

*Written Testimony of
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Subcommittee on the Constitution and Civil Justice
H.R. 490, the Heartbeat Protection Act of 2017*

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Chairman King and members of the subcommittee, Thank you for inviting me to participate in this hearing today. I am a retired OB/Gyn with over 30 years of experience and currently serve as an Associate Scholar with the Charlotte Lozier Institute. I have spent my entire career as a women's advocate and have a keen interest in issues that impact women's health. I'd like to explain what made me change from a pro-choice to a pro-life position and why I support this bill.

I come to you as someone who has had an abortion, has done 1st and 2nd trimester abortions, and has treated women with the medical and psychological complications of abortions. I have a cousin who survived an abortion and friends and colleagues who would not be here if their mothers had aborted their unplanned pregnancies. I have cared for women and their babies throughout normal pregnancies, medically complicated ones, and those with fetal anomalies. I have cared for women who decided to keep their unplanned pregnancies and those who have aborted them and have witnessed the consequences of those decisions. I have also treated the medical complications of medical induction, Cesarean section, vaginal birth and pregnancy in general. I had an abortion and later had two vaginal births, one during my last year of residency and one in my first year of private practice. I have testified on issues related to abortion in state courts and legislatures, before the House Judiciary Subcommittee on the Constitution in 2002, and the Senate Judiciary Committee in 2016.

At the time I entered medical school I believed that the availability of abortion on demand was an issue of women's rights, "The Right to Choose". I felt that a woman should have control over her body and not be forced to bear a child she didn't want. My commitment to women's issues was strengthened as I was exposed to the discrimination inherent in medical school and residency and to the plight of the indigent women we served in our program. I also believed it was wrong to bring unwanted children into an overpopulated world where they may be neglected or abused.

During my residency I was trained in 1st trimester abortions using the D&C with suction technique. I then sought and received special training in 2nd trimester D&E procedures during which the fetus is crushed and removed in pieces. After each procedure I had to examine the tissue carefully to account for all the body parts to make sure nothing was left to cause infection or bleeding. Tissue from the "products of conception" had to be sent to pathology to document the presence of the fetus and the placenta. I was always fascinated by the tiny but perfectly formed limbs, intestines, kidneys, and other organs and I enjoyed looking at their amazing cellular detail under the microscope. I realize it is hard to imagine someone being able to do that and be so detached but because of my training and conditioning a human fetus seemed no different from the chick embryos I dissected in college. I could view them with strictly scientific interest devoid of any of the emotions with which I would normally view a baby. I wasn't heartless I just had been trained to compartmentalize these things. If I had a woman come in with a miscarriage or a still birth and she had wanted the baby I was distraught with her and felt her pain. The difference in my mind was really whether the baby was wanted or unwanted.

After my first year of training I got my medical license and was able to get a job moonlighting at a women's clinic in Gainesville, Florida doing abortions. I reasoned that although the need for abortion was unfortunate, it was the lesser of two evils, and I was doing something for the wellbeing of women. I also could make a lot more money doing abortions than I could make working in an emergency room. I enjoyed the technical challenges of the procedure and prided myself on being really good at what I did. The only time I had any qualms about doing abortions was when I had my neonatal care rotation and I realized that I was trying to save babies in the NICU that were the same age as babies I was aborting, but again I rationalized it, and was able to push the feelings to the back of my mind.

My last year in residency I became pregnant but continued to do abortions without any reservations. The first time I returned to the clinic after my delivery, however, I was confronted with three cases that broke my heart and changed my opinion. In the first case I discovered that I had personally done three previous abortions on a girl scheduled that morning. When I protested about doing the abortion, I was told by the clinic staff that it was her right to choose to use abortion as her method of birth control and that I had no right to pass judgment on her or to refuse to do the procedure. I told them it was fine for them to say but that I was the one who had to do the killing. Of course she got her abortion and despite my urging had no desire to use birth control. The next situation involved a woman who when asked by her friend if she wanted to see the tissue, replied "No! I just want to kill it". The last case brought me to tears. This was a mother of four who didn't feel she could support another child. How I hurt for that mother. What a terrible choice to have to make. She cried throughout her time at the clinic and that was the end of my abortion career. I had finally made the emotional connection between

fetus and baby. What struck me was the apathy of the first patient and the hostility of the second towards the fetus, contrasted with the sorrow and misery of the woman who knew what it was to have a child. I realized that the baby was the innocent victim in all of this. The fact that the baby was unwanted was no longer enough justification for me to kill it. I could no longer do abortions.

I found out later that few doctors are able to do abortions for very long. OB/Gyns especially, often experience a conflict of interest because they normally are concerned about the welfare of both their patients but in an abortion they are killing one of them. Although many seeking abortions see the pregnancy as just a blob of tissue, the abortionist knows exactly what he or she is doing because they must count the body parts after each procedure. Eventually the truth sinks in.

My views changed further during the course of my practice as I saw women who seemed to have done fine after deciding to keep their unplanned pregnancies and those who were struggling with the emotional aftermath of abortion. That wasn't what I was expecting. I don't believe women can remain unscathed after killing their child. At some point, usually after childbirth or the inability to get pregnant, the realization of what they did hits them. In fact, it wasn't until after I had my first child, that I regretted my earlier decision and mourned the loss of my own child whom I chose to abort.

I will never forget one woman who had gone to the Orlando area for a late term abortion. She related how after being left alone in labor all night without a blanket or anything for pain she was told to go into the bathroom and push. She had not recovered from the horror of delivering her live baby boy into the toilet. Her baby brother had also died by drowning and

she couldn't forgive herself or get the image out of her mind. Another woman told me that she was seeing a psychiatrist because although she strongly believed in a woman's right to choose abortion she couldn't cope with the realization that she had killed her child.

Our society has been subjected to extreme propaganda on this issue by "pro-choice" advocates for years. Everything about abortion has become so distorted that the truth is no longer recognizable. Abortion is big money. Much of the money and influence behind the push to prevent any restriction on abortion comes from those who make a profit on it. We have also done a very good job of sanitizing our language concerning abortion. We don't speak about the "baby" but rather we talk about the "fetus". The abortionist "terminates the pregnancy" rather than "killing the baby". As medical doctors and as a society we have moved away from the idea that life is precious and closer to the utilitarian attitude of German physicians just prior to WWII. More and more we are embracing a culture of death that only values the strong and healthy.

We have shifted our priorities from basic human rights to women's rights and have taught our young women that nothing should interfere with her right to do what they want with their bodies especially when it comes to pregnancy. We have convinced them that an unwanted pregnancy is the worst thing that can happen to them and that their right to reproductive freedom is more important than their baby's right to life. Some even feel that a woman should have three months after the birth of her baby to decide whether or not she wants to euthanize it, since it might have some defect that wasn't evident at birth.

When I did abortions my colleagues and I used every loophole we could to make abortion available to anyone who wanted one. Although the standard line was that we were

concerned about the health of the mother, in most cases the real issue was “getting rid of the baby”.

In most ethical dilemmas we must weigh the rights of one person against the rights of another. We not only need to give a woman as much choice as possible in determining her future and what she does with her body but we must also recognize the truth that there are at least two people involved in a pregnancy and that the rights of the weaker one need to be protected. It seems to me that the convenience and comfort of one should not be more important than the life of the other. Despite the fact that it is rarely necessary to abort a baby to save the mother, there is a safeguard in this bill to protect the life of the mother.

I love to meet adults that I delivered, but it’s always bittersweet because I am reminded of all the people I will never meet because I aborted them. It also reminds me that I am a mass murderer. Because we can’t see who they will become we feel justified in sacrificing babies in the womb for the people we can see.

I support the Heartbeat Protection Act because it will protect the lives of our fellow human beings. It uses the heartbeat, a very concrete sign of life that people can identify with, to define when the fetus should be protected. We have an obligation to protect the most vulnerable of society and we will be judged on how well we care for our weakest members.

I want to thank you for your vital efforts to protect those who cannot protect themselves, and thank you for your consideration of these views.