

Testimony of Dr. Leilah Zahedi Spung, MD, FACOG
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“No Rights to Speak of: The Economic Harms of Restricting Reproductive Freedom”
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Good morning, Chairman Whitehouse, Ranking Member Grassley, and distinguished members of the Senate Budget Committee. My name is Dr. Leilah Zahedi Spung and I use she/her pronouns. I am a board-certified, fellowship trained, obstetrician and gynecologist, Maternal Fetal Medicine, and a board-eligible Complex Family Planning physician, which means I care for pregnant people experiencing additional challenges with their health while pregnant. I am proud to provide high-risk obstetric care, including ultrasounds and genetic testing, perform deliveries, and provide abortion care. I am here today as a fellow with Physicians for Reproductive Health, a network of physicians from across the country working to improve access to comprehensive sexual and reproductive health care. I am also a fellow with the Society for Maternal Fetal Medicine and the American College of Obstetricians and Gynecologists (ACOG). I am a brown woman who passes as white, the child of a first-generation immigrant from the Middle East, a mother, and a proud Southerner. I grew up and was trained in the Southeast and I have cared for that community for the majority of my career.

I became a doctor because of my commitment to care for people without judgment throughout the course of their lives. For me, that commitment includes caring for people throughout their pregnancies, delivering their babies, and supporting them as they decide to end a pregnancy. Whether I am caring for someone who is ready to build or create a family, already parenting, grieving due to an unexpected diagnosis, or caring for someone who does not want to be pregnant, all of my patients have something in common – they are making thoughtful decisions about their health and well-being. Each of them deserves high quality health care regardless of who they are or where they live.

I want to be clear today that abortion is life-saving, necessary, compassionate, essential health care and should be available throughout pregnancy. Abortion is also extremely safe and none of the arbitrary barriers imposed by politicians make it any safer. In fact, in 2018, the National Academies of Sciences, Engineering, and Medicine (NASEM) published a comprehensive study affirming the safety record of abortion and pointed out that the biggest threat to patient safety is the litany of medically unnecessary regulations that raise costs and delay procedures, ultimately putting patients' health at risk.¹ In addition, a study published in *Contraception* in 2021, noted a significant association between states with significant abortion care restrictions and higher and worsening maternal mortality and morbidity.²

¹ National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (2018), <https://nap.nationalacademies.org/read/24950/chapter/1#i>.

² Amy N. Addante, et al., *The Association Between State-Level Abortion Restrictions and Maternal Mortality in the United States, 1995-2017* 104 J. CONTRACEPTION 496 (Mar. 26, 2021), [https://www.contraceptionjournal.org/article/S0010-7824\(21\)00090-1/abstract](https://www.contraceptionjournal.org/article/S0010-7824(21)00090-1/abstract).

Abortion care is necessary for building families as well. During my time in Tennessee, prior to *Dobbs*, I had the honor of caring for a number of families who needed abortion care for a range of complications. I walked through that journey with them, and they were so thankful to be able to access abortion care in their community. Since then, I have heard from those families about subsequent pregnancies that led to healthy babies at the right time in their lives. I receive pictures, holiday cards, and videos of their children regularly. I am honored to have helped them achieve this happiness. My patients can hold the grief of their prior loss and the gratitude of being able to access abortion care and then have additional healthy pregnancies to grow their families.

Unfortunately, the Supreme Court's decision in *Dobbs*, which overturned the constitutional right to abortion, has wreaked havoc on communities across this country. It wreaked havoc on the lives of people seeking care, and on physicians who are doing their best to care for their communities. This is also true for myself and my family. After finishing specialized fellowship training at Washington University in St. Louis, I was incredibly excited to move back to the South, to Tennessee, to care for my community. I knew that's where I would be happiest. It was a place where my skills that I built over seven years of post-medical school training, including abortion provision, would be used and needed. I built a practice caring for my community, collaborating with referring physicians, and providing abortion care in my position. Shortly after moving to Tennessee, I realized I was the only physician in my community who was trained to provide later abortion care. Prior to *Dobbs*, I was taking care of miscarriages, emergencies, and devastating circumstances for my entire community. Following the Supreme Court's decision, Tennessee's abortion ban – one of the most extreme abortion bans in the country – went into effect. This ban did not have any exceptions, not even for life-threatening emergencies. Providers who performed abortions in Tennessee under the state's law at the time would be subject to severe criminal penalties, and while a physician who was charged with a felony could argue after the fact that the abortion was necessary to save someone's life, this was an entirely untenable situation pitting physicians like myself and patients against each other. It became clear very quickly that I could no longer provide the care that my patients needed and deserved without facing significant risks to both myself and my family. In one of the hardest decisions I have ever had to make, my family and I decided to move, once again, to Colorado.

As a doctor in Colorado, I am seeing firsthand the consequences of this moment and the consequences are far reaching. In Colorado, I am able to provide care for people based on what patients and I decide together is safest and healthiest for their lives without political interference, but so many patients who travel to us don't have that option. As states continue to ban abortion patients are having to travel farther and farther distances away from their homes and their communities putting not only their health and lives at risk but also their economic well-being. I am consistently seeing patients from across the country, from the southwest, Midwest, and southeast. And while I am grateful to be able to care for these people who have made it to us, I can't help but think about all of the people we know who have been forced to remain pregnant and don't have the means and resources to pay for the travel, child care, additional time off from work, or keep up with the increased costs as they are pushed later and later into pregnancy. We know from recent data that already thousands of people have been forced to remain pregnant

since the *Dobbs* decision.³ This is exceptionally dangerous given the state of maternal mortality and morbidity in this country and especially in states with abortion care bans and restrictions. In addition, the patients who are traveling to myself and my colleagues in Colorado for care, have often received a devastating diagnosis later in pregnancy and are grieving. They have to leave their support systems and communities in order to access care that honors their child in the way they feel is best for them.

We also already know the consequences when someone is denied an abortion, because even before the Supreme Court's decision it was incredibly difficult for many people to access care. Studies have shown us that people who are denied an abortion are more likely to fall into poverty, increase their amount of debt, and generally have worse financial security for years following their abortion denial.⁴ Inability to access abortion also has severe consequences for a person's career, limiting educational attainment, labor force participation, and the ability to access higher paying jobs, and this is especially true for Black, Indigenous, people of color who face systemic racism in all aspects of their lives.⁵ We also know that when someone is able to access abortion care their financial circumstances and the financial circumstances of their future children vastly improve.⁶ We also cannot forget how collective economic security benefits all of us and how abortion care restrictions harm our communities as a whole. For example, the Institute for Women's Policy Research estimates that even before *Dobbs*, state-level abortion restrictions cost state economies \$172 billion annually – and eliminating state-level restrictions would increase the nation's GDP by nearly 0.7 percent.⁷ This is in part because the costs of being pregnant, giving birth, and raising children are staggering – especially for those who are struggling to make ends meet. As a doctor I can tell you that the costs of health care during pregnancy are incredibly high, particularly if someone has a complex pregnancy or is in need of additional care.

As more states continue to ban or severely restrict access to abortion the ripple effects will continue to compound and impact other types of essential health care harming the overall health and wellbeing of people across the country. For example, other types of care we have already seen impacted include: contraceptive care because of intentionally vague language being misconstrued to limit access to emergency contraception and intrauterine devices or IUDs; miscarriage care as the treatments used to help manage a miscarriage are the same used to provide an abortion; ectopic pregnancy care as health care institutions and providers are worried about being held criminally responsible for providing the emergency care patients need; cancer care where in some cases abortion is necessary to enable further treatment of the cancer and save the life of the pregnant person; auto-immune disorders, as patients are having trouble accessing essential medications that are considered abortion inducing in states that have banned abortion.

³ #WeCount Report, April 2022 to June 2023, SOC. OF FAM. PLANNING (Oct 4, 2023), https://societyfp.org/wp-content/uploads/2023/10/WeCountReport_10.16.23.pdf.

⁴ Diana Greene Foster, *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having – or Being Denied – an Abortion*, ANSIRH (June 2, 2020), <https://www.ansirh.org/research/ongoing/turnaway-study>.

⁵ Mindy E. Bergman, et al., *The Dobbs Decision and the Future of Occupational Health in the U.S.*, 7 OCCUP. HEALTH. SCI. 1 (Feb. 20, 2023), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9940085/>.

⁶ Foster, *supra* note 4.

⁷ Christine Clark, Martha Susana Jaimes, & Emme Rogers, *Research Brief: Updated Analysis of the Cost of Abortion Restrictions to States*, Institute for Women's Policy Research, (Jan. 2024), [Updated-Analysis-of-the-Cost-of-Abortion-Restrictions-to-States-1.pdf \(iwpr.org\)](https://www.iwpr.org/publications/Updated-Analysis-of-the-Cost-of-Abortion-Restrictions-to-States-1.pdf).

Furthermore, as I have alluded to with my own personal experience, the consequences of the Supreme Court's decision are not limited to patient health and availability of care, but also extend broadly to the provider workforce. Providers across the country have been forced to shift the care or services they provide, relocate, or cease offering care altogether. Training opportunities in sexual and reproductive health care for those in restrictive states have severely diminished and become even more difficult to access. And existing provider shortages have been exacerbated by these circumstances. These impacts are only the beginning. As a reminder, we are less than two years out since the *Dobbs* decision with the threats from the courts continuing.

Despite all of these threats, I am unwavering in my commitment to support people in my home and community 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 the people they trust. I urge you to listen to the stories being told today by the 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 us and the people we love.

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