Letters to the Editor
Published by Leadership Training Academy Fellows and Alums

To the Editor:

Re “72-Hour Wait for Abortion Is Enacted in Missouri” (news article, Sept. 12): As a provider in Missouri’s one abortion clinic, I am appalled that my state’s lawmakers are incapable of putting the real-life experiences of Missourians ahead of political and personal ideology.

Your reporting highlights that the law imposing a 72-hour mandatory delay on women seeking abortion care lacks an exemption for survivors of rape and incest. But what is most tragic about this legislation is that it sends a clear message that our elected representatives think that women are incapable of making an informed and thoughtful decision without their help.

It assumes that women don’t begin their decision-making process until the moment they walk into the clinic. I have yet to meet a woman for whom this is true; most women begin that process the moment they suspect that they are pregnant. Not only is this law insulting to women, but it also imposes a real burden on women seeking constitutionally protected health care.

153 words
New York Times

To The Editor:

As a doctor who has provided reproductive health care for young women in New Orleans for 10 years, my top priority is my patients’ safety. So I am deeply concerned about Gov. Bobby Jindal’s intent to sign into law new abortion restrictions in the name of protecting women’s health and safety.

Abortion is an extremely safe medical procedure. Mandating hospital admitting privileges is a burdensome and medically unnecessary requirement that has no impact on patients’ safety. The real aim of this law is to make safe, legal abortion increasingly difficult for Louisiana women to access.

If the new restrictions force good health centers across our state to close, I worry about my patients who need to access abortion care, but cannot afford to travel to a clinic hundreds of miles away. Ask yourself, who is most qualified to set standards for safety in medical settings -- doctors or politicians?

153 words
Times-Picayune

To the Editor:

As an obstetrician/gynecologist and abortion provider in the Bay Area, I thank The Chronicle for the editorial arguing that the military should cover abortion for raped servicewomen (“Support our women in uniform,” June 3).

One out of three American women will have had an abortion by age 45—they are our sisters, our friends and our servicewomen.

Yet the insurance for members of the military doesn’t reflect this reality, granting abortion coverage only when a woman’s life is endangered by her pregnancy.

We give our soldiers the honor of boarding a flight early or getting a discounted movie ticket, but we can’t cover a medically necessary procedure for women risking their lives for our country. At minimum, our servicewomen deserve coverage for rape and incest.

Recently I cared for a patient who was sexually assaulted and, in her anguish, struggled to make eye contact, her usually upbeat manner gone. But she was in my office, where I could help her.

If she had been raped and impregnated while, say, in the Army in Afghanistan, her profound suffering would have been compounded by extra burdens and delays, like finding herself a safe, legal, affordable abortion, most likely thousands of miles away.

Military insurance must take care of the wounded, including rape survivors.

204 words
San Francisco Chronicle

Note: When counting words, don’t include “To the Editor,” the title and date of the article to which you are responding, or your name.

Questions about letters to the editor? Contact Colette Rose, colette@prh.org, 646-649-9928.
To the Editor:
As a family doctor in New York City, I applaud the decision by the Department of Health to expand the condom varieties offered to students at City public high schools (“New kind of rubber room,” Aug. 6). Free condoms are key to preventing unintended pregnancy and sexually transmitted infections among teens. But it’s not enough. I have had more than one teenager in my office who had turned down the NYC-brand condoms because they didn’t like how the condoms fit or felt. Providing a variety of condom types may increase condom use, which will ultimately improve the health of high school students.
95 words
New York Daily News

To the Editor:
As an obstetrician-gynecologist, I support legislation introduced by state Sen. Larry Farnese, D-Philadelphia, that would establish a 15-foot buffer zone around reproductive health clinic entrances in Pennsylvania (“Philadelphia senator’s bill restricts anti-abortion protesters,” Dec. 12). This is already existing law in Pittsburgh, and women all across the state should enjoy this protection from harassment by anti-choice protesters. All Pennsylvania women deserve protection to access legal and safe medical services, including abortion, without being subject to intimidation.

I have worked at health clinics without such buffer zone protections and witnessed the aggressive intimidation tactics of protesters. I have seen protesters threatening to hurt women’s families, photographing and harassing clinic staff, and lying to women about the safety of abortion and other clinic services.

No person, man or woman, should have to suffer fear of harassment simply for walking into a reproductive health clinic. Buffer zones in the City of Pittsburgh provide critical protection and this proposed legislation will help protect all women in Pennsylvania.
155 words
Tribune Review

To the Editor:
As a physician, I am deeply disappointed by the Supreme Court’s decision to allow corporations like Hobby Lobby to deny their employees insurance coverage for certain contraceptive methods. I would like to address the misleading claims made by Hobby Lobby’s owners and by Utah Bishop John Wester (“Mormon, Catholic leaders in Utah laud Hobby Lobby ruling,” June 30), who is quoted saying that IUDs and emergency contraception cause abortions.

No FDA-approved method of contraception—including IUDs and emergency contraception—acts as an abortifacient. Like all other contraceptive methods, IUDs and emergency contraceptives work by preventing pregnancy and do not disrupt pregnancy. This fact is supported by up-to-date medical research and scientific evidence.

Affordable access to the full range of birth control options is critical for women’s health. Choosing a medically appropriate birth control method is an individual, private medical decision that each woman must be allowed to make for herself, in consultation with her health care provider. Her employer’s personal beliefs about contraception have no place in this or any other health care decision. Yet given the high up-front cost of especially IUDs, lack of insurance coverage for this highly effective and safe contraceptive method can have a very real impact on a woman’s ability to choose this option.
198 words
Salt Lake Tribune