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WRITTEN TESTIMONY

NAME: Bethany Swenson

REPRESENTING: _____

BILL # or SUBJECT: HB 173

COMMITTEE: House Judiciary **DATE:** 4-1-13

HB 173 attempts to define what a "medically necessary" abortion is to limit Medicaid funding accordingly. The bill restricts coverage to those pregnancies of low-income women resulting from rape and incest or when the pregnancy is causing a serious risk to the health or life of the woman.

Since 1973 when Roe vs. Wade was resolved by the Supreme Court, a woman can legally choose to end her pregnancy for any reason. The only medical procedure that ends a pregnancy is an abortion, which can be done with the abortion pill, mifepristone, or the procedures aspiration or dilation and evacuation. If a woman wants to end her pregnancy, an abortion is then "medically necessary." The cause of her pregnancy and her reasons for wanting the abortion are actually irrelevant.

HB 173 states that elective abortions will not be covered. Elective means "optional" in my Webster's dictionary. HB 173 implies that an abortion for anything other than a rape-, incest- or health-endangering pregnancy is elective. I argue that abortion is, paradoxically, always medically necessary and almost always elective.

Unless a woman is dying from a pregnancy-related health problem, she has a choice. Even some women experiencing serious health risks choose to continue their pregnancies against their doctors' advice. Some women's health conditions are so serious that they are advised never to become pregnant; yet some want to be mothers so badly that they do choose to try.

I have known women who kept and raised the children that resulted from rape. In a 1996 study of 4,008 women by Dr. Melissa Holmes, et al., that was presented at the Fifty-eighth Annual Meeting of The South Atlantic Association of Obstetricians and Gynecologists, 32% of the women who happened to become pregnant from rape kept and raised the resulting child. Rounded up, 50% percent had an abortion, 12% miscarried, and 6% placed the infant for adoption. Because a woman was raped does not mean she has to or should have an abortion; that is her choice. Abortion for rape-pregnancies is elective.

<http://www.ajog.org/article/S0002-9378%2896%2970141-2/abstract>

I don't understand why incest is specified in this bill because incest is almost always rape and should be included in that category. Incest, in its nature, is abusive because it confuses familial relationships and is often perpetrated by a family member who, like any other sex offender, uses force (violence and coercion), tactics such as manipulation, and inequality such as authority, older age, physical strength, or higher intelligence to abuse others. Incest often begins when the victim is a child and lasts for years, sometimes even into adulthood. Even if an incest victim believes (because of manipulation by the abusive family member) that it is not abuse, it is abuse. All resulting sexual intercourse is rape.

Only when sex is occurring consensually between two related adults is incest not rape. However, it is still illegal and can produce children with deformities and debilitating disorders. A woman who committed incest may want an abortion because she fears the baby will have abnormalities. The bill does not clarify if such a case would be covered under cases of "incest."

If someone wants to strip abortion coverage of choice, the only cases that would be covered are those in which the pregnancy is threatening the life of the woman or when there is a terminal fetal abnormality. One of my aunts was advised by her doctor to abort because her baby was determined to have an abnormality that was terminal. Does that theoretical narrow coverage seem fair for poor women?

If someone doesn't want to pay for a woman's mistake and is concerned about personal responsibility, the only cases that would not be covered are those of pregnancies caused by unprotected sex or perhaps contraception misuse. Some cases that would be

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covered are serious risk to the health of the woman, fetal abnormality, rape (in its many forms, including incest), birth control failure, and birth control sabotage. Of these, HB 173 would only allow coverage for serious health risks and rape-pregnancies. Does that seem fair for poor women?

Birth control failure is not contraception misuse. For example, even if a woman uses oral contraceptives perfectly, she always has a 1% chance of becoming pregnant every year. That is 1 in every 100 women per year. "The Pill" is simply not perfect. IUDs can fail. Condoms break. Spermicides are not 100% effective. Even women who undergo tubal ligation can become pregnant. According to the Mayo Clinic website, 1 out of 100 women become pregnant within the first year of tubal ligation. Pregnancies that occur despite tubal ligation also carry a high risk of being ectopic, which is when the fertilized egg implants outside the uterus. According to a CDC study, the failure rate for every 1,000 vasectomies was 9.4% during the first year and 11.3% for the second to fifth years. The study acknowledged that vasectomies also fail after five years.

<http://www.mayoclinic.com/health/tubal-ligation/MY01000/METHOD=print>

<http://www.livestrong.com/article/217157-what-are-the-chances-of-a-vasectomy-failing/#ixzz2P8hzQnZY>

Birth control sabotage is when someone tampers with another person's contraception. It may be rare but does occur. One of my friends became pregnant because her boyfriend poked holes in the condoms they used. She always used condoms and knew none had broken, so when she discovered she was pregnant she confronted him and he confessed.

Also, in some abusive relationships, the man may be so controlling that he does not allow the woman to use any kind of contraception. I don't know what that would be called.

However, this bill does not claim to address personal responsibility and it fails to understand the unique paradoxical nature of abortion. HB 173 fumbles to define which abortions are medically necessary. Abortion does not need to be further defined in this way. To specify which cases are medically necessary is redundant. Once wanted, an abortion is necessary.

I understand that if someone thinks abortion is wrong, or even murder, that it is not viewed as a medical decision (involving the body, mind, and life of a woman) or medical procedure. I do acknowledge that abortion ends both a pregnancy and a life, but I also agree with current law that the killing is allowable. People are free to think abortion is wrong, but I am guessing that such views have resulted in this biased, illogical, unfair bill lacking in understanding.

Even if this bill were to address personal responsibility, it is targeting a most vulnerable group, low-income women. Even if a low-income woman doesn't want to be pregnant, a mother, or have another child and became pregnant because she irresponsibly chose not to use contraception, she is still needy. Abortions, especially aspiration and D & E, are not cheap and would be a financial hardship. Abortion is a kind of medical care, which is what the state provides for the poor with Medicaid. I do not need to echo what Planned Parenthood and the ACLU testified in recent Senate Judiciary hearings about the unconstitutionality of SB 49 according to past rulings, how it limits access to abortion, discriminates against the poor, and favors pregnancy.

I am concerned about the low-income women who would be denied if this bill is made into law. Many of them may be irresponsible, but I still feel compassion for them. I think Laura Einstein's extrapolation at the March 4 Senate Judiciary hearing for SB 49 is realistic: gathering the money will be difficult and take more time therefore delaying abortion perhaps into the second trimester, in which case women will have to travel to Washington state to receive the specific abortion procedure needed,

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compounding the financial burden. The abortion may be further delayed or become impossible. I also think it's realistic that women may seek underground abortions. Those would cost, too, but may still be cheaper and more accessible. In underground abortions, women may be able to make deals that don't involve money. A timely abortion is more humane for the fetus and poses less health risks for the woman. Underground abortions may be deadly botches. When abortion is too expensive and nearly inaccessible a woman's choice is sabotaged. A low-income woman may end up staying pregnant, against her want, and signing up for more government assistance as a mother.

I e-mailed senators and representatives about this bill in February. One response I received was that many Alaskans are uncomfortable paying for abortions with their tax dollars. Is that what this bill is really about: taxpayers and not low-income women? Abortion is legal, but people have the right to think that it is immoral or even murder. I wish there were some way that we could sort out exactly where every cent we pay in taxes goes, but it's impossible. Each of us pays for things we disagree with or find repulsive every day, because we, as taxpayers, pay for everything. Someone who hates the death penalty may be paying for executions. Someone who thinks homosexuality is wrong may be paying for certain benefits for homosexuals. Someone may be paying for a war they think is unjust. We could find an example for everyone. My point is that our nation allows for freedom and diversity. That is what we pay for. Some of us live and let live.

People fight hard every day to change what is law, too. Perhaps some people think that if they can legally define what a necessary abortion is that they can eventually legalize most reasons women have for choosing abortion.
