

Jasmine Tuazon
SB 23 – Six-Week Abortion Ban
Opponent Testimony
Ohio Senate Health, Human Services, and Medicaid Committee
February 26, 2019

Dear Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and Members of the Health, Human Services and Medicaid Committee,

Thank you for granting me your attention and allowing me to testify today. My name is Jasmine Tuazon, and I am a current MD-PhD candidate at The Ohio State University College of Medicine. As a future physician-scientist, **I am strongly opposed to Senate Bill 23**, a bill that uses a false sense of righteousness to annihilate a woman's right to bodily autonomy and prosperity.

One of most jarring tenets of the bill is the fact that SB 23 would make it such that after six weeks—earlier than when most women know they are pregnant—survivors of rape and incest would be forced to nurture their fetus of rape and incest for nine months. It is here that this poorly-thought out, blanket abortion ban becomes especially insidious for all women. No matter your political leaning, the MeToo Movement makes it clear that everyone is connected to a woman who has been sexually harassed or sexually abused. Think of your mother, daughter, sister, wife, niece, aunt, friend—not one is truly guaranteed safety from sexual violence. The National Sexual Violence Resource Center says that 1 in 5 women will be raped at some point in their lives. Of those women, 51.1% of female victims of rape were raped by an intimate partner, and 40.8% by an acquaintance (Black et al. 2011., The National Intimate Partner and Sexual Violence Survey). Hence, the chances are high that you are close to a woman who has been or will be a victim of sexual assault, and who may need a safe abortion to lead a fulfilling life with dignity. By instating SB 23, future victims will be tormented by the scars of their sexual violence.

Switching to a larger public health lens, it is clear that abortion bans are classist. A rich-enough woman desiring to end her pregnancy can afford the means to travel to places that still perform safe abortions. A poor woman will be stuck, and many studies have shown that women without access to safe abortion (as simple as an innocuous pill and not the violent, invasive procedures most often depicted in pro-life media) turn to dangerous, self-induced abortions (IBS Reproductive Health 2017). This tendency supports a World Health Organization (WHO) Department of Reproductive Health and Research study that concluded restricting access to abortions does not reduce the number of abortions, logically suggesting that this criminalization of women's health would only serve to worsen health outcomes amongst those who lack the means to travel for an abortion elsewhere. According to this study of abortions worldwide between 2010-2014, in countries where abortion was completely banned or permitted only to save the woman's life or preserve her physical health, only 1 in 4 abortions were safe ("safe" being defined as "performed by a trained health worker using a WHO-recommended method appropriate to pregnancy duration") (Ganatra et al. 2017, The Lancet). Self-induction with foreign objects and/or herbal concoctions very often leads to an incomplete abortion where the pregnancy tissue is not completely removed from the uterus, often leading to vaginal, cervical, and/or uterine injury, severe hemorrhage, rampant infection, and death.

When I am a practicing physician-scientist, I would be unable to help any woman in your life needing this aid if SB 23 should pass because the act would be criminalized, making me

vulnerable to severe civil litigation for attempting to treat a pregnant patient suffering some medical condition or life-threatening emergency, including miscarriage or ectopic pregnancy. Likewise, my role as a future physician-scientist is to look beyond the clinic and advocate for health and health justice more broadly. As such, SB 23's *de facto* criminalization of a hugely-important form of women's healthcare inherently punishes female victims for their victimhood in ways cruel and tactless.

Because banning abortion hurts and kills women, I, as a future physician-scientist, urge you to consider better ways to preserve life in Ohio:

1. Make free or cheaply-accessible contraception available to all women.
2. Make abortion accessible to women in need of one.
3. Address public health problems that lead to unsuccessful pregnancies via harm to mother or baby, including smoking, drinking, and obesity.
4. Support policy actions that work to decrease maternal mortality in Ohio.

Without the support of the aforementioned actions and without considering the overwhelming data that abortion bans do more harm than good, we cannot claim to support the lives of women and children in an evidence-based manner. As such, I firmly advise you to VOTE NO on SB 23 which touts a presumably well-intentioned but completely ineffective attempt at saving lives. Because the bill is written in a way that harms victims of sexual violence and those of lower socioeconomic status, it draws our state's focus away from the real, science-backed, life-saving actions that can help mothers and their children.

Respectfully,

Jasmine Tuazon
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