

POLITICS & POLICY

# Texas Abortion Doctors Face a Difficult Choice: To Flee or Not to Flee

With a total abortion ban looming as the Supreme Court prepares to overturn *Roe v. Wade*, the heartbreak of trying to provide reproductive care is too much for some.

By Peter Holley

May 9, 2022



Director of Clinical Services, Marva Sadler, prepares the operating room at the Whole Woman's Health clinic in Fort Worth, Texas, Wednesday, Sept. 4, 2019.

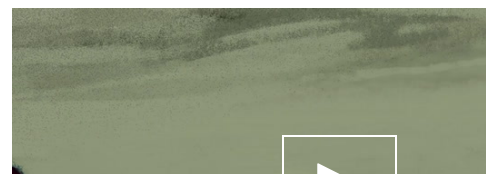
Tony Gutierrez/AP

When Dr. Samuel Dickman moved to Texas to work as an abortion doctor in 2019, he thought he'd found a long-term home. A graduate of Harvard Medical School who'd arrived by way of San Francisco, the 34-year-old was welcomed by the friendly, working-class community just outside downtown San Antonio, where he's worked for the past three years at Planned Parenthood South Texas. For a physician seeking a meaningful place to do abortion care, it seemed the ideal location to put his medical skills to work.

Dickman, like so many in his field, knew that practicing abortion care in Texas had long been a challenge. State lawmakers have spent decades **laying the groundwork** to eradicate the procedure, constantly adding new rules and regulations to the practice of terminating pregnancies. What Dickman didn't know, however, was that he'd arrived in Texas at a time when conservative leaders were about to embark on their most aggressive push to ban abortion entirely. Last fall, with the passage of Senate Bill 8—**a hyper-restrictive law that bans** abortions a matter of days after a woman has the opportunity to realize she's pregnant—they effectively succeeded.

What has followed, Dickman and other abortion providers maintain, is nine months of unpredictability and heartbreak. Each day, pregnant women, juggling work and family and often confused about whether abortion is still legal, flood clinics like Dickman's. Some will manage to have the procedure, at times with only hours to spare. Many others, after learning that they've been pregnant more than six weeks, will be turned away, even if they have been raped or impregnated by a family member. Writing about his patients' desperation a few months after SB 8's passage, Dickman, who now spends much of his working hours helping patients figure out how to access out-of-state abortion care, called himself a **"dystopian travel agent."**

## POPULAR VIDEOS



**WATCH****Ghostland Observatory Performs—And Yes, There Are Lasers**

Watch this episode of Sound Check, in which the Austin-based duo performs a song from their new album.

**A True Crime Podcast from Skip Hollandsworth**

Tom Brown went missing in 2016. To this day, no one knows what happened. Join award-winning journalist Skip Hollandsworth as he att

Reached by phone last week, Dickman described how taxing day-to-day life as a Texas abortion practitioner remains for many in his field. Regularly turning vulnerable patients away, he said, feels “like a never-ending tragedy.”

Experiencing that tragedy again and again is partly why Dickman has decided to leave Texas altogether. When we spoke, he had just touched down in Montana, where he plans to build another new life, this time with a new job at Planned Parenthood of Montana. “I’m looking forward to being able to practice medicine with less state interference,” Dickman said. “I’m not alone. Other providers like me have already left, or they’re planning to.”

Even before last week’s leak of a draft decision by the U.S. Supreme Court, which appeared to leave little doubt about the high court’s plan to overturn *Roe v. Wade*—which, in turn, would unleash a “trigger law” in Texas banning all abortions thirty days after the decision—Dickman wasn’t the only abortion provider pondering the possibility of relocating outside state lines. (The law’s only exception would allow a physician to perform an abortion to save the life of the pregnant patient or in a case in which the patient risks “substantial impairment of major bodily function.”) Across Texas, abortion providers, many of whom have been embedded in local communities for years, are facing a question without a clear answer: should they remain in Texas for as long as possible, or should they seek out a new destination where they can practice medicine more freely?

Like most of her colleagues at the Austin Women’s Health Center, Dr. Jessica Rubino has operated for months, if not years, under the assumption that *Roe*

---

was likely to be overturned. But seeing it in writing this past week, she said, left the family-medicine physician with a feeling of “impending doom.” “It’s like knowing that a train is going to crash ahead of time and there’s going to be a ton of human suffering and people will die,” she said. “And there literally isn’t anything I can do to stop it.”

Like Dickman, Rubino said that life inside her clinic has been marked by chaos and desperation for months. To cope, the 37-year-old recently adopted a dog and started doing yoga, but those only help so much. “I’m really cynical now and I’ve started to swear a lot,” she said. On any given day, she sees as many as 55 patients. Half of them, she estimated, are there for consultations to find out more about abortion or to determine their eligibility for terminating a pregnancy. The other half are return visitors who are there for scheduled abortions. On average, she said, Rubino turns 5 to 7 patients away each day, usually because they’re at least six weeks pregnant or she’s able to detect embryonic cardiac activity using an ultrasound, which makes abortion illegal under state law. When that happens, she said, the most she can offer a patient is help developing a plan to travel out of state, which is often impossible due to a lack of childcare, a restrictive work schedule, or the inability to pay for an expensive plane ticket or drive hundreds of miles to cross state lines.

“I already have patients asking me how they can do procedures at home,” Rubino said. Asked how she handles those questions, Rubino didn’t miss a beat. “That’s what my antidepressants and my therapy is for,” she said. “I really suffered a lot during the fall. I’d never had to deny people human rights before, and it’s soul-crushing.”

Rubino speaks Spanish and still loves her job. Like several of her colleagues, she said, her instinct is to move to New Mexico, where abortions are legal at all stages of pregnancy. But she’s still weighing her options, reluctant to leave the patients she knows so well. A move west would offer one consolation: women from the South and Central Texas population to which she’s become attached would likely end up traveling to New Mexico for reproductive care they could no longer receive in Texas.

During a four-month period after SB 8's passage, around 1,400 Texas women traveled each month to seek abortion care at 34 facilities in states including Arkansas, Colorado, Kansas, Louisiana, Mississippi, and New Mexico, according to research from the Texas Policy Evaluation Project, a research group that investigates the impact of legislation on abortion. About one in four women seeking an out-of-state abortion, or 27 percent, went to New Mexico, which, unlike Texas, does not require waiting periods, state-mandated counseling, or parental consent for minors. Most of Texas's large cities are more than 275 miles away from New Mexico's seven facilities, the study noted.

Lauren Thaxton, an assistant professor and ob-gyn with Dell Medical School in Austin and a co-investigator with the Texas Policy Evaluation Project, said she can understand why physicians like Dickman and Rubino might choose to leave the state. Like other doctors, she said, abortion providers desire a rewarding career with clear advancement and the opportunity to help their patients. But if more of them do choose to leave, Thaxton said, the ripple effect will begin to affect the quality of care that all pregnant women in the state can expect to receive, including those who never intended to terminate a pregnancy but find themselves with little choice because of a life-threatening complication. "Pregnancy complications can happen very quickly, and patients get sicker if their care is delayed," Thaxton said. "Having folks around who are well trained in managing complications in which termination of the pregnancy is the standard of care is something we should all be able to expect, regardless of your feelings about abortion."

Dr. Amna Dermish, the chief operating and medical services officer for Planned Parenthood of Greater Texas, has heard about colleagues who are considering leaving and understands their decisions, but she plans to remain in Texas regardless of what happens to *Roe*. The laws don't make abortion go away, she said, they just drive it underground. With that in mind, Dermish, who moved to Texas from Utah in 2013, said she believes Planned Parenthood still has a role to play in a post-*Roe* Texas, though it's still too early to know exactly what that role might look like. "The need for health

care in our community will still be here regardless of what happens this summer, and I want to be a part of whatever solution we offer,” she said. “I’m going to stay. I can’t leave.”

Determination aside, Dermish said she knows the next few months will continue to be demoralizing for abortion-care providers in Texas, with the state’s trigger law likely going into effect and unleashing a terrifying new era of criminal liability for doctors. She said she’s cried more at work in the last nine months than she has in her entire career, and she doesn’t expect that to change. “There are those days where you need to take a minute to step outside or go into your office and close the door,” she said. “You find your strength where you can—consoling from a colleague, or hugging your dog when you get home.” Still, she added, “It doesn’t change the fact that I shouldn’t have to deny care to my patients and I shouldn’t have to traumatize people who need help.”