WHO
WOMEN HAVE OPTIONS

Testimony of Stephanie Craddock Sherwood,
Executive Director of Women Have Options - Ohio,
House Health Committee
House Bill 258
December 5, 2017

Chairman Huffman, Ranking Minority Member Antonio, and members of the House Health Committee thank you for the opportunity to testify in opposition to HB 258. My name is Stephanie Craddock Sherwood and I am the Executive Director of Women Have Options - Ohio, we are Ohio's abortion fund. I am here to testify on behalf of the tens of thousands of women and those seeking abortion care whose reproductive health care we have helped pay for and to share how devastating HB 258 will be for those we serve.

I would paint you a picture of who we serve, but no two stories are alike. They come from all corners of the state- they are folks you represent. What they all have in common though is that they need access to safe and legal abortion and have been facing roadblocks. They just need some help. These are mostly mothers, who are struggling to raise the children they have. There are many who share their stories of recent job losses, homelessness, or how they are leaving an abusive partner. We hear the stories of many who are trying to recover from drug addiction and need a new start. Many have health issues that prevent them from having a healthy pregnancy. And for some, it just isn't the right time.

Abortion bans, like this one, won't change the need for abortion access. It just works to set up barriers to those who need it. But people who need abortions find a way, and I know because I help them.

This Summer Women Have Options helped a mother who had to leave Ohio to get the care she needed. At a check-up, they discovered severe complications with her pregnancy and an abortion was deemed necessary by her doctor. The problem was, this patient was just over 20 weeks along in her pregnancy and post 20-week abortions were made illegal in Ohio by this assembly just months before. When abortions are needed later in pregnancy, it's often in very complex circumstances — the kind of situations where a patient and her doctor need every medical option available. But instead, she had to travel to a clinic several states away to obtain the medical care she so desperately needed.

Just this week, we helped 2 more women travel to clinics out of state, one East and one out West to receive care after they weren't able to receive it in the state of Ohio. Each of their procedures thousands more than if they were able to find help close to home. Each of them travelling alone, because their mothers were home staying with their kids. In addition to their procedures, there were flights, hotel rooms, ground transportation and so many more logistical roadblocks, but as of yesterday,

they are both home safe after getting the abortion care they needed. Your ban didn't stop them from getting the healthcare they needed, and this unconstitutional ban one won't either.

This bill would just lead to a significant burden on those seeking care. Unnecessary abortion restrictions place a burden on women and result in unequal access. The expense of abortion care is already very hard to access for most; and these types of bans unfairly make abortion accessible to only the wealthy (1). Limited access to abortion makes it likely that self induction will become more common. Folks needing abortion access are turning to less effective and more dangerous methods—including taking herbs and inflicting abdominal trauma (2). Before Roe v. Wade, an estimated 5,000 American women died each year from unsafe abortions (3). Even though abortion is now legal in the US, restrictions are getting tighter and tighter — and Google searches for at-home abortion methods are going up (4). In 2008, a national survey found that 2.5% of American women have tried to terminate a pregnancy on their own (5). We know from history that restrictions on access to safe and legal abortions just leads a two-tiered system in which options available to those confronting an unintended pregnancy would be largely determined by her socioeconomic status. Such a system has proved to be harmful to the health of women, and is something that we had hoped would have been long consigned to the history books.

We do this work because we believe that people should be able to access abortion no matter their race, socioeconomic status, age, gender identity, or where they live. Every year, hundreds of folks contact Women Have Options seeking help funding their abortion, and they tell us the stories of their hopes and dreams, they tell us about their families—or the families they hope to have one day. Their abortion helps them stay in school, care for their families, and live their best lives. On behalf of these Ohioans, I urge the committee to vote against this bill.

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(1) Roberts SC, et al. Out-of-pocket costs and insurance coverage for abortion in the US. Women's Health Issues 2014;24:e211-8.
(2) Grossman D, et al. The public health threat of anti-abortion legislation. Contraception 2014;89(2):73-4.
(3) Benson Gold, Rachel. Lessons from Before Roe - Will Past Be Prologue. Guttmacher Institute.
(4) Stephens-Davidowitz, Seth . The Return of the D.I.Y. Abortion. The New York Times. 3/5/2016.
(5) Jones, R. (2017). How commonly do US abortion patients report attempts to self-induce? American Journal of Obstetrics & Gynecology.