

**Statement on Ohio Senate Bill 145
Dismemberment Abortion Ban
Proponent
Presented to the House Criminal Justice Committee**

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Written Testimony Alicia Thompson D.O. M.P.H.

Chairman and members of the committee,

Please accept my gratitude in allowing me to address the distinguished members of the committee. I am Dr. Alicia Thompson, a board certified Obstetrician and Gynecologist practicing in Ohio. As a member of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG), I respectfully ask that the testimony as prepared by Dr. Donna Harrison, the executive director of AAPLOG, be reviewed along with the appendices attached to her statement. I am in full support and agreement with those documents. As such, my aim is to address this committee regarding the nature of this procedure to understand why the vast majority of ob-gyns do not offer it.

To illustrate how particularly inhumane and gruesome this procedure ease, let me preface with the fact that upon entry into my residency training as an ob-gyn I was a staunch supporter of a woman's right to choose abortion. So much so, I was open to the idea of training in abortion and offering it in my future practice. That all changed when in my daily work I was faced with the reality of human development in utero.

Early in my training, after seeing the spontaneous movement of fetal life as early as 8 weeks, I began to recognize the undeniable humanity of the life within the womb. I was faced with a crisis of morality and philosophy. I recall asking myself "If there were no one around and no one would ever find out, would I perform an abortion if this patient wanted one?" The answer was no. It was not a screaming rage of disgust, but a quiet resignation that I could not perform an abortion, for in my inmost being I knew it would be wrong.

That abstract idea became more concrete as time passed. As I learned how to manage pregnancy loss at advanced gestational ages, typically 14 weeks or greater, the procedures became more technically difficult. In order to ensure that the entire fetus, placenta, amniotic sac, etc., were removed, ultrasound guidance was used. Watching your grasping forceps, the metal shining brightly on the grayscale image, contact a limb, tugging, and then seeing that limb come through the cervix and placing it on a tray is an experience whose gravitas can scarcely be comprehended. You cannot help but look down and count the toes. And you cannot help but feel the heaviness of sorrow. But you must complete the surgery. After removing the fetus limb by limb, you likely have removed much of the abdominal organs, but you will get them with the suction after the head is out, which is the largest and firmest part. So the instrument on the surgical tray, whose purpose is to crush the skull, is utilized. It is more difficult than I would have imagined. It all seems so barbaric. It felt as if I had desecrated a dead body. I understood

then why so many women decline the procedure in favor of induction and delivery. And then I could not understand how a provider could intentionally do that on a living human being.

Fortunately, very few ob-gyns actually perform D&E abortion. In fact, 86 percent of practicing ob-gyns do not offer abortion at all (1). Of that small minority of ob-gyns that do offer abortion, 80 percent do not offer abortion at 20 weeks (2). This begs the question “why would abortion providers not offer a service that is reported to be so urgently needed in so many cases?” A superficial review of what this procedure entails will suffice. A D&E abortion is nothing less than dismemberment feticide. I urge you to support this legislation.

Respectfully submitted,

Alicia W. Thompson, DO MPH

1. Stulberg, Debra B. et al. “Abortion Provision Among Practicing Obstetrician–Gynecologists.” *Obstetrics and gynecology* 118.3 (2011): 609–614. PMC. Web. 19 June 2017.
2. Guttmacher Institute. Facts on Induced Abortion in the United States January 2008. At: www.guttmacher.org/pubs/fb_induced_abortion.html