Alison H. Norris, MD, PhD
Interested Party Testimony, Senate Bill 23
Ohio House Health Committee
March 26, 2019

I appreciate Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and Members of the Ohio House Health Committee for considering my testimony as an interested party.

My name is Alison Norris. I earned my PhD in epidemiology from Yale University in 2006, and my medical degree from Yale University in 2008. I was a postdoctoral fellow at the Johns Hopkins Bloomberg School of Public Health from 2008-2011. Since that time I have been a faculty member at the Ohio State University. I am a tenured associate professor in the College of Public Health and the College of Medicine.

Today I am representing myself as a private citizen of Ohio. My testimony is based on my expertise as a scholar and researcher, and on the epidemiologic scientific literature. I am not representing Ohio State or any other organization.

I am in a unique position because I study abortion here in the US, where it is legal and safe, and I study abortion in Tanzania, where it is illegal and unsafe. So today I will share my expertise about what happens for women and families where legal abortion is not available.

The short version is this: If legal, safe abortion is not available, two things occur. First, many women still have abortions. Where legal and safe abortion is not available, women have abortions which are much more likely to be unsafe, with consequences to their health and life (Grimes 2006). Second, many other women cannot obtain abortions, and thus have unwanted births (Upadhyay 2014). Because abortion has been legal in the United States since 1973, in Ohio we rarely see women turn to unsafe abortion.[1]

From data compiled from across the entire world, we know that the frequency of abortion is similar in places that have the most restrictive laws (where abortion is banned outright or allowed only to save the woman's life) as it is in places that have the least-restrictive laws (where abortion is allowed without restriction as to reason). In the most restrictive contexts, 37 out of 1,000 women have an abortion. In the least restrictive, 34 out of 1,000 women have an abortion (Bearak 2018, Singh 2018). Making abortion illegal does not make it go away.

Throughout the world, abortions are sought for varied reasons: to care for existing children, to avoid social stigma of mistimed pregnancies, to avoid loss of opportunities for education, for maternal and fetal health and life considerations, and for economic considerations (Bankole

[1] It is also important to note that, as the availability of effective and affordable contraception goes up in Ohio, the frequency of abortion goes down. In fact, our best science shows clearly that increasing the availability of effective contraception is the best way to decrease the frequency of abortion (Peipert 2012). Overall, we see that it is the small number of American women who are at risk of experiencing an unintended pregnancy but not using contraceptives who account for the majority of abortions (Guttmacher 2018).

1999, Kirkman 2010, Oduro 2014, Erdman 2012). These reasons compel many women to seek abortions even when it may not be safe.

Currently, the overwhelming majority of women in Ohio can have safe abortions. If abortion were prohibited after a heart beat can be detected, or between 6 and 7 weeks gestation, who would be impacted? In 2015 (the most recent year of data that is available from the Centers for Disease Control), 16,476 women had an abortion in Ohio for a pregnancy that was at 7 weeks' gestation or later. This represents more than 78% of all women who had abortions in Ohio in that year (CDC 2018).

What would happen to those 16,000 women if they could not have an abortion in their home state? We don't know which way things will go if abortion is not available after 7 weeks of gestation in Ohio. Some women would likely drive or fly to other places for abortion care, as women in Ireland did, until that country legalized abortion last year (Aiken 2018). Some women would likely not have an abortion, with well documented deleterious consequences for their future and those of their families (Foster 2018). Some women would likely turn to unsafe abortion. Overall, abortion would likely become less common and more unsafe in Ohio.

Few women have unsafe abortions in the United States in current times (CDC 2018). Abortion tends to be the safest in places where it has been legal for a long time (Singh 2018); abortion has been legal in the US for two generations. In contrast, in parts of the world where abortion is not legal, 40% of women who have an abortion require medical attention for the complications they develop. This adds up to more than 6 million women *annually* who are treated for such complications. Globally, an estimated 22,800 women die each year from unsafe abortion (Sedgh 2016). In Tanzania, the other place where I study women's health, unsafe abortion accounts for as much as 20% of maternal mortality (Woog 2013, Say 2014).[2]

To have abortions in places where the procedure is not legal, some women will obtain safe self-managed abortions, or be cared by providers who will give safe abortion care, despite the legal risks. Unsafe abortion comes in many forms: women insert objects into the vagina or cervix including sticks and bicycle spokes; introduce liquids into the vagina, such as detergent or bleach; drink things like alcohol, turpentine, concentrates of traditional plants; ingest pharmaceutical products such as chloroquine, painkillers, and aspirin; and engage in traumatic activity such as beating the lower abdomen or jumping from the top of the stairs (Singh 2009, Ganatra 2014).

We have examples from the entire globe: restricting abortion means increasing the rates of unsafe abortion (United Nations Department of Economic and Social Affairs, 2014). Unsafe abortion means increasing the rates of maternal mortality. Where abortion is legal, it is safe (Latt 2019).

[2] Maternal mortality in Tanzania is staggeringly high: 556 deaths per 100,000 births. Thus unsafe abortion accounts for as many as 111 deaths per 100,000 births (TDH-MIS, 2016).

In Ohio we are working desperately to reduce maternal mortality. Scholars debate how much impact the current restriction in Ohio have impacted the state's abortion rate, now that abortion clinics are limited to just five urban centers. What is not up for debate: In Ohio, restricting abortion would mean risking more maternal deaths than we have now.

In sum, I have shared evidence that in places where abortion is banned, those bans have not stopped abortion, but have impacted its safety; unsafe abortions increase women's risk for medical complications and death.

Citations:

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