

**PREPARED STATEMENT OF SENATOR GRASSLEY
JUDICIARY COMMITTEE HEARING
“ABORTION UNTIL BIRTH:
THE NEED TO PASS THE PAIN-CAPABLE UNBORN CHILD PROTECTION ACT”
APRIL 9, 2019**

This is not the first occasion on which this Committee has debated the importance of protecting babies after the fifth month of pregnancy. I welcome the opportunity to hear from experts on this topic again today.

Before we begin, I want to welcome back Melissa Ohden, who first testified before this Committee in 2016, at my invitation. As a newborn in 1977, Melissa survived an attempted saline abortion. As a teenager, she learned the truth from her adoptive parents about the circumstances of her birth. As an adult, Melissa earned her master’s in social work and founded an organization devoted to helping other abortion survivors heal. Melissa’s presence here today reminds us that half of all aborted babies are girls, and those little girls deserve a chance at life.

Some have argued that an unborn child cannot survive outside the womb 20 weeks after fertilization occurs, which is the same as 22 weeks gestational age. The birth of my six year-old constituent, Micah Pickering in 2012, at about 20 weeks after fertilization, rebuts that argument. As also noted by the *Washington Post Fact Checker*, “that babies can survive at 22 weeks gestational age has been known for 15 years.”¹

Others have argued that the unborn cannot experience pain during an abortion. It’s hard to accept this argument, when babies like Micah Pickering are moving and growing at the same gestational age as those who are being aborted. Neonatal intensive care units require attention to, and treatment of, neonatal pain for infants born at this stage of development, a Northwestern University doctor advised us at our Committee’s 2016 hearing on this subject.² Another doctor at this 2016 hearing, which I convened as chairman of this Committee, testified to the importance of showing compassion for unborn babies whose nervous systems are sufficiently developed to the point where they can experience pain.³

We’ve also heard the argument that abortions past 20 weeks fetal age are extraordinarily rare. It’s hard to know whether that’s entirely true. Some jurisdictions with the most lax abortion policies don’t collect data on the stage of pregnancy when an abortion is performed. Others may have reporting requirements on the books, but might not enforce these requirements. Because data on these abortions is not widely available, we can’t really say for sure whether late term abortions are exceptionally rare. We do,

¹ *Washington Post Fact Checker*, May 26, 2015.

² Testimony of Dr. Colleen Malloy, Senate Judiciary Committee Hearing, “Late-Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain,” available at <https://www.judiciary.senate.gov/meetings/late-term-abortion-protecting-babies-born-alive-and-capable-of-feeling-pain>

³ Testimony of Dr. Kathi A. Aultman, Senate Judiciary Committee Hearing, “Late-Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain,” available at <https://www.judiciary.senate.gov/meetings/late-term-abortion-protecting-babies-born-alive-and-capable-of-feeling-pain>

however, know that several hundred doctors and facilities across the United States offer abortions after 20 weeks of fetal age.

It's our job as Senators to protect the most vulnerable members of our society. That's why I joined Chairman Graham in introducing the Pain-Capable Unborn Child Protection Act. This important bill would protect the unborn beginning at 20 weeks after the date on which fertilization occurred, or 22 weeks gestational age.

I've also joined Senator Ben Sasse as a cosponsor of the Born-Alive Abortion Survivor's Protection Act. This legislation is aimed at doctors, like Kermit Gosnell, who furnish substandard care to women and their newborns after a failed abortion attempt.

The Sasse bill would require that any child born alive following an attempted abortion must receive the same degree of care as any other newborn born alive at the same stage of development. It reflects the notion that where your birth takes place – whether inside a hospital maternity ward or at an abortion clinic -- isn't what's most important.⁴ In imposing mandatory reporting requirements on health care professionals, the Sasse bill may help save lives.

I call on my colleagues to support these important measures. I also thank Chairman Graham for organizing today's hearing, and I look forward to the testimony of our witnesses.

⁴ Testimony of Dr. Colleen Malloy, Senate Judiciary Committee Hearing, "Late-Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain," available at https://www.judiciary.senate.gov/meetings/late-term-abortion_protecting-babies-born-alive-and-capable-of-feeling-pain