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**Testimony of Matthew L. Sidel, M.D. Medical Director, Womens
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**In support of SB 1343: *AN ACT CONCERNING COMPASSIONATE
CARE FOR VICTIMS OF SEXUAL ASSAULT***

Submitted to the Human Services Committee

Public Hearing, March 13, 2007

Senator Harris, Representative Villano and members of the Human Services Committee. Thank you for the opportunity to speak to you today. My name is Dr. Matthew Sidel. I have been a practicing OB-GYN in the Hartford area for over 26 years.

First of all, I completely respect the need for diverse health care institutions in our community. Patients need to be able to choose the institution where they feel the most comfortable, and that share their belief system. Rape victims do not have that choice.

Most rapes go unreported. Why? Because patients feel violated, they feel ashamed, and mostly because they have completely lost their trust in their fellow humans. I have personally cared for rape victims in emergency rooms for more than thirty years. There are many unspeakable pictures that stay with me during sleepless nights, but the one that I remember most is the victims' eyes. Their eyes are not frightened or angry; they are distant, vacant, as if they have retreated into some small dark place within themselves to hide from the unspeakable horror of what has just occurred. The first thing we say to a victim of a sexual assault is not "Who did this?", or "where did it happen?" The first thing we say is "You are safe". These women have made a superhuman effort to crawl into the hands of the healthcare system, and they collapse, in shock and exhaustion. We need to

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begin the difficult task of rebuilding their trust in someone. Although we cannot prevent the psychological scarring, we can promise to keep them safe from further physical harm, and the physical consequences of the assault: infection, injury and pregnancy. In the ER, they don't hear much of what we say. That is why we have crisis counselors to stay in contact so that several days later, when they are ready to begin to emerge a little bit from that deep, dark hiding place, that we can maintain contact and reach out a helping hand. They cannot understand a litany of instructions about where to go, what medicine to buy, how much to take. We need to care for them then and there, and not ask them to expend any more effort than the unbelievable struggle it took to come to a friend or a policeman or a hospital.

A brief biology lesson: We all know that most couples happily trying to have a baby do not get pregnant the first month. When the sperm and egg unite, the fertilized egg rolls down the tube and often passes right through the uterus because it does not find a comfortable place to grow. That is why perfectly healthy couples often take months to conceive. On the rare occasion that it does not prevent the egg from being released, emergency contraception simply makes it much more likely that it will not find a place to land.

I have heard opponents of this bill say that two wrongs don't make a right. The first wrong they are referring to is the rape of an innocent victim. The second wrong is to prevent a single cell, containing the DNA of her rapist, to implant in the body of his victim. Their doctrine does not say the woman should elsewhere for care; it actually says the woman must be forced to bear the child of her rapist. Sometimes rigid doctrine must be bent to save an innocent victim.

I have spoken to patients and women's health care providers from both ends of the religious and political spectrum. They have very differing views about other issues regarding early pregnancy, but they are overwhelmingly in favor of making emergency contraception available in every Emergency Room caring for victims of sexual assault. I trust that the legislature will pass this bill, and I believe that all of our hospitals can find a pragmatic solution to making this option available to rape victims somewhere within the framework of their institution. We must above all care for our patients. Please support SB 1343. The health care needs of our patients must come first.

Thank you for your consideration. I would be happy to take any questions you may have.