

Testimony: H.3020 Subcommittee of the Senate Medical Affairs Committee

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Good morning. Thank you, members of this Committee, for the opportunity to speak.

My name is Deborah Billings. I'm a public health professional who's spent 25 years working with health systems throughout the world to improve access to contraceptives, to services for rape survivors, and to SAFE, LEGAL ABORTION CARE.

Over the last decade, I've worked with health systems in South Carolina and I've been here at the State House, testifying each year to defeat restrictive abortion legislation that threatens people's lives and well-being.

I'm here once again because **I OPPOSE H3020** and urge you to do the same.

What those of you who support this bill don't seem to understand is that legislation won't stop abortions from taking place. H3020 does NOTHING to address the reasons why we have abortions. It will result in a public health crisis that is completely avoidable.

Many of you frame H3020 as a so-called "pro-life" bill. But this bill causes irreparable harm and will lead to death and injury for those who seek care for induced abortion AND for miscarriages. I know this because I've worked in settings where restrictive abortion legislation is linked to high rates of AVOIDABLE mortality and morbidity.

In Mexico, El Salvador, Rwanda, Argentina, and Nicaragua, to name just a few, restrictive abortion laws have created a climate that stigmatizes both induced abortion AND miscarriage and criminalizes the people seeking care. Instead of being charged with penalties under existing abortion laws, they are charged with HOMICIDE and given long prison sentences. Such is the case of Isabel Cristina Quintanilla in El Salvador who, at age 18, was convicted of **negligent homicide** and sentenced to 30 years in prison for having **miscarried** her second pregnancy. I've co-produced an award-winning documentary about this same pattern taking place in Mexico.¹

I know- you say that H3020 makes an exception for miscarriage.² But as we've seen in other settings, H3020 will foster a climate of fear, with extremely punitive measures applied to

¹ Las Libres: The Story Continues...Documentary about women incarcerated for homicide post-abortion or miscarriage in Mexico, Co-produced by Gustavo Montana and Deborah Billings
(Spanish with English subtitles: <https://atduskmedia.wixsite.com/las-libres-movie>)

²"as many as 30% of all natural pregnancies end in spontaneous miscarriage" (Sxn 44-41-630 (1))

physicians. It effectively pits “women” against physicians, with the option of civil action.³ The culture of intimidation, fear, and surveillance that will be created will have the *unintended* (or perhaps intended) consequence of physicians being reticent to offer care *for miscarriage*. Many won’t want to take the risk of being perceived as having induced the miscarriage and then being charged with having performed an abortion. H3020 severely damages the patient-physician relationship, replacing trust with suspicion and fear. Pregnant people will hesitate to seek prenatal care, out of fear of being judged or accused if they miscarry. And that fear will result in death and injury, including the psychological torment of bleeding and miscarrying without knowing who will offer help.

It happens elsewhere and it will happen here.

Ten years ago, two years after our son was born, I experienced two miscarriages and received excellent care from physicians here in Columbia. If H3020 had been in effect, I would have feared for my life, wondering whether I would have been able to find a physician willing to help me.

In sum, I’ve experienced abortion and miscarriage firsthand; and I’ve documented the impacts that this kind of legislation will have on our society.

If you truly value LIFE, vote NO on H3020.

³ Damages in an amount equal to \$10,000 or an amount determined by the trier of fact after consideration of the evidence; court costs and reasonable attorney fees.