

COLUMNS

Grumet: 'It's barbaric,' says Austin woman denied care as pregnancy unraveled

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Amanda Zurawski was losing her baby. Nothing would change that.

Still, she had to wait three days to become sick enough, under Texas law, for doctors to intervene.

At that point, under anti-abortion laws championed by Texas politicians who call themselves pro-life, Zurawski faced the risk of dying.

“Having to sit with that knowledge that you're going to lose the baby that you had worked so hard for is difficult enough,” said Zurawski, who went public this week with the ordeal she and her husband experienced in August. “And then being told, ‘Oh, we can't do anything to help you until you're incredibly sick,’ I mean, it's barbaric.”

To be clear, the Zurawskis blame the politicians, not the doctors who wanted to help but feared the threat of felony charges and extortionate litigation.

“They know that they don't want to be the person that (Attorney General) Ken Paxton makes an example of, for providing health care slightly prematurely than what's in the law,” Josh Zurawski told me.

The Austin couple, both 35 and working for tech companies, had gone through a year and a half of fertility treatments. Then in late August, 18 weeks into the pregnancy, Amanda Zurawski was diagnosed with an incompetent cervix — meaning the base of her uterus was opening prematurely, so the fetus would soon come out or an infection could take hold. The condition is responsible for about 20% of miscarriages in the second trimester.

Still, at the time of the diagnosis, the fetus had a faint heartbeat, and Zurawski's life was not yet in danger. Under Texas law, doctors cannot terminate a pregnancy with a fetal heartbeat unless the patient is having "a medical emergency."

In practice, that means waiting until the mother's condition gets worse.

It means playing chicken with the woman's life.

After waiting three days for the inevitable miscarriage, Amanda Zurawski suddenly deteriorated: Raging fever. Dangerously low blood pressure. Rapidly spreading bacterial infection, sending her body into sepsis.

"I knew she was in really bad shape," said Josh Zurawski, who rushed his wife to the hospital. "I could see it."

Doctors induced the miscarriage. Then Amanda Zurawski spent three days in the intensive care unit, battling the infection while family members worried about her survival. I confirmed the details of her account with her doctor and medical records Amanda Zurawski provided.

By all outward appearances, Amanda Zurawski is healthy now. But she is still healing from the emotional wounds. And she had surgery Friday to remove scar tissue that developed in her uterus from the traumatic miscarriage and infection.

There's no guarantee the damage can be undone.

The scar tissue "might be permanent to the point that I can no longer carry my own children," Amanda Zurawski told me, her voice breaking with tears.

Maybe a fix, months from now?

Even before the Zurawskis' story made national news this week, Gov. Greg Abbott was aware of cases like it.

Answering a question about abortion during an interview that aired Oct. 16 with Dallas TV station WFAA, Abbott acknowledged there are "situations that some women are going through where they are not getting the health care they need to protect their life."

"Too many allegations have been made about ways in which the lives of the mother are not being protected," Abbott continued, "and so that must be clarified" next legislative session.

Meaning: Wait a good six months, maybe longer, for officials to fix the laws that are putting lives at risk now.

The lack of urgency is astonishing. Dr. Jennifer Lincoln, one of the physicians who met with the Zurawskis as part of the Obstetricians for Reproductive Justice campaign, notes that in cases like this, “somebody can go from being healthy to dead in 30 minutes.”

Abbott’s office did not respond to my inquiries about why the governor has not called a special session to fix this. Last year, he called special sessions to enact abortion restrictions and handle some less urgent matters, such as limiting transgender athletes’ participation in school sports.

Nor has Paxton’s office or any other state agency clarified the definition of a medical emergency, or provided guidance on how soon physicians can intervene to prevent a pregnant patient from becoming seriously ill.

In fact, quite the opposite happened: In July, the Biden administration told hospitals that regardless of state laws, they must provide an emergency abortion when it is “the stabilizing treatment necessary” to resolve a medical emergency. Many Texas doctors saw hope in that moment for much-needed clarity.

Then Paxton sued, saying the federal government couldn’t interfere with the state’s “sovereign interest” in making its own abortion laws. A federal judge sided with Paxton.

“It took away that last hope,” Dr. John Thoppil, the immediate past president of Texas Association of Obstetricians and Gynecologists, told me.

The judge’s ruling was Aug. 24.

Texas’ trigger ban, creating criminal penalties for abortions, went into effect Aug. 25.

Amanda Zurawski was rushed to the hospital on Aug. 26.

Voters can take action, too

We don’t have a firm handle on how often cases like the Zurawskis’ are happening. But they have been on the rise over the past year since Texas enacted Senate Bill 8, which used the threat of civil lawsuits to ban abortion after fetal cardiac activity is detected.

An August article in the New England Journal of Medicine, based on interviews with 25 Texas physicians and 20 patients with pregnancy complications, documented the shift in

alarming detail. Numerous doctors described sending home patients in situations like Amanda Zurawski's, "only to see them return with signs of sepsis."

One maternal-fetal medicine specialist told the authors: "People have to be on death's door to qualify for maternal exemptions to SB 8."

This would be a good time to see the state's latest maternal mortality report, documenting how many Texans have died from pregnancy or childbirth complications. But state health officials said they're still reviewing the data and the report, which was due Sept. 1, won't be ready before lawmakers convene next year.

Perhaps that delay is fortunate for certain people seeking reelection right now. It's decidedly unfortunate for Texans who deserve to see the scope of the problem.

State Rep. Donna Howard, an Austin Democrat and chair of the Texas Women's Health Caucus who has long opposed abortion restrictions, said she is working on proposed language for next session to allow for termination of failing pregnancies *before* the patient becomes dangerously ill.

Part of the problem — apart from the big issue of state government legislating medical care in complex situations — is that SB 8, with its narrow exception for "a medical emergency," was drafted without input from physicians, Howard noted.

"A lot of my Republican colleagues are like the proverbial dog catching the tailpipe," Howard told me. "They did not really fully understand what the implications were going to be, because (an abortion ban) is something they've been working blindly on for years, and putting the templates for legislation out there without really fully understanding it."

But to Josh Zurawski, it wasn't an unintended consequence of the law that put his wife's life at risk.

It was reckless indifference.

It was Republican politicians purposefully passing anti-abortion legislation with few exceptions and extreme enforcement to advance their political careers — positioning themselves to rake in campaign contributions and fend off challengers from the right.

That's why the Zurawskis are telling their story. Because these cases are happening. And Texans need to know that as they decide whom to put in elected office.

“We've had a number of people who've said, ‘I don't want to live in this state anymore,’” Josh Zurawski told me, describing some people’s disgust with Texas' politics. “And we've said, ‘Well, you know, that there's an election (soon). Just go vote.’”

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