Testimony of Dr. Aisvarya Panakam, MD
Before the Senate Judiciary Subcommittee on Human Rights and the Law
"Health Impacts of Abortion Ban on Georgia Women"
July 23rd, 2024

Good morning, Senator Ossoff and distinguished members of the Human Rights and the Law Judiciary Subcommittee. My name is Dr. Aisvarya Panakam and I use she/her pronouns. I am a recent graduate of Harvard Medical School and a current Resident Physician in Obstetrics & Gynecology at an academic medical center in Pennsylvania. I'm testifying today in my personal capacity and thank you for this opportunity.

I grew up in Georgia and am a proud Southerner. After spending the past decade of my life studying in other parts of the country, I was eager to return home to complete my medical training. Yet, I am here today to explain why I chose not to pursue OBGYN residency in the South. I was halfway through medical school when the Dobbs decision ended the constitutional right to access abortion. Immediately, trigger bans were initiated across the country, including here in Georgia.

Over the next two years, every single southern state instituted either a total ban or a prohibitively early gestational age ban on abortion. When it came time to apply for residency, many applicants into OBGYN, including myself, prioritized programs that offered training in full spectrum reproductive care including abortion and miscarriage management. It was a bitter day when I realized that I would not be able to receive training to the same extent in any state in the South, including Georgia. Ultimately, I prioritized programs in other regions of the country.

To contextualize why I made this choice, I would like to share a few key facts. First, abortion is common. Prior to the Dobbs decision, one in four women of reproductive age in the United States was predicted to have an abortion by age 45.[1] Second, abortion is safe. Surgical abortion remains one of the safest medical procedures a person can undergo.[2] For abortion to remain accessible and safe, reproductive health physicians like myself must receive this essential training.

This need for comprehensive training is recognized by accrediting bodies. The Accreditation Council on Graduate Medical Education (ACGME) requires that all OBGYN residency programs provide their residents with comprehensive clinical experience in abortion.[3] However, since the Dobbs decision, an OBGYN resident in the South now faces a myriad of uncertainties and often has more questions than answers. Will I have sufficient case volume? Will I learn to manage complex cases? Would I be able to confidently perform this procedure by myself?

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[1] Jones RK. An estimate of lifetime incidence of abortion in the United States using the 2021–2022 Abortion Patient Survey. *Contraception*. 2024;135. doi:10.1016/j.contraception.2024.110445
[2] Upadhyay UD, Desai S, Zlidar V, et al. Incidence of Emergency Department Visits and Complications After Abortion. *Obstetrics & Gynecology*. 2015;125(1).
https://journals.lww.com/greenjournal/fulltext/2015/01000/incidence_of_emergency_department_visits_and.29.aspx
[3] ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology. Published online July 1, 2023.
https://www.acgme.org/globalassets/pfassets/programrequirements/220_obstetricsandgynecology_2023.pdf

Residency is a difficult process in and of itself. Additional roadblocks to obtaining necessary training will continue to dissuade talented physicians from practicing in states with abortion restrictions.

It is important to recognize that abortion training gives OBGYNs an additional skillset that they can apply to diverse scenarios, especially during medical emergencies. Even if a OBGYN chooses not to perform abortions, if they are trained in procedural abortion, they will be better equipped to manage conditions such as miscarriage, hemorrhage, and infection. Training in abortion makes for a capable obstetrician-gynecologist.

Georgia must prioritize the development of OBGYNs because its maternal health outcomes are among the worst in the country.[4] Half of Georgia's counties lack a single OBGYN, leaving one in three women without access to essential maternal care.[5,6] The sad truth is that Georgia desperately needs more OBGYNs, yet it is failing to attract them. In 2022-2023, applications to OBGYN residency in restricted states decreased by 5.6%.[7] A recent survey of medical students applying into OBGYN sheds light on a major reason: 73% of survey respondents reported that the Dobbs decision affected which programs they applied to.[8]

I am deeply concerned about the dangers that Georgia's six-week abortion ban creates for women. As a medical student, I helped care for a Georgia women whose fetus was diagnosed with severe genetic anomalies. She was not allowed to receive an abortion in Georgia and by the time she arrived at our clinic in Massachusetts, her fetus had been dead for several days. She was admitted to the Intensive Care Unit for a life-threatening clotting disorder called disseminated intravascular coagulation (DIC) as well as massive immune dysregulation in the form of sepsis. Georgia's abortion ban jeopardized her life by delaying her access to care. This case reaffirmed my commitment to train in a place where abortions can be accessed by women who need them.

I speak on behalf of the tens of thousands of medical students and physicians who are currently in the training pipeline and who will make up the future healthcare workforce of this country. States that severely restrict abortion access will struggle to attract and retain OBGYN physicians, causing shortages to their physician workforce. I made the difficult decision to not return home for my residency training. Many of my peers have also made this choice. With the support of our lawmakers, we can expand abortion access which will also help reverse this exodus of students,

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[4] Maternal Mortality Rate by State 2024. World Population Review. 2024. Accessed July 18, 2024. https://worldpopulationreview.com/state-rankings/maternal-mortality-rate-by-state.

[5] Physicians by Specialty by County, 2020. Number, Rate, and Rank. file:///Users/ashpanakam/Downloads/2020_Rate%20and%20Rank%20(4).pdf

[6] Maternity Care Desert: Georgia, 2021. March of Dimes | PeriStats. Accessed July 18, 2024. https://www.marchofdimes.org/peristats/data?reg=99&top=23&stop=641&lev=1&slev=4&obj=9&sreg=13

[7] Training Location Preferences of U.S. Medical School Graduates Post Dobbs v. Jackson Women's Health. Research and Action Institute. doi:10.15766/rai_2rw8fvba

[8] Frame B, Vrooman H, Beckham AJ. Effect of Dobbs v. Jackson Women's Health on Obstetrics and Gynecology Residency Applicants [ID 2683390]. *Obstetrics & Gynecology*. 2024;143(5S). https://journals.lww.com/greenjournal/fulltext/2024/05001/effect_of_dobbs_v__jackson_women_s_health_on.11.aspx

doctors, and health professionals leaving restricted states. Thank you for having me today. I look forward to your questions.