

# SAMPLE Letters to the Editor

## SUPPORT Compassionate Care for Rape Victims

### REMEMBER TO:

Add your own story to the letter  
Do a spell-check before sending  
Add your name, address, phone number

### **Compassionate Care: Access to All Treatment**

Dear Editor,

I was astonished to learn that even though 82% of voters in Wisconsin support access to emergency contraception for rape and incest victims, this essential treatment is not available at all emergency facilities and hospitals. Even more shocking was the fact that hospitals are not even required to inform the victim that such treatment exists. Withholding information about pregnancy prevention further victimizes a woman and puts her at risk for an unwanted pregnancy. Emergency contraception is a safe and effective, FDA-approved concentration of birth control pills that prevents pregnancy when taken within 120 hours of unprotected intercourse. The sooner it is taken, the more effective it is. Sexual assault victims deserve information about and access to all necessary treatments. I hope fellow community members will support the Compassionate Care for Rape Victims bill recently introduced by Senator Judy Robson, and I hope Senator Kapanke will support it, too.

### **Compassionate Care: Support the Bill**

Dear Editor,

I was stunned to find out that even though 300,000 women are raped each year in the U.S., and 25,000 victims become pregnant as a result, some hospitals are still not providing emergency contraception (EC) to rape victims--or even providing them with information about it. EC is an effective and safe, FDA-approved method of preventing pregnancy after unprotected intercourse. It is simply a high concentration of birth control pills that prevents pregnancy and is at least 75% effective if taken within 72 hours.

Recently, Senator Kapanke vocally opposed a bill requiring that hospitals provide information on and dispense EC because as a pro-life supporter he doesn't want laws that encourage women to get an abortion. The FDA, American Medical Association (AMA), and the American College of Obstetricians and Gynecologists (ACOG) state that EC does not cause an abortion, but prevents pregnancy. AMA guidelines require counseling and the provision of EC to rape victims. All hospitals that treat sexual assault victims should follow established standards of care. This ethical obligation extends to all hospitals, including Catholic hospitals. Additionally, the Religious Directives for Catholic Hospitals specifies that EC is an acceptable form of treatment for rape victims as long as the victim is not already pregnant. Sexual assault victims deserve to be given access to emergency contraception when they seek treatment. Legislators should support the Compassionate Care for Rape Victims bill to ensure victims of rape receive complete and compassionate care following an assault.

### **Compassionate Care: Support Access to EC**

Dear Editor,

Emergency contraception is just that, contraception. It works before a pregnancy is established, not afterwards. EC does not interrupt or disrupt an already established pregnancy and is NOT an abortion pill. EC is a large dose of the same contraceptive in most birth control pills and prevents pregnancy. It is available to any woman who has had unprotected sex or a failed contraceptive method but is only effective if taken within the first 120 hours after sexual intercourse (and most effective when taken within the first 24 hours). This is especially important for women who have been sexually assaulted. If emergency contraception was available to rape victims at the emergency room where she is being treated, it would reduce a woman's risk of pregnancy by as much as 89%. Currently less than half of Wisconsin's emergency rooms offer EC to rape victims. Please call your representatives to let them know that you support access to emergency contraception, especially for victims of rape.

### **Compassionate Care: Compassionate Health Care**

Dear Editor,

I urge our community to support the emergency contraception for victims of sexual assault bill. Emergency contraception (EC) is just that, contraception. EC is a high dose of birth control pills that when taken within 5 days of unprotected intercourse works to prevent pregnancy by inhibiting or delaying ovulation. It will not affect an already established pregnancy. An estimated 25,000 women become pregnant each year as a result of an act of sexual violence. These women have the right to be informed of EC, and have it made available to them as part of their comprehensive emergency treatment. It's humane and compassionate to offer a victim of rape this effective option to help prevent the additional trauma of an unwanted pregnancy. Please urge your legislators to support this bill.

### **Compassionate Care: Right to Information**

To the Editor,

In 2004, an estimated 4,775 females sexual assaults were reported in Wisconsin, yet it's estimated that only 36% of rape victims ever report an assault. A survey conducted in 2006 of 109 Wisconsin hospital emergency departments shows that only one-third of Wisconsin hospitals provide emergency contraception on site without exception to rape victims. Forty-two percent do not offer emergency contraception at all and another 23 percent offer it but have exceptions to their policy.

These policies and practices undermine a woman's right to information about her treatment options. Emergency contraception (EC), simply a high concentration of birth control pills that prevent pregnancy, is most effective when taken as soon as possible. A refusal of service delays women's access to this basic health care service and raises her risk of an unwanted pregnancy. If a rape victim is treated at emergency facility that refuses to provide EC, she may never know that this treatment exists, and her choices, as well as dignity and rights are denied to her. Moreover, guidelines set forth by the American Medical Association require counseling and the provision of EC to rape victims. All hospitals that treat sexual assault victims should follow established standards of care. This ethical obligation extends to all hospitals, including Catholic hospitals. It is simply unacceptable for any health care provider to purposely withhold information and treatment to a woman after a rape. I support the Compassionate Care for Rape Victims bill introduced by Senator Robson to require all hospitals to provide rape victims with information about, and access to, emergency contraception.

### **Compassionate Care: Essential Health Care**

Dear Editor,

Emergency contraception is a concentration of birth control pills that helps prevent pregnancy when taken within 120 hours of unprotected intercourse (and is most effective when taken within 24 hours). It is essential that victims of sexual assault have access to this form of birth control. Of the 300,000 women who are raped each year in the United States, 25,000 women will become pregnant by their attacker. This legislative session the Compassionate Care for Rape Victims bill will be introduced to require health care providers to give rape victims information about emergency contraception and to provide it upon request. Recently, Senator Kapanke vocally opposed this bill because as a pro-life supporter he doesn't want laws that encourage women to get an abortion. Emergency contraception does not induce an abortion, but prevents unintended pregnancy and reduces the need for abortion. I strongly support this compassionate bill to help victims of rape, and I urge you to contact your legislator to urge them to support it.

### **Compassionate Care: Ensure Access to EC**

To the Editor:

For years, an FDA-approved pregnancy prevention measure known as emergency contraception has been available to hospitals and health care providers for reducing the risk of unintended pregnancy among rape and incest victims. Yet most hospitals still deny emergency contraception to women who have survived a sexual assault. EC should be available to all women, but there is absolutely no excuse for denying it to women facing such a crisis situation. This unethical policy is cruel and undermines a woman's right to information about her own best medical treatment options. Women who suffered a sexual assault should not have to face the additional trauma of an unwanted pregnancy. They also should have immediate access to comprehensive information and health care treatment, regardless of which hospital treats them. Voluntary compliance is not working. Elected officials must step in now and ensure that emergency contraception is available to all those who need it, when they need it most.