Extension of Remarks
Rep. Jan Schakowsky
October 13, 2011

Mr. Speaker,

I rise in opposition to HR 358, the Protect Life Act.

The American people want us to work together to create jobs to bolster the economy. Instead, we are here, once again, to consider legislation that endangers and attacks the right of women and is far out of the mainstream of American priorities.

HR 358 is extreme legislation. It is another attempt to unravel the health care law while at the same time expanding anti-choice laws that will harm women's health.

This legislation revives a debate that has already been settled – there is no federal funding for abortion in the health care reform law. Legal experts have said it. Independent fact check organizations have said it. Yet, Republicans continue to insist that the possibility of funding remains.

Federal funds are already prohibited from being used for abortions under the Hyde Amendment – at the expense of poor women, federal employees, women in the District of Columbia and women in the military. But this bill goes way beyond that law.

It would take away a woman's right to make her own decisions about her reproductive health – even with her own money.

It could expand the existing conscience objection to avoid providing contraception.

And, it would allow public hospitals to deny emergency abortion care to women in life-threatening situations.

HR 358 undermines the guarantee of emergency care under the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA creates a legal safety net that guarantees that anyone in need of emergency health care, including those unable to pay for health care, cannot be denied such care at hospitals.

HR 358 would strip EMTALA of its power to ensure that women receive abortion care in emergency situations at hospitals by making their right to health care secondary to the hospital's ability to refuse to provide abortion care.

Abortion care is necessary in some circumstances to save a woman's life. During the hearing on H.R. 358 in the Energy and Commerce Committee, some witnesses wrongly claimed that this was not the case.

In response to those claims, Dr. Cassing Hammond, Director of Northwestern University's Center for Family Planning and Contraception as well as its academic Section of Family Planning, wrote a letter to the Committee to set the record straight. Dr. Hammond has twenty years of experience in obstetric and complex abortion care.

In his letter, Dr. Hammond states:

"Most patients are healthy women having healthy babies, but I am frequently asked to provide abortions for women confronting severely troubled pregnancies or their own life endangering health issues. Physicians who provide health care to women cannot choose to ignore the more tragic consequences of human pregnancy—and neither should Congress."

Dr. Hammond then proceeds to give several examples from his own experience of women who required abortion care in life-saving circumstances. The following examples illustrate just a few of those instances:

- “One of my own obstetric patients carrying a desired pregnancy recently experienced rupture of the amniotic sac at 20 weeks gestation. The patient had a complete placenta previa, a condition where the afterbirth covers the opening of the uterus. Although the patient hoped the pregnancy might continue, she began contracting and suddenly hemorrhaged, losing nearly a liter of blood into her bed in a single gush. Had we not quickly intervened to terminate the pregnancy, she would have bled to death, just as women do in countries with limited access to obstetric services.”

- “My service often receives consults regarding patients with serious medical issues complicating pregnancy. We recently had a 44-year-old patient whose pregnancy had been complicated by a variety of non-specific symptoms. A CT scan obtained at 23 weeks gestation revealed that the patient had lung cancer that had metastasized to her brain, liver, and other organs. Her family confronted the difficult choice of terminating a desired pregnancy or continuing the pregnancy knowing that the physiological burden of pregnancy and cancer might worsen her already poor prognosis. The family chose to proceed with the pregnancy termination.”

- “My service frequently sees patients with early pre-eclampsia, often referred to by the term ‘toxemia.’ Pre-eclampsia usually complicates later gestation, but occasionally complicates pregnancy as early as 18 to 20 weeks, well before the fetus is viable. The only treatment for severe pre-eclampsia is delivery. Otherwise, the condition will worsen, exposing the mother to kidney failure, liver failure, stroke and death. One Christmas morning I had to leave my own family so that I could provide a pregnancy termination for a remarkably sick, pre-eclamptic teenager.”

These are women suffering from the most serious of health conditions. If HR 358 were in place, they could be denied the emergency care they need.

The attention Republicans are focusing on the private lives of women – what American families do with their own money – makes it clear that their real goal is to ban all abortions and end access to birth control and contraceptives.

Republicans don't want government to protect the water we drink, the air we breathe, or the food we eat – but they do want to intrude in a women's right to choose.

We are now at 280 days in this Congress without passing a jobs plan – yet the Republican majority has consistently managed to pass extreme and divisive legislation targeted at women's health.

The Administration strongly opposes HR 358, and this bill has no chance of becoming law.

We are running out of legislative days left before the end of the year. When is the Republican majority going to focus on jobs and the economy?

Now is the time to work on the issues that are most important to Americans – creating jobs and improving the economy – rather than restricting reproductive choice and access to family planning.

This legislation is an extreme and mean-spirited way to roll back women's health and rights. It is too extreme for women, too extreme for America, and we must reject it.