

April 24, 2019

Testimony for the House Families, Children, and Seniors Committee:
In support of House Bills 4320-21

Madam Chair and Members of the Committee:

I am Rebecca Mastee, here on behalf of the Michigan Catholic Conference, which is the official Public Policy voice of the Catholic Church in the state. We encourage your support for House Bills 4320-21.

There are a number of reasons to limit the practice of dismemberment abortion and we thank you for taking up these bills to allow for frank discussion on the procedure. Doing so not only brings awareness of its brutality but can also highlight post-abortion trauma which can result from later-term abortions, including dismemberment. Women should be fully and truly informed with any decision we may make. Our desire for greater information is supported by a study published in the Journal of Medical Ethics which concluded that most women (95%) consider all information about physical or psychological risks to be very relevant to our decisions and are likely to use information provided to us to make elective surgical decisions, including for abortion.¹

As previously discussed, dismemberment abortion is a later-term abortion method, also referred to as a D&E (Dilation and Evacuation). Why do women delay having an abortion and, therefore, subject themselves to this procedure? Even abortion rights advocates recognize that the risks for complications from an abortion increase the longer a woman is pregnant.² Most women seeking later-term abortions are either raising other children alone, are depressed or using illicit substances, are in conflict with a male partner or experiencing domestic violence, or are having trouble deciding whether to obtain an abortion.³ Many of these same reasons are also recognized risk factors for post-abortion trauma and what the National Abortion Federation (NAF) textbook refers to as risk factors “that may indicate a more difficult abortion procedure.”⁴ These risk factors include being a victim of physical or verbal assault; substance abuse; mood, affective, or personality disorder; extreme ambivalence; and difficulty in trusting decisions.⁵

Women undergoing later-term elective abortions, including a D&E, are at increased risk for not only physical complications,⁶ but emotional and psychological as well. One study found that 67%

¹ PK Coleman, DC Reardon, MB Lee, “Women’s preferences for information and complication seriousness ratings related to elective medical procedures,” *Journal of Medical Ethics*, 32:435-438 (2006).

² Planned Parenthood, “How Safe is an In-Clinic Abortion?,” available at <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion> (“But like any medical procedure, there are some risks. The chances of problems gets higher the later you get the abortion, and if you have sedation or general anesthesia.”)

³ DG Foster, and K Kimport, “Who Seeks Abortions at or After 20 Weeks?,” *Perspectives on Sexual and Reproductive Health*, 45: 210–218, Dec 2013.

⁴ Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care, Table 13.1, pg 206, (2009).

⁵ *Id.*

⁶ Michigan Department of Health and Human Services, “Dilation and Evacuation (D&E),” available at http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4909_19077-46298--,00.html.

of women who obtained late-term elective abortions met the American Psychological Association's criteria for post-traumatic stress disorder symptoms (PTSD).⁷

U.S. Supreme Court Justice Anthony Kennedy has also recognized the reality of post-abortion trauma, or abortion regret, and the need for women to be provided with accurate information. In *Gonzales v. Carhart*, prior to describing the brutal reality of a partial-birth abortion procedure, Justice Kennedy wrote:

In a decision so fraught with emotional consequence some doctors may prefer not to disclose precise details of the means that will be used, confining themselves to the required statement of risks the procedure entails... It is, however, precisely this lack of information concerning the way in which the fetus will be killed that is of legitimate concern to the State. The State has an interest in ensuring so grave a choice is well informed. **It is self-evident that a mother who comes to regret her choice to abort must struggle with grief more anguished and sorrow more profound when she learns, only after the event, what she once did not know [and] that she allowed a doctor to [do]...**⁸ (Emphasis added.)

Yet, the reality is that abortion procedures are brutal, in particular dismemberment abortion. It is so barbaric that its details often, if not always, remain unspoken. Specifically regarding a D&E abortion, the NAF textbook even asserts that "patients may find solace in knowing that fetal death occurred prior to operative evacuation."⁹ From this, one can conclude that knowing or learning this procedure was conducted on a living fetus could exacerbate post-abortion trauma in some women.

Dr. Elizabeth Johnson, an Associate Scholar for the Charlotte Lozier Institute, points out that the stressful circumstances surrounding an unprepared pregnancy must be addressed for women considering elective later-term abortions.¹⁰ One's stress is **not** fundamentally alleviated by having a late-term abortion, including a D&E.¹¹ Late-term abortions actually place women at **greater risk** of surgical complications, subsequent preterm birth, and mental health problems.¹² Therefore, as a society we should seek out and offer compassionate responses, alternatives to abortion, and support for all women. Women deserve better; better than the D&E/dismemberment procedure, better than abortion.

In light of this, we are so very grateful for Representatives Hornberger and Afendoulis for sponsoring these measures. Please support House Bills 4320 and 4321.

⁷ PK Coleman, CT Coyle & VM Rue, "Late-Term Elective Abortion and Susceptibility to Post-Traumatic Stress Symptoms," *Journal of Pregnancy* Vol. 2010 (2010).

⁸ *Gonzales v. Carhart*, 550 U.S. 124 (2007).

⁹ Management of Unintended and Abnormal Pregnancy, *supra* note 4, at pg 166.

¹⁰ E Johnson, "The Reality of Late-Term Abortion Procedures," Charlotte Lozier Institute, Jan 2015, available at <https://www.lozierinstitute.org/the-reality-of-late-term-abortion-procedures/>.

¹¹ *Id.*

¹² *Id.*