

## A young Texas abortion provider speaks out amid threats of violence and dangerous political rhetoric.

<http://www.texasobserver.org/bhavik-kumar-interview-abortion-provider/>

When it takes up Texas' omnibus anti-abortion law, [House Bill 2](#), next year, the Supreme Court will make a crucial decision that will affect abortion access and reproductive rights across the country. The ruling is expected to define what constitutes an "[undue burden](#)" around the provision of abortion services, and will ultimately determine to what extent states can [regulate the procedure](#) by claiming such laws protect the health and safety of women.

Here in Texas, HB 2 has forced more than half of the state's legal abortion providers to shutter. Because of this, patients seeking abortion services are being forced to travel long distances and wait weeks for an appointment, driving up the procedure's cost in the process.

As politicians and anti-abortion groups spew misinformation and [harmful rhetoric](#) from afar, doctors like Bhavik Kumar, who works at Whole Woman's Health clinics in San Antonio and Fort Worth, are on the front lines, providing abortion services despite [threats of violence](#), onerous and unnecessary regulations and pervasive anti-abortion stigma. A graduate of Texas Tech who had to travel to New York for training in abortion and family planning services, Kumar sat down with the *Observer* after a day of appointments in San Antonio to discuss the impact that Texas abortion restrictions have on his work and patients.

### ***Texas Observer:* How did you arrive at the decision to be an abortion provider?**

Dr. Bhavik Kumar: Growing up in Texas as a person of color, we didn't have access to health care. Being part of various marginalized groups, and knowing what it's like and how much power the state takes away from people — it almost oppresses people here — really makes you think: How are things going to change? What's happening to all these people that the state has forced into this voiceless state, you know? So I, thankfully, was able to go to high school, college, and make it to medical school and so forth. Knowledge is power. So I said, if I have this knowledge and power that comes with education, I have to come back here and do something to make things better and be part of the change. That was my foundation: if there are no abortion providers, what's going to happen to the women that need to access this health care, if people like me aren't around? I'm not the only abortion provider in Texas, but there's a small number of us, and I worried when I was in med school, if I don't come back, who is going to provide abortions in Texas?

### **TO: Why did you leave the state for your training?**

BK: I decided my second or third year [in medical school], somewhere in there, that I was going to be an abortion provider. Thankfully, Medical Students for Choice [a national network of student groups] sort of supplemented my medical school curriculum because there was an absence of abortion education and not as robust contraception training either. When I looked for residency training here in Texas that had abortion care as part of the curriculum, it was non-existent, so I had to look outside of the state and leave to get training where it was integrated into the program.

I decided that if I was going to leave the state [for medical school], that I had to come back, otherwise the change and progress in the state stays stagnant. I picked a program that was my ideal place and way of providing. It's a primary care model — family docs provide a comprehensive care model, including abortions and contraception, and it's paid for by the state if [patients] don't have [their] own insurance or can pay for it out of pocket. It's near-utopia, as far as reproductive health care and what reproductive health care might look like elsewhere. So, I said, if I can get trained like that, I would come back and bring some of those ideas here.

### **TO: What's that "utopia" like? How's that different to Texas?**

BK: In New York, the state's Medicaid will pay for your abortion and also pay for your contraception. So, anybody who is low income trying to access abortion care can find funds to pay for it. That is a huge factor, and that's really missing in Texas. New York doesn't have required waiting times, there's no state-mandated information, there's no mandated ultrasound, there's no admitting privileges for physicians, there's no ASC requirement for clinics, there's none of those things. So, looking at it from a patient's perspective, if you are somebody who finds out you're pregnant, or think you're pregnant, you would go, in New York, to your doctor, take a pregnancy test, and if you are, you would have the option of having your abortion that day, you could walk out with the contraception of your choice and most of it would be paid for and you can move on with your life.

In Texas, it's very, very different. Say you're somebody that lives in Lubbock, where I went to medical school, and you want to get an abortion. So, you call the closest clinic in the state, which is in Fort Worth, and you find out that your waiting time to get in is three weeks. You get your appointment, and then you're forced to wait another 24 hours in order to have the procedure done. The physician, before that, has to do the ultrasound, describe the ultrasound, has to include [descriptions of] parts, size, organs, offer you the choice to see the ultrasound, offer you [the choice] to hear the heartbeat, or cardiac motion, if there is anything. The reason that they have to drive that far is because there are fewer clinics, given other laws like the admitting privileges and ambulatory surgical center requirement. And, you have to pay mostly out of pocket, or use abortion funds, in order to pay for your procedure. So, that sometimes adds cost because you've had to wait an extra few weeks because you couldn't access a clinic, you have to stay overnight. If you have kids, you have to find somebody to take care of your kids, [take] time off of work. If you're not able to get the funds within 24 hours, you have to wait even longer to get the money to pay for it.

It's an extremely different way of getting your health care in Texas, when it comes to abortions.

**TO: How are Texas' policies affecting your daily practice and your patients?**

BK: I think what's complex about abortion policies in Texas is that there have been a few major [restrictions] that have gone into place every year, and that has sort of a layered effect. When somebody asks, "What's going on with abortion in Texas?" that's such a loaded question. And there are so many nuances and small things. When you take one thing at a time, it doesn't seem like a big deal, but when you put it all together, it's really shuttered abortion care in Texas. The major thing is from the patient's perspective.

From the provider perspective, there's less of us providing this care, so it can be isolating for us. We, thankfully, are a strong community, we take pride in our work, so we rely on each other for support and we're tight knit. We can rely on each other for advice, anything that we need. Otherwise, it can be isolating. The state is not supportive of the work we do, that can be isolating. The waiting times, that I mentioned, providing health care with that kind of pressure. Knowing that many patients out there are waiting to see you or one of the other 20 or so docs that are here in the state, it's a lot of pressure. I think in various parts of medicine, people are busy, they're working long hours, it can be stressful, but this specifically has a different kind of social impact, knowing that there's probably nowhere else that they can go. And then when they do get the clinic, and there are protesters, all the things that the protesters shout at them, it's not a pleasant experience or them or us.

**TO: What are some of the more alarming things you hear from your patients, as they're trying to get to you?**

BK: Recently, especially in San Antonio, we see a good number of patients that come from the border, Laredo, or Corpus Christi. Patients will sometimes have tried something on their own, and we don't routinely ask these questions, but sometimes it comes up in conversation: "I got some medication from my cousin who lives across the border, and it didn't work." Most of the things that people have mentioned to me are safe, either herbs, or a medication called misoprostol. And sometimes miso works, and I think that can be OK if it's done in the right way, and it's not unsafe and they have somewhere to go if they need to if there was a complication. But sometimes you worry, what if they didn't

have access to this clinic, or what would happen if they did have a complication and started bleeding at home, where would they go? If we shut down more and more clinics, what are their options going to be, how many more women are going to try this and how many women will wind up in the ER and not come to the this clinic instead?

Last week, when I was in Fort Worth, there were two patients that were really sick during their pregnancies. One patient had to drive five hours to get to the clinic. She had diagnosed celiac disease, and the pregnancy made her symptoms really, really bad. She was having gastrointestinal symptoms, she was vomiting constantly. She could not carry that pregnancy. She was told that same information by the OB doctor, and she was dehydrated, was in the hospital for over a week. They decided to get her optimized so they could let her go, and travel the five hours to a clinic, stay there overnight, and then go back. And she has to go through the same state laws, and then what she has to go through with the protesters. Sometimes you want to take that story and say to these politicians that are making these laws and making her go through what she has to go through and say, "What do you want her to do? This is a human being. This is not just some policy that you're implementing hundreds of miles away. This a human being that had to go through all of this: What do you have to say to her?"

**TO: You're on the front lines, talking to patients and providing a medical procedure. How does it feel to have politicians, who are often not doctors, talking about something that you're an expert in?**

BK: Knowing that most of the folks and politicians that are responsible for these laws are men, and often times don't connect with how these policies affect real people, how an unwanted pregnancy might feel or what somebody may go through when they have an unwanted pregnancy, it's frustrating. Given my medical training and years of experience, and having a grasp of what's like and seeing hundreds of patients, at this point, I have a better understanding. I have to check what I'm thinking and feeling and help patients get through what they need to through. Provide compassionate health care. Sometimes, patients are curious, [asking] "I had an abortion five years ago, what's going on?" And that's an opportunity to say, "This is what's happening in the state, this is what has passed, this is why you have to go through this. We're going to help. If you can vote, or you can talk about what you're experiencing..." That's sometimes hope for change, so that people can understand what's going on, know that it is different, that it doesn't have to be this way.

**TO: What was your reaction after the shooting at the Planned Parenthood clinic in Colorado Springs?**

BK: My initial reaction was mostly sadness. When I found out about it, that people had died, outrage and sadness. I was worried about the safety of other docs in the country. Any time when terrorist activity like that happens, unfortunately, there's almost a reaction that many of us have: Is this going to happen somewhere else? What other clinics are going to be attacked? Are we all on alert at other clinics?

After, when we understood a little bit more and they found the terrorist that did the shooting, and what his motives were, because [he did say things](#) like 'baby parts' and that he was a 'warrior for [the] babies' or something, so you can imply what his motives were, I would say I was angry. You can piece things together and understand that somebody watching presidential candidates on TV [saying various things](#), this [smear video campaign](#) that went out that was extremely edited and painted clinics and providers to be something that they're not, you could understand why somebody would have those opinions about what's happening inside clinics. His decision to use a gun and do what he did is something I don't understand. My gut feeling is that there is rhetoric out there on the national scale that is partly responsible for what happened.

**TO: Abortion doctors have long been targeted in the United States; most recently, Dr. George Tiller was murdered in Kansas in 2009. Did you consider the targeted violence when deciding to become an abortion provider? How do you feel about your personal security and safety?**

BK: I think if you are providing abortions in Texas, you have to be cognizant of safety. Anybody providing abortions in the country takes some safety measures because not everyone agrees with the work that we do. When you're in Texas, that's a little bit more pronounced, perhaps, and a lot of places in the South because there are a lot more people that are against the work that we do. Before I was trained, that was part of my thought process. But, you take some security measures: you're aware of your surroundings, you don't engage with protesters, and you do the work that needs to be done. They are terrorists that protest outside of our clinics, and just like we do with any kind of terrorism, you just keep going and don't let them get to you.

**TO: What kind of precautions do you take? And how do you talk about the work that you do?**

BK: Common sense precautions. Looking around you before you go to your car, sometimes having a buddy system so that we all walk out together, our clinics have security cameras so we know what's going on outside. Anytime we're mailed something that's suspicious we report it to [Whole Woman's Health] headquarters and to [the National Abortion Federation] so that they can keep track of it. Even though I personally am not tracking everything that anti-abortion people do, there are people that are. So, I feel pretty safe.

I think one of the things that those that are against the work that we do enjoy doing is silencing us, and the more we talk about the work that we do, and why it's meaningful to us, it's going to start putting cracks in the stigma that anti-abortion folks have built over time.

**TO: In 2016, the Supreme Court will hear the case against House Bill 2, the first major abortion rights case in years. What's at stake?**

BK: I'm always optimistic and I'm always hopeful, so I am excited about it. I think the case is going to be in our favor, but I think, whichever way it's decided, it's going to be extreme. So, if they rule in our favor, I think it's going to be great and going to get rid of a lot of these sham laws that politicians have put into place, and it will be really great for the women in this country. If it goes the other way, it could be really, really bad and further restrict access. What I worry most about is, what are women going to do? We've already seen some things in Texas, we've seen somebody in Tennessee try to attempt an abortion with a coat hanger, and then was prosecuted for it, and so we see a lot of that stuff already happening. We look to other countries where abortion is restricted, and we see what happens to women's lives. That's the scary part about it.

**TO: What will happen if the Supreme Court uphold HB 2?**

BK: If they uphold the ambulatory surgical center and admitting privileges law, most clinics in Texas will close. [Whole Woman's Health Surgical Center in San Antonio] will remain open. Those of us that are currently providing at the clinics that are meeting those standards, we will continue to provide health and serve the women that we can serve. It's going to be a different amount of pressure. We will see more women accessing fewer clinics, and we're going to hear a lot more stories of desperation. We will try to accommodate as many people as we can. What I think about [is] all those people that need to see us. What are they doing? Are they safe? I hope they won't do anything that's going to harm their bodies, or harm themselves in some way.

**TO: Why are you speaking to the media about your work, especially in such a politically charged, potentially dangerous climate right now for abortion providers?**

BK: I always look at this quote [on the wall of his office] from Audre Lorde, which says, "When I choose to be powerful, to use my strength in the service of my vision, then it becomes less and less important whether I am afraid." Oftentimes, I'll look at that when I'm feeling scared, and I realize, I have the privilege of having an education and I'm going to use that. If we don't talk about the work that we do and why it's so important, then the stigma that's out there about

abortion keeps growing and growing. [Stigma] can paint facilities and doctors to be something we're not. We're competent. We're providing good medical care. The more I can talk about it, the more I can show my face, the more we are starting to chip away at that stigma. And women can access health care that is compassionate and makes them feel empowered. It's about taking back the power and giving our movement more of a voice. One article is not going to do that by itself, but it's little cracks, and maybe it'll inspire other doctors or medical students. Who knows what the ripple effect will be? But hopefully it can make a difference, somewhere, somehow.

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