

Testimony of Nisha Verma, MD, MPH FACOG  
Fellow, The American College of Obstetricians and Gynecologists

Good morning Senator Ossoff. My name is Dr. Nisha Verma, and I am a board-certified, fellowship trained, obstetrician and gynecologist providing full-spectrum reproductive health care. I am a fellow with the American College of Obstetricians and Gynecologists, a non-partisan, evidence-based professional organization representing over 60,000 OBGYNs. 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.

I made a commitment when I became a doctor to care for people, without judgment, throughout their lives. For me, that commitment holds whether I am talking a young person through a first pap smear, delivering a couple's highly anticipated third child, or supporting a patient and her family as they decide to continue or end a pregnancy. However, after the Supreme Court's *Dobbs* decision, with Georgia enacting a law that bans most abortions in our state very early in pregnancy, I struggle every day to provide necessary, life-saving medical care. I've seen young pregnant moms with worsening medical conditions and couples whose deeply desired pregnancies are in the process of miscarrying, be turned away or forced to leave their communities to access needed health care.

As a doctor, I have the immense privilege of sitting with patients and learning about their lives. For me, these patients' stories are a powerful reminder that abortion is not an isolated political issue, and today, I want to provide a glimpse of how abortion restrictions impact real people.

Shortly after Georgia's six-week abortion ban went into effect in 2022, I saw a high-schooler that I'll call "V" who realized after missing her period that she might be pregnant. When she came to see me, she unfortunately was just a couple days past Georgia's arbitrary cut-off, which bans most abortions after just two weeks from the first missed period. I had to tell her that, even though I have the skills to help her, I could no longer perform her abortion in our state. Unfortunately, "V" was unable to find the resources and support to leave Georgia for abortion care. Because of workforce shortages in rural Georgia, where she lives, she also couldn't find a doctor in her part of the state that could care for her for many months. So, even though "V" was forced to continue her pregnancy against her will, she couldn't access the prenatal care she needed to keep herself and her pregnancy healthy.

After delivering her baby, "V" struggled with postpartum depression and had to move-out of her home, drop out of school, and work a minimum wage job to try to make ends meet. She told me that she loves her son, but this is not the life she wanted or planned for herself.

"V's" story, while heartbreaking, is not unique. Over the past couple years, I have conducted a grant-funded study to learn about the experiences of patients with high-risk pregnancies in Georgia who are attempting to access abortion care. Through this work, I have heard women describe again and again how Georgia's abortion restrictions exacerbate their suffering in already devastating situations, and leave them feeling betrayed by a government and health care system that is supposed to serve and protect them.

One participant, “M,” described breaking her water at 17 weeks, when there was no chance of her baby ever developing lungs that would allow it to live outside of her. She went to the hospital but was told her doctors couldn’t help her until she started bleeding or developed an infection. “M” told me that “to be denied the basic medical care I needed, to be told that I must first be at risk of dying, to be forced to relive losing my baby every day for 5 days because of Georgia’s law, the trauma of that on top of my loss is devastating.”

Another participant, “A,” discussed how Georgia’s six-week ban “rushed” her into making a decision, instead of allowing her the time to get genetic testing on her pregnancy. She shared that her older son was diagnosed with a rare genetic condition that destroyed his lungs when he was just a few years old. Now, instead of starting middle school with his peers, he is admitted to the hospital ICU and doctors have told “A” he likely has less than a year to live. “A” described the pain of seeing her son suffer, and when she found herself pregnant again, she knew that she could not have another child affected by the same genetic condition. However, because this condition does not qualify for abortion care under Georgia’s very narrow exceptions and “A” could not risk leaving her son in the ICU to travel out-of-state later in pregnancy, she made the decision to get an abortion prior to Georgia’s six-week cut-off, before testing on the pregnancy was possible.

It is clear that women who need medical care, including those with high-risk pregnancies, are suffering because of Georgia’s abortion restrictions. We also know that these abortion restrictions are not based in data or science – in fact, in 2022, over 75 major professional societies representing the overwhelming consensus of the science-based medical community, came together to reaffirm that abortion is safe, essential health care.

To make matters worse, doctors, overwhelmed by laws that threaten to make us criminals for providing evidence-based, life-saving care to our patients, are leaving their states. In Georgia, where already over 50% of counties have no OB/GYNs, where we have one of the highest maternal mortality rates in the country, and where women like my patient “V” struggle to access prenatal care, these worsening workforce shortages are devastating for all aspects of reproductive healthcare.

I understand that abortion care can be a complicated issue for many people, just like so many aspects of health care and life can be. I also know that abortion is necessary, compassionate, essential health care, and that patients are capable of making complex, thoughtful decisions about their health and lives – no law should prevent them from doing so.

I urge legislators to listen to the stories of people who provide and access abortion care. I hope these stories help show how profoundly restrictions on abortion access harm all of our communities.

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