***Oral***

 ***Testimony of Kathi A. Aultman, MD FACOG***

***before the******Ohio Senate***

***Health, Human Services, and Medicaid Committee on***

 ***S.B. 23***

 Chairman Burke 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 as an Associate Scholar on behalf of the Charlotte Lozier Institute. I am a retired board-certified Ob/Gyn and a member of ACOG with over 35 years of experience. 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. I served as the Medical Director for Planned Parenthood of Jacksonville, on the Ethics Commission of the Christian Medical and Dental Associations, and on the Board of Community Health Outreach which provides free health care and food to the poor.

 I have testified extensively at the state and federal level on a variety of pro-life issues including the Heartbeat Bill in Iowa and before a US House Subcommittee on the Heartbeat bill.

 I have performed 1st trimester and 2nd trimester abortions and treated the complications of abortion. I have taken care of women and their babies throughout normal and abnormal pregnancies and treated the complications. I have had an abortion and two vaginal births.

 When I entered medical school, I believed that the availability of abortion on demand was solely an issue of women’s rights. I felt no more compassion for the fetus than I did for the chick embryos I dissected in college.

 I continued to do abortions without reservation even while pregnant, but after my delivery, I made the connection between fetus and baby. The fact that the baby was unwanted, was no longer enough justification for me to kill it. Although I could no longer do abortions, I continued to believe that abortion was a woman’s right.

 My views changed during my practice as I saw young women who did amazingly well after deciding to keep their unplanned pregnancies, in contrast to those who were struggling with the emotional and physical complications of abortion. That wasn’t consistent with the feminist rhetoric I had embraced.

 I don’t believe a woman can remain unscathed after killing her child. At some point, usually after childbirth or the inability to get pregnant, the realization of what she did hits her.

 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.

 We have convinced our young women that an unplanned 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 live. Because we can’t see who they will become, we feel justified in sacrificing babies in the womb for the convenience of those we can see.

 I support this bill because it uses the heartbeat, a very concrete sign of life that people can identify with, to determine when the fetus should be protected, rather than viability which is dependent on the technology available and the willingness of medical personnel to treat. The bill also creates a joint legislative committee to promote the alternative of adoption.

 Although it is rarely necessary to abort a baby to save the mother or to protect 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.

 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 this act.

 “The cardiovascular system is the first organ system to reach a functional state.”[[1]](#footnote-1) The heart begins to beat at 3 weeks and 1-2 days post fertilization. Blood flow begins during the 4th week post fertilization, or the 6th week gestation and the heartbeat can be detected on vaginal ultrasonography. [[2]](#footnote-2)

 Although not required by this bill, vaginal ultrasound can detect the heart beat between 6-7 weeks gestation as opposed to 7-8 weeks by transabdominal ultrasound. The small handheld doppler that providers use in their offices is the least sensitive and although it can sometimes pick up the heartbeat at 8-9 weeks gestation it may not be detected until 12 weeks gestation.

 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 is viable and will continue to term.

 I want to thank those who have supported this bill, for your vital efforts to protect those who have no voice and cannot protect themselves.

1. Moore, Keith L.; Persaud, T. V. N.; Torchia, Mark G. The Developing Human E-Book: Clinically Oriented Embryology (Kindle Location 2651). Elsevier Health Sciences. Kindle Edition. [↑](#footnote-ref-1)
2. Moore, Keith L.; Persaud, T. V. N.; Torchia, Mark G.. The Developing Human E-Book: Clinically Oriented Embryology (Kindle Locations 8936-8940). Elsevier Health Sciences. Kindle Edition. [↑](#footnote-ref-2)