My second year of undergrad, I enrolled in a writing course called Political Fictions. The class description said we would be asked to engage creatively with Joan Didion's texts and compose “personal essays and fictions which respond[ed] to the political climate of our time.” One assignment involved choosing a newspaper article and spin-doctoring it to portray an opposing viewpoint. It was the early months of 2003—a space shuttle had disintegrated over Texas, the Bush administration was pushing for the invasion of Iraq—as usual, there was plenty to write about. Yet, at 19 years old, I felt stuck. I leafed through the persuasive, bombastic headlines of newspapers, unable to imagine how I would draw their pendulum in the opposite direction.

Twenty years later, I’m ready to write my piece. There are thousands of headlines I could choose from, but today I’ve settled on: Abortions in Texas plummet nearly 99% months after Dobbs ruling. My headline: Texans devastated by Dobbs, forced to seek abortion across state lines.

Just last week I cared for a young woman from the lone star state. By the time I saw her, she was 13 weeks, on the cusp of her second trimester. It had taken her a while to get to California for various
reasons: money, time, ambivalence. When she'd first found out she was pregnant, she'd been surprised but excited. Her boyfriend was the kindest man she'd ever dated, and she was eager to tell him, discuss their options together. But then, when she shared the news, a different side of her boyfriend emerged: violent. She realized the environment would be perilous for herself and a potential newborn, so she packed her bags and traveled over 1,500 miles to reach our health center. She wanted an abortion.

In the months since *Dobbs*, I've provided care for patients from Texas, Utah, Florida and beyond. Don't let Fox News or other conservative media outlets fool you: pregnant people in restrictive states are still getting abortions, they're just driving hundreds of miles or accessing pills via mail to do it. And now even accessing these pills is under threat.

A Texas lawsuit brought by anti-choice groups last November threatens to ban medication abortion nationwide. The abortion pill, mifepristone, was approved by the FDA in 2000 and has been used safely for over 20 years. When mifepristone is combined with the uterotonic medication misoprostol, the two-drug regimen creates a highly effective way for a person to end their pregnancy in the privacy of their own home. Medication abortion now accounts for over half of all pregnancy terminations in the U.S., making it a conspicuous target for anti-choice coalitions. Denying medical evidence and making false claims that the pill is dangerous are at the center of current attacks on mifepristone (any medical professional not influenced by intransigent religious views recognizes that a full-term birth is much riskier than a first trimester medication abortion). A Reuters article discussing the Texas case against the FDA quoted Julia Blake, senior counsel at the conservative legal group representing the plaintiffs, as saying, “No abortion is safe, and chemical abortions are particularly dangerous.” While I recognized her assertion as purely false, I found the succinct simplicity of her words chillingly memorable.

The article went on to highlight a statement from accredited medical organizations contrasting Blake's viewpoint: “The American College of Obstetricians and Gynecologists and the American Medical Association said in a joint letter to the Biden administration last June that ‘robust evidence exists regarding the safety of mifepristone for medication-induced abortion.’” While two national medical societies should carry more weight than a single extremist legal counsel, I couldn't help but notice how persuasive one argument sounded against the other with its clarity of language (however unfounded it might be).

I thought of another patient I saw recently. She came in for birth control pills, but her pregnancy test was positive. When I sat down to talk with her, she shifted in her seat, pressed her fingernails into the palm of her opposite hand. I asked how she was feeling, how I could support her with whatever she needed. She told me she didn't want to continue the pregnancy, but was too scared to have a procedure and was afraid of what she'd heard about the abortion pill. “It can make you infertile, right?”

I explained that mifepristone was a hormone blocker—that it would stop progesterone from reaching her uterus for a short time, preventing her pregnancy from growing anymore. I counseled
her on the safety of abortion, how the complication rate is less than 1%, that you’re more likely to
die from a penicillin injection than a first-trimester abortion. I told her there was ample
misinformation about abortion online, that it wasn’t her fault for not knowing these things or
being afraid—our society doesn’t educate folks about their reproductive systems, sex,
contraception, or many of the things that could help people sort through misinformation on the
internet.

How many times have I had to explain to a patient that abortion doesn’t cause sterility? That Plan B
is not the abortion pill? That contraceptives don’t cause infertility? That abortion is safer than birth?

Since Dobbs, I find myself on a truth-sharing mission. Not just with patients, but with friends,
family, and beyond. The ability to read and think critically is essential: to notice discrepancies and
the way opinions or conclusions are deduced from faulty logic.

The summer of my junior year of college, I did a three-month internship with an independent
newspaper in San Francisco called The Bay Guardian. During orientation, the chief editor met with
us to provide brief instruction on what makes a good journalist. He said one of the key principles
was the ability to notice JDLRs: Just Doesn’t Look Right—this could be anything from a questionable
headline to an unused city budget line item to an abandoned building. He encouraged us to look
around, take notice, be curious, wake up.

If the number of abortions drop in Texas, media should take a closer look at why: is it possible that
they are simply happening elsewhere? If mifepristone gets pulled from the shelves, it won’t stop
folks from accessing medication abortion—they’ll just be forced to use the less effective, higher-
side-effect regimen of misoprostol-only. As anti-choice groups chip away at abortion access
nationwide, telling stories of how this truly impacts people’s lives is more urgent than ever.

Works Cited


Brown, Jon. “Abortions in Texas plummet nearly 99% months after Dobbs ruling.” Fox News. 15
dobbs-ruling

Pierson, Brendan. “Reversing abortion drug’s approval would harm public interest, U.S. FDA says.”
would-harm-public-interest-us-fda-says-2023-01-17/

Jones, Rachel K., Nash, Elizabeth, Cross, Lauren, Philbin, Jesse, & Kirstein, Marielle. “Medication
Abortion Now Accounts for More than Half of U.S. Abortions.” Guttmacher Institute. 24 February,
2022. https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-
half-all-us-abortions