

Opinion: Why I violated Texas's extreme abortion ban



The Washington Post
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Left: On Nov. 20, 1971, demonstrators demanding a woman's right to choose march to the U.S. Capitol for a rally seeking repeal of antiabortion laws. (AP) Right: On Sept. 11, 2021, abortion rights activists rally at the Texas State Capitol in Austin. (Jordan Vonderhaar/Getty Images)

Opinion by Alan Braid
Yesterday at 4:01 p.m. EDT

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Listen to the author of this piece, Alan Braid, read it aloud. Produced by Julie Depenbrock.

Newly graduated from the University of Texas medical school, I began my obstetrics and gynecology residency at a San Antonio hospital on July 1, 1972.

At the time, abortion was effectively illegal in Texas — unless a psychiatrist certified a woman was suicidal. If the woman had money, we'd refer her to clinics in Colorado, California or New York. The rest were on their own. Some traveled across the border to Mexico.

At the hospital that year, I saw three teenagers die from illegal abortions. One I will never forget. When she came into the ER, her vaginal cavity was packed with rags. She died a few days later from massive organ failure, caused by a septic infection.

In medical school in Texas, we'd been taught that abortion was an integral part of women's health care. When the Supreme Court issued its ruling in *Roe v. Wade* in 1973, recognizing abortion as a constitutional right, it enabled me to do the job I was trained to do.



For the next 45 years — not including the two years I was away in the Air Force — I was a practicing OB/GYN in Texas, conducting Pap smears, pelvic exams and pregnancy check-ups; delivering more than 10,000 babies; and providing abortion care at clinics I opened in Houston and San Antonio, and another in Oklahoma.

Then, this month, everything changed. [A new Texas law, known as S.B. 8](#), virtually banned any abortion beyond about the sixth week of pregnancy. It shut down about 80 percent of the abortion services we provide. Anyone who suspects I have violated the new law can sue me for at least \$10,000. They could also sue anybody who helps a person obtain an abortion past the new limit, including, apparently, the driver who brings a patient to my clinic.

For me, it is 1972 all over again.

And that is why, on the morning of Sept. 6, I provided an abortion to a woman who, though still in her first trimester, was beyond the state's new limit. I acted because I had a duty of care to this patient, as I do for all patients, and because she has a fundamental right to receive this care.

I fully understood that there could be legal consequences — but I wanted to make sure that Texas didn't get away with its bid to prevent this blatantly unconstitutional law from being tested.



What states with restrictive abortion laws get wrong about women's health
Texas imposed a ban on abortions that kicks in as early as six weeks of pregnancy. Here's why that timeline is really much shorter for women. (The Washington Post)

Though we never ask why someone has come to our clinic, they often tell us. They're finishing school or they already have three children, they're in an abusive relationship, or it's just not time. A majority are mothers. Most are between 18 and 30. Many are struggling financially — more than half qualify for some form of financial aid from us.

Several times a month, a woman confides that she is having the abortion because she has been raped. Sometimes, she reports it to the police; more often, she doesn't.

Texas's new law makes no exceptions for rape or incest.

Even before S.B. 8, Texas had some of the most restrictive abortion laws in the country. That includes a 24-hour waiting period, meaning a woman has to make at least two visits to our clinic. Ultrasound imaging is mandatory. Parental consent is required for minors, unless they obtain court approval.



And yet, despite the restrictions, we were always able to continue providing compassionate care up to the legal limit of 22 weeks. It meant hiring more staff, everything took longer, but we managed.

Until Sept. 1.

Since then, most of our patients have been too far along in their pregnancies to qualify for abortion care. I tell them that we can offer services only if we cannot see the presence of cardiac activity on an ultrasound, which usually occurs at about six weeks, before most people know they are pregnant. The tension is unbearable as they lie there, waiting to hear their fate.

If we detect cardiac activity, we have to refer them out of state. One of the women I talked with since the law took effect is 42. She has four kids, three under 12. I advised her that she could go to Oklahoma. That's a nine-hour drive one way. I explained we could help with the funding. She told me she couldn't go even if we flew her in a private jet. "Who's going to take care of my kids?" she asked me. "What about my job? I can't miss work."



I understand that by providing an abortion beyond the new legal limit, I am taking a personal risk, but it's something I believe in strongly. Represented by the Center for Reproductive Rights, my clinics are among the plaintiffs in an ongoing federal lawsuit to stop S.B. 8.

I have daughters, granddaughters and nieces. I believe abortion is an essential part of health care. I have spent the past 50 years treating and helping patients. I can't just sit back and watch us return to 1972.

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