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Proponent Testimony on Senate Bill 23
House Health Committee
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Chairman Merrin, Vice-Chair Manning, Ranking Member Boyd, and Members of the House Health Committee, I thank you for the opportunity to provide sponsor testimony on Senate Bill 23, known as the Heartbeat Bill. As a board-certified obstetrician-gynecologist (ob-gyn) I have practiced in a variety of environments – on active duty with the United States Air Force, as an assistant professor in an obstetrics and gynecology residency program, for an urban non-profit clinic, and in private practice. As such, I am uniquely situated to discuss the merits and implications of this bill.

I will not reiterate the overall substance of the bill, but rather refer you to the testimony provided by Senator Kristina D. Roegner and others. Nor will I seek to restate what is so thoroughly addressed by the American Association of Pro-Life Obstetricians & Gynecologists, of which I am a member and fully support. Rather, I will take this opportunity to refute the commonly employed doomsday-type rhetoric that seems to swirl around legislation aimed at protecting human life whenever it involves limiting abortion. This rhetoric basically supposes that limiting abortion will irrevocably endanger the doctor-patient relationship and will prevent physicians from doing their jobs at the detriment of women's health and well-being.

No doubt the members are familiar with the stereotype that equates an ob-gyn as a person who is vehemently pro-choice and who believes that access to abortion is the linchpin to the empowerment of women and safeguard of women's health. But that stereotype falls flat as we ob-gyns care for women in our daily practices. Recent data, by Stulberg in 2011, showed that 97% of all practicing U.S. ob-gyns encountered patients seeking abortions. However, the vast majority, a full 86%, of those physicians did not perform abortions themselves. This was most recently reconfirmed, and more fully described, in 2017 by Desai, et al. That study found that only 7% of private practice ob-gyns perform abortion. And of that 93% who did not perform abortion, 54% would refer the patient for abortion and 35% would not refer. This begs the question – if abortion is such a critical component in securing the health and well-being of our patients, why are we not offering them in our practices? And why are so many ob-gyns unwilling to even refer for abortion? I cannot speak for the entire group, but I can speak for myself.

And while I am truly honored to present my testimony, I am also sad that my role as an ob-gyn is highlighted because, to some degree, it affirms a presupposition that, by virtue of my vocation as a physician, I am more qualified to determine the value and the dignity of human life than non-physicians. It suggests that I am more qualified than any of the committee members to understand the value of human life. And that is wrong. It is wrong because it is an argument from scientific authority being applied to a sphere of understanding that is outside of science itself.

Clearly, medicine is grounded in robust and ongoing scientific inquiry. But the arguments employed so often by those in favor of abortion are that warrant a scientific rebuttal – that abortion is okay because it is not a life, or abortion is okay because it is not a human – are so willfully obtuse, one need not be a doctor to effectively refute them; high school science will suffice. And those arguments that do require my level of expertise (e.g. regarding safety or life-saving necessity) are so deep in the woods of medicine that one has basically capitulated to abortion as permissible as a means to an end. In those specific cases one is not arguing about the “ought” of abortion any longer but rather the “how.” In essence, the science within my specialty is being employed to validate the moral permissiveness of an act. But science and medicine can never make ethical or moral determinations – science can never answer if an act is morally good or morally evil or why it is.

And that is the fundamental question which undergirds the arguments for so many pro-life and pro-choice questions. Is it morally permissible to intentionally kill a human being and in what circumstance – in the womb, at an advanced age, with severe disability or sickness, for not being the preferred gender, for criminal action, for being unwanted, for the benefit of someone else? Again, science cannot answer those questions. That, in part, is why there is such a large discrepancy between the stereotype of ob-gyns as people who are verbally accepting of abortion and the tiny fraction of us who are actually willing to perform them. Because it does not matter what the science says, nor what the American College of Ob-Gyns says, nor even what the patients themselves are asking for – when it comes to the actual carrying out of an action that is the direct killing of a human being, the vast majority of my ob-gyns are unwilling.

And why are we unwilling? Perhaps it is because that no matter how strong the rationale, how compelling the story, when asked to carry out an act which devalues one human life at the benefit or request of another, one’s conscience naturally recoils as that rationale could be, at any time, applied to each of us. And human history is replete with examples confirming that sad fact.

So beware of the trope that abortion should be between a woman and her doctor because odds are wildly against the likelihood that “her doctor” is actually performing abortions. Furthermore, doctors are not the great purveyors of just moral judgments. Thus finding a doctor to carry out an act which involves the direct killing of human life does not convey that the act is morally permissible. As evidenced by the unwillingness of ob-gyns to participate in abortion, it seems the vast majority of us do not rely on consensus via the scientific community to guide our practice within the realm of abortion. So either the doomsday rhetoric is unfactual and inflammatory, and elective abortion is not the linchpin to women’s health and well-being, or nearly everyone in my profession is shirking their responsibilities at the detriment of women. For the sake of myself and my peers, I obviously prefer the former notion.

In summary, please join me and so many others in reclaiming that noble principle upon which medicine is founded – *primum non nocere* – first, do no harm. And support this legislative effort to uphold the dignity of each and every human life.