EXAMINING THE HARM TO PATIENTS FROM ABORTION RESTRICTIONS AND THE THREAT OF A NATIONAL ABORTION BAN

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EXAMINING THE HARM TO PATIENTS FROM ABORTION RESTRICTIONS AND THE THREAT OF A NATIONAL ABORTION BAN

Thursday, September 29, 2022

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND REFORM,
Washington, D.C.

The committee met, pursuant to notice, at 10:08 a.m., in room 2154, Rayburn House Office Building, and via Zoom; Hon. Carolyn B. Maloney [chairwoman of the committee] presiding.

Present: Representatives Maloney, Norton, Lynch, Connolly, Krishnamoorthi, Raskin, Khanna, Ocasio-Cortez, Tlaib, Porter, Brown, Wasserman Schultz, Welch, Sarbanes, Kelly, DeSaulnier, Schrier, Jordan, Foxx, Hice, Grothman, Cloud, Higgins, Norman, Sessions, Keller, Biggs, Clyde, LaTurner, and Flood.

Also present: Representative Schrier.

Chairwoman MALONEY. The meeting will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

Let me begin by taking a moment to acknowledge the ongoing devastation caused by Hurricane Ian. My thoughts are with the people of Florida and the surrounding communities being affected by this terrible storm. I hope that everyone impacted will stay safe and quickly receive the resources they need. I am grateful to all the first responders, the local, state, and Federal officials who are working around the clock to respond to this natural disaster. The President is very engaged, and we are all hopeful.

Today's hearing is the fourth I have held to examine the decade's-long effort by Republican politicians to bulldoze abortion rights straight into the ground. Since the Supreme Court's decision in Dobbs *v.* Jackson, Republican-led states have pushed to impose draconian abortion bans that take away freedom and the right of women to make choices about their healthcare, including their own reproductive healthcare, and with more bans taking effect almost every single week.

Just last Friday, a judge reinstated an abortion ban in Arizona that was originally passed in 1901.

Let that sink in. A law banning abortion for more than a century ago, before women won the right to vote, is now back in effect.

Republicans are turning back the clock on women's rights, back to a time when women were not viewed as equal citizens, and when they had no control over their own bodies.

More than 33 million women of reproductive age live in states hostile to abortion. In most of these states, abortion is now severely restricted or outright banned. This means that roughly half of the women in America live in states that rob them of their fundamental freedom to make decisions about their bodies.

This stands in stark contrast to other countries and the world community, like Ireland, Argentina, New Zealand, and Mexico, all of which are expanding women's rights to an abortion.

Today, we will hear directly from a patient and doctors who will share their firsthand accounts of accessing abortion care, the barriers being erected in their states, and the harms caused by taking away this fundamental right.

We will hear that abortion bans prevent doctors from exercising their professional judgment about what their patients need out of fear of being charged with a crime. Some doctors have reported having to wait until their patients are close to death before they can provide emergency care.

For example, one woman in Texas who suffered a miscarriage, was forced to carry fetal remains for two weeks because doctors denied her care due to Texas' abortion ban. Another Texas woman had to prove that an infection was killing her before doctors would agree she was in enough danger to terminate her lethal pregnancy.

This is horrifying, and Republicans are not done yet, because it turns out Republicans aren't satisfied with states banning abortion; they want to ban abortion nationwide.

Earlier this month, Senator Lindsey Graham introduced a bill to ban abortion anywhere in the United States after 15 weeks and imprison doctors and nurses who provide abortion care. In the House, nearly 100 Republicans, including the ranking member and many of the Republicans on this committee, have cosponsored this extreme bill. And a new memo released by the committee today reveals that, during just this Congress alone, congressional Republicans have introduced more than 50 separate measures to ban or restrict abortions.

So, you see where their priorities are, right here with these 50 different bills. You know, some of them put doctors in prison. Some of them ban travel from state to state if you're seeking abortion. Some are just outright bans, but there are 50 different measures to restrict abortion.

Republicans are showing us the America that they envision. It is a place that limits women's freedom and imposes government control over our bodies and our choices. It is an America where a politician can force a woman to give birth against her will, regardless of the consequences for her health, for the woman, and for her family.

This chilling Republican vision is not what the American people want. The majority of the people in the United States support a woman's right to choose. They support abortion rights. That support has only grown stronger since the extremist, dangerous Supreme Court decision in Dobbs.

While Republicans are pushing to criminalize abortions nationwide, Democrats—the Democrats are fighting to protect the freedom of every person to make their own medical decisions without

interference from the state, and to protect the patient's and doctor's personal relationship.

That's why Democrats passed the Women's Health Protection Act, which would establish a Federal right to abortion, and the Ensuring Access to Abortion Act, which would safeguard a patient's right to travel across state lines to obtain abortion care. Unfortunately, Republicans overwhelmingly oppose both bills.

Democrats in Congress stand with the American people. We stand with women who want the autonomy to make their own healthcare decisions about their bodies. Abortion is necessary healthcare, and it must be accessible to all. We will not stand by while that freedom is stripped away from us.

I want to thank each and every one of our witnesses for sharing their stories and for their bravery in coming before the committee today. They are doing a tremendous service to their communities and to the Nation.

I now yield to Representative Hice, who is representing Ranking Member Comer for this hearing, for his opening statement.

Mr. HICE. Thank you very much, Madam Chair.

I thank each of our witnesses for being here this morning, and I would like to begin by echoing the Chairwoman's thoughts and concerns for those in harm's way in Florida and South Carolina and elsewhere with the hurricane. Truly, when one state in this country suffers, we all suffer with them. Our prayers, our concern, and our aid certainly are with those who have been affected.

Fifty years ago, in Roe *v.* Wade, the Supreme Court tragically strayed from the text of the Constitution and took away from the American people the power to decide the question of abortion for themselves. This constitutionally illiterate decision resulted in the death of over 63 million unborn Americans.

As Justice Byron White wrote in his dissent, quote, "This issue, for the most part, should be left with the people and to the political processes the people have devised to govern their affairs," end quote.

This summer, the Supreme Court heeded the wisdom of Justice White and returned that moral decision to the American people and to the democratic process through the Dobbs decision.

I would underscore the word "moral decision." This is a moral, spiritual, and religious issue for countless millions of Americans who hold to a Biblical world view on life. Those who hold that life is precious, that it is created by God—and I certainly count myself among that number of millions of Americans. In fact, the Bible mentioned multiple instances where individuals were known in the womb before they were born, people like Jacob and Esau; Samson; Isaiah; Jeremiah; King David; the apostle, Paul; John the Baptist. All the Scripture references were known in the womb before they were born.

For us or companies to have policies, laws, or requirements to force people to violate their deeply held religious convictions is just wrong, whether it be forcing them to use their tax dollars to pay for abortions, or whether it be forcing individuals in the medical industry to assist in abortions when it goes against their religious beliefs or be fired if they don't do so. It's wrong for us to go down that path.

But, putting that aside, this hearing today, rather than engage honestly on the merits of politics and law and science, Democrats are fear-mongering and spreading misinformation. In fact, The New York Times published a piece encouraging Democrats to, quote, "lean into the politics of fear," end quote.

Instead of following the science, Democrats are trying to ignore it or spin it for political purposes. If we are following the science, then modern medical advances make it clear that unborn babies are just that, precious human lives that we must protect.

The 4D ultrasound provides the means to understand more about unborn babies than at any other point in history, and here's just a few examples: Within the first four weeks of pregnancy, the baby develops a heartbeat, despite, by the way, claims of my home state's gubernatorial candidate, Stacey Abrams. This is not merely a manufactured sound. It's an ultrasound. Referring to an unborn baby's heartbeat as mere cardiac activity does not change the fact. It's another attempt to simply deny what we are talking about, and that is a human life.

As early as 12 weeks, a baby can feel pain, which is exactly why anesthesia is administered to a baby during fetal surgery. In fact, the only cases that anesthesia is not administered is during an abortion.

By 15 weeks, all of a baby's major organs are formed, and the circulatory system is pumping approximately 26 quarts of blood per day.

Babies that are born as early as 22 weeks and receive hospital treatment survive at rates at nearly 60 percent.

Just recently, scientists recorded evidence that unborn babies respond with facial reactions to flavor of foods eaten by their mothers. It's fascinating.

Over the past several decades, scientific advancements have provided us with amazing insights into the development of a human baby in its mother's womb. Unfortunately Democrats outright deny the science and spin false narratives to avoid one unmistakable fact: Unborn babies are human beings, and they deserve the right to life.

Thankfully, the American people do not support the Democrats' radical legislation, like H.R. 8296, the Abortion on Demand Until Birth Act. Every Democrat on this committee voted for legislation that would allow abortion up to the moment of birth. This is a radical position. It is so extreme that it puts the Democrats on par with authoritarian dictatorships like North Korea and China. Even France prohibits abortions after week 14.

Polling conducted after the Dobbs decision found that 72 percent of Americans, including 75 percent of women, oppose abortion after 15 weeks of pregnancy. That's why Republicans are fighting for the will of the American people.

Let's call this hearing today what it really is. It's nothing other than a desperate political ploy. It's a ploy to distract the American people, No. 1, from issues they're facing, like skyrocketing inflation, skyrocketing crime, the border crisis, students' learning loss from school closures, the fentanyl crisis, and we can go on.

This hearing today is a ploy to distract from that, but it is also an attempt to continue fear-mongering against policies for life and

to distract what this issue of abortion versus life is really all about, yet Democrats continue to distract from the reality that they have created that the American people across this country are suffering from.

Fortunately, this political ploy, I believe, will join a long list of Democrat failures. It's time today in this hearing, however, to stop denying science. Unborn children are human beings, and they deserve the right to live.

With that, Madam Speaker, I yield back. Thank you.

Chairwoman MALONEY. The gentleman yields back.

Now we will introduce our witnesses.

First, we will hear from Kelsey Leigh. Then we will hear from Dr. Nisha Verma, a fellow at Physicians for Reproductive Health. Then we will hear from Dr. Wubbenhorst. Then we will hear from Dr. Kumar, medical director for primary and trans care at Planned Parenthood Gulf Coast. Finally, we will hear from Jocelyn Frye, president of the National Partnership for Women & Families.

The witnesses will be unmuted so that we may swear you in.

Will you please raise your right hand.

Do you swear or affirm that you're about to give the truth, the whole truth, and nothing but the truth so help you God?

Let the record reflect that they answered in the affirmative.

Thank you, and, without objection, your written statements will be made part of the permanent record of Congress.

With that, Ms. Leigh, you are now recognized for your testimony.

STATEMENT OF KELSEY LEIGH, PITTSBURGH, PA

Ms. LEIGH. Thank you, Chairwoman Maloney and members of the committee, for inviting me to speak to you today.

My name is Kelsey Leigh, and I came from Pittsburgh to tell you about the abortion that I had 22 weeks into a very wanted pregnancy.

I had baby names on a short list. I had a Pinterest board full of ideas on how my two children, my three-year-old and my future baby, could share a room in our cozy century-old house.

At every appointment, it seemed my pregnancy was healthy and progressing. But when I saw him on ultrasound for the first time at 20 weeks, six days into my pregnancy, what I saw was not compatible with life, life as I define it—healthy, quality, free of suffering.

He wasn't moving. His limbs and neck were deformed. His umbilical cord had a structural anomaly. If my pregnancy continued, he likely wouldn't have had the ability to swallow. He may not have been able to breathe, and his bones would have broken during delivery, no matter the method.

So I did what I knew was right for my son, myself, and my family. I chose to end my pregnancy. I could not and would not carry my son for four more months to give birth to him knowing his life would be filled with pain and suffering.

Pennsylvania's law allows abortions until 23 weeks, six days into pregnancy, so I was able to access comprehensive, compassionate abortion care within the legal window at a hospital just 10 minutes from my home.

Just six weeks later, while I was still grieving and healing, I stood before a bank of cameras and pled with the Pennsylvania Legislature not to pass a bill that would ban abortion at 20 weeks, a bill that would have banned my abortion and stripped me of my privacy in my most vulnerable moments.

We stopped that legislation in its tracks. A year later, when the bill came up again, I went from office to office in Harrisburg, asking lawmakers to support people like me. Enough lawmakers listened and understood the gravity of their responsibility that we stopped that bill from becoming a law.

Pennsylvania's abortion laws are far from perfect. The state puts patients in a 24-hour timeout after trying to shame them out of getting an abortion with biased information. Among the demeaning questions I was subjected to was an offer to mail me a week-by-week fetal development guide. You can imagine how difficult that was for me to hear.

But, because lawmakers listened to their constituents, in this new reality the Supreme Court created, Pennsylvania is a beacon for patients in other states. I now work at Allegheny Reproductive Health Center, where we are proud to provide abortion care. I schedule appointments and find patients the resources they need to travel to Pittsburgh and pay for their care.

Two-thirds of the calls I field in a given day are from patients who live in other states because the abortion bans going into effect across this country cannot and will not stop anyone from needing an abortion.

No one calling owes me a justification for why they need their care. No one has to convince me or anyone else at our clinic of their worthiness of an abortion. They are each a human being, and they each have the right to control their own body. Never—not once—in my years of advocating for abortion access, have I talked to someone who deserved their abortion less than I did.

The people you each represent do not want abortion to be illegal. Your constituents are mothers like me, are young people with dreams and plans, and we're all citizens who should be allowed to make our own decisions about our health, our bodies, and our futures.

So, in this moment where you, as lawmakers, have been given the green light to take away our power of our most personal decisions, I want to close by asking you this question: Who are you going to be? Will you sit in judgment of people who are pregnant without knowing them or their circumstances, or will you listen to me, to us, and be the compassion that our country so desperately needs right now?

Thank you.

Chairwoman MALONEY. Thank you very much.

Dr. Verma, you are now recognized for your testimony, and you are now recognized.

STATEMENT OF NISHA VERMA, M.D., MPH, FACOG, FELLOW, PHYSICIANS FOR REPRODUCTIVE HEALTH

Dr. VERMA. Thank you.

Good morning, Chairwoman Maloney, Ranking Member Comer, and distinguished members of the committee.

My name is Dr. Nisha Verma, and I use she/her pronouns. I'm a board-certified, fellowship-trained obstetrician and gynecologist who provides full-spectrum reproductive healthcare. I'm a fellow with Physicians for Reproductive Health, a network of physicians across the country working to improve access to comprehensive reproductive healthcare.

I am also a proud southerner. I was born and raised in North Carolina. I currently provide care in Georgia, and I have lived in the southeast for most of my life.

Growing up, I saw firsthand the devastating impacts of restrictions on contraception and abortion care in the lives of real people, my friends, family, and people in my community. They are the reason I'm here before you today.

I became a doctor and OB/GYN because of my drive to take care of people without judgment throughout the course of their lives, regardless of their healthcare needs. For me, that commitment includes talking people through their first pap smears, delivering their babies, and supporting them as they decide to continue or to end a pregnancy.

Whether I'm caring for someone who is ready to build a family, already parenting, or focused on their education or career, all my patients have something in common: They are making thoughtful decisions about their health and well-being and deserve high-quality care, including abortion care, regardless of who they are or where they live.

The Supreme Court's decision to overturn the constitutional right to abortion care has wreaked havoc across this country as states, including Georgia, have enacted severe abortion bans and restrictions.

Right now, I am terrified for my communities in Georgia, where most abortions have been banned very early in pregnancy, at approximately six weeks. This is before some people know they are pregnant, and long before many of my patients receive diagnoses of dangerous medical decisions or fetal anomalies that complicate their pregnancies and endanger their health.

Because of a law that is not based in medicine or science, I am forced to turn away patients that I know how to care for. Imagine looking someone in the eye and saying, I have all the skills and the tools to help you, but our state's politicians have told me I can't. Imagine having to tell someone, you are sick, but not sick enough to receive care in our state based on their law's very narrow exceptions.

As a doctor in Georgia, I am being forced to grapple with these impossible situations more and more, situations where the laws of my state directly violate the medical expertise I gained through years of training and the oath I took to provide the best care to my patients.

I have also practiced in Massachusetts and Delaware and have seen how dramatically the care I am able to provide and that the people I care for are able to receive varies based on the laws of the state. In these states, when I don't have to deal with medically unnecessary restrictions on abortion access, I can focus on doing what I'm trained to do—providing safe, compassionate, evidence-based care.

I understand that abortion care can be a complicated issue for many people, just like so many aspects of healthcare and life can be. But I'm here today to tell you that abortion is necessary, compassionate, essential healthcare. It should not be singled out for exclusion or have additional administrative or financial burdens placed upon it.

Bans and restrictions on abortion care have far-reaching consequences, both deepening existing inequities and worsening health outcomes. When abortion is difficult or impossible to access, complicated health conditions can worsen, and even result in death. We have already seen that abortion bans impact access to other types of essential healthcare, like miscarriage management, harming the overall health and well-being of people across the country.

The reality is, as a provider of comprehensive reproductive healthcare, I know people are capable of making complex, thoughtful decisions about their health and lives. It is indefensible that any politician would try to prevent them from doing so.

Despite the Supreme Court's decision and efforts by politicians to create an unjust patchwork of abortion bans and restrictions, I am unwavering in my commitment to support people in my home and community in the South in whatever way I can. It shouldn't have to be this way. People should be able to get care in their own communities in a manner that is best for them, with people they trust.

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 and to see how profoundly restrictions on abortion access harm all of our communities.

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

Chairwoman MALONEY. Thank you.

Dr. Wubbenhorst, you are now recognized.

STATEMENT OF MONIQUE CHIREAU WUBBENHORST, (MINORITY WITNESS)

Dr. WUBBENHORST. Thank you.

Chair Maloney, Ranking Member Comer, and members of the committee, thank you for the opportunity to testify at this hearing, and good morning.

My name is Dr. Monique Chireau Wubbenhorst, and I am a board-certified obstetrician-gynecologist. I have over 30 years' experience in patient care, teaching research, health policy, and global health. In my clinical career, I focused on providing obstetric and gynecologic care for underserved and disadvantaged populations in both domestic and international settings, and for those with—for women with limited access to care in such places as rural North Carolina, inner-city Boston, Native-American reservations, as well as in India, Nepal, the Philippines, and other countries.

I'd like to discuss abortion's harms to women and their children. The Dobbs decision, which returns the decisionmaking on abortion legislation to the states and Federal elected officials, presents an opportunity to mitigate abortion's many harms to women in communities and to urban born human beings.

Abortion not only poses risks to the mother; it is always lethal to an unborn child. It is my opinion that abortion is not healthcare. Abortion is defined by CDC as an intervention that is intended to terminate a suspected intrauterine pregnancy and does not result in a live birth. The goal of any abortion is, therefore, to kill the embryo or fetus, which is a human being.

There are, of course, different types of healthcare, and it's my opinion that abortion either prevents, treats, or palliates any disease. It has, instead, as its goal, the death of a human being. It is, therefore, not healthcare for the mother or her fetus.

Research confirms this because the majority of OB/GYNs do not do abortions. In 1985, 40 percent of OB/GYNs surveyed performed abortions, in a study by Orr, et al. In a 2018 survey, only seven percent of private practice OB/GYNs performed abortions. In another survey in 2019, 23 percent of OB/GYNs performed abortions, but only 30—but 30 to 40 percent performed fewer than eight abortions per year.

I'd like to now talk about the fact that clinicians caring for pregnant women have two patients, the mother and her unborn child, because the fetus is, indeed, a patient, and advancements in technology have enabled us to recognize that.

Many fetal conditions can prevent—be prevented or treated in utero. Open fetal surgery, as we heard earlier, can be performed as early as 15 weeks gestation. Science also shows that an unborn child is able to feel pain much earlier than previously thought. In addition to that, anesthesia is routinely provided at 15 weeks in order to ameliorate the pain from these procedures.

I would also like to discuss briefly the epidemiology of abortion, because we know that the abortion statistic collection is extremely flawed. In 2019, in fact, reporting to—the CDC's abortion surveillance report stated that because reporting to CDC is voluntary and reporting requirements vary, CDC is unable to report the total number of abortions performed in the United States. This probably is not just limited to number of abortions, but also to abortion complications.

For many years, there has been an assertion that abortion is safer than childbirth, and this has been used to defend the right to abortion. Because of the incompleteness of data, it is not possible to make this assertion with any certainty. Indeed, there are some studies that suggest that abortion-related mortality is equal to, or almost equal to maternal mortality when abortion is conducted at later gestational ages.

I'd like to briefly mention that the fetal heartbeat is an important measure and a useful measure of fetal health. In my experience, physicians use ultrasound to detect it, and the fetal heart develops over the course of gestation with the heartbeat being able to be detected sometimes as early as six weeks, but often later.

But the point that I would like to make is that the heartbeat is there whether we detect it or not. We are simply observing it, and observing the heartbeat is an important part of assessing fetal health. Studies show that the presence of a heartbeat at 10 weeks is associated with a greater than 90 percent likelihood that that pregnancy will carry to term.

I'd like to close by briefly discussing racial disparities. Since Roe *v.* Wade, an estimated 17 million unborn African-Americans have been aborted in the United States. That's more than the populations of the countries of Senegal and Cambodia. Those abortions mean not only the deaths of the 17 million Black people who are aborted, but all of their families and descendants. In addition, there are substantial racial disparities in abortion and its complications. Black women undergo 38 percent of abortions, even though we comprise only 12 to 14 percent of the total population, and these statistics are likely underestimates.

More than one-third of second trimester abortions are performed in Black women. And it—it seems to me to be difficult to reconcile the fact that Black women have the highest rates of maternal mortality and the highest rates of abortion at the same time. Both cannot be true.

Thank you very much.

Chairwoman MALONEY. Thank you.

Dr. Kumar, you're now recognized for five minutes.

STATEMENT OF BHAVIK KUMAR, M.D., MPH, MEDICAL DIRECTOR FOR PRIMARY AND TRANS CARE, PLANNED PARENTHOOD GULF COAST

Dr. KUMAR. Thank you. Chairwoman Maloney, Representative Comer, thank you for the opportunity to——

Mr. HICE. You need your microphone.

Chairwoman MALONEY. Microphone. Your microphone.

Dr. KUMAR. Thank you.

Chairwoman Maloney, Representative Comer, thank you for the opportunity to appear before the committee today.

My name is Dr. Bhavik Kumar, and I use he/him pronouns. I grew up in Corsicana, Texas, where my family moved when I was 10. I know what it's like to be undocumented, a person of color, gay, and governed by White supremacist laws that burden our families and communities.

I decided to become a doctor because I believe that everyone deserves quality healthcare. As I've provided abortion care in Texas for over seven years, I've witnessed the steady erosion of our rights and freedoms at the hands of anti-abortion politicians.

On September 1, 2021, S.B. 8 banned abortion in Texas at about six weeks, before many people even know they're pregnant. Less than a year later, the Supreme Court overturned Roe *v.* Wade, allowing states like Texas to completely outlaw abortion.

At this moment, America is effectively two countries—one where people can control their own bodies, and another where politicians have decided for them. I've met, sat with, and cared for thousands of people who know it's not the right time for them to be pregnant. Unlike the people who pass abortion bans or uphold them in court, I actually have to face those who are harmed. I have to look my patients in their eyes, listen to them beg for help, and tell them I'm not legally allowed to take care of them.

These are real people with real lives and real stories. It's an honor and a privilege to hear them. As lawmakers, it's your obligation to reckon with the devastating consequences of abortion bans

for my patients and your constituents. It's your duty to hear their stories, too.

Before Roe was overturned, when we were still providing abortion care under S.B. 8, I saw a patient who was afraid her abusive partner would find out she was pregnant. She was sure she'd made it to the clinic in time to get an abortion. She hadn't. She barely made it to the clinic that day without her partner finding out. Going out of state was unthinkable. She sobbed so loudly; people could hear her in the waiting room. Her fate was sealed. She was sentenced by the state to carry that pregnancy to term, tethered to her abusive partner to likely endure more abuse.

These stories are endless—rape, incest, young girls still learning about their bodies, mothers struggling multiple jobs and kids, college students with their whole lives ahead of them, trans folks who thought they couldn't get pregnant, people with wanted pregnancies where something went gravely wrong, people extremely sick from pregnancy who came in clutching IV polls, and on and on and on.

Over and over again, we are forced to violate our conscience and our training to turn away patients who need us. There is nothing more inhumane, cruel, or unethical than having to deny people the essential healthcare they seek in their time of need.

Now, as providers in Texas, our scope of practice is limited by the law. Texas has three overlapping abortion bans that carry severe punishments for providers like me, including life in prison, unless it's a medical emergency, something the law fails to adequately define because it was written by politicians and not doctors.

Doctors have to wait to intervene. People have already been denied the care they need, even for early pregnancy laws, commonly known as miscarriage, because they weren't sick enough yet not bleeding enough yet not miscarrying enough yet, all this in a state with extremely high maternal mortality rates, especially for Black women, who were already three times more likely to die during childbirth.

Abortion bans are inherently racist, inherently classist, and fundamentally part of the White supremacy agenda.

We don't have to imagine a world where people face the deadly consequences of being denied essential medical care. It's here, and we should be ashamed. But it doesn't have to be this way. You are all in a position to act. Please be creative, be bold, and do something. Act like people's lives depend on you, because they do.

I will never stop fighting for my patients, for their right to control their own bodies without political interference, and for my ability to provide them with the best medical care I can. I will show up for them with the dignity and respect that they deserve and that their government has denied them.

I welcome your questions. Thank you.

Chairwoman MALONEY. Thank you.

Now we will hear from Ms. Frye. You are recognized for your testimony.

STATEMENT OF JOCELYN FRYE, PRESIDENT, NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES

Ms. FRYE. Thank you, Chairwoman Maloney and Ranking Member Comer in his absence, and Congressman Grothman, and all the members of the committee. I am grateful for the chance to be here with you today.

Before I start, I do want to say to you, Madam Chair, that I just want to express my appreciation to you on behalf of the Partnership. Your extraordinary legacy that you've built over the years is one that we have depended on. You have been a powerful voice for women's rights, and I'm sure you will continue to do so into the future.

The National Partnership is a policy and legal advocacy organization that strives to advance healthcare, civil rights, and economic justice for women and families in America. Our mission is to help ensure that women and people of all genders live in a society free of barriers and biases, in a society where we can all reach our full potential.

We believe that every person should be able to enjoy the fundamental human right to live with dignity and autonomy, to determine the course of their own destiny. This is particularly true for women. Women's progress has been inextricably linked with the freedom to control our own bodies, and to decide for ourselves when or if to start a family, which is one of life's most personal choices.

The decision to have a child shapes every aspect of someone's life, from their physical health and their family well-being, from their economic security to the trajectory of their future. Access to abortion has been pivotal for women, and for all those who give birth, to secure their own health and to take charge of their own lives.

The evidence is clear, and it is compelling. Research consistently proves restricting abortion access undermines the health, safety, and well-being of those who are pregnant. Women who give birth after being denied abortions are more likely to endure life-threatening complications during and after pregnancy. America has already the dubious distinction of one of the worst records on maternal health in the developed world.

A national abortion ban could increase our maternal mortality rate by as high as 24 percent. The dangers are especially acute for Black and indigenous women. Black women are three times more likely to die during pregnancy or childbirth than White women. Further restraints on comprehensive reproductive healthcare will only make this crisis worse.

Limiting reproductive freedom imposes economic hardships as well. Women who seek but are denied abortions are more likely to amass debt, fall into poverty, and suffer an eviction. Roe *v.* Wade was a landmark victory, because it established a firm constitutional foundation upon which women, and, indeed, all people could rely on. It made clear that the right to privacy afforded essential protections, which place critical health decisions in the hands of the people most affected, not in the hands of politicians or judges.

Dobbs *v.* Jackson eliminated this fundamental right which people have depended on for decades, creating chaos in too many communities. As of today, 26 states have enacted or are likely to enact

partial or complete bans on abortion. The National Partnership estimates that these bans would restrict the freedom of 36 million women of reproductive age. These women include 15 million women of color, nearly 13 million women who are economically insecure, and 3 million women with disabilities.

These bans inflict the greatest harm upon communities who already confront the steepest hurdles in accessing healthcare and economic opportunity. People with the lowest incomes and people of color, especially Black and indigenous people, often face the harshest health risks and are most likely to die from causes related to pregnancy.

To make matters worse, the states that have passed the strictest abortion laws are the same places where families have the hardest time securing affordable healthcare, childcare, and paid family leave. They are also the same places that have deployed other restrictive laws, such as those that make it harder to vote, further deepening the inequities confronting, in particular, Black, and Brown people. We must ensure that access to comprehensive, quality reproductive healthcare is available to every person. We must meet this moment with the urgency that it deserves.

A national abortion ban would make America's families poorer. It would set women back and deny them the freedom to control their own bodies, and it would put the lives of those who are pregnant at enormous risk.

The ability to access an abortion is a human right. It is fundamental to women's equality and the opportunity for women to participate fully in our society.

I appreciate the chance to speak with you today about the magnitude of the moment, and I look forward to answering your questions.

Chairwoman MALONEY. Thank you so much for your testimony. I thank all of the panelists for your bravery, for your testimony.

I now recognize myself for questions.

The fall of Roe *v.* Wade was the culmination of a decades-long effort by Republican politicians and, I would say, right-wing judges to take away the constitutional right to abortion that has been recognized for half a century in this country.

Earlier this month, Senator Lindsey Graham introduced a nationwide criminal ban on abortion, one that would imprison doctors and nurses who perform abortions.

Dr. Kumar, you have treated patients in Texas where the right to have an abortion was taken away from women for more than a year ago by a law called S.B. 8. From what you have seen on the ground, in Texas, what would a national abortion ban mean for patients who need abortion care throughout our country?

Dr. KUMAR. Thank you for your question.

I think a national ban would be very concerning. Like you said, it's been about a little bit over a year in Texas since we've had a ban close to six weeks, and that lasted for about 10 months until we had an outright ban. What we know throughout time is that people have always sought ways to end their pregnancies, and even with a ban in Texas, people continue to find or need abortion care, and we would continue to have people calling us, people coming to our clinic asking us for care.

Six weeks is certainly a very difficult time period to get into care. Most people don't even know that they're pregnant at that point. But what I find with all bans on abortion, whether it's at six weeks or 15 weeks, is that they're very arbitrary. When I'm looking at a patient and they say that they can't be pregnant, they're telling me exactly why they can't continue that pregnancy. They don't care whether they were 16 weeks or 15 weeks. They know that they can't be pregnant, they need care, and they'll go to whatever lengths that they can to get that care. That's what we saw. Many people left Texas to get the care that they needed.

Chairwoman MALONEY. Thank you.

Ms. Leigh, you made the personal choice to have an abortion under very heartbreaking circumstances, and you used your own judgment to decide what was best for you and your family.

What would you say to the Republican politicians here in Washington who think they know better about what is right for you and your family?

Ms. LEIGH. Thank you for the question.

I like to remind people that, as Americans, we all have the core value of self-determination, bodily autonomy, and to determine our futures for ourselves and our families. I like to ground people in that, because we all want that for ourselves.

I was privileged enough to have that, and that's what I want for anyone seeking an abortion in this country. I made the right choice that I could, just like you would want to do if it was yourself, a family member, or a loved one.

Chairwoman MALONEY. And how does it make you feel that politicians are inserting themselves into one of your most personal and painful decisions that you've ever made?

Ms. LEIGH. So the hardest day of my life was having my ultrasound with my son and finding out that what I thought was a healthy pregnancy was indeed not. The second hardest day of my life was finding out that the Pennsylvania Legislature was fast-tracking a 20-week ban without any public hearings or input from doctors to ban abortion at 20 weeks.

So I've lived that experience, where if that ban had been moving a few weeks earlier or my pregnancy had been timed differently, I would have been legislated about without ever being talked to, without a single abortion patient ever being asked, or, you know, physicians or leading scientific groups on these things. It's unthinkable. We don't do this on any other issue, and we need to stop doing it on abortion.

Abortion seekers are moral people. Abortion providers are my heroes. We are capable of making these decisions, and we do not want the government in our body and in our private decisions.

Chairwoman MALONEY. I want to thank you for your bravery and for coming before the committee today.

My Republican colleagues believe that politicians in Washington should have the power to force a woman in Kentucky, New York, Arizona, Pennsylvania, any state in our country, to give birth, even if the fetus is incompatible with life, as your fetus was.

They don't trust women to make the best decisions for themselves, for their families, for their healthcare, for their lives. Their end game is a nationwide abortion ban that will rip away freedoms

for millions of women and put our Nation's healthcare providers at risk of imprisonment, and they will stop at nothing to pass it.

We must not let them have their way.

I want to thank all of the witnesses for being here.

With that, I recognize the gentlelady from North Carolina, Ms. Foxx.

Representative Foxx, you're now recognized.

Ms. FOXX. Thank you, Madam Chairman, and thanks to our witnesses for being here.

Dr. Wubbenhorst, thank you for your service to our Nation as a practicing OB/GYN and working with USAID during the Trump administration. It's always great to have fellow North Carolinians here.

Democrats have the distinction of holding the truly extreme position on abortion today. Twice during the 117th Congress, nearly every single Democrat voted in favor of the so-called Women's Health Protection Act, which should be called the Abortion on Demand Until Birth Act. This bill reveals their agenda for the United States: Abortion on demand, until birth, in every state.

Dr. Wubbenhorst, in your understanding, would this bill even abolish laws that prevent aborting a baby just because of a Down syndrome diagnosis or because of the sex of the baby?

Dr. WUBBENHORST. Yes. Thank you, Congresswoman, Dr. Foxx. Yes, I believe that this bill would go very far toward abolishing any protective laws for disabled fetuses.

Ms. FOXX. But it would be protecting those babies that have Down syndrome or because of their sex, correct?

Dr. WUBBENHORST. The law would be?

Ms. FOXX. Yes.

Dr. WUBBENHORST. Yes.

Ms. FOXX. So this extreme bill, the extreme bill, that Women's Health Protection Act, would, in fact, place the United States back in the company of countries such as China and North Korea?

Dr. WUBBENHORST. That's correct.

Ms. FOXX. Right. And, again, it—the Women's Health Act would not protect babies from being aborted because of their sex?

Dr. WUBBENHORST. Yes. I think that that's an important point. If we look at the coercive abortion practices in many countries—in particular, China and—I would also add to that countries in sub-Saharan Africa where foreign aid has been tied to abortion, or to our promotion of abortion. I think that that's an important consideration, yes.

Ms. FOXX. Thank you for giving an example of other countries and what that—what company that puts us in.

A Harvard University poll from June 2022 showed that 90 percent of Americans believe that there should be some legal limits on abortion. Is that correct?

Dr. WUBBENHORST. Yes.

Ms. FOXX. Is it also correct that this poll showed that a majority of Democrats in this poll supported protections for the unborn after 15 weeks?

Dr. WUBBENHORST. Yes.

Ms. FOXX. I believe this constitutes a majority of all Americans. It seems to me that it is the Democrats who hold the extreme posi-

tions on abortion, and they hold the views contrary to the will of most Americans. And I find it really interesting that there are people who say this is an act of self-determination.

It is one thing to be determining what happens in your own body. It's another thing to be determining the life of a—of an unborn child that you are carrying. And I'm often reminded of the Merchants of Venice, where—in the Merchant of Venice, there was a deal made that, if a man could not pay his debt, he would give a pound of his flesh. And, in court, the defense lawyer said: You may have your pound of flesh, but you may not take a drop of blood.

And it seems to me that elective abortion should be compared to that, because you may be self-determining for your body, but what are you doing to the body—to the child in your own body?

Dr. Wubbenhorst, is there anything you've heard today you'd like to respond to or correct for the record?

Dr. WUBBENHORST. Well, I do think, as I said earlier, that abortion is not healthcare. I—it's also very important to point out that there are no data to support the assertion that increasing rates of abortion or, in fact, that abortion at all has any effect on maternal mortality. Again, you would have to reconcile the fact that African-American women have the highest rates of maternal mortality and the highest rates of abortion, and both of those cannot be true if it's the case that abortion has an effect on maternal mortality.

I would also like to add that the questions regarding miscarriage and care and ectopic pregnancy care have been frequently misrepresented in the media, and it's important to set the record straight. Miscarriage—treatment of a miscarriage is not an abortion. The treatment of an ectopic pregnancy is not an abortion.

Ms. FOXX. Thank you very much. I yield back.

Chairwoman MALONEY. Your time has expired.

We now recognize the gentleman from Massachusetts, Mr. Lynch. You are now recognized for five minutes.

Mr. LYNCH. Thank you, Madam Chair.

In face of the charges of radicalism, I just think it's important to remember that, since it was decided in 1973, Roe *v.* Wade had been cited in more than 4,500 cases as precedent for privacy and for other rights as well, including more than 140 Supreme Court cases, more than 2,600 Federal court cases, and nearly 2,000 state court cases.

And, for quite nearly 50 years, Roe and its progeny have stood as the law of the land, reflecting a delicately determined legal balance between the fundamental right of a woman to make a decision about her reproductive rights and health, free of unnecessary governmental interference and the legitimate interests of the state.

I think it's important to note as well that Roe also affirmed and solidified the broader individual right to privacy of every American as derived from the due process clause of the 14th Amendment. And, indeed, according to the court, this constitutional guarantee to personal privacy includes personal rights that can be deemed fundamental are implicit in the concept of ordered liberty.

Unfortunately, today, we have 15 states—15 states that ban abortion. And, in my mind, I cannot recall a moment in our country's history, other than prior to the Civil War, where people in this

country had to flee their home state to go to another state in order to have their rights recognized. I speak, of course, of slavery, when—when human beings had to flee their home state in order to have their rights as human beings and as people recognized in other states that would do so.

So, right now, we have a situation where women have to flee their state and go to another safe harbor in order to have their health needs addressed and their full rights as citizens recognized. That—that itself is telling. That itself is telling.

What's troubling as well here is that, here in Congress, congressional Republicans have introduced at least five bills that would ban abortion nationwide, and implement a nationwide limitation based on gestational age or abortion method. Congressional Republicans have also introduced at least four bills targeting a personal—a person's ability to travel to obtain an abortion. So that, in itself—that travel would also be made illegal.

Ms. Frye, you represent a national organization, and you have a national perspective on how this is all happening. Can you—can you shed some light on the situation that is happening from state to state and what impact this is happening—this is having on women who happen to be unfortunately living in jurisdictions where the state legislature has banned abortion and what they're dealing with?

Ms. FRYE. Well, thank you, Congressman, for the question.

I mean, I think the short answer is that it's been chaotic for people on the ground, and your point is well-taken that this is what happens when you eliminate a fundamental right that is rooted in the Constitution, and you decide that anything goes, and any state can do whatever they want.

It is unsettling and unnerving for people, and it is devastating to not have access to the—the protections of the Constitution that they rightly deserve, and that people have depended on for years. And what we are seeing across the country is as you described—people moving from state to state to try to get basic healthcare and being able to make the decisions that make sense for them.

And it's unacceptable. We can do better.

Mr. LYNCH. May I ask you: As an attorney, if the relationship between a woman and her doctor is not within that sphere of privacy, can you think of any other right that might be?

Ms. FRYE. Well, I think that that's the concern, is that, you know, clearly, that relationship should be within the right to privacy. But the court recognized the right to privacy before Roe. It related to contraception. It now relates to things like access to LGBTQ rights. It is extensive. The ability for people to be able to make personal choices and decisions about themselves is critical.

So this is devastating for folks.

Chairwoman MALONEY. The gentleman's time has expired.

Mr. LYNCH. Thank you, Madam Chair. My time has expired. I yield back. Thank you.

Chairwoman MALONEY. The gentleman yields back, and I grant Mr. Grothman additional time, too, as they went over just a little bit.

Mr. GROTHMAN. OK.

Chairwoman MALONEY. Thank you.

Mr. GROTHMAN. Dr. Wubbenhorst, thanks for coming here today, the belly of the beast.

So, first of all, just a general comment. I'm from Wisconsin. There was a law passed banning abortion in Wisconsin around 1849 and was in effect until Roe. I think the idea that there is a constitutional right to abortion is obviously shown not to be true for the fact that abortion was illegal in this country. I think, in 1973, there were only two or three states that were widespread proabortion states.

You know, you have to really stretch. We have an era in which judges go to law school and find ways to get around the Constitution, but obviously this was not a constitutional right.

Mr. GROTHMAN. Now when I look around the world, the United States, under a bill that was recently passed or recently passed the House of Representatives, would make abortion illegal or legal—I'm sorry—all the way until birth.

And when I look around the world at other more civilized countries, we see limits on that, you know: Sweden, 18 weeks. It seems the consensus is normally 12 weeks, 10 weeks, a variety of European countries.

I believe there are still many what used to be referred to as Third World countries in which abortion is still legal. And I've heard complaints from representatives of those countries that the heavy-handed United States of America is trying to throw around their weight and force them to change their laws against their will, kind of the ultimate of the ugly American.

Could you indicate—well, there are only two countries, I think, three countries, four countries, that have no restrictions: North Korea, which I think is usually referred to as the most repressive country in the world; Red China, of course, still which has not just disavowed the previous leaders they've had killing tens of millions of people who were not babies; and, sadly, under Justin Trudeau, Canada.

But why do you think these other countries would not think of allowing abortions past 10 or 12 weeks?

Dr. WUBBENHORST. Thank you, Mr. Grothman, for the opportunity to speak.

I think there are a couple of reasons. In most European countries there is a recognition that the risks of abortion increase dramatically from the first to the second trimester. And so they recognize that that there's a need to regulate abortion because it's inherently a much less safe procedure.

There's quite a bit of data on this. There's a specifically a study by Barrett and colleagues from 2004 that showed that the risks of death, not just complications, but the risk of death from abortion increase exponentially by 38 percent for every additional week of gestation. That's No. 1.

No. 2, in some countries that have slightly later, I'm thinking in particular of the Scandinavian countries, that have slightly later restrictions on abortions, one of their rationales is that they do not want to be allowing abortion anywhere near viability. And the reason for that is actually quite interesting. It's because the standard for viability is constantly being pushed back, currently around 21 weeks.

And so their thought is that, if a pregnancy is misstated or it takes some time to have an abortion, that they are going to be then up against that viability standard.

But, above and beyond that, I think it's simply a recognition that late second trimester abortion is wrong. And I do think that, again, if you look at elective abortion as wrong and I think if you do look at the history of abortion, regimes that permit abortion at later gestational ages, you see these human rights abuses. And I appreciate very much your notation about countries feeling strong-armed. This was a constant issue, especially in sub-Saharan Africa, especially some countries in Asia, because, in those countries, the culture is very much pro-life. They do not want abortion.

And so I do think that that's a very important point related to that.

Mr. GROTHMAN. Everybody should be ashamed of America that we use our great reputation to muscle countries in Africa and Latin America to become pro-abortion.

What percentage of OB/GYNs perform abortions, you think, about? I know they have a hard time sometimes finding doctors to do this in abortion clinics.

Dr. WUBBENHORST. No, I think there's very good data, and I alluded to some of it earlier. It's interesting that the percent of OB/GYNs willing to do abortions has declined dramatically from about 46 percent in the mid–1980's. Currently, among private practice OB/GYNs, it's about 7 percent, and about 20 to 23 percent for all practitioners.

Mr. GROTHMAN. Seven percent. Why did the other 93 percent not perform abortions?

Dr. WUBBENHORST. Because I think inherently people feel that abortion is morally wrong, and they won't perform it. They'll refer for it, but they won't perform it.

Mr. GROTHMAN. OK. As an obstetrician, you're taught that the mother and the fetus are two separate patients, correct?

Dr. WUBBENHORST. The patient within the patient is the fetus.

Chairwoman MALONEY. The gentleman's time has expired.

You may answer his question.

Mr. GROTHMAN. OK. Well, I'll just make one pitch here on the way out. I'll recommend people go to the website of the American Association of Pro-Life Obstetricians and Gynecologists. There's really good stuff on there. And if——

Chairwoman MALONEY. OK. The gentleman's time has expired.

Mr. GROTHMAN [continuing]. You want to know more about the topic, it's a good place to find it.

Chairwoman MALONEY. The gentleman from Virginia, Mr. Connolly, is recognized for five minutes.

Mr. CONNOLLY. Thank you, Madam Chairwoman.

One does not know where to begin. As we speak, women all over Iran are protesting against the suppression of their rights under the regime of the ayatollah. And here we are debating how much we should suppress women's rights. What an irony.

When we adopted the Bill of Rights, we didn't make a moral statement. Take the First Amendment. The fact that I believe in broad freedom of speech does not mean I approve of every form of speech. It's not a moral statement. It's a legal statement that rec-

ognizes a pluralistic society in which choices are complex, and it's not our role to judge and restrict the rights of the American people, including more than half of them, women.

It's complicated. It's not as simple as you would have us believe, Dr. Wubbenhorst. And for you to say as an OB/GYN this is not a healthcare issue is an astounding statement and would come as news to most OB/GYNs in this country, many of whom, as Dr. Kumar pointed out, in states that have banned abortion, are wrestling with the provision of healthcare, many of them not wanting any longer to serve in those states because they're at legal jeopardy, choosing between the healthcare they provide their patients and what they—what their lawyers are telling them is or is not legal.

And this is not theoretical. In South Carolina, a 19-year-old came to the emergency room after her water broke, after just 15 weeks of pregnancy. Once the hospital attorneys intervened, they informed the doctors they'd be legally at risk if they extracted the fetus, exposing this woman to a greater than 50-percent chance she'd lose her uterus and a 10-percent chance she'd develop sepsis and possibly die.

In Nebraska, a 34-year-old woman's water broke before the fetus developed lungs. Despite her and her husband's desire to end an unviable pregnancy, the doctor informed her that he had no choice but to deliver the fetus. Weeks later, the woman went into labor. Fifteen minutes after that delivery, both parents were in deep mourning.

I'd ask people to pay attention to a video from Ms. Weller of Texas, if you could play the video.

[Video shown.]

Mr. CONNOLLY. Thank you.

Dr. Verma, are these three examples I gave—and there are so many more—are they unusual? They're not really, you know, uncommon.

Dr. VERMA. Thank you for that question.

We are absolutely seeing these situations come up day after day. We're seeing people that are diagnosed with terrible medical conditions during their pregnancy that can't access the abortion care that they need. We are——

Mr. CONNOLLY. So I'm going—I'm going to interrupt you because my time's going to run out, and I want to ask you one more question.

But so it's not as simple as Dr. Wubbenhorst would have us believe, that it's simple termination of life, that's all it is.

Dr. VERMA. No, we're often running into these situations where we need to provide this care to protect the health and well-being of our patients, the pregnant person in front of us.

Mr. CONNOLLY. And let me just ask you, as an OB/GYN, in your view, is this a healthcare issue?

Dr. VERMA. Absolutely. And that is the overwhelming consensus of the medical community, including the American Board of OB/GYNs that certifies all of us OB/GYNs at this table and the American College of OB/GYNs. So this is the overwhelming consensus of the scientific medical community is that abortion is absolutely healthcare.

Mr. CONNOLLY. I thank you.

And I yield back, Madam Chairwoman.

Chairwoman MALONEY. I thank you.

The gentleman yields back.

The gentleman from Georgia, Mr. Hice, you're now recognized.

Mr. HICE. Thank you, Madam Chair.

You know, this hearing is about examining the harm to patients from abortion restrictions. And I would just contend that the primary patient in abortion is the baby, and the harm done to the baby is permanent; it is death.

Dr. Wubbenhorst, let me come to you. Pro-abortionists want to convince the public that, in the abortion debate, we are talking about anything but a human life.

Recently a prominent Democrat, who I referred to earlier, Stacey Abrams, said, quote: There is no such thing as heartbeat at six weeks. It is a manufactured sound designed to convince people that men have the right to take control of a woman's body away from her, end quote.

How do you respond that?

Dr. WUBBENHORST. I would just—thank you for the question, Congressman Hice.

I would respond to that by saying that, as I mentioned a bit ago, there's a fetal heartbeat whether we hear it or not. And we use instruments to amplify that sound. The fetal heartbeat is detectable initially as a twinkling typically around, between possibly as early as five weeks. We know that many of the major structures of the fetal heart are complete between the fifth and the sixth week.

And so there's no question that this is just not a—that the fetal heartbeat is a random contraction of cells. There's coordinated movement. That's well-documented. It's documented in the radiology literature. It's documented in the obstetrical literature.

And so I think that the question as to whether this is a manufactured sound, again, as I said, the fetal heart is beating early in pregnancy.

And the other point that I think is very important to make is that we rely on assessments of the fetal heart rate, presence or absence of the fetal heartbeat in order to assess fetal health and provide reassurance to parents.

One of the most exciting things that can happen for parents is hearing their baby's heartbeat for the first time.

Mr. HICE. I would think that most doctors involved in this whole process for one way or the other understand that the baby is a patient.

Dr. WUBBENHORST. Yes, sir.

Mr. HICE. And so the claim that the overwhelming consensus is that abortion is healthcare, would you agree with that?

Dr. WUBBENHORST. No, I don't agree. And I, as I said earlier, I respectfully disagree with assertions to the contrary simply because, as I've said, internists don't perform abortions. And most obstetrician-gynecologists don't provide abortions. If abortion was essential healthcare, why is it that greater than 85 percent of us don't do it?

Mr. HICE. Yes. Exactly. That was the point I was hoping you would bring out.

That does not sound like a consensus at all. In fact, it sounds like more misinformation to pretend that the consensus of doctors in this field believe that abortion is healthcare.

Another deceptive tactic by pro-abortionists is to say abortion restrictions will somehow deprive women of treatments for miscarriages and ectopic pregnancies.

How do you respond to that?

Dr. WUBBENHORST. Miscarriage treatment is not an abortion. Again, abortion is a procedure which ends an intrauterine pregnancy, which is living, whereas a miscarriage is typically—not typically. A miscarriage has occurred when there has been a demised fetus, and, therefore, you are not proceeding with the intent to kill or take a human life.

For an ectopic pregnancy, which is extrauterine or perhaps in parts of the uterus, fallopian tubes, or in the body of the uterus, these pregnancies, if not attended to, can result in devastating consequences. But performing a procedure or administrating medication to terminate an ectopic pregnancy is not an abortion.

Mr. HICE. Thank you very much.

Final question. Pro-abortionists also claim that abortion is necessary for women due to high rates of maternal mortality. Would you agree with that? What's your reaction to that comment?

Dr. WUBBENHORST. It's not true based on any science. There are no studies that show that increasing rates of abortion decrease maternal mortality.

In fact, until recently, countries that—where abortion was criminalized and prohibited—and I'm thinking particularly of Chile and Ireland, and I think Cyprus—had the lowest rates of maternal mortality in the world. For several years consecutively, Ireland had zero maternal mortality at a time when abortion was completely illegal.

Mr. HICE. Thank you very much. I found your written statement to be fascinating, and the research there that you provided was incredible. Thank you very much.

And I yield back.

Dr. WUBBENHORST. You're welcome, sir.

Chairwoman MALONEY. The gentleman yields back.

The gentleman from Maryland, Mr. Raskin, is recognized for five minutes.

Mr. RASKIN. Thank you, Madam Chair.

I've heard our GOP colleagues for many years now saying essentially what the ranking member said when we started this morning, that fetuses are human beings and deserve the right to life.

The necessary implication is the position that the anti-abortion movement has taken aggressively for decades, which is that there should be a total ban on abortion rights in America without any exception for rape or incest. After all, as they always point out, the fetus is still a human being, even if it is conceived as the result of a gang rape of a 13-year-old girl or an incestuous rape of a teenager.

The most intellectually consistent Republicans, like the GOP candidate for Governor of Pennsylvania, have said that women themselves should be charged with murder for having an abortion at 10

weeks, for example, which is what the Pennsylvania Republican gubernatorial candidate said.

Now they've grown a little more reticent and evasive about voicing their determination to ban all abortions everywhere in the country since the people of Kansas, by 20 points, massively repudiated the dangerous extremism of the Republican position.

So we don't hear as much these days the rhetoric of "abortion is murder" and "women are murderers if they have an abortion" and "this is worse than the Holocaust" and the normal fare of the anti-abortion movement.

It seems like the cat's got their tongue now that they have struck the rock, and the rock is the women of America who are standing up for their freedom as first-class citizens of the United States of America.

But don't be deceived by their newfound silence and evasiveness. Just look at what's happening in America. From 2017 to 2021, GOP legislatures enacted 127 laws restricting abortion, nullifying the rights of 31 million American women. Categorical abortion bans are in effect in 15 states.

Since 2021, Republicans in Congress have introduced 52 bills to ban or restrict abortion nationwide, including 16 calling for criminal prosecution of doctors and nurses and 4 targeting a woman's ability to travel across state lines for purposes of accessing perfectly lawful healthcare in the designation jurisdiction.

But that's all they've been able to do so far. Their proposal to ban abortion nationwide would strip reproductive freedom from nearly 64 million American women. Let's look at a map of where we are now in terms of their ability to take abortion rights away from women, if we could put up that up first map.

So, if you look at the dark red, the maroon states, those are states where the dangerous extremists in the Republican Party, who are now running the party, have gotten their way, and they've been able to completely ban women's rights.

Now what would happen if Senator Rand Paul and Representative Alex Mooney's legislation, which is endorsed by the vast majority of the Republican Caucus in the House, were to pass? They would define personhood as beginning at conception, banning in effect all abortions, and certain type of birth control, too, by the way, such as IUDs.

What would happen? Put up that second map, if you could put up the next one. Then abortion would be banned all over America.

Ms. Frye—actually, Dr. Verma first. If they pass this legislation, if they're able to enact a nationwide ban on abortion, what would the effect be on the healthcare provided to America's women?

Dr. VERMA. Thank you for that question.

We are already seeing a devastating healthcare crisis in this country, and it's hard for me to even fathom how much worse things are going to get in the setting of the national abortion ban.

I have patients that seek abortion for all kinds of different reasons. We heard a beautiful story today of people that are diagnosed with terrible fetal anomalies and seek abortion out of love for that future child or that pregnancy.

I have people that are diagnosed with terrible medical conditions, people that seek abortion for all kinds of reasons.

Mr. RASKIN. So essentially these state legislators and all the busybody theocrats in Congress who think they know better than the women of America are going to usurp that very private medical decision for women and for their families.

Ms. Frye, what would a nationwide ban on abortion rights mean for the social and economic status of women in America? Will they be equal citizens under such a situation?

Ms. FRYE. Well, I think not, because they won't have the ability to control their bodies and their futures, and what we know is that access to abortion has been critical in the ability of women to make decisions about their lives and decide when they want to have a family and ensure their own economic stability and security.

Mr. RASKIN. Madam Chair, let's not go down——

Chairwoman MALONEY. The gentleman's time——

Mr. RASKIN [continuing]. The road of Saudi Arabia and Iran.

Chairwoman MALONEY. The gentleman's——

Mr. RASKIN. Let's be America.

I yield back.

Chairwoman MALONEY. The gentleman's time has expired.

The gentleman from Pennsylvania, Mr. Keller, is now recognized.

Mr. KELLER. Thank you.

Let's be very clear about what today's hearing is actually about. It's not about advocating for the best interests of the unborn or women. It's an attempt by Democrats on this committee to justify their radical pro-abortion agenda and efforts to establish a system of taxpayer-funded abortion on demand. I'm not exaggerating.

Democrats passed legislation last year that would allow for unrestricted access to abortions to take place up until a baby is born.

And they do so under the guise of hearings like this one being held right now using titles like "Examining Harm to Patients from Abortion Restrictions and the Threat of a National Abortion Ban" to perpetrate fear and achieve their far-left agenda.

How many times have we heard Democrats say, and I'll quote, "trust the science," until it has to do with acknowledging an unborn baby is a life?

I guess I've heard about healthcare. And I have to—you know, Dr. Wubbenhorst, if there was a—if two lives go into a facility for medical care and only one comes out, half the patients only come out, is that successful healthcare?

Dr. WUBBENHORST. Yes, sir. Thank you for your question.

I would say that is not successful healthcare.

Mr. KELLER. Right. And that's what happens. You have two lives that go into this setting. They have what the Democrats are calling a medical procedure, and it is. But then only one life comes out. I don't call that success, and I don't think anybody—and it's not radical to defend life. That's in our founding documents: life, liberty and the pursuit of happiness. You can't have liberty and pursue happiness if you're not born, you're not life.

Dr. Wubbenhorst, after conception, what can you tell us about the development of an unborn baby at I'll say some milestones, you know, 10 weeks? I have a pin that says, at 10 weeks, a baby's feet are this big. What other milestones might you see for development of the baby after conception?

Dr. WUBBENHORST. Sure. So I think there are a number of important milestones even beginning very early, postfertilization. Postfertilization—and actually at the time of fertilization, there's actually a zinc spark that's emitted. And we know that the question as to whether the embryo, the zygote, is human is simply reflected in the fact that this individual has human DNA. It came of human parents. He or she came of human parents.

Subsequently, the zygote develops into a blastocyst which implants. That implantation process is accompanied by the start of the development of the placenta. That's when hCG is released. And then, as time goes along, you have very early milestones. You know, primordial cells begin to develop in the heart as early as four weeks. But, even before that, the embryo is already organizing himself or herself into different layers, different cell layers which will give rise to different types of tissues.

So, by about six to seven weeks, the central nervous system is already well along in development. The spinal cord begins to truly be developed. Fingerprints are already starting to form at 7, 8, 9 weeks. The fetal brain has already begun. And actually EEG activity, electrical activity in the brain, can be detected as early as nine weeks and possibly earlier as well.

And so you have a number of these processes that are occurring in very, very early stages of pregnancy around the time that these unborn children are being aborted.

We know, as I said earlier, and I just want to emphasize this, the fetal is a human being. It is not a dog. It is not a salamander. It is a human being. It is a human being that is achieving through development the completed form of the adult.

Mr. KELLER. If I can ask a question, at what point in time can an unborn baby feel pain? How many weeks after conception?

Dr. WUBBENHORST. Sure. So there's very excellent evidence that, by 15 weeks, the mechanisms—and I don't want to get too technical here but the——

Mr. KELLER. So at 15 weeks I guess would be a point where they could start to feel pain?

Dr. WUBBENHORST. Say it again, sir?

Mr. KELLER. They could feel pain around 15 weeks?

Ms. WUBBENHORST. Yes, there's very good evidence because, again, pain is a subjective phenomenon. But there's very good evidence that the structures that can perceive pain are already in place. And this is recent research. People used to think the lower structures weren't really in place until 24 weeks. But, in fact, they are present earlier, the thalamus, the peripheral nervous system, and the early stages of the cortex, which is the brain stem.

Mr. KELLER. We tend to evolve through our entire life, and it starts at conception. I remember when I was in 9th grade biology class, and I remember our biology teacher writing on the board. And it said: Sperm plus egg equals baby. I mean, that put it pretty simply.

And I think that, when we're talking in the United States of America, depriving life, if we're not going to protect someone's life, we're not protecting anyone else of theirs. And I think it starts right here in what we recognize as life, and it begins at conception.

Thank you.

And I yield back.

Dr. WUBBENHORST. Thank you, sir.

Chairwoman MALONEY. The gentlewoman from the District of Columbia, Ms. Norton, is now recognized.

Ms. NORTON. Thank you, Madam Chair, for this very important hearing.

After decades of claiming that questions of whether abortion is legal should be left to the states, Republicans have revealed their true intentions, a nationwide abortion ban. It's unsurprising that Republicans are seeking to impose a Federal ban that would override state abortion laws because Republicans have long tried and sometimes succeeded in overturning the abortion laws of the District of Columbia.

The previous—they have previously tried to ban abortion after 20 weeks in the District. And, since 1988, with few exceptions, Congress has prohibited D.C. from using its local funds on abortions. If Republicans do not succeed with a national abortion ban, they will try to ban abortions in D.C.

Ms. Frye, how would Federal abortion ban override state initiatives to protect and enshrine abortion rights and access?

Ms. FRYE. Well, I think that—thank you, first off, for the question.

You know, I think the challenge here is that those abortion bans would be devastating for folks who need access to quality reproductive healthcare. What we know is when they don't—people don't have access to abortion, they have limited ability sometimes to control their futures and their economic lives. We know that from studies and ample research around poor economic outcomes, poor health outcomes, not only for women and people who give birth themselves but also their children. So, you know, the harm is far-reaching.

But, most importantly, Congresswoman, I think it's just the impact on denying women and anybody who gives birth the ability to make the health decisions that make sense for them. That harm is overwhelming, I think, for a lot of people.

Ms. NORTON. Well, thank you, Ms. Frye.

Republicans in Congress have proposed, Ms. Leigh, Federal bans as early as six weeks into pregnancy.

As we have heard throughout this hearing, many people do not experience pregnancy complications until they are much further along.

So, Ms. Leigh, what would have happened to you if a second trimester Federal abortion ban had been in place at the time of your pregnancy?

Ms. LEIGH. Thank you, Representative, for the question.

As I said before, I don't have to imagine very hard because Pennsylvania tried to do that just a few weeks after my own abortion, when I was still grieving my son and physically healing from my procedure.

And you make a great point about fetal anomaly often not being detected until about 20 weeks. I'm not a clinician, and Dr. Verma and Dr. Kumar can speak to that.

But what I do know is the counseling that I received about, if I wanted to get pregnant again and try again, what would we look

for early on in the pregnancy, because I had full genetic testing done, and it was inconclusive, because the vast majority of fetal anomalies aren't yet detectable by genetic testing.

And what—that doesn't change what my son's prognosis would have been. And so, if I had chosen to go on to have another pregnancy, I may have had one earlier ultrasound. But what we saw isn't detectable until about 18 or 20 weeks. So, even in a patient like myself who we perhaps would be—maybe I'd get some extra vigilance because of my history, even in me it would not have been detected again before 18 to 20 weeks.

Ms. NORTON. Well, Ms. Frye, in addition to outright abortion bans, Republicans in Congress have introduced over 20 bills that would impose severe medically unnecessary restrictions on access to abortions, potentially nullifying abortion access in states that have acted to safeguard abortion rights.

Ms. Frye, how would placing restrictions on abortion access at the Federal level hurt people in states even where abortion is legal?

Ms. FRYE. Well, I think it broadens across the country the impact of denying people the basic ability to make decisions about their own health and well-being.

You know, that's what Roe did is that it enabled folks to bypass individual state preferences and ensure that every person had the ability to make those choices and that it was rooted in the Constitution.

Chairwoman MALONEY. Your time has expired.

The gentleman from Arizona, Mr. Biggs, you're now recognized for five minutes.

Mr. Biggs.

Mr. BIGGS. I thank the chair.

You know, the Delegate from D.C. has been crabbing here about various proposals by Republicans to pass some kind of national abortion law to supersede states' laws. That's kind of odd because that's exactly what Roe *v.* Wade did, and they're embracing Roe *v.* Wade.

In fact, the radical Democrats on this committee just a year ago voted lockstep to pass the most, the most radical ever abortion bill, lifting any restrictions on abortions whatsoever. That was the Women's Health Protection Act. Everybody here, every Democrat in Congress did in the House, except for one, Representative Cuellar, but it failed in the Senate.

I just think it's interesting. That's why I bring it up. It wasn't in my notes. But, I mean, the fact that you're sitting here, saying, "Wait a second, wait a second, there's state laws that might conflict with what we believe, the new orthodoxy," but that's exactly what Roe *v.* Wade did.

You know, I didn't hear any Republicans or Conservatives or pro-life advocates saying, "Hey, let's pack the court." Sure hear it now.

In fact, that's one of the articles I'm going to submit for the record, Madam Chair, is the list of Democrats who've called for packing the court because they don't like the Dobbs decision.

We heard just a minute ago the gentleman from Maryland say: Hey, let's not go down the way of Saudi Arabia and Iran.

Apparently, he'd rather go down the way of China and North Korea, because that's what the bill that he voted for did. It took away all restrictions on abortion whatsoever.

Yes, that's—that's pretty doggone radical if you ask me. And that's why it isn't so brave to have to come into this committee, because the chair and everybody in the majority, in fact, every witness but one agrees with that radical position.

So the real person who's exhibiting bravery today—and I want to thank you for coming in—is Dr. Wubbenhorst. Thanks for being here, coming into the belly of the beast, as Mr. Grothman said.

By six weeks, medicine has found that an unborn baby's heart is beating. And that's a medical milestone echoed by popular websites like whattoexpect.com, babycenter.com, which even tells mothers: You may hear the sound this week if you have an early ultrasound.

But recently you had a prominent Democrat running for statewide office in Georgia say, quote: "There's no such thing as a heartbeat at six weeks. It is a manufactured sound designed to convince people that men have the right to take control of a woman's body away from her, close quote."

That's from Stacey Abrams.

And I want to say, Dr. Wubbenhorst, I really appreciate what you've said in your testimony, both written and oral today. The fact that we don't detect it doesn't mean it's not there. Please expand on that.

Dr. WUBBENHORST. Well, I think that it's, especially regarding the fetal heartbeat and, indeed, almost any developmental milestone, but especially the heartbeat as an indicator of fetal health and well-being and also reassurance to physicians and—I wish I understood why this mic—reassurance to physicians and patients that, again, it's similar to the phenomenon of fetal pain. We can't appreciate whether the fetus experiences pain or not. Pain is a subjective phenomenon, but we can observe that it exists. It probably exists based on the evidence.

Similarly, with the fetal heartbeat, we know that, based on embryological studies and anatomical studies, we know that these structures are present. People have followed the development of the fetal heart, the development as it—not just in its primordial and its primitive state but as valves and chambers form and that that pattern its laid down, as I said, pretty much by about 7 to 8 weeks.

So it's really at that point almost in miniature. And there are, of course, other anatomical differences.

And so I do think that it's important to keep in mind that these—being able to see and detect these phenomena or, for example, the fetal heartbeat does not negate the fact that the fetus is a human being and that the heartbeat is present.

Mr. BIGGS. So a prominent Democrat speaking on the podcast of a disgraced former CNN anchor claimed that the Supreme Court's Dobbs *v.* Jackson decision forces mothers to carry a, quote, "toxic thing," close quote, inside them.

Would you tell us whether you believe that a fetus is a toxic thing inside a woman's body?

Dr. WUBBENHORST. I don't believe that a fetus is a toxic thing inside a woman's body because women want to be pregnant. They

want to have families. And, if you look at very well-established data on why women have abortions, it is because they have no one to support them through pregnancy.

I've talked to women repeatedly, especially in work with a crisis pregnancy center. And they said: If I just knew that someone would walk with me through this pregnancy, I would not abort.

And that's basically somewhere between 60 and 80 percent. So really what could you look at with a lot of women who are choosing to abort is a subtle form of coercion. And that's——

Chairwoman MALONEY. The gentleman's time has expired.

Mr. BIGGS. My time has expired.

Madam Chair, I do have three documents for the record, one called "Fact Check: 'There Is No Such Thing as a Heartbeat,' says Stacey Abrams"; "Goldberg dehumanizes nonviable unborn children as 'toxic thing'"; and also Dr. Wubbenhorst's amicus brief to the Dobbs decision.

I'd to submit those for the record.

Chairwoman MALONEY. Without objection.

Mr. BIGGS. Thank you very much.

Chairwoman MALONEY. The gentleman from California, Mr. Khanna, is recognized.

Mr. KHANNA. Thank you, Madam Chair.

It's very disappointing that this Supreme Court has put ideology and politics over the rule of law to take away fundamental freedoms and rights from women across America.

You know, it's not just me who is perplexed, frustrated, outraged that the Supreme Court would actually take away rights in our country at this time. It's the American people who are outraged. The Supreme Court approvals ratings have never been lower. Gallup did a poll today. Forty percent approve. Most Americans understand what's going on. They understand that this was an ideological political decision, and they disapprove, and the Supreme Court is losing the respect of the American people at large.

The decision to take away women's fundamental rights, the decision to take away women's rights to choose and make decisions about their own healthcare has affected different districts across America differently.

In my district, we have gone out of our way with many leaders and civic leaders to stand up for women's decision to do what they think is appropriate with their bodies and their reproductive decisions.

But, Ms. Frye, in the wake of Dobbs *v.* Jackson, could you briefly touch upon how the experience of seeking reproductive care, whether it's getting contraception or getting an abortion, may look different for a patient in rural America than a patient in an urban area?

Ms. FRYE. Well, yes, Congressman, I think you're absolutely right that the experiences are quite different, depending on whether or not it's one of the 26 states that now either ban or are likely to ban abortion.

For folks in those states, they have to look elsewhere. There are economic costs if they have to travel. They may or may not be able to get the prenatal care that they need. Many of those folks are already, we know from the pandemic, living in areas where there

have been persistent health inequities for decades that have led to the racial and ethnic disparities experienced by many Black and Brown women in particular.

And so now, you know, they have no choice maybe to go to other states. But it is a cost. And it, really, it's a situation that shouldn't be the case. People should be able to access the healthcare they need, and it shouldn't be determined by their ZIP Code.

Mr. KHANNA. Thank you, Ms. Frye.

Ms. Leigh, could you expand on that and just talk about how a patient in a rural community might be impacted if she cannot afford to travel across state lines to obtain abortion care?

Ms. LEIGH. Yes. Thank you for the question, Representative.

I can speak—I—while I only speak for myself, I'm here representing the hundreds of other patients that I've met in my years of advocating and storytelling and now the patients that I work with day in and day out.

And we don't have to guess in western Pennsylvania. We are living it. We have two clinics that perform abortions in Pittsburgh. And the next closest clinic, even within our own state, is over three hours away. We are the closest clinic for 70 percent of Ohio.

Two-thirds of the people I talk to every day are from Ohio and West Virginia who are traveling hours in each direction, organizing rides, getting childcare because they have to—they live in urban centers. I talk to people from Columbus and Cincinnati and Akron.

Mr. KHANNA. Ms. Leigh, I appreciate your mentioning Columbus because I was there with the President recently where they're opening up this new Intel facility, all these jobs. The Governor's there.

And, you know, obviously the right to abortion is a fundamental human right. But, beyond that, it's impacting the ability to bring manufacturing jobs because Intel and others are saying: We can't recruit to get people to go there. We can't get people to go to the colleges or have women come in to work here, given the uncertainty.

Can you talk about how this is hurting states that want manufacturing jobs and want an economy to actually be able to do that?

Ms. LEIGH. You know, I can only speak on behalf of myself. I'm not an economist or a policy expert. But what I can tell you for myself is, after living through my second pregnancy and needing an abortion and accessing that care, that I want to live somewhere—I want this whole country to be a place where people can access that care. And I can imagine that folks wouldn't want to settle anywhere where they couldn't access a basic human right, because abortion is self-determination, and it is our right as Americans.

Mr. KHANNA. Thank you.

Chairwoman MALONEY. OK. The gentleman from Texas, Mr. Cloud, you're now recognized.

Mr. CLOUD. Thank, Madam Chair.

Our founding documents guarantee us the right to life, liberty, and the pursuit of happiness. And, of course, you have to start with life and the guarantee of life.

And there's been a lot of discussion, of course, especially since the Dobbs decision and a lot of, frankly, misinformation that's come

out and a lot of fearmongering. I imagine, you know, as we lead up to an election, unfortunately, that happens.

You know, we've heard things like this is the end of democracy and all those sorts of things when actually what the Dobbs decision did was basically say that Roe got it wrong in that there's not a constitutional right to an abortion, which is a pretty accurate statement.

And, as far as the end of democracy, it returned the issues to the states where people can actually vote on it and have differing ideas in differing states.

And so it's important we look at this right. And, obviously, we know a lot more now than we did even in the seventies when Row *v.* Wade was passed. At the time, it was called a clump of tissues, and we've had a lot of scientific development to know that that is hardly the case at all.

Dr. Wubbenhorst, could you speak to some of the technological advancements and what we now know that we didn't know back then?

Dr. WUBBENHORST. Yes, I think that it's one of the most amazing things that, even since I've been involved in medicine since the 1980's, to see the explosion of knowledge and care that's gone on, specifically that not only are we now able to visualize living fetuses with a degree of precision that was simply not available in the—when I was training—ultrasounds were these huge, bulky machines and there was grainy image, and, well, maybe I see it, maybe I don't—to now having 3D and 4D renderings where we can see the expressions on these unborn children's faces.

So what that is, I think, has helped us to do is to real——

Mr. CLOUD [continuing]. Emotion, you mean, like——

Dr. WUBBENHORST. Yes.

Mr. CLOUD. Yes.

Dr. WUBBENHORST. Emotion, right?

Mr. CLOUD. Responding to——

Dr. WUBBENHORST. To stimuli.

Mr. CLOUD. Yes.

Dr. WUBBENHORST. To stimuli, and there's been this incredibly fascinating study that came out recently showing that, when the mother would eat certain foods, within a period of time, the fetus would respond.

Now we had an inkling of that because sometimes we'll say: If a baby's not moving a lot, OK, give the mom something to eat. And, in a few minutes, the baby will sort of perk up.

Mr. CLOUD. Right.

Dr. WUBBENHORST. But to actually be able to see that shows us the humanity of a fetus in a totally different dimension.

And, in addition, we have other technological advances that allow us to intervene when fetuses are ill or struggling or have difficult medical problems. We're able to transfuse fetuses. We're able to do samplings, surgery on the bladder, surgery on the heart, surgery on the lungs with previously lethal diagnoses.

And so I think that there's a huge opportunity there that we have to recognize that opens up a whole new way of looking at the fetus as a patient.

Mr. CLOUD. Now one of the big issues, too, has been some of the messaging dealing in what states are doing across the state. There's been a lot of fearmongering about just what's going on with what states are doing to go after women and the like. There's no state laws that do that currently.

Dr. WUBBENHORST. That's correct, yes.

Mr. CLOUD. OK. Just checking.

I wanted to submit for the record as well, if I can, a couple of statements that have been presented. One is from Americans United for Life, if I may.

Chairwoman MALONEY. No objection.

Mr. CLOUD. And then another one, and this is interesting, because part of the discussion today has been to do with—with the reason that some would have for aborting someone because there's some sort of issue during the pregnancy.

And this so—this is from the Abortion Survivors Network. And it's interesting to hear from them as they watch this dialog happening, people who are living and have a valuable life now who see this discussion in a whole different light and feel completely devalued in the process.

So if I could submit that for the record——

Chairwoman MALONEY. Without objection.

Mr. CLOUD [continuing]. As well, I would appreciate that.

There was also an interesting topic on crisis pregnancies just a second ago and what we see happening there. And there's really been oddly an attack against crisis pregnancy centers in the fallout of this. And that's interesting because we used to hear from the left that abortions should be safe, legal, and rare. And so you would think that crisis pregnancies would be a place that we could all agree on was a good thing. But now the dialog seems to be we should have—more abortions, the better, you know. It's been odd. Dr. Kumar even mentioned that this is a racist thing when—for working in an organization that was started by Margaret Sanger is a very odd statement to make, a racist eugenicist.

Could you speak to some of the good work that's done at crisis pregnancy centers?

Dr. WUBBENHORST. I've worked very closely with them in the past, and what I've found is that they're able to provide that support. A moment ago I talked about the difficulties that women face in their decision to abort.

One of the reasons they are successful in convincing women not to abort is that they offer their support to walk with her through pregnancy, to get resources that she needs and not just—it's not just: Oh, you had your baby; you're done. We don't care about you.

This continues post-pregnancy.

And, with new models that are being proposed, maternity waiting homes, being able to live in a waiting home even after you've had your baby, they're doing tremendous work.

Chairwoman MALONEY. The gentleman's time has expired.

The gentlewoman from Ohio, Ms. Brown, you are now recognized.

Ms. BROWN. Thank you, Chairwoman Maloney and Ranking Member Comer, for holding this hearing today.

Draconian abortion bans and restrictions that force people to remain pregnant further exacerbate racial health disparities. In places like Ohio, a six-week abortion ban was slated to take effect following the Supreme Court's Dobbs decision due the passage of Ohio Senate bill 23 in 2019. Luckily, in Ohio, a judge temporarily blocked the state law and restored the right for Ohioans to an abortion.

If this statewide ban were to go into effect, certain communities, especially those that have experienced generations of disinvestment, would suffer the most.

So, Ms. Frye, when it comes to assessing reproductive healthcare, how do abortion bans and restrictions disproportionately impact communities of color that have been often left behind?

Ms. FRYE. Thank you, Congresswoman.

I think what we have to remember is that the status quo is not OK. The status quo is one where inequity has resulted in, as you point out, decades of disinvestment and lack of access to quality healthcare.

And what we really want is the ability of every person, particularly Black women, indigenous women, Brown women, and people of color to have access to quality healthcare, the healthcare that they need.

And what happens with abortion bans is that it takes the decisions out of their hands. It forces them to look elsewhere and rely on systems that have perpetuated disparities for decades. This is—bans that deny Black and Brown women the ability to control their own bodies and instead have to go to state legislatures in order to figure out what healthcare they need is simply a step backward. It will do little to address persistent inequity.

And this is particularly a problem, as you know, with Black maternal health disparities. We have a crisis in this country. Black women are three times more likely to die than White women. We need to do more and not less. And more means making sure that they have access to the healthcare that they need, that they have access to doctors who can give them sound advice and not advice that is edited by politicians. That's what folks need.

And that's what—you know, the abortion bans will do great harm to folks who really are trying to correct these persistent disparities across the country.

Ms. BROWN. Thank you.

So, when we discuss the health impacts of abortion restrictions, we must also recognize and discuss the structural racism faced by people of color in our medical system. Across the United States, communities of color experience systematic health disparities, including higher rates of insurance, stigma, and the strain caused by racism.

A national ban on abortion is likely to increase maternal deaths by 24 percent and increase maternal deaths of Black women by 39 percent. These numbers alone should scare all of us.

Ms. Leigh, I understand that, following your own abortion, you began volunteering at an abortion clinic in Pennsylvania. Have you seen the increase in patients coming into Pennsylvania for abortion care?

Ms. LEIGH. Thank you, Representative.

Yes, I actually now work full time at the independent abortion clinic in Pittsburgh, Allegheny Reproductive Health, and I'm proud to work there alongside my colleagues.

I answer the phones. And so I talk to—I'm one of the first people patients are talking to when they're calling to inquire about abortions and to schedule their appointments.

And about two-thirds of the patients in any given day I talk to are from Ohio, West Virginia, Kentucky. We've had a patient from Mississippi, from Texas, and even a patient who drove overnight from Indiana.

And so we, as I said before, are only one two of clinics all of western PA. And so we are providing coverage for a lot of rural areas in Pennsylvania, as well as beyond. We're now the closest clinic for 70 percent of your state.

Ms. BROWN. Thank you.

It is also important to note for people with less income the cost associated with abortion care, which includes the cost of the procedure itself, as you pointed out, transportation costs, childcare, and taking days off from work, they all pose significant barriers to receiving care. State restrictions that force people to travel longer distances to see a provider make abortion care even more unaffordable.

Dr. Kumar, you treat patients in Texas where the right to abortion was eliminated by Republicans more than a year ago. What has that impact been on the people of color who already experience disproportionate barriers?

And I see that my time has expired. So——

Chairwoman MALONEY. If you could answer the question, her time has expired.

Dr. KUMAR. Sure.

Ms. BROWN. Thank you, Chair.

Dr. KUMAR. I would say abortion is an economic issue. Folks that I see often cite economic issues for needing access to that care. And when we're denying that care, we're forcing them to stay in poverty. That means that children they're forced to have, as well as the children that are already at home.

Chairwoman MALONEY. OK. Thank you.

The gentleman from Texas, Mr. Session, is now recognized.

Mr. SESSIONS. Madam Chairwoman, thank you very much.

Madam Chairman, today's activities are designed to divide Congress, to divide the American people, and not to bring us together.

Today our country is going through a tremendous storm that is happening across our South and East Coast, and I know that we need to be at a time where we're thoughtful about so many Americans that are facing difficulty.

I'd like to talk about this issue in a different way. I know that it's been pitched as a battleground, a battle of choice versus the rights of people. I know it's being pitched as a nationwide ban that Republicans want.

Well, in fact, the Supreme Court ruled that it's not a constitutional issue. It's states' rights issue. And whether I agree with it or not, I think it's important that we recognize that's the law of the land.

I have a little bit different take on this. Perhaps might be informational to some that are listening, perhaps not. I have a Down syndrome son who is 28 years old. And Alex is a young man, Alexander Sessions. Alex is a young man who faced some difficulties early in his life with medical issues. Otherwise, he was a normal baby boy who was born.

But Alex turned into the kind of person who has made a lot of his life. Alex has a big brother, who is also a medical doctor, who is also an Eagle Scout, who is also a young man, both of them, the way they were raised, they get up, and they enjoy the day. They see a mission in front of them.

And, while Alex, as a Down syndrome man, has what might be called an intellectual disability, he has been able, through the grace of what I will say God, because God helped create Alex, and Alex has been nothing but a positive person to thousands of people who have known him. He is an inspiration, not just with his life but the way he greets people. He was a regular visitor here in Congress, would come to the floor. He made friends. Alex is a person and a young man who had a desire to make something of himself, and others have fully accepted that.

And so, if I can give a story to those who might consider perhaps their ideas about what a Down syndrome person might mean, might be in their life, I'd like to say it's a positive, positive, thoughtful experience. And Alex at his church or his Sunday school or his Scout troop or—he works at Home Depot now. And he works at Home Depot because Home Depot recognizes that people who might not have all the necessary, I would use the term "abilities," they still have lots of abilities, and they're an asset to their business model. They're an asset whether he's pushing carts to clean a parking lot or whether he's in just greeting people, that it's a tender side of life.

And we were chosen for this. We did not—you know, when we necessarily conceived Alex, we did not have to sit back and say, what do we want? This is not like shopping at a grocery store or going online to Amazon. It is something that you are participatory with.

I do recognize not everybody agrees with this issue. I do recognize that it can be a very difficult circumstance. But what I would say is let's—let's not beat up this issue with what I believe is hyperbole to just beat the issue up and talk about nationwide ban is what Republicans want to do and they want to take away all these rights and obligations.

Well, it is an issue that is going to be solved on a state-by-state basis. It will not be, in my opinion, decided in the near term, because we have a President who's been duly elected, who would not sign that legislation. So it will be at its appropriate time. If it's going to be a national issue, it will be available to the voters in two years.

So, I'd really like for us, if we could, between maybe now and then to talk about this issue in a way that is balanced. And that is the Supreme Court has made a decision. And the country will deal with that as they have made many other difficult decisions, some that I agree with, some that I disagree with.

But it's law of the land, and I thank each of you for being here today and would tell my fellow colleagues that I think that this issue should be one that we deal with very carefully and thoughtfully because we're dealing with the essence of life.

Thank you.

Chairwoman MALONEY. The gentleman yields back.

The gentlelady from Florida, Ms. Wasserman Schultz, is now recognized.

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair, and I appreciate the opportunity to talk about this really critical issue in this hearing.

The gentleman from Texas said something, I think, that really gets to the crux of the matter that we're dealing with here today when he referenced that the Supreme Court has made the decision. That is—that is really what the problem is here, is that there is a question that needs to be answered, and that is: Who gets to decide? Does the government get to decide whether or not—whether and when a woman can be pregnant, or is that a decision—a personal healthcare decision that is—should be made and left to the woman, her family, her faith, and her doctor?

And Republicans have clearly answered that question because they've introduced 52 bills to restrict abortion access in this Congress alone, directly contradicting what is the will of the American people, because the truth is, is that abortion access is popular. Most Americans absolutely do not want governments forcing women into pregnancy. In my home state, Florida, Governor Ron DeSantis and extremist Republicans passed a 15-week abortion ban, which a recent survey showed that 60 percent of Floridians oppose. Polls show that same sentiment across America.

Ms. Leigh, if I can start with you. You had an abortion at 22 weeks after receiving a devastating fetal diagnosis, but you also work with patients with vastly different experiences and reasons for seeking an abortion. So, in your experience, why do most Americans staunchly support abortion access no matter their age, their gender, or ethnic background?

Ms. LEIGH. Thank you for the question.

As I've said before, it's my honor to have witnessed so many stories of folks seeking abortion through volunteering, storytelling, and now through my job. And what I can tell you to be true among all abortion seekers or folks considering them are that they're moral people who are just trying to make the best next right decision for their life. A lot of the people I talk with are already parents. I often can hear their toddlers giggling in the background, and they express having their hands full.

I have talked with folks who have been in abusive situations, people who were on birth control and it failed. And what I've learned through this time is that no one has a good or a bad abortion. There are no right reasons or wrong reasons to have an abortion. There are just people trying to make the best next right choice for themselves, and no one is more or less worthy of seeking an abortion than another.

Ms. WASSERMAN SCHULTZ. Thank you.

Just last month, Kansans voted by a landslide to protect abortion rights, and the Florida judge who denied a 17-year-old—a 17-year-

old—an abortion based on her school grades was booted out of office by voters. Smart Republicans clearly know this is a barbaric policy, so they obfuscate, they waffle, they hide their true position, and they say the Supreme Court didn't outlaw abortion, like my colleague just said. They just want it left to the states.

Yet, in state after state, radical Republicans keep passing extreme laws opposed by their citizens, or they make it harder for voters to protect abortion rights themselves.

In Michigan, Arkansas, Florida, and other states, extremist Republicans are trying to block or make it harder for abortion rights ballot initiatives from ever reaching voters. Why? Because voters favor abortion rights, and only extremists want to enforce government-mandated pregnancies and put doctors into jail.

Ms. Frye, how can valid measures like the one in Kansas subvert extremist laws and protect abortion rights?

Ms. FRYE. Well, I think that they can play a critical role in doing exactly what you said, making it clear that—from voters that the right to access abortion is one that enjoys wide support, and one that people expect to be able to access in every state, and it's unfortunate that people have to resort to those ballot measures.

You know, that is what—why Roe was so important, is that it secured a right for every person. But I think it's really critical at this moment for folks in states across the country to speak up and speak out.

Ms. WASSERMAN SCHULTZ. Absolutely.

Look, Republicans know that abortion restrictions are a losing issue. Some, like Governor DeSantis, cravenly skirt the harsher laws and brush them under the rug and pretend they're not going to pursue them when they can, and that's because people across the country want the freedom to make their own decisions about their own bodies. So extremist Republicans know that, if they want to enact these draconian laws, they have to defy the will of the people. And that means avoiding or undermining the accountability of democracy at all costs.

No one should be able to take that freedom away, and, if they do, they must be held to account at the ballot box.

Madam Chair, thank you. I yield back the balance of my time.

Chairwoman MALONEY. The gentlelady yields back.

The gentleman from Louisiana, Mr. Higgins, you are now recognized for five minutes.

Mr. HIGGINS. Thank you, Madam Chair.

To my colleague's point from Florida, some of us don't care at all about the politics of this. Some of us don't even like politicians. We have our own core principles. We make no apologies for those principles.

I'm the seventh of eight children. I have six sisters and one brother. We were greatly outnumbered. I was raised as a Southern gentleman in a Catholic family. I support life from conception to natural death, and I make no apologies for that. This is a deeply divisive issue in America, because it's a deeply personal concern.

On May 1, 1990, my daughter, Daniela, was born. I recall when my wife realized she was pregnant and the joy that we felt. It wasn't long, just a few months later, that Daniela was born by

emergency c-section, almost three months early. She weighed 1.5 pounds.

My wife and I devoted ourselves as best we could to our daughter, struggling there for life, for many months. It tore our very soul. But our daughter, Daniela, breathed life into us. Her hand would wrap itself around my little finger and couldn't reach. She touched every life that she gazed upon. She had a particular calmness of spirit.

And, regardless of what she was going through and the pain that we felt, that I felt as her father, the guilt that we felt, my wife and I; had we done something wrong during the pregnancy? No matter the sorrow that we bore, Daniela would look at us with this beautiful gaze as if to tell us, It's OK. Everything's going to be all right.

We weren't sure what that meant. But, on November 10, 1990, Daniela died, having touched hundreds of lives with her little soul. She touched so many lives that, when the hospital built a new facility for neonatal care, they named that facility after my daughter.

So America does know that this is a conflicting issue, I say respectfully to my colleagues across the aisle. But America knows that life is more than flesh. My living children, for 30 years now, have always known their sister, Daniela, countless trips to the graveyard, birthdays celebrated. Every Christmas, Daniela's stocking hangs upon the mantle with the others.

My wife had a friend who had an abortion that I didn't know for years what they discussed. It was a private matter between my wife and her friend. But after many, many years, my wife shared with me that her friend had had an abortion long before, and she was haunted by that. She would have nightmares of little hands, tiny, little hands. And I was familiar with those tiny, little hands, because my own daughter's would wrap around my finger just barely.

So this is a painful and deeply personal discussion. I'm hopeful that my colleagues will communicate across the aisle, and let's deal with this honestly.

Madam Chair, I yield.

Chairwoman MALONEY. The gentleman yields back.

The gentleman from Vermont, Mr. Welch, you're now recognized for five minutes.

Mr. WELCH. Thank you. Thank you, my colleague from Louisiana.

This question, in my view, and most of us, I think, should be decided by a woman, not by politicians. In Vermont, we have significant support for reproductive choice and freedom for women. But there's two things that are happening as I see it. I want to ask a few questions about this.

One is, now that there are abortion bans, it's not a question of I accept your decision on how you want to decide, and you accept mine. There has really been a lot of divisiveness injected into this because there are folks who think it is not only their right to decide, but their right to decide for you. And I disagree with that.

But the second thing that's really happening with some states allowing for reproductive freedom and others not, it's putting a real strain on the healthcare system. We had a roundtable in Vermont with providers, and they were describing how this is creating addi-

tional stress on the healthcare system. It's been under immense stress due to COVID and other things. So I want to ask a little bit about that.

Dr. Kumar, are you seeing increases in patients traveling to other states to receive abortion care?

Dr. KUMAR. Yes. Absolutely.

So, since June 24, when the Dobbs decision came out, we haven't provided any abortion care in Texas. So everyone that's called us or sought care with us has had to travel out of state. Of course some people can't make that trip, but that's the only option that we can give them.

Mr. WELCH. So if—it's a little different for you, but you talk to colleagues in some of those receiving states, and how does a deeply short-staffed environment affect physicians like you and the care that you provide? Not just you, but your—the nursing staff, the frontline providers?

Dr. KUMAR. Sure. We're certainly seeing an influx of people seeking care in other states, and, of course, they're already taking care of people that are living in that state, and the infrastructure is already having a hard time keeping up. We're seeing wait times of several weeks, sometimes up to 3 or 4 weeks. Some clinics are so booked up that they're setting a limit on how far out they can book and having people call back. So the infrastructure is strained.

Mr. WELCH. Thank you.

Ms. Leigh, thank you so much for sharing your story. You know, these additional hoops that patients have to jump through, you know, any time you have a health event, you're really vulnerable, right? You're dependent. You're nervous. You're apprehensive. And you're also nervous about what the expenses are and how you're going to do it, and the logistics, and what it does to your employment, what it does to your family.

Can the average—the average patient who is living week to week, paycheck to paycheck, who doesn't have a lot of flexibility in schedule, who has a lot of pressures and demands that take up an immense amount of time every single day, can the average patient jump through these hoops of traveling out of state, finding a provider to receive abortion care?

Ms. LEIGH. Thank you for the question.

It is my honor to be able to represent all of those patients that we are seeing in Pittsburgh who are traveling. Certainly I only talk to the patients who know they can travel out of state. There is a lot of misinformation out of there that people don't think they can travel. And when I do, you know, patients will often say, well, do you think, actually, you could see me next week? Could I come in in two weeks, because I should have enough time to save the money?

And that is a heartbreaking thing to hear. That is a reality in our country. We don't actually take insurance because the vast majority of insurance plans are not allowed and don't cover abortion.

But one of the real things that gives me hope and is a reminder to all of us that the actions and choices we take right now are creating the post-Roe world that we're living in, is that we are able to provide significant financial assistance to patients because of the generosity of fellow Americans who believe that we each have this

right and that $250, $400 should not make the difference between if you can elect to have an abortion or not.

And I am not exaggerating when I say myself and my colleagues on the phones scheduling these appointments cry with patients at least once a day when they hear their relief when I say——

Mr. WELCH. Wow.

Ms. LEIGH [continuing]. Don't worry about it. You don't have to bring a dime. And it can move me to tears now——

Mr. WELCH. Yes.

Ms. LEIGH [continuing]. Because it's how we're showing up for each other. We're supporting that cause.

It—I paid for my abortion out of pocket without a second thought, because I'm lucky and privileged, and it's my honor to pass along that support to these patients——

Mr. WELCH. Uh-huh.

Ms. LEIGH [continuing]. Who otherwise would be making this life-altering decision of parenting over $50, $200. It's unconscionable.

Mr. WELCH. Thank you very much. I yield back.

Chairwoman MALONEY. Gentleman's time has expired.

The gentleman from Georgia, Mr. Clyde, you're now recognized.

Mr. CLYDE. Thank you, Madam Chairwoman.

Again, we are here today because of the Supreme Court's landmark and life-saving decision in the Dobbs *v.* Jackson case. But the truth behind why we are really here is the Democrats want one more opportunity to place the issue of abortion front and center in the news before the November 8 elections.

They somehow believe that saving innocent, unborn lives is a problem, and they want to use this last session week before the elections as an opportunity to campaign on killing innocent, unborn children.

Dr. Verma, I see you are a fellow Georgian. Recently, gubernatorial nominee Stacey Abrams from our great state of Georgia stated, and I quote, "There is no such thing as a heartbeat at six weeks. It is a manufactured sound."

So let me ask you: Is a heartbeat at six weeks a manufactured sound? A yes or no will suffice.

Dr. VERMA. So I want to start by just saying that——

Mr. CLYDE. A yes or no will suffice, ma'am. Is—is——

Dr. VERMA. So——

Mr. CLYDE. Do I need to repeat the question?

Dr. VERMA. I'd love to answer your question, but, like so many things in medicine, it's complex. I think that what we are discussing today——

Mr. CLYDE. I don't believe it's complex, ma'am. It's a pretty simple question. Is a heartbeat at six weeks a manufactured sound? Yes, or no?

Dr. VERMA. Again, I'd love to answer your question. I need a little bit of time to do so, because——

Mr. CLYDE. OK. All right. It——

Dr. VERMA [continuing]. There are so many, like——

Mr. CLYDE. I just need a yes or no.

Dr. VERMA [continuing]. Questions on privacy——

Mr. CLYDE. Is it, or is it not?

Dr. VERMA. It is complicated.

Mr. CLYDE. OK. You're not going to answer my question. All right.

Dr. VERMA. I do provide comprehensive reproductive healthcare, so I take care of people——

Mr. CLYDE. Madam Chair, I'd like to ask for unanimous consent to submit for the record this study titled "Role of Ultrasound in the Evaluation of First Trimester Pregnancies in the Acute Setting," which was published in Ultrasonography in 2019, in which it finds that in normal fetal development, a heartbeat is expected at or around six weeks.

Chairwoman MALONEY. Without objection.

Mr. CLYDE. Thank you.

And, while we're talking about science, let's talk about biology. And let's just keep it real simple. Just two yes or no questions, and this is for Dr. Kumar.

Dr. Kumar, can biological men become pregnant and give birth?

Dr. KUMAR. So men can have pregnancies, especially trans men.

Mr. CLYDE. So can biological men become pregnant and give birth? So are you saying that a biological female who identifies as a man and, therefore, becomes pregnant is, quote, "a man"? Is that what you're saying?

Dr. KUMAR. These questions about who can become pregnant are really missing the point. I'm here to talk about——

Mr. CLYDE. No, no, no, no, no.

Dr. KUMAR [continuing]. What's happening in states. Somebody——

Mr. CLYDE. This is me asking a question.

Dr. KUMAR. I'm answering the question.

Mr. CLYDE. I'm asking the question, sir, not you.

Dr. KUMAR. Right. And I'm answering the question. Somebody with a uterus may have the capability of becoming pregnant, whether they're a woman or a man. That doesn't mean that——

Mr. CLYDE. OK. We're done. Not—we're done.

Dr. KUMAR [continuing]. Someone who has a uterus——

Mr. CLYDE. This isn't complicated.

Dr. KUMAR [continuing]. Has the ability to become pregnant.

Mr. CLYDE. Let me tell you, if a person has a uterus——

Dr. KUMAR. This is medicine.

Mr. CLYDE [continuing]. And is born as a—is born female, they are a woman. That is not a man, and the vast majority of the world considers that to be a woman, because there are biological differences between men and women.

I mean, clearly, any high school biology class teaches that men and women have different chromosomes. Females are XX chromosome, and male are XY chromosome. I can't believe it's necessary to say this, but men cannot get pregnant and cannot get birth—give birth, regardless of how they identify themselves.

Why in the world would Democrats have brought in a person whose title is director of trans care for an abortion hearing when only biological women can become pregnant?

Dr. Kumar, in your opening statement, you said, quote, "Abortion bans are inherently racist, inherently classist, and fundamentally part of White"—"of the White supremacy agenda."

How do you rationalize working for Planned Parenthood, an organization founded by Margaret Sanger, someone who associated with White supremacist groups and eugenics? Margaret Sanger's entire focus was to decimate communities of color through abortion to eliminate their future generations.

Dr. KUMAR. You know, I——

Mr. CLYDE. I'm—how many abortions have you performed in your lifetime?

Dr. KUMAR. If I can answer your question——

Mr. CLYDE. No, no, no. How many abortions have you performed in your lifetime?

Dr. KUMAR. Likely thousands.

Mr. CLYDE. Likely thousands. OK. So, as a doctor yourself, do you believe you have terminated enough unborn babies to justify Margaret Sanger's beliefs and your continuance of her legacy? This is unconscionable. This is inexcusable. I'm thankful it is now criminal, and I look forward to the day when life is again respected across our entire Nation.

In closing, I'd like to ask for unanimous consent to submit for the record a copy of the United States Constitution, which, despite my Democrat colleagues' absurd claims, does not—and I repeat—does not include a right—a constitutional right to abortion. The word abortion doesn't even exist in it.

And I would also like to ask unanimous consent to submit for the record the Declaration of Independence, which highlights the inalienable right to life.

Chairwoman MALONEY. So—so ordered.

Mr. CLYDE. Thank you, and I yield back.

Chairwoman MALONEY. Committee members are reminded to treat all witnesses with civility and respect.

The gentleman from Illinois, Mr. Krishnamoorthi, is recognized for five minutes.

Mr. KRISHNAMOORTHI. Thank you, Madam Chair.

Dr. Kumar, would you like to answer the question?

Dr. KUMAR. Thank you. Yes.

So I was going to say that I find it bewildering and, actually, I'm flabbergasted at the fact that we have 17 states with abortion bans. I'm here to talk about what's going on in Texas. And I was very surprised to hear a question about Margaret Sanger.

I also want to say that, at Planned Parenthood, we do not stand for racism. We're happy to serve our clients that are Black and Brown, and we're actually proud to do that.

Mr. KRISHNAMOORTHI. Thank you, Dr. Kumar.

I just want to turn your attention to this 15-week nationwide abortion ban which Senator Lindsey Graham first talked about. But it turns out on June 24 of this year, Mr. McCarthy, the House minority leader, actually said he supported that.

So this is not some kind of a—an abstract concept. It's very clear that if Mr. McCarthy were to somehow become Speaker of the House, he would put the 15-week abortion ban on the floor, and it would likely pass if it had a majority of Republicans supporting it, which it currently does.

Here is my question, which is: This nationwide abortion ban—15-week nationwide abortion ban, Dr. Kumar, a 2021 study predicted

a 21 percent increase in pregnancy related deaths if an abortion ban were imposed, with Black women facing a predicted increase of 33 percent.

Can you explain to us why there would be an increase in pregnancy-related deaths as well as more Black women—a 33 percent increase in Black women dying as well?

Dr. KUMAR. Sure. Thank you for that question.

What I would point to, first, is a recent CDC report that looked at maternal mortality in our country and actually found that four out of five of those deaths are preventable. Some of the top conditions that they talked about were mental health conditions, such as suicidality or depression; excessive bleeding, referred to as hemorrhage; cardiac conditions, which are highest among Black women; and also hypertension-related conditions. All of these things are preventable.

When we look at today's landscape of abortion access and we talk about a 15-week ban, we can look at Florida, for example, of what's happening today with a natural disaster, Hurricane Ian. As that state has a 15-week ban and we think about what's happening to families, what's happening to their homes, folks that may be 13 weeks pregnant or even 10 weeks pregnant, as they deal with the things that they're having to deal with in their life, they're being pushed further and further into pregnancy.

When we look at the landscape around accessing abortion and the limited number of clinics that are still available in haven states and how long people are waiting, sometimes several weeks, that's also pushing them further into pregnancy.

So these impacts are always felt disproportionately by people of color, especially low-income folks, and also Black folks, and that's what we'll continue to see, but it will only worsen from here.

Mr. KRISHNAMOORTHI. So basically what I'm hearing you say is that, if you have this 15-week abortion ban and you have all these people who are already—are lacking maternal healthcare, and, of course, access to reproductive healthcare, that they were—they're likely going to go past that 15-week mark, and then they get pushed into pregnancy, whether or not they like it.

Now, tell me—walk us through why that relates—results in death.

Dr. KUMAR. Yes. That's a great question, and I think we can look to The Turnaway Study, where what we find—and The Turnaway Study looked at folks that were able to access an abortion and compared them to folks that weren't able to access an abortion, which is exactly what you're looking at. And these folks had less access to prenatal care. We found that they had worse outcomes, including things like eclampsia. And, in the study, also, two women died in the group that were denied access to abortion.

We also saw worse outcomes for the children that they were forced to have, as well as the children that they had at home. So these impacts are faced by the people that are denied abortion care that are not able to get the care, as well as the children that they're being forced to have, and it causes generational harm.

Mr. KRISHNAMOORTHI. Tell us about the children that are born in those situations. Tell us about their health as they kind of emerge into the world.

Dr. KUMAR. Yep. So, again, from this study, they showed that the folks that were denied abortion access had lower birth weight children and that there was poor maternal bonding. And it's understandable, as people are making decisions about their pregnancies and what to do in their life, know that they can't be pregnant, when they're denied that care, it's difficult for them to come up suddenly with the means to stay pregnant, to parent children appropriately, and to have the resources.

The other thing I would mention is that states that are most restrictive of abortion access also tend to be the states that lack appropriate maternal care.

Mr. KRISHNAMOORTHI. Dr. Verma, I want to ask you a question. Sometimes my colleagues like to create this exception for life of the mother, not health of the mother. And you've probably heard of this particular exception.

I guess, tell us a little bit about what that practically means for a physician who is then forced to decide whether the life of the mother is in jeopardy, as opposed to trying to save the person's health and whether this person escalates to a point where their life becomes endangered, and they die?

Chairwoman MALONEY. Your time has expired, but she may answer the question.

Dr. VERMA. Thank you for that question.

It's often unclear to us as doctors who are practicing on the ground what these exceptions mean when we can actually intervene and take care of the person in front of us. How sick is sick enough? How much bleeding is too much bleeding? And it's completely counterintuitive to us in our training as doctors to have to wait for someone to get sicker before we can actually take care of them.

I do just want to point out, as a doctor, we practice in these really complex environments. Medicine, people's lives, health are complex. And we do a disservice to our patients by trying to put things into neat little boxes or narrow definitions, as we've heard politicians try to do today. That's just not how medicine works.

Chairwoman MALONEY. Your time has expired.

Mr. KRISHNAMOORTHI. Thank you.

Chairwoman MALONEY. The gentleman from Kansas, Mr. LaTurner, you're now recognized.

Mr. LATURNER. Thank you, Madam Chairwoman.

Today, the Oversight Committee is convening to talk about abortion for the third time this year. We could be conducting government oversight on the actions this administration has taken that have shattered our economy. Constituents in my district are shifting money away from their monthly grocery bill to pay their rent and utility bills. People in lower-income communities are effectively choosing between eating and living in their homes as runaway inflation continues to impact everyday lives.

We could be conducting oversight on this administration's energy policies and its agencies' rulemaking that has hindered domestic oil and gas production, compromising our national security in the midst of a global conflict where energy is the key bargaining chip, or we could conduct oversight on the policies that led to the current

border crisis and the ensuing fentanyl crisis. Last year, our Nation recorded the most overdose deaths in its history.

Only a couple months ago, I've talked to law enforcement officers in my district who were trying to outpace the massive amounts of fentanyl flooding into midwestern communities, over 80 percent of which comes into our country via the southern border.

Sellers of this drug are lacing it into other drugs, designing it to look like candy and targeting children as potential buyers through social media and messaging apps. But this committee is holding a hearing about abortion, just two months ago—after a previous hearing on abortion. The Supreme Court's June decision on Dobbs sparked important conversations, but it also gave rise to rampant misinformation and fear-mongering promulgated by Democrats.

I'd like to use the remainder of my time today to get clarity around some questions on women's health and expose some untruths coming from the other side of the aisle.

Dr. Wubbenhorst, one assertion that we've heard in the wake of the Dobbs decision is that abortion access is a fundamental component of women's health outcomes. We hear that restricted access to abortion disproportionately affects minority women, poorer communities where women already struggle with accessing health services. But even abortion advocates won't refute that abortion procedures come with some risks and potential carryover effects on future pregnancies.

In fact, in Finland, where the maternal mortality rate is significantly lower, the risk of death from lethal-induced abortions is four times greater than the risk of death for childbirth. In the United States, the death rate from abortion is double the death rate from natural childbirth.

Based on your experience, is abortion a positive contributor to women's health outcomes?

Dr. WUBBENHORST. No. Abortion is not a positive contributor to women's health outcomes and is especially not a positive contributor to the outcome of Black women. Black women disproportionately undergo abortions. Black women disproportionately undergo mid-trimester abortions, which are inherently riskier. The death rate—not the complication rate—for abortion for Black women is two to three times that of other women.

And the—in my opinion, my clinical opinion, one of the great burdens that we don't talk about at all is the—the crisis—the epidemic of preterm birth in African American women. African American women, as I've noted, have higher rates of abortion, and abortion is causally associated with the risk for preterm birth, especially abortions that are performed at later gestational ages.

Mr. LATURNER. How do you respond when people argue that abortions are safer than childbirth?

Dr. WUBBENHORST. I think that that particular question rests on a series of flawed papers by Dr. Grimes, et al. I knew Dr. Grimes when he was at the University of North Carolina. And, with all due respect, those papers conflate denominators. They use different data sources which are not compatible, and they arrive at a conclusion which really is not tenable based on the data.

In spite of that, these particular statistics and that particular claim has been relentlessly—relentlessly echoed over and over again when there is absolutely no basis for it.

And, in countries—as you mentioned, Finland, which I think is an excellent example—countries where we have complete ascertainment of maternal mortality, complete ascertainment of abortion-related mortality, we can see that that is not the case.

Our abortion statistics in the United States are flawed. Our maternal mortality statistics are flawed as well. So, therefore, we cannot come to any reasonable conclusions except by extrapolation. I mentioned the Barrett study earlier from 2004 that showed a 38 percent exponential increase in risk for death from abortion with every gestational—every week of gestational age, but we simply don't have the data to come to that kind of conclusion.

Mr. LATURNER. And why is that? Why don't we have more data on maternal mortality and the adverse health effects relating to abortion?

Dr. WUBBENHORST. I think collection of data on maternal mortality is necessarily somewhat complex. If you look at the latest statistics which came out last week from CDC, they show some very interesting trends.

One is that you don't have a lot of—you have deaths in early pregnancy, presumably from things like ectopic pregnancy, and then, of course, deaths around and after postpartum. But the problem is that some women die in pregnancy, but not from pregnancy-related causes. And that's actually a substantial number of those women.

And so I think that we really need to push for both better abortion mortality collection, better basic data collection on how many abortions we have in the United States, and maternal mortality data collection.

Chairwoman MALONEY. OK. The gentlewoman's time has expired.

Mr. LATURNER. Thank you, Madam Chairwoman.

Chairwoman MALONEY. The gentlewoman from New York, Ms. Ocasio-Cortez, is now recognized.

Ms. OCASIO-CORTEZ. Thank you very much, Madam Chair.

And I think, briefly, I'd like to address some of the prior claims that—and prior—several prior media claims, one being that abortion is not an economic issue and that we should be focused on economic issues.

And I also, you know—I think it's important to state that—that abortion is an economic issue. Forcing poor and working-class people to give birth against their will, against their consent, against their ability to provide for themselves or a child is a profound economic issue, and it's certainly a way to keep a work force basically conscripted to large-scale employers and to employers to be—to work more against their will, to take second and third jobs against their desire and their own autonomy.

And so, the idea that abortion and access to abortion is somehow not a profound and central economic and class issue and class struggle is certainly something that I think a person who has never had to contend with the ability to carry a child—you know, it belies that perspective. And it's disappointing to see.

But second, I think another thing that I'd like to address is that the same folks who tell us and told us that COVID's just a flu, that climate change isn't real, that January 6th was nothing, but a tourist visit, are the same—are now trying to tell us that transgender people are not real. And I would say that their claim is probably just as legitimate as all their others, which is to say not very much at all.

But, moving forward, Dr. Kumar, are you able to tell me what methotrexate and what conditions that methotrexate is routinely prescribed for?

Dr. KUMAR. Sure. Methotrexate has a number of different uses. It can be used to treat ectopic pregnancies, atopic dermatitis, lupus. And there are several other conditions that it can be used for.

Ms. OCASIO-CORTEZ. Uh-huh. Yes. I believe it's—can also be used to treat cancer. Is that correct?

Dr. KUMAR. That's correct.

Ms. OCASIO-CORTEZ. I believe you said rheumatoid arthritis——

Dr. KUMAR. Uh-huh.

Ms. OCASIO-CORTEZ.—as well?

Dr. KUMAR. Yes.

Ms. OCASIO-CORTEZ. And they can also be prescribed in the event of an abortion, correct?

Dr. KUMAR. Right. It can be used for ectopic pregnancies. It has been used in the past for intrauterine pregnancies, even though that's rare now.

Ms. OCASIO-CORTEZ. Uh-huh. And so, I mean, what we see here is that this is one drug that has many different applications depending on the condition, which is common for many other medications as well. High blood pressure can also treat other—you know, medications for high blood pressure can also treat other conditions as well.

And so what we're seeing here is that many of these abortion—these anti-abortion laws, these forced-birth laws, are written by legislators that really have very little clue into the nuances of medical care.

In fact, Texas has designated methotrexate as an abortion-inducing drug, and now the same people who have cancer, arthritis, and lupus have to prove that they are not using those medications for abortion, which then, of course, delves into gross violation of privacy issues that create real conflicts for people.

Is this something that you are seeing, Dr. Kumar?

Dr. KUMAR. Yes, certainly. I've heard from people in Texas who have been using methotrexate for other medical conditions, and they are not able to access it at the pharmacy. Some people have also——

Ms. OCASIO-CORTEZ. Uh-huh.

Dr. KUMAR [continuing]. Gone to the pharmacy to get their medication and been asked about pregnancy tests or about if they're using any kind of contraception, which, again, is a violation of their privacy and shouldn't be asked. They've been getting these medications——

Ms. OCASIO-CORTEZ. Thank you.

Dr. KUMAR [continuing]. For some time.

Ms. OCASIO-CORTEZ. Thank you.

And, you know, I think—I'd like to walk through a little bit of a thought experiment or even a scenario in the small amount of time that I have left.

I, for example—you know, since Republicans are forcing this conversation in uncomfortable ways, then I will meet them to it. I have an IUD. I've had one for years. Now, IUDs—if an IUD fails and results in an ectopic pregnancy, which has about a 50 percent chance, I believe, of an ectopic pregnancy emerging with an IUD, does that—would that mean that if I were hospitalized in these states, you would have to wait until I was in the process potentially of actively dying before you could effectively treat me and save my, or anyone in our position's life?

Speaker. I just talked to him——

Dr. KUMAR. So thank you for that question. I think this came up earlier around ectopic pregnancies.

To date and to my knowledge, there are no laws that outlaw care for ectopic pregnancies. However, what we've seen in Texas, because these laws are written by politicians and sometimes don't make sense and are difficult to grapple with and understand by physicians who are practicing medicine, we have seen people denied access to that care and eventually seen somebody in Texas who left the state to get care for her ectopic pregnancies.

So it's very possible. It depends on which healthcare provider you see, which clinic or hospital you may go to, because we're interpreting these laws in real time by physicians.

Ms. OCASIO-CORTEZ. And that's exactly the problem, right, is that doctors——

Chairwoman MALONEY. The gentlelady's time has expired.

Ms. OCASIO-CORTEZ.—are now having to intercept law?

Dr. KUMAR. That's correct.

Ms. OCASIO-CORTEZ. Thank you.

Chairwoman MALONEY. Thank you. The gentlelady yields back.

Mr. Flood is recognized for five minutes.

Mr. FLOOD. Thank you, Madam Chair.

Good public policy is based on facts. We must understand the issues in order to draft strong, effective legislation. That's the whole reason we came to work here in Washington and—to hold hearings, to meet with our constituents, to pass legislation, to serve our communities back home.

Unfortunately this hearing today has nothing to do with finding facts or crafting strong legislation. It's merely a messaging tactic by my colleagues across the aisle to create a false narrative about Republicans and to drum up votes before the midterm elections. The left knows they're losing, and this hearing is purely a last-ditch effort to save their sinking ship. So let's talk about facts.

I support commonsense abortion regulation. That's why, in 2011, as the speaker of the Nebraska state legislature, I introduced and passed the Nation's first 20-week abortion ban. Out of 49 state senators in our unique unicameral, I got 44 votes for this legislation. That included over 10 Democrats. It was truly a bipartisan bill that set the stage for a similar 20-week ban in many states.

And, right now, Democrats in my state are telling me they're comfortable with the 20 weeks. I truly believe a great number of

Americans and Nebraskans support these commonsense regulations. And I believe it's important that these conversations need to happen in the state legislature. That's what we did in Nebraska. That's what the Dobbs decision meant and will benefit us as Nebraskans and Americans from having these conversations.

So I have a question for Dr. Chireau Wubbenhorst. Nebraska state law bans abortions at 20 weeks of pregnancy. Can you explain where a child is developmentally at this point during the mother's pregnancy?

Dr. WUBBENHORST. Well, I think it's an excellent question. And, actually, the 20 weeks, children are fairly well-developed. If you remember—if we can remember that previously viability was defined somewhere around 28 weeks, that number has been pushed relentlessly back by the neonatologists. So now we're at a point where, around 21 or 22 weeks, children who are born at that gestational age have a reasonable chance of survival.

At that gestational age, typically children's eyelids may be fused. They usually are fused. But, in terms of their ability to move, their ability to perceive pain, their ability—their bodily functions, they're well on the way to being at the age of viability. And as I said, that's really only one or two more weeks past that particular time of 20 weeks.

Mr. FLOOD. Many on the left, pro-abortion activists, they support late-term abortion and abortion even up until birth. Can you explain where a child is developmentally at seven months into the child's, or to the mother's pregnancy.

Dr. WUBBENHORST. So by seven months, the baby's lungs are actually extremely well-developed, and those infants have, again, at this point in time, a fairly high rate of success in terms of being able to transition to extrauterine life. By that point, as I said, their lungs are developed, though still immature. Their brains are developed, though still immature. They're able to interact with the environment.

And, while they definitely suffer from certain GI problems like colitis, occasionally because of their prematurity, they are really very much along the lines of—very close to being, with proper care, able to survive and do extremely well.

Mr. FLOOD. Thank you very much, Doctor.

I think it's important to note, and people ask me this all the time, they say, Nebraska was the first state in the Nation to do this. How did this get passed?

And I think it has more to do with the fact that our technology has come so far——

Dr. WUBBENHORST. Uh-huh.

Mr. FLOOD [continuing]. That you can see an ultrasound of a child and you can see the fingers and the toes and the legs and the head, and you can say to yourself, I've created a life here.

Dr. WUBBENHORST. That's right.

Mr. FLOOD. What's the impact of the technology and the ultrasound and the 3D imaging? When you work with patients, when you talk to patients, have you seen a change over the last—during your practice with the benefits of technology?

Dr. WUBBENHORST. Oh, a tremendous change. Tremendous change in virtually every area related to neonatology.

And, as far as imaging is concerned, again, early in my training, you know, ultrasound was grainy. It was a difficult—had low resolution. And, very often, it was a question as to whether it was actually a helpful—helpful technology. And, again, now we are at the point of being able to see these three-dimensional and four-dimensional renderings.

I think the other point that you brought up earlier, though, in talking about what's going on at, you know, 20 weeks and 28 weeks, those infants now are able to survive with assistance, with Surfactin and our other technologies. So to abort that infant or to allow it to be born and then neglect it so that it dies is very problematic for me. If you have an infant that is able to survive, that is able to be cared for appropriately, then, essentially, you're making a decision that amounts to infanticide.

Mr. FLOOD. Thank you for your testimony.

I yield back.

Chairwoman MALONEY. OK. All right.

The gentleman from Maryland, Mr. Sarbanes, you're now recognized.

Mr. SARBANES. Thank you, Madam Chair.

I just want to make the observation that Democrats don't have to convince anybody that the Republicans have an extreme agenda when it comes to these abortion bans. People are seeing that themselves. The polling indicates that a majority of Americans don't agree with that agenda. We're just trying to bring attention to what's happening.

And, as Republicans have moved to implement these extreme abortion bans across the country, providers in states like Maryland that I represent, that protects abortion rights, have seen an influx, as can you imagine, of out-of-state patients seeking abortion care.

Last year, Maryland enacted a new law that will allow more qualified and specially trained medical professionals to provide abortions, and several local jurisdictions have committed significant funds to increase the availability of comprehensive reproductive health services in Maryland.

But, even with these resources, providers have faced new challenges and have had to work overtime to meet the need.

Dr. Verma, you provided abortion care in Georgia until the state implemented its ban earlier this summer. How did an increased number of patients from states, like Texas, where abortion was no longer accessible previous to that, impact your practice before this most recent Supreme Court decision?

Dr. VERMA. Thank you for that question and for the efforts happening in Maryland. We've absolutely seen this unjust patchwork of abortion bans forcing people to leave their communities and travel for care instead of being able to get that care in their own communities.

And we're also seeing that that's delaying when they can get their abortion. So, in the United States, 90 percent of abortions happen in the first trimester, and less than 1 percent happen after 20 weeks.

What delays people in getting the care that they need is when we have these abortion bans forcing people out of their communities, when people end up thinking that they're going to a health

center, but end up at a crisis pregnancy center that's using deceptive practices, that's lying to them about how far along in pregnancy they are, that's tricking them into delaying that care, and then they're not able to get the care they need in a timely manner. And we've absolutely seen that.

Mr. SARBANES. I appreciate that insight. That's very, very helpful.

The other thing I think it's important to highlight is that these abortion bans don't just impact reproductive healthcare delivery. They also impact doctors' ability to provide other essential healthcare. For example, in Texas, some oncologists have been forced to deny radiation or other treatments to pregnant women with cancer until they become even sicker, because the standard of care would then include an abortion.

Dr. Kumar, what implications does this have for women's health and the healthcare system as a whole?

Dr. KUMAR. Thank you for that question.

Yes, abortion care is part of a spectrum of care when it comes to reproductive healthcare, and it's a critical part of that.

I've also seen patients that have had a recent diagnosis of cancer, whether it's breast cancer or colon cancer, who are waiting to undergo treatment and are coming in for care before. Like you mentioned, their oncologist has told them that it's best for them not to be pregnant before they continue with care.

I've also seen patients that have children that are undergoing care and have come in to have an abortion so that they can take care of their child, or folks that already have children in the hospital, and they need to be present for them.

You mentioned that this has an effect on many people throughout the healthcare system. That also includes emergency-room physicians that may see increased visits from people who haven't been able to access that care, and so many other folks throughout the entire healthcare system.

Mr. SARBANES. Thank you.

Besides increasing the health risks for patients, these bans interfere with the doctor-patient relationship and the integrity of the medical profession. I mean, it's really an affront to the medical profession.

Dr. Verma, what has it meant for you to be forced to base some of your medical decisions not on the clinical needs of your patients, but on the ever-changing legal situation?

Dr. VERMA. Yes, absolutely.

So we train for years and years to be able to provide evidence-based care to our patients and to be able to adjust that care to the needs of the particular person in front of us. And now, we're being forced to practice in situations where the laws of our state are based on politics, not science, and are at complete odds with the practice of medicine.

So, instead of just being able to do what's best for the person in front of us, we're having to think about whether we're going to be criminalized, whether our licenses are going to be taken away. We're thinking about our livelihoods, just for providing evidence-based care. And that's absolutely having a chilling effect on the medical profession. And it's not what people want. People want

their doctors to be able to provide them the care they need without us having to think about whether our licenses will be removed.

Mr. SARBANES. Thank you very much. Powerful statement.

I yield back, Madam Chair.

Chairwoman MALONEY. Thank you. Gentleman yields back.

And the gentleman from South Carolina, Mr. Norman, you're now recognized.

Mr. NORMAN. Thank you, Madam Chair.

I ask for unanimous consent to enter a pro-life fact page on The Turnaway Survey, if I might?

Chairwoman MALONEY. Without objection.

Mr. NORMAN. Well, you know, here we go again, Madam Chairman. The country is suffering the—is suffering dramatically at every level, inflation, gas prices, crime, supply chain issues. And here we are going—discussing, I guess, a—getting a panel that wants to bash Roe—the abolishment of Roe *v.* Wade and put it back to the states where it should be. It just shows you how disconnected this administration is on solving real problems of this country.

The last panel we had of pro-choice advocates, I asked a very simple question: Do you agree with the killing of a child, infanticide at birth, a perfectly live, healthy child at birth? They couldn't answer it.

So I said, Well, that's your decision. You agree with that.

So I won't bother asking y'all that question. I will tell you I'm a grandfather. My daughter had a 25-week-old child. It was this big. It was a child that could—you see pain. He was moving in the womb, perfectly healthy child now. Didn't make the choice to kill it, had it at term. Perfect three-years-old.

So—but, you know, what's amazing to me is the distortion that this administration is using. I'll just name a few that really is sad to see—and it has to do with the Dobbs decision. The myth that state abortions restrictions will not allow a physician to care for a woman if her pregnancy poses a serious risk to her life. All state—the fact: All state abortion laws currently in effect have exemptions to save the life of the mother.

The myth that state abortions restrictions means a woman with an ectopic pregnancy must choose between jail or death, even Planned Parenthood admits that treating an ectopic pregnancy isn't the same as getting an abortion.

Myth being put out by the left: State abortion restrictions will prevent physicians from treating miscarriages. Fact: Pro-life legislation will not prevent any woman from getting care during the heartbreak of a miscarriage.

Myth: Abortion has no adverse mental health effects. I will tell you I've talked to a lot of ladies that talked about having an abortion. Tears came to their eyes, men as well. Don't tell me that it's no mental effect. It is a mental effect. And the fact that you're putting out that it doesn't, it just simply is not true.

Abortion contributes to—the facts are abortions contributes to increased rates of mental health disorders among women, including anxiety, depression, substance abuse, excessive risk-taking, self-harm, and suicide.

And finally, the myth that overturning Roe threatens dozens of other precedents founded on privacy rights, such as gay marriage and contraception, the Dobbs decision clarifies that the opinion only impacts abortion and argues that abortion is fundamentally different from other privacy issues, such as contraception and marriage, because it destroys the life of a distinct human being.

These are all myths that the American people are fed up with, and these are the myths that it's not going to sell this time.

Ms. Wubbenhorst, I understand that, following the Dobbs decision, 27 states have few or no limits on abortion. Doesn't that mean that, in these states, our abortion—our Nation allows one of the most extreme policies on abortions in the world?

Dr. WUBBENHORST. Yes, sir. I'm aware that and agree with you that 27 states do allow it, and I think that, where abortion—abortion laws permit abortion up to and including the time of birth, when that child's birthday would have been, that that is an extreme position as compared to the rest of the world. There is no question about it. And, as we've talked about earlier, it's only Canada, China——

Mr. NORMAN. North Korea?

Dr. WUBBENHORST [continuing]. And North Korea that have a similar——

Mr. NORMAN. We joined North Korea in that distinct—this blows my mind how that happens.

Anyone—Ms. Frye, you want to comment on that? Dr. Kumar? Ms. Leigh, any of you want to contact on that? I've got 27 seconds. Real quick.

Ms. FRYE. Most Black women don't live in China or North Korea.

Mr. NORMAN. I'm not talking about Black or White women. It has nothing to do with Black——

Ms. FRYE. I'm concerned about them having access to healthcare here——

Mr. NORMAN. No, you're not going to blame——

Ms. FRYE [continuing]. In this the United States.

Mr. NORMAN. Abortion affects—doesn't matter the color.

Dr. Kumar?

Dr. KUMAR. Well, I did want to respond to your first comment about infanticide. Nobody on this panel, I think, stands for infanticide. I think that a suggestion that we would support that is inflammatory, especially given the amount of violence and harassment that abortion providers face.

Mr. NORMAN. It wasn't inflammatory with the group that I had previously.

Chairwoman MALONEY. The gentleman's time has expired.

The gentlelady from Michigan, Ms. Tlaib, is recognized.

Ms. TLAIB. I want to pause a little bit, because I know that's intense. And I do appreciate you all being here, because there are so many women and those that can be pregnant can't be here, and you all are speaking for them, and I really do appreciate that.

You know, when I served in state legislature, I just wish my colleagues were as obsessed with handling infant mortality as environmental racism that gives so many folks, you know, preexisting conditions and so much more. In the 13 District Strong that I represent, because I grew up in the most beautiful, Blackest city in

the country, the city of Detroit, where, unfortunately, because of systematic racism, we see poverty at higher levels, we see preexisting conditions because environmental racism exists, and so much more. We are ranked in the city of Detroit with one of the worst asthma rates in the Nation. We have the worst—one of the worst infant mortalities in the Nation.

Just a few weeks ago, Chairman Khanna and I held an Environmental Subcommittee field hearing in my district about frontline communities facing high rates of pollution and so forth. At that hearing—I don't know if the chairwoman knows—it was incredible to hear folks from those that live in the shadows of Stellantis, U.S. Ecology, that are—continue to pollute in communities that feel like they're sacrifice zones.

One of the biggest health issues they raised was pregnancy complications, loss of pregnancy, difficult having children. I just even heard it from a dear friend who did environmental justice work, losing a child, thinking, is it because I live here?

You know, Dr. Verma, one of the things I wish folks would understand, and maybe you—but addressing infant mortality and offering prenatal care, would that save lives?

Dr. VERMA. Yes, that would absolutely save lives. And what we're saying here today—so I provide comprehensive reproductive healthcare. I support my patients who need abortion care and who decide they want to continue the pregnancies. And I support them in trying to access health insurance in trying to get prenatal care. But there are huge limitations when it comes to that.

And so, when we're talking about people's access, it's also important that we pursue policies that allow people to have healthy pregnancies and parent in healthy ways. But we are—support all of that. I want people who need abortion care to get that care. I also want people who want to continue their pregnancies to be able to do so in a healthy way.

Ms. TLAIB. Yes. You know, Ms. Leigh, I cannot thank you enough for providing your testimony today, but I don't know. You know, as a woman in our country right now, I just—I feel like we're not as obsessed with the children that are among us living in poverty, that are going to schools with, you know, lead in the walls, where most of my schools right now don't even have access to clean water. They're literally—their fountains are shut down.

I—I mean, why is abortion bans so dangerous for patients and families with stories like yours?

Ms. LEIGH. I appreciate the question, Representative.

And that question reminds me that as I've sat here when Representative Flood and other members who have now left the room so they can't hear this correction, have sat here to use their five minutes to tell us about how eyelids are developed and fingerprints and heartbeats—it's demeaning, and it's insulting to insinuate that that's what I need to hear, to know that my son and that his life mattered. It's insulting to all pregnant people everywhere.

The rhetoric and the sentinelization creates stigma and shame, and it's wrong. And it's really difficult to sit here and to hear that, and then not actually be looked in the eye and asked about my experience, not being asked a single question while I have to sit here.

And I have the privilege and honor of sitting here and representing so many people—my friends, Karen and Whitney and Erica, who also had to say good-bye to babies before they ever held them in their arms.

Mr. Higgins, your story was beautiful, and I share your grief as a parent.

No one needs to be reminded of the sanctity of life. We need to be reminded that this is a nuanced, complex decision that is never going to be answered by a binary yes or no question or the amount of weeks that my ultrasound shows. We need to leave people alone to make these decisions for themselves and their families and the betterment of our communities.

Ms. TLAIB. Thank you, Ms. Leigh.

You deserve a lot more time. And I just want you to know, even though you may not have felt seen and heard here, I see and hear you.

With that, I yield, Madam Chair.

Chairwoman MALONEY. The gentlelady yields back.

And I now ask unanimous consent that Representative Dr. Kim Schrier be allowed to participate in today's hearing.

Without objection, so ordered.

She's now recognized for five minutes.

Thank for joining us.

Ms. SCHRIER. Thank you, Madam Chair.

And thank you to our witnesses. And I have met several of you but not all of you, and I would like to introduce myself by saying that I'm the first ever pediatrician in Congress. So I have worked in the neonatal intensive care unit. I've attended high-risk deliveries. I have seen families in my office up close, either, you know, a teenage girl facing an unplanned pregnancy or a mother who is so excited about a pregnancy and then finds out something is devastatingly wrong.

And that is why, as I just heard from Ms. Leigh, this is a nuanced question. And this—these are questions that should be left between doctors and patients and that the government really has no role making such a personal decision.

I'm the only pro-choice woman doctor in all of Congress, and so I'm really honored to be here. Mainly, I want to set the record straight on several things that I've heard today.

You know, the first is just can we talk about ectopic pregnancies for a second.

Dr. Verma, what is the treatment for an ectopic pregnancy?

Dr. VERMA. The treatment is either a medication, methotrexate, or a surgery.

Ms. SCHRIER. And either way, this would be considered an abortion. Is that correct?

Dr. VERMA. There are—so there are some distinctions present. But we are absolutely seeing that—again, there are gray areas, and we are seeing that these abortion bans definitely affect people that have ectopic pregnancies. The most common types of ectopic pregnancies are in the tubes and are treated in those two ways.

There are types of ectopic pregnancies in the cervix or in the C-section scar that are treated very similarly in the way that we do abortion, and we're seeing that there's all this confusion because

politicians who are making these laws don't actually understand the medicine and the science. And these laws are absolutely affecting people that are having ectopic pregnancies.

Ms. SCHRIER. That's right. Thank you for pointing out, politicians making medical decisions.

I wanted to also ask you about miscarriage because that word gets thrown around a lot. A miscarriage is the natural loss of a pregnancy. Can you tell us about an incomplete miscarriage—at least that's what it has traditionally been called; you can correct my language if you'd like—and what the treatment for that is?

Dr. VERMA. Absolutely.

So we often see patients that are in the process of passing a pregnancy. So they're experiencing bleeding and cramping. Their cervix is open, but part of the pregnancy is still present in the uterus.

And, again, there's a lot of uncertainty. I've seen this in Georgia about whether doctors can intervene in those situations and provide the care that patients need. And patients are experiencing delays in care, because of this uncertainty, because of these abortion bans.

Ms. SCHRIER. That's right.

And it's putting doctors in a really untenable and really inappropriate position of having to call an ethics board or to call their lawyer before they can treat their patient with the standard medical care.

I had another question for you. I'll just throw this to you, Dr. Verma. We just heard mental health. I hear this thrown around a lot. Can you tell me what the overwhelming mental health response of women who get abortions is? I don't believe that it is any of the things the Republicans are pointing out. I believe it is relief. Can you either confirm that or say otherwise?

Dr. VERMA. Yes. So the Turnaway Study that followed many, many women who had abortions and were turned away from abortions found that the most common emotion was relief.

And I appreciate you pointing out the amount of misinformation we've heard today. I want to reemphasize that the overwhelming consensus of the medical society, which includes over 75 major medical societies across all specialties, have come together and have established that abortion care is essential, necessary healthcare and that abortion restrictions harm our patients.

Anything can be misrepresented for a political or personal agenda, but the science is not up for debate. And the overwhelming consensus of the medical community, which includes OB/GYNs, surgeons, the American Medical Association, pediatrics, the consensus is clear and the American Board——

Ms. SCHRIER. Thank you.

Dr. VERMA [continuing]. Of OB/GYN——

Ms. SCHRIER. I—And I hate to interrupt, but I have a quick another question for you, because another big source of misinformation that we hear from some of my colleagues is a real focus on abortions late in pregnancy.

Since about 95 percent of abortions occur very early in pregnancy, in your experience, have you ever had a patient—do patients come in at 8 or 9 months and just decide that they no longer

want a pregnancy? Or can you clarify that these are for extraordinary circumstances that no politician should be deciding for a woman?

Dr. VERMA. Yes, thank you for that question.

That's absolute that is just not reflective of the reality of abortion care that people are coming in right before birth and having abortions. Ninety percent of abortions are occurring in the first trimester. In the 1 percent that occur after 20 weeks, in the majority of cases, something has gone terribly wrong with the patient or pregnancy.

And so it—this is a lot of misinformation again that we're hearing today about abortions later in pregnancy.

Ms. SCHRIER. Thank you for clarifying and setting the record straight.

I yield back.

Chairwoman MALONEY. Thank you, Doctor and Representative.

I would like to introduce this document into the record. It's a statement from the American College of Obstetricians and Gynecologists, which represents and trains more than 57,000 OB/GYNs across America, that affirms what we've heard from Drs. Verma and Dr. Kumar.

It says, quote: Abortion is an essential component of women's healthcare, end quote.

It also says quote: Personal decisionmaking by women and their doctors should not be replaced by political ideology.

And I agree. Republicans need to stop interfering with women's personal healthcare decisions, and I would like to place this in the record.

Without objection.

Chairwoman MALONEY. I have—the gentleman does not care for a closing statement, but I would like to give one briefly.

To all of our witnesses who shared your expertise and your personal stories of abortion today, I want to thank you very, very much for all that we've learned from you.

And, as the witnesses at today's hearing made painfully clear, Republican abortion bans and restrictions are already taking away rights and jeopardizing the health of more than 30 million women across our country.

And, as the memo we released today shows very clearly, Republicans are now intent on banning abortion nationwide and putting doctors and nurses in prison for providing abortion care. If Republicans succeed, they will strip reproductive freedoms from nearly 64 million women in America. And that is horrifying.

And Republicans are not telling the truth about their national abortion ban. They claim today that they want to protect women's health, but the truth is a national ban will increase maternal deaths. A recent analysis estimates we could see an increase in maternal deaths of nearly 30 percent in the first year of a national ban.

They claim today that they don't want to, quote, "force," end quote, people to support abortion. But their national abortion ban would force women to give birth against their will, even if the fetus is totally incompatible with life, as Ms. Leigh's experience was, simply because Republican politicians say so.

Today we heard exactly how devastating this would be. We heard today how a national ban would roll back the clock on women's rights and economic advances in this country and would have a profound impact on entire families, and that is simply unacceptable.

Democrats in Congress understand that the right to control our reproductive futures is essential for our democracy. I would say there is no democracy if women cannot make decisions about their own healthcare, including reproductive healthcare.

And this is why Democrats continue to fight to protect abortion rights. We have already passed bills in the House to protect this right, and we will not stop until we ensure that everyone has the freedom to make their own healthcare decisions.

With that, I yield back.

The meeting—whoops.

I was swept away with the emotion of today's hearing, and I must make this closing.

I want to thank our panelists for their remarks, and I want to commend my colleagues for participating in this important hearing and conversation.

And without—with that and without objection, all members have five legislative days within which to submit extraneous materials and to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their prompt response.

I ask our witnesses to please respond as promptly as you are able.

This hearing is now adjourned.

[Whereupon, at 1:18 p.m., the committee was adjourned.]