

OPINION

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BAGLEY'S VIEW » "BAD MATH"

ONE ATROCITY...



When I had my miscarriage, I could access the care I needed. A Supreme Court decision might change that.

I remember the bright red drop of blood on my shoe as I wrapped up a meeting at work. At just shy of nine weeks pregnant, I was having a miscarriage. I knew something was wrong when the ultrasound the week before showed the fetus wasn't developing right. I had no idea how fast an unviable pregnancy could resolve itself, if it would. And I was shocked by the amount of blood and how quickly it came once it started.

I excused myself from the meeting, cleaned myself up and went out to my car to call my midwife. She reassured me that what I was experiencing was normal. She asked if it would be possible for me to take the rest of the day off to rest. I was incredibly lucky. I had access to quality health care and good insurance, a stable job that allowed me time off and a supportive home life to help care for my toddler. Before I ended the conversation with my healthcare provider and headed home, I recall her instructions, "Head to the hospital if you develop a fever, severe cramping, foul smelling discharge or deep body aches." Luckily, I didn't experience any of those symptoms or other complications and that pregnancy ended without the need for medical intervention.

Should I have needed medical care for my miscarriage, the standard intervention would be — by all definitions — an abortion.

This experience has been on



SHIREEN GHORBANI

"The fact is that every abortion ban reaches into the most private and personal decisions in someone's life and always makes pregnancy and childbirth much more dangerous."

my mind as I followed the U.S. Supreme Court's hearing on Idaho's challenge to EMTALA. This 40-year-old law, the Emergency Medical Treatment and Labor Act, requires hospitals that accept Medicare dollars (most major hospitals) to stabilize patients seeking emergency medical care regardless of their ability to pay,

insurance status, race, creed or national origin.

Idaho already has one of the cruellest and most restrictive abortion bans in the nation. It's so bad that doctors are advising their pregnant patients to purchase emergency medical evacuation insurance — the same coverage used by extreme mountain climbers — in case they need to be airlifted out of the state for medical care. Idahoans who become pregnant face fear, chaos and a harder time making an appointment: 22% of Idaho's OB-GYNs have left the state in the last year according to a report covered by Boise Public Radio. But that wasn't enough. Idaho also challenged the ability of pregnant patients facing severe medical emergencies to rely on EMTALA to get the care they needed — including abortions — at hospital emergency rooms.

Now, these patients are seeking refuge and care in neighboring states, like Utah, where abortion remains legal up to 18 weeks. But Utah's abortion access is at risk, too. If the Utah Supreme Court allows Utah's near total abortion ban to go into effect — which could happen any day — we will be just like Idaho, and thousands of Utah patients will be forced to travel even further to receive care, putting them at even greater risk of complications. When Utah politicians claim that their ban is somehow better than bans in other states,

just remember that's exactly what the politicians in the other states are telling their constituents.

The fact is that every abortion ban reaches into the most private and personal decisions in someone's life and always makes pregnancy and childbirth much more dangerous. And the situation could become perilous for everyone if the U.S. Supreme Court agrees with Idaho's willingness to endanger the safety of pregnant people and rewrites EMTALA to allow emergency rooms across the nation to refuse to provide life-saving care when people need it most.

This entire situation is shocking and very real. Abortion bans cause actual harm. Horror stories from every state with an active abortion ban tell us that the exceptions do not work, people suffer, and routine medical care becomes complex and inaccessible.

When I had my miscarriage, I was lucky to be able to access the care I needed. At no point did my medical provider say, "You need this type of care, but the state won't allow me to do it. You need to fly to another state." Being able to access the medical care you or your loved ones need should not be a matter of luck or timing. It's what you and everyone deserve.

Shireen Ghorbani is the chief corporate affairs officer for Planned Parenthood Association of Utah. She is a mother and a former Salt Lake County councilmember.

THE PUBLIC FORUM

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Let's raise a glass to Trump

America seems to have a death wish — and, like the passengers on the Titanic, is having a party as the ship slowly sinks.

The party is playing out on TV where you can drink to Donald Trump and his feast of legal problems in all of which he is the defendant. Can't get much better entertainment than that. In fact, it's so much fun that a large chunk of the audience want to promote him to "president for life" despite his being voted "worst president ever" by our European allies his first time around. His change of title to absolute dictator if he wins is expected to make all the difference.

Dictator, of course, is now the preferred title in almost all the world — especially in the countries that aren't doing so well, like most of Africa and selected countries in South America (like previous standard Brazil). There they claim the weather is the problem.

Actually, they are right. Weather seems to be deteriorating all over the world — especially in Africa where herds are flocking to countries they

think are healthier — only to end up in squalid camps or drowning trying to reach Europe, which, actually, is doing better in some cases. Cold and wet England, for example, is warming up so fast that it will soon be exporting wine instead of being one of the largest importers. Cheers!

Here in the U.S. we've labeled it "climate change" and are becoming a world leader in heat waves, droughts, hurricanes and typhoons. We're doing so well that insurance companies will no longer cover damages. Trump knows it's not a real problem and has labeled it a minor blip.

We're so lucky to have such a talented potential leader!

Frank Fish
Troyville

Don't take water for granted

Consider "The Restoration."

No, not the restoration of the gospel, the restoration of our interrupted water supply. We turned on the tap at eight last night. Only a trickle emerged from the faucet. Uh, oh.

The first order of business was a drink of water. Suddenly, we felt thirsty and searched for drinkable water in the house, realizing once again the actual value of this life-sustaining resource.

Next up, the toilet. We needed to flush it, but we couldn't. My husband made a quick trip to buy

ten gallons of water. We used one and a half gallons to flush the toilet once! We needed water for several essential activities. We wanted to wash our faces and brush our teeth. The eight gallons we had met that need.

Water is indispensable for some functions, such as filling the CPAP machines. We had some distilled water on hand, so that worked out. The dishwasher required water to complete its cycle. We decided that could wait. Thankfully, the construction workers who broke the water main last night had fixed it when we woke up this morning.

There is a message. Don't take water for granted.

Sherril Park
West Jordan

As the political worm turns ...

While we, and even Nobel Prize-winning scientists, do not vaguely know the actual seat within our brains of human consciousness, apparently per Robert F. Kennedy, Jr.'s own amazing admission, a worm did, and then ate the ethical portion of it. And now we know why that poor worm died — not enough to eat!

Even politics can have a true sad side: it neuro-nematically appears — even the lowly worm can no longer turn when directly exposed to bad politics.

Jeff J. Cannon
Salt Lake City

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