



**SB 216**  
**Opponent Testimony**  
**Wendy Tarr**  
**Director, Vincentian Ohio Action Network**  
**February 7th, 2022**

Dear Chairman Manning, Vice-Chair McColley, Ranking Member Thomas, and members of the Senate Judiciary Committee, thank you for the opportunity to offer opponent testimony for SB 216. My name is Wendy Tarr and I am the Director of the Vincentian Ohio Action Network (VOAN), an organization formed in out of a partnership with St. Vincent de Paul to focus on addressing various root causes of poverty. Our organization interfaces with all cross-sections of our community through our Think Tanks on Poverty, our reentry arm called Accompanying Returning Citizens with Hope (ARCH), our membership in the Central Ohio Restored Citizens' Collaborative, as well as programming conducted inside of ODRC institutions.

Through our work in the community, the VOAN often encounters Ohioans who will impacted by SB 216 including single mothers, families providing kinship care to children whose parents may be incarcerated or in treatment, and young adults who were raised in a home with substance abuse. In each case, our goal is to provide care, pursue smart justice, and respond with compassion. Unfortunately, I am concerned that Senate Bill 216 does not display these same values. In fact, Senate Bill 216 further shames and ostracizes individuals struggling with addiction, places undue strain on the financially inequitable kinship care system in Ohio, and turns the precious relationship between a newborn and their parents into the ever popular "carrot and stick" method of motivation.

I have witnessed first hand the effects of drug use on far too many communities in Ohio and, unfortunately, many of these same communities lack the resources, infrastructure or economy to support the numerous trials a parent must go through according to this legislation in order to reunify with their newborn. With signs of pregnancy typically not arriving until the 10th to 12th week of pregnancy and meconium and umbilical cord testing providing a look back window of 20 weeks, the window for a mother struggling with addiction to realize she is pregnant, make the decision to get help, enroll and successfully be accepted into treatment, and accomplish perfect sobriety the first attempt (all within eight weeks to avoid drug use triggering umbilical cord testing) is scientifically and pragmatically arduous at best.

The incident for which this bill is named is indeed a tragedy and it is critical we work to support safety for children whose parent's cannot care for them. However, there are serious collateral consequences - likely unintended - this legislation will create. The first months of life are a precious time for a mother and child to bond and under this legislation a parent could not even have CONTACT with their child, even if they are pursuing the reunification process.

According to a UC Davis Health study:

*“Crying and making other noises, smiling, searching for the breast, and seeking eye contact give cues for a caring adult to respond. When a caregiver consistently responds to an infant’s needs, a trusting relationship and lifelong attachment develops. This sets the stage for the growing child to enter healthy relationships with other people throughout life and to appropriately experience and express a full range of emotions.”*

The developmental setbacks caused to a child by being deprived of their parent combined with the grief the parent seeking sobriety is dealt creates a situation where everyone suffers. By further preventing the child from being in the same home as a struggling parent, the options for kinship care are limited to only those family members who are not having contact with the parent or who are able to economically and financially juggle supporting their loved one as they journey toward sobriety AND support a newborn.

Rather than punishing addiction and putting a parent-child attachment on the line as the incentive, smart justice initiatives like providing case management and recovery resources **without** depriving care and contact with the child allows for positive reinforcements, aides in development, and provides the parent seeking recovery with the dignity of responsible parenting. Traditional resources and accountability from Children’s Services officers, coupled with resource-rich investment can indeed serve the same purpose and prevent further tragedy.

It is for this reason that I oppose SB 216. This legislation misses the mark. Rather than investing in community support and equitable opportunities for both child and parent, it handles illness punitively with ripple effects that will last long into the child’s life. Thank you for taking time to read my testimony - I urge you consider alternative approaches to addressing substance use disorder for pregnant mothers that centers the options for connection and healing.

**Wendy Tarr**  
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