

CARE Act Press Conference
October 28, 2009
Sondra Miller Remarks

It was 7:40 am on Tuesday morning when the call came into my cell phone. There was a volunteer from our crisis hotline on the other end, alerting me that there was a woman at the emergency room who had been raped. She needed an advocate. I started on my way.

When I arrived, the patient was wearing gray footies that the hospital had provided her. She only had a second to run out the door of her apartment while her attacker was using the restroom. She left her shoes and socks behind.

Now, I am sitting across from her in an emergency department. The nurse began an exam, photographing bruises on her arms and legs and carefully recording every detail of the patient's case. Then it came time to administer emergency contraception. Only one problem: the ER doc refused to write the order, citing religious objections. My blood pressure spiked.

How could this be? What did his religion have to do with helping this poor woman right now? I was furious. But this moment was not about me, nor was it about the doctor or his religion. This moment was about the rape survivor staring me in the face. This moment was about what she needed to heal from this horrendous night.

The ER doc left the room and the nurse calculated how long it would be until a physician's assistant came on duty. Only 20 minutes. We waited. Before the exam was over, the assistant wrote the order and the patient took the pill. She got what she needed and that is all that matters.

This survivor had a lot of things to worry about, including whether her attacker would be released from jail that day and how she would ever find the strength to walk into her apartment building again. But fortunately, the one thing she did not have to worry about was getting pregnant.

That's the way it should be for every rape survivor. Unfortunately, as advocates, we cannot guarantee survivors that they will experience the same at every hospital across the state.

I share this story today, as the Compassionate Assistance for Rape Emergencies Act is introduced, to illuminate how important this legislation is for rape survivors and the spouses, boyfriends and partners and family members that care about them. I'd also like to highlight that this legislation would not require all doctors to dispense emergency contraception, but would require hospitals to have a system in place to meet this basic need of survivors even if an individual doctor objects.

When you consider that 1 out of every 7 Ohio women has been the victim of one or more completed forcible rapes during her lifetime, you begin to understand how many people this legislation will positively impact.

No one chooses to be raped. No one ever expects to be the patient sitting in the emergency room awaiting a rape kit and examination. No one ever wants to think about a daughter or sister or

granddaughter sitting in that chair. But it happens. It happens more often than any of us want to admit. And it's our job to make sure that every survivor's needs are met during that critical stage of recovery.

As an advocate with the Cleveland Rape Crisis Center, I urge our legislators to support the Compassionate Aid for Rape Emergencies Act. Rape and incest survivors deserve immediate access to safe, effective methods of pregnancy and disease prevention.