Written Testimony of Kathi A. Aultman, MD FACOG

before the Ohio House

Health Committee on

S.B. 23 on March 26, 2019

Chairman Merrin and Committee Members, thank you for inviting me to participate in this hearing today in favor of S.B. 23. My name is Dr. Kathi Aultman and I am speaking on behalf of the Charlotte Lozier Institute. I am a retired board-certified Ob/Gyn and a fellow of the American College of Obstetricians and Gynecologists with over 35 years of experience. I earned my medical degree at the University of Florida College of Medicine and completed my Ob/Gyn Residency at the University of Florida affiliated, Jacksonville Health Education Program. I have been an advocate for women and their health issues for my entire career.

I was a co-founder and co-director of the first Rape Treatment Center in Jacksonville, Florida and performed sexual assault exams on women and children as a medical examiner for Duval and Clay Counties. I also served as the Medical Director for Planned Parenthood of Jacksonville from 1981 to 1983. I served on the Ethics Commission of the Christian Medical and Dental Associations from June 2000 to June 2002 and on the Board of Community Health Outreach which provides free health care and food to the poor from 2016-2018.

My experiences doing abortions and those in my Ob/Gyn practice led me to a pro-life position. I am currently an Associate Scholar with the Charlotte Lozier Institute and a member of the American Association of Prolife Obstetricians and Gynecologists and the Christian Medical and Dental Associations. I have testified extensively at the state and federal level on a variety of pro-life issues. More

specifically I testified before the U.S. House Subcommittee on the Constitution and Civil Justice in favor of H.R. 490, the Heartbeat Protection Act of 2017, November 1, 2017 and during an Iowa House of Representatives Public Hearing in favor of SF 359, Heartbeat Bill on March 20, 2018. I also provided an affidavit for the Iowa District Court for Polk County in Planned Parenthood of the Heartland et. al. v State of Iowa and Iowa Board of Medicine October 2018 on information related to the Heartbeat Bill.

I have done 1st trimester D&C with Suction abortions and 2nd trimester D&E or dismemberment abortions and I have treated women with the medical and psychological complications of abortions. I have a cousin who survived an abortion and friends and colleagues who would not be here if their mothers had aborted their unplanned pregnancies. I have cared for women and their babies throughout normal pregnancies, medically complicated ones, and those with fetal anomalies. I have cared for women who decided to keep their unplanned pregnancies and those who aborted them, and I have witnessed the consequences of those decisions. I have treated the medical complications of medical induction, Cesarean section, vaginal birth, and pregnancy in general. I have had an abortion and two vaginal births.

1) **When Human life begins**

Scientists understand that a human life begins at conception and that development doesn't stop at birth.

"Human development is a continuous process that begins when an oocyte (ovum) from a female is fertilized by a sperm (spermatozoon) from a male. Cell division, cell migration, programmed cell death (apoptosis), differentiation, growth, and cell rearrangement transform the fertilized oocyte, a highly specialized, totipotent cell,

a zygote, into a multicellular human being. Most changes occur during the embryonic and fetal periods; however, important changes occur during later periods of development: neonatal period (first 4 weeks), infancy (first year), childhood (2 years to puberty), and adolescence (11 to 19 years). Development does not stop at birth: other changes, in addition to growth, occur after birth (e.g., development of teeth and female breasts)." [1]

Although there are physiological changes that occur at birth that allow the baby to go from a fluid to an air-filled environment, development is a continuum throughout the life of the individual that doesn't arbitrarily end at birth. Birth changes our environment but doesn't change who we are.

2) **Gestational Age**

Gestational age is the age of the pregnancy as measured from the first day of the last menstrual period (LMP). It is the fetal age plus 2 weeks. If the gestational age, as calculated from the LMP, does not correlate with findings on vaginal ultrasound it is adjusted in order to calculate the Estimated Date of Confinement (EDC), often referred to as the baby's due-date.[2] The gestational age is generally used by obstetricians, the lay public and some legislators.

3) **Fetal or Fertilization Age**

Fetal age is the actual age of the embryo or fetus. It is also known as fertilization age, conceptional age, post conceptual age, and ovulation age. Since fertilization

[1]Moore, K. L., Persaud, T. V., & Torchia, M. G. (2016). *The Developing Human E-Book: Clinically Oriented Embryology - Kindle Edition. 10th edition*. Philadelphia: Elsevier Health Sciences. Kindle Location 730. ISBN: 978-0-323-31338-4

[2] Cunningham FG et.al. (Ed.). (2018). *Williams Obstetrics Kindle Edition* (25th ed.). p.124.NY: McGraw-Hill Education. ISBN: 978-1-25-9644337

occurs shortly after ovulation, and ovulation generally occurs 2 weeks after the start of the menstrual period, fetal age can be estimated by subtracting 2 weeks from the gestational age. The most accurate way to determine fetal age, however, is to base it on vaginal sonography. [3] The fetal age is used by embryologists and some legislators.

4) **Symptoms of Pregnancy**

Although some women have cycles which are longer than the typical four weeks between menstrual periods, the variation lies in the time from menstruation to ovulation. The time from ovulation to the start of the following menstrual period is fairly consistently two weeks. Amenorrhea (cessation of menstruation or a "missed period") is the most common sign of early pregnancy. Other common symptoms include nausea, breast enlargement and tenderness, urinary frequency, and fatigue. In a prospective study on early pregnancy symptoms in 221 women attempting to conceive, 60 percent experienced some signs or symptoms of pregnancy as early as five to six weeks gestation and 90 percent had symptoms by eight weeks gestation.[4]

5) **Laboratory Testing for Pregnancy**

Detection of Human Chorionic Gonadotropin (hCG) is the basis for all laboratory pregnancy tests. "The hCG concentration doubles every 29 to 53 hours during the first 30 days after implantation of a viable, intrauterine pregnancy".[5] "HCG from the implanting blastocyst first appears in maternal blood around 6-8 days following

[3] Cunningham FG et.al. (Ed.). (2018). Williams Obstetrics Kindle Edition (25th ed.). p.124.NY: McGraw-Hill Education. ISBN: 978-1-25-9644337
[4] PubMed. A prospective study of the onset of symptoms of pregnancy. Sayle AE, Wilcox AJ, Weinberg CR, Baird DD. J Clin Epidemiol. 2002;55(7):676.
[5] UpToDate. Clinical manifestations and diagnosis of early pregnancy. Bastian, LA, Brown, HL. Literature review current through Jan 2019. Last updated: Dec 17, 2018.

fertilization; the levels rise rapidly to reach a peak at 7-10 weeks. With most current pregnancy test kits (sensitivity 25 units per liter) urine may reveal positive results 3-4 days after implantation; by 7 days (the time of the expected period) 98% will be positive. A negative result 1 week after the missed period virtually guarantees that the woman is not pregnant."[6]

6) **Home Pregnancy Tests**

Over the counter pregnancy tests measure hCG in the urine. The most sensitive home pregnancy tests, "First Response manual" and "First Response Gold digital devices" with a sensitivity of 5.5 milli-int. units/ml detected over 97 percent of pregnancies on the first day of a missed period. "EPT" and "Clearblue Easy", with a sensitivity of 11 to 22 milli-int. units/ml, detected 54-64 percent of pregnancies on the first day of a missed period. Some home pregnancy tests may not detect levels below 100 milli-int. units/ml. [7]

7) **Viability**

Whether or not a baby is viable is dependent on the technology available and the willingness of healthcare workers to provide treatment. Viability is therefore an inconsistent and arbitrary standard for determining whether a preborn human being should be afforded the protection of the state. It is a human being whether it is viable or not, and the state has an interest in protecting it.

8) **Embryonic development of the cardiovascular system**

[6] PubMed. Pregnancy tests: a review. Chard T, Hum Reprod. 1992 May;7(5):701-10.
[7] UpToDate. Clinical manifestations and diagnosis of early pregnancy, Bastian, LA, Brown, HL, Literature review current through Jan 2019. Last updated Dec 17, 2018.

Fertilization age, not gestational age (fertilization age plus 2 weeks), is used below when discussing the embryonic development of the cardiovascular system below.

"The cardiovascular system is the first organ system to reach a functional state." [8] "Paired, longitudinal endothelial-lined channels, or endocardial heart tubes, develop during the third week and fuse to form a primordial heart tube. The tubular heart joins with blood vessels in the embryo, connecting the stalk, chorion, and umbilical vesicle to form a primordial cardiovascular system.[9] "The heart begins to beat at 22 to 23 days. Blood flow begins during the fourth week, and heartbeats can be visualized by Doppler ultrasonography." [10]

"At first, circulation through the primordial heart is an ebb-and-flow type; however, by the end of the fourth week, coordinated contractions of the heart result in unidirectional flow."[11]

9) **The heartbeat**

I am in favor of this bill because it designates the heartbeat, a well-recognized, easily identifiable, fixed point in development rather than viability as the point at which an unborn human being should be afforded protection under the law from abortion.

[8] Moore, Keith L.; Persaud, T. V. N.; Torchia, Mark G. The Developing Human E-Book: Clinically Oriented Embryology (Elsevier Health Sciences 2016) Kindle Edition (Kindle Location 2651).

[9] Ibid., (Kindle Location 2651).

[10]Ibid., (Kindle Location 2651).

[11] Ibid., (Kindle Locations 9145)

If present, the heartbeat is the best indicator of a viable pregnancy. Once a heartbeat if identified there is a very strong likelihood that the pregnancy will continue to term.

The fetal heartbeat can usually be detected between 6-7 weeks gestation by transvaginal ultrasound and by 7-8 weeks gestation using the transabdominal approach.

In an article in the American Journal of Obstetrics and Gynecology in 1996, Mitra et al. compared the sensitivity of transabdominal and transvaginal ultrasound in detecting the fetal heartbeat. They found that cardiac activity could be detected vaginally in 60.5% of pregnancies at 8 weeks (from 8 weeks to 8 weeks and 6 days) and in 87.5% of pregnancies at 9 weeks gestation. This compared to abdominal detection rates of 22.9% at 8 weeks and 56% at 9 weeks gestation. The earliest the heartbeat could be detected was 6 weeks gestation vaginally, compared to 7 weeks gestation abdominally.[12]

According to UpToDate a cardiac pole with cardiac activity is first detected at 5.5 to 6 weeks gestation.[13]

I found few studies comparing the sensitivity of transvaginal vs transabdominal methods of finding the fetal heartbeat because vaginal ultrasound is now what is routinely used since it is so much more sensitive in early pregnancy. Vaginal sonography is routinely used early in pregnancy to determine or confirm the

[12] Mitra AG, Laurent SL, Moore JE, Blanchard GF Jr, Chescheir NC. 1996. Transvaginal versus transabdominal Doppler auscultation of fetal heart activity: a comparative study. Am J Obstet Gynecol. Jul:175(1):41-4.

[13] UpToDate. Bastian, LA; Brown, HL Clinical manifestations and diagnosis of early pregnancy. Barss, VA (Ed) Lit review current through: Jan 2019. Last updated: Dec 17, 2018.

gestational age.

"Transvaginal ultrasonography is the cornerstone of the evaluation of bleeding in early pregnancy. It is most useful in bleeding patients with a positive pregnancy test in whom an intrauterine pregnancy has not been previously confirmed by imaging studies. In these women, ultrasound examination is performed to determine whether the pregnancy is intrauterine or extrauterine (ectopic) and, if intrauterine, whether the pregnancy is viable (fetal cardiac activity present) or nonviable." [14]

The fetal doppler is a small, handheld ultrasound instrument that is routinely used in doctors' offices during OB visits. It is less sensitive than transvaginal and transabdominal ultrasounds and although it can sometimes detect the baby's heartbeat after about 8-9 weeks gestation, it is often not detected until 12 weeks gestation.

10) **My Experience and Comments**

At the time I entered medical school I believed that the availability of abortion on demand was an issue of women's rights, "The Right to Choose". I felt that a woman should have control over her body and not be forced to bear a child she didn't want. My commitment to women's issues was strengthened as I was exposed to the discrimination inherent in medical school and residency and to the plight of the indigent women we served in our program. I also believed it was wrong to bring unwanted children into an overpopulated world where they may be neglected or abused.

[14] UpToDate. Norwitz, ER; Park, JS; Overview of the etiology and evaluation of vaginal bleeding in pregnant women. (Lit rev current through Jan 2019, Updated Jan 04, 2019) Barss, VA. (Ed).

During my residency I was trained in 1st trimester abortions using the D&C with suction technique. I then sought and received special training in 2nd trimester D&E procedures, otherwise known as Dismemberment Abortions, during which the fetus is crushed and removed in pieces. After each procedure I had to examine the tissue carefully to account for all the body parts to make sure nothing was left to cause infection or bleeding. Tissue from the "products of conception" had to be sent to pathology to document the presence of the fetus and the placenta. I was always fascinated by the tiny but perfectly formed limbs, intestines, kidneys, and other organs and I enjoyed looking at their amazing cellular detail under the microscope.

I realize it is hard to imagine someone being able to do that and be so detached but because of my training and conditioning a human fetus seemed no different from the chick embryos I dissected in college. I could view them with strictly scientific interest devoid of any of the emotions with which I would normally view a baby. I wasn't heartless I just had been trained to compartmentalize these things. If I had a woman come in with a miscarriage or a still birth and she had wanted the baby I was distraught with her and felt her pain. The difference in my mind was really whether the baby was wanted or unwanted.

After my first year of training I got my medical license and was able to get a job moonlighting at a women's clinic in Gainesville, Florida doing abortions. I reasoned that although the need for abortion was unfortunate, it was the lesser of two evils, and I was doing something for the wellbeing of women. I also could make a lot more money doing abortions than I could make working in an emergency room. I enjoyed the technical challenges of the procedure and prided myself on being good at what I did. The only time I had any qualms about doing abortions was when I had my neonatal care rotation and I realized that I was trying

to save babies in the NICU that were the same age as babies I was aborting. Unfortunately, I rationalized it, and was able to push the feelings to the back of my mind.

My last year in residency I became pregnant but continued to do abortions without any reservations. The first time I returned to the clinic after my delivery, however, I was confronted with three cases that broke my heart and changed my opinion. 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. The fact that the baby was unwanted was no longer enough justification for me to kill it. I could no longer do abortions.

I found out later that few doctors can do abortions for very long. OB/Gyns especially, often experience a conflict of interest because they normally are concerned about the welfare of both their patients but in an abortion, they are killing one of them. Although many women seeking abortions are told the fetus is just a blob of tissue, the abortionist knows exactly what he or she is doing because they must count the body parts after each procedure. Eventually the truth sinks in. That's one reason we don't have more abortionists.

Although I could no longer do abortions myself, I still believed in a woman's right to have an abortion and continued to refer for abortions. I continued those beliefs even after I became a Christian a few years later. My views began to change, however, during my practice as I saw very young women who did extremely well after deciding to keep their unplanned pregnancies and those who were struggling with the emotional and physical consequences of abortion. That wasn't what I was expecting. It was inconsistent with the feminist rhetoric I had embraced. My views

also changed as I watched children grow up in my church who were almost aborted including one with Down Syndrome. As their beautiful little personalities developed, I realized that these were precious human beings who wouldn't be here if their mothers had chosen to abort them.

In my experience women cannot remain unscathed after killing their child. At some point, usually after childbirth or the inability to get pregnant, the realization of what they did hits them. In fact, it wasn't until after I had my first child, that I regretted my own abortion. I wish there had been a heartbeat bill back then or that it had not been so terribly easy to get an abortion. I wish I had had more confidence in myself and my family. I believed the lie that if you are young and have an unplanned pregnancy it will ruin your life.

I will never forget one woman who had gone to the Orlando area for a late term medical abortion. She related how after being left alone in labor all night without a blanket or anything for pain she was told to go into the bathroom and push. She came to see me because of abnormal bleeding for months after the abortion and had still not recovered from the horror of delivering her live baby boy into the toilet. Her baby brother had also died by drowning and she couldn't forgive herself or get the image out of her mind. Another woman told me that she was seeing a psychiatrist after her first trimester abortion 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.

What finally completely changed my mind about abortion was reading an article that explained how societies were able to justify genocide. I realized that what I had done was just as bad as what they had done, and I had used the same rational.

Just as they did not consider their victims as human beings, I did not consider fetuses as human and so I was able to kill them without any remorse.

Pro-abortion advocates have been very effective in convincing us that fetuses are not persons therefore should have no rights, however, we know from a scientific standpoint that a unique human life begins when the egg is fertilized by the sperm. All the information needed to control the development of the person is present at that moment.

Our society has been subjected to extreme propaganda on the issue of abortion by "pro-choice" advocates for years. The film industry bombarded us with stories of young women whose lives would be ruined if they couldn't get an abortion and abortion advocates lied about the numbers of deaths from illegal abortions. Everything about abortion has become so distorted that the truth is no longer recognizable. Abortion is big money. Much of the money and influence behind the push to prevent any restriction on abortion comes from those who make a profit on it.

They have also done a good job of sanitizing our language concerning abortion. We don't speak about the "baby" but rather we talk about the "fetus" or a blob of tissue. The abortionist "terminates the pregnancy" rather than "kills the baby". A pregnancy is not a person. It is the medical condition of the mother. As medical doctors and as a society we have moved away from the idea that life is precious and closer to the utilitarian attitudes of the last century. More and more we are embracing a culture of death that only values the strong and healthy.

As more DNA tests become available, we need to beware of a resurgence of the eugenic attitudes of the past that foster the idea that we should only keep babies with desirable traits. It is sad that 67-85% of preborn babies diagnosed with Down

syndrome are aborted in the United States[15] despite the fact that with current medical care, they can lead long, happy, productive lives. There is a waiting list for families wanting to adopt babies with Down Syndrome.

Currently when a diagnosis of fetal anomaly is made, the vast majority of the time the mother is advised to abort to spare her child pain and suffering and to spare her the agony of carrying a baby she knows will die or need painful procedures or die a painful death. Women feel pressured into aborting and I personally know of women who were discharged from their OB practice because they wouldn't abort.

With Perinatal Hospice families can have support and counselling throughout their pregnancy so that they are prepared for the birth of a child disabilities or who may die prematurely. Just as with adults, babies cared for through Perinatal Hospice don't have to experience painful deaths. The mother can know that she did everything they could to nurture their child and not be pressured into killing it. Studies have shown that these women do extremely well, and rather than feeling they need to hide the fact that they aborted their child, they can grieve openly with family and friends. There are also women who are willing to raise babies with disabilities for mothers who feel they can't handle the emotional of financial strain of a child with disabilities. I met a woman who cared for a baby with severe anomalies who was only expected to live a few months. The mother was spared the trauma and risk of an abortion and the woman felt blessed to be able to care for the child for its short life.

We have shifted our priorities from basic human rights to women's rights and have taught our young women that nothing should interfere with her right to do what she

[15] Prenatal diagnosis of Down syndrome: a systematic review of termination rates (1995–2011) Natoli1, JL, et. al. Correspondence to: Jaime L. Natoli E-mail: jnatoli@ucla.edu.

wants with her body, especially when it comes to pregnancy. We have convinced them that an unwanted pregnancy is the worst thing that can happen to them and that their right to reproductive freedom is more important than their baby's right to life. Some advocate that a woman should have three months after birth to decide whether or not she wants to euthanize her child, since it might have some defect that wasn't evident at birth.

When I did abortions my colleagues and I used every loophole we could to make abortion available to anyone who wanted one. Although the standard line was that we were concerned about the health of the mother, in most cases the real issue was "getting rid of the baby". It saddens me that although I had compassion for the women I was aborting because they didn't want their child, I had no compassion for the fetus. I tried to make this painful procedure as painless as possible for my patient but never considered what the baby was feeling.

In most ethical dilemmas we must weigh the rights of one person against the rights of another. We not only need to give a woman as much choice as possible in determining her future and what she does with her body, but we must also recognize the truth that there are at least two people involved in a pregnancy and that the rights of the weaker one need to be protected. The convenience and comfort of one should not be more important than the life of the other. Even though it is rarely necessary to abort a baby to save the mother or to safeguard her health, there is a safeguard in this bill to protect the life of the mother and to prevent a serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman.

As a compassionate society we need to provide for the needs of women with unplanned pregnancies rather than abort them.

We need to teach our young women that adoption is a better option than abortion if they don't feel they can care for their child. To promote the alternative of adoption, this bill establishes the Joint Legislative Committee on Adoption Promotion and Support.

There is not an exception in the bill for rape or incest because how a person is conceived should not deprive them of their rights. I think about my beautiful cousin whose Bangladeshi mother was raped by a Pakistani soldier. She survived her mother's abortion, was rescued by Mother Teresa's nuns and was adopted by my aunt and uncle. Perhaps we should ask those who were conceived through rape, if others like them should be denied protection under such an act.

I love to meet adults that I delivered, but it's always bittersweet because I am reminded of all the people I will never meet because I aborted them. The only difference between me and a mass murderer is that the murders I committed were legal. Because we can't see who they will become we feel justified in sacrificing babies in the womb for the people we can see. We have an obligation to protect the most vulnerable of society and our society will be judged on how well we care for our weakest members.

I support the Heartbeat Protection Act because it will protect the lives of our fellow human beings and stop one of the biggest human rights violations in our history. It uses the heartbeat, a very concrete sign of life that people can identify with, to define when the unborn child should be protected, and it creates the Joint Legislative Committee on Adoption Promotion and Support.

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