

## Joint Committee on Human Services

Testimony in support of SB 1343: An Act Concerning Compassionate Care for Victims of Sexual Assault,

By Rev. Kristen J. Leslie, Ph.D., Associate Professor of Pastoral Care and Counseling, Yale Divinity School, New Haven, CT

Good morning. I am the Rev. Dr. Kristen Leslie, Associate Professor of Pastoral Care and Counseling at Yale Divinity School and an ordained United Methodist clergywoman. I speak today in support of SB 1343 because I am concerned that women receive compassionate medical care after they are raped. Today I am also representing the Connecticut Chapter of the Religious Coalition for Reproductive Choice, a non-denominational organization that understands that women from all faith traditions want and need complete medical care after they are raped.

When I was the pastor of a United Methodist congregation I was aware that I was working mainly with United Methodist Christians who shared my faith tradition and my theology. Because my work was with and on behalf of my particular faith tradition it was understood that I was guided by the particular theological needs and hopes of my tradition. When I worked with girls and women from my congregation who were in crisis I did so knowing that I only had to think of their needs in light of our shared particular religious tradition. When a rape survivor comes to a pastor, priest, woman religious, or imam, the theology of that community plays a central role in the kind of care that is offered. A religious leader need not offer assistance to their own congregants in a way that stands against their own theological or spiritual tenets.

There are those who would say that Roman Catholic Hospitals have a constitutional and theological right to deny medical treatment in the form of emergency contraception. Churches certainly do have a constitutionally protected right to promote their own beliefs within their churches and among their members. But today we are talking about medical care in a hospital, and not a place of worship. A hospital is a state-licensed, and largely publicly funded facility that needs to comply with state and federal regulations about the standard of care they provide to patients. There is no constitutional right to deny necessary medical care to a victim of rape.

Emergency Contraception is about providing the best medical options to girls and women after they have been raped. It is not about requiring girls and women to comply with a treatment they do not want. When hospitals refuse to provide emergency contraception as an optional treatment to rape survivors, they are refusing to provide good medical care.

Emergency Contraception is about making abortions unnecessary after girls or women are raped. This is not about hospitals requiring women to have abortions. This is about how to respond to girls or women's needs after they are raped. Emergency contraception decreases the need for abortions by making them unnecessary for rape survivors.

Emergency Contraception is about preventing pregnancy. Twenty-five years ago if a Catholic woman was raped, the Roman Catholic Church supported her decision to have a surgical contraception procedure by means of a DNC. For a quarter of a century the Catholic Church has allowed such surgical interventions to prevent pregnancy. Emergency Contraception does the same thing without surgery. It is consistent with the Catholic faith to allow for medically indicated emergency treatments for rape survivors. Emergency contraception is not about interrupting pregnancy. It is about making pregnancy impossible.

Emergency Contraception is consistent with family planning because it protects the health of girls and women by making pregnancies impossible that are the product of nonconsensual, violent and unwanted sex.

Emergency Contraception is not about abandoning faith. It is about providing compassionate and faith-consistent care so that a girl or a woman does not need to live in fear of getting pregnant from an act of violence.

Thank you.