

**Testimony in opposition to Ohio SB 23
February 26, 2019**

Judi Moseley
938 Mt. Pleasant Ave.
Columbus, OH 43201
614-668-3152

Good afternoon Chairman Burke, Vice-Chair Antonio and members of the committee. My name is Judi Moseley and I am here as a private citizen and as a member of the board of NARAL Pro-Choice Ohio. For more than 30 years I was a program administrator for Women's Health and Sexual Assault and Domestic Violence Prevention at the Ohio Department of Health. After my retirement as a program administrator in women's health I worked in the field of opioid overdose prevention. In that capacity I worked with Dr. Ted Wymyslo, then Director of the Ohio Department of Health, on the Governor's Opiate Action Team, as Senator Burke may recall.

I am here to speak in opposition to Ohio Senate Bill 23. During my time working in the above-mentioned positions I travelled across Ohio and spoke to numerous women and men on a range of health topics including reproductive health. Based on that experience it became clear to me that one of the most critical elements affecting the health and economic stability of a woman and her family is the ability to determine when and if to have children. This has also been established by many studies over decades that document the potentially negative effects of childbearing on health and economic status. Thus, for many women, the most responsible and humane decision is to not have a child that she is not able or prepared to take care of. This country is based on individual freedom and the pursuit of happiness. There is no legal obligation or societal requirement that a woman must bear children and be forced into parenthood against her will as this bill would do. Those in the so-called "pro-life" movement assert that a woman must have a child to "save the life of the fetus" but in other circumstances, for example, organ donation, no one is forced into donating an organ even though that would save a life. Having a child alters a women's life course and is something that should be a choice so that she is able to enjoy equal citizenship in this country.

There are significant economic concerns with being forced to bear a child: A 2014 study by the University of California San Francisco found that, depending on the circumstances, having a child in a hospital can cost between \$3,000 and \$37,000 in the United States. Not to mention the cost of raising a child to the age of 18 which according to a 2018 article in *USA Today* can cost a middle-class family approximately \$233,610.00 excluding college.

There are also significant health concerns: Giving birth can also pose a risk to a women's health. For example, according to the 2009 National Vital Statistics Report, in the United States, pregnancy complications are the sixth most common cause of death for women ages 20 through 34. In contrast, according to a 2006 paper in *The Lancet* also published by the World Health Organization, abortions, when performed by trained professionals, are one of the safest procedures in medicine with a death rate of less than .01 percent. The risk of dying while giving birth is roughly 13 times higher. There are also health conditions which make becoming pregnant and giving birth dangerous such as some forms of diabetes and heart disease.

There are significant concerns about the safety of children: According to the National Children's Alliance, an estimated 683,000 children (unique incidents) were victims of abuse and neglect in 2015, the most recent year for which there is national data. Approximately 3.4 million children received an investigation or alternative response from child protective services agencies. 2.3 million children received prevention services. Of the children who experienced maltreatment or abuse, three-quarters suffered neglect; 17.2% suffered physical abuse; and 8.4% suffered sexual abuse. **A parent of the child victim was the perpetrator in 78.1% of substantiated cases of child maltreatment.** Often the neglect and abuse are related to substance abuse and/or poverty. This illustrates the stress on families and underscores my point that women need to be able to determine if they are ready mentally and financially to have a child.

I would also like to emphasize, as has been stated in previous testimony, that many women don't even know they're pregnant at six weeks. Thus, with a ban at six weeks, would not even have the opportunity to make the decision as to whether or not to have a child. In an article on WEBMD, Michael Cackovic, MD, an OB/GYN at The Ohio State University Wexner Medical Center, stated, "For some women, the physical tip-offs of pregnancy, like weight gain, morning sickness, heartburn or fatigue, don't happen or they're so mild that a woman just doesn't notice them. Depending on her body type, "it's reasonable for a woman to make it to 30 weeks without looking pregnant." I had a personal experience of this many years ago when I had an ectopic pregnancy where an embryo became implanted outside one of my fallopian tubes resulting in life threatening internal bleeding that caused me to pass out. I had no idea I was pregnant and had none of the typical signs. It was only when a nurse in the emergency department asked me, as they were frantically trying to figure out what was wrong, if I could be pregnant that they were able to do tests and address the problem.

In conclusion, this bill should actually be called the "Forced Parenthood" bill as the result of a ban on abortions after six weeks as proposed by this bill, when most women don't even realize they are pregnant, is in effect forcing women (and their partners or spouses when present) into parenthood that very likely will threaten their economic stability and health and by extension the stability of their extended families and community.

Thank you. I'll be happy to answer any questions.