

Testimony of Dr. Serina Floyd

Good Morning Senator Murray, Leader Schumer, Senators Stabenow, Klobuchar, Baldwin, Warren, Cortez Masto, and other distinguished members of the Democratic Caucus. My name is Dr. Serina Floyd, and I use she/her pronouns. I am a board-certified OB-GYN, a fellow with Physicians for Reproductive Health, and the current Chief Medical Officer at Planned Parenthood of Metropolitan Washington, DC. I have been providing comprehensive reproductive health care for over 20 years and I am proud to be an abortion provider serving this community here in Washington D.C.

I am here today to make clear that abortion is essential health care. I can say without hesitation that I have saved people's lives by providing abortion care. It is a critical part of my work as an OB-GYN, work that has become increasingly challenging to do in this country. We are approaching two years since the *Dobbs* decision overturned fifty years of precedent and removed the constitutional protections around abortion care, and the devastating consequences are being felt every day for countless individuals, families, communities, and providers across the US.

WeCount is a study being conducted by the Society of Family Planning which analyzes the shifts in volume of patients seeking abortion since the *Dobbs* decision took effect. This study has observed overwhelming spikes of people accessing care in places with fewer restrictions on abortion care. These spikes are likely the result of tireless efforts by providers, health centers, abortion funds, and advocates to meet the demand of those needing to travel for abortions. WeCount tells us the numbers, but what it does not share are the stories behind the numbers, the significant mental, emotional, financial and social burdens of those traveling for care. Just last week I cared for a patient with one of those stories, a woman I'll call Nina, forced to travel to Washington DC from North Carolina for her abortion. Nina was traveling by bus and after missing her first bus, caught the next one but arrived in DC too late for her appointment. She was rescheduled for the following day and then was asked where she would be staying overnight. Nina's response was that she had just researched on her phone several homeless shelters in the area and had located one 15 minutes away that she was going to try. Nina had no money, not for a hotel, not even for food. All she had was her bus ticket home. Her story is just one of the many I could tell, each and every one disturbing and heartbreaking.

Guttmacher data revealed last month that 1 in 5 patients now travel out of state for abortion, but what about the people for whom abortion bans or increased restrictions have proven impossible to navigate? The most recent WeCount analysis shows that in states with abortions bans, abortion care provided within those medical systems has virtually disappeared, forcing thousands of people to remain pregnant. We know both from research and from reality what it means when someone is denied the abortion they need, know of the mental, emotional, physical and economic impacts of those denials. Evidence shows that women denied abortion care are more likely to experience serious medical conditions during the end of pregnancy; more likely to remain in violent relationships; and are more likely to experience economic hardship and financial insecurity. Systemic racism and economic injustice translate into

enormous failures of the US health care and economic systems to meet the needs of minoritized and marginalized individuals. This has resulted in a disproportionate shouldering of the burden of restrictive laws and abortion bans on people of color, those with low incomes, young people, LGBTQ+ persons, rural communities, migrants and immigrants, those with disabilities, and those experiencing incarceration. The impacts on these communities are, and always have been, the greatest.

This constantly changing legal landscape is untenable, and the threats continue to build. Providers around the country are navigating the fallout not just for their patients but also for themselves and their teams. In access areas we are grappling with increased demand, high patient loads, long hours, and at times more complicated care. My colleagues in banned states are coping with the blatant disregard and disrespect of their patients' bodily agency, but also with the loss of the ability to practice the medicine they love, and that in many cases contributes to their very identity. The effects aren't felt only by abortion providers. Practitioners of various medical disciplines – OB/GYN, emergency medicine, primary care - are being forced to question whether they can provide care in line with their medical judgment and expertise. They are being made to ignore medical guidelines and are being forced to delay lifesaving medical care, in direct opposition to the oaths to which we are sworn. Providers and their teams are attempting to make sense of confusing and ambiguous laws, while managing the fear and anxiety of possible criminalization, just for doing their jobs. These frustrations are not only negatively impacting those in practice but are also creating ramifications for future workforce capacity. Whether a provider contemplating leaving their current practice due to legal constraints, or a resident re-considering where they will accept a job after completing training, or a student thinking hard about whether or not to practice medicine at all, the results of the Dobbs decision are directly influencing clinician availability in a country that already has dire provider shortages.

I know abortion is necessary, compassionate, essential health care, and that my patients are capable of making complex, thoughtful decisions about their health and lives. I am unwavering in my commitment to support them as they do so.

I urge you to listen to the stories of people who provide and access abortion care. I hope these stories help you understand that abortion care is not an isolated political issue, but rather an issue of basic humanity.

Thank you for having me today. I look forward to your questions.