

Good afternoon, Mr. Chairman and Members of the Committee:

My name is Maura Keaney and I live in Stamford. I am here today to testify **in favor of S. B. 1343: CONCERNING COMPASSIONATE CARE FOR VICTIMS OF SEXUAL ASSAULT.**

As a Catholic, I have received many alerts about this bill and have been deluged by exhortations to come to Hartford today to oppose the bill on grounds of religious freedom. I knew the opposing side would have a very high turnout today, but it is not as easy to testify in public on camera in opposition to Church leaders. A Quinnipiac University poll last year showed that 74% of all Catholics here in Connecticut support this bill mandating a standard of care for emergency medical treatment for rape victims in the immediate aftermath of rape. But most Catholics who disagree with Church leaders' positions on political hot-button issues do so quietly, not wishing to expose themselves in defiance of Church leaders. This is difficult for me, but I speak here today because I know so many of us support this bill but feel we must stay silent.

More importantly, though, I struggled because it is difficult is to testify in public, on camera, about a personal experience with sexual assault. Those of us who have survived rape or who have sisters, mothers, daughters, wives, friends, and loved ones who have survived rape know how difficult it is, even many years or decades after the fact, to talk about rape and its immediate aftermath at all, much less talk about it to strangers in public on camera for all to see on television and the internet.

It takes immeasurable courage for a woman to come forward and seek medical treatment in the immediate aftermath of rape. It is courage I myself did not have. I speak now because I could not speak then.

I speak for women whose last ounce of courage is spent telling her story to an intake nurse, waiting in the harsh fluorescent glare of an emergency room waiting room, telling her story again to more medical professionals, and undergoing an invasive rape exam. I speak for women who, after going through all that, can't possibly face having to find a different hospital and having to speak about her assault to a whole new set of strangers in order to prevent a pregnancy.

I speak for women who don't have access to information on the Internet like I do and may not even know that emergency contraception is available to prevent pregnancy in the aftermath of rape and who deserve medically accurate information and access to this medication immediately upon seeking medical treatment.

I speak for women whose physical pain is compounded in the immediate aftermath of rape by emotional torture, which could be substantially alleviated by being offered the choice to use emergency contraception to prevent a pregnancy.

There is a misconception out there that Plan B is widely available now that it can be found behind the counter at some pharmacies in the state. I live in one of our largest cities, with more than a dozen pharmacies in a 10-mile radius. A few weeks ago, I got a survey from an advocacy organization asking about availability of Plan B in our community. I called my pharmacy, a national chain that had announced it would make Plan B available. The pharmacist told me they stock the medicine, but when I asked her whether it actually was in stock, she came back after

five minutes on hold to tell me they had none. When I asked how soon it could be available, she said it was on back order from the manufacturer. I then called a national discount big-box retailer in Stamford which had a pharmacy. They did have the medication in stock at a cost of \$39.99. One could look at that and say that rape victims should have no problem finding the medication themselves, but we'd be looking at that from our comfortable positions of relative wealth, of owning cars, of having access to the Internet, of having the courage to tell another person to get help with transportation, and – most importantly -of not being in profound post-traumatic agony in the immediate aftermath of rape. This is not a time when women should be expected to shop around for medical care. This is a time when any woman courageous enough to speak and seek immediate medical attention should receive just that – IMMEDIATE medical attention in whichever emergency facility she is able to get to.

And make no mistake about it – simply OFFERING Plan B to a woman in the immediate aftermath of rape, when the pain of the rape itself is compounded the post-traumatic psychological torture of fear of curable and incurable diseases, societal reactions, future prospects for healthy relationships, and fear of pregnancy and all its repercussions. That post-traumatic agony could be substantially alleviated by offering a victim the CHOICE of a medication that could prevent a pregnancy from occurring. Now that this option is available, refusing to offer this treatment to women in the immediate aftermath of rape is a dereliction of care.

As a Catholic and a progressive, I have a deep respect for the mission of Catholic hospitals and value them in our community. Nearly all hospitals now care for the sick for a for-profit motive. Catholic hospitals care for the sick not for profit but as a Christian ministry, and I respect that because far too often, it seems that my Church, which used to be all about social justice, ministering to the sick, caring for the poor, and remembering the least among us, is now defined more by opposition to gay marriage, contraception, and abortion than it is about the abundant love and mercy of Christ. I want non-profit Catholic hospitals to thrive. At the same time, our state has a responsibility to mandate a standard of care in any medical facilities that are licensed by the state. There are religions that oppose blood transfusions. If such a religious organization were to run a medical facility, I don't think for a minute we would be here whether a preferred provider for state-funded emergency care could be licensed if they refused blood transfusions to critical patients. That is not interfering with the free practice of religion – any believer could refuse a blood transfusion himself. That's simply the state doing its duty to mandate a standard of care in state-licensed facilities for state-funded care.

Likewise, we're simply talking here about a standard of care for victims of sexual assault, no matter where they seek emergency medical attention. Think about your mother, your sister, your daughter, your wife, your niece, your neighbor, and think about the kind of immense courage it would take for her to seek immediate medical attention if she were sexually assaulted. What standard of care would you expect her to be offered by those strangers she had the courage to speak to? If you would expect for her to be offered the option of emergency contraception, you can speak for those women and for all women in Connecticut by voting in favor of this bill.

Thank you.