

Open Letter to the Louisiana State Legislature

In March 2020, the United States Supreme Court will hear oral arguments in the case of *June Medical Services, LLC v. Russo*, which considers an admitting privileges law passed by the Louisiana legislature that is identical to the Texas admitting privileges law struck down by the Supreme Court in *Whole Woman's Health v. Hellerstedt* (2016). The law would require Louisiana abortion providers to have admitting privileges at nearby hospitals, promptly closing every clinic in the state except one should the Supreme Court allow the law to stand.

The proposed law would require abortion-seeking patients to travel outside of their communities to seek the legal and necessary health care they need, want, and deserve. Before Texas passed HB2 in the similar case, there were 42 clinics providing abortion care in Texas. By the time the Supreme Court decided to take up *Whole Woman's Health*, 19 clinics remained for 5.4 million women of reproductive age in the state. Since Missouri passed its own TRAP law (Targeted Regulation of Abortion Providers) and left the state with only one remaining abortion provider in 2008, Hope Clinic for Women in Granite City, Illinois has seen 58 percent of patients travel from Missouri, while another five percent travel from other surrounding states, including Louisiana, to navigate similar state restrictions. As clinics close, the constitutional right to abortion has become more expensive with more barriers as the people who already face inequities experience adverse effects on their physical health, life aspirations, and economic well-being by not being able to get a wanted abortion¹.

We, as abortion providers who had abortions ourselves, know that when people can't access basic reproductive health care in the place that they call home, communities as a whole suffer. Patients give birth without any other options and people who have the support and fortitude to travel hundreds or thousands of miles from their home are systematically traumatized as their state and elected officials fail them in their time of need. We provide abortion care because we believe that everyone deserves support and dignity in their lives, and we have needed that exact support and dignity ourselves. We know that people who have abortions are the

¹ NBER Working Paper No. 26662: <https://www.nber.org/papers/w26662>

people around us who we love, they are parents, people of faith, people we work with, people in our families. As we look toward *June Medical Services, LLC v. Russo*, Louisiana, its legislature, and anti-abortion politicians must recognize that the right to abortion is not enough. We call on you to stop enacting laws that do nothing for patients' health and safety, and instead harm Louisiana patients, their families, their communities, and the state as a whole.

Signed:

Alison Drieth, Hope Clinic for Women, IL

Angela Marchin, MI

Ashia George, Scotsdale Women's Center, MI

Cali Baublitz, Hope Clinic for Women, IL

Chris Creatura, Weill Cornell Medical College, NY

Emily Young, Family Medicine Physician, VA

Greta Cawley, OH

Joey Banks, Blue Mountain Clinic & Planned Parenthood, MT

Katie Quinonez, Women's Health Center of West Virginia, WV

Katy Leopard, Choices Memphis Center for Reproductive Health, TN

Kristel Dang, Planned Parenthood Los Angeles, CA

Lael Greenstein, MA

Leah Coplon, Maine Family Planning, ME

Linda Prine, Reproductive Health Access Project, NY

Mary Bowman, Chicago Women's Health Center, IL

Mindy Ahlers, Hope Clinic for Women, IL

Paige Alexandria, Austin Women's Health Center, TX

Pratima Gupta, CA

Renee Chelian, Northland Family Planning, MI

Sara Imershein, Washington, DC

Ying Zhang, WA

Testimonies

Alison Drieth, Hope Clinic for Women, IL

I got pregnant on my one-year wedding anniversary in 2016. I was on birth control. I was married. I worked in reproductive rights. I *never* thought I would be one of the people that I served. Because I was *in* this work and living in Missouri at the time, I knew what the state laws were. I was so angry that I was going to have to go through the stigma and the shame that the Missouri legislature had imposed on

all of these patients before me - from TRAP laws, to 72-hour waiting periods, to state medically inaccurate mandated consent... I had the personal number of an abortion provider in Illinois in my cell so I called her, made the appointment, got a medication abortion, and drove myself home. I didn't even have to pay for it because the clinic knew me so well. It was a very privileged abortion. Everyone deserves the kind of care I received.

If Louisiana legislators look around their caucus, they'll see that someone that they consider a friend or a colleague has had an abortion whether they know that publicly or not. I think it is their duty, their oath of office, to protect the health and safety of everyone in their state. When they continue to legislate on lies, they put the livelihood and the health of their people at risk.

Angela Marchin, MI

I was raised in a conservative Catholic family in the Midwest. When I was in middle school, my older sister had a baby at age 17. After my adopted friend told me she was against abortion, I had mixed feelings about it until I was in medical school. Before the Affordable Care Act, I had been paying \$60-70 a month for birth control pills from the time I was 17 until I was 22. So I had racked up thousands of dollars in co-pays and decided to try natural family planning to save money, which ultimately failed. As I stared at my positive pregnancy test, knowing *I* felt comfortable getting an abortion, but dreading the judgment of *others*, I realized this doesn't just happen to people who are irresponsible, despite what the stigmatizing media or religion wants you to believe. Accidents happen. Being an abortion provider and someone who had an abortion myself, I can understand the sometimes conflicting emotions people have about an unplanned pregnancy. Like I did, a lot of my patients know abortion is the right decision for them, but feel the same internalized stigma that I felt, either because of their families, friends, or religion. Women don't need additional political stigma to complicate an already difficult decision. I experienced a mandated 24-hour waiting period, but luckily did not have to travel to another city or walk through a line of protesters at the clinic I went to. At the majority of the clinics where I provide abortion, my patients have to face misleading and offensive signs and verbal harassment from protesters questioning their ability to make their own health care decisions, sometimes after hours of traveling through multiple states to get the care they need.

I choose to travel to another state to provide abortion care on a regular basis because I understand the many obstacles people face when seeking abortion care.

If I were required to have admitting privileges at a local hospital, it would be difficult either because I wouldn't be able to meet the minimum numbers of procedures or admissions they require to maintain those privileges since I don't primarily work in that state, or they may see that I provide abortions and choose not to approve my request for privileges because they are anti-abortion. Politicians know this is a way to limit access to abortion and are masquerading these laws as attempts to keep women safe. Not having admitting privileges doesn't mean my patients are unsafe. Abortion complications that require transfer to a hospital are extremely rare, but if they happen, emergency care is always available and I can freely communicate with the doctors who will take over her care. Abortion care is very safe and should remain accessible to patients everywhere.

Ashia George, Scotsdale Women's Center, MI

With my mom's side being Roman Catholic and me going to Catholic elementary school, I was brought up to be what they call "pro-life." I was raised to believe that abortion is immoral - I didn't really have any real life experience with it. As I got older, I got pregnant at 19 and my birth with my son nearly killed us both. We were both in critical condition at different points, and I had to get an emergency C-section. I was on birth control after that, but ended up getting pregnant again. I was scared of going through that process again, especially already having a child who was just almost turning one at the time. So I literally had my first abortion on my 21st birthday - it changed my life, because I realized how every situation with abortion is unique. When the light bulb went off for me of how important it is to have abortion access, that's when I knew I wanted to be involved with abortion care.

I work for an older doctor who has helped over 4,000 babies come into this world and has also done many abortions. He got into this field because when he used to work at a hospital before *Roe*, women would show up dying, or they would die from attempting abortions on themselves or from getting care from a place that was unsafe. We can't go back to that level of harm for people who can get pregnant. This proposed law attacks the safety and dignity of pregnant Louisianans.

Cali Baublitz, Hope Clinic for Women, IL

I was 17 when I went to the gynecologist to get birth control, and found out that I was pregnant. I started crying on the table. She let me go into her office and use her phone where I called my boyfriend - we both knew that having an abortion is what we were going to do. I looked up and found Hope Clinic in the phone book, made an appointment, had the procedure, and didn't tell my parents. About 20

years later, I found out I was pregnant again and returned to Hope for that abortion. Everyone was so nice and I didn't feel judged at all. I remember being in the waiting room thinking, "Wow, it would be so fun to work here." So I actually started going to medical assisting school and did my internship at Hope. Then a position opened up in 2011 and I've been here since.

Abortion gives people their lives back. When lawmakers restrict abortion access and care, it's not going to stop abortion. It's going to stop *safe* abortion. When I was young, I would have done whatever I had to do to not be pregnant.

Chris Creatura, Weill - Cornell Medical College, NY

My personal abortion was ordinary, but my understanding that all people benefit from abortion access is exceptional, because I know the truth. After completing my education - a direct consequence of my access to abortion - I learned that I descended from several generations of abortion beneficiaries. My mother had a legal abortion provided by the US military in 1968, and my grandmother had a clandestine, illegal abortion during the depression. Both had to endure more difficult circumstances than I did, but all of our family prospered because of their care. I have been privileged to care for thousands of pregnant women over several decades. Most women feel that having an abortion is one of the most impactful decisions that they make in their lives - that they can't fulfill their calling if their bodies can be hijacked. You cannot say you believe in the equality of all people, but then not support the rights of people who risk pregnancy when they have sex to control their reproduction.

There's no scientific basis for the restrictions that legislators have introduced regarding abortion care. We need a deliberating body that actually *includes* people who have medical expertise and the honest knowledge of their life experience if we are going to regulate the bodily autonomy of pregnant people. We must allow physicians to take care of their patients, and allow humans to make decisions about their health care without legislative interference. Motherhood is not a lifestyle option, nor a temporary inconvenience, but an irreversible physical undertaking that has permanent sequelae. Providing abortion is a source of democracy, restricting it demonstrates willful ignorance. My hope is that every judge, every lawmaker, looks into their own family history to discover the truth about how access to abortion care has allowed them to achieve their life goals and prevented tragic outcomes for their loved ones.

Emily Young, Planned Parenthood South Atlantic, VA

I was a 22-year old Ivy League grad and had just started teaching in an intense urban environment. Three weekends into the school year, one of my ninth graders was killed by another student from my first period. I was reeling; I lost track of how long my NuvaRing had been in. I was so deep in grief that I don't even remember being with my boyfriend. At some hazy point later I took a pregnancy test, and it came back positive. My boyfriend freaked; I did, too. My life had been on an urgent path to do social good for not just one child, but thousands, as I was working toward medical school. I felt derailed, stopped in my tracks. Terminating the pregnancy at Planned Parenthood gave me inexplicable relief - it let me continue what I was made to do in life, with gratitude. My abortion experience defined who I wanted to be as a physician: to empower others to live the lives they wanted without derailment by undesired pregnancy.

As an abortion provider, I have learned that what people need from legislation is not isolated to the right to choose whether or not they continue a pregnancy. We also need the right to be able to continue a pregnancy or terminate it, or reproductive justice. We need to be free to decide when, where, with whom, with what career, what health care, with how much paid time off, what child care, and with how much money we can continue a pregnancy. So many of my patients cannot have a child for any multitude of the above factors. They feel their pregnancy options are not options at all because of their lack of money, support, environment, safety, or relationship. Forcing a pregnancy when life situations do not support it can cause harm, and this is the potential consequence if the law in question proceeds. Instead, I urge us to make laws that give citizens the socio-economic support and ability to build the loving, healthy families they might desire, on their own terms.

Greta Cawley, OH

I can't imagine my life, my career, without my abortion. I became pregnant for the second time six weeks after my now four year old daughter was born. I live in Ohio, where safe and legal abortion access is often being challenged. Luckily, the largest provider in Ohio is in my community and I was able to call and make an appointment quickly and easily. I was a waitress on maternity leave of sorts and in a relationship where I was basically a single parent. It was clear the moment I took that pregnancy test that I was not going to continue the second pregnancy. I was still wrapping my head around all of the intense, often joyful, but sometimes scary emotions of being a new mother. My daughter was too important. I had made a commitment to giving her the best life that I could and I knew I had to stick to it. That meant abortion, but what was abortion, I wondered at that time? It was

mysterious, clouded in stigma, expensive, and kind of a whirlwind with the legally mandated 24-hour waiting period.

Ultimately, my abortion was a beautiful turning point in my life that gave me confidence in my voice. The care that I received at my clinic was comprehensive and compassionate. The whole time that I was at the clinic I admired my caretakers for the thorough and diligent work they did. I always knew they truly cared about my physical and emotional well-being. Today, I work as a Patient Advocate at the same clinic where I had my abortion. It became a goal after my care to take what I had experienced and provide it for others. As a patient, I am honored to be an abortion care provider.

To legislators - closing clinics, as this proposed law promises to do, hurts the people in your own life. Statistically speaking, you know someone who has had an abortion. Don't let them become another impersonal statistic of a person who couldn't receive the care they needed. Give them compassion, give them safety. Keep clinics open.

Joey Banks, Blue Mountain Clinic & Planned Parenthood, MT

My husband and I chose to start a family while I was in my third year of family medicine residency. We decided to proceed with an abortion when we found out at 21 weeks that the pregnancy had medical complications that would require three heart surgeries or a heart transplant if the pregnancy continued to remain viable through the next 20 weeks. I would have to suspend my residency training in order to move to a new state for medical care for the pregnancy. Even if the pregnancy could be delivered full term, there was still only a small chance that it would survive the first week of medical care. The stigma around our decision involved battles with medical insurance coverage and ethics committees. It was tremendously difficult for my husband and me to seek any options advice in the hospital itself. The idea that the doctor providing my abortion would need admitting privileges to a nearby hospital is ironic, since the hospital would not allow my procedure at their facility anyway.

Since I provide abortions and miscarriage care to my family medicine patients, I understand that every barrier we place on a family or individual patient can be detrimental to the health choices they are making for themselves. I also know that evidence clearly shows the safety of out-patient procedures and no evidence has shown that admitting privileges help improve safety outcomes for patients.

Katie Quinonez, Women's Health Center of West Virginia, WV

I've had two abortions in my life. The first one was when I was 17 and it was a really negative experience. The staff was cold and rude. I was still really thankful to have been able to access that care because I couldn't imagine myself ever becoming a parent, particularly at the age of 17. I received my second abortion when I was 22 at the Women's Health Center of West Virginia. Remembering my first abortion, I was really amazed with how kind and just utterly amazing the staff was. I'm the Executive Director of the Women's Health Center of West Virginia, and I wanted to work here because of the amazing experience that I had here all those years ago. After having my second abortion, I finally realized there's no point in feeling stigma or the shame. Coming into this work, I've been very loud and proud about it. Abortion *is* health care.

It's now one in four women/people will have an abortion in their lifetime. That most likely means someone that you love has had an abortion. Lawmakers supporting these TRAP laws that are coming out of their state legislature are directly hurting someone they love.

Katy Leopard, Choices Memphis Center for Reproductive Health, TN

It was the summer before my senior year of college. I just didn't think I was going to get pregnant, and I'm sure nobody ever does. I called my mom and told her I was pregnant. I remember telling her that I was totally fine and not conflicted. I knew what I wanted to do. I did not want to have a baby. The clinic wasn't super nice, but my mom was there. She drove me, she took me home. My parents were very supportive.

I went to grad school and then right out of grad school, I worked in consulting. I didn't want to be a consultant anymore, and I knew I didn't want to work in the business world. I didn't want to work for a corporation. I started working for Choices on some of their grants, then I moved to setting up a development department to help raise money. I wasn't necessarily looking to get into abortion care, but I certainly wasn't opposed to it.

I'm white, cisgender, wealthy, and well-known in the community. It's very important for me to talk about it, and to say *yes, I had an abortion in college and I'm glad I did that*. It was really important. It was my decision and you don't have to think you would do the same thing, but it's very important that I was allowed to make that choice for myself.

The Supreme court said it's legal, but when you live in the middle of Mississippi or somewhere in North Mississippi and can't get off work and have kids already and can't afford a hotel in Memphis because of the forced 48-hour waiting period - *that's* not a choice.

Kristel Dang, Planned Parenthood Los Angeles, CA

My sex education from my mother at age 13 consisted of a “Christian” book on relationships and abstinence that I barely skimmed and an offer from her to answer any questions if I had them. I remember feeling like I didn’t know what I didn’t know. My middle school teachers did their best to handle “the talk” for girls, but again, it was very “open format” - for people who really didn’t know what to ask. At 17, I knew there were birth control pills, but I didn’t know how to get them. So I ended up pregnant. The moment I knew for sure, there was no doubt. I did not want this for myself. I had plans - and they did not include parenting at that age. I was applying to colleges, and would be the first in my immediate family to go. At the time, I had a three-year-old little brother that I was helping to raise. I knew abortion existed but I had no idea where to go to get one or if I even could because I was under 18. So I started by opening the yellow pages. I called a private practice and made an appointment. I used the money I was supposed to spend on back-to-school clothes and some from my part-time job for my half of the procedure, and my boyfriend paid for his half. No one told me my state Medicaid program would have paid for it. I was scared but determined. I didn’t like the “sedation” drugs. I remember feeling out of control and crying a lot - just not being able to keep myself together. I slept the rest of the day at my boyfriend’s house until it was time to go pick up my dad from work and commute the 90 miles back home. And I’ve never regretted my decision. I was able to finish high school. I got into all seven colleges I applied to. I studied Women’s Studies and Physiology. I even went on to an Ivy League graduate nursing school. Every person should have what I had - the ability to decide what will or won’t happen to their body, and a nurse to help when it’s needed most.

I want Louisiana lawmakers to consider the impact these laws will have on someone seeking an abortion who cannot find one and to understand that requiring admitting privileges will not make abortion care safer. This admitting privileges law is dangerous because it only makes safe abortions harder to access.

Lael Greenstein, MA

Abortion care was not offered where I did my medical residency in Pennsylvania. Being in a place that did not offer that training and realizing how much of an

impediment that was to my patients made me decide to pursue it on my own. I spent my elective time doing high volume abortion training and then, after residency, did a reproductive health fellowship where I trained in abortion, miscarriage, and contraception care. Now I provide both surgical and medication abortions in my own practice and work at an independent clinic on the side.

My husband and I had some difficulties trying to get pregnant, so ended up pursuing in vitro fertilization. On the first round of IVF I became pregnant, but we found out at 12 weeks that there was a fetal anomaly. We were devastated because we had been trying to conceive for a while, but we were also very certain about what we needed to do. We decided to terminate the pregnancy, and throughout every step of the abortion, I had fantastic care. I attribute that in part - again - to being in a state and urban area where attitudes towards abortion are primarily positive, as I have rarely worried about telling most people what I do. After reflecting on how lucky I was to be able to choose from multiple places to have my abortion, and considering how that wasn't the case for most people, I felt even more committed to my work after my abortion.

Forcing individuals to wait on a decision that they make about their health and their life based on arbitrary and invalid facts is not ethical. Patients know their decision, and there is no utility to making someone wait or travel long distances - all it does is prolong the sense that you don't have control over your own life. I don't currently have hospital privileges, I have done hundreds of abortions and have never sent anyone to the hospital. There is no medical reason for this law at all, and it only serves to make it harder for women to access their own rights.

Leah Coplon, Maine Family Planning, ME

I was lucky. The first thing my sister said when I told her I was pregnant was, "I will support you whatever decision you make." It was my decision to have an abortion. There was so much I wanted to do: I wanted to go to school to become a nurse, I knew I wanted to work in the field of reproductive health, I also wanted a partner and family someday. In those first moments of facing an unintended pregnancy, I had the guidance of someone who truly recognized and validated my full range of options and offered unconditional support, who embodied the reproductive justice values I strive to uphold in our provision of abortion care at our clinic today.

I rarely think about having had an abortion despite running an abortion clinic. It was decades ago and there have been joys and sorrows since then that have been

much more profound in my life. However, I do recognize how fortunate I was to have meaningful access to abortion care. I had financial and emotional support from my two sisters, access to quality health care at an abortion clinic, transportation, money for ibuprofen and pads, and a break from the responsibilities of life for a day or so. Day after day, I talk to and see patients without access to any or all of these things. To the support to make a choice when and whether to parent. To the money, not just for the procedure but for everything that comes along with it. To not be shamed or shunned. To be supported and cared for and able to move on in their lives unimpeded by the act of having sex without a condom or forgetting to take a pill.

The people of Louisiana deserve the same rights to safe, legal, accessible health care that I received and that my patients here in Maine have access to. I have never shared my abortion story publicly; my parents, my children, and many friends and co-workers do not know about it, even though I move in settings supportive of abortion and work directly with those dismantling myths and shame around reproductive health care. I want legislators to imagine the number of constituents, friends, family members, the people they sit next to in church, pass in the grocery store, the people they have a mandate to serve who have a similar story to mine but feel even less comfortable telling how the abortion they had affected who they are today. Their constituents deserve the same access to health care that I was lucky enough to have. Everyone does.

Linda Prine, Reproductive Health Access Project, NY

I had an abortion in 1970. Abortion was still illegal in Wisconsin. I was 18, and scared. I went to a doctor who advertised “pregnancy diagnoses” in the college newspaper, who confirmed I was pregnant and handed me a paper with the name “Marilyn” and a phone number on it. I called, and “Marilyn” told me to meet her in a few days on a specific street corner, saying she’d be wearing a red hat. When we met, Marilyn handed me a list of psychiatrists. She explained that to get a legal abortion, I needed two letters from psychiatrists saying I was suicidal, and then an appointment with a specific doctor at the University Hospital. At the required appointments, one was very kind and gave me the note after a quick conversation, without charging me anything. The other was mean. Before giving me the letter, he asked intrusive questions until I cried, leaving me feeling like I should have been suicidal. I was scared out of my wits every step of the way.

Years later, when I became a physician, I decided that abortion care needed to be part of my practice, and I found training in my family medicine residency. I had

my children when I was ready to be a mother, after I had finished college and medical school. I teach in a residency program, training young doctors to also provide full spectrum care. We treat abortion like any other form of health care: something between me and my patients, with the same respect and privacy as all of their health care. I have been doing out-patient abortions for 22 years and have never needed to send a patient to the hospital. Admitting privileges laws would prevent caring doctors like me from providing abortion services, including the pill abortion. This makes *no medical sense*.

Mary Bowman, IL

I had an abortion in 2008, in my last semester of my bachelor's degree. I was traveling and I ran out of birth control pills. When I came back and before I picked up my birth control, I got pregnant. I was 22, and there was no question in my mind about what to do. I didn't have to take more than a couple of seconds to realize that I wanted to have an abortion. Seeing a flicker of cardiac activity on an ultrasound wouldn't change my mind. Having people tell me misinformation and unscientific information about fetal and embryonic development wouldn't change my mind. I knew my life, I knew my body, and I knew what I wanted and that's all I needed to know in order to make my decision.

I was inspired to become an abortion provider after my own abortion experience. I decided that ultimately I would be of more use to my community if I became a nurse. It wasn't until a year later, when I'd already applied to nursing school that Dr. George Tiller was assassinated - that inspired me to become more involved in abortion rights activism.

In Louisiana, it is clear to me that restrictive TRAP laws are not related to women and trans people's experiences or keeping people safe or making sure health care is protecting families.

This is about controlling people's bodies, specifically women and trans people's bodies. If they cared about safety and health, then they would make them more accessible. They would make them free, and available on demand.

Mindy Ahlers, Hope Clinic for Women, IL

I came to clinic work through being a patient when I was 18 years old. I come from a very strict Catholic background and never saw myself having an abortion. But when I found myself pregnant with someone who was a little older than me, we decided it was the right choice. The women who met with me at the clinic were so

kind throughout the process. So when I had the opportunity to work there years later, I took it. Now at 48 years old, it's the best job I've ever had. I love the people I work with, and I love what we do. We give people that opportunity to hit the reset button.

I handle the phone scheduling with patients. I get so many calls from states away, and the first thing these patients ask is, "How many days is it going to take?" They're navigating mandatory ultrasounds and waiting periods in neighboring states, so they expect it to look the same here in Illinois. The relief in their voice when I tell them we don't have restrictions here is striking. If this proposed law passes in Louisiana, people will encounter far worse waiting and travel times than the patients I work with. Sometimes people will have to choose to endure a pregnancy they don't want because the barriers are too strong. And that's terrible. It's just terrible.

Paige Alexandria, Austin Women's Health Center, TX

I had an abortion in early 2016 while HB2 was still in effect in Texas. The legislation created extreme barriers for me and others like me, and Louisiana is considering an identical bill. Texas lost more than half of its clinics following the passage of HB2, and even though it was overturned three years later, not all clinics have reopened, and the impacts remain. It took me almost three weeks to have my abortion after finding out I was pregnant, because people in rural areas that experienced closures as a result were forced to travel to my city if they needed an abortion. HB2 affected the availability of every clinic at the time.

Without my abortion, I wouldn't be an abortion provider today. The care I received at the clinic where I now work left lasting effects on me - during a time where my right to bodily autonomy felt under attack, I was met with kindness and understanding from everyone at the clinic. It inspired me to provide the same care I was given, much like extreme attempts to restrict abortion access inspire me to keep fighting every day. As an abortion provider, I speak with people who still travel long distances to get to their nearest clinic - some of them have slept in their car instead of making the drive multiple times. Some are using assistance from practical support organizations which help with transportation-related needs when seeking abortion, because they don't have the privilege of having their own transportation. Worse, some are forced to continue pregnancies they aren't ready for, because our right to an abortion means nothing if we can't access it.

The legislation in Louisiana would have the same detrimental effects that I see in Texas as an abortion provider, and the effects that I personally experienced. I'm calling on lawmakers to vote against bills that directly hinder a pregnant person's ability to access the health care they need - that includes abortion. The Supreme Court struck down HB2 as unconstitutional, and must do the same for Louisiana.

Pratima Gupta, CA

Early on in my OBGYN residency, I met a woman who was doing a Fellowship in Family Planning that involved higher level abortion training. She became a mentor to me and changed the course of my life. My partner and I hemmed and hawed about getting pregnant, wanting to pursue our careers, finishing research projects, travel... it never felt like a good time. But when I completed my fellowship, we thought it was a less bad time. We got pregnant pretty quickly and told our families. Then during a routine ultrasound, we were diagnosed with a lethal fetal anomaly. We decided to terminate. I had been an abortion provider for more than ten years at that point, and it was so interesting to become a patient. Everything from scheduling the appointment, to finding a ride home, to finding somebody to cover for my patients which meant that I had to tell everyone at work that I was pregnant, to experiencing firsthand the physical impact of the procedure on the body - *all* of that helped me to empathize with my patients more. I'd like lawmakers to have that same empathy. No woman gets an abortion on a whim. I can guarantee that every one has thought deep and hard about that decision and has come as close as they can to peace. We have a case study and data now of the impacts of creating unnecessary barriers to access. We saw that in Texas the amount of women who were attempting to self induce their portions increased when they didn't have access to a trained provider. Their safety was compromised - it's not a hypothetical anymore. Legislators should have the safety of all people as their priority.

Renee Chelian, Northland Family Planning, Michigan

I was 15 when I became pregnant by my 16-year-old boyfriend in 1966. Our parents were arranging for us to get married. That meant I had to drop out of high school in the 10th grade. My parents asked me if I wanted to have an abortion. They explained that I would not be pregnant any longer and would be able to finish school or get married. I felt like God had given me a second chance at my life. They also explained that it was illegal, and had to be a secret. I did not know how terrified they were. My dad took me because my mother was six months pregnant and he was frightened for me, and did not want my mother in danger. Because I had this experience prior to *Roe*, my abortion was illegal, dangerous, and

humiliating. I do not want any other woman to go through what I suffered through. Since my start working in abortion care and helping to ensure that women got safe abortions and were treated with the dignity and respect they deserved, I knew this would be my life's work. I want Louisiana lawmakers to understand that women will risk their health, safety, and lives to end an unwanted pregnancy. We do not need doctors to have admitting privileges at local hospitals, which are already set up to care for people in emergencies.

Sara Imershein, Falls Church Healthcare Center, VA

I remember a Wednesday evening in February 1978. I was in my second year of medical school in Atlanta. Over-the-counter pregnancy tests were not yet available, but I knew. I called a clinic Thursday and made an appointment for Friday. I remember counseling and consent but no sonogram. My girlfriend drove me to the clinic and picked me up. And that was it. I never had a regret or second thought. I vaguely remember the night and the man involved. I did not expect to have sex. I mentioned I was not on birth control pills; I did not have my diaphragm but I guess I didn't protest "enough." I don't remember much, I was not sober. Years later I learned the expression "date rape" and recognized myself.

The second time I was married with my two planned children, three and five years old. I was working as a full time OBGYN on call every two to three nights and weekends. I realized my cycle was late and ultimately that I was pregnant. I told my husband and he said he'd support whatever decision I made. I said I could not imagine a third child. I called my best friend from my OBGYN residency in New York City. I had terminated a pregnancy for her about five years earlier and was on a train the next morning to NYC. She did the procedure in her office in about three minutes. Three months later I got my "tubes tied." Both times I had a problem, I recognized my problem and received immediate and excellent care. Nobody determines what I do with my body and my life - except me. I have tremendous gratitude for safe and accessible abortion care.

For more than 40 years I've provided abortion care. For over 30 I was a generalist with hospital privileges. Having hospital privileges solely as an abortion provider would not improve patient care. All abortion emergencies requiring admission can be managed by any ER that can manage a miscarriage or complications of IUD placement. If an ER can handle appendicitis, they have the tools to handle any problem. Since abortion complications are so rare, providers would have inadequate in-patient volumes to maintain privileges. It's women's health that legislators deem require regulations - not to protect us, but to control us.

Ying Zhang, WA

I was born in China and came to the US when I was two. Growing up in the Southeast and going to medical school in Eastern North Carolina, I learned during my rotations that abortion care and access were very limited for populations and communities that lived in the Eastern part of the states. Our specific training hospital did not provide elective abortions, so women would have to drive at least an hour and a half away from the city if they wanted to get an abortion. As a medical student, I felt like that was completely unfair to people who needed this care, so I elected to find residency training programs that included abortion care. It was actually in my third year of residency when I got pregnant unexpectedly. It was in the thick of in-patient rotations, being a busy resident, and applying for a fellowship while my husband was changing the direction of his job. It was not the right timing. So we decided we were going to get an abortion. It was a very seamless process for me compared with people living in places where there are TRAP laws and other barriers to access, so I was fortunate.

I ask for Louisiana lawmakers to consider that someone they know has had an abortion. These laws are putting people's lives and livelihoods at risk. I ask for the state to consider the increased health care costs that this proposed law could create, both for people who decided to carry to term a child that they weren't originally planning for, and for the medical results of trying to access abortion through unsafe means.