Chairman Grassley, thank you for inviting me to participate in this hearing today.

I have spent my entire career as an advocate for women and women's health. I have done first and second trimester abortions and have treated women with the medical and psychological complications of abortions. I have taken care of women who decided to keep their unplanned pregnancies and those who aborted them. I have given birth vaginally twice and I have had an abortion. My cousin survived an abortion.

When I entered medical school, I believed that the availability of abortion on demand was solely an issue of women’s rights. During my residency I was trained in first trimester abortions using the D&C with suction and I sought and received special training in second trimester D&E during which the fetus is crushed and removed in pieces.

As I examined the tissue after each procedure I was fascinated by the tiny but perfectly formed organs however, because of my training and conditioning, a human fetus seemed no different to me than the chick embryos I dissected in college.

I wasn't heartless. If a patient came to me after the loss of a baby she had wanted I was distraught with her and felt her pain. What made the difference for me was whether or not the baby was wanted.

In my 2nd year of residency I got a job moonlighting at a women’s clinic in Gainesville doing abortions. I felt I was doing something for the good of women and I also could make more money doing abortions than working in an emergency room.

The only time I had any qualms about doing 2nd trimester abortions was during my neonatal care rotation when I was trying to save babies who were about the same age as some of the babies I had aborted.

When I became pregnant, I continued to do abortions without any reservations but when I returned to the clinic after my delivery I was confronted with 3 situations that changed my mind about doing them.

When I arrived I discovered that I had personally done three abortions on a girl scheduled that morning. When I protested, the clinic staff said, it was her right to choose to use abortion as her method of birth control, and insisted that I had no right to pass judgment on her nor to refuse to do the procedure. I told them, that was easy for them to say. I was the one who had to do the killing. She got her abortion and admitted she still didn't plan to use birth control.

The second case involved a woman who when asked by her friend if she wanted to see the tissue she replied “No! I just want to kill it!” I felt like saying, what did that baby ever do to you?
The third patient was the mother of 4 who didn't feel she and her husband could afford another child. She cried throughout her time at the clinic. I finally made the connection between fetus and baby. I realized 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 and the fact that it was unwanted was no longer enough justification for me to kill it. I could no longer do abortions.

My views also changed as I saw young women in my practice who did amazingly well after deciding to keep their unplanned pregnancies, in contrast to those who were struggling with the emotional aftermath of abortion. That wasn't what I was expecting. I assumed those who kept their babies would be the ones whose lives would be ruined.

I will never forget one woman who saw me for bleeding problems after a late term abortion in Orlando. She had not recovered from the horror of delivering her live 20+-week-old baby boy into the toilet. Her baby brother had died by drowning.

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.

In fact, it wasn’t until after I had my first child, that I regreted my earlier decision and mourned the loss of the child I had aborted.

Few doctors are able to do abortions for very long. Physicians are taught to heal and to do no harm. They see the broken bodies and eventually the truth sinks in.

We have sanitized our language to make abortion more palatable. We don’t speak about the “baby”; we talk about the “fetus”. The abortionist “terminates the pregnancy” rather than “kills the baby”. We have moved further away from the idea that life is precious and closer to the utilitarian attitudes that destroyed so many lives during the last century.

Should a baby who can live outside the womb be given no consideration, no protection, and no rights, just because she is unwanted? Can we not at the very least have compassion on babies at 20 weeks gestation, when their nervous systems are developed enough for them to experience pain. Can we at least ensure that the babies who survive abortion are not deprived of the same care we would give any other baby of the same gestation, just because someone doesn’t want them.

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