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COMMENTARY **ABORTION**

## 'Sex-Selective' Abortion Bans Are Offensive and Dangerous

Mar 8, 2016, 4:28pm **Dr. Ying Zhang**

As a family doctor and abortion provider in Seattle, I take care of women from all walks of life, including many immigrant and refugee women in our community. A patient's race or ethnicity should have no bearing on her ability to access health care or on a physician's ability to provide quality and compassionate medical services.

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As a family doctor and abortion provider in Seattle, I take care of women from all walks of life, including many immigrant and refugee women in our community. Some of these patients have serious pregnancy complications and need an abortion to save their lives. A delay in or inability to access care can quickly turn a condition like theirs into a potentially deadly situation.

Yet the latest salvo from anti-choice politicians in Washington state squarely took aim at these women—and their doctors. Last month, Washington's Senate Law and Justice Committee passed SB 6612, which would have banned so-called sex-selective abortions. Fortunately, the Washington Senate did not bring SB 6612 to a vote in time, meaning the bill will not advance further this legislative session. But it remains concerning that this bill was even a consideration in the first place. If SB 6612 garnered the attention and favor it did in Washington—which has some of the least restrictive abortion laws in the nation—no states are safe from similarly harmful legislation.

Seven states currently ban abortion based on the sex of the fetus, according to the Guttmacher Institute. Those supporting bills and laws like these claim that they are necessary to prevent gender discrimination; in reality, this legislation serves as a back-door way of restricting abortion access for women. And what's more, these policies are rooted in ugly and dangerous stereotypes about Asian American and Pacific Islander (AAPI) women. As a member of both the medical and Asian-American communities, I am especially concerned by this newest attack on women's health and rights.

Like other bills that have been proposed or passed in other states, SB 6612 aimed to criminalize doctors who knowingly perform an abortion sought on the basis of the sex of the fetus. Thus, instead of focusing on patients' needs and helping them make informed decisions, physicians would effectively be forced to police patient decision-making. Under bills like this, a simple misunderstanding could result in denial of care for women with language barriers and undermine patients' trust in their physicians and in the health-care system.

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“Sex-selective” abortion bans are based on false stereotypes about AAPI communities preferring sons to daughters, and accuse us of not valuing the lives of the women and girls in our families. These bans are influenced by data about sex-ratio imbalances in India and China, which have not been shown to be true among immigrant populations in the United States. In fact, the 2010 Census shows that in the United States, more girls are born to Asian-American families than to white families. Furthermore, in other states where these bans have been implemented, such as Illinois and Pennsylvania, the evidence indicates that the bans did not affect sex ratios at birth.

As a physician, I am very concerned about this growing political trend and its negative impact on women’s health, especially women like many of my patients who already face challenges in navigating the health-care system and understanding their rights in America. Immigrant and refugee communities must already overcome marginalization and burdensome barriers, such as financial hardship or transportation issues, to accessing safe and legal abortion; laws that encourage physicians to preferentially deny them services only make those barriers worse.

So-called sex-selective abortion bans also present the possibility for politicians to intrude into the private discussions women have with their doctors. They set a dangerous precedent for defining which reasons are acceptable for women seeking an abortion, thus opening the door to increasingly specific restrictions that will gradually chip away at care for more and more women.

The bottom line is this: A patient’s race or ethnicity should have no bearing on her ability to access health care or on a physician’s ability to provide quality and compassionate medical services. And “sex-selective” abortion bans create an unnecessary obstacle to accessing—and providing—that care.

Whatever our personal feelings may be about abortion, this kind of singling out of a particular community is inexcusable. We should trust a woman to make the decision that is best for her and her family’s circumstances. Please stand with health-care providers like me and the AAPI community and oppose “sex-selective” abortion bans and similarly restrictive legislation.

**TOPICS AND TAGS:** Abortion Bans, Abortion Bans 2016, Abortion restrictions, Abortion Restrictions, Access to abortion, asian americans, Human Rights, immigrant women, immigrant women's health, Law and Policy, Race Discrimination, Refugees, Sex-Selection Abortion, Washington SB 6612, Women's Health, Women's Health Care

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