

Testimony Opposing HCR 5019  
January 21, 2020

My name is Dr. Stephanie Amaya, I am an Obstetrician Gynecologist providing health care to women of Kansas. I am writing to you in opposition to HCR 5019. As a physician, I take care of women who seek the full spectrum of care regarding their pregnancies, which includes taking care of women who have had an abortion.

As a physician, I have spent years to become an expert in the science, research, and clinical practice of taking care of patients. It is with this background and this expertise that I testify to the fact that abortion is an essential component of health care. Pregnancy, unfortunately, is not a simple process, and pregnancy does not only occur in young healthy women. In fact, I view my practice as a physician as a calling to serve those that are vulnerable and sick. For example, consider the woman who is recently pregnant and diagnosed with an aggressive cancer. Consider the woman who is pregnant and suffering from a serious heart condition. Consider the woman who is a carrier for lethal genetic abnormalities. Consider the woman whose lungs barely support her walking up one flight of stairs due to a long-standing lung condition. Consider the woman who has a debilitating psychiatric illness whose medications that keep her alive would harm her pregnancy. Consider the woman whose organ failure requires her to be sitting in a chair connected to a machine for several hours a week in order to live. Consider the woman living with chronic pain due to a blood clot that will only worsen and increase her risk of death with pregnancy. It might be difficult to imagine these women with complex medical needs and how pregnancy poses a difficult medical problem for so many women. But these are the women, the patients, I take care of in my every day practice. One of them (who I will call Mary) is an example of how pregnancy complicated her already tenuous medical condition, rendering her ability to chose abortion necessary for her to have a chance to not only live but also continue taking care of her young children.

Mary is 34 years old, she works at her family's antique store and takes care of her two young children. She had dissuaded her husband from taking her to the hospital for a few days while she was feeling sick with fever, chills, and back pain hoping that it would quickly resolve. But it did not. Eventually, when he brought her to the hospital she was diagnosed with acute leukemia, a type of blood cancer that is quick and deadly. On the day Mary found out she had an aggressive cancer requiring immediate treatment, she also found out she was pregnant. She was in the first trimester of pregnancy in which the necessary chemotherapy to save her life posed a serious risk to the developing early pregnancy. To make matters even more complicated, due to her body's natural defenses no longer working, she also had a large bacterial growth on her spine that threatened her ability to walk in the future if not immediately surgically treated. Mary was distraught from the cancer diagnosis and absolutely overwhelmed with the consideration of pregnancy when she was just told she had to fight for her own life. At this point, she told me it was not just about her life, but her life that she dedicated to seeing her children grow up. It is a situation like this that highlights the extreme complexity behind each individual patient experience. The decision to have an abortion

is a decision that no one except for a patient, her family, and her doctor can make. Any discussion outside of the medical practice regarding abortion is incomplete and lacking the expertise that only a doctor, specifically a women's health specialist, can fully comprehend and is trained to navigate.

For this reason, I urge you to vote against 5019. I urge this not only because this amendment takes away rights from women in Kansas constitution, but because we know from history that without access to safe abortion more women will die. Before Roe V. Wade, one in six maternal deaths was caused by illegal and unsafe abortions. Putting our citizens, my patients, at risk of death is not the point of our government. A person must be able to feely make their own decisions with advice of the health care professional they trust.

Thank you,

Stephanie Amaya, MD