

June 4, 2019

Testimony from Dr. Owen Phillips to the Subcommittee on the Constitution, Civil Rights and Civil Liberties on Threats to Reproductive Rights in America

Thank you, Chairman Cohen and Ranking member Collins for inviting me to speak with the subcommittee today.

I am an obstetrician-gynecologist in Memphis Tennessee. I was asked to testify as to the barriers to care my patients experience because of existing restrictive abortion laws and to predict what further challenges might arise if even more restrictive abortion regulations become law.

The first, I can easily attest to. Tennessee has several laws that were passed under the guise of making abortion safer. None were backed by scientific evidence and all have fulfilled their real purpose- making a legal and safe procedure harder to obtain. The 48-hour wait period requires many women to travel long distances twice to the clinics for face to face consenting, adversely affecting their job and child care. The requirement that physicians providing abortion care have hospital privileges has prevented many experienced doctors from caring for patients. My own hospital has bowed to perceived political pressure and severely limits the indications for abortions. None of these restrictions will likely prevent women from obtaining the abortion they seek. They just make it harder for women to receive timely, efficient, and equitable abortion services.

To answer the second question, what affects would more restrictive laws have, is harder to answer.

I have been practicing since the 1980's. I am not old enough to have personally witnessed the tragedies that my physician teachers recalled prior to the Roe decision. No one knows what the consequences will be, because almost all doctors practicing now have assumed that safe and legal abortion would be an option for their patients.

Nevertheless, we physicians are fearful. Commonly, a diagnosis of preeclampsia is made in our unit; by definition this diagnosis is made after 20 weeks. This is a life-threatening condition for which the treatment is delivery. Abortion is often recommended and the timing of which is made by the doctor with the patient. No politician's opinion should be a part of the medical and personal decision-making. But this is where we seem to be headed. And, I agree with Dr. Barbara Levy, vice president of health policy at the [American College of Obstetricians and Gynecologists](#) who opined that one contributing factor to the increasing rates of maternal mortality has been the favoring of fetal well-being over that of the mother. Also, typical of my experience is having the heart-breaking conversation with a couple that their pregnancy has a lethal condition, meaning the baby will die within the first few hours or days of life. The couple, after much anguish, may decide to have an abortion. Or may not. But who among us feels they have the right to make that decision for them. Not me. But I assume people sitting in some state legislatures or maybe even some of you feel you do.

And, it is not just Ob-Gyns who interface with the issue. The oncologist's decision to treat with cancer-curing drugs is affected by a woman's pregnancy. The cardiologists have to advise women that if they continue their pregnancy, they may or will die from their condition. It is a hard decision. But that woman may look at the young children she has and ask what is the right thing for them, as any mother would. I would never deem myself so arrogant to make this decision for a woman. Yet, politicians all over this country have decided that they have the right to do just that.

Is this a religious cause? You know, I understand religious conviction. I was raised a Southern Baptist. I was taught to live by the Bible's teachings: love your neighbor as yourself and judge not lest ye be judged. But these laws are not about love and certainly not about refraining from judging others. Where is the moral high ground in risking a woman's life or well-being because she cannot make decisions about her own body, family and well-being, whether or not to have a baby or safely terminate her pregnancy?

Most of my patients may have medical indications for pregnancy termination, but in my experience every woman who makes this decision has a reason. Abortion is a part of healthcare and should remain safe, accessible and legal and without political interference. I agree with the American College of Obstetricians and Gynecologists recommendation that existing restrictive abortion laws "should be immediately repealed." These laws do not seek to make abortion safer. They instead seek to punish the health care systems and doctors who provide abortion care and above all to punish the women who seek abortion services. The decision to have an abortion should be the woman's decision in consultation with her doctor period.

Thank you.