

DATE: September 10, 2019

TO: SC Senate Medical Affairs Committee Attention: Research Director PO
Box 142, 412 Gressette Building Columbia, SC 29202

FROM: Marta Bliese

RE: Written Testimony, H.3020

Abortion bans -- built on inaccurate medical information and outright falsehoods -- presume I am not an intelligent, thoughtful, moral adult, capable of making decisions that affect the health and welfare of me and my family.

Anti-abortion proponents promote the notion that access to abortion leads to 'irresponsible' decisions to seek abortion as the solution to a myriad of problems, generally characterized as trivial, as if raising a child is not a significant emotional, mental, physical, and financial effort.

I resent the false narrative that people who can become pregnant have abortions willy nilly, deciding on abortion -- the story goes -- because 'giving birth or raising a child is inconvenient.'

No one decides to have an abortion on a whim. People choose abortion because of the very real economic, social, and medical realities. I found this out for myself when I was diagnosed with cancer and discovered I was pregnant a couple of days later.

I have never spent more time in consideration of what I would do than I did at this time in my life. The implications of my decisions were high-stakes and long-ranging. I asked -- and was asked -- many, many questions.

Did I want to continue with the pregnancy?

Yes. The pregnancy was planned. The cancer was not.

Would I continue the pregnancy if it meant a significant chance of harm to myself?

No. I would not. Proponents of abortion bans will call me selfish, but I would not give up my life in an attempt to give birth. Nor would my own sense of personal responsibility allow me to abandon parental responsibility for any child I gave birth to. Life is uncertain (I knew that; I'd just be diagnosed with cancer), but I would never purposefully bring a child into the world when there was no hope I'd be around to be their parent.

Would I continue the pregnancy if meant significant chance of harm to the just-barely-an-embryo I was carrying, either from the cancer or any treatment I needed to undergo?

No. I would not. I would never knowingly choose any action or inaction with a real probability of condemning a fetus to severe birth defects and the possibility of a lifetime need for medical support.

For me, the decision whether to have an abortion or not came down to one simple question: Could my pregnancy be carried forward with a high probability of a positive outcome for both myself and the baby? I wanted

the answer to be yes, but I knew if it was no, I would terminate the pregnancy.

Answering these basic questions gave rise to a whole host of additional ones. Many of which would be asked again and again. Because, while I was willing to take risks based on statistics and sound medical advice, I am not a gambler. I was unwilling to throw the dice and just hope things turned out.

The treatment plan for my cancer, were I not pregnant, was surgery with follow-up treatment involving systemic radiation therapy. In consultation with a host of doctors, including my OB/GYN, two endocrinologists, a cancer specialist, a surgeon, anesthesiologists, nuclear medicine, and a high risk pregnancy doctor, I set out to answer these questions for myself and my family.

How bad was my cancer? Had it spread? The doctors wouldn't know until they could perform surgery.

How fast would the cancer grow? My cancer was not an aggressive variety, but any cancer will take advantage of the accelerated growth environment my body was creating to speed the growth of a baby for its own accelerated growth.

Was cancer surgery possible while pregnant? Yes. Was it desirable? No. Surgery and anesthesia expose both the pregnant person and the fetus to stress and direct physical effects. As my doctors told me, the risks of *not* operating must outweigh the risks of operating.

Could my surgery be delayed until after giving birth? Not advisable. I was four weeks pregnant at the time of my cancer diagnosis. Waiting a

minimum of 36 weeks, until after I gave birth, would be a delay of at least nine months.

Were there procedures, anesthetics, and painkillers that could be forgone in hopes of reducing the risk to the fetus while still providing an adequate level of care to myself? Some. More consultations with more doctors answered the specifics.

If I opted to continue the pregnancy and have surgery, at what point in the pregnancy would it be best for the fetus? It would be best for the fetus to wait until after the critical development period of the first trimester -- an elapsed time of more than 10 weeks from my diagnosis.

Did the follow-up treatment pose a risk to my pregnancy? Yes. For obvious reasons, it was undesirable to expose a developing fetus to systemic radiation (the required follow-up treatment).

Could the follow-up treatment be delayed until I was postpartum without significant risk to me? Would we know if anything changed as we delayed that would make the follow-up treatment urgent? Maybe. Lots of consultation with doctors to get an understanding of a situation that cannot truly be predicted.

In the end, all these questions boiled down to a single question as well: How long was I willing to proceed with the pregnancy, monitoring the cancer and the development of the fetus, in hopes that I could have a successful pregnancy outcome while managing the cancer? At four weeks pregnant, the answer was easy... awhile. As my pregnancy progressed, the answer was I didn't know. But I never wavered in my conviction that I would not continue the pregnancy if significant risk to either myself or the fetus seemed likely.

The list of questions I've documented above are by no means comprehensive and make no attempt to capture the kinds of questions people with normal pregnancies ask. What is my risk of pre-eclampsia? Gestational diabetes? What sort of nutrition do I need? Should I have genetic testing done? Etc. Etc. Etc.

Nor did my questions stop after the medical ones had been asked. There were financial, social, and practical considerations:

Was I emotionally strong enough to deal with pregnancy while I was already reeling from the cancer diagnosis? Receiving a cancer diagnosis is emotionally and mentally traumatic. Cancer treatment is physically traumatic. And pregnancy can be overwhelming at the best of times.

Should I tell my boss and coworkers? Obviously, I needed to tell my boss about the cancer. I wanted to tell my coworkers. I needed to give them a heads up about my impending absences, and I wanted their support. In fact, it was a co-worker -- to whom I will be forever grateful -- who gave me the name of a leading specialist in the type of cancer I had, and the phone number to the nurse who ultimately got me seen and treated by him.

Should I tell people I was pregnant? When? Many people don't reveal their pregnancies until after the first trimester, for fear something will go wrong, and my pregnancy was far from normal.

Could I handle possible condemnation if I told people I was pregnant at a time when I wasn't sure if I would need to terminate the pregnancy? I knew the people who loved me would support me -- but far too many people feel they have the right to condemn or shame pregnant people for what they eat, medicine they use, or even whether they wear a seat belt. Child rearing is the only time in my life I have gotten more unsolicited advice from people than when I was pregnant.

Was the debilitating morning sickness (day sickness, really -- because I was wildly nauseous all day long, every day) I was experiencing obvious? Probably.

Would I be allowed to miss work for all the consultations and procedures I needed? Could I afford to miss work? Could I be fired? I'd seen multiple doctors and undergone numerous tests -- all during working hours -- just to get diagnosed. Cancer treatment (and prenatal care) would mean much more missed time.

If I took time off for cancer treatment, could I be denied maternity leave post-partum should I successfully carry the pregnancy to term? Would my insurance cover the required treatment, hospitalization, and specialists? What happens if my medical requirements financially devastated my family?

Many factors played into in my decision-making about whether to have an abortion or not, but inconvenience was never a consideration.

Abortion bans real consequences for real families. The notion that people who can become pregnant should be forced to give birth ignores the reality of the lives of those people. Neither the decision to be pregnant, nor the decision to become a parent is simple or easy. It is not one size fits all. Birth control fails, or is inaccessible or unaffordable. People can be fired for being pregnant or staying home with a sick child. Domestic abuse escalates during pregnancy. Injury, disease, and obstetric emergencies put pregnant people's lives at risk. Mental and physical wellbeing impact a person's ability to support a pregnancy or raise a child. Being doomed to give birth must not be the logical conclusion to sex -- or sexual assault. Nor should it be. Because the reasons people seek abortions are as complex and varied as the individuals themselves. Neither having sex, nor having an

abortion, are irresponsible. Taking away bodily autonomy and forced pregnancy is.

To this committee I say: Listen to the voices of the folks who will be impacted by this ban. Stop practicing medicine based on partisan politics.

I have been that person in the exam room -- dealing with the most traumatic and trying decisions I have ever faced. There is no room for legislators in that room. Don't tie my hand or the hands of my doctors.

Whatever your personal feelings about abortion, the legislature has no business taking bodily autonomy and parenting decisions from South Carolina families.

I beg you to oppose H 3020.