

Statement of Dr. Willie Parker
Senate Judiciary Committee
Hearing on S. 1696, The Women's Health Protection Act
Removing Barriers to Constitutionally Protected Reproductive Rights
July 15, 2014

Good morning. My name is Dr. Willie Parker and I am here to today to offer testimony in support of the Women's Health Protection Act.

I have devoted my career to helping women have the families they want by supporting early and comprehensive prenatal care, preventing unintended pregnancy with medically accurate sex education and evidence-based contraception, delivering babies, and providing safe abortion care.

I support the Women's Health Protection Act because women across the country are losing the ability to make their own very personal, private health care decisions. In recent years, states have passed numerous measures that restrict abortion that are not based on medical evidence and do nothing to benefit patients.

In the war to defend the right to safe and legal abortion care, Mississippi, where I provide, is at the frontline. The state passed a law restricting the provision of abortion to obstetrician/gynecologists with hospital admitting privileges. This law, which is completely unsupported by evidence-based medicine, would shut down the one remaining abortion clinic in the state, effectively denying women access to abortion. On top of this, the state mandates delays that are costly and burdensome. A woman's access shouldn't be denied simply because she lives in Mississippi. The care she receives should be determined by medical evidence, not by her zip code.

Proponents of these laws can argue that they are "protecting" the health of women, but the truth would suggest otherwise. Here are the facts in Mississippi: there are high teen and unintended pregnancy rates, high infant mortality rates, high maternal mortality rates, and too many Mississippians living in astronomical poverty. These realities confront every woman in the state who has an undesired pregnancy, or a wanted but fatally flawed one. Their need for safe, compassionate, medical care is urgent. Because of that, I made the moral decision to provide care in this state.

Now, invariably, I field questions regarding that decision, with the most often asked being: Why? The short answer is: Because if I don't, who will? If women can find a way travel from all over the state of Mississippi and beyond under hostile circumstances to access abortion care at the clinic, I want to ensure there will be someone there for them.

Some people ask if I am concerned about my own safety. Of course I am. But I am less concerned for my safety than for what will happen to women if I am not there to provide the care they need and deserve.

One patient I think of often was a pregnant woman with five children, the youngest who had died just the year before from cancer. She found herself pregnant and knew that she could not care for another child financially or emotionally. She had traveled some distance for her first state-mandated counseling visit. Even though she was resolute, and knew what was best for her

family, her procedure was required to be delayed for political reasons that had nothing to do with her medical care.

Other women I saw that day were returning for their procedure following a second trip from hours away. These women come to the clinic despite distance, work considerations, childcare obligations, and increased travel costs. They typify the hardships that Mississippi women, and in fact many women across the country, endure due to present laws.

Every patient is unique. Every woman is different. Each one of them is grappling with a personal dilemma. I define a dilemma as a situation in which one has to decide between nondesirable options without the luxury of forgoing the decision. While their stories might differ, what all women I see have in common is the increasing difficulty in abortion access.

So, as I said, people will ask, “Why do you do it?”

The answer is, I want for women what I want for myself: a life of dignity, health, self-determination, and the opportunity to excel and contribute. We know that when women have access to abortion, contraception, and medically accurate sex education, they thrive. It should be the same for all women, no matter where they live. The ability to live the life you imagine should not be limited by your zip code.

We who provide abortions do so because our patients need us, and that’s what we are supposed to do: respond to the needs of our patients. It has become a conviction of compassion in a

spiritual sense for me to provide abortion care. It is the deepest level of love that you can have for another person, that you can have compassion for their suffering and you can act to relieve it.

Thank you.