now recognizes Ms. Schakowsky  
1735 for five minutes.

1736           \*Ms. Schakowsky. Thank you so much, Madam Chairman.

1737           I just have one question for Dr. Resneck. You know, we  
1738 have seen widespread reports of emergency room doctors and  
1739 nurses questioning what care that they are allowed to give to  
1740 patients who are, you know, in trouble in the wake of this  
1741 Dobbs decision.

1742           I know in your testimony you state that the American  
1743 Medical Association appreciated that the Biden Administration  
1744 did clarify to some extent the Emergency Medical Act. You  
1745 talked a bit about that, the EMTALA.

1746           But my question to you is do you feel that providers  
1747 have clear information about what they can and cannot do?

1748           And what are we going to do about that?

1749           You know, when doctors ask, you know, how much bleeding  
1750 is bleeding enough or, you know, what are the guidelines  
1751 right now? Are they there?

1752           \*Dr. Resneck. Thank you, Congresswoman, for that

1753 question. It is quite important, and my answer is no.

1754           They do not have clear guidance right now, and I cannot  
1755 sugar coat this, and I cannot magically fix it because they  
1756 are facing contradictory laws in the wake of the Dobbs  
1757 decision and States, that while another witness has said that  
1758 they did not have trouble managing ectopic survivors, that  
1759 was in a Roe universe.

1760           And while we have heard stuff to the contrary, the  
1761 reality that doctors are facing in many States now is that  
1762 there are laws that are very specific about very narrow  
1763 exceptions for the life of the mother or the health of a  
1764 major organ system, and so these questions do come up every  
1765 day, as you have heard from Dr. Verma.

1766           How much risk is enough risk? We have States where a  
1767 patient was sent home after a miscarriage and an infection  
1768 with premature rupture of membranes, where the patient had to  
1769 wait until they were febrile and risking sepsis so that the  
1770 physicians could feel safe.

1771           So we actually did ask for the Administration to help  
1772 with this clarification on EMTALA because it gives one  
1773 counterbalance to some of these dangerous State laws, but the  
1774 reality is that physicians are still every day facing  
1775 incredibly difficult situations where they are just put in  
1776 unacceptable circumstances having to weigh the risk.

1777           And, again, there are very well-trained attorneys in



1778 some of these hospitals telling them very clearly you cannot  
1779 do anything yet because the State law in this State that has  
1780 just passed or the State law from the 1800s that is still in  
1781 effect would judge you, and you would find yourself at risk  
1782 of being accused in some cases of a felony and in years of  
1783 trial to maintain your freedom and your medical license.

1784 \*Ms. Schakowsky. Are you saying even right now when  
1785 supposedly there is certainly the life of the mother has to  
1786 be considered, that there are people who may face death  
1787 because they cannot get an abortion?

1788 \*Dr. Resneck. Yes. And one of the privileges of my job  
1789 is that I get to talk to physicians around the country about  
1790 what they are experiencing. So I have been doing a lot of  
1791 that these last three weeks since I was sworn into my current  
1792 role as AMA President.

1793 But I also want to emphasize that there are the extreme  
1794 examples which are incredibly concerning which we have tried  
1795 to shine the spotlight on. There are also everyday examples  
1796 where, again, you just have to imagine being a physician in  
1797 difficult circumstances where it is not always clear where  
1798 things are headed.

1799 And this is where actually having thorough, thoughtful  
1800 conversations about a patient's values and their wishes is  
1801 very important. And that is what physicians do every day,  
1802 and these are hard enough things for doctors and patients to

1803 face alone in a medical exam room together with the  
1804 uncertainties that we all face and the difficult decisions  
1805 that patients make every day and that we help be there with  
1806 them for.

1807         They are a lot harder when sitting on your shoulder as a  
1808 physician is a State Attorney General who is going to  
1809 retrospectively judge, particularly in this charged  
1810 environment, those decisions that you are making.

1811         So we are taking something complicated and hard and  
1812 trying to draw very artificial statutory lines around them.  
1813 So it is not only that these more extraordinary examples  
1814 which are real and common are dangerous, but just think about  
1815 every day.

1816         All right. One to two percent of all pregnancies are  
1817 ectopic pregnancies. Miscarriages, spontaneous abortions,  
1818 everybody I know has a loved one, a family member, a friend  
1819 who has experienced that. These are incredibly common things  
1820 where the complexities are real and doctors and patients have  
1821 to be free to have these difficult conversations together and  
1822 make difficult choices together, again, without having their  
1823 judgment constrained.

1824         \*Ms. Schakowsky. Thank you so much for your response.  
1825 I really appreciate it.

1826         And I yield back.

1827         \*Dr. Resneck. Thanks for the question.

1828           \*Ms. DeGette. I thank the gentlelady.

1829           The chair now recognizes Mr. Burgess for five minutes.

1830           \*Mr. Burgess. Madam Chair, just before I start my  
1831 questions, I ask unanimous consent to add three articles to  
1832 the record, one being the National Library of Medicine  
1833 version of the Hippocratic oath; one being an ACOG practice  
1834 bulletin, "Clinical Management Guidelines for Medication  
1835 Abortion''; and an article from LifeNews.com from earlier  
1836 this week, "Kamala Harris says unborn babies are not real  
1837 human beings.''

1838           I ask unanimous consent to put these in the record.

1839           \*Ms. DeGette. All requests for inclusion of documents  
1840 in the record will be considered at the end of the hearing.

1841           The gentleman is recognized.

1842           \*Mr. Burgess. Thank you.

1843           I agree with Dr. Resneck that these are important  
1844 questions, and they require a lot of thoughtful activity on  
1845 the part of the committee.

1846           Again, I will just state for the record that it is  
1847 unfortunate that we have five witnesses opposed and only one  
1848 in favor of the Republican position.

1849           The good news is that Dr. Francis seems to be up to the  
1850 task and is able to hold her own with this five-to-one ratio.

1851           So, Dr. Francis, let me ask you. As an OB-GYN, because  
1852 every OB-GYN prior to Dobbs, did every OB-GYN in the country

1853 do abortions?

1854           \*Dr. Francis. No. In fact, if you look at surveys done  
1855 by actually abortion providers of OB-GYNs in practice in the  
1856 U.S., it showed that anywhere between 76 and 93 percent of  
1857 OB-GYNs do not perform abortions, which to me says that they  
1858 understand that elective abortion is not health care.

1859           We are women's health care professionals, and I do not  
1860 know of another essential health care procedure that 93  
1861 percent of OB-GYNs do not provide.

1862           \*Mr. Burgess. Dr. Verma, is that consistent with your  
1863 information?

1864           \*Dr. Verma. My understanding of the data is that the  
1865 vast majority of OB-GYNs, over 85 percent, will connect the  
1866 patient with needed abortion care and they do not provide the  
1867 --

1868           \*Mr. Burgess. Yes, but they do not do abortion, which  
1869 Dr. Francis has told us is a purposeful ending of an unborn  
1870 life.

1871           \*Dr. Verma. That rate is not my understanding.

1872           \*Mr. Burgess. I think it is high, and I think Dr.  
1873 Francis is correct.

1874           So here is the thing. Prior to Dobbs, 92 percent or,  
1875 even if it is, take the lower number, 80 percent of OB-GYNs,  
1876 when faced with a patient having a miscarriage, would do  
1877 what? They would treat the patient having a miscarriage.

1878           Or faced with a patient having an ectopic pregnancy,  
1879 they would treat the patient. I consider myself a pro-life  
1880 OB-GYN, practiced for 25 years. Never once did I hesitate to  
1881 take of a patient who had suffered a spontaneous, incomplete  
1882 miscarriage, a spontaneous incomplete AB.

1883           I mean, it is something that you just do, and never  
1884 would I have expected that someone would have second guessed  
1885 that decision.

1886           But the problem where we find ourselves now is that we  
1887 have actually invited some of the controversy that people are  
1888 decrying.

1889           So, Dr. Francis, let me just ask you. I mean, you go to  
1890 some lengths to talk about the necessity for the proper  
1891 handoff, and like anyone else practicing OB-GYN in the  
1892 community hospital, I received a significant number of  
1893 complicated cases of which I had no prior knowledge.

1894           So the condition of a warm handoff between providers is  
1895 one that really ought to be thought through, is it not?

1896           \*Dr. Francis. Absolutely. It is crucial to patient  
1897 safety, and I as well have taken care of many women who have  
1898 presented to my local emergency room with complications of  
1899 their abortions.

1900           I got no patient handoff from the abortion provider. I  
1901 had only the word of the women to go on, which, you know, my  
1902 patients are good historians, but they may not have known all

1903 of the details of the procedure that they went through or the  
1904 medication that they received, which any of us who are  
1905 physicians know that is crucial to being able to care for our  
1906 patients.

1907         And, you know, if I can just address, too, one other  
1908 thing, and that I, too, have heard the stories about  
1909 physicians hesitating to take care of women with miscarriages  
1910 or with ectopic pregnancies, but -- and again, I am not a  
1911 legal expert -- but at least as far as the laws that I have  
1912 seen, that is not the fault of the law. It is the fault of  
1913 the hospital systems or the State Departments of Health. It  
1914 is their responsibility to educate their physicians on what  
1915 the law is and what it means.

1916         \*Mr. Burgess. That is absolutely correct. The hospital  
1917 does not perform a D&C. The doctor does. The hospital's  
1918 decision is not the end of the story. The doctor has to be  
1919 involved.

1920         And, Dr. Verma, let me just ask you because I referenced  
1921 ACOG practice bulletin, and one of the things that concern me  
1922 in the practice bulletin about medication abortion up to 70  
1923 days of gestation is the recommendations on whether to give  
1924 RhoGAM after the administration of that medication, and right  
1925 at the end of the paragraph where they talked about it, they  
1926 say that you might weigh whether it is necessary at all to  
1927 give RhoGAM to an early termination of pregnancy.

1928                   I mean, Rh has some limitations. I am not aware of  
1929 anything you can do to help the person become un-Rh  
1930 isoimmunized after it happens. Are you?

1931           \*Dr. Verma. Thank you for that question.

1932           So there has been some really powerful data that has  
1933 come out over the past few years that showed that with an  
1934 early miscarriage or an early abortion, that the level of  
1935 blood transfer from the pregnancy to the blood stream of the  
1936 patient is too low for RhoGAM to be indicated, and it may  
1937 be --

1938           \*Mr. Burgess. Let me just insert that that is not --

1939           \*Ms. DeGette. The gentleman's time has expired.

1940           \*Mr. Burgess. And once isoimmunization has occurred --

1941           \*Ms. DeGette. The gentleman's time has expired.

1942           Ms. Kuster, you are now recognized for five minutes.

1943           \*Ms. Kuster. Thank you very much.

1944           I have been listening with interest to this conversation  
1945 between Dr. Burgess and Dr. Francis, and it seems to me that  
1946 for physicians when you have the Attorney General of the  
1947 State or when you have vigilante justice, which some of these  
1948 States now are encouraging, I think Dr. Resneck and all the  
1949 rest of our witnesses have been very clear. This post-Roe  
1950 world is just a reality that is frightening both for  
1951 physicians and, frankly, for pregnant women and for those who  
1952 love them.

1953           The New York Times just within the last few days  
1954 outlined numerous examples of women being turned away from  
1955 hospitals in times of medical need, such as miscarriages,  
1956 life-threatening pregnancy complications, and these are  
1957 pregnancies that are very much wanted.

1958           And we have had this case in New Hampshire with the  
1959 recent ban signed by our governor, a woman who I know  
1960 actually well who was carrying twins. One of the twins could  
1961 not survive, and she had to go to the State legislature to  
1962 get an exception so that she could complete her pregnancy.

1963           This is the reality where doctors are unable to respond  
1964 to patients that are in intense pain. They are being told to  
1965 leave the emergency room and not come back until they are  
1966 bleeding excessively.

1967           We know about the risk of infection, and for anyone who  
1968 might be watching this hearing and would prefer that members  
1969 of Congress were not having to delve this far into the  
1970 medicine of what is a private, personal life of women, I  
1971 would very much prefer not to be having this conversation as  
1972 well.

1973           I do not think politicians are well suited to be making  
1974 decisions about the life and wellbeing of physicians'  
1975 patients.

1976           I was an adoption attorney for 25 years. So I know more  
1977 than most about what pregnant people and women go through,



1978 and I have worked with hundreds of women making a difficult  
1979 and private and personal decision. But not one of these  
1980 women wanted the government to make that decision for them.

1981 Dr. Guerrero, according to your testimony, your  
1982 organization is committed to providing unbiased, judgement-  
1983 free support to people during their pregnancy experiences.  
1984 Taking pregnancy decisions away from women and putting them  
1985 in the hands of politicians hinders that critical work.

1986 Could you speak to why it is important for women to get  
1987 information related to their pregnancy options and the  
1988 potential outcomes?

1989 \*Dr. Guerrero. Absolutely, and I want to just focus a  
1990 little bit more on something that Dr. Resneck brought up,  
1991 which is that aside from these extraordinary circumstances,  
1992 what we see from everyday people who are just struggling to  
1993 get by and are just trying to make the best decisions for  
1994 themselves and their families and their communities is that I  
1995 am very, very worried about the mental health of pregnant  
1996 people. It was already very difficult to work with people  
1997 who were struggling with such immense feelings and  
1998 experiences and trying to access basic health care, and now  
1999 that has been ratcheted up.

2000 The fact that it has been so shamed and stigmatized in  
2001 this country was already a huge barrier in terms of mental  
2002 health for the average person trying to seek care, and now

2003 with the inaccessibility we are seeing people who are really  
2004 suffering. They are really suffering with just trying to  
2005 make the best decision they can.

2006 And we trust our clients to make the best decision that  
2007 they can no matter what they decide to do in their pregnancy  
2008 experiences because we actually think very highly of our  
2009 clients. We think that they are really great, wonderful  
2010 people who are trying to do the best that they can every day.

2011 And that is why this is just horribly offensive. That  
2012 does not even begin to cover it.

2013 \*Ms. Kuster. I feel the same way about the hundreds of  
2014 birth mothers that I represented and the courage that they  
2015 showed.

2016 Dr. Resneck, how does the patchwork of State laws  
2017 restricting access to abortion impact providers' ability to  
2018 provide other kinds of reproductive health care?

2019 \*Dr. Resneck. I mentioned in my opening statement that  
2020 it actually goes beyond reproductive health care because of  
2021 the number of medications that in some cases are viewed as  
2022 getting caught up in these laws because they affect  
2023 pregnancies, whether they are a teratogen, whether they are  
2024 something that is used --

2025 \*Ms. Kuster. I understand there is immunocompromised  
2026 cancer medication that is being withheld.

2027 \*Dr. Resneck. I am a dermatologist, but there are drugs

2028 that I use that if I lived in another State, I would be  
2029 facing pharmacies that might not be willing to dispense them  
2030 right now.

2031 I am hearing from colleagues who are having that happen.  
2032 So patients with Lupus, patients with inflammatory bowel  
2033 disease are finding barriers to getting their medications now  
2034 because of these laws touching things way beyond just  
2035 abortion.

2036 \*Ms. Kuster. Thank you.

2037 And with that I yield back.

2038 \*Ms. DeGette. The chair now recognizes Mr. Long for  
2039 five minutes.

2040 \*Mr. Long. Thank you, Madam Chair.

2041 And Dr. Resneck, can you describe for the committee your  
2042 definition of a successful abortion?

2043 \*Dr. Resneck. Congressman, I am guessing that you are -  
2044 - can you clarify your question a little bit for me?

2045 \*Mr. Long. Just your definition of a successful  
2046 abortion.

2047 \*Dr. Resneck. When a patient seeks to terminate a  
2048 pregnancy and comes to a doctor to seek to terminate that  
2049 pregnancy, that is the outcome that that patient is seeking.

2050 \*Mr. Long. Okay. And, Dr. Verma, the same question for  
2051 you. Can you describe to the committee your definition of a  
2052 successful abortion?

2053           \*Dr. Verma. So for me a successful abortion is, again,  
2054 when someone seeks care. They tell me what their values are.  
2055 I provide them with full counseling on all their options.  
2056 They choose abortion, and then have that care provided to  
2057 them in an evidence-based way with compassion.

2058           \*Mr. Long. Okay. Thank you.

2059           And, Dr. Guerrero, the same question for you. Can you  
2060 define for the committee your definition of a successful  
2061 abortion?

2062           \*Dr. Guerrero. I will not dignify that question with an  
2063 answer.

2064           \*Mr. Long. You will not give me your definition of a  
2065 successful abortion.

2066           \*Dr. Guerrero. I will not dignify that question with an  
2067 answer.

2068           \*Mr. Long. What is undignified about my question?

2069           \*Dr. Guerrero. I think it is inflammatory, and that is  
2070 all it is meant to do, and so I will not answer the question.

2071           \*Mr. Long. Professor Litman, the same for you. What  
2072 can you give me the definition of a successful abortion in  
2073 your mind?

2074           \*Ms. Litman. I am not a doctor or a medical expert, and  
2075 so I would kindly refer the question back to Dr. Verma or Dr.  
2076 Resneck or Dr. Guerrero.

2077           \*Mr. Long. Okay. And, Dr. Francis, can you give me

2078 your --

2079 \*Ms. Bracey Sherman. May I answer as someone who had a  
2080 successful abortion?

2081 \*Mr. Long. I am asking the questions. It is my floor.  
2082 Dr. Francis?

2083 \*Dr. Francis. Yes. So I would define a successful  
2084 abortion actually by defining what is considered a failed  
2085 abortion, and that would be when the baby is born alive  
2086 because, again, according to the Royal College of OB-GYNs,  
2087 the purpose of an abortion is to produce a dead fetus and the  
2088 act of the abortion should accomplish that.

2089 And, again, this is part of information that women  
2090 should know, that when they are undergoing an abortion, there  
2091 is a possibility that their child could be born alive.

2092 \*Mr. Long. Okay. And excuse me. Ms. Sherman, can you  
2093 give the committee your definition of a successful abortion?

2094 \*Ms. Bracey Sherman. Sure. It is Bracey Sherman, and a  
2095 successful abortion is when someone --

2096 \*Mr. Long. I am sorry. I did not --

2097 \*Ms. Bracey Sherman. -- gets the care that they need.

2098 \*Mr. Long. I have not been here for the whole hearing.  
2099 I am sorry.

2100 \*Ms. Bracey Sherman. And they walk out of the clinic or  
2101 the care if they are having their abortion at home, that they  
2102 are safe and happy, and they feel the relief, which is what

2103 most people feel after their abortion.

2104 A successful abortion is when someone is no longer  
2105 pregnant because they do not want to be.

2106 And I would also like to say a successful abortion is  
2107 also when a miscarriage is completed because a miscarriage is  
2108 also known medically as a spontaneous abortion.

2109 \*Mr. Long. Okay. Thank you.

2110 And, Dr. Francis, since the leak of the Dobbs decision  
2111 in early May, it is estimated there has been nearly 60  
2112 reported acts of violence against crisis pregnancy centers  
2113 across the Nation.

2114 And I would like to add that I toured several of those  
2115 over the years, and one that I recently toured up in the  
2116 Kansas City area, the providers stopped my people and they  
2117 said, "We cannot believe this."

2118 And they said, "What?!"

2119 And they said, "Well, there is a lot of politicians that  
2120 give pro, you know, pro-life statements, but we have never  
2121 had one visit yet."

2122 So but anyway, for example, the Capitol Hill Crisis  
2123 Pregnancy Center here just a few blocks away was recently  
2124 vandalized. As an openly pro-life OB-GYN, have you, your  
2125 practice organization, received threats or been harassed by  
2126 pro-abortion advocates?

2127 \*Dr. Francis. So I personally have not received any

2128 threats, but I do know many pregnancy care center directors  
2129 who have now had to spend thousands of dollars of, you know,  
2130 money that they have raised from donors to increase security  
2131 because of the increased violence.

2132         You know, this should be something that I think those of  
2133 us on both sides of this issue, on both sides of the aisle  
2134 should agree on, that violence is not how we handle  
2135 disagreements in this country.

2136         One of the benefits of Roe being overturned is that now  
2137 we can actually have robust discussions about this issue, and  
2138 my hope and what our organization strives to do is have  
2139 respectful conversation.

2140         \*Mr. Long. Thank you.

2141         And as far as a successful abortion, I think that I like  
2142 Chris Rock's answer better than any, and that is a successful  
2143 abortion is when only one person dies.

2144         I yield back.

2145         \*Ms. DeGette. I thank the gentleman.

2146         The chair now recognizes Miss Rice, who is appearing  
2147 remotely.

2148         \*Miss Rice. Thank you, Madam Chair.

2149         This week I am hosting my 16-year-old niece, Ruby, as an  
2150 intern in my office, and she has been listening to this  
2151 hearing. It is very difficult to have to explain to her that  
2152 for her in her short life so far, she is the first generation

2153 of young women in this country who are going to have fewer  
2154 rights than the women that came before them.

2155         And that is a very difficult conversation to have  
2156 because she just does not understand. She sees these issues  
2157 in her 16-year-old mind, as smart as she is, as a health care  
2158 issue, and all I hear is a bunch of conversations where the  
2159 word abortion, abortion, abortion is meant as a negative  
2160 term.

2161         And, you know, Dr. Francis, you just said that one of  
2162 the benefits of Roe in your mind is that we can now have a  
2163 robust conversation about this issue. I would suggest that  
2164 you stop throwing the word "abortion" around because you  
2165 think it is one that is going to raise the emotions above  
2166 having a reasonable conversation and a word that has been  
2167 weaponized, in my opinion, by certain people in this country.

2168         Because if we are going to have a real conversation  
2169 about this, we have to stop using language that is, you know,  
2170 going to prevent an actual meaningful conversation from  
2171 happening.

2172         Even before the Supreme Court issued the Dobbs decision,  
2173 anti-abortion activists and Republican lawmakers we know had  
2174 spent years restricting abortion access. Many States have  
2175 passed onerous abortion restrictions designed by political  
2176 ideologues to create barriers to care and discourage  
2177 abortion.



2178           For women who have already made their decision, many of  
2179 whom are in actual crises, these barriers delay care and can  
2180 be devastating.

2181           Dr. Verma, what barriers -- I know a lot of people have  
2182 talked about this before, but I think it is important to talk  
2183 about the barriers that your patients faced in accessing  
2184 abortion before the Dobbs decision and how those barriers are  
2185 compounded now.

2186           \*Dr. Verma. Thank you so much for that question and for  
2187 sharing your story and your daughter's story.

2188           So people have absolutely in many parts of this country  
2189 faced restrictions and burdens to accessing the abortion care  
2190 they need for many, many years. I have seen this in the  
2191 South, which is my home, and I think it is important to  
2192 recognize that these bans on abortion, restrictions on  
2193 abortion disproportionately affect those from already  
2194 marginalized groups like people of color, people of lower  
2195 financial means.

2196           And so these barriers are, for example, some of the  
2197 things that we face in Georgia. I mentioned the mandatory  
2198 waiting period where it is required by the States to read  
2199 particular scripts that are not medically accurate, as  
2200 doctors were trained to consent our patients.

2201           I provide informed consent to all my patients for any  
2202 procedure, including abortion. I talk to them about all of

2203 the options, including continuing the pregnancy, and I am  
2204 happy as someone who provides full spectrum OB-GYN to support  
2205 them if they decide to continue their pregnancy.

2206 And so what we know that these barriers are doing is  
2207 they are just making it harder for people to get the care  
2208 that they need. They are not making the care safer, and they  
2209 are disproportionately affecting already marginalized  
2210 communities.

2211 \*Miss Rice. Dr. Resneck, do you think there is  
2212 potential for the impacts of these bans to be felt beyond  
2213 reproductive care?

2214 \*Dr. Resneck. Yes. I think as we have talked about a  
2215 little bit today, we are seeing a number of areas and a  
2216 number of specialties where physicians are having a hard time  
2217 getting patients the treatments and the medications they need  
2218 because so many questions are being asked when patients are  
2219 trying to get medications or other things they need.

2220 \*Miss Rice. Professor Litman, we talked a bit today  
2221 about the general chaos which the Court's decision has  
2222 already created, but I would like to ask your thoughts about  
2223 what the decision will mean for access to health care because  
2224 that is what we are talking about.

2225 As time progresses and the consequences of Dobbs evolve  
2226 and emerge, what do you think it will mean for patient access  
2227 not only to abortion, but to reproductive health care more

2228 broadly?

2229           \*Ms. Litman. Thank you for that question which will  
2230 allow me to correct some misinformation. As a legal expert,  
2231 I can say it is the fault of the restrictive abortion laws  
2232 that are on the books, that individuals are being denied  
2233 access to potentially lifesaving care.

2234           We have already seen a report out of Texas that people  
2235 are being delayed or potentially denied lifesaving  
2236 miscarriage care. Over half of the people who are delayed or  
2237 denied in being able to access miscarriage care experience  
2238 severe complications, including losing blood, including  
2239 lifesaving infection.

2240           We are already seeing hospital attorneys advise people  
2241 that they cannot provide individuals with lifesaving care  
2242 because of the laws that are on the books.

2243           \*Miss Rice. Thank you.

2244           I yield back.

2245           \*Ms. DeGette. The chair now recognizes Mr. Tonko for  
2246 five minutes.

2247           \*Mr. Tonko. Thank you, Madam Chair.

2248           While We Testify storyteller Elissa now lives in my home  
2249 State of New York, she shared her story and permission for me  
2250 to share it today of having a medication abortion in Texas  
2251 six years ago.

2252           In Texas, she felt the process to get an abortion hinged

2253 on luck. She was lucky that she lived in the same city as an  
2254 abortion clinic, lucky to find an abortion fund to help her  
2255 pay for it, lucky that she caught the pregnancy early enough,  
2256 and lucky that she was able to take the necessary time off  
2257 from work.

2258 Elissa is grateful that she had an abortion every single  
2259 day and shared that it was the most important decision she  
2260 has ever made for herself.

2261 Unfortunately, due to the Supreme Court's Dobbs  
2262 decision, many women will not be allowed to the right to make  
2263 that decision or afforded the same understanding of  
2264 constitutional liberty.

2265 So, Professor Litman, we have used the word  
2266 "unprecedented" quite a bit today, but as you have already  
2267 confirmed, this is the first time the U.S. Supreme Court has  
2268 overturned an individual's constitutional right in our  
2269 Nation's history. Can you help put this in context for us?

2270 And just how unprecedented was the Court's decision?

2271 \*Ms. Litman. Thank you for that question.

2272 This is, again, one of the, the first time the Court has  
2273 taken away a right that is so fundamental to so many and the  
2274 liberty and equality rights of over half of the country.

2275 Justice Ruth Bader Ginsburg said that the ability to  
2276 realize a woman's full potential, the ability for a woman to  
2277 enjoy equal citizenship in this country depends on her

2278 ability to control her reproductive life.

2279           There has been a suggestion, which is a gross  
2280 misrepresentation, that Justice Ginsburg somehow would have  
2281 supported the decision in Dobbs overruling Roe. It was  
2282 Justice Ginsburg's dying wish that President Trump, the  
2283 President who promised to appoint Justices who would overrule  
2284 Roe v. Wade, not be allowed to name her successor.

2285           It is a slap in the face that a decision that allows  
2286 women to be treated as lesser citizens and as second-class  
2287 citizens is being justified falsely by attempting to connect  
2288 it to the woman who fought so hard for women's equal  
2289 citizenship and control over their reproductive lives.

2290           The decision in Dobbs allows over half of the country to  
2291 be treated as less than equal citizens, and it justifies that  
2292 on the basis that they were not full and equal citizens back  
2293 in 1868. It is taking us back to a place where we do not  
2294 want to go.

2295           \*Mr. Tonko. Thank you.

2296           And following the Court's decision, you are published in  
2297 CNN referring to the Dobbs decision, and I quote, "a capstone  
2298 to the decades long campaign led by the Republican Party to  
2299 control the Supreme Court and to do away with the right to an  
2300 abortion.'"

2301           What got us here? And how did this Court become an  
2302 instrument of what happens to, in your opinion, Republican

2303 Party politics?

2304 \*Ms. Litman. What got us here was a combination of a  
2305 disregard for the rule of law as well as gaslighting, people  
2306 denying that they actually did want to criminalize abortion  
2307 and criminalize people who were seeking it.

2308 Not less than five years ago during a Supreme Court  
2309 confirmation hearing, one of your colleagues in the other  
2310 chamber informed us that every time there was a judicial  
2311 nomination there were a bunch of hysterical women in pink  
2312 pussy hats saying that the future of Roe v. Wade was  
2313 potentially under threat.

2314 It turns out they were right, and we should listen to  
2315 the people who are warning that the Court's overruling of Roe  
2316 v. Wade is just the beginning of the Court's effort to take  
2317 away rights that are so fundamental to so many.

2318 It is not just that Justice Thomas has called on judges  
2319 and litigants to bring him cases that would allow the courts  
2320 to overrule Griswold, the decision protecting the right to  
2321 contraception, or Obergefell, the decision protecting the  
2322 rights to marriage equality.

2323 It is also the fact that the Republican Party platform  
2324 in 2016 promised to appoint Justices who would overrule Roe  
2325 v. Wade as well as Obergefell v. Hodges.

2326 It is also the fact that the Court by overruling Roe v.  
2327 Wade has called into question the broader constitutional

2328 right to privacy, which is what protects the right to  
2329 contraception, the right to marriage equality, the right to  
2330 consensual same sexual intimacy, and so many other rights  
2331 that are fundamental to individual personal liberty and their  
2332 ability to live their life and fulfill their personal  
2333 destiny.

2334       \*Mr. Tonko. Thank you.

2335       Not all States are moving to restrict abortion access.  
2336 In fact, as many as 16 States' governments have taken action  
2337 to protect abortion providers and seekers from punitive laws  
2338 outside their borders, and a handful of States have made  
2339 funding and coverage available to those seeking care.

2340       So, Professor, where are we currently seeing efforts to  
2341 protect and expand access?

2342       \*Ms. Litman. Some States have taken measures, as you  
2343 were saying, to provide public support to abortion providers  
2344 who now face an influx of individuals coming from States that  
2345 ban or restrict abortion.

2346       Other entities or institutions are trying to protect  
2347 rights in other ways, but the Supreme Court's decision has  
2348 created chaos that makes it difficult for institutions to  
2349 protect those rights, which I am happy to elaborate further,  
2350 but I see I am out of time.

2351       \*Mr. Tonko. Well, thank you for sharing your insights  
2352 and expertise.

2353           And with that, Madam Chair, I yield back.

2354           \*Ms. DeGette. The chair now recognizes Dr. Ruiz for  
2355 five minutes.

2356           \*Mr. Ruiz. Thank you for holding this hearing today. I  
2357 wish it was not necessary. It is hard to believe that we are  
2358 here to talk about a right that my mother's generation had  
2359 but my daughter's generation will not.

2360           Ultimately, this is about the power for a woman to have  
2361 control over her own decisions about her own body. This is  
2362 not a decision to be made by a bunch of politicians.

2363           The chaos that this is causing for patients and doctors  
2364 is widespread, and it has ripple effects that go well beyond  
2365 abortion access. The ramifications for patient care and the  
2366 trust relationship between a patient and her doctor are not  
2367 limited to abortion care alone, putting providers and  
2368 patients at risk.

2369           The relationship between a patient and doctor is a  
2370 sacred one, and this decision erodes that relationship in  
2371 ways that I am sure we do not even fully understand yet.

2372           This chaos and criminalization of patients and doctors  
2373 is very concerning for me as a doctor and terrifying for  
2374 patients since they are ultimately the ones who will suffer  
2375 most from this chaos.

2376           Of course, there is the criminal aspect of this.  
2377 Providers are in impossible situations where they must



2378 determine whether to do what they know is right for the  
2379 patient, based on the patient's wishes, or what is legal.

2380 But the effects go far beyond the criminality of  
2381 providers. Following the taking away of the constitutional  
2382 right to abortion, some providers will be put in a position  
2383 where the legal requirements conflict with their moral,  
2384 ethical, and medical responsibilities to their patients.

2385 Dr. Resneck, medical providers like you and me abide by  
2386 ethical codes to put our patient's wellbeing above all else.  
2387 Now politicians in some States are forcing providers to  
2388 abandon this code in service of an anti-abortion, anti-  
2389 science, anti-woman agenda.

2390 How do State abortion bans interfere with the provider's  
2391 ethical obligation?

2392 \*Dr. Resneck. Doctor, Congressman, thank you for that,  
2393 for that question.

2394 That is one of the worst, among many, bad consequences  
2395 that we are in. That is one that really troubles our  
2396 profession, really putting doctors in a position where they  
2397 are forced to violate their medical ethics in order to follow  
2398 a law. It does not make sense, and it does not have the  
2399 flexibility or recognize health care as being health care.

2400 It is untenable. We are going to see physicians moving  
2401 across States in some cases. Again, as you said, the  
2402 consequences we have only begin to see.

2403           \*Mr. Ruiz. Can a woman truly trust their physician  
2404 under these legal implications?

2405           \*Dr. Resneck. Well, we will continue to build trust  
2406 with our patients by being honest with them about their  
2407 options, about what is going on with their health, about  
2408 informed consent.

2409           But at the end of that conversation there may be  
2410 difficult parts of the conversation that involve telling them  
2411 we are in a place where we cannot provide the care that we  
2412 are recommending.

2413           \*Mr. Ruiz. So numerous media reports have shown that  
2414 the Dobbs decision is affecting providers across several  
2415 specialties, including those working in fields outside of  
2416 reproductive care, such as in hematology, rheumatology, and  
2417 dermatology.

2418           What kind of ripple effects is the Dobbs decision having  
2419 on patient care across the medical fields beyond OB-GYN?

2420           \*Dr. Resneck. It is a good question. As you said, many  
2421 specialties. There are so many diseases that are treated  
2422 with drugs that affect pregnancy, and we use those drugs  
2423 responsibly and have, again, informed conversations with  
2424 patients about using this. If you have rheumatoid arthritis,  
2425 for example, the drug that we were talking about a little  
2426 while ago, methotrexate, is sometimes used to treat that  
2427 disease.

2428           And now all of a sudden you have pharmacies refusing to  
2429 fill prescriptions for methotrexate. So whether dermatology,  
2430 rheumatology -- so for patients who happen to be watching  
2431 today who think, well, this does not affect me because I  
2432 might be somebody who does not think I would choose to have  
2433 an abortion, in addition to the fact that nobody knows if  
2434 they are going to end up being somebody with a miscarriage or  
2435 an ectopic; also nobody knows who is going to end up having  
2436 rheumatoid arthritis or Crohn's disease or several other  
2437 things that are treated with these medications where access  
2438 is being affected now.

2439           \*Mr. Ruiz. Yes. Dr. Guerrero, the clients you speak to  
2440 every day are seeking pregnancy option counseling and  
2441 referral to care. Moving forward, do you think this  
2442 political control will affect your ability to link women to  
2443 clinicians who will be able to provide the health care they  
2444 need?

2445           \*Dr. Guerrero. Yes, it will, and it will also  
2446 disproportionately affect communities that are most  
2447 marginalized. Seventy-seven percent of our clients already  
2448 experience some kind of burden related to abortion  
2449 restrictions, and out of that 77 percent, 59 percent of those  
2450 people are people of color.

2451           So the odds of things getting better in communities that  
2452 are the most marginalized are pretty slim.

2453           \*Mr. Ruiz. Thank you.

2454           In my remaining few seconds, abortion care is part of  
2455 reproductive care. It is health care.

2456           Thank you.

2457           \*Ms. DeGette. Thank you so much.

2458           Mr. Dunn, you are recognized for five minutes.

2459           \*Mr. Dunn. Thank you, Chairwoman DeGette.

2460           I am obviously pro-life, and I appreciate the Supreme  
2461 Court decision in *Dobbs v. Jackson*, returning jurisdiction to  
2462 the States.

2463           As my colleagues have previously stated today, the  
2464 Constitution does not explicitly guarantee the right to an  
2465 abortion. I believe that the legislative decisions regarding  
2466 abortions also should have been made by the States, and going  
2467 forward, I hope that they will be.

2468           I am troubled by the extreme behavior of many radical  
2469 pro-choice activists who threaten and, in fact, did burn  
2470 crisis pregnancy centers, as well as those who continue to  
2471 threaten and harass our Supreme Court Justices and their  
2472 families over this decision. I hope that we will return to  
2473 some level of civil discourse as this conversation continues.

2474           Misinformation is running wild in the national debate  
2475 about abortion, scaring women into believing that they will  
2476 be left to die if faced with an ectopic pregnancy or claims  
2477 that they will be imprisoned if pregnant. These claims serve

2478 only to embolden radical activists who push wild policies,  
2479 and I think this inflammatory brand of activism is appalling,  
2480 and it must stop.

2481 Madam Chair, I have no questions, and I will yield the  
2482 remainder of my time to Ranking Member Griffith.

2483 \*Ms. DeGette. The gentleman is recognized.

2484 \*Mr. Griffith. Thank you very much.

2485 Dr. Resneck, according to a 2019 opinion article in  
2486 Medpage Today by Dr. Kevin Campbell, he asserts that  
2487 currently or at that time only approximately 12.1 percent of  
2488 all practicing physicians in the U.S. were members of the  
2489 AMA. Is that accurate?

2490 \*Dr. Resneck. Our total representation numbers among  
2491 physicians and medical students who are the basis for our  
2492 members are well above that.

2493 \*Mr. Griffith. He specifically in the article excludes  
2494 the medical students, but it is in the -- between ten and 20;  
2495 is that fair?

2496 \*Dr. Resneck. That is the number of people who pay  
2497 dues, but I want to be very clear where our policy comes  
2498 from, and our policy comes from a House of Delegates in which  
2499 every specialty and every State medical association is  
2500 represented.

2501 \*Mr. Griffith. But it comes from your membership,  
2502 correct?

2503           \*Dr. Resneck.  Nope.  So State medical associations and  
2504 specialty societies, all of them --

2505           \*Mr. Griffith.  So even though --

2506           \*Dr. Resneck.  -- are represented in the House of  
2507 Delegates.

2508           \*Mr. Griffith.  So even though only ten to 20 percent at  
2509 most of the membership is practicing physicians, the AMA  
2510 claims to speak for all physicians as a whole?

2511           \*Dr. Resneck.  We do speak for the profession because  
2512 the profession comes together twice a year as a whole to make  
2513 our policy.  That is how our policy works.

2514           \*Mr. Griffith.  But you agree, just like we do not agree  
2515 up here, that there is a lot of disagreement amongst  
2516 physicians.

2517           \*Dr. Resneck.  People come to a topic like abortion  
2518 obviously with their individual approaches, but I would  
2519 welcome you to come to one of our House of Delegates meetings  
2520 and see that process and see that it is a very democratic,  
2521 science-based process where --

2522           \*Mr. Griffith.  Let me ask you this.

2523           \*Dr. Resneck.  -- everybody expresses their opinions and  
2524 votes happen and --

2525           \*Mr. Griffith.  Who do you believe is the patient when  
2526 it comes to an abortion, the baby, the mother, or both?

2527           You do not have --

2528           \*Dr. Resneck. I am going to defer to Dr. Verma who  
2529 has --

2530           \*Mr. Griffith. And I do not --

2531           \*Dr. Resneck. -- practices as an OB-GYN --

2532           \*Mr. Griffith. And I am going to --

2533           \*Dr. Resneck. -- to reflect on definitions.

2534           \*Mr. Griffith. I am going to yield then my time to Dr.  
2535 Burgess.

2536           Thank you.

2537           \*Ms. DeGette. Well, no. You do not have the ability  
2538 to. It is Mr. Dunn's time.

2539           \*Mr. Dunn. I am happy to reclaim my time and yield to  
2540 Dr. Burgess.

2541           \*Ms. DeGette. The gentleman is recognized.

2542           \*Mr. Burgess. Thank you, Dr. Dunn.

2543           Dr. Francis, you heard the earlier exchange that Dr.  
2544 Verma and I had about Rh isoimmunization, blood  
2545 incompatibility. Most people nowadays are not aware of the  
2546 fact that prior to 1968, there were a certain number of  
2547 pregnancies that were lost secondary to Rh incompatibility  
2548 between the mother and the baby.

2549           Look. I practiced OB-GYN for 25 years. I consider  
2550 myself a specialist in obstetrics, gynecology, and defensive  
2551 medicine, and good defensive medicine would say that rather  
2552 than cut a corner with a medicated cyst determination, that

2553 you provide that security of coverage with RhoGAM after a  
2554 pregnancy loss whether it be spontaneous or elective; is that  
2555 not correct?

2556       \*Dr. Verma. Absolutely, and even though the risk is  
2557 low, as you stated, it is not zero, and I, when I practiced  
2558 in Kenya, saw babies affected by Rh isoimmunization because  
2559 they did not have access to RhoGAM.

2560       But even more dangerous than that is giving a woman  
2561 these medications when you do not know her gestational age  
2562 accurately. At ten weeks, one in ten women will need a  
2563 surgical completion of their abortion. Just three weeks  
2564 later, one in two to three women will need a surgical  
2565 completion of their abortion.

2566       And so accurate dating of a pregnancy is crucial, and  
2567 again, even per ACOG's own documents, up to 50 percent of  
2568 women will be wrong about their gestational age based on  
2569 their last menstrual period alone.

2570       \*Mr. Burgess. So bottom line is it is not a good idea  
2571 to cut corners just to be administering abortion medications.

2572       Thank you for your participation today.

2573       I yield back to Dr. Dunn.

2574       \*Ms. DeGette. Dr. Dunn's time has expired.

2575       The chair now recognizes the vice chair of the  
2576 subcommittee, Mr. Peters, for five minutes.

2577       \*Mr. Peters. Thank you, Madam Chair.



2578           As we have already heard from the witnesses, the Dobbs  
2579 decision has far-reaching impacts. Just yesterday we heard  
2580 in the news about a Texas woman's experience of being refused  
2581 care in the first trimester due to that State's extreme anti-  
2582 abortion laws because the providers fear they would be sued  
2583 under State law if they intervened.

2584           So what happened after extreme pain and bleeding,  
2585 instead of receiving safe surgical procedure to treat the  
2586 miscarriage as she has in the past, the hospital sent her  
2587 home to self-monitor her condition as she bled in her bathtub  
2588 for 48 hours straight.

2589           I am deeply concerned that people in these situations  
2590 could die trying to access basic lifesaving care because of  
2591 Dobbs, and every pregnancy is different. That is why these  
2592 decisions should be made by patient and her doctor, not by  
2593 politicians.

2594           The Dobbs decision has caused chaos nationally.  
2595 Patients are being forced to travel across State lines to get  
2596 care, and some Republicans are already calling for a national  
2597 abortion ban. So that means it is not a State-specific  
2598 issue. It is a national crisis.

2599           Dr. Guerrero, you mentioned in your testimony that with  
2600 Indiana's special legislative session slated to begin next  
2601 week, the health care providers in Illinois may need to  
2602 prepare to take an influx of patients from Indiana, in

2603 addition to Kentucky and Missouri, if or when their own State  
2604 abortion bans' legal block is lifted.

2605 And you said that this has created the conditions,  
2606 quote, leading to a humanitarian crisis.

2607 Dr. Guerrero, are abortion clinics in States where  
2608 abortion is legal prepared to absorb the health care needs of  
2609 women who will be traveling across State lines to receive  
2610 care?

2611 And what do these conditions mean for women whose only  
2612 options to get an abortion are to travel out of State?

2613 \*Dr. Guerrero. Well, first of all, even before the  
2614 Dobbs decision, it was we needed to refer about 35 percent of  
2615 our patients outside of state to access care because of the  
2616 existing restrictions in Indiana, and that in and of itself  
2617 is already a huge barrier. There is this sort of idea that,  
2618 well, you just have to travel out of State. It is not big  
2619 deal, and that is clearly said out of a misunderstanding of  
2620 what it means to be low income, in rural areas, from  
2621 different marginalized communities where traveling to a place  
2622 like Chicago from many parts of Indiana is a huge financial  
2623 burden because of the cost of just tolls, gas now, and  
2624 staying there.

2625 \*Mr. Peters. How about the facilities though?

2626 \*Dr. Guerrero. The facilities, they have been preparing  
2627 to know that they will have to have an influx of patients

2628 coming in, but it is not something that they were necessarily  
2629 prepared to do.

2630         \*Mr. Peters. You know, Republicans have talked about  
2631 pushing a national abortion ban. So I take to heart the  
2632 comments of my colleague, Dr. Dunn, and I hope his expression  
2633 for a belief that States should handle this is an indication  
2634 that he would oppose a national abortion ban, but I am not  
2635 convinced of that.

2636         Professor Litman, is it fair to say that you foresee  
2637 that States like my own State of California where abortion  
2638 remains legal could be affected?

2639         Why do you not explain how that could be affected by a  
2640 nationwide ban? Because I think a lot of folks who live in  
2641 places like California do not understand how the law works.

2642         \*Ms. Litman. The reality is that the Dobbs decision is  
2643 almost certain to affect every person in this country or  
2644 someone they know in some way.

2645         In the event that Congress passes a nationwide abortion  
2646 ban as the joint dissenters in Dobbs noted, it would not be  
2647 individuals having to make an already burdensome trip to New  
2648 York or California to obtain an abortion. It would be having  
2649 to leave the country in order to obtain one, and that is if  
2650 the nationwide abortion ban did not criminalize attempting to  
2651 leave the country in order to try and obtain abortion care.

2652         \*Mr. Peters. Thank you.

2653           And you share in your testimony that the Court's  
2654 disregard of its own precedent both in Dobbs and in other  
2655 cases this term makes it really nearly impossible for people  
2656 to know in this country what rights are going to be  
2657 protected.

2658           How do you feel about or what would you say to Americans  
2659 whether they can be confident that their constitutional  
2660 rights can be protected in the future by this Court?

2661           \*Ms. Litman. I would say they cannot count on this  
2662 Court to protect their rights or for legal certainty.  
2663 Instead the protections are going to have to come from  
2664 Congress or States that try to protect individuals who need  
2665 access to abortion care and to support those individuals who  
2666 choose to obtain abortion care.

2667           \*Mr. Peters. Well, I thank you.

2668           I thank you for the witnesses and, Madam Chair, for the  
2669 hearing, and I yield back.

2670           \*Ms. DeGette. I thank the gentleman.

2671           The chair now recognizes Dr. Schrier for five minutes.

2672           \*Ms. Schrier. Thank you, Madam Chair.

2673           And thank you to our witnesses.

2674           This extreme Dobbs decision overturning Roe has taken  
2675 our country backwards. Overnight women in many States lost  
2676 their freedom to decide whether to carry a pregnancy to term  
2677 and lost the power to control their own destinies.

2678           And my constituents are outraged. I am the only pro-  
2679 choice woman doctor in all of Congress, and I am a  
2680 pediatrician, and so I have been in the room with a teenager  
2681 facing an unexpected, unplanned pregnancy, with a mom of a  
2682 toddler excited about a pregnancy who finds out it is not  
2683 viable and has to make an important personal medical decision  
2684 about whether to carry that pregnancy; a pregnant woman who  
2685 saw the dentist and was diagnosed with an oral cancer and had  
2686 to decide whether to treat herself, have an abortion and  
2687 treat herself, or whether to delay that care and put her life  
2688 at risk.

2689           And, you know, all of these women had a choice, but  
2690 women in 16 States right now do not have that choice, and it  
2691 is horrifying to me to hear about politicians or the Supreme  
2692 Court taking that choice away.

2693           Doctors take an oath to do no harm, and banning abortion  
2694 puts doctors in this untenable position. Now, we are already  
2695 seeing examples from States where doctors are needing to  
2696 consult lawyers, you know, on whether a patient is sick  
2697 enough to have an abortion.

2698           Who draws that line, you know, kidney failure, heart  
2699 failure? Who draws that line?

2700           And this puts doctors in a tough position. I appreciate  
2701 Dr. Ruiz's question. Dr. Verma, I have three questions for  
2702 you if you can allocate time.

2703           We have now had a month since seeing what happens when  
2704 abortion is banned and when doctors are afraid of being  
2705 criminalized, and sometimes this has led to delayed care.  
2706 Can you just comment on the outcomes for women in those  
2707 States?

2708           \*Dr. Verma. Thank you for that question.

2709           So as doctors, we know how to look at the patient in  
2710 front of us and make the best medical decision. That is what  
2711 we train for years and years to do, as you know. These laws  
2712 are causing us to have to pause to think about calling a  
2713 lawyer, calling the hospital administrator because we have  
2714 seen that States are coming after doctors.

2715           We have seen that States are threatening doctors'  
2716 licenses, threatening criminal prosecution for doctors that  
2717 are simply doing what is best for their patients, and  
2718 providing lifesaving, compassionate care.

2719           And so these laws are absolutely affecting care or  
2720 delaying care or giving doctors that pause where they cannot  
2721 just do what they know is medically right for a patient.

2722           \*Ms. Schrier. And has that compromised the health of  
2723 any women?

2724           \*Dr. Verma. Absolutely.

2725           \*Ms. Schrier. I have another question for you because  
2726 we have heard comments about violence against pregnancy  
2727 crisis centers, and I was just wondering if you would like to

2728 speak for a moment about the history of harassment and  
2729 violence toward abortion providers that happens regularly  
2730 across this country.

2731 \*Dr. Verma. Thank you for that question.

2732 I want to start by saying that I condemn all acts of  
2733 violence, but I do think it is important to note that my  
2734 colleagues and I as doctors who provide reproductive health  
2735 care, who provide abortion care, also face serious threats of  
2736 harassment and violence just for caring for our communities.

2737 I have absolutely faced threats. Many of my colleagues  
2738 have faced threats, have been stalked, and abortion care  
2739 providers have even been murdered for doing their jobs.

2740 Our health centers have regularly been vandalized and  
2741 targeted by arsonists, and so I would hope that all of you  
2742 would condemn the violence that has long been occurring  
2743 against doctors who are providing this compassionate,  
2744 evidence-based care to our communities.

2745 \*Ms. Schrier. Thank you for that answer.

2746 I also wanted to give you an opportunity to set the  
2747 record straight about anything else you have heard, but I  
2748 thought maybe you should start with mental health as regards  
2749 or related to abortion and what the mental health toll is on  
2750 a woman who seeks an abortion, cannot get one, and is forced  
2751 to carry a pregnancy to term.

2752 \*Dr. Verma. So we know based on strong evidence that

2753 being forced to carry a pregnancy has significant mental  
2754 health impacts on a patient, long-term mental health impacts.

2755 I also do want to say that the American College of OB-  
2756 GYNs, along with over 75 other major science-based medical  
2757 societies representing the overwhelming consensus of the  
2758 medical community, have identified abortion care as safe,  
2759 essential health care.

2760 This is not one specialty. This is not one  
2761 organization. And the American Board of OB-GYNs, which is  
2762 the national body that certifies all OB-GYNs at this table,  
2763 has established that abortion is safe, essential health care  
2764 and has denounced misinformation about abortion like much of  
2765 the things that we have heard today.

2766 This is an overwhelming consensus of the medical  
2767 community. There is no --

2768 \*Ms. Schrier. Including the American Academy of  
2769 Pediatrics.

2770 Thank you very much. I yield back.

2771 \*Ms. DeGette. I thank the gentlelady.

2772 Mr. Palmer, you are now recognized for five minutes.

2773 \*Mr. Palmer. I thank the chairman.

2774 And I thank the witnesses for being here on a very  
2775 difficult subject.

2776 Earlier when Ranking Member McMorris Rodgers spoke, she  
2777 brought up a couple of points that I thought were pertinent.



2778 One is that reference back to the Declaration of Independence  
2779 that we are all created equally and endowed with certain  
2780 unalienable rights.

2781         You know, when Jefferson wrote that and the committee  
2782 approved it, they believed those things were self-evident.  
2783 You did not need science to prove it, and not only were the  
2784 existence of those rights self-evident. It was also  
2785 indicative that the rights did not come from government.  
2786 They came from outside of government. They even preexist  
2787 government.

2788         And the first right that they list is life. Why do you  
2789 think they listed life first, ahead of liberty or state of  
2790 happiness? I think it is pretty evident, self-evident, that  
2791 life is the prerequisite for all other rights. Without life  
2792 there is no right to privacy. There is no right to choice.  
2793 There is no liberty. There is no pursuit of happiness.

2794         And the question is, Dr. Francis, I want to show a  
2795 poster. This is world renown. It has gone in all types  
2796 of --

2797         \*Ms. DeGette. The gentleman will suspend, and the staff  
2798 will take down that picture.

2799         \*Mr. Palmer. You can take it down.

2800         \*Ms. DeGette. In this committee, we admit documents or  
2801 photographs on unanimous consent bases, and this has not  
2802 been --

2803           \*Mr. Palmer. I accept the chair's ruling.

2804           \*Ms. DeGette. Excuse me.

2805           This has not been shown to the majority and it has not  
2806 been agreed to and there is no foundation. And we will not  
2807 allow it to be displayed, and we will not allow it to be  
2808 submitted for the record.

2809           \*Mr. Palmer. I am not surprised.

2810           \*Ms. DeGette. This is the ruling of the chair.

2811           The gentleman is recognized.

2812           \*Mr. Palmer. I am not surprised at all that you would  
2813 not want to show this photo of an in-utero surgery in which  
2814 the child being operated on grasped the finger of the doctor  
2815 doing the surgery.

2816           That picture was taken in 1999, and --

2817           \*Ms. DeGette. Having not seen the photo, I cannot  
2818 comment as to what it is.

2819           \*Mr. Palmer. Okay.

2820           \*Ms. DeGette. The gentleman decided not to share it  
2821 with the majority.

2822           \*Mr. Palmer. Okay. But the individual in the photo is  
2823 now 22 years old. His name is Sam.

2824           Dr. Fisher, obviously you believe that a child in utero  
2825 is a person, right?

2826           Do you believe that, Dr. Resneck? You are a physician.  
2827 Without seeing the photo, obviously?

2828           \*Dr. Resneck. I think you are referring to fetuses. So  
2829 I just want to be really clear about the terminology, embryo,  
2830 fetus. We as physicians refer, and it depends on the stage  
2831 of pregnancy, using the word --

2832           \*Mr. Palmer. But when you can see a hand grasping a  
2833 finger or you know it is viable --

2834           \*Dr. Resneck. I did not see your photograph.

2835           \*Mr. Palmer. I know you did not, and that is the whole  
2836 point, is that you do not want to confront the fact that this  
2837 is a person because a person has rights.

2838           \*Dr. Resneck. I want to be really clear. You know, a  
2839 previous member referred to radical activists. I represent  
2840 the American Medical Association. I represent a profession  
2841 of almost a million physicians across this country, and they  
2842 come together in an organization, in our organization,  
2843 because we convene them.

2844           \*Mr. Palmer. Dr. Resneck --

2845           \*Dr. Resneck. The policy that I represent --

2846           \*Mr. Palmer. -- represent a million people who are not  
2847 formally in agreement with positions that your organization  
2848 is taking. That is why you have other organizations being  
2849 formed, and rightfully so because you have gone down a path  
2850 that thousands of physicians do not agree with you, and I  
2851 know a lot of them.

2852           And the point that I am trying to make is there are all

2853 kinds of consequences for abortion. I mean, I know some  
2854 people, some remarkable people, who exist today because even  
2855 though they were conceived out of wedlock, their mothers gave  
2856 birth to them. I can think of one right now who was  
2857 enormously impactful, and that would have been Winston  
2858 Churchill.

2859         You know, there are other consequences for these  
2860 decisions, and I understand where you are coming from. I  
2861 mean where all of you are coming from, and your politics on  
2862 it. But it is not politics for a lot of people. It is a  
2863 matter of life and death.

2864         It is the matter of the right to live, the right to  
2865 liberty, the right to pursue happiness, and you want to turn  
2866 this into something that -- I mean, you want to accuse us of  
2867 not putting the life of the mother ahead of -- in certain  
2868 situations you had mentioned the ectopic pregnancies, and I  
2869 do not know anyone who agrees with the physicians that you  
2870 are articulating.

2871         So I just find this very disturbing, and you know, I  
2872 realize that you do not want to see things. You do not want  
2873 the American public to see things the way they really are,  
2874 and that is a problem.

2875         And I yield back.

2876         \*Dr. Resneck. May I answer that question? I think it  
2877 was directed at me, Madam Chair.

2878           \*Ms. DeGette. The gentleman may answer.

2879           \*Dr. Resneck. We do not come at this from a politics  
2880 standpoint as physicians or as the American Medical  
2881 Association. We come at this from a science and evidence-  
2882 based standpoint, and these are important questions, which is  
2883 why I do not want to insert myself into the decisions that  
2884 patients and doctors make together every day.

2885           \*Ms. DeGette. Thank you, Dr. Resneck.

2886           The chair now recognizes Mrs. Trahan for five minutes.

2887           \*Mrs. Trahan. Thank you, Madam Chair.

2888           The Dobbs decision has thrown reproductive health care  
2889 into a state of pandemonium, creating uncertainty for  
2890 providers and recipients of health care. Even health care  
2891 services like fertility treatments may face an uncertain  
2892 future post-Dobbs, particularly in Republican controlled  
2893 States where proposed abortion bans define life as beginning  
2894 at fertilization.

2895           According to the CDC, about ten percent of women in the  
2896 United States ages 15 to 44 have difficulty getting pregnant  
2897 or staying pregnant. This is the painful reality that I know  
2898 all too well. My husband and I had our two beautiful  
2899 daughters now eight and 12 through in vitro fertilization,  
2900 and I can tell you that treatments affect women and families  
2901 physically and emotionally.

2902           The hormone therapies, the surgeries, the ultrasounds,

2903 they do not always result in the joy of a successful  
2904 pregnancy. In fact, many patients, myself included, endure  
2905 devastating loss, trauma, and miscarriage that can threaten  
2906 the health of an expectant parent.

2907         Constituents of mine have reached out to my office in a  
2908 state of panic, wondering what the Supreme Court's decision  
2909 to overturn Roe v. Wade means for access to fertility  
2910 treatment. One of those messages read, quote, "If in vitros  
2911 are outlawed, my nephew would not have his beautiful  
2912 children. We must work to protect those rights and these  
2913 health issues. It is imperative."

2914         Fertility treatment is a difficult journey that hopeful  
2915 parents should be able to navigate with guidance from a  
2916 trusted provider, free from political interference.

2917         Dr. Verma, what are some of the questions facing  
2918 providers regarding fertility care in the wake of Dobbs and  
2919 passage of extreme abortion bans?

2920         And how does that uncertainty affect providers' ability  
2921 to deliver quality care to patients seeking IVF treatment?

2922         \*Dr. Verma. Thank you for that question and for sharing  
2923 your story.

2924         So we have absolutely seen that these restrictions are  
2925 extending into all aspects of reproductive health care and  
2926 medicine more generally. And so I have definitely heard  
2927 concerns about the impact on people that are pursuing IVF

2928 treatments on people that have frozen embryos that they are  
2929 hoping to use.

2930           And my answer is honestly that I do not know because  
2931 none of us know, right? Like I am the doctor that is  
2932 providing this care. I do not understand how these laws  
2933 apply to our day-to-day practice of medicine because it is  
2934 not clear to anyone.

2935           And that is the issue here. We know how to do the  
2936 medicine. We do not know how these laws, what they mean.  
2937 They are most often not written by medical professionals, and  
2938 they just do not make sense.

2939           So I do not know. I think there will be an effect, but  
2940 I cannot tell you exactly what it is going to be because we  
2941 are trying to figure this out just like everyone else is. It  
2942 was not thought about in advance.

2943           \*Mrs. Trahan. Yes, there are already reports of  
2944 providers who are uncertain whether State level abortion bans  
2945 might criminalize standard fertility services, and others  
2946 detail patients frantically seeking to move their stored  
2947 embryos to States that guarantee reproductive rights, fearful  
2948 that anti-abortion politicians could give States control over  
2949 when and how they decide to conceive.

2950           One more for you, Dr. Verma. What resources do  
2951 providers need to be able to help patients receiving  
2952 infertility care navigate post-Dobbs uncertainties?

2953           \*Dr. Verma. So what we really need, again, we know how  
2954 to do the medicine. There is no way for the government to  
2955 tell us any better how to do the medicine. What we need is  
2956 for the government to not interfere in our practice of  
2957 medicine so that we can do what we know to do, which is to  
2958 provide compassionate, evidence-based care to all our  
2959 patients, including those that are seeking IVF treatment.

2960           \*Mrs. Trahan. Well, speaking of other uncertainties, on  
2961 the legal side the picture seems just as unclear. Professor  
2962 Litman, based upon existing State statutes as well as the  
2963 door that has now been opened by the Dobbs decision, in  
2964 addition to abortion care, what other reproductive health  
2965 care services do believe might also be at risk to political  
2966 attack?

2967           \*Ms. Litman. There are many reproductive health care  
2968 services that are potentially open to attack, including IVF  
2969 treatments. So in Utah, the Utah's abortion ban is bothering  
2970 us that it has caused some people, including legal experts,  
2971 to suggest that it might apply to IVF treatments.

2972           The Idaho Attorney General indicated that it would be up  
2973 to local DAs to decide whether to prosecute cases of IVF, and  
2974 it is partially because of the fervor of the anti-abortion  
2975 movement and politicians who have unleashed a wave of legal  
2976 mechanisms to attack providers as well as people who support  
2977 those who obtain abortion care, whether it is bounty hunter



2978 regimes that allow any private citizen, not just prosecutors,  
2979 to sue individuals who provide abortion care or whether it is  
2980 State laws that allow State District Attorneys to step in and  
2981 sue individuals if local District Attorneys are unwilling to  
2982 sue them.

2983           These laws enable a broad array of mechanisms for  
2984 individuals to impose legal liability on anyone who comes  
2985 close to providing many different kinds of reproductive  
2986 health care.

2987           \*Mrs. Trahan. Yes. It does not sound like pro-life to  
2988 me.

2989           Thank you. I yield back.

2990           \*Ms. DeGette. The chair now recognizes Mr. O'Halleran  
2991 for five minutes.

2992           \*Mr. O'Halleran. I thank you, Madam Chair, for holding  
2993 this meeting.

2994           I firmly support a woman's right to choose and believe  
2995 that health care decisions should lie solely between a woman,  
2996 her family, her doctor, and others that she may seek guidance  
2997 from.

2998           With the Supreme Court's recent Dobbs decision, that  
2999 right and that privacy can be taken away from our fellow  
3000 Americans.

3001           In rolling back nearly 50 years of legal precedent, the  
3002 Court ruled that my 16-year-old granddaughter will now have

3003 fewer rights than my wife, who is in her 70s, has had for  
3004 most of her life. All Americans should be able to make  
3005 personal health care decisions that impact their lives,  
3006 health, and futures.

3007 But this ruling has triggered a haphazard legal effort  
3008 in Arizona that seeks to enforce a statute from 1864, before  
3009 Arizona was a State that imposes a total abortion ban, with  
3010 no exceptions for survivors of rape or incest or other  
3011 hideous crimes that I handled as a police officer both before  
3012 and after Roe v. Wade.

3013 This is a fourth part that is part of the issue also.  
3014 As I watched women die from sepsis and hemorrhage and other  
3015 factors, people that had made decisions in desperation for  
3016 their own lives and their families' existence.

3017 This uncertainty has left Arizona doctors in legal  
3018 limbo, unable to provide essential care, and has robbed women  
3019 of the autonomy over their own health and care decisions.

3020 Since this decision I have heard from doctors in our  
3021 district who are unaware when they should or can start  
3022 providing necessary and lifesaving care, how long they must  
3023 watch a woman suffer in pain before they can act to save her  
3024 life.

3025 This is unimaginable and unacceptable.

3026 Dr. Verma, as an OB-GYN, you have years of firsthand  
3027 experience working to provide lifesaving reproductive care.

3028 In your testimony you discuss the notion of how sick is sick  
3029 enough.

3030 Before you can provide lifesaving abortion care to a  
3031 pregnant woman, as I said, I have heard these same stories  
3032 from doctors in Arizona.

3033 Do you believe restrictive abortion laws, like the ban  
3034 from contraception in Arizona, will violate the oath  
3035 physicians must take to do no harm?

3036 And I meant conception, not contraception.

3037 \*Dr. Verma. Yes, absolutely. And I also have to say I  
3038 think that most people, most of your constituents would want  
3039 their doctor to be able to provide them and their families  
3040 with the best care instead of us having to think about  
3041 whether we are going to face criminal charges or have our  
3042 licenses removed for providing that care to them.

3043 That is what most people want.

3044 \*Mr. O'Halleran. Dr. Guerrero, I do not know how much I  
3045 screwed that up.

3046 \*Dr. Francis. Guerrero.

3047 \*Mr. O'Halleran. Guerrero. I am sorry.

3048 You are familiar with the challenges rural women face to  
3049 receive health care where you practice in Indiana, with many  
3050 women traveling several hours across substantial distances to  
3051 get basic care.

3052 In my district, that might be three, four, five hours.

3053 Arizona's First District is over 56,000 square miles, larger  
3054 than the entire State of Indiana. That is the norm in our  
3055 district as well.

3056 What are some obstacles that women who live in rural  
3057 areas must overcome to access health care?

3058 And how will the Dobbs decision put further barriers in  
3059 their path to accessing care?

3060 \*Dr. Guerrero. Sure. Thank you for your question.

3061 So in Indiana right now, there is an 18-hour delay,  
3062 which means that it takes two appointments to be seen, and  
3063 that might not seem like a huge challenge except that means  
3064 that two days of missing of work, with most likely you are  
3065 not able to explain why; getting two days' worth of childcare  
3066 that you will probably have to pay out of pocket, for a  
3067 procedure that you also have to pay out of pocket; and then  
3068 the travel can also add challenges to someone who is low  
3069 income because right now with the price of gas, it can make  
3070 it almost a challenge that will stop anybody from being able  
3071 to access care when they are in those marginalized  
3072 communities.

3073 If somebody has a car, it might not be a reliable car,  
3074 and if your car breaks down on the way there, you know, we  
3075 work with people where that is it. The door or the window to  
3076 getting access is shut.

3077 There is no magic credit card. There is no AAA to call.

3078 The best you can do is try to find a ride back home and then  
3079 actually delay care.

3080 \*Mr. O'Halleran. Thank you.

3081 And I yield back.

3082 \*Ms. DeGette. I thank the gentleman.

3083 Dr. Joyce, you are recognized for five minutes.

3084 \*Mr. Joyce. Thank you for yielding, Madam Chair. And  
3085 thank you for holding this hearing as well as Ranking Member  
3086 Griffith.

3087 It is clear that based on the discussion today, there is  
3088 still work to be done to protect life here in the United  
3089 States. It is disappointing and horrifying to hear the  
3090 belittlement and degradation towards human life in these  
3091 settings. We must continue to stand for life.

3092 And we must continue to fight for the unborn. As a  
3093 physician, I swore an oath to do no harm, and as a minimum,  
3094 we must legislate to ensure that no child loses their life in  
3095 a late term abortion.

3096 And we must protect those who are born during an  
3097 attempted abortion and make sure that they receive the same  
3098 level of care as any other child.

3099 Dr. Francis, thank you for advocating for both the  
3100 patients, mother and child, and thank you for addressing that  
3101 the life of one cannot be sacrificed, and that harm that  
3102 occurs affects both mother and child.

3103           In recent years, Dr. Francis, we have seen substantial  
3104    advancements in medical treatment further enhancing the  
3105    ability of physicians to treat prematurely born infants and  
3106    moving the age of viability earlier in a pregnancy.

3107           Can you please elaborate on your experiences in this  
3108    area and how we as policy makers should treat these important  
3109    advancements that we have seen as you have continued to  
3110    practice medicine?

3111           \*Dr. Francis. Yes, absolutely. Thank you for that.

3112           So as I said earlier, the last 49 years we have seen  
3113    tremendous advancements in medical technology and medical  
3114    treatments that are available, and in fact, all of those  
3115    advancements have only gone to further support the pro-life  
3116    position or the position that advocates for both patients.

3117           As you referenced, the age of viability now has  
3118    decreased down to where, depending on what center you are at,  
3119    some babies can survive at 21 and half to 22 weeks, and the  
3120    reason that that is so important is because it helps us to  
3121    recognize the humanity of these children throughout all  
3122    stages of development.

3123           And I would like to address the issue of using medically  
3124    accurate terminology. I agree with that. So just because we  
3125    call a child in the womb an embryo or a fetus, that does not  
3126    mean that they are not a human person. That is just a stage  
3127    of development.

3128           And that does not end after they are born. You know,  
3129 then they are an infant. Then they are a toddler. Then they  
3130 are an adolescent. Then they are an adult. So this is  
3131 purely a term of a developmental stage. It does not make  
3132 that child a different thing other than a human person.

3133           And, again, we should continue to employ advanced  
3134 medical technologies to support not only children, preborn  
3135 children, but also their mothers. And there are many  
3136 complications of pregnancy that, you know, pre-Roe we would  
3137 not have been able to treat and now we are able to because of  
3138 advancements in medicine.

3139           \*Mr. Joyce. Earlier in your testimony you talked about  
3140 endangering the life of one, the unborn, the preborn child,  
3141 and causing harm subsequently to the wellbeing of another, a  
3142 mother who might entertain abortion.

3143           Can you address from your personal experience as a  
3144 physician what you have seen in mothers who have had  
3145 abortions?

3146           \*Dr. Francis. Absolutely. So in addition to seeing  
3147 women in the emergency room with immediate complications that  
3148 their abortion provider did not care for and told them just  
3149 to go to their local emergency room, I also have sat with  
3150 women who lost -- one woman in particular comes to mind who  
3151 lost her fifth wanted child due to a condition called  
3152 cervical insufficiency.

3153           And when you looked back at her history, her first two  
3154 pregnancies before she was -- I understand she was in a  
3155 crisis situation. She was not ready to be a mom, but she had  
3156 two surgical abortions for her first two pregnancies.

3157           We know that that number of abortions increases a  
3158 woman's risk of preterm birth by 90 percent. And as I sat  
3159 and cried with her, as I referenced before, I just could not  
3160 help but think had someone told her that she was going to  
3161 lose five wanted children due to cervical insufficiency,  
3162 would she have made a different choice?

3163           And I understand that my patients find themselves in  
3164 very difficult circumstances. I have sat with them. I have  
3165 talked with them. I have tried to help find resources to  
3166 help support them.

3167           But I just believe that as a physician, again, our oath,  
3168 the Hippocratic oath that medical ethics is based on,  
3169 expressly forbid performing abortions because it recognizes  
3170 that ending the lives of our patients has no place in the  
3171 practice of medicine.

3172           Instead our patients deserve real solutions to get to  
3173 the root cause of why it is that they are seeking abortions.

3174           \*Mr. Joyce. Madam Speaker, as my time closes, I would  
3175 like to thank all of the witnesses for being here today, and  
3176 especially Dr. Francis for your insight on the care of mother  
3177 and child.



3178 Thank you, and I yield.

3179 \*Ms. DeGette. Thank you so much.

3180 So this committee has a practice of allowing non-  
3181 committee members to waive on, and I believe all of the  
3182 members of the committee who were going to be here have  
3183 questioned. And so I see the chair of our Health  
3184 Subcommittee, Congresswoman Eshoo, who does such a great job  
3185 with that committee, is on remotely, and so, Chair Eshoo, I  
3186 will recognize you for five minutes.

3187 \*Ms. Eshoo. Thank you very much, Chairwoman, and thank  
3188 you for having this all-important hearing today and to the  
3189 witnesses who have spent the better part of a day now with  
3190 us.

3191 I recently had a constituent named Madelyn who wrote to  
3192 me to tell her story about being denied an abortion later in  
3193 her pregnancy after a severe and fatal fetal malformation was  
3194 discovered. Instead of receiving the services that could  
3195 have helped her avoid the mental anguish and the physical  
3196 complications, she was forced to give birth by C section  
3197 despite knowing that her baby would not survive.

3198 She watched her child die in her arms. My constituent  
3199 wrote, quote, "Childbearing is risky business, and  
3200 restricting abortion unavoidably compromises the health care  
3201 of people who get pregnant.'"

3202 So now Republicans are inserting themselves into the

3203 most personal decisions that women should be trusted to make  
3204 themselves. You know, this is all coming from a party that  
3205 says small government, little to no regulation, in truth,  
3206 keep government out of people's lives, and there you are.  
3207 There you are doing what you are doing.

3208         The Supreme Court has unleashed chaos and confusion  
3209 across our country. This is hurtful to people. I believe  
3210 that not one of us as members of Congress, no policy makers,  
3211 no politicians should be involved in this. This is not the  
3212 government's business. This is personal, up to people, their  
3213 faith, their beliefs, and understanding what they need.

3214         So I want to thank the chairwoman, the members. I think  
3215 that this is causing a great deal of pain across the country.

3216         I want to thank the AMA for stepping out because when  
3217 the doctors in our country are questioning as to whether they  
3218 can be arrested, whether they can be criminalized in their  
3219 practice of health care -- and I know the Republicans have  
3220 said this is not health care. Well, then excuse my English.  
3221 What the hell is it?

3222         It is health care for women. Like it or not, it is  
3223 health care.

3224         So I just want to close on this, and it is a small  
3225 question, but I want to ask Renee Bracey Sherman. You have  
3226 been in the hearing since 10:30 this morning. Is there  
3227 something that you have not been able to say? Is there

3228 something that you want to add to the record?

3229 I want to give you that opportunity.

3230 \*Ms. Bracey Sherman. Thank you so much. I thought you  
3231 would never ask.

3232 Yes. I would actually like to correct the record on the  
3233 written statement that Dr. Francis submitted. So, one, there  
3234 is actually a lot of racism and anti-Blackness in it, which I  
3235 think is really disgusting to have had to read as a Black  
3236 woman who had an abortion.

3237 But also in particular, there is some information about  
3238 the Turn Away Study. It is a monumental study that looked at  
3239 the lives of people who were able to receive and not receive  
3240 their abortions, and Dr. Francis wrote that Dr. Daniel  
3241 Grossman created the study and wrote it, and as amazing as  
3242 Dr. Daniel Grossman, who is the Director of Advancing New  
3243 Standards of Reproductive Health at the University of  
3244 California, San Francisco, he is amazing. He is not the  
3245 author of the Turn Away Study.

3246 It was authored by Dr. Diana Greene Foster, who is a  
3247 brilliant thermographer, and a number of other researchers.  
3248 You can see that as here is the book on the Turn Away Study  
3249 with Dr. Diana Greene Foster's name on it. Dr. Grossman did  
3250 not even run answer when the longitudinal study was designed,  
3251 and so it is a verifiable fact with a Google search.

3252 I would also like to point out that in her testimony she

3253 wrote that he has, quote, "extensive financial ties to the  
3254 abortion industry.''

3255 I believe that is extremely anti-Semitic. Dr. Grossman  
3256 is a caring abortion provider and one of the smartest people  
3257 I have the honor of knowing. His mother's social justice  
3258 lessons and his Jewish faith particularly taking alum calls  
3259 him to do this work to repair the world, and to besmirch his  
3260 good name with anti-Semitic tropes is disgusting, especially  
3261 alongside anti-Blackness.

3262 And I would also like to say that these threats make it  
3263 really difficult for those of us who are speaking about  
3264 abortion to live safely. I am currently experiencing racists  
3265 death threats because of tweets that have been shared by the  
3266 Republican National Committee.

3267 So I am glad that we are talking about the threats that  
3268 happen towards people who speak out about abortion.

3269 Thank you.

3270 \*Ms. Eshoo. Thank you, Madam Chairwoman, and I yield  
3271 back.

3272 \*Ms. DeGette. I thank the gentlelady.

3273 The chair now recognizes Mr. Carter for five minutes.

3274 \*Mr. Carter. Thank you very much, Madam Chair, and  
3275 thank you for allowing me to waive onto this committee.

3276 Ladies and gentlemen, I want to speak about some recent  
3277 rules that have been promulgated by Health and Human

3278 Services. I am a pharmacist by profession and deeply  
3279 disturbed by the fact that now HHS is going to be forcing,  
3280 requiring pharmacists to dispense medications that could  
3281 result in an abortion even though they may be morally or  
3282 consciously objecting to this.

3283 First of all, let me say that I have a great respect for  
3284 the pharmacist-patient relationship, and I know many of you  
3285 are health care professionals, and I know that you have a  
3286 great respect for the patient relationship that you have.

3287 And it is extremely important, particularly when you are  
3288 talking about the most accessible health care professionals  
3289 in America. Ninety-five percent of all Americans live within  
3290 five minutes of a pharmacy.

3291 And yet here we have as a result of this decision that  
3292 has been made by the Supreme Court, we have HHS promulgating  
3293 rules that are going to say that your civil rights have been  
3294 violated if a pharmacist refused to fill a prescription that  
3295 they know is going to induce an abortion and that they know  
3296 it is being used for that, even though they may morally or  
3297 consciously get that.

3298 In fact, when I was a member of the Georgia State  
3299 legislature, I passed legislation that said that a pharmacist  
3300 could not be fired from a job if they morally objected to  
3301 filling a prescription.

3302 You see, that is what we are trained in. We are trained

3303 to look for drug interactions. We are trained to take care  
3304 of patients, including the unborn, and yet the Federal  
3305 Government is going to require us to go against that training  
3306 and to do something that we object to morally or consciously?

3307 Not only that, but there may be State laws that directly  
3308 contraindicate this, and we will be forced to make a decision  
3309 between following a Federal rule or following a State law?

3310 I want to ask you, Dr. Francis. I will begin with you.  
3311 I want to ask you. Are the actions from the Biden  
3312 Administration adding to the confusion and the uncertainty  
3313 that we see in the wake of the Dobbs decision?

3314 \*Dr. Francis. Well, you know, I think that there has  
3315 been a lot of intentional spreading of misinformation about  
3316 what physicians will and will not be able to do, and you  
3317 know, I would agree with some of the other panelists here  
3318 that making women feel fearful that they are not going to be  
3319 able to receive care that they desperately need in order --

3320 \*Mr. Carter. That is not the question that I asked you,  
3321 with all due respect, ma'am.

3322 \*Dr. Francis. Sure.

3323 \*Mr. Carter. The question I asked you is should  
3324 pharmacists be forced to fill a prescription that they are  
3325 morally or consciously object to?

3326 \*Dr. Francis. Oh, I am sorry. I misunderstood your  
3327 question. I am sorry about that.

3328           No, absolutely not, and in fact, we have Federal  
3329 conscience protections in place because our Federal  
3330 Government has long recognized that no health care  
3331 professional should be forced to violate their conscience.

3332           \*Mr. Carter. Doctor, thank you for that.

3333           Dr. Resneck, I wanted to ask you. In your written  
3334 statement you note that physicians have been placed in an  
3335 impossible situation, trying to meet their ethical duties to  
3336 place patient health and wellbeing first, while attempting to  
3337 comply with vague, restrictive, complex, and conflicting  
3338 State laws that interfere in the practice of medicine and  
3339 jeopardize the health of patients.

3340           You know, when we get down to it, whether you are pro-  
3341 abortion or anti-abortion, you know, whether you are pro-  
3342 choice or whether you are pro-life, we are talking about the  
3343 patient-pharmacist, the patient-doctor relationship here.

3344           And yet we are going to have the Federal Government  
3345 requiring us to fill a prescription that we know is going to  
3346 do harm to a patient, that we know that we are trained, and  
3347 that is what we do all day long is look for drug interactions  
3348 that might harm the patient.

3349           \*Dr. Resneck. Thanks, Congressman. So I am glad you  
3350 actually brought this up.

3351           We sought this clarification and physicians, as you  
3352 know, as we talked about before, collaborate on teams with

3353 pharmacists. We work very closely together. We have  
3354 enormous appreciation for our pharmacy colleagues.

3355         There are already conscientious objection protections in  
3356 place for individual physicians and individual pharmacists  
3357 who are not comfortable with a particular procedure or a  
3358 particular medication.

3359         But we also have policy at AMA that it is important for  
3360 patients ultimately to be able to get the medications we  
3361 prescribe. So there are ways for an individual pharmacist  
3362 who may have those concerns to be able to refer a  
3363 colleague --

3364         \*Mr. Carter. But if these rules are implemented by HHS,  
3365 then we run the risk of civil rights violations here.

3366         \*Dr. Resneck. That is not my understanding of the  
3367 rules, and we are seeing pharmacists who, again, I think are  
3368 struggling with the same thing we are struggling with.

3369         I talk to pharmacy colleagues who are terrified that  
3370 they are going to be prosecuted, who are uncomfortable  
3371 dispensing those medications and are too scared to do so  
3372 because they are scared of State laws coming back and  
3373 prosecuting them.

3374         We want to work together with our colleagues in pharmacy  
3375 to be able to make the patients get their medication.

3376         \*Mr. Carter. I just have to say I think this is a very  
3377 slippery slope, and I am telling you this is dangerous here



3378 when the Federal Government starts telling a pharmacist what  
3379 prescriptions they are going to dispense and prescriptions  
3380 they are not going to dispense.

3381 And I yield back.

3382 \*Ms. DeGette. The chair now recognizes Ms. Castor for  
3383 five minutes.

3384 \*Ms. Castor. Well, thank you all for being here today.

3385 The gentleman from Georgia thinks it is unreasonable for  
3386 the Federal Government and the State to tell pharmacists  
3387 about when they can prescribe medications. Then certainly  
3388 you are outraged about forcing girls and women to remain  
3389 pregnant against their will.

3390 This is outrageous. Or forcing doctors to contradict  
3391 their ethical codes and their medical training.

3392 But here we are. I want to tell a story about one of  
3393 the first women in Florida affected by the 15-week abortion  
3394 ban. In Florida, the 15-week abortion ban went into effect  
3395 just recently. It is on top of a 24-hour mandatory waiting  
3396 period.

3397 I heard this through an ultrasound technician in Tampa  
3398 who said that Sue was a mother, had just given birth. She  
3399 had a four-month-old at home. She and her husband went back  
3400 to work quickly because it is not easy out there these days.

3401 She was then when she went back to work diagnosed with  
3402 COVID. She went to various urgent care centers, and they

3403 said, "Okay. You are nauseous. You are vomiting. You have  
3404 chronic fatigue. You are a long-hauler.'"

3405 After a number of weeks of not getting better, she took  
3406 a pregnancy test and she was pregnant with an infant at home.  
3407 She scheduled as soon as possible an appointment available at  
3408 Planned Parenthood where the ultrasound confirmed that she  
3409 was 16 and a half weeks pregnant.

3410 So now it was too late for her to get an abortion near  
3411 her home. She, a mother of a newborn, is recovering from  
3412 serious illness, facing financial pressures, now has to work  
3413 with her health care provider to go out of State, ask her  
3414 employer for more time off work.

3415 This an example of how extreme these policies are and  
3416 how extreme it is for politicians to think that they know  
3417 best for this family.

3418 The emotional strain it is causing, the financial  
3419 instability, the interruption of bonding with her infant.

3420 Dr. Verma, you said in your testimony that mandatory  
3421 waiting periods have no medical purpose. Do you agree? Do  
3422 you confirm that?

3423 \*Dr. Verma. Thank you for that question.

3424 Yes. There has been extensive data that has looked at  
3425 waiting periods and shown that they do not make the care  
3426 safer. They do not change that people are sure in their  
3427 decision to move forward with an abortion, and they are not

3428 medically based.

3429           \*Ms. Castor. And then these abortion bans I believe you  
3430 testified that this is going to worsen health outcomes for  
3431 parents and families.

3432           \*Dr. Verma. Yes, absolutely.

3433           \*Ms. Castor. Dr. Guerrero, do you agree with that?

3434           And this story, do you think this is going to be a  
3435 unique case or is this going to be what we are dealing with  
3436 here for months to come?

3437           \*Dr. Guerrero. I absolutely agree with what Dr. Verma  
3438 has said, and I think we are going to see a lot more of this  
3439 happening in the months to come. It is one of those things,  
3440 again, where lawmakers make this assumption about pregnant  
3441 people, that they somehow do not know what is best for them,  
3442 or that the barriers and restrictions that are in place are  
3443 not having a significant impact when, in fact, they are  
3444 having a very, very critical impact.

3445           \*Ms. Castor. And Dr. Resnick, to think that now these  
3446 abortion bans and what States are doing now to criminalize  
3447 the advice that doctors are giving to patients or the care  
3448 that they would like to give, I mean, what are doctors across  
3449 America thinking about now as the recourse?

3450           \*Dr. Resneck. They are very worried, and the recourse  
3451 is limited. Information is not clear. There is a lot that  
3452 is going to still be worked out in litigation.

3453           You know, the example you shared and the other ones we  
3454 have heard today are very real and are consistent with what  
3455 I'm hearing from colleagues around the country, and it just  
3456 reflects the complexities that my colleagues face every day.

3457           Most people I know who are physicians would not have  
3458 gone to med school if practicing medicine were easy. They  
3459 actually chose it because it is complicated and hard, and you  
3460 get to sit down and try and solve problems with patients, and  
3461 sometimes in reproductive health that is a choice to continue  
3462 a pregnancy. Sometimes it is an ectopic that you discover  
3463 that you need to treat.

3464           And so I think my physician colleagues around the  
3465 country who are dealing with those complexities every day,  
3466 with informed consent and sharing their expertise with  
3467 patients are doing heroic work, and I am very worried about  
3468 the possibility of seeing some of them prosecuted for that  
3469 heroic work.

3470           \*Ms. Castor. I agree. Thank you very much.

3471           I yield back.

3472           \*Ms. DeGette. Mrs. Lesko, you are now recognized for  
3473 five minutes.

3474           \*Mrs. Lesko. Thank you, Madam Chair.

3475           I support the Supreme Court's decision to overturn Roe  
3476 v. Wade to give the decision back to the people through their  
3477 elected representatives.

3478           Dr. Resneck, the President of the American Medical  
3479 Association, has repeatedly said today that the decision to  
3480 have an abortion should be between the doctor and the  
3481 patient.

3482           Yet the same American Medical Association put out a  
3483 statement supporting government vaccine mandates, which were  
3484 often against the patient's will. I find your organization's  
3485 positions to be in contradiction to each other.

3486           I have several questions. My first question goes to Dr.  
3487 Francis.

3488           My Democrat colleagues recently passed legislation that  
3489 removes any requirements for medical supervision when the  
3490 mother is given chemical abortion pills that carry risks of  
3491 serious complications.

3492           Do you believe that medical supervision should be  
3493 provided when women are given and taking abortion pills?

3494           \*Dr. Francis. Absolutely. So we know that even under  
3495 medical supervision, medication abortions have a four times  
3496 higher complication rate than do surgical abortions, and in  
3497 fact, a recent study that looked at Medicaid-linked data from  
3498 2002 to 2015 showed a 500 percent increase in emergency room  
3499 visits related to abortions. Many of those were due to  
3500 medication abortions.

3501           There are many dangers in women not being supervised  
3502 medically with an in-person visit when they take abortion

3503 pills. The first is that you cannot adequately rule out an  
3504 ectopic pregnancy without an in-person visit. Fifty percent  
3505 of women will not have risk factors. Many women will not  
3506 have symptoms until their ectopic is rupturing.

3507 Second, as I said before, you cannot accurately date a  
3508 pregnancy without an in-person exam and/or ultrasound, even  
3509 according to ACOG's own documentation.

3510 Third, women will not be appropriately screened for  
3511 intimate partner violence, coercion, sex trafficking if it is  
3512 being done through a Website or without an in-person visit.

3513 \*Mrs. Lesko. Thank you.

3514 And I have another question for you, Dr. Francis. It is  
3515 my understanding that previously in this committee hearing  
3516 Ms. Sherman called you a racist and other derogatory names.  
3517 Would you like to respond to Ms. Sherman?

3518 \*Ms. Bracey Sherman. Bracey Sherman.

3519 \*Mrs. Lesko. Is it not Ms. Sherman?

3520 \*Ms. Bracey Sherman. No. It is Ms. Bracey Sherman, and  
3521 Bracey is actually the --

3522 \*Mrs. Lesko. Excuse me. I reclaim my time.

3523 \*Ms. Bracey Sherman. It is Bracey Sherman.

3524 \*Mrs. Lesko. Would you like to respond?

3525 \*Dr. Francis. Well, I just would like to say that I am  
3526 here to represent the medical evidence that I use to give my  
3527 patients compassionate and excellent health care.

3528 \*Mrs. Lesko. Thank you.

3529 \*Dr. Francis. Thank you.

3530 \*Mrs. Lesko. Ms. Sherman, you emphatically stated --

3531 \*Ms. Bracey Sherman. Bracey Sherman.

3532 \*Mrs. Lesko. -- in your testimony that you are for  
3533 abortion at any time for any reason. As you may know, the  
3534 Women's Health Protection Act, which almost every Democrat  
3535 supported, was on the House floor last week.

3536 Do you support this bill that established the right to  
3537 an abortion at any time and for any reason, including moments  
3538 before a baby is birthed naturally?

3539 \*Ms. Bracey Sherman. So once again, my last name is  
3540 Bracey Sherman. Bracey --

3541 \*Mrs. Lesko. Please answer the question.

3542 \*Ms. Bracey Sherman. Bracey is my Black family. So I  
3543 am not surprised --

3544 \*Mrs. Lesko. Please answer the question.

3545 \*Ms. Bracey Sherman. -- that you are refusing to use  
3546 that name.

3547 \*Mrs. Lesko. Are you for the bill or against it? Yes  
3548 or no?

3549 \*Ms. Bracey Sherman. Yes, yes. I love people have  
3550 abortions. They know what is best for their lives, and I  
3551 will never second guess them.

3552 I cannot think of anything more dehumanizing than

3553 someone having to wait until you are close to the threat of  
3554 death to beg someone to save your life, and then providers  
3555 second guessing whether saving your life is a crime.

3556 People find out that they need an abortion throughout  
3557 their pregnancies. Yes, at any time and for any reason.  
3558 Sometimes it is because of health, but sometimes it is  
3559 because the barriers that you support --

3560 \*Mrs. Lesko. I reclaim my time.

3561 \*Ms. Bracey Sherman. -- make it really difficult for  
3562 them --

3563 \*Mrs. Lesko. I am reclaiming my time.

3564 \*Ms. Bracey Sherman. -- to make it to the clinic as  
3565 soon as they need to.

3566 \*Mrs. Lesko. You know, there is a lot of discussion  
3567 today --

3568 \*Ms. Bracey Sherman. There are financial barriers that  
3569 is a --

3570 \*Mrs. Lesko. Excuse me. Madam Chair, I am reclaiming  
3571 my time.

3572 Thank you.

3573 \*Ms. DeGette. The gentlelady is recognized.

3574 \*Mrs. Lesko. Thank you, Madam Chair.

3575 A lot has been discussed today about the need for  
3576 abortions in case there is a risk of the life of the mother,  
3577 and every State that I am aware of has laws in place that



3578 allow for abortions in the case of saving the life of the  
3579 mother.

3580 I also looked up information on how many cases there are  
3581 of abortions that deal with the life of the mother, and it is  
3582 a small amount. In Florida, in 2020, which requires  
3583 reporting, .2 percent of all abortions were they had the  
3584 abortion because the woman's life was endangered by the  
3585 pregnancy. Point, nine, eight percent, there was abortion  
3586 because there was a serious fetal abnormality. Twenty,  
3587 point, four percent of the women that responded, the women  
3588 had abortions for social or economic reasons. Seventy-five  
3589 percent gave no reason. It was elective.

3590 So I just want to keep in mind when we talk about saving  
3591 the life of the mother, every State allows that.

3592 And I yield back. Thank you.

3593 \*Ms. DeGette. Mr. Cardenas, you are recognized for five  
3594 minutes.

3595 \*Mr. Cardenas. Thank you very much, Madam Chairwoman.  
3596 I appreciate this Oversight and Investigations Subcommittee  
3597 leadership for allowing me to waive onto this hearing, which  
3598 could not be more urgent.

3599 And thank you to the witnesses for joining us today.

3600 I want to take a moment to tell a story of Le Ji Doa, a  
3601 California storyteller with We Testify.

3602 Despite being on birth control, Le Ji Doa learned she

3603 was pregnant when she went to see her doctor for her annual  
3604 wellness exam. Just two days earlier, Le Ji Doa had received  
3605 a deportation letter threatening to deport her from the  
3606 United States.

3607 She did not have a job or health insurance, and she was  
3608 uncomfortable with the idea of sharing the news of her  
3609 pregnancy with her husband.

3610 She was ten weeks pregnant, having just received news  
3611 that her residency in the U.S. was increasingly uncertain.  
3612 So she decided to get medication, a medication abortion.  
3613 While she found it painful, she also felt safer in her own  
3614 home.

3615 Despite all of the emotions, never once did she feel  
3616 conflicted on her decision. She has no regret about deciding  
3617 to have an abortion.

3618 Le Ji Doa was able to access an abortion on her own  
3619 terms, something that the Dobbs decision now threatens for  
3620 every woman in our country.

3621 Dr. Verma, I would like to focus in particular on the  
3622 disproportionate impacts that the Dobbs decision will have on  
3623 communities of color and poor women in the United States.

3624 We know that those already facing barriers to accessing  
3625 abortion will face additional challenges in the post-Dobbs  
3626 world. In your testimony, you state that, quote, "bans and  
3627 restrictions on abortion care have far-reaching consequences,

3628 both deepening existing inequities and worsening health  
3629 outcomes.''

3630 \*Dr. Verma. Thank you for that question and for sharing  
3631 that story.

3632 So, yes, we know that bans disproportionately affect  
3633 those from already marginalized groups, and I also want to be  
3634 very clear that pregnancy and childbirth can be incredibly  
3635 dangerous and are particularly dangerous for people of color.

3636 So data from the CDC shows that Black women face three  
3637 times higher maternal mortality rates than their Black (sic)  
3638 counterparts. So, again, there are so many reasons why it is  
3639 important for all of our patients, including our patients of  
3640 color, our patients with lower financial means, our immigrant  
3641 patients, adolescent patients, to receive the care that they  
3642 need.

3643 \*Mr. Cardenas. So basically, the post-Dobbs world is  
3644 going to affect some women more than others in America, and  
3645 it appears that by default, if you are middle class, upper  
3646 middle class, you are not going to be affected any way  
3647 similar to somebody who was White or of color who is of  
3648 lesser means.

3649 \*Dr. Verma. I feel that all people will be affected,  
3650 but I do think that those that are not able to travel to get  
3651 to the care they need, that are not able to put the resources  
3652 together for the childcare, taking time off work, getting a

3653 ride, the people that are not able to do that, we are going  
3654 to see not being able to get care to a larger extent.

3655 \*Mr. Cardenas. So we are looking at an unequal  
3656 situation?

3657 \*Dr. Verma. Absolutely, and this has long been the case  
3658 that the people with means, people that are able to travel  
3659 have been able to get the care they need, and people that are  
3660 not able to do those things have not.

3661 We have been seeing these disparities, and I think they  
3662 are only going to get worse.

3663 \*Mr. Cardenas. Thank you.

3664 Ms. Bracey Sherman, because you work so closely with  
3665 Black and Brown communities, can you tell us how racial  
3666 disparities in abortion access will be worsened by the Dobbs  
3667 decision?

3668 \*Ms. Bracey Sherman. Absolutely. Thank you so much for  
3669 that question.

3670 So because of lack of access to health care and  
3671 financial means in this country, Black and Brown people have  
3672 a disproportionate ability to access health care overall, but  
3673 particularly when it comes to contraception and abortion care  
3674 and also maternal health outcomes, right? Trying to get  
3675 prenatal care, trying to actually have check-ups regularly is  
3676 really, really difficult.

3677 So that means that people are not able to spend \$1,000

3678 to afford an IUD, for example, as birth control. I myself  
3679 could not afford birth control because at the time there was  
3680 a copay that was \$120 every time I tried to get my birth  
3681 control, which is why I ended up needing an abortion.

3682 We know that Black and Brown communities are under  
3683 insured, really have a lot of difficult time trying to access  
3684 health care. So it is important that they have full access  
3685 to the spectrum of health care, and that absolutely includes  
3686 abortion.

3687 \*Mr. Cardenas. Thank you for your expertise.

3688 And I yield back the balance of my time.

3689 \*Ms. DeGette. Thank you.

3690 Continuing in seniority on the full committee, Mrs.  
3691 Dingell, you are now recognized for five minutes.

3692 \*Mrs. Dingell. Thank you, Madam Chair.

3693 Thank you to all of the witnesses for what is a serious  
3694 day.

3695 The ruling by the Supreme Court has immediately  
3696 jeopardized the health of women all across the country, and  
3697 as all of my colleagues have said, this is a very personal  
3698 decision and a medical decision that should be made by a  
3699 woman, her doctor, and her faith.

3700 For the Supreme Court to determine that women no longer  
3701 have a say over their own body is unconscionable and truly  
3702 cruel for women.

3703           So today I want to focus on how this ruling impacts a  
3704 woman's access to comprehensive women's health care, period,  
3705 and during medical emergencies, and how these policies are  
3706 creating confusion for physicians.

3707           Health care systems are facing uncertainty in the legal  
3708 sphere regarding enforcement of State bans. In the wake of  
3709 the Dobbs decision, the largest health care system in my  
3710 State was uncertain about how Michigan's 1931 law could place  
3711 physicians and critical teams at risk of criminal liability.

3712           Within the first 24 hours, they announced that they  
3713 would not treat any woman who needed an abortion, which  
3714 created instant confusion. My phone began ringing at home at  
3715 11:00 p.m. A pregnant woman who had lost two children  
3716 already had gotten a call from her OB-GYN, who she trusted,  
3717 who said, "I cannot take care of you. If something happens,  
3718 you need to go to another hospital system.'"

3719           A pregnant woman with twins called me the next morning.

3720           Now, it created such havoc that the hospital system  
3721 later clarified it in the afternoon, but I talked to enough  
3722 women in those 12 hours that I understood what fear was and  
3723 what the doctors' anxiety was.

3724           As Republican legislators move to criminalize  
3725 reproductive care in State after State, they have also tried  
3726 to conceal the widespread impact of their ban by pointing to  
3727 exceptions for medical emergencies.

3728           However, clinicians have repeatedly said that exemptions  
3729 for life or the health of a pregnant person are insufficient  
3730 in securing emergency reproductive care for pregnant people,  
3731 even when such care would save their lives.

3732           Dr. Verna, how do these medical exemptions work in  
3733 reality in practice?

3734           \*Dr. Verma. Thank you for that question.

3735           So it is often unclear to us as the doctors that are  
3736 actually taking care of these patients how to interpret the  
3737 medical emergency exceptions when we can actually intervene.

3738           So I brought up that situation of patients with  
3739 pulmonary hypertension who may come in with a condition that  
3740 has a 50 percent chance of killing them during the course of  
3741 the pregnancy. Can we intervene before they get sick or do  
3742 we have to wait until they get sick?

3743           I take care of many patients that come in after breaking  
3744 their water at 14, 15, 16 weeks when that pregnancy can never  
3745 survive outside of the uterus. They are having bleeding.  
3746 How much bleeding is too much bleeding?

3747           Do we have to wait for them to get an infection before  
3748 we can intervene?

3749           So when we are looking at the patient in front of us,  
3750 what we are taught to do is intervene before they get sick,  
3751 but these laws are telling us we have to wait until it is an  
3752 emergency, and it is also unclear what that means. There is

3753 not a line in the sand when someone goes from being totally  
3754 fine, walking around, talking, smiling, to actively dying.  
3755 It is a continuum.

3756 What I need to do as a doctor is to intervene earlier in  
3757 that continuum to keep that person safe and healthy, but the  
3758 laws are making it really unclear about whether I can do  
3759 that.

3760 \*Mrs. Dingell. Thank you, Dr. Verma.

3761 I wanted to ask you more questions, but I am almost out  
3762 of time. So I am going to move to Dr. Guerrero because the  
3763 Republican Party does not have a monopoly on matters of  
3764 faith, let alone as it relates to pregnancy care.

3765 Pregnancy decisions can be deeply intimate and involve  
3766 questions of faith, religion, and spirituality. Dr.  
3767 Guerrero, can you tell me about your organization's Faith  
3768 Allowed Program and the type of spiritual care your  
3769 organization provides to pregnant people who are seeking  
3770 pregnancy counseling and exploring their options?

3771 \*Dr. Guerrero. Absolutely. So our Faith Allowed  
3772 counselors are clergy people and spiritual leaders who  
3773 believe in meeting their clients and their callers where they  
3774 are at and supporting them in their vision and communication  
3775 in connection to their idea of a higher power, and what they  
3776 do is that they provide an empowering conversation in helpful  
3777 spiritual language for people to determine what is best for



3778 them.

3779           And if somebody says that their definition of God is  
3780 love, then absolutely they are going to support that person.  
3781 And if somebody says, "I am not sure what my faith has for  
3782 me," it's a continued exploration of what their relationship  
3783 is to their higher power and supporting those people no  
3784 matter what with the belief that these people are just trying  
3785 to make the best decisions for themselves over and over and  
3786 over again instead of casting them as some kind of person  
3787 that wakes up in the morning thinking of evil things.

3788           Thank you.

3789           \*Mrs. Dingell. Thank you, Doctor.

3790           I yield back.

3791           \*Ms. DeGette. Thank you.

3792           The chair now recognizes Ms. Kelly for five minutes.

3793           \*Ms. Kelly. Thank you, Madam Chair.

3794           I thank the witnesses.

3795           In Illinois We Testify storyteller Brittany found out  
3796 that she was pregnant at age 22 shortly after the birth of  
3797 her third daughter. She could not afford another child at  
3798 that time physically, emotionally, or financially. She was  
3799 working part time and had decided she wanted to go back to  
3800 school to finish her degree.

3801           She could not see herself moving forward with another  
3802 child, and she knew she needed an abortion. Medicaid would

3803 not cover the \$900 procedure, which is more than she made in  
3804 a month.

3805 Through the help of her family and the Chicago Abortion  
3806 Fund, Brittany was able to afford the abortion and now works  
3807 as an advocate for others in similar situations.

3808 Abortion access is essential to the wellbeing of all  
3809 women. Yet States have continuously erected barriers that  
3810 make it particularly challenging for women of color and  
3811 particularly Black women to access the care and services they  
3812 need to make informed decisions about their pregnancy  
3813 options.

3814 With Dobbs now the law of the land, these barriers will  
3815 only grow. Ms. Bracey Sherman, what have you heard from your  
3816 storytellers about the disproportionate impacts that pre-  
3817 Dobbs abortion restrictions have had on Black women,  
3818 indigenous women, and other women of color?

3819 \*Ms. Bracey Sherman. Thank you so much.

3820 And I am proud to be from the Great State of Illinois.

3821 I love that you read Brittany's story because Brittany  
3822 is a dear friend and a storyteller which we testify, and she  
3823 has talked publicly not only about the abortion that she has  
3824 had but also the experiences of when she was denied an  
3825 abortion because Medicaid did not cover it and she was forced  
3826 to continue a pregnancy to term.

3827 And while she loves her daughter, it was really

3828 difficult. She ended up actually having a lot of  
3829 complications during her pregnancy, including postpartum  
3830 depression and preterm labor.

3831         So it was actually a really, really difficult pregnancy  
3832 on top of the mental health impact of being forced to  
3833 continue a pregnancy that you did not want to carry to term.

3834         That is why she is an activist, to make sure that  
3835 everyone is able to decide if, when, and how to grow their  
3836 families.

3837         Since the Dobbs decision, and even before that, because  
3838 Texas has SB 8, criminalizing helping people get abortions, I  
3839 have heard from so many people, including other We Testify  
3840 storytellers, who needed abortions and so had to either fly  
3841 out of State or self-manage at home, which as I mentioned  
3842 earlier is really safe, but it can be a crime in some States.

3843         I also, as I mentioned earlier, volunteer to help people  
3844 who are traveling for their abortions, and I definitely  
3845 receive emails that say if you help this person, you could be  
3846 criminalized for helping them, and I really cannot imagine  
3847 how that is pro-life, that you would criminalize someone for  
3848 showing up with love and care to make sure that they get the  
3849 health care that they need.

3850         \*Ms. Kelly. Thank you.

3851         And, yes, Illinois is an oasis in very red sand.

3852         Dr. Guerrero, in your testimony you suggest that

3853 barriers to abortion access compound ways that people of  
3854 color are routinely denied their civil and human rights. How  
3855 has racism and structural inequalities affected Black,  
3856 indigenous, and women of color's ability to access pregnancy-  
3857 related care, including abortion care?

3858       \*Dr. Guerrero. Absolutely. As I mentioned before, 77  
3859 percent of our clients experience some kind of burden related  
3860 to abortion restrictions, and that includes transportation,  
3861 childcare for multiple appointments, legal barriers, time off  
3862 work, and the cost of needing to pay for the procedure out of  
3863 pocket.

3864       Out of that 77 percent, 59 percent of those people are  
3865 people of color. At minimum, all of our clients are reaching  
3866 out to us because they do not have other financial support,  
3867 and 63 percent of those people are people of color. So it  
3868 disproportionately impacts those marginalized communities.

3869       \*Ms. Kelly. You know, I just wanted to say, you know,  
3870 people have talked about contradictions, and I feel like it  
3871 is very interesting that we want to give States the right to  
3872 decide about women, but the Supreme Court took New York's  
3873 States right to decide about guns, which, you know, if you  
3874 are pro-life, you should really care about what is going on  
3875 in America, this uniquely American violence problem.

3876       The other thing is the question was asked about  
3877 respecting the conscience of people that are following their

3878 conscience about a woman's right to choose and not giving  
3879 them the drugs or whatever.

3880 But what about the people who are following their  
3881 conscience that they think women have a right to choose?  
3882 What about their decisions?

3883 It just seems like we only care about it one way.  
3884 And with that I yield back. Thank you so much.

3885 \*Ms. DeGette. I thank the gentlelady.

3886 Mr. Soto, you are now recognized for five minutes.

3887 \*Mr. Soto. Thank you, Madam Chair.

3888 Today we are here to talk about freedom, Democrats  
3889 defending freedoms that Americans enjoy and radical  
3890 Republicans trying to take it away.

3891 First Republicans tried to take away our freedom to vote  
3892 on January 6th. Democrats fought back and protected our  
3893 democracy.

3894 Now Republicans are here to try to take away women's  
3895 freedom to choose, and today we Democrats fight back. Next  
3896 Republicans will go after the freedom for LGBTQ marriage  
3897 equality, and then Republicans will even try to take away the  
3898 right to birth control medicine.

3899 We are here to say enough is enough. We Democrats are  
3900 here to protect and defend these freedoms for every American  
3901 and stop radical Republicans from rolling back the clock.

3902 In the Dobbs case, the U.S. Supreme Court, this will be

3903 the first time ever that a Supreme Court took away a  
3904 fundamental right, a Federal reproductive right granted to  
3905 women that stood for nearly 50 years. To know that is to  
3906 know how truly unprecedented this ruling was and how truly  
3907 radical the decision was.

3908         For Republicans, it is about power and control. By  
3909 having the power to force women to remain pregnant, Red  
3910 States will gain more control over them. Once the State  
3911 controls the woman's body, they control their ability to  
3912 work, their ability to decide how big a family they want to  
3913 have. They control their health care decisions.

3914         In short, they control their destinies. And then Red  
3915 States will go after birth control next so women can never  
3916 stop having children.

3917         And then they will try to restrict their travel out of  
3918 State so they will be stuck.

3919         Now consider that many of these Red States are the  
3920 poorest in the Nation and have the highest child poverty. In  
3921 essence, we will have Red States that will force women to  
3922 have children and do nothing to help take care of them.

3923         What is the ultimate effect? In some States women will  
3924 still be free in America, but in others they will be second  
3925 class citizens and wards of the State by design, and life  
3926 there will start looking a lot more like a real-world  
3927 Handmaid's Tale for women.

3928           And coming from Florida this will be especially true in  
3929 the South. We are already seeing women from Alabama,  
3930 Mississippi, Louisiana, and Texas coming to our State to  
3931 exercise their reproductive rights.

3932           In Florida, we have a right to privacy enshrined in our  
3933 constitution. The State constitution clearly says every  
3934 natural person has the right to be let alone and free from  
3935 government intrusion into a person's private life.

3936           That kind of radical government intrusion into a woman's  
3937 personal health decisions that 20 States have either already  
3938 made or are about to.

3939           In 1989, the Florida supreme court held that the right  
3940 to privacy protected a woman's right to choose. As a lawyer,  
3941 given the plain language of this amendment, I can state that  
3942 it would be illegally absurd for any Florida supreme court  
3943 justice, let alone a court of self-proclaimed strict  
3944 constructionists to take away this right now in our State.

3945           The Florida constitution is clear. So is the will of  
3946 Floridians. Nearly 80 percent of Floridians support a  
3947 woman's right to choose and oppose an abortion ban. We are  
3948 the majority.

3949           Yet Governor DeSantis and the Republican Florida  
3950 legislature have already tried to infringe on this right with  
3951 a 15-week ban. DeSantis likes to say he is protecting the  
3952 free State of Florida. Laws like this show it is a lie.

3953           The new law has already been struck down by the trial  
3954 court and will soon make its way to the Florida supreme  
3955 court, and the fate of 11 million Florida women and their  
3956 freedom hang in the balance.

3957           So does the freedom of women in neighboring States  
3958 throughout the South.

3959           Meanwhile House Democrats have already passed Women's  
3960 Health Protection Act to codify Roe and to create a national  
3961 right to abortion under Federal law. Now the Senate must  
3962 take up this bill without delay.

3963           We Democrats will continue to fight to ensure women  
3964 across Florida and the rest of the Nation are still truly  
3965 free.

3966           Dr. Verma, to close out, we may see a ban in Georgia,  
3967 maybe even, sadly, in the Great State of Florida and the  
3968 closest States would be North Carolina and Illinois.

3969           What effect would that have on women's ability for  
3970 reproductive health in Central Florida and throughout the  
3971 Deep South?

3972           \*Dr. Verma. This will absolutely have a devastating  
3973 impact on people's health care, particularly people that are  
3974 not able to travel for the care that they need. Those are  
3975 the people that are going to be most significantly affected  
3976 and will not be able to access abortion care and other types  
3977 of reproductive health care that they need.



3978           \*Mr. Soto. Thanks.

3979           My time has expired.

3980           \*Ms. DeGette. The chair now recognizes Ms. Blunt  
3981 Rochester for five minutes.

3982           \*Ms. Blunt Rochester. Thank you, Chairwomen DeGette,  
3983 for allowing me to waive onto this important hearing.

3984           And to the panelists for helping us to better understand  
3985 the dire consequences and legal chaos of the Dobbs decision.

3986           I want to give a special thank you to Ms. Bracey Sherman  
3987 for sharing your story and empowering others to share theirs.

3988           I have to say as many of my colleagues, I received many  
3989 letters from constituents, and I was struck by one  
3990 constituent who wrote to me to say that like thousands of  
3991 women, she benefitted from the ability to obtain a safe  
3992 abortion.

3993           Her parents died when she was young. She was tragically  
3994 raped as a teenager and had to rely on the support of others  
3995 to even obtain the abortion. She now has a good paying job  
3996 and pays, as she said, her fair share of taxes. She wrote to  
3997 me that if she had not been afforded that opportunity, she  
3998 does not know where she would be today and that she believed  
3999 she would not have finished high school or college or been a  
4000 contributing member to society.

4001           But another constituent wrote to me and said, "I do not  
4002 regret it and I never have.'" But what she does regret is

4003 that she has been quiet about it for all of these years  
4004 because she felt that she contributed to the stigmatizing of  
4005 this topic for other women. Now she is speaking up.

4006 I am grateful for these women who spoke up, and I am  
4007 thankful that Delaware still has the option of safe abortions  
4008 and reproductive rights.

4009 We recently passed a package of legislation and included  
4010 in that is an increase in the number of trained eligible  
4011 providers who can provide care, including allowing physician  
4012 assistants and advanced practice nurse to prescribe  
4013 medication abortion.

4014 Dr. Verma, why is medication abortion essential to your  
4015 patients?

4016 And how would expanding access to medication abortion  
4017 impact their lives?

4018 \*Dr. Verma. Thank you for that question and for all of  
4019 your work in Delaware.

4020 So first I want to correct some misinformation that we  
4021 have heard today about medication abortion. Our science-  
4022 based professional societies have established very clearly  
4023 that medication abortion is completely safe, essential health  
4024 care that includes our American Board of OB-GYNs, which  
4025 governs all OB-GYNs in the country.

4026 We know that over 50 percent for the first time of  
4027 abortions in the country are happening with medication

4028 abortion, and I think incredibly important for people to have  
4029 access to this service that we know they can get safely and  
4030 effectively.

4031 \*Ms. Blunt Rochester. Thank you.

4032 And even though the rhetoric around abortion access  
4033 remains contentious, a majority of Americans support access  
4034 to abortion, and that has been true for decades. Black  
4035 Americans support abortion access in particularly high  
4036 numbers with 68 percent believing that abortion should be  
4037 legal in all or most cases.

4038 Ms. Bracey Sherman, what do we know about the widespread  
4039 majority support for abortion access in the United States  
4040 particularly among women of color?

4041 \*Ms. Bracey Sherman. Thank you so much for that  
4042 question.

4043 I think one of the things that is a misconception is  
4044 that abortion is a divisive issue. It is not. It is  
4045 actually a gerrymandered issue.

4046 Support for abortion has really not changed and actually  
4047 increased since Roe v. Wade, particularly in communities of  
4048 color, particularly with Black communities.

4049 And I know this because I am Black and I talk to my  
4050 family and also all of my neighbors. So that is really  
4051 critical.

4052 I also actually want to go back to something that you

4053 said with that constituent. Everyone who is out there and  
4054 you have not shared your abortion story yet, that is okay.  
4055 You did not contribute to the stigma. The people who wanted  
4056 to ban our access did. The people who tell us that we are  
4057 somehow worse because we are Black people or Brown people  
4058 because we want our abortion; that somehow because people of  
4059 color need abortion access, we are really terrible people.

4060 That is where the stigma comes from. When you share  
4061 your story, it is a gift, and it deserves to be heard on your  
4062 own terms. So thank you so much for sharing those stories.

4063 \*Ms. Blunt Rochester. Thank you. Thank you so much for  
4064 saying that.

4065 And I think it is an empowering moment for a lot of  
4066 people right now, and I am just going to leave it right there  
4067 and say thank you for empowering people and helping them to  
4068 be --

4069 \*Ms. Bracey Sherman. Can I just say the things that are  
4070 said in these hearings do not happen in a vacuum?

4071 \*Ms. Blunt Rochester. Right.

4072 \*Ms. Bracey Sherman. They empower the people that you  
4073 love. The words matter. I am currently receiving death  
4074 threats from the RNC, as I mentioned. Those words matter.  
4075 That is very scary simply because I said that I had an  
4076 abortion.

4077 That should not bring on death threats in this country.

4078 That is wrong, and so that is why people are afraid to share  
4079 their stories, and I hope that we change the culture so  
4080 everyone feels free to talk about abortion on their own  
4081 terms.

4082 \*Ms. Blunt Rochester. Thank you so much.

4083 And I will be submitting some questions for the record,  
4084 Madam Chairwoman, particularly on misinformation and how do  
4085 we make sure that we practice a guide against that for Dr.  
4086 Guerrero and also Dr. Verma.

4087 Thank you so much for this opportunity, and I yield  
4088 back.

4089 \*Ms. DeGette. The chair now recognizes Ms. Craig for  
4090 five minutes.

4091 \*Ms. Craig. Thank you so much, Madam Chair.

4092 Over the past month I know abortion providers across  
4093 this country have had to face a new reality, that performing  
4094 a medical procedure to care for their patient may soon become  
4095 or is illegal. As we have heard today, the fear of  
4096 criminalization has created a chilling effect on medical  
4097 providers across the country, particularly on those that  
4098 provide abortion.

4099 Dr. Verma, let me start with you. This must be an  
4100 incredibly challenging time for you and the entire health  
4101 care community.

4102 How are your colleagues reacting to these bans?

4103           \*Dr. Verma. Thank you so much for that question.

4104           I also want to just start by addressing some of the  
4105 implications to say that doctors who provide abortion care,  
4106 we do not understand the complexities involved in  
4107 reproductive health care.

4108           So I also provide full spectrum OB-GYN care. I have  
4109 spent countless nights watching fetal heart tracings during  
4110 delivery looking for any sign of distress to make sure that  
4111 my patient's babies are safe and healthy.

4112           I understand the complexities of reproductive health  
4113 care. I also understand that my patients do not lose their  
4114 agency or autonomy or lives because they become pregnant.

4115           And so I just wanted to say that for the record.

4116           My colleagues and I are struggling right now. This is a  
4117 really hard time. We went into medicine to do what was best  
4118 for our patients. We went into this because we care about  
4119 our communities, and we, because of these bans, are not able  
4120 to provide the best evidence-based care that is supported by  
4121 the scientific medical community to our patients.

4122           \*Ms. Craig. Thank you so much.

4123           I know a lot has been covered today about Republicans,  
4124 my colleagues' efforts to put in place a nationwide abortion  
4125 ban, and those State efforts to criminalize abortion care.

4126           Dr. Verma, what will happen in your profession if  
4127 abortion is criminalized?

4128           \*Dr. Verma. We are going to see that our patients will  
4129 not be able to get the care that they need. We are going to  
4130 see that our trainees, our medical students, our residents  
4131 are not going to get the training that they need to provide  
4132 lifesaving care. That includes abortion care. It also  
4133 includes miscarriage management.

4134           So we are concerned that because of these abortion bans,  
4135 our residents are not going to be able to provide that  
4136 lifesaving care to someone who comes in and needs it.

4137           And I have already talked to medical students from the  
4138 South who want to stay in their communities, but they say, "I  
4139 do not think I can get the training I need to be the doctor I  
4140 want to be in the South," and they are leaving, and that is  
4141 devastating for me as someone from the South.

4142           That is my home and my community. It is completely  
4143 devastating to see that we are losing these doctors because  
4144 they cannot get the training or provide the care that they  
4145 want to, that they need to because of these abortion  
4146 restrictions.

4147           \*Ms. Craig. Thank you so much, Dr. Verma.

4148           Dr. Guerrero, your organization's work depends on a  
4149 network of competent, available providers so that you can  
4150 appropriately link people to care. Dr. Guerrero, how has  
4151 the threat of criminalization of abortion providers affected  
4152 the type of services the clinicians in your network have been

4153 willing to offer since the Dobbs decision came down?

4154           \*Dr. Guerrero. Well, as we know, July 25th will be a  
4155 special session in Indiana, and that is when abortion will  
4156 effectively be banned in Indiana, which means that those  
4157 clinics will have to be shuttered, and we will have to refer  
4158 100 percent of our patients outside of the State.

4159           But I also just want to take the opportunity to go back  
4160 to the idea of the kinds of services that we provide, the  
4161 full spectrum of services we provide.

4162           We have a diaper bank for a reason, and this is my  
4163 colleague. This is for just Marge Bank. We have a diaper  
4164 bank for a reason, because WIC and Medicaid do not cover  
4165 diapers, and Republicans have blocked many proposals on  
4166 different States to have WIC and Medicaid cover diapers.

4167           We offer three to four packs a month to our clients.  
4168 The local CDC gives their clients three to four diapers,  
4169 which if you have ever diapered an infant, you know that is  
4170 not going to get you very far, especially if the infant is  
4171 sick.

4172           And so just a couple of years ago our Democrat  
4173 Representative tried to introduce a bill that would take  
4174 taxes off of diapers, which was blocked by Republicans.

4175           So the fact that Republican pro-life factions want to  
4176 sit here and talk about children and babies and then they go  
4177 ahead and do this when it comes to just basic care like



4178       diapering, it is hypocrisy at the highest order.

4179               Thanks.

4180               \*Ms. Craig. Dr. Guerrero, I am out of time, but I just  
4181 want to say that I just cannot believe we are here in  
4182 America.

4183               With that, Madam Chair, I yield.

4184               \*Ms. DeGette. I thank the gentlelady.

4185               And now battling cleanup is our wonderful author of the  
4186 bill last week to allow travel across State borders, Mrs.  
4187 Fletcher, for five minutes.

4188               \*Mrs. Fletcher. Thank you so much, Chairwoman DeGette,  
4189 for holding this truly important hearing today and for  
4190 allowing me to participate.

4191               I want to thank all of our witnesses for being here  
4192 today and for your insightful testimony. The stories and  
4193 challenges that you have shared with us on this committee,  
4194 hearing about pharmacists refusing to fill prescriptions not  
4195 necessarily out of a lack of desire, but out of fear of the  
4196 law; confusion about whether and when and how to treat  
4197 ectopic pregnancies; sending patients experiencing  
4198 miscarriage home from the hospital because they are not sick  
4199 enough.

4200               I am hearing those stories, too, because they are  
4201 happening to my constituents in my home State of Texas.

4202       Contrary to some of the things that we have heard today, we

4203 know that these things are real, that these things are  
4204 happening, that they are creating a crisis.

4205         There was a recent New York Times article that talked  
4206 about a woman experiencing miscarriage in Texas, but she was  
4207 sent home because she was not bleeding enough.

4208         I have heard in my district of women being told to go  
4209 home until they have a fever and then come back to the  
4210 hospital, and this is not true since last September, before  
4211 Dobbs, but this crisis has grown exponentially since last  
4212 month.

4213         And despite suggestions to the contrary today, there is  
4214 great confusion and chaos and fear among physicians and  
4215 providers and patients and the people who love them.

4216         And there is great confusion not only about what care  
4217 they can get or give without being subject to criminal  
4218 prosecution, but also what they can even say to their  
4219 patients, what they can tell them about how, whether, where  
4220 they can get the care that they need.

4221         Ms. Bracey Sherman, you said something that really  
4222 struck me in your opening comments, that no one should be  
4223 prosecuted for the outcomes of their pregnancy, and yet that  
4224 is exactly what is happening in Texas.

4225         We have already heard that the Texas Attorney General is  
4226 suing the Federal Government over EMTALA. Just two weeks ago  
4227 now a group of lawmakers in Texas publicized a letter that

4228 they sent to a law firm in Texas threatening the firm and  
4229 each of its partners with felony criminal prosecution and  
4230 disbarment for the firm's policy to reimburse employees that  
4231 were traveling out of State to get abortion care, and they  
4232 cited a 1925 law that they claim is still on the books as  
4233 well as the bill that went into effect in September.

4234         What we are hearing in this hearing, what we have heard  
4235 from our colleagues since we have raised these issues in  
4236 Congress is that we are hearing from a lot of anti-abortion  
4237 politicians that these bans will not stop doctors from  
4238 treating ectopic pregnancies or miscarriages, but that is not  
4239 what we are seeing on the ground.

4240         And we heard a witness in another committee last week  
4241 say that abortion care that a ten-year-old received was not  
4242 an abortion. I do not even know what that was.

4243         But Dr. Verma, can you talk about how these laws impact  
4244 a doctor's ability to treat the complexities of pregnancy  
4245 care, and then, in addition, because I do not want to  
4246 interrupt you, can you also talk about the Dobbs decision and  
4247 how these new laws will affect overall maternal health  
4248 outcomes including maternal mortality, which is another  
4249 crisis in Texas?

4250         \*Dr. Verma. Absolutely. Thank you for that question.

4251         So like we discussed a little bit today, as doctors we  
4252 are constantly practicing and providing care in a gray area.

4253 There are not these lines in the sand, these clearcut lines  
4254 where a patient goes from totally fine to actively dying.

4255 And so even when we are in situations where we know what  
4256 the right thing to do is medically, the laws are preventing  
4257 us from being able to provide that care to our patients.

4258 And thank you for bringing up maternal mortality. I  
4259 think that is an incredibly important issue that I feel  
4260 deeply about. So current data do support an association  
4261 between restricted access to safe and legal abortion and  
4262 higher rates of maternal morbidity and mortality, and we know  
4263 that already marginalized populations like people of color  
4264 experience the largest burden.

4265 And so I think that is something that is really  
4266 important to note, that we are going to see maternal outcomes  
4267 get worse based on these laws.

4268 I just also want to quickly note for the record that our  
4269 science-based medical organizations have assessed the data  
4270 and have established that abortion is not at all linked to  
4271 preterm birth.

4272 \*Ms. Craig. Thank you, Dr. Verma.

4273 And Madam Chair, I would like to request unanimous  
4274 consent to enter the letter that I mentioned into the record.

4275 \*Ms. DeGette. All the document requests will be  
4276 considered at the end of the hearing.

4277 \*Ms. Craig. Thank you so much, Madam Chair.

4278           In the few seconds I have left, I just want to say that  
4279 I will submit some additional questions for the record  
4280 because I think that the issues that have been raised today  
4281 raise further questions, and I just want to thank all of our  
4282 witnesses for the work that they are doing, for the  
4283 compassionate, thoughtful approach that they are taking to  
4284 this issue, and that it reflects the majority of the American  
4285 views about whether, when, and how pregnant women and  
4286 families should make their choices.

4287           And I really appreciated, Dr. Guerrero, your discussion  
4288 about how we should be thinking about this as part of our  
4289 lives.

4290           And I just think the testimony has been so incredibly  
4291 helpful. I thank you for your time today, and I thank you,  
4292 Madam Chair, for allowing me to participate in this hearing.

4293           And I yield back.

4294           \*Ms. DeGette. I thank the gentlelady.

4295           All the members have now questioned, and I will  
4296 recognize the ranking member for any closing comments or  
4297 questions he might have.

4298           \*Mr. Griffith. Madam Chair, I just want to point out  
4299 that we heard some testimony today that one of our witnesses  
4300 has received death threats. All death threats whether they  
4301 come from the right or the left should be reported to proper  
4302 law enforcement authorities. That is not something that we

4303 can weigh in on.

4304 But if something occurs as a result of this testimony, I  
4305 think we would like to know about it, but after proper  
4306 reports have been made to law enforcement so they can take  
4307 the proper action and make determinations according to our  
4308 justice system.

4309 \*Ms. DeGette. I thank the gentleman.

4310 And I agree. This is a very emotional and fraught  
4311 topic. Unfortunately, there have been death threats received  
4312 I know by not just people who are here today, but doctors,  
4313 politicians, and I have got to say I do not talk a lot about  
4314 this, but I have actually had over the years because of my  
4315 leadership in these issues. I have had protesters at my  
4316 house, at my personal home walking through my neighborhood  
4317 and intimidating my children.

4318 And I do believe as a public figure that people have the  
4319 right to First Amendment speech on both sides of this issue.  
4320 I think that that is one of the core values of our democracy,  
4321 and I support it even though it is inconvenient for me  
4322 sometimes.

4323 But there is no place for violence. There is no place  
4324 for death threats anywhere, and I think all of us in this  
4325 room would agree with that.

4326 And I want to conclude by thanking all of our members  
4327 for participation in this hearing.

4328 All of you did a very good job of answering all the  
4329 questions that were put to you. We appreciate that.

4330 Pursuant to committee rules, members have ten business  
4331 days to submit additional questions to all of you, and you  
4332 did hear several of the members say they have additional  
4333 questions.

4334 I would ask all of you to respond promptly to these  
4335 questions because they do help us in our further  
4336 investigations.

4337 And now as promised, we would like to insert in the  
4338 record by unanimous consent the following documents.

4339 As referenced by Dr. Verma, a joint statement from more  
4340 than 75 health care organizations opposing political  
4341 interference in health care. A statement from the American  
4342 Board of Obstetrics and Gynecology regarding misinformation,  
4343 disinformation, and medical professionalism. An article that  
4344 Ms. Kuster referenced from the New York Times regarding  
4345 barriers to obtaining miscarriage care post-Dobbs, published  
4346 on July 17, 2022. The letter Mrs. Fletcher referred to from  
4347 Texas State Representative Middleton to Sidley Austin, LLP.  
4348 Dr. Burgess' submission of the Hippocratic oath. Dr.  
4349 Burgess' submission of a journal article published by the  
4350 American College of Obstetricians and Gynecologists regarding  
4351 medication abortion. And also from Dr. Burgess an article  
4352 from LifeNews.com regarding statements by Vice President

4353 Harris published July 18, 2022.

4354 [The information follows]:

4355

4356 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*



4357           \*Ms. DeGette. Without objection, so ordered.

4358           And, again, thanks to everybody and the subcommittee is  
4359 adjourned.

4360           [Whereupon, at 2:57 p.m., the subcommittee was  
4361 adjourned.]