Testimony of Jamila Perritt, MD, MPH, FACOG
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Subcommittee on the Constitution
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Good morning Chairman Blumenthal, Ranking Member Cruz, and distinguished members of the subcommittee. I am here today on behalf of the patients for whom I provide care. My name is Dr. Jamila Perritt. I am a board-certified, fellowship-trained, obstetrician and gynecologist. I have a comprehensive background in family planning and reproductive health, and I am the President and CEO of Physicians for Reproductive Health (PRH), a network of doctors across the country working to improve access to comprehensive reproductive health care. I am also a fellow of the American College of Obstetricians and Gynecologists (ACOG) and chair their Committee on Health Care for Underserved Women. I am here today to talk with you about the people my colleagues and I take care of every day – people who are working to care for themselves and their communities. Whether our patients are ready to build or create their family, already parenting, or focused on their education or career, all of them share something in common – they are making thoughtful, sometimes difficult, decisions about their health and well-being and they all deserve high quality health care, including abortion care, regardless of who they are, their income, and regardless of where they live.

The Women's Health Protection Act (WHPA), is a critical step to eliminating existing disparities in access to abortion. Abortion has been legal in the United States for nearly fifty years, but legality has never meant that abortion is accessible. Today, in large parts of our country, abortion is already out of reach for many people. Lack of insurance coverage for this essential care, a shortage of abortion providers, and hundreds of medically unjustified state restrictions have made this care nearly impossible to obtain in many places. As a physician, I

find it unconscionable that politicians and pundits paint abortion as a hopelessly divisive issue when in fact it is a deeply personal decision rooted in autonomy, dignity, self-determination, health, and well-being. When ideology takes the place of medical care and science my patients suffer. When states block access to abortion, those restrictions, like waiting periods, arbitrary limits, senseless clinic regulations, prohibitions on telehealth, among many others, fall most heavily on those who already face the most barriers to health care. Black people, Indigenous people, communities of color, immigrants, young people, LBGTQ+ people, as well as those living in geographically isolated areas bear the brunt of these ideological battles at the expense of their dignity and at the expense of their health.

I want to be very clear. Abortion is health care. Abortion should not be singled out for exclusion or have additional administrative or financial burdens placed upon it. ACOG, along with other medical societies, identifies abortion as an essential health care service that requires timely access to care. ACOG also explicitly recommends the repeal of legislation that imposes barriers to access and interferes with the patient-provider relationship, including abortion bans, mandatory waiting periods, biased counseling, medically unnecessary ultrasounds, and unjustified facility and staffing requirements.[1] These are the types of provisions that WHPA would help protect against and we desperately need these protections—our patients need these protections.

Abortion is extremely safe and none of the arbitrary barriers I just mentioned make it any safer. In fact, in 2018, the National Academies of Sciences, Engineering and Medicine (NASEM) published a comprehensive study affirming the safety record of abortion and pointed

[1] American College of Obstetricians and Gynecologists Committee Opinion 815, "Increasing Access to Abortion." December 2020. Available at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/increasing-access-to-abortion.

out that the biggest threat to patient safety is the litany of medically unnecessary regulations that raise costs and delay procedures, ultimately putting patients' health at risk. They confirmed what we already know: abortion is safe, and restrictions—like the ones WHPA would help stop—make it less safe.[2] As a health care provider, it is abhorrent to me that the laws restricting abortion are passed under the pretense of making abortion safe when they actually do the opposite.

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.[3] Research shows that states with higher numbers of abortion restrictions are the same states with poorer maternal health outcomes.[4] We also know that while most people will have healthy pregnancies, some will experience illnesses or conditions where pregnancy can cause serious problems. When abortion is difficult or impossible to access, complicated health conditions can worsen and even result in death. It is disingenuous for politicians to claim that they care about our nation's ongoing maternal health crisis and in the same breath attempt to limit access to abortion care through unnecessary regulation and restriction. These issues are one and the same.

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[2] National Academies of Sciences, Engineering, and Medicine. The safety and quality of abortion care in the United States. Washington DC; National Academies Press; 2018. Available at https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states.

[3]The Harms of Denying a Woman a Wanted Abortion. Advancing New Standards in Reproductive Health. University of California at San Francisco. Available at https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf

[4] Evaluating Priorities. Measuring Women's and Children's Health and Well-being Against Abortion Restrictions in the States. Center for Reproductive Rights and Ibis Reproductive Health 2017. Available at https://www.reproductiverights.org/sites/default/files/documents/USPA-Ibis-Evaluating-Priorities-v2.pdf.

The communities that face the most barriers to accessing abortion care are the same communities that are unable to access high quality, community grounded, culturally responsive prenatal care. Federal legislation is urgently needed to improve both health outcomes for patients having abortions and those giving birth. These are the patients I care for—often the same people at different points in their lives.

It is undeniable: we have a two-tiered system for reproductive health care in the United States and it is getting worse. The stakes are as high as they have ever been. We are only beginning to emerge from an ongoing pandemic that has disproportionately harmed communities of color and we continue to reckon with racial injustice and the systemic killing of Black people by police. These measures to restrict and criminalize abortion are yet another form of the reproductive oppression that people of color have been subject to for centuries. It is critical we place this moment and the risk to reproductive health care within this larger context. As we fight to address inequities and injustice at all levels, we must understand that for Black people, Indigenous people, communities of color, immigrants, young people, people with low incomes, and LGBTQ+ people, losing the fragile protections of *Roe v. Wade* would be devastating. To be clear *Roe* is not enough; the types of laws I described earlier have been enacted even as that case stands. But the undermining of *Roe*, without a law like WHPA to provide a backstop, would mean the enactment of laws criminalizing me, my colleagues, the care we provide, and my patients.

I went to medical school, trained more than 14 years to become a doctor to take care of my community. We deserve more than this. This is not how medical care should be treated. This is not justice. Reproductive justice, as articulated in 1994 by twelve Black women means that every person has the human right to personal bodily autonomy; to have children; to not have

children; and to parent the children we have in safe and sustainable communities.[5] As a doctor and a Black woman, the principles of reproductive justice resonate to my core. When I think about the care that is needed and deserved in my community, the community that I grew up in here in Washington, DC, access to abortion is an essential component for living healthy, dignified, and free lives. When the government limits a person's ability to decide whether or not to obtain an abortion, they are demonstrating a deep disrespect for people's autonomy and making clear they do not trust people to make decisions that are best for themselves and their families.

The time for this subcommittee to act is now. This year, state legislatures, galvanized by the new composition of the Supreme Court, have relentlessly attacked abortion, ignoring the very clear voices of the medical community and the public. Fifteen states have enacted over eighty restrictions including ten abortion bans. In Texas, a new law would allow anyone, regardless of whether they have any relationship with a patient, to sue an abortion provider as well as anyone who helps that patient get abortion care, such as by providing financial help or transportation. And Texas is not alone; other states such as Alabama, Arkansas, Mississippi, Missouri, and Louisiana, have bans that could go into effect immediately should *Roe* be overturned. I know that providers and the patients we care for are resilient. The need for abortion does not stop just because a ban on this essential care is put in place. Rather, it only serves to force people seeking care to travel sometimes at great cost to themselves and others or risk prosecution. Both outcomes that are entirely unacceptable.

[5] Reproductive Justice. SisterSong Women of Color Reproductive Justice Collective. Available at https://www.sistersong.net/reproductive-justice.

My patients are whole, complicated, intersectional individuals and so are the lives they lead. They deserve support. They deserve dignity. They deserve autonomy and agency. These are medical decisions. My job as their doctor is to support their decisions—no one should be controlling their health and their futures except them. Laws like the ones WHPA would protect against are not about health care or safety; they are about control. Politics has no place in the health care I provide. This continued polarization of abortion has created a political framework for care that has no medical meaning or justification. But it exacerbates and perpetuates an unjust history of racial, ethnic, and income inequality. I urge members of this subcommittee to take this important step and support the Women's Health Protection Act before access to abortion care deteriorates further. The lives of my patients and my colleagues' patients, as well as our communities, depend on it. Thank you.