

Joe Kennedy III Hosts Panel Discussion of Abortion Providers, Calls for ‘Reproductive Justice’

By [Matt McDonald](#) | May 23, 2020, 12:57 EDT

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U.S. Representative Joseph P. Kennedy III (D-Newton) hosts three doctors who perform abortions during an online discussion on Thursday, May 19, 2020 as part of his campaign for U.S. Senate.

U.S. Representative Joseph P. Kennedy III hosted an online forum featuring three obstetrician-gynecologists who perform abortions as part of his campaign for U.S. Senate in Massachusetts this week.

Kennedy leads U.S. Senator Ed Markey in recent polls but trails in endorsements from prominent Democratic interests, including from groups that support abortion. NARAL Pro-Choice America

[endorsed](#) Markey on August 15, about a month before Kennedy [entered the race](#). Planned Parenthood Action Fund [endorsed](#) Markey on January 21, four months after.

The Democratic primary is September 1.

Kennedy's campaign posted [the 25-minute panel discussion](#) online at about 8 p.m. Thursday, May 21.

Kennedy called the physicians, Dr. Megan Evans, Dr. Luu D. Ireland, and Dr. Neena T. Qasba, “three spectacular doctors.” All, as one of them put it, provide “comprehensive reproductive health care,” including abortions. All practice in Massachusetts.

The discussion, which took place remotely using an online platform, centered on the effect of coronavirus on abortion and a pending U.S. Supreme Court case concerning state regulations in Louisiana that require abortion clinics to have admitting privileges at a nearby hospital.

Kennedy and the panelists repeatedly referred to [11 states](#) where governors attempted to suspend abortions along with other elective surgeries at some point during the public health emergency.

Abortions continued unimpeded in Massachusetts because Governor Charlie Baker's administration in mid-March [exempted abortions from the ban on elective surgeries](#).

As for the other states, all of the attempted bans on abortion were either blocked by a federal court order or expired sometime during April, [according to the Kaiser Family Foundation](#), which tracks health care. (Arkansas is [still requiring](#) a negative coronavirus test result within 48 hours of an abortion.)

But supporters of abortion see the temporary bans and the Louisiana regulations as part of an effort by abortion opponents to limit and ultimately prohibit abortions.

Kennedy asked the doctors what they are seeing when it comes to access to reproductive services during the coronavirus emergency.

Dr. Evans said restrictions in some states are preventing women from getting medical services they want, including sterilizations after giving birth. That led to [the following exchange](#) between Kennedy and Dr. Ireland:

Joe Kennedy III: So, just as you are leading into that, we are seeing anti-abortion groups, and Republicans, try to exploit this crisis to deny access to abortion services. Dr. Evans, you referenced that – but, can you speak to that a bit? And just tell us what you're seeing across the country? Because now we're seeing this play out across the country.

Dr. Luu Ireland: I think now is a time more than ever that I'm thankful to be practicing in a state like Massachusetts, where abortion access has been preserved for women who need it. That has not been, as you alluded to, that has not been the case for a good proportion of the country.

To date, 11 states have utilized the Covid-19 pandemic to restrict abortion by deeming it a non-essential service.

The result is really difficult on pregnant people, who ultimately have no choice but to continue unplanned pregnancies during a time of extreme financial hardship, when our unemployment rate is at the highest, and people are living paycheck to paycheck, having a hard time paying rent or getting food on the table.

There's also medical implications to consider, as well, when women are unable to obtain the abortions that they want and need.

We don't know enough about Covid-19, to know how it affects infants and children in the long term. There is very good evidence that women who are not able to obtain the abortions that they wanted are more likely to experience pregnancy complications.

They are more likely to die during or after pregnancy. They are more likely to suffer from anxiety and depression. More likely to rely on public assistance. And they're more likely to stay in abusive relationships.

So these, you know, kind of backdoor abortion bans that are happening across the country are having very real and tangible impacts on the lives of women who it affects.

Dr. Ireland, who works at the University of Massachusetts Medical Center in Worcester, [testified in favor of the ROE Act abortion expansion bill](#) before a state legislative committee in June 2019. During that appearance she defended a provision of the bill that would remove an existing requirement in state law that doctors try to save the life of a baby born after an attempted abortion, saying that current law "ties the hands of physicians."

On Thursday, the panelists shared a light moment during the otherwise somber discussion when Dr. Qasba cited several national medical organizations as saying "abortion is part of essential comprehensive health care for women."

"And so, it's unfortunate that even during a time of global crisis politicians continue – *some* politicians," Dr. Qasba said, smiling and nodding her head toward the camera on her computer, as Kennedy picked up on the allusion, turned his head down with a smile in a gesture of modesty, murmured "Thank you," and then leaned back and grinned, "continue to interfere with our ability to care for our patients."



Above: U.S. Representative Joseph P. Kennedy III, lower right, modestly acknowledges an implied compliment from Dr. Neena T. Qasba, upper left, during a discussion about access to abortion Thursday, May 19, 2020.

Below: Kennedy grins in full acknowledgment.



Kennedy also asked the panelists to discuss telehealth, something state officials in Massachusetts have been touting during coronavirus press conferences. In telehealth, patients and doctors use an online video platform such as Zoom to talk to each other remotely. Doctors can see patients on the computer screen without physically examining them.

Kennedy asked the physicians about how telehealth is assisting their work, though he noted its limitations.

“There’s some things you can’t do, obviously, by telehealth in a reproductive health setting,” Kennedy said.

Dr. Evans called the ramping up of telehealth during the public health emergency a “silver lining,” suggesting in the future it might make it easier to provide care to more poor people who might otherwise have trouble making it to a doctor’s office and to reach people in what she called “world settings.”

She also touched on the financial aspects of it.

“I think we’re also grateful that a lot of our national organizations have really advocated, as well as our representatives, to make sure that we’re getting reimbursed for those phone calls and video at the same rate that we would see them in the office,” Dr. Evans said.

Kennedy said it’s important that health care in the United States make serious changes in the wake of the coronavirus emergency, particularly with respect to poor and marginalized people.

All agreed that helping people who need it the most needs to be a priority in the country.

“This is the time where we really need to ensure that our most vulnerable patients continue to have access to all care, but especially reproductive health care,” Dr. Evans [said](#).

Kennedy [also said](#):

“You all have touched, in the last couple of minutes, issues of disparities. Right? And particularly – and pregnancy. So I wanted to talk about issues that you all know extremely well, and I’m an advocate for – but, the disparities that we know as it exists for, ah, pregnant people, and minorities with regards to, ah, their outcomes, particularly when it comes to, ahm, to pregnancy, and delivery. How is this moment impacting that, how is it forcing the system to become more thoughtful and deliberate about that?”

The doctors said that, among other things, telehealth can help doctors provide advice about using the abortion pill and dealing with its effects.

Kennedy [asked about a case](#) currently before the U.S. Supreme Court called *June Services v. Russo*, in which an abortion clinic is challenging state regulations in Louisiana that require that the clinic get admitting privileges to a local hospital in order to maintain a license from the state to operate. The case was argued before the court on March 4, and the court is expected to release a decision in the near future.

Dr. Ireland [responded](#): “It really takes away this, the mechanism that we have in place to prevent unsafe abortion restrictions from being implemented. That has been – you know, the court, for better or worse, has been the way that we have been able to protect abortion access in light of many, many, many abortion restrictions over the last 10 years. And this ruling stands to jeopardize all of that.”

Kennedy [wrapped up the discussion](#) with gratitude to the doctors and a call for action against abortion restrictions.

“Doctors, thank you so, so much for joining us. Thank you for your work. Thank you for what you do. And thank you for using your platform to just call attention to a crisis that is very real and very present, and has an enormous impact on those it affects,” Kennedy [said](#). “But, I think, far too many folks are not aware of the way that it’s playing out across our country. And, yes, we’ve got a commitment to upholding reproductive justice in Massachusetts, but that is still under threat by what happens in Washington D.C., and it’s under threat by what’s taking place in these 11 states across the country as we speak. So thank you for using your platform to speak up and speak out.”