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**United States Senate Committee on the Judiciary, Subcommittee on the Constitution
Hearing Entitled: Protecting Roe: Why We Need the Women’s Health Protection Act
Chairman, Sen. Richard Blumenthal (D-CT), Ranking Member, Sen. Ted Cruz (R-TX)
June 16, 2021**

Senator Blumenthal, Senator Cruz, and Members of the Subcommittee, thank you for inviting me to this hearing titled “Protecting Roe: Why We Need the Women’s Health Protection Act.”

Abortion is currently legal under Roe jurisprudence. The premise of today's hearing, that has been intentionally propagated by certain people through the years since Roe, is that abortion is not just legal, but a fundamental right.

I’m here today, however, to challenge that premise with personal experience and professional knowledge and expand upon this narrative to ensure the committee responsibly considers additional information. 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?

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 the privilege of having 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 much clearer. 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,” forty-three years ago when I was targeted for abortion, as I am today.

I’m sure many of you have joyfully shared what it was like to experience their life in its earliest stages with your own children: 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 it was interrupted by abortion. In August of 1977, my biological mother, a nineteen-year-old college student named Ruth, had a saline infusion abortion forced upon her by her mother, a prominent nurse in their community, with the help of her colleague, the local abortionist.

This 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 as 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, and 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 there. This is not an isolated practice. It was not the 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 that 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.

This is not a thing of the past. In fact, I will share one example that occurred last spring. 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 after 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.

These two survivors' stories are critically important. 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, as our tax dollars go to fund the very act meant to end our lives, which 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 and diminished the abilities of women for 48 years. As 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 narrative for stories like mine, men and women who are alive today after surviving failed abortion procedures? Is there space in the abortion narrative for stories like my biological mother's, women who have been coerced or forced into an abortion? Is there space for the mothers who experience failed abortions? Do we ever create space for the stories of women who regret their abortions? What would happen if we did?

The most important stories, though, are likely the ones that you'll never hear. The stories of the little boys and girls who will never live outside of 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 legislation is a fundamental departure from this 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 2020¹, 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 384 abortion survivors we've connected with through The Abortion Survivors Network, the overwhelming majority of whom are female, live with this same collective grief. When do our rights to bodily autonomy begin? We need to acknowledge we have to have the difficult and real conversations about this. 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, and none of these experiences should be ignored or dismissed. I truly want today to be more than just me testifying. I want it to be a starting place for conversations that are long overdue.

There's something wrong when one person's supposed right results in another person's death. There's something deeply disturbing about the reality in our world that I have a right to an abortion but I never had the simple right to live.

As you examine protecting Roe, I ask you to consider the lives of those who are marginalized -- including the preborn and abortion survivors. I ask you to hear the stories that are so often hidden, the stories that may seem inconvenient or even rare to you, and consider that there's more to this discussion.

There's more to be done to protect your most vulnerable constituents and to meet the needs of women and families in our communities in a way that supports lives at all stages of development and in all circumstances. Policies helping women should be life-affirming, not life-ending. The federal government should protect the rights of states to make laws that protect lives like mine, laws that protect the fundamental right to life enshrined in the Bill of Rights.

In closing, I would ask you to consider with me this lingering question: How do you reconcile my rights as a woman who survived a failed abortion with what's being discussed here today?

We must have a conversation about this in our country going forward.

To begin this conversation, I would like to share with you more about the impact of abortion on survivors throughout their lifetime, and the work that we do at The Abortion Survivors Network to meet those needs:

¹ <https://www.kff.org/womens-health-policy/poll-finding/abortion-knowledge-and-attitudes-kff-polling-and-policy-insights/>

Over the last 48 years, tens of millions of American children have lost their lives through abortion, but some were fortunate enough to survive. In the watershed article, *The Dreaded Complication of Abortion*, authors Jeffries and Edmonds quoted then Chief of Abortion Surveillance of the CDC, Dr. Willard Cates, stating that 400-500 live births after abortion occurred annually. Forty-eight years of 400-500 live births a year would equate to be 19,200-24,000 abortion survivors since 1973. Although a preponderance of abortion survivors survived in the 1970s and 1980s, when abortion methods were being first widely initiated and studied, and Cates was in his position at the CDC, babies are still surviving abortions today.

Since 2012, The Abortion Survivors Network has connected with more than 384 abortion survivors, friends, and family members who have communicated on their behalf. We state “more than 100,” as there are hundreds more individuals and families who have contacted us and but not yet shared their entire experiences with us that we use to report our statistics. We’ve found that 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 that is 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 resources 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 experiencing 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' impact 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, with the likes of 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 because of that, 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 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 compounds their physical, emotional, mental, and spiritual 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 behavior
- Sleep disturbances
- Separation anxiety
- Irritability/difficulty in 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 identifying what the problem is that you’re experiencing, difficulty in problem solving
- Dissociation
- Poor peer relationships and social problems, such as being overly controlling or overly permissive

The research tells us that having our needs met as an infant, being picked you 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, meaning your mental and emotional health may be impaired as an adult. Notice that the research says “may.” 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 would see you experiencing 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, including:

- 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 in living their life and being productive members of society. Ending the cycle of pain and trauma and finding hope and healing are essential investments in 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.