

PHYSICIANS FOR



REPRODUCTIVE  
CHOICE AND HEALTH

**Headquarters:**

55 West 39th Street  
Suite 1001  
New York, NY 10018-3889  
Tel: 646-366-1890  
Fax: 646-366-1897

**West Coast Office:**

131 Steuart Street  
Suite 300  
San Francisco, CA 94105  
Tel: 415-947-0680  
Fax: 415-947-0683  
[www.prch.org](http://www.prch.org)

**Written Testimony of Paula Hillard, MD  
Board Member, Physicians for Reproductive  
Choice and Health**

**Submitted to the Ohio House of Representatives  
Committee on Health**

**June 13, 2006**

My name is Dr. Paula Hillard. I have worked as a physician and obstetrician-gynecologist for 25 years. I am also a Professor of Ob/GYN and Professor of Pediatrics at the University of Cincinnati College of Medicine.

I submit this testimony as a concerned resident of the State of Ohio, an experienced clinician and a member of the Physicians for Reproductive Choice and Health (PRCH). PRCH is the only national physician-led not-for-profit that works to mobilize physicians who are committed to safe and accessible reproductive healthcare. We are committed to ensuring that all people have the knowledge, access to quality services and freedom of choice to make their own reproductive health decisions.

I submit this testimony to you on behalf of the PRCH Board of Directors and our physician members from Ohio and around the country to express our strong opposition to House Bill 228, a bill that attempts to ban all abortions. I urge this committee to listen carefully to the testimony from the medical community and protect reproductive healthcare services—and the lives of women—in Ohio.

I will give you medical facts and background, but what you must remember is that I am concerned about saving women's health and lives. As a physician, I see women who are pregnant and who have experienced contraceptive failure, have been forced to have sex against their will, who have planned pregnancies that have been found to have fetuses with severe and lethal anomalies, who have medical illnesses that make pregnancy risky for their health or who have taken medications with known risks of birth defects, or simply didn't think they were able to get pregnant. These women come to me for a discussion of their options with regard to their pregnancies. Specifically, those options include continuing the pregnancy and parenting the child, continuing the pregnancy and placing the baby for adoption, or having a medically safe and currently legal abortion. Those women who ultimately choose to terminate their pregnancies are not "bad" or "evil" or

"irresponsible." They choose to have an abortion for a variety of reasons as suggested above, and they do not come to their decision lightly. What you are attempting to do by banning abortion is to put the women of Ohio—your wives, your sisters, your daughters, your nieces—at risk. If one of your loved ones experienced a catastrophic medical event during pregnancy, this bill would potentially put her life at risk; her and the women of Ohio risk death.

Our opposition to this bill is based on these facts:

- Legal abortion, that is, abortion provided by trained medical professionals, is one of the safest medical procedures in the United States.
- Making abortion illegal will not prevent abortion. Before abortion was legalized in the United States, women were obtaining unsafe and, often, fatal, abortions. Women living in countries where abortion is currently illegal continue to obtain them. The World Health Organization estimates that of the approximately 600,000 pregnancy-related deaths each year, 78,000 are related to complications from unsafe abortions.<sup>1</sup>
- Prevention will do more to decrease the number of abortions than any outright ban on the procedure. If the purpose of this legislation is to continue to decrease the number of abortions, let us start with prevention, such as sexuality education, emergency contraception and other forms of contraception.

Abortion is one of the safest medical procedures performed in the United States. In 2002, nearly 1.3 million women terminated their pregnancies through surgical or medication abortion.<sup>2</sup> The vast majority of these abortions were completed in the first trimester when risk of mortality and morbidity are lowest. The Centers for Disease Control and Prevention estimates that 59% of legal abortions in the United States occur within the first eight weeks of gestation, and 88% are performed within the first 13 weeks.<sup>3</sup> Complications attributed to first trimester abortion are very rare, with less than 1% of women experiencing serious adverse effects.<sup>4</sup> The risk of death associated with abortion is very low—eleven times lower, in fact, than a woman's risk of death during childbirth.<sup>5</sup>

More than one-third of American women will have had an abortion by the time they reach age 45.<sup>6</sup> Women obtaining abortions are diverse in age, race, religious beliefs, economic and educational backgrounds. While two-thirds of abortions occur among women who have never been married, more than 60% of abortions are among women who already have at least one child. Among adults, women who have not graduated high school account for 13% of abortions, while women who graduated high school account for 30% and those with some college, 57%.<sup>7</sup> Perhaps most importantly, contraceptive failure is one of the most common reasons for an unintended pregnancy.

Fifty-four percent of women having abortions used a contraceptive method during the month they became pregnant.<sup>8</sup>

Women who face unintended pregnancies and decide to have an abortion do so for several reasons. The most common reason among women is that they cannot afford to have a child because they are unmarried; others cited relationship problems, lack of support from their partners or the desire to avoid being a single mother.<sup>9</sup> Some may choose to have an abortion after surviving a sexual assault. Each year about 13,000 women have abortions after suffering from rape or incest.<sup>10</sup> The primary reason for an abortion may be financial hardship, but it is rarely independent of other barriers in a woman's life, all working together to limit her capacity to properly care for any additional children. Many of these women decide that having an abortion is the most responsible decision in their circumstances

Prior to the legalization of abortion in the United States, women did all types of things to end an unwanted pregnancy, including attempting to abort the pregnancy themselves. One physician, who was a physician prior to the Supreme Court's decision in *Roe v. Wade*, shared this story with PRCH:

When I was a first-year intern at the Barnes Hospital in St. Louis, the first patient I had was a woman who'd had 11 children and had self-aborted herself, because she couldn't get a legal abortion, with some instrument of some kind. And I was in charge of her case, as a young intern, with her intestine coming out of her vagina because she'd perforated the vagina with the instrument. And she had massive infection, multiple abscesses in all the vital organs in the body and she died.

I still remember that patient. I remember exactly what she looked like. I remember the bed she was in on Ward 1418 in Barnes Hospital. I remember seeing her in the emergency room when she came in, and she told us that she was desperate because she had a husband that was gone most of the time and a troublemaker. And she could not raise another child. She could not feed another child. She had not been able to find any doctor that would help her. I'll never forget that.

This nightmare is due to return with this proposed abortion ban. Prior to the *Roe* decision, which legalized abortion in 1973, there was tremendous suffering for women who attempted to terminate their pregnancies. Illegal abortions often ended with irreversible damage to women's reproductive organs and, sometimes, death. It is estimated that there were approximately 200,000 to 1.2 million illegal abortions during the 1950s and 1960s. One indication of the prevalence of illegal abortions was the death tolls. In 1930, abortion was listed as the official cause of death for 2,700 women, nearly one-fifth of maternal death from that year.<sup>11</sup>

Women suffering from abortion-related complications poured into the nation's hospitals for emergency care every year prior to the legalization of abortion. In Illinois, the results could be seen in Chicago's Cook County Hospital. In 1939, more than a thousand women were treated for abortion-related complications there. Twenty years later, the number had more than tripled. In 1962, the hospital reported treating nearly five thousand women with abortion-related infections.<sup>12</sup> The mortality rate also exposed the racial inequalities in access to safe abortions. Nearly four times as many women of color died of abortion than their white counterparts.<sup>13</sup>

Banning abortions did not stop women from obtaining illegal abortions then and it will not stop them now. Women must live with the emotional and physical consequences of an unintended pregnancy. Banning abortion services will only take the procedures underground. As a physician, I would not want to see and experience what my colleagues encountered pre-Roe v. Wade. And more importantly, I would not want my patients to suffer the devastating consequences of unsafe illegal abortion. Two of my colleagues shared stories about practicing medicine before abortion was legal:

While I was an intern, I saw women coming in with incomplete abortions that had been obviously induced. I remember one woman had taken a coke bottle, broken it off, fired the end of it so she made her own speculum. And she put the neck into the vagina and then got it against the cervix, and then somehow or other managed to get this rubber tubing up inside. And she got quite ill.

Another colleague shared this story:

A woman was admitted to the medical service because of jaundice. She was quite yellow because she'd stopped making urine and she was quite sick. She had a high fever. They thought she had hepatitis. She didn't have hepatitis. She had a chemically induced hepatitis and renal shutdown due to Lysol being injected into her bloodstream [to self-abort]. She also had a very serious pelvic infection with a large pelvic abscess and when she was transferred to our service, she was deathly ill.

And I remember going off to the operating room with this young woman. She was 20 or 21 years old with a close family unit. And before she was given anesthesia, I told the family that this was a very risky situation but that we would do our very best.

Well, our very best wasn't good enough. And with the abdomen open, and trying to resect this enormous pelvic abscess, which involved the large intestine as well as the uterus, tubes and ovaries, her heart stopped. Attempts were made to start it again and we gave her drugs to maintain her blood pressure, but it

was a losing battle. And before we could get the abdomen closed, she died on the table.

The outright ban proposed by House Bill 228 would endanger the health of women in Ohio while marginalizing abortion by criminalizing providers. Today, the United States is a leader in modern medical technology. Yet legislation such as this will turn back the clock, unfairly targeting women's reproductive health and the physicians who care for them.

This abortion ban purports to have a narrow exception: to save the woman's life. As a medical expert, I know that what this legislation includes as an "exception" is in fact so narrow that it cannot be categorized as one at all. It states:

This section does not apply to person who provides medical treatment to a pregnant woman to prevent the death of the pregnant woman and who, as a proximate result of the provision of that medical treatment but *without intent to do so*, causes the termination of the pregnancy woman's pregnancy."  
(emphasis added)

A doctor who intentionally performs an abortion, even to save a patient's life, will be liable for terminating the pregnancy. This legislation will decrease the ability of physician to provide quality care to all of their patients by immersing them into legal battles and creating a veil of fear in the field of medicine.

If the purpose of this legislation is to continue to decrease the number of abortions, let us start with prevention. The United States has the highest rate of unintended pregnancy among industrialized nations. This doesn't have to be the case. An omnibus prevention bill introduced in the Ohio legislature in May, HB 588, can be the first step towards eliminating unintended pregnancies. Increased access to contraception, comprehensive sexuality education, HIV/AIDS education and other family planning healthcare services will directly impact unintended pregnancies; banning abortion will not.

It is our duty as physicians to provide safe, accessible and comprehensive reproductive healthcare choices for all of our patients. This legislation is leading our state and our nation down the wrong path. As a physician, I respectfully request that you protect the autonomy, dignity and health of the women of Ohio and oppose House Bill 228.

Thank you for your consideration.

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- 1 The Alan Guttmacher Institute. *Issues in Brief: Abortions in Context: United States and World Wide*. Sept. 1999. Accessed from [http://www.guttmacher.org/pubs/ib\\_0599.html](http://www.guttmacher.org/pubs/ib_0599.html) on June 12, 2006.
  - 2 Finer LB, op.cit.
  - 3 Centers for Disease Control and Prevention. (2003, November 28). Abortion Surveillance - United States, 2000. *Morbidity and Mortality Weekly Report*, 52(SS-12).
  - 4 The Alan Guttmacher Institute. *Facts in Brief: Induced Abortion in the United States*. May 2005. Accessed from [http://www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html) on April 24, 2006.
  - 5 Ibid.
  - 6 Boonstra, HD, Gold, RB, Richards, CL, and Finer, LB. *Abortion in Women's Lives*. New York: Guttmacher Institute, 2006.
  - 7 Bartlett LA, Berg, CJ, Shulman, HB, Zane, SB, Green, CA, Whitehead, S, Atrash, HK. Risk Factors for Legal Induced Abortion-Related Mortality in the United States. *The American College of Obstetricians and Gynecologists*, 2004; 103: (4) 729-737.
  - 8 The Alan Guttmacher Institute, 2005, op.cit.
  - 9 Finer, LB, Frohwirth, LF, Dauphinee, LA, Singh, S and Moore, AM. Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives. *Perspectives on Sexual and Reproductive Health*. Sept. 2005;37:110-118.
  - 10 The Alan Guttmacher Institute. 2005, op.cit.
  - 11 The Alan Guttmacher Institute. *Issues in Brief: Lessons from before Roe: will past be prologue?* Sept. 2003. Accessed from [http://www.guttmacher.org/pubs/ib\\_5-03.html](http://www.guttmacher.org/pubs/ib_5-03.html) on April 24, 2006.
  - 12 Reagan, LJ. *When Abortion Was a Crime: Women, Medicine, and Law in the United States 1867-1973*. Berkeley: University of California Press, 1997.
  - 13 Ibid.