

Testimony: Born Alive Infant Protection Act, SB157

Written and Presented by Morgan Olivia Reece

Good morning and thank you to the committee for allowing me to testify in favor of S.B. 157. My name is Morgan Reece, and I'm a second-year, honors student at Bowling Green State University.

I am present today because I believe every infant, regardless of how wanted or unwanted they are, deserves to be resuscitated and provided with life-saving medical care if a late-term abortion goes awry and they are born alive. I believe any medical professional should be legally required to tend to an infant that survives an abortion in the same manner they would any premature baby in need of the NICU.

Just last year, in June 2020, a baby boy named Richard Hutchinson was born at a mere 21 weeks, weighing less than a pound, in Children's Minnesota Hospital. After spending 6 months in the NICU, hooked up to IV fluid, blood pressure support, and multiple types of ventilation, Richard's lungs developed and his oxygen levels increased enough to where he could sustain himself. There is no medical reason why the same treatments could not be applied to infants of the same age that survive abortions.

I'm aware that not all abortion facilities are conveniently attached to a fully equipped neonatal intensive care unit. However, all of them have the ability to call an ambulance to have the child rushed to the nearest hospital. While waiting for the ambulance, the medical professionals present at the abortion clinic should make every effort to resuscitate the child, seeing as they should already be trained in infant CPR.

Make no mistake, I'm not expecting every premature child whom we attempt to resuscitate, to survive. Even when a child is born naturally at 21 or 22 weeks, the odds of survival are less than 1%. Although the odds skyrocket from there: the rate of survival for an infant born at 23 weeks is 17%; at 24 weeks, 39%; at 25 weeks, 50%; at 26 weeks, 80%; and so on.

In case you're wondering how a baby even survives an abortion in the first place, allow me to explain: in an induction abortion, the physician takes a syringe containing potassium chloride, digoxin, and saline, and injects it into either the baby's heart or brain, since those are the two key vital organs that would ensure cardiac arrest is induced. However, abortion is a blind procedure, meaning the physician cannot see what they're doing. Sometimes they miss the heart or brain, and while the baby still gets chemically burned from the inside out, they're still alive. The physician is supposed to perform an ultrasound when the mother returns to the clinic 2-3 days later for her uterine evacuation (i.e. induction of labor). But sometimes the physician doesn't find this step necessary or is running short on time. Thus, the infant is accidentally delivered alive, much to the physician's dismay. However, neither the dismay of the physician nor the mother should determine whether or not the infant is entitled to medical treatment. To deny medical treatment on the basis of wantedness is discrimination.

Thank you.