

Testimony of Representative Diane Black (R-TN 6th District)

Chairman Blumenthal, Ranking Member Grassley, and Members of the Committee, thank you for the opportunity to testify before you today. My name is Diane Black and I am privileged to have the honor of serving in the House of Representatives on behalf of Tennessee's 6th Congressional District.

Prior to entering public service, I built my career in the health care sector as a registered nurse. My career began as an emergency room nurse, where I most enjoyed my time, but I have also worked as a long-term care nurse and as part of an outpatient surgery team. I decided to run for office after I witnessed first-hand how poor policy was directly impacting my ability to deliver health care, and more importantly, the unfortunate outcomes on the lives of my patients.

Today, I am here to share with you, as a colleague in the House, and also as a mother, a grandmother, and a nurse, my grave concerns with the Chairman's legislation. Although called "The Women's Health Protection Act," this bill would nullify and declare unlawful any law at any level of government – whether federal, state or local – that presents what the bill deems to be an undue burden on a woman seeking an abortion. This legislation would effectively overturn the majority of state laws regulating abortions.

As a nurse, I can tell you that abortion is unlike any other medical procedure. This is an act that does not just involve the mother, but the child. It takes the life of an unborn child and in the process, imposes many serious medical risks to the mother.

To be clear and transparent, I am unapologetically pro life. While I believe the life of the unborn must be protected, I also believe we must do everything in our power to protect any woman who decides to have an abortion, even though I disagree with the choice.

During my time as an ER nurse, a young woman came in after having complications with her abortion, which was done at a clinic that was not regulated appropriately. When the complications occurred, there was no answer at the afterhour's number she called. By the time she reached me in the hospital, she was dying and there was nothing I could do to save her.

As a result of an abortion, this young woman lost her precious life. Her life could have been saved if proper regulations been in place that protected her health and well-being, and that held the abortionist accountable.

Infections occur in 1 to 5 percent of abortions. Cervical lacerations, incompetent cervix and other injuries can occur to the cervix and other organs during abortion procedures. Worse, minors are up to twice as likely to experience cervical lacerations during abortion and, overall, are even more susceptible to short-term risks than are older women.

Women who have had abortions are at a 37% increased risk of pre-term birth in subsequent pregnancies, a 30% to 50% increased risk of placenta previa in subsequent pregnancies, and 18% more likely to develop breast cancer as opposed to the average of just 12%. In the case of women with a family history of breast cancer, this figure jumps to 80%.

Abortions not only pose serious physical health risks, but endanger a woman's mental health as well. After having an abortion, a woman is 81% more likely to develop a mental health issue, is at a 37% increased risk of depression, a 110% increased risk of alcohol abuse, and sadly, a 155% increased risk of suicide.

After the horrific case of abortionist Kermit Gosnell, Americans know that even though abortion is legal, these procedures are not safe. Perhaps this is why 39 states require that abortion be performed by a licensed physician and why 26 states require abortion clinics to meet the same clinic standards as ambulatory surgical centers. And just as important, 42 states prohibit abortion after a certain point in pregnancy, and about 9 states that prohibit abortions at 20 weeks, or at the start of the sixth month of pregnancy, when medical research affirms unborn children can feel pain during an abortion. We are, after all, discussing a medical procedure that ends a human life.

Let us also not forget that the Supreme Court indicated in *Planned Parenthood v. Casey*, that the government has an interest in preserving fetal life. *S. 1696* represents a sweeping attempt to undermine dozens of measures enacted by states to protect women, all under the false pretense that abortions are safe and rare.

My hope today is that we can reach across party lines, release our preconceived notions on this topic, and see abortion for what it truly is. Abortion is brutal – to both mothers and their unborn children. It is not healthcare. To reference the Supreme Court, a Dilation and Extraction abortion, which represents the majority of abortion procedures in America, is as equally gruesome as a partial birth abortion. These abortion procedures are the most common for abortions performed in the second trimester of pregnancy, where the unborn child is literally torn apart limb by limb.

In considering this and the many health care risks that can occur as a result of abortions, I strongly urge you reconsider advancing S. 1696 and any other effort that would undermine current laws that exist to protect the health and well-being of women and unborn children at the federal, state, and local level of government.

Thank you again for the opportunity to be here today. I yield back.