

Testimony of Yashica Robinson, MD before the House Judiciary Committee Subcommittee on
the Constitution, Civil Rights, and Civil Liberties
June 4, 2019

Good morning Chairman Cohen, Ranking Member Johnson, and members of the Subcommittee. My name is Dr. Yashica Robinson, I serve on the board of directors of Physicians for Reproductive Health. I am very happy to have the opportunity to speak with you today. I'm an obstetrician-gynecologist in Huntsville, Alabama. I have a busy obstetrics practice where I provide prenatal care, deliver babies, and treat mothers after they give birth. I also provide abortion care at Alabama Women's Center in Huntsville. I provide abortion care because I believe patients deserve the full spectrum of care. However, it is extraordinarily difficult for many people in Alabama to access abortion services, and it will only get worse as women's rights and access to abortion care continue to be threatened.

I came to this work because of my passion for young people, one that is deeply connected to my personal experience with teen pregnancy. 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.

Providing abortion care in Alabama is challenging, but also deeply satisfying. I am proud to provide patients with compassionate, quality care when they enter our doors, but I know all too well that getting to our doors comes with too many unnecessary obstacles. Abortion clinics are being forced to close at an alarming rate. People have to travel long distances to come to our clinic. They receive outdated state mandated information, then they are required to wait an additional 48 hours before I can provide the care they need. Low income patients have an exceptionally hard time. Alabama prohibits public funding for abortion, so people with Medicaid have no coverage for abortion care. State law also restricts private insurance coverage of abortion and allows employers to deny insurance coverage for reproductive health services, making abortion unaffordable for too many people. These politically sanctioned obstacles increase the overall cost for care, which also includes costs relating to transportation, lodging, missing work, and childcare. I know of patients who have slept in their cars because they have no other options.

Alabama also has a ban on abortion after 20 weeks gestation. Patients needing care after that point have to travel out of state, making the care even more expensive. And young people have to navigate an onerous, time-intensive process to have an abortion if they cannot involve a parent. I have cared for a 12yo victim of incest who faced so many obstacles and delays before getting the final judicial approval necessary to proceed with the abortion she needed. Though I met her in her first trimester of pregnancy, she was well into the second trimester and nearly at

the legal limit for being able to obtain an abortion in the state of Alabama by the time she navigated all of these hurdles.

The National Academies of Sciences, Engineering and Medicine (NASEM) published a comprehensive study concluding that abortion is extremely safe and finding that the biggest threat to patient safety is the litany of medically unnecessary regulations that raise costs and delay procedures, ultimately putting women's health at risk. They confirmed what we already know: that access to safe abortion care all too often depends on where you live and your socioeconomic status.

Over the years, Alabama Women's Center has been forced to comply with onerous, medically-unnecessary building requirements—similar to those that were held unconstitutional by the Supreme Court in 2016 in the *Whole Women's Health v. Hellerstedt* case. The local anti-abortion group even sued the zoning board to try to force us to close. This same group then drafted legislation making it illegal to operate an abortion clinic within 2,000 feet of a school—another law specifically designed to shut our facility down. A federal district court held that law unconstitutional, as well, recognizing it was nothing more than a thinly veiled attempt to try to push abortion out of reach for patients. And this is just a small sample of the politically-motivated restrictions we have to contend with.

The near total ban on abortion that recently passed in Alabama, HB 314, imposes a 99-year prison sentence for a physician determined to have caused an abortion, unless it is agreed the abortion is necessary for the life or meets an extremely narrow exception for the health of the woman. This ban, should it ever go into effect, would be disastrous for Alabamians. HB 314 is blatantly unconstitutional and would force doctors like me to choose between what is ethical, medically appropriate care, and being criminalized. There is no other area of medicine where we have legislation threatening physicians with criminal prosecution for doing their jobs.

Alabama is already a state with unconscionably high maternal and infant mortality rates. According to the Alabama Department of Public Health (ADPH) nearly two-thirds of Alabama counties lack hospitals that offer obstetrical care. Moreover, the number of pregnancy-related deaths across the country has steadily increased. In Alabama, Black women are nearly five times more likely to die from pregnancy-related causes than white women. There are many pre-existing conditions that can be made worse by pregnancy, and other serious health conditions can be caused by pregnancy. We know that racial disparities in health care are exacerbated by policies that make accessing health care more challenging. Without access to safe abortion, maternal mortality rates will rise even more.

By attempting to criminalize practitioners who provide abortion care, we will have the unintended consequence of endangering women and harming communities that are already suffering from lack of health care providers. This law will make doctor's (often) split second judgment calls potential criminal acts. This law compounds the complex scenarios that obstetricians routinely balance as they try to make the best decisions they can about managing

complicated pregnancies. The lack of autonomy that this law imposes on physicians may deter new physicians from coming to areas that have a shortage of physicians and may cause others to leave. Alabama legislators made it very clear, their ultimate goal is to outlaw abortion, PERIOD. This is dangerous, as the consequences extend far beyond that. It will affect ALL providers who take care of pregnant people, not just abortion providers. Abortion care is health care and pregnant people and their doctors need to have access to the full spectrum of options as they manage undesired or complicated pregnancies. Regardless of how you feel about abortion, we cannot tie health care providers' hands because of individuals' objection to a medical procedure for political gain.

Though HB 314 has not taken effect, it is negatively impacting patients. I wish you all could hear how worried patients are. One told me of the nightmares she had prior to coming to the clinic about being turned away and denied services because of these restrictive laws.

In addition to legal obstacles, providers and patients face constant harassment. To enter either Alabama Women's Center or my obstetrics practice, patients have to walk through a line of protestors who yell hateful, dehumanizing, sometimes racially charged things. The hostility and intimidation we endure is unacceptable and has only gotten worse in the past few years. Recently, a protestor attempted to run over a volunteer with their vehicle. Thankfully, the volunteer is okay, but this underscores the security concerns for abortion providers in the South. Needless to say, this harassment is unheard of for my colleagues who work in other fields of medicine.

The bottom line is this: Abortion care is healthcare! Alabamians deserve better. I urge elected officials to stop trying to make it harder for people to access full spectrum health care. Instead, show empathy for the lived experiences of many Alabamians and people in other states who continue to need health care—be it abortion, miscarriage management, or pregnancy care, for they are all connected. All aspects of healthcare should remain patient-centered, and medical decisions should remain between the patient and her physician, without political interference.

Thank you.