

U.S. Senator Maria Cantwell
Senate Democrats Abortion Rights Briefing

January 17, 2024

Sen. Cantwell Remarks

[\[AUDIO\]](#) [\[VIDEO\]](#)

Senator Cantwell: Thank you, Senator Welch. Thank you, Senator Murray, so much for holding this very, very important hearing. And thank you for your strong advocacy here.

As you know, our state has been greatly impacted, when you look at a map and you look at regions of the country that no longer have service, Washington, next door to Idaho, is like, we're the island of any kind of relief. So, it's not surprising to see that we've seen a 56% increase in the amount of patients coming to Planned Parenthood clinics from Idaho over the last year. A 56% increase.

So, we ask ourselves, how can we continue to provide great care in general, if that many people are coming to Washington. And, as some of you know, we've also been concerned, even though Washington has a law protecting providers, we literally are a community across those borders.

What happens to physicians that actually live in Idaho, who practice at Planned Parenthood clinics, and then go back to Idaho? What kind of protections exist for them? What kind of protections exist for Planned Parenthood, who already has a massive amount of security demands put on it, to have the level of security to provide care at that Spokane site, and have had increased insurance charges and everything else. How do we continue to provide for the care and safety of those that are doing an incredible job in providing access to care?

So, I don't know who wants to take that.

Dr. Serina Floyd: Yeah, so I think, a 56% increase is a considerable increase, right. And one of the things that I know I've seen from colleagues across the country is when you can, to some extent, anticipate what may be coming, you can perhaps better plan for it. And then when you're not able to anticipate, or when what you're seeing is much more than what you had originally planned for, that's where we often call upon other members of our community.

One thing I can say about the abortion provider community is that we are a pretty tight, you know, tightly knit group. And whether we are talking about a patient who was needing to receive care at a Planned Parenthood, or a patient who is needing to be seen at an independent clinic, we are at a point where we are constantly collaborating, working together.

We have patient navigation systems that will allow for a provider anywhere to call a patient navigator and say, "I have a patient who needs to get XYZ." And if this other place can't accommodate them, then the next step is to look to see, okay, where else can we get this person for them to be able to get timely care.

So whether it's working together with the scheduling and logistics, to working together on this funding, support, the financial support to get patients where they need to go, I think the key is that we are really working hard to plan, to be prepared, and in cases where we can't quite plan or be prepared working to

collaborate and see how can we pull on other resources from within our abortion community to make sure that our patients are getting the care that they need?

Senator Cantwell: Well, my point is that it is impacting care in general. And so, to say that, you know, states are doing their own thing, they're not doing their own thing. They're impacting other states.

And it wasn't that long ago, definitely within the last several years that the Planned Parenthood clinic in Pullman, Washington, just south of the Spokane clinic by an hour, was bombed. And so we're talking about real security issues, we're talking about real impacts, we're talking about real lives, and people who are trying to provide care. But right there on the Washington-Idaho border is the epicenter of this discussion about how people are being impacted, how people can still provide care, how their clinics are being impacted by cost and increase in demand. So we are being impacted, we have to do more, we have to have a federal law to protect people. That's the best way so that we can do to get care.

So thank you for that. And I'll look forward to following up with you.

Jessica Valenti: If I can add something about clinic security.

We're seeing such an increase in violence and harassment against providers and clinics. And I just want to point out that one of the growing trends in the anti-abortion movement is attacking buffer zone laws and claiming that they are a violation of free speech rights.

And so, it's so important that we're paying attention to this because they are desperate to let anti-abortion activists who are harassing patients, screaming at patients, throwing things at patients, get closer and closer to them and to do away with any buffer of safety that patients and providers had.

Senator Cantwell: Well, in [Spokane], they built a church down the street called the Church of Planned Parenthood hoping to confuse people. And so, Spokane is at the epicenter of this debate. And Washington is doing its best to provide care, but it is not without strain. And it's not without challenge. So, thank you.

Dr. Austin Dennard: I think another thing to mention that we haven't really spoken about, and Dr. Floyd, I'm sure you can speak to this, is the amount of provider burnout that we're at risk of having now.

Imagine - I always say it's been more traumatic for me to be an OB/GYN in Texas than it really was, for me, myself, to go out of state and have my own abortion. As sad as that is to say. I feel burnout from being in a place where care is not available.

But physicians like Dr. Floyd are seeing such an influx of patients, it really can affect your mental health. And providers need to be able to take care of themselves so that they can take care of their patients. I can't even fathom, as an OB/GYN, what your day is like every day. Dr. Floyd.

Dr. Serena Floyd: Thank you for making that comment. I think that is such an important point, right? Burnout in medicine, in general is a huge problem right now. When you talk about people who are constantly having to do battle on a day-to-day basis, the level of stress, the amount of overwhelm, the anxiety. When we're talking about the potential risk, as a provider, of potential criminalization, of the possibility that you yourself, by just trying to do your job, can be taken from your family, put in prison, be fined ridiculous amounts of money. Yes. The stress is very real.

And, you know, just to kind of go back to what you were mentioning before, about how to address the increasing need, and the fact that it's straining capacity. This is where we need federal legislation, right. Like, we know that there is federal legislation that is being proposed. This is where we need to have wins in the Supreme Court. This is where, you know, we need for there to be victories that will help to give us not only just a little bit of a release on the pressure valve, but also momentum to keep going with the fight.

We need to be able to look forward to say, "okay, you know what, this might be a small win, but this small win, we're going to take it, because it's going to keep us going." And yes, it's hard, and we're strained, and our capacity is at its max, but we know that we've got those who are willing to fight for us on multiple different levels, so that it doesn't have to be like this forever.