

TESTIMONY CONCERNING HCR 188 (Durand)
(Compilation and Release of Abortion Statistics)
LOUISIANA HOUSE HEALTH & WELFARE COMMITTEE
June 11, 2003

Mr. Chairman, Honorable Committee Members:

My name is Dr. W. A. Krotoski; I am a retired internist and medical scientist, with credentials including M.D., Ph.D. and M.P.H. (Master of Public Health) degrees, plus a 26-year professional career with the U.S. Public Health Service. I have lived in Louisiana since 1975, and in Baton Rouge since 1983. I would like to address this Committee regarding Representative Durand's Bill, HCR 188, which calls upon the Department of Health and Hospitals to fulfill its responsibilities regarding compilation and distribution of statistics on abortion in Louisiana, both statewide and by parish.

Medical and public health statistics are used in many ways, but their primary purpose is to determine changes and trends in health-related conditions, for the purpose of establishing, comparing and improving the state of health of populations, whether at the community, the parish, the State, or higher level. Ultimately, the purpose of compiling health data is to improve individual health by monitoring what is going on in the community, thus facilitating intervention where needed. As with most ventures, the better and the more finely drawn the data, the better and more accurate any possible intervention. This is recognized by all public health authorities, and is the basis for appropriate action. Nevertheless, the purposes of compiling such health information are best met when health professionals, health organizations, and the community are well informed through a multi-directional surveillance and multiplication effect. In the simplest of terms, unless those who are responsible for maintaining the community's health know what is going on, they cannot function properly. They cannot know whether a heightened awareness or alert may be necessary, how to allocate resources, whether or not to increase or decrease supply to meet demand, and so on. This is likewise the case with abortion statistics, which, like other health issues, also follow trends. They point to interventional needs, to the allocation of professional and other health resources, etc. This has been recognized by the federal government, which compiles and releases carefully analyzed national abortion statistics, and by all states – including our own – which provide them with most of their data; it is also supported by our laws. Basically, regardless of how one feels about abortion, all parties agree that it should be reduced to a minimum. The terms most frequently used, even by abortion proponents, are "safe" and "rare." But, unless one knows what is actually going on – unless the statistics are both accurate and sufficiently detailed – it is neither possible to assess interventional needs, nor implement meaningful interventions.

Unfortunately, for some reason, abortion statistics in Louisiana, although certainly falling within that health realm, are generally not openly released, not even to health professionals, and certainly not by parish or lesser governmental unit. The last time I, as a physician, was able to obtain parish abortion statistics was 4 or 5 years ago, when I received such information simply in response to a FAXed request to the Office of Health Statistics in New Orleans. Thereafter, I was able to obtain only statewide data through last year – those statistics were for the year 2000 – and, beyond that, my requests have been ignored; I have simply received no response. I also understand that others, including organizations legitimately requiring this information to fulfill their mandates, have similarly been unable to obtain these data. This dearth of information concerning both parish – and, more recently – State statistics on abortions performed, even without identifying abortion facility or compromising privacy rights of the aborted woman, does not serve the public interest well. Complications from abortion and their causes, reasons for abortion, statistics by age of mother, age of prenatate when aborted, and other parameters necessary to monitor and affect this "health" aspect of our society (as it was by identified by the U.S. Supreme Court) are simply not available, so cannot be used to improve it.

Therefore, Mr. Chairman and Members, I ask that you move favorably on this HCR 188 to stress the need for the responsible authorities to live up to their mandates. Thank you very much!

W. A. Krotoski, M.D., Ph.D., M.P.H.