Stewardship of Reproductive Healthcare in South Carolina
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No Financial Disclosures

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Objectives

• Understand immediate and long-term consequences of abortion bans on reproductive health

• Recognize how abortion bans harm the ability to practice evidence-based medicine in all fields of medicine
Abortion Defined

- 1 in 4 women use abortion care in their lifetime
- Threatened Abortion
- Spontaneous Abortion
  - 28% of all fertilizations
- Missed Abortion
- Procedure Abortion – 46%
- Medication Abortion –
  - 54% in the US, 74% in SC
More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference

Our patients need to be able to access—and our clinicians need to be able to provide—the evidence-based care that is right for them, including abortion, without arbitrary limitations, without threats, and without harm.

American Medical Association; American Academy of Family Physicians; American Academy of Pediatrics; American Board of Internal Medicine; American Board of Surgery; American Board of Anesthesiology; and over 75 more
Setting the Stage – The SC Abortion Ban

SC law = abortion is illegal after detectable fetal cardiac impulses

- ‘Lethal’ fetal anomalies
- ‘Life-threatening’ maternal illness
- Rape and Incest – but only up to 12 weeks and only if reported to law enforcement
- Discriminates against mental health conditions

Medication Abortion is Legal is South Carolina

- 74% of all terminations (up to 10 weeks)
- SC does not allow medication abortion by telemedicine.

ACOG
SC Abortion Restrictions Still in Effect

- State mandated counseling 24 hours prior to abortion procedures (does not have to be in person)
- Ultrasound required at least 1 hour prior to the abortion procedure; must offer for patients to hear fetal cardiac activity
- Parental consent needed
- Bans the use of telehealth for medication abortion
- Only physicians can provide abortions and not other qualified health care professionals

https://states.guttmacher.org/policies/south-carolina/abortion-policies
The 6-week Abortion Ban Criminalizes the Practice of Medicine

- FELONY (criminal) penalty
  - $10,000 fine
  - 2 years imprisonment

- Potential disciplinary action by the SC Medical Board and loss of medical license

- Vague, confusing laws are incongruent with standard of care medicine and practice guidelines
  - Paralyzing for physicians
  - Threatening and deadly for patients
  - Discouraging for trainees
The SC Abortion Ban Does Not Change the Standard of Care
All people should have access to the full spectrum of comprehensive, evidence-based health care.

Abortion is an essential component of comprehensive, evidence-based health care.

As the leading medical organization dedicated to the health of individuals in need of gynecologic and obstetric care, the American College of Obstetricians and Gynecologists (ACOG) supports the availability of high-quality reproductive health services for all people and is committed to protecting and increasing access to abortion.
AMA Statement of Policy

Delegates to the Meeting of the American Medical Association (AMA) House of Delegates adopted policies opposing the criminalization of pregnancy loss resulting from medically necessary care, supporting expanded access to abortion care, and more.....

“Caught between good medicine and bad law, physicians struggle to meet their ethical duties to patients’ health and well-being, while attempting to comply with reckless government interference in the practice of medicine that is dangerous to the health of our patients,” AMA president, Dr. Jack Resneck said.

“Under extraordinary circumstances, the ethical guidelines of the profession support physician conduct that sides with their patient’s safety and health, acknowledging that this may conflict with legal constraints that limit access to abortion or reproductive care.”

AMA Principles of Medical Ethics, revised 11/2022
RESOLVED; abortion is a recognized component of healthcare in certain circumstances and the SCMA opposes any criminalization of physicians for acting within the standard of care.

RESOLVED; if a physician’s medical judgment is to be reviewed, it should be by the South Carolina Board of Medical Examiners, not law enforcement, to be considered for a disciplinary sanction if it is found that the physician acted outside the standard of care.

Your reference committee recommends that Resolution C-2, Abortion as a Component of Health Care, be adopted as amended
Major Medical Journals Agree: Abortion is Essential Healthcare

"If the US Supreme Court confirms its draft decision, women will die. The Justices who vote to strike down Roe will not succeed in ending abortion, they will only succeed in ending safe abortion. Alito and his supporters will have women’s blood on their hands."

**Lawmakers v. The Scientific Realities of Human Reproduction**

The Editors
Hospital Lawyers and Criminal Defense Lawyers

• Lawyers who advise someone to ‘commit a felony’ are conspiring to commit a crime and also risk jail
• The legislative language (and intent) is not clear
• There is no case law precedent
• Based on ‘reasonable medical judgement’ = purposefully vague and makes the ‘criminal’ define the crime
• Lawyers talk in “degrees of risk”
In August 2023, 748 abortions were performed in South Carolina. That month the state Supreme Court ruled the six-week abortion ban was constitutional and can be enforced. In September 2023, only 161 abortions were performed in the state, a 78% drop month to month.
The Turnaway Study - ANSIRH has published more than 50 scientific papers in peer-reviewed journals using data from the Turnaway Study.

• Women who receive a wanted abortion:
  • Are more financially stable;
  • Set more ambitious goals;
  • Raise children under more stable conditions; and are
  • More likely to have a wanted child later.
Denying a woman an abortion creates economic hardship and insecurity which lasts for years.

Women turned away from getting an abortion are more likely to stay in contact with a violent partner. They are also more likely to raise the resulting child alone.

The financial wellbeing and development of children is negatively impacted when their mothers are denied abortion.

Giving birth is connected to more serious health problems than having an abortion.
How Does an Abortion Ban Change Things?

- Harms patients
- Harms physicians
- Harms trainees
- Decreases Access to care
- Increases health disparities
- Allows Legislative Interference in the Practice of Evidence Based Medicine
- Perpetuates Maternal Mortality
- Dissuades Attraction and Retention of Medical Professionals
Abortion is an Essential Component of Healthcare

• ACOG recognizes that it is our responsibility, as the experts on reproductive health care and leaders in advocacy on behalf of our members and the patients they serve, to have a clear, patient-centered position on abortion that steadfastly opposes legislative interference in the practice of medicine and the criminalization of our members for providing evidence-based care.

• Questions about whether and when patients can access needed medical care should be removed from the political arena and returned to the patient and their trusted health care professional.

• It is unacceptable for doctors and health care professionals to be punished, fined, or sued and face imprisonment for delivering evidence-based care.

• Laws are a blunt instrument that cannot encompass the complexity of medicine or people’s lives. ACOG trusts patients and their families, supported by their clinicians, to make informed, thoughtful decisions about their pregnancies and health care without legislative interference.

ACOG Policy of Abortion September 2023
ACOG Supports Full Spectrum Reproductive Healthcare

• People should be able to access abortion care where and when they need it.

• People may have complex feelings about abortion care, but it is critical that patients be able to access abortions if it is right for their families, their health, and their lives.

• Abortion care is often misrepresented for political or ideological reasons, especially when it is provided later in pregnancy.

ACOG Policy of Abortion September 2023
How to Talk with Physicians Who are Opposed to Abortion

The vast majority of obstetrician–gynecologists, around 95%, would help a patient in need of an abortion in some way, regardless of the obstetrician–gynecologist’s personal feelings.

• Abortion can be a complicated topic for some. The decision whether to have an abortion may be a complex one. It is for these very reasons that this decision should be left to a patient and their trusted health care professional.

• Doctors must be able to provide unbiased, factual information to patients regarding reproductive health care options.

• People must be able to use their expertise in their own lives to make decisions for themselves and their families.

• https://www.acog.org/advocacy/abortion-is-essential/come-prepared

ACOG Policy of Abortion September 2023
Finding Consensus for Medical Practice

with special thanks to:

Dr. Amy Crockett
Dr. Tricia Seal
Dr. Angela Dempsey
Patient counseling

6 Week Ban
Section 44-41-630
(B) Except as provided in Section 44-41-640, Section 44-41-650, and Section 44-41-660, no person shall perform or induce an abortion on a pregnant woman with the specific intent of causing or abetting an abortion if the unborn child’s fetal heartbeat has been detected in accordance with Section 44-41-330(A). A person who violates this subsection is guilty of a felony and, upon conviction, must be fined ten thousand dollars, imprisoned for not more than two years, or both.

Physician Practice
Permits discussion of abortion with patients.
Permits referrals for abortion care
Maternal Medical Exemptions

6 Week Ban

Section 44-41-640.

A) It is not a violation of Section 44-41-630 if an abortion is performed or induced on a pregnant woman due to a medical emergency or is performed to prevent the death of the pregnant woman or to prevent the serious risk of a substantial and irreversible impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman.

Physician Practice

“Medical emergency” means in reasonable medical judgment, a condition exists that has complicated the pregnant woman’s medical condition and necessitates an abortion to prevent death or serious risk of a substantial and irreversible physical impairment of a major bodily function.

This may be (1) life threatening, (2) urgent or (3) stable clinical settings.
Treatment of unborn fetus

6-week Ban

Section 44-41-640. (3) A physician performing a medical procedure pursuant to item (1) shall make reasonable medical efforts under the circumstances to preserve the life of the pregnant woman’s unborn child, to the extent that it does not risk the death of the pregnant woman or the serious risk of a substantial and irreversible physical impairment of a major bodily function of the pregnant woman, not including psychological or emotional conditions and in a manner consistent with reasonable medical practices.

Physician Practice

No change in clinical care to “preserve the life of the pregnant woman’s unborn child” when doing so presents an increased risk to the patient or when neonatal resuscitation would be considered futile.

Continue following the best standards of fetal and neonatal palliative and hospice care.
Ectopic Pregnancy and Miscarriage

6-Week Ban

Section 44-41-640

(2) It is presumed that the following medical conditions constitute a risk of death or serious risk of a substantial and irreversible physical impairment of a pregnant woman, not including psychological or emotional conditions: molar pregnancy, partial molar pregnancy, blighted ovum, ectopic pregnancy, severe preeclampsia, HELLP syndrome, abruptio placenta, severe physical maternal trauma, uterine rupture, intrauterine fetal demise, and miscarriage. ... The enumeration of the medical conditions in this item is not intended to exclude or abrogate other conditions that satisfy the exclusions contained in item (1) or prevent other procedures that are not included in the definition of abortion.

Physician Practice

Continue to treat all ectopic pregnancies according to the standard of care; this includes cervical ectopic pregnancies, cesarean scar ectopic pregnancies, cornual ectopic pregnancies, heterotopic pregnancies and ectopic pregnancies located in the adnexa and abdomen.

Treatment with Mifepristone is the standard of care, it can still be used for this purpose.
Contraception

6-Week Ban

Section 44-41-640
(E) It is not a violation of Section 44-41-630 to use, sell, or administer a contraceptive measure, drug, chemical, or device if the contraceptive measure, drug, chemical, or device is used, sold, prescribed or administered in accordance with manufacturer’s instructions and is not used, sold, prescribed or administered to cause or induce an abortion.

Physician Practice

No new restrictions on prescription of contraceptive drugs and devices, including emergency contraception.
Rape and Incest

6-Week Ban

Section 44-41-650.
(A) A physician may perform, induce, or attempt to perform or induce an abortion on a pregnant woman after the fetal heartbeat has been detected in accordance with Section 44-41-630 if:
(1) the pregnancy is the result of \textit{rape}, and the probable gestational age of the unborn child is not more than twelve weeks; or
(2) the pregnancy is the result of \textit{incest}, and the probable gestational age of the unborn child is not more than twelve weeks.
(B) A physician who performs or induces an abortion on a pregnant woman based on an exception contained in this section must report the allegation of rape or incest to the sheriff in the county in which the abortion was performed. The report must be made no later than twenty-four hours after performing or inducing the abortion, may be made orally or otherwise, and shall include the name and contact information of the pregnant woman making the allegation.

Physician Practice

Abortion may be provided up to 12 weeks gestational age for women reporting rape or incest.

Physicians must report identifying information to county sheriff’s office.
Bias in the Law

- Abortion is legal up to 12 weeks for Rape and Incest Victims
  - even with fetal cardiac activity
  - Why?
- Abortions being reserved for those who ‘deserve’ them,
  - Did not become pregnant due to consensual sex.
  - Pregnancy as punishment
- A pregnant person must first prove they were violated to obtain a needed abortion
  - Women’s bodies are not their own to control
Fatal Fetal Anomalies

6-Week Ban

Section 44-41-660.
(A) It is not a violation of Section 44-41-630 if an abortion is performed or induced on a pregnant woman due to the existence of a fatal fetal anomaly.
(B)(1) A person who performs or induces an abortion based upon the existence of a fatal fetal anomaly shall make written notations in the pregnant woman’s medical records of:
   (a) the presence of a fatal fetal anomaly;
   (b) the nature of the fatal fetal anomaly;
   (c) the medical rationale for making the determination that with or without the provision of life-preserving treatment life after birth would be unsustainable.

Physician Practice

Other States use “life limiting” or “medically futile”

Plan to generally follow Louisiana statute:
- Achondrogenesis
- Acrania
- Acardia
- Body stalk anomaly
- Campomelic dysplasia
- Craniorachischisis
- Meckel-Gruber syndrome
- Ectopia cordis
- Exencephaly
- Holoprosencephaly
- Iniencephaly
- Osteogenesis imperfecta (Type II)
- Renal agenesis (bilateral)
- Short rib polydactyly syndrome
- Sirenomelia
- Thanatophoric dysplasia
- Triploidy

ACOG
ACOG Guidance:
“Understanding and Navigating Medical Emergency Exceptions in Abortion Bans and Restrictions”

• “ACOG has long affirmed that medical knowledge is not static… Fundamentally, there is no one-size-fits-all law that can take every individual, family, or medical condition into account, making legislative interference in the practice of medicine incredibly dangerous.”

Intent

6-Week Ban

Section 44-41-640
(D) Medical treatment provided to a pregnant woman by a physician which results in the accidental or unintentional injury or death of her unborn child is not a violation of Section 44-41-630.

Physician Practice

*Should be* - No changes to physician practice.
But fear and harassment have paralyzed medical care, pharmacy care.
Contraception

6-Week Ban

Section 44-41-640
(E) It is not a violation of Section 44-41-630 to use, sell, or administer a contraceptive measure, drug, chemical, or device if the contraceptive measure, drug, chemical, or device is used, sold, prescribed or administered in accordance with manufacturer’s instructions and is not used, sold, prescribed or administered to cause or induce an abortion.

Physician Practice

No restrictions on contraception

No restrictions on emergency contraception/morning after pill
6-Week Ban

Section 44-41-670.
A pregnant woman on whom an abortion is performed or induced in violation of this article may not be criminally prosecuted for violating any of the provisions of this article or for attempting to commit, or conspiring to commit a violation of any of the provisions of the article and is not subject to a civil or criminal penalty based on the abortion being performed or induced in violation of any of the provisions of this article.

Physician Practice

Physicians are criminalized.
Patients are not criminalized.
Pregnancy is not a Benign Condition
&
Abortion is SAFE

• The mortality rate associated with abortion is low (0.6 per 100,000 legal, induced abortions),

• Risk of death associated with childbirth (Maternal Mortality) in USA is approximately 32.9 per 100,000 pregnancies, up from 23.8 in 2020

• Maternal Mortality in South Carolina is 32.3 per 100,000 births, ranking in the top ten of worst states to give birth, and has increased for women of color to 69.1


2024 SC MMRC Legislative Brief
Pregnancy-Related Mortality Rate, by Region
Rate per 100,000 live births; 2018-2020

Upstate 45.2
Midlands 29.0
Pee Dee 34.5
Lowcountry 31.5

Leading Causes of Pregnancy-Related Deaths
Percent of pregnancy-related deaths; 2018-2020

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Mental Health Conditions/SUD</td>
<td>15.0%</td>
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<tr>
<td>Thrombotic Embolism</td>
<td>13.3%</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>13.3%</td>
</tr>
<tr>
<td>Infections</td>
<td>11.7%</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>11.7%</td>
</tr>
<tr>
<td>Cardiovascular Conditions</td>
<td>8.3%</td>
</tr>
</tbody>
</table>
• 62% say abortion should be legal in all or most cases, while 36% say it should be illegal in all or most cases.
Consequences of Abortion Bans and Personhood Laws

- Medical – morbidity and mortality, diminishes medical profession
- Legal – implications for IVF, taxes, criminal statutes, constitutional rights
- Economic – decreased economic mobility
  - Denying a woman an abortion creates economic hardship and insecurity which lasts for years.
  - Women turned away from getting an abortion are more likely to stay in contact with a violent partner. They are also more likely to raise the resulting child alone.
  - The financial wellbeing and development of children is negatively impacted when their mothers are denied abortion.
  - Giving birth is connected to more serious health problems than having an abortion.
- Personal – accountability for personal choices is integral to the growth of humans

ACOG
Abortion Bans Endanger Actual Lives - Experiences of Physicians and Patients

- Medications not available to women of reproductive age
  - Medications for MAB under suspicion
- Miscarriages not treated appropriately, people not seeking care
- Mistrust - Menstrual history not shared due to fear of ‘tracking’
- Dilation and Curettage (D&C) -
  “You can’t do that because that surgery is illegal now.”
- Lack of surgical training for residents
- Fracturing physician practices
- Transfers of care due to ‘discomfort’ – taxing tertiary referral centers
Abortion Bans Endanger Actual Lives - Experiences of Physicians and Patients

• Ectopic pregnancy has cardiac activity – ‘can we operate?’
• Contraceptive Failures
• PPROM patients – not adhering to the standard of care
• Cancer patients; no surgery/chemo available
• Increase in BTL requests – surgical risk, availability
• Law Enforcement harassment
• Criminal Defense Attorneys
• Mental Health Discrimination
Abortion Bans Endanger Medical Training and Health Systems

- Abortion training opportunities are required for accreditation of residency programs
  - SC programs already sending residents out of state, with its accompanying licensure and logistic issues.

- Female students/residents with forced pregnancy
  - Leave of absence, childcare during clerkships, forgo medical degree.
  - Contributes to the current physician shortage.
Abortion Bans Endanger Medical Training and Health Systems

• Medical education degraded if abortion skills can not be taught
  • Puts personal beliefs/ideology over patient beliefs about what is best for themselves given risks/benefits
  • Can’t perform informed consent- physicians afraid
  • ‘Carve outs’ for exceptions do not address individual patient circumstances, beliefs, priorities

• Health care system is predominantly staffed by females
  • Already short-staffed, health systems suffer as a larger fraction of the workforce is forced to be pregnant, have complications, or travel for abortion care.
Abortion Bans Endanger Availability of all Physicians in SC

• Recruiters struggling to get physicians to consider coming to SC because of the overt legislative interference in the practice of medicine
  • Climate of hostility, criminalization towards doctors and other health care workers

• Right of conscience to provide care according to training
  • Evidence-based, standard of care option as approved by all major medical societies

  • Tom L. Beauchamp & James F. Childress, Principles of Biomedical Ethics (8th ed. 2019).
  • AMA Code of Medical Ethics, Principles of Medical Ethics (adopted June 1957; revised March 2024)
  • ACOG Committee Opinion No. 819, Informed Consent and Shared Decision Making in Obstetrics and Gynecology (2021),
Abortion Bans Endanger Availability of all Physicians

- Chaos and delay on our health care teams
  - Detracts time and resources from other patient care, professional pursuits
  - Patient perceive the confusion, leads to distrust
  - ‘Carve outs’ for exceptions seeks to stigmatize abortions

https://www.propublica.org/article/abortion-doctor-decisions-hospital-committee
South Carolina Abortion Bans Discriminate Against Mental Health

Section 44-41-640

(2) It is presumed that the following medical conditions constitute a risk of death or serious risk of a substantial and irreversible physical impairment of a major bodily function of a pregnant woman, **not including psychological or emotional conditions**:

Minimizing mental health impacts patients with schizophrenia, bipolar disorder, severe depression, post-traumatic stress disorder, etc.
Negatively Affects all Medical Specialties
Negatively Affects all Medical Specialties

Abortion Restriction and Mental Health

Katherine L Wisner 1, Paul S Appelbaum 2

Affiliations + expand
PMID: 36753289 DOI: 10.1001/jamapsychiatry.2022.4962

No abstract available

Post-Roe emergency medicine: Policy, clinical, training, and individual implications for emergency clinicians

Margaret E Samuels-Kalow 1, Pooja Agrawal 2, Giovanni Rodriguez 1, Amy Zeidan 3, Jennifer S Love 4, Derek Monette 1, Michelle Lin 5, Richelle J Cooper 6, Tracy E Madsen 7, Valerie Dobiesz 8

Affiliations + expand
PMID: 36268814 PMCID: PMC9772035 (available on 2023-12-01) DOI: 10.1111/acem.14609

Abortion Is a Right: Perspectives of Family Medicine Physician Residents

Anita Vasudevan 1, Briga Mullin 1, Reece Fenning 1, Guille Freschi 1, Jacqueline Mostow 2, Hannah Bogen 3, Aljane Whitaker 4, Zach Anderson 6, Alex Su 9, Seethim Naicker 5, Yvonne Chow 6, Jennifer Tsai 5, Basilia Osegueda 7, Justin Chin 9

Affiliations + expand
PMID: 36540456 PMCID: PMC9754741 DOI: 10.7759/cureus.31506

Free PMC article
Abortion Bans Directly Harm Physicians

- Providers have been forced to shift the care or services they provide, relocate, or cease offering care altogether, despite their training and expertise.
- Right of conscience to provide care according to evidence based medicine and standard of care options has been trampled.
- Training opportunities in reproductive health care in restrictive states have severely diminished and become even more difficult to access.
Abortion Bans are Undermining Medical Education and Training

• Medical students are missing out on core competencies due abortion bans and restrictions.
• Many training rotations and electives in other areas of family planning, such as contraception and fertility care, were canceled.
• 60% of medical students said they were unlikely to apply to residency programs in states that restrict abortion, with applications for residency programs in states with abortion restrictions fell by 3%, with OB-GYN residency programs seeing a 5.2% drop in application volume.
• In a 2023 survey of graduating residents from residencies with Ryan Residency Training Programs, 17.6% of residents indicated that the Dobbs decision changed their location of intended future practice or fellowship plans.
Abortion Bans Erosion of the Provider Workforce is Hurting Patients

• 35% of were affected by health care staffing shortages, and nearly three out of four adults who tried to obtain health care in the previous six months experienced delays in receiving care.

• Robust research demonstrates that when people seek abortions but are denied care, there are short- and long-term harms across nearly all dimensions of their lives:
  • from decreased health and well-being,
  • to lower educational and career attainment,
  • to higher risks of poverty,
  • to negative effects on any current and future children.
  • Increased risks of maternal mortality and morbidity
IVF in South Carolina

- A preventative bill that explicitly states any form of a fertilized egg that exists outside the uterus would not be considered an unborn child has been
  - (filed H. 5157) after the Alabama Supreme Court decided to consider frozen embryos as people, ruling that “unborn children are children.”
- S.C. Fetal Heartbeat Act raises questions about what could be considered an “unborn human.”
- The fetal heartbeat bill lists that “unborn child” means “an individual organism of the species homo sapiens from conception until live birth.” Conception is then defined as “fertilization of an ovum by sperm”.
- For several years in a row, the SC legislature has introduced some type of ‘personhood bill’, which would “convey all constitutional rights to a fertilized egg”
IVF in South Carolina

• “The Alabama Supreme Court’s opinion in LePage undermines critical reproductive health care. Treating frozen embryos as legal persons undermines the rights of people in this country to make decisions about family building, including what to do with frozen embryos created via IVF. …. All around us, access to reproductive medical services is coming under attack.”
  
  • American Society for Reproductive Medicine, Press Release March 2024
Abortion is
✓ safe
✓ lifesaving
✓ common
✓ necessary
✓ essential health care
Call to Action

1. Donate to abortion funds.
   https://www.carolinaabortionfund.org/
   https://palmettostateabortionfund.com/
2. Follow Jessica Valenti on *Abortion, Everyday* daily newsletter
   https://jessica.substack.com/
3. Learn how to provide abortion care
   https://rhedi.org/topic/aspiration-abortion/
4. Advocate with your state chapter of your medical association
5. Become knowledgeable about abortion laws in South Carolina.
   https://reproductiverights.org/maps
   https://www.scwren.org/take-legislative-action/
Points of Thought

• Bodily autonomy is a basic human right and basic tenet of medical care. All other rights are derived from this one. If you don’t own your own body, all other rights are diminished.

• In no other context is it expected for a person to use their body, under duress or force, to sustain or support potential life or treatments for others. Abortion bans are uniquely biased against women, particularly women of color.

• What is your reaction to the criminalization of your colleagues for taking care of their patients according to every leading medical organization and medical journals?
Thank you

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