



**Written Testimony of Catherine Glenn Foster  
President and CEO, Americans United for Life  
On S.F. 2849  
Submitted to the Committee on Health and Human Services  
Finance and Policy  
Tuesday, March 27, 2018**

Chair Benson and Members of the Committee:

Americans United for Life, the oldest and most active pro-life non-profit advocacy organization, supports S.F. 2849, requiring physicians to allow viewing of ultrasound imaging prior to an abortion and urges the Minnesota legislature to follow this with a requirement that the physician performing the abortion, the referring physician, or a qualified person assisting the physician perform fetal ultrasound imaging and auscultation of fetal heart tone monitoring to confirm the presence, location, and gestational age of the pregnancy.

Ultrasound laws—or the lack thereof—have deeply impacted my life personally. In 2001, when I was a sophomore at college in Georgia, I found myself unexpectedly pregnant. By default I scheduled an appointment at an abortion clinic. At the time I wasn't aware of any other type of clinic to help women and girls through unexpected pregnancies, and knew of nowhere else to turn. But I thought the clinic would provide me with the information, resources, and answers I was looking for as I decided what my next steps would be.

As clinic staff performed an ultrasound on me, I asked to see the image. I wanted to be able to make a fully informed decision, and I wanted to be able to see my child. But the woman who was maneuvering the wand over my belly said no. She said that it was against clinic policy to allow women and girls to see the ultrasounds of their babies. And they moved me on to the

next work station in the assembly-line process towards abortion.

I walked into that clinic because I felt I had no other choice, and nothing that took place there restored my agency or my empowerment. I was deeply conflicted that day, looking for information and resources to give me hope and options, but was given none. To this day, I have never been able to see my child's one photo. That clinic stripped me of my choice. When we as a society do not ensure that abortion clinics provide women and girls with the information they have asked for, it can have devastating consequences. I know that firsthand.

With each passing year, more and more women like me emerge from the silence after abortion. They are wounded and speak out in anguish on the physical, emotional, spiritual, and psychological harm they have suffered and still suffer as a direct result of their abortions. Often, this harm arises as a consequence of women "choosing" abortion without adequate and accurate information concerning the procedure itself and abortion's risks, alternatives, and long-term consequences. Women's experiences reflect the fact that abortion clinics often fail to provide adequate and accurate medical information to women considering abortions.

In the abortion industry, paternalistic attitudes toward women still prevail and, as a result, women continue to be uninformed about the risks and consequences of abortion. States have the constitutional power to take measures to prevent the resulting harm to women by passing comprehensive and carefully drafted informed consent laws. Minnesota has already taken steps to protect women by passing a variety of informed consent requirements. However, there is still much that can still be done to inform women completely and accurately about the reality of abortion.

Allowing a woman to view an ultrasound ensures an informed choice because it allows a woman to see her unborn child as he or she really is—by seeing his or her form and face on a screen and also by hearing the heartbeat.

Additional ultrasound requirements, in accordance with medical practice, serve an essential medical purpose in that they diagnose ectopic pregnancies which, if left undiagnosed, can result in infertility or even fatal blood loss.<sup>1</sup> Further, an ultrasound enables a healthcare provider to more accurately date the gestational age of a pregnancy. Accurate dating of a pregnancy protects a woman since the risks of abortion increase as gestational age increases.

Ultrasound provisions both promote the woman's physical and psychological health and advance the states' important and legitimate interest in protecting life.<sup>2</sup> In fact, Wyoming found this to be so important that the first pro-life legislation it passed in 28 years was an ultrasound law.

Ultrasound requirements that provide a woman the option to see her unborn child and hear the heartbeat are concrete, effective steps states can take to ensure that her consent for an abortion is as fully informed as possible. In addition, medical evidence indicates that women feel bonded to their children after seeing them on the ultrasound screen.<sup>3</sup> Once that bond is established, researchers argue, a woman no longer feels ambivalent toward her pregnancy and actually begins to feel invested in her unborn child.<sup>4</sup> Clearly, ultrasound requirements both protect women's health and further the states' interest in protecting life.

Today, this Committee has an opportunity to take a step toward ensuring women are empowered to make a fully-informed decision. I encourage you to pass S.F. 2849 and to consider additional ways to utilize ultrasounds to protect women's physical and psychological health.

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<sup>1</sup> See, e.g., Mayo Clinic, *Ectopic Pregnancy: Complications* (Jan. 20, 2015), available at <http://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/basics/complications/con-20024262> (last visited July 10, 2017).

<sup>2</sup> In both *Gonzales v. Carhart* and *Planned Parenthood v. Casey*, the Supreme Court affirmed "the principle that the State has legitimate interests from the outset of pregnancy in protecting the health of the woman." *Gonzales*, 550 U.S. 124, 145 (2007); *Casey*, 505 U.S. 833, 846 (1992) (both citing *Roe v. Wade*, 410 U.S. 113 (1973)).

<sup>3</sup> See J. C. Fletcher & M. I. Evans, *Maternal Bonding in Early Fetal Ultrasound Examinations*, 308 N.E.J.M. 392 (1983).

<sup>4</sup> *Id.* at 392.