

Testimony of Dr. Yashica Robinson, MD
House Committee on the Judiciary
Revoking your Rights: The Ongoing Crisis in Abortion Care Access
May 18, 2022

Good morning Chairman Nadler, Ranking Member Jordan, and distinguished Members of the Committee. My name is Dr. Yashica Robinson and I use she/her pronouns. I am a Board-Certified OB/GYN. A Board Member with Physicians for Reproductive Health and I am the medical director of Alabama Women's Center - one of Alabama's last clinics that provides abortion care. As a full spectrum obstetrician-gynecologist, I have a busy obstetrics practice where I provide prenatal care, deliver babies, and treat people after they give birth. I also provide abortion care because I know patients need and deserve access to the full spectrum of reproductive health care options.

Just over two weeks ago, a draft opinion from the United States Supreme Court was leaked. While this draft opinion did not surprise me – it did confirm my worst fears. The days that my patients will have their constitutional right to abortion recognized by the Supreme Court are numbered.

We are at a dire moment for access to abortion in our country and have been for quite some time. The promise of access to abortion care has already been an empty one for millions of people. Should this decision be finalized my heart aches for the patients I care for and my community; the consequences will be devastating for individuals, for families, and for the future of our communities at large. Alabama has already had a glimpse of what that future might look like. In 2019, Alabama's Governor Kay Ivey signed into law a near total abortion ban that would criminalize physicians for performing an abortion and sentence them to 99 years in prison. Thankfully, the law was blocked after I and other abortion providers in Alabama filed a lawsuit with the ACLU and Planned Parenthood.

As of today, abortion remains legal in Alabama, and many states across the country. But it is not likely to remain that way. This has never been a theoretical exercise—we are talking about the real health and lives of our neighbors, family members, and friends. Twenty-six states are likely to ban abortion when *Roe* is overturned, including Alabama. This will create a two-tiered system of health care: patients with resources will be forced to travel long distances to get essential care they could get in their own communities. The others will be forced to remain pregnant. This is unacceptable. And physicians like myself will be threatened with prison for providing ethical, safe, necessary, medically appropriate care. There is no other area of medicine where the law threatens physicians with prosecution for doing their jobs.

I came to this work not only because I believe all people deserve to make decisions about their lives, health, and bodies, but also because of my passion for young people. One that is deeply rooted in my personal experience with becoming pregnant as a young adult. Prior to finishing high school, I learned I was pregnant. As a result of fear and lack of resources, by the time I confided in my mother and grandmother, I had no choice – I was going to be a mother. Becoming a mother as a teenager came with many harsh realities. I love my children with all my heart, but I know that everyone should be able to make the decision to parent for themselves. I

have been in the shoes of many of the young people I see in my clinic, and it's important for them to know that regardless of their decision, that I am here to support them.

Access to care should not look different based on your zip code. For decades, patients in many states have endured medically inaccurate information, medically unnecessary waiting periods, medically unnecessary ultrasounds, and many other harmful barriers and restrictions. I have seen patients forced to travel up to 12 hours, from as far away as Louisiana, Florida, and now Texas because of the ripple effects of abortion bans, abortion stigma, and targeted harassment all leading to so many other providers being forced to shut their doors. I know of patients who have slept in their cars as a result of mandatory delay periods because they had no other options—all to seek safe, normal health care. These restrictions only add needless costs and delays. Their effects on the patients I care for and their families are painful for me to see and things are only going to get worse as states move to ban abortion should the protections of *Roe* and *Casey* – which are already illusory for far too many people in this country—be overturned.

It is outrageous that we are even having this discussion, and anti-abortion politicians are considering banning safe, essential health care. That abortion care is safe is a fact. In 2018, the National Academies of Sciences, Engineering and Medicine (NASEM) published a comprehensive study affirming that abortion is extremely safe and the biggest threat to patient safety is the litany of medically unnecessary regulations that raise costs and delay procedures, ultimately putting people's health at risk. Research has confirmed what we already know: abortion is safe and restrictions on care make it less safe.

Bans and restrictions on abortion care have far reaching consequences both deepening existing inequities and worsening health outcomes for pregnant people and people giving birth. For example, women who were denied abortion care are more likely to experience high blood pressure and other serious medical conditions during the end of pregnancy; more likely to remain in relationships where interpersonal violence is present; and more likely to experience poverty. Research shows that states with higher numbers of abortion restrictions are the same states with poorer maternal health outcomes. We also know that while most people will have healthy pregnancies, some will experience illnesses or conditions where pregnancy can cause serious problems.

As someone who cares for people throughout pregnancy and delivers babies, maternal health is of the utmost importance to me. In Alabama, Black women are nearly five times more likely to die from pregnancy-related causes than white women. This is higher than the national average showing that Black women are 3.3 times more likely to die from pregnancy-related issues than white women. And this will continue to worsen as more states limit access to abortion care. Systemic barriers, racism, and white supremacy are at the root of both our maternal health crises and our abortion access crises. It is undeniable that without access to abortion, maternal mortality rates will continue to rise.

I cannot emphasize for this Committee enough that abortion is normal, safe, essential health care. Receiving or providing this care should not be criminalized. By attempting to criminalize practitioners who provide abortion care, the abortion bans we have seen passed in Alabama and other states threaten the people and communities that are already suffering from lack of health

care providers, and compound the complex scenarios that obstetricians like me routinely balance as they try to make the best decisions we can about managing complicated pregnancies. Restrictions on abortion affect everyone. Yet fall hardest on those who are most marginalized and likely to face financial and logistical barriers to care. Often, these are the same people who are disproportionately surveilled and targeted by law enforcement. Some states have already begun to increase investigations and increase criminalization of pregnancy outcomes. This is not speculation. These stories exist and are happening today. People have been unjustly arrested, prosecuted, and even jailed for their pregnancy loss and had their own search histories and digital footprints used as evidence to prosecute and sentence them. Patients' well-founded fear of surveillance and criminalization leads patients to distrust health care providers ultimately harming our collective health and well-being.

The truth is as more states enact abortion restrictions and attempt to ban abortion entirely should *Roe* be overturned next month, patients and providers will be put in untenable situations. Patients will be forced to leave their communities, providers forced to relocate to continue providing care, medical students unable to receive education or training in abortion care, patients and providers fearing criminal charges for seeking, receiving, and/or providing safe, essential, normal health care. This is a future filled with control, fear, and coercion.

But the bottom line is this: Abortion care is health care, and it is essential care we must protect. The patients I care for, my community, my friends and family deserve dignity. They deserve autonomy and agency. I urge Members of this Committee to do everything they can in this moment to protect access to abortion care. Our lives depend on it.

Thank you for holding this important hearing. I look forward to your questions.