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**United States House of Representatives Committee on Oversight and Reform Hearing:
Examining the Harm to Patients from Abortion Restrictions
and the Threat of a National Abortion Ban
Thursday, September 29, 2022 - 10:00am**

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* has dramatically altered the debate on the right to life, women's healthcare, and the framework of our democratic republic. In its decision, the court returned the responsibility of abortion questions to the states and its citizens.

The premise of this hearing is stated to be to examine the impact of state abortion bans and restrictions at the state and federal level, and how abortion bans will disproportionately impact women who already experience health inequities. The solution is not providing abortions, the solution is providing healthcare. Further, this hearing implies that abortion is healthcare, and that there are those who seek to ban women's access to medical care. This is false.

It is critical that the committee consider the voices not present in the room today, the voices of the victims of abortion—the ones that actually survived. With this additional perspective, I encourage you to ask yourself, how can access to abortion, the very act that should have ended my life, simultaneously be my fundamental right to exercise?

To Experience Life

Life is the foundation of all other rights. The very fact that this hearing is being held shows that everyone in this room was granted the privilege to retain that right—a privilege I was denied. A privilege my unprotected population of abortion survivors were denied. A right that thousands of unborn children will be denied today alone: the privilege of having a day you were born—not a day you were aborted. The privilege of a birthday—not a day you were accidentally born alive—after the abortion failed. I know this is an “issue” we are all passionate about, but this privilege is one that is easy for most people to overlook.

The abortion industry speaks ambiguously about the science of when life begins and what abortion does. But the reality is clear. You were as much you, in your mother's womb, as you

were the day you were born, and as you are today. I was as much me 44 years ago, when I was targeted for abortion, as I am today.

I'm sure many of you have joyfully shared with your own children what it was like to experience their life in its earliest stages: the first kicks, the first hiccups, your first experience of getting to know them, as they were growing and developing in the womb. Your child was as much your child then as they are now.

My earliest stages, though, were different than yours, because they were interrupted by abortion. In August of 1977, my biological mother, a nineteen-year-old college student named Ruth, had a saline infusion abortion. This was forced upon her by her mother, a prominent nurse in their community, with the help of her colleague, the local abortionist.

The abortion procedure involved injecting a toxic salt solution into the amniotic fluid meant to protect my fragile body, to poison and scald me to death. I soaked in that toxic solution for five days as they tried time and time again to induce Ruth's labor with me.

When I was finally expelled from the womb on that fifth day of the abortion procedure, my arrival into this world was not so much a birth, but an accident, a "live birth" after a saline infusion abortion. My medical records actually state, "a saline infusion for an abortion was done, but was unsuccessful." Another record identifies a complication of Ruth's pregnancy as a saline infusion.

My medical records reflect that the doctors initially suspected I had a fatal heart defect due to high levels of fetal distress. My grandmother demanded that I be left to die, but I am grateful for the NICU nurse working that day who was unwilling to do as she was told. She rushed me to the NICU. Before you vilify my grandmother for that demand, know that I've learned from two nurses that it was common practice at that same hospital to leave born alive infants like me to die in the utility closet. This was not an isolated practice. It was not an exception. It was the rule.

I suffered from severe respiratory problems, jaundice, and seizures. I weighed 2 pounds, 14 ounces, which is what led a neonatologist to remark in my medical records that I was approximately 31 weeks gestation, as opposed to the 18-20 weeks the abortionist had indicated.

I hear this circumstance frequently in the population of abortion survivors we work with through The Abortion Survivors Network. Many survivors are alive, like me, because they were much more gestationally advanced than the abortionist assessed.

Rights and Regulation

Legislators and citizens are seeking to limit abortions in their states because they believe women deserve better than abortion. Calling abortion healthcare is denying the emotional, physiological and physical impact abortion has on the mother. Women are not consistently treated with respect, compassion, truth and integrity.

Federal restrictions on abortion after 15 weeks with clear exceptions for rape, incest and the health of the mother align with current regulations in 15 states. At 15 weeks a fetus can feel pain and their tiny body is well-formed. The New England Journal of Medicine details it well:

*Cutaneous sensory receptors appear in the perioral area of the human fetus in the 7th week of gestation; they spread to the rest of the face, the palms of the hands, and the soles of the feet by the 11th week, to the trunk and proximal parts of the arms and legs by the 15th week, and to all cutaneous and mucous surfaces by the 20th week.*¹

After 15 weeks gestational age, many abortionists perform dismemberment abortions, which use surgical instruments to tear the baby apart limb by limb and crush its skull. This barbaric procedure carries significant risks to the mother, and is more difficult, as the fetus responds to stimuli, already feels pain, and has been known to move from instruments.

*“In the human fetus, dorsal horn cells in the spinal cord have formed synapses with developing sensory neurons by 6 weeks' gestation. These sensory neurons grow peripherally to reach the skin of the limbs by 11 weeks, the rest of the trunk by 15 weeks and the remaining cutaneous and mucosal surfaces by 20 weeks' gestation.”*²

The debate has carried on from the Supreme Court, congressional hearing rooms, state capitals, dinner tables, and beyond. Clarity and specific details remain critical to protect both women and their unborn. As safeguards are implemented around abortion, we simultaneously make sure that mothers facing pregnancy are presented with enough support to overcome their fear, not just in the initial stages of pregnancy but through the adoption and postpartum periods. Women deserve better than abortion, and babies deserve the chance to live, and policy makers should do more to make that a reality.

Instead, we continue to offer women a quick fix at significant physical and emotional costs.

For example, last year an abortion was performed on a young woman, with the abortionist indicating she was estimated to be 19-20 weeks pregnant. After experiencing severe pain as

¹ <http://www.cirp.org/library/pain/anand/>

² https://www.sciencedirect.com/science/article/pii/S1521689603001253?casa_token=vbnGPHLOq6YAAA:AA:RuByWcxAnsnYvK3tmFcGjb9j07NB88ldp4y1tOQh-dDwLLPkkmfVEMvyAqGQ45OVFPVZ1f8TD_s

laminaria were inserted to dilate her cervix for the abortion, she changed her mind and didn't return for the abortion. Her labor continued to progress, however, and her baby was born at an estimated 25 weeks of age, not 19-20. This survivor is alive today.

My friend, Jennifer Milbourn, is also an example of how advanced gestational age can lead to abortion survival. Jennifer's birthmother went in for a vacuum aspiration abortion, and when the abortionist went to suck out her head, which would have then taken her life, he found her head was much too large to suck out with the cannula. She was much further along gestationally than he estimated.

Left with the option to come back again for another type of abortion procedure, which would cost more to perform, Jennifer's mother carried her and placed her for adoption. Earlier this year, Jennifer testified in California against legislation aimed at expanding abortion.

Abortion is not healthcare. I am alive today because the healthcare my biological mother received failed: the abortionist did not complete the abortion procedure. This is because I was much further along in gestational age than my abortionist reported.

I was not a disease that needed to be treated. I was a baby.

Despite statements made by the abortion industry, abortions regularly are performed on babies that are much farther along than estimated. Neither a successful abortion nor a failed abortion, where the child lives, can be categorized as healthcare. It is an option exercised when women are left uncared-for and believe abortion is the only option for them. Further, women are frequently pressured or forced to have an abortion against their will, a problem that will be exasperated as abortion is readily available to anybody seeking one.

Another abortion survivor, Robin Sertell, testified in support of state legislation that would guarantee babies who survive abortions real medical care. In her testimony she shared:

Before I was born, I survived three abortion attempts via saline infusion. I spent most of my life believing I was the only person in the world who had ever suffered and survived an abortion attempt, let alone three. I was both relieved and sad to learn I am not alone. In fact, more than thirty years ago, the Chief of Abortion Surveillance for the Centers for Disease Control stated that 400-500 live births occurred after abortion each year. This means that after 49 years of legalized abortion, there are between 19,600 and 24,500 babies that survived abortion in this country alone. To be blunt, there are thousands of people like me who have survived the trauma of abortion.

These survivors' stories are critically important. Ms. Sertell's citation of CDC data flags two vital points to the critical thinker. First, there are thousands of failed abortions that result in survivors like us. Second, CDC data is grossly outdated.

Over the last year, the Abortion Survivors Network has seen a dramatic 33% increase in contact from abortion survivors seeking support, healing and a community.³ It was in the 1980s that Dr. Willard Cates, the former CDC Director of Abortion Surveillance, estimated that 400-500 infants survive abortion in the US every year.⁴ An analysis of current Canadian data completed by the Abortion Survivors Network Education and Policy Center indicates that 0.28% of abortions result in a failed abortion and an infant being "accidentally" born alive. This suggests that approximately 2,000 infants survive abortion every year in the United States, four times more than the Cates study suggested.⁵

Abortion survivors are eager to know when their access to healthcare will matter, and when their access to care should begin. Who's right is more important? Were you not as much you today as you were 10 years ago, the day you were born, or in your mother's womb? We believe you were. Your unique DNA, different from that of your mother, proves that you are.⁶

Abortion survivors are citizens of this country who were denied their basic right to life. We are members of a marginalized, unprotected population that continue to experience trauma, as abortion access is lauded as a right to be pursued and defended as our tax dollars go to fund the very act meant to end our lives. This has left deep emotional, mental, and for many, physical scars, as our experiences and suffering are overlooked or played down as political fodder.

Every story is important. Every experience deserves to be heard. However, when we hear stories about abortion, the narrative is woefully one-sided. Our culture has been inundated with messaging in which abortion controls the narrative. That narrative has marginalized abortion survivors, diminished the abilities of women, and traumatized families for half a century. In an evolved society one right does not have to eliminate the rights of others, especially the most fundamental right— to take that first breath and live until our last.

Is there space in the abortion policy discussion for stories like mine, for men and women who are alive today after surviving failed abortion procedures? Can we account for experiences like my biological mother's, women who have been coerced or forced into an abortion? How can policy leaders stand up for the rights of the mothers who experience failed abortions? Do we ever study the emotional impact experienced by women who regret their abortion? What would happen if we did, and what if they were held accountable?

³ <https://abortionsurvivors.org/>

⁴ <https://lozierinstitute.org/questions-and-answers-on-born-alive-abortion-survivors/>

⁵ <https://arcg.is/0vjyzG0>

⁶ <https://downloads.frc.org/EF/EF21F56.pdf>

The most important stories, though, are likely the ones you'll never hear. The stories of the little boys and girls who will never live outside the womb. In all of the discussion about women's rights, some lose sight of the fact that without the right to life, there are no other rights. This is the greatest human rights issue we are facing as a country.

I often hear the argument that abortion should be safe, legal and rare. But this hearing promotes a fundamental departure from that concept. In fact, contrary to "safe, legal and rare" it seeks to make abortion normal and readily available, without regard to the risks and complications experienced by the women and girls who have abortions. Abortion without restriction is radical and not the will of the people. According to the KFF Abortion Knowledge and Attitudes Survey in 2020⁷, 66% of people support a 24-hour waiting period for abortion. According to this same survey, 57% are in favor of an ultrasound viewing requirement.

It's radical that I'm alive today because someone else's "reproductive right" failed to end my life. The nearly 600 abortion survivors we've connected with through The Abortion Survivors Network, the overwhelming majority of whom are female, live with collective grief, doubt and even guilt for being alive. When do our rights to bodily autonomy begin? How does this early violation of our bodily autonomy and trauma impact the balance of our lives? The fact is that abortions are not safe for half of the patients in our country. Half of the patients in that office are intended to die, while their moms are often visibly and invisibly scarred. None of these experiences should be ignored or dismissed.

As you examine protecting abortion rights, the role citizens will play in the states, and potential federal legislation to protect life after 15 weeks—with clear and specific exceptions—I ask you to consider the lives of those who are marginalized— including the preborn and abortion survivors. I encourage you to give them as much energy and support as you are giving to protecting "women's healthcare." I ask you to hear their stories that seem inconvenient and even rare to you, and consider that there is more to the discussion.

American healthcare should support life at all stages of development and in all circumstances. Policies helping women should be life-affirming, not life-ending. Our government should protect lives like mine and enact laws that protect the fundamental right to life enshrined in the Bill of Rights.

In closing, I would ask how you reconcile my rights as a woman who survived a failed abortion with what's being discussed here today? How can you advance policy that discriminates against

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<https://www.kff.org/womens-health-policy/poll-finding/abortion-knowledge-and-attitudes-kff-polling-and-policy-insights/>

my bodily autonomy and right to live? Could you explain and justify abortions without restriction to me, or to people like Jenn or Robin?

About the Abortion Survivors Network

Since 2012, The Abortion Survivors Network has connected with more than 600 abortion survivors, friends, and family members who have communicated on their behalf. There are hundreds more individuals and families who have contacted us and have not yet shared their entire experiences. These experiences are used to calculate statistics. We've found it can take years before a survivor is strong enough or feels safe enough to share their history.

Our society has failed to serve and understand abortion survivors for decades. There are countless obstacles to healing and support. Family secrets lock abortion survivors and their biological and adoptive families in shame and silence. Biological mothers who experience a failed abortion, along with their babies, are culturally marginalized. These challenges, and others, prevent the individual and the family unit from receiving the healing designed for their unique strengths and needs. Community support is vital for survivors to break through challenges with rejection, trust, boundaries, healthy relationships, and more.

Where do these issues, and issues like chronic insomnia, fibromyalgia, chronic fatigue, crippling anxiety, depression, suicidal ideations, low self-esteem, and self-worth originate? Study after study shows that stress-induced in utero reveals itself later in life in various forms, presenting different unique mental, emotional, and even physical health challenges. The stress that abortion survivors experience in utero, including both their biological mother's stress in an unplanned or crisis pregnancy, facing an abortion decision, coupled with the incredible pressure of being subjected to an abortion procedure, creates a toxic level of stress which has a lifelong impact unimaginable to most.

Abortion survivors often need help to overcome significant mental, emotional, social, and physical disorders and traumas. These issues impact them and strain healthcare and mental health professionals who can't get to the root of the problem. How can they, when they approach the subject with underlying beliefs and understandings like "this never happens," or "why can't you just be happy that you survived?" This approach only affirms the sentiments of isolation, shame, and debilitating emotional and physical pain that many survivors have endured for decades.

After birth, survivors present unique health and emotional needs that the Abortion Survivors Network specializes in addressing.

As a starting point, consider this research about how the emotions of mothers affect babies in utero:

There is now considerable evidence that the mother's emotional state during pregnancy can affect the development of her baby's brain. This is because of 'fetal programming,'

where a changing environment in the womb through different sensitive periods can alter the development of the fetus. This then goes on to affect the child in the longer term and into adulthood. This is important in physical health; if a baby grows less well than it should in the womb, it will be at greater risk of coronary heart disease or diabetes in later life.

But there is now considerable evidence that fetal programming is also crucial for neurodevelopment in the brain. Prenatal stress has been associated with the risk of a wide range of outcomes. These include both neurodevelopmental and physical problems such as anxiety, ADHD and lower cognitive development on one hand and diseases such as asthma on the other.

It's not hard to imagine the range of emotions many abortion survivors' biological mothers went through during their pregnancies. Whether they were angry or fearful, or someone else led them to be anxious and depressed, the reality is that survivors' biological mothers experienced high levels of stress and emotions, which were passed along to their babies. Add to that the emotions of undergoing abortion attempts, and there's a recipe for later disastrous emotions and struggles—inexplicable anxiety, nagging depression, feelings of worthlessness, rejection, psychosomatic complaints, even seemingly mysterious, chronic health issues.

Whether it was a biological mother or someone around her who influenced her, abortion survivors experience rejection at a formative time in development. And although survivors bear no memory of it, they have a cellular memory of it in their bodies. This research is particularly compelling. Although the experience of surviving an abortion is unique, survivors have many shared experiences with other trauma victims like sexual assault victims. Many survivors have experienced multiple types of trauma, which further compound their physical, emotional, and mental memories.

The effects of early trauma are very real. Science shows that childhood trauma affects your brain. Research also reflects that prenatal stress affects the developing child. Although many survivors report experiencing emotional abuse and neglect when raised in their family of origin (and some have experienced horrific abuse in multiple forms), it can happen in any family, whether adoptive or biological. Additionally, it's essential to recognize that no matter how "good of a home" they grew up in, many survivors exhibit behaviors that can be signs of the trauma experienced in the womb and the stress that affected them.

Common signs of trauma exhibited from childhood onward include:

- Eating disorder behaviors
- Sleep disturbances

- Separation anxiety
- Irritability/difficulty soothing
- General fearfulness/new fears developing
- Easily startled
- Language or motor skill delays as a child
- Aggressive behavior
- Sexualized behavior
- Helplessness, passivity, a low threshold for frustration
- Restlessness, impulsiveness, hyperactivity
- Difficulty problem solving
- Dissociation
- Poor peer relationships and social problems, such as being overly controlling or overly permissive

Having our needs met as an infant, being picked up and held, being spoken to, receiving communication that your needs will be met, otherwise known as ‘serve and return interaction,’ isn’t just crucial for your psychological development as an infant, it’s critical for the healthy development of your brain. Each time a positive interaction takes place between a child and adult, neural connections are built. If these healthy interactions didn’t take place, for instance, if the person taking care of you was unreliable, unable to love and care for you, these neural pathways may not form as strongly. That means your mental and emotional health may be impaired as an adult. Not everyone is affected by in utero trauma or lack of healthy interactions as an infant or child, but it is a probability. Healthy attachments have a significant impact on our wellbeing.

Research also shows that trauma can cause lasting changes in the areas of the brain that deal with stress, including the amygdala, the hippocampus, and the prefrontal cortex. Not receiving the care and affection you required as a child also brings the physiological effects of stress. One of the side effects of the body’s stress response is flooding of hormones throughout the body, such as increased levels of cortisol and norepinephrine. These hormones can sometimes be another source of harm to the brain. The mind and body have a powerful connection. Research reflects that experiencing trauma when you’re young can also lead to your body physically responding to stress more than it should as an adult. For instance, research looking at the effects of traumatic stress on the brain found that those with PTSD had higher than usual hormonal levels in response to stress, or “dysregulation,” including increased cortisol levels.

Psychological issues that have been related to the effects of trauma on the brain include:

- Adult ADHD
- Anxiety
- Depression

- Dissociation
- Impulsivity
- Low self-esteem
- PTSD
- High-stress levels
- Personality disorders like bipolar disorder
- Substance abuse

These symptoms can paralyze children and adults, making it harder to live their lives and be productive members of society. Ending the cycle of pain and trauma, finding hope and healing are essential to our community and the future of our families. No other organization exists that understands, is committed to, and is equipped to facilitate this critical investment in these victim's lives like The Abortion Survivors Network.