



**Jessica Koehler**

**Proponent Testimony on Senate Bill 145**

**House Criminal Justice Committee**

**Tuesday, January 16, 2018**

Chairman Manning, Vice Chair Rezabek, Ranking Member Celebrezze, and distinguished members of the committee, thank you for allowing me to testify today on Senate Bill 145. My name is Jessica Koehler and I am the Director of Legislative Affairs for Ohio Right to Life. Today, I speak on behalf of our Board, our affiliated chapters, and members of our organization in support of Senate Bill 145, the Dismemberment Abortion Ban.

I understand that what we will be discussing today is a difficult subject, and I want to thank you in advance for listening to my testimony, and to the testimony of my colleagues. We believe that today's testimonies will give strong clarity to the legal, ethical, and medical reasons for passing this legislation now.

Ten years ago, a similar law, known as the Partial-Birth Abortion Ban, came before the Supreme Court of the United States. Eventually, the Supreme Court decided that the law was in fact constitutional, for the first time empowering states to prohibit a type of abortion based on its brutality. Justice Anthony Kennedy, widely considered the swing vote on the abortion issue, authored the opinion of the Court, including important information regarding what we are here to discuss today.



First, let's consider the term, "dismemberment abortion." Dismemberment abortion refers to dilation and evacuation (D&E), a procedure in which the abortionist first dilates the woman's cervix and then uses steel instruments to dismember and extract the baby from the uterus. The D&E abortion procedure is usually performed between thirteen and twenty-four weeks LMP, when the baby is somewhere between the size of a lemon and a cantaloupe. By this stage the baby has brainwaves, a heartbeat, and all of her organ systems in place. In 2016, the Ohio Department of Health reported nearly 6,000 D&E abortions in the state of Ohio.

In the *Carhart* decision, Kennedy wrote, "No one would dispute that, for many, D&E is a procedure itself laden with the power to devalue human life." By drawing this parallel between dismemberment abortion and partial-birth abortion, the Court set an important legal precedent for today's legislation, opening the door for considering the constitutionality of a law such as this.

Not only is there a strong legal precedent for this legislation, there are also strong ethical reasons to pass it. Ethically speaking, dismemberment abortion simply does not belong in the medical profession, and it does not belong in any part of civil society.

The Hippocratic Oath, which all physicians take, gives a very basic instruction: First do no harm. This is a baseline requirement in ethics, a requirement which we would do well to apply across society. There is no doubt that dismemberment abortion inflicts a direct harm on the unborn child. Dismemberment abortion, as defined by National Right to Life, means:

*"With the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the*



*convergence of two rigid levers, slice, crush, and/or grasp a portion of the unborn child's body to cut or rip it off. This definition does not include an abortion which uses suction to dismember the body of the developing unborn child by sucking fetal parts into a collection container."*

Justice Kennedy himself described dismemberment abortion in a simple but powerful way: "The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn from limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off." We do not permit this kind of brutal treatment of born persons, nor should we permit it of unborn persons.

There is simply no justification for this procedure. Medically speaking, dismemberment abortion is never necessary to preserve the life of a mother in acute medical emergencies. Dilation of the cervix alone can take at least 36 hours—an eternity when a woman's life is on the line.

As Senator Huffman said in his testimony, they are equally valuable. Instead, when posed with a fatal diagnosis, parents should be offered perinatal hospice as a humane and positive alternative to the trauma of aborting a child.

After me, Dr. Alicia Thompson will also be testifying from her professional experience. I also ask that you also pay attention to the written testimony that was submitted by many doctors and nurses who could not be here today:



Dr. Donna Harrison from the American Association of Pro-Life Obstetricians and Gynecologists, Dr. Bill Polzin, Dr. Dennis Sullivan, Melissa Stack BSN, Dr. Kopechek, and Jennifer Popick from National Right to Life. Each of them provide a unique and important perspective from their respective fields of and medicine and law. Due to their active schedules filled with many patients, and the unpredictable nature of committees they could not be here today, but their voices should still be heard.

In closing, I will quote Justice Ginsburg in her dissent opinion on the Partial Birth Abortion Ban as she argues that there is no inherent difference in the two procedures, *"... the Court emphasizes that the Act does not proscribe the nonintact D&E procedure... But why not, one might ask. Nonintact D&E could equally be characterized as "brutal,"... involving as it does "tear[ing] [a fetus] apart" and "ripp[ing] off" its limbs... "[T]he notion that either of these two equally gruesome procedures . . . is more akin to infanticide than the other, or that the State furthers any legitimate interest by banning one but not the other, is simply irrational"*

On behalf of Ohio Right to Life, I ask that you vote in favor of Senate Bill 145.