

**Testimony of Mackenzie Kulik, MPH**  
September 16, 2024

Good morning, Senator Ossoff. My name is Mackenzie Kulik and I am here to tell you about one of the worst and deeply personal medical experiences of my life. It will be difficult for me to share these things with you today. I appreciate your patience.

I was born in Round Rock, Texas and graduated from Ohio Northern University and Emory University with degrees in Biology and Public Health. But Georgia is my home. I moved to Atlanta 16 years ago for graduate school. I met my husband 13 years later and we married shortly thereafter. We have always wanted to start a family. Last November, we were excited to find out that we were expecting our first child. It was a very special time for us—a feeling that I am sure many people can relate to. We were preparing to become parents.

Everything went the way it was supposed to go for the next few months. We attended our various medical appointments. We prepared our baby's room and read books on parenting. We learned that we would be having a baby girl and started a list of names we both liked. But our world began to change after our 15 week appointment. We found out that our baby had a 1 in 32 chance of having a spinal tube disorder. Then, at 17 weeks, I started bleeding. I was admitted to the hospital for overnight observation. My doctors ordered an ultrasound. The technician could not detect our baby's face or body.

I was lying in the hospital bed when I saw my doctor walk in to discuss the results of the ultrasound. I just knew something was wrong. I was terrified. The doctor told me I had Oligohydramnios/borderline Anhydramnios, which meant that I did not have enough amniotic fluid for the baby. This was usually a symptom of a serious medical condition.

The doctor and I spoke for at least 30 minutes. I am a research scientist by trade and wanted to make sure I understood everything so that we could figure out how to help our baby. The doctor's advice to me was that I should stay on limited bedrest and drink as much water as possible.

When the doctor left, I tried to process what was happening. And I did what I always do for medical questions: search the medical literature see what the science says. When I did, my heart dropped. The medical literature was unequivocal: when this happens so early in a pregnancy, the pregnancy should be terminated. Otherwise, the baby could either die in utero or die shortly after being born. And if the low amniotic fluid was caused by my water breaking prematurely, then I was at risk of developing a life threatening infection.

I did not understand why my doctor did not share any of this information with me. It made me think that maybe my case wasn't that bad. Or that I had made a mistake when reading the medical literature. Maybe our baby girl still had a chance.

For the next three weeks, I did exactly what my doctors told me to do. I stayed in bed. I drank a lot of water. And I was afraid. At my 18 week ultrasound, nothing had changed. My doctor gave me the same advice: limited bedrest and fluids.

At the 20 week ultrasound, the images of our baby looked significantly worse. My doctor was oddly quiet when they told me that my amniotic fluid was basically nonexistent. They said that my baby's skull had started to elongate. She was not growing the way she should have been. It became clear to me at this time—as much as I was in denial—that my baby was not going to make it.

Fighting back tears, I finally asked my doctor the question I had been holding in for the last three weeks: did we need to consider terminating the pregnancy? At this point, it was just the three of us in the room: my doctor, me, and my husband. My doctor turned to me and said that the conversation we were about to have was completely off the record. It would not be in my visit notes. I was not allowed to send follow up questions. Then, my doctor told me that our baby was not going to make it, and that if we did not terminate soon my baby would either die in utero, she would die very shortly after being born, or I was going to develop an infection due to what they now assumed was my water breaking late in the 1st trimester.

It was heartbreaking to hear this. Accepting that we would never get to meet or hold our baby girl. It was the thing I feared the most. And it was also a prognosis that I should have been told weeks earlier. Instead of giving me the science, my doctors told me to drink water. I thought back to those weeks I spent on bedrest, wracked with anxiety, hoping, and praying.

I was shocked that despite the fact that my baby was not going to make it and continuing the pregnancy posed a risk to my health, my case apparently would not qualify for an exception under Georgia's abortion laws. The only way to get the medically necessary care was to travel to a different state. My doctor wished me good luck and we parted ways.

And yet it still got worse. I spent two days on the phone with my insurance company and doctor's offices trying to get appointments with an out of state physician in my network. I had to repeat the story of our baby girl, how she was not going live, how we were choosing to terminate because we loved her so much and we did not want her to suffer. I had to tell this story over and over and over again. No one seemed to know how to handle the situation. Once the appointments were set, it still felt like it was going to be the luck of the draw as to whether my insurance would approve the claims that would come in. Some of my insurance claims were initially denied because I did not have—and could not get—a written referral for an abortion from a Georgia doctor.

While the outcome of our pregnancy would have been the same no matter what path we took or what laws were in place—we were never going to be able to take home the baby we wanted so badly—it was jarring, shocking, and disheartening that my Georgia doctors could not provide me with the standard of care. The science did not matter. I did not matter. My baby's fatal medical condition did not matter.

If I had not been able to travel out of state, I would have been forced to carry a non-viable pregnancy until the baby died in utero. Or I would have developed an infection that threatened my health enough to qualify for intervention. Or I would have had to deliver a baby only to watch her suffer. Her underdeveloped lungs would never have the chance to take a breath of air on their own.

My physicians in Georgia did everything they could for me with their hands tied behind their backs by Georgia's abortion laws. I do not blame my Georgia doctors. I cannot imagine the anguish of knowing without question what your patient needs, but instead being forced to tell them to rest and drink water. My Georgia doctors could care for their patients or follow the law. But they could not do both.

Senator Ossoff, my story is not unique. Georgia's laws have and will continue to do this to more pregnant Georgian women and their families. It is wrong. Women in Georgia should not have to leave the state to get the best advice on how to care for themselves and their babies.

My husband and I are still trying to start our family. The sad thought has crossed my mind that we might be safer doing so in a place other than Georgia, our community and our home. Thank you.

