

**Testimony of
Erika Christensen
United States Senate Committee on the Judiciary
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Good morning, Chairman Sasse, Ranking Member Feinstein, and members of the Committee. My name is Erika Christensen. Thank you for allowing me to share my story here today.

I wasn't always sure I wanted to be a mother, but once I met my husband Garin, I was sure I wanted to have a family with him. If you were lucky enough to know *him*, you'd understand.

My first pregnancy ended in a devastating miscarriage at 10 weeks.

When I got pregnant again, we were cautiously optimistic and at first, things were going fine. But soon the complications began mounting. We were transferred to a high-risk maternal-fetal medicine specialist, and we just kept going week after week, hoping if we held on long enough things would ultimately work out.

We were 30 weeks into that pregnancy when we learned fetal growth had stopped and that I had developed high amniotic fluid levels. Our doctor explained to us that the fetus wasn't able to swallow, and if we carried to term I'd deliver a baby who couldn't breathe. And there was no care or treatment available that would change that.

This part is hard.

If I did nothing, I'd potentially be pregnant for months more to give birth to a dying baby. And risk my own health. Our doctor mentioned the possibility of termination, and after weighing our options, my husband and I knew it was the right decision for us.

But then we learned we were past New York State's gestational limit, a line established by law decades ago by people who'd never met me. Not only would I not be able to get care from the doctors I had come to know and trust, I might not be able to get care at all, which was terrifying.

Then my doctor told us about a doctor in Colorado who was a specialist in complex cases like mine. We quickly started the complicated logistical process of flying across the country for health care. We used a credit card to book last-minute flights to Denver, a rental car and a hotel room. An out-of-state abortion wasn't covered by my insurance so my mother took thousands of dollars out of her retirement fund to pay for the procedure. We felt incredibly lucky to have access to that money and wondered how others in our situation did without it.

In Colorado, the doctor and clinic staff were compassionate and respectful. I'll always remember their kindness on what was a difficult day, far from home.

After it was all over my husband and I felt both incredibly sad and incredibly relieved.

Of course it is devastating when something you hope for — something you invest your literal life and blood into — doesn't work out. Terrible things can and do happen. We will never be able to regulate or legislate away bad pregnancy outcomes. What we can control are the laws that punish us for them or force us to make decisions we know are not best for us.

People who have abortions, miscarriages, experience infertility, deliver healthy pregnancies; we are not fundamentally different from each other. In reality we are often the same people, experiencing different pregnancy outcomes at different points in our lives.

This bill does not solve a problem. It does not make anyone safer or health care better. It does make terrible situations worse for grief-stricken families in very specific circumstances who choose to hold their dying babies and say goodbye in peace.

Had I sought to end my pregnancy by early induction — and had this bill been law — my doctors could have been required to commence extreme measures on a baby who could never breathe, regardless of the futility of such measures. That does not sound like compassion to me.

Today my husband and I are parents of a smart, feisty, almost-3-year-old daughter. Born less than a year after my abortion, she exists because I had the resources and ability to get a safe abortion in the state of Colorado. It is deep gratitude for the doctors and nurses who cared for me and deep concern for my daughter's future compelling me to be here today.

Thank you.