

Dear Chairman Burke, Ranking Member Tava I also write as a physician deeply committed to the health and well-being of patients. I would like to share with you and the committee some of my experiences have led me to this position.

Prior to attending medical school, I worked at a women's health clinic in Columbus that provided abortion services. In doing so, I gained important insights into the women seeking pregnancy termination. In short, all types of women, from all different age groups, all different ethnicities, and all different socio-economic backgrounds, can and do find themselves with unintended pregnancies. Many of the women I encountered were married, often with children already. In some cases, the unintended pregnancy came at a time when the woman's children were already teenagers. Other times, the family already had young children and simply didn't have the means to accommodate another child at that time. In once case, a young mother, who spoke very little English but knew the term "tracheostomy," was overwhelmed with caring for her severely disabled toddler, most of whose life had been spent in the hospital. There were also young women, high school and college students, for whom carrying a pregnancy to term would have meant a major disruption if not the end of their education. All of the women were making the choice that was best for themselves and their families. And they all understood their own circumstances far better than the State Legislature. These women were the ones best positioned to make their own private health care and reproductive decisions.

In the spring of 2000, my husband and I were 4th year medical students and spent 2 months working in a mission hospital near Karatina, Kenya. Health care and diseases in the Third World are very different than in the United States. There were tropical diseases such as malaria, and of course high levels of HIV/AIDS, often accompanied by tuberculosis. We encountered women dying of advanced cervical cancer, a horrific disease almost unheard of in the US because of the widespread availability of PAP smears. Children were frequently burned on their faces, heads, and arms, a hazard of family meals being cooked in large pots over open fires. And because abortion is illegal in Kenya, we saw countless women bleeding and infected from illegal and self-induced abortions.

As a practicing radiologist, I know that fetal cardiac activity can be detected with a transvaginal ultrasound very early in pregnancy, sometimes even before a measurable embryo can be seen, often before a woman even knows she is pregnant. Effectively, HB 258 would render abortion illegal in the state of Ohio. And as I saw in Kenya, illegal abortion results not in a reduction of abortions but in serious threats to women's health and lives. HB 258 asks the women of Ohio to accept the same, dismal reproductive health status of women in the Third World. I believe that Ohio's women deserve better.

No one wants or expects an unplanned pregnancy, and it is my hope that as a society we can work to reduce the numbers of unintentional pregnancies. But couples of all ages, from all walks of life, and from all socioeconomic strata can and do experience

contraceptive failures as well as human failures. Some women in Ohio facing crisis pregnancies, like the women I cared for in Kenya, will not have the resources to travel out of state to find safe care and will take desperate, dangerous measures. Women who can't afford to take time off work or who will lose their jobs if they do, women who can't find someone to care for their children, women without money for gasoline or bus fare will reach for the wire coat hangers or knitting needles of the gruesome past or will seek out dangerous, back alley abortionists looking to profit from their desperation, should HB 258 be allowed to pass.

I urge you to help keep the women of Ohio safe by preventing the passage of HB 258.

Sincerely,

Kristin Foley, MD res and members of the Senate Health, Human Services, and Medicaid Committee,

I am writing to express my strong opposition to HB 258, the unconstitutional and extremist bill that would effectively make it impossible for a pregnant woman in Ohio to exercise her constitutional right to terminate a pregnancy.

I write as a physician, a mother, and as feminist who understands how critically important it is for women to be able to make their own reproductive choices in order to participate fully in society. I also write as a physician deeply committed to the health and well-being of patients. I would like to share with you and the committee some of my experiences have led me to this position.

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