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COMMENTARY : HUMAN RIGHTS

Abortion and Contraception Protect Women's Health: That's an Incontrovertible Medical Truth



by [Dr. Jen Russo](#), Physicians for Reproductive Choice and Health (PRCH)
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The following is from a speech given by Dr. Jennefer Russo at the Unite Against the War on Women Rally in Harrisburg, PA on April 28, 2012.

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My name is Dr. Jennefer Russo. I am a Fellow with [Physicians for Reproductive Choice and Health](#). I am an obstetrician/gynecologist in Pittsburgh. My patients come to me for a variety of different medical needs, including contraception, pap smears, ovarian cysts, sexually transmitted diseases, and pregnancy. Some women choose to continue pregnancies and some don't. Either way, I take care of them.

I grew up in the 1980s, and I remember my first pro-choice march in 1992. I am sad to say that as I have moved through my career in medicine, the political climate has worsened. In 1998, I spoke on the National Mall in Washington, DC, as a member of Medical Students for Choice. I talked about the need to improve training on abortion. I never imagined that today, 14 years later, I would be speaking in protest of serious, direct threats to fundamental women's health care.

You and I are here because we understand that women rely on birth control and abortion for their health and their self-determination. We understand that every woman deserves the best possible medical options for her reproductive health. We know that the walls that separate women from high-quality abortion care and contraceptives must come down.

My colleagues and I see what happens when women have to struggle to obtain the care they need.

I think of Kelly, who had to travel three hours to have her abortion after she and her doctor struggled to find someone to perform it. She was gravely ill with multiple medical problems, including a form of arthritis that left her unable to walk. Although her arthritic body couldn't support a pregnancy, she couldn't find anyone in her area to help her. Each day of pregnancy put her at more risk, but she was also forced by the state to wait 24 hours for her procedure. Abortion is one of the safest medical procedures we have, but the later in pregnancy, the higher the risk. No one should have to wait for basic medical care, including abortion.

My patient Rita, a young mother of five, suffered from a serious heart defect. Rita had a heart valve that had been replaced with a synthetic one. Pregnancy put her at high risk for a blood clot forming on the new valve and traveling to her brain, where it could kill her. Rita wanted to use contraception, but she had no health insurance to make it affordable. She became pregnant. Despite taking blood thinners to treat her clots, Rita had a stroke, all because she



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couldn't get the birth control she needed.

What happened in Philadelphia in the office of Kermit Gosnell is an atrocity. Indeed, the reproductive health community had reported him long before he was arrested. Our government did not respond. Now they use him as a reason to target us for regulations that serve no medical purpose and make it harder for us to serve our patients.

The same political figures who talk about getting government out of our personal lives have no problem dictating what happens in a woman's vagina. They have no problem lying to women—telling them that abortion causes breast cancer and depression, that it will ruin their fertility. Mountains of medical evidence show the opposite: abortion has no connection to breast cancer or depression, and having an abortion doesn't affect a woman's chances of becoming pregnant again.

The medical truth about abortion and contraception? They protect women's health. In countries where abortion is legal and accessible, the death rates for pregnant women are low. In countries where it is illegal, millions of pregnant women die unnecessarily from unsafe abortion. This is why my colleagues and I across the country stand with you today. We want all of our patients to have safe, affordable, and convenient access to the care they need.

It makes me so happy to see all of you here. We need to continue to stand together. Those of us in the medical profession need you as our allies, to keep speaking up for reproductive health care. Those who are anti-contraception and anti-abortion want to take us backwards. But we will not go back. We have come too far. Keep fighting! Thank you!

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• *max3brock*

A Personhood amendment has no exceptions, so what if a pregnancy threatens the life of the mother? The doctor's goal should be to save mom and the baby if possible. The goal should never be to kill the mother to save the baby, nor to kill the child to save the mother. In an ectopic pregnancy for example, we save mom and the baby tragically dies. But our goal should always be, if possible, to save the baby also. Society's attempt to justify killing unborn children leads to absurdities like the exception for the life of the mother in the partial-birth abortion ban. In reality, if the mother's life is threatened by her pregnancy, her doctor would deliver the baby as soon as possible, and never stop midway to kill the baby. The PBA ban itself has no authority to save a single child because the abortionist can simply use a variation of PBA or some other

late-term technique. However, the very idea of delaying the saving of a mom in order to stop midway to kill the baby is such an obvious cruelty and deception that it exposes the hard-heartedness of those who argue for such exceptions. Abortion is always wrong, without exception, and should be abolished.

Thanks

Multidecks

- *gwenfrewi-morgan*

"In countries where abortion is legal and accessible, the death rates for pregnant women are low. In countries where it is illegal, millions of pregnant women die unnecessarily from unsafe abortion."

This is not correct. In both Ireland and Chile, abortion is very rare, in extreme cases only (e.g. to save the mother's life) and certainly not "on demand". But these two countries have lower maternal death-rates and higher levels of maternal health than almost any other country in the world.

- *gwenfrewi-morgan*

"Mountains of medical evidence show the opposite: abortion has no connection to breast cancer"

This is at least questionable. Certainly, various research papers have been published which appear to show no link between abortion and later breast cancer; but in many cases the research itself is faulty. For example, as most breast cancer develops post-menopause, women would need to be followed up into those post-menopausal years before it could be concluded that there is or is not a link. Some research papers have claimed there is no link on the basis of inadequate evidence such as considering only pre-menopausal women.

- *jennifer-starr*

leads to absurdities like the exception for the life of the mother in the partial-birth abortion ban.

It's always illuminating to see how 'pro-lifers' hold the life of the mother in such low esteem with phrases like this—though it might have been more illuminating if you'd been using your own words instead of copying and pasting from some personhood site. But maybe these aren't your beliefs at all—maybe you were just link-spamming your cheap little computer goods site. Guess we'll never know, huh? .

- *jennifer-starr*

As far as I can tell, abortion is completely illegal in Chile, even in cases where the mother's life is threatened. This ban was put in place by Dictator Pinochet—he's gone, but the ban remains. There have been several bills proposed to put exceptions in place, such as rape and the life of the mother, but as far as I can tell, not one has