



**Written Testimony of Catherine Glenn Foster
President & CEO, Americans United for Life
On H.B. 53, The Woman's Ultrasound Right to Know Act
Submitted to the House Health and Human Development Committee
April 17, 2019**

Dear Chair Bentz and Members of the Committee:

My name is Catherine Glenn Foster, and I serve as President and CEO of Americans United for Life (AUL), America's original and most active pro-life advocacy organization. Founded in 1971, two years before the Supreme Court's decision in *Roe v. Wade*, AUL has dedicated nearly 50 years to advocating for comprehensive legal protections for human life from conception to natural death.

I write to strongly support H.B. 53, which would require a physician to offer a patient ultrasound imaging and auscultation of fetal heart tone services before terminating a pregnancy and would provide civil and criminal penalties for the failure of a physician to comply with this requirement. The patient is free to choose not to view the ultrasound or listen to the heartbeat.

Ultrasound laws—or the lack thereof—have had a deep impact on my life. 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 facility. At the time, I wasn't aware of any other type of clinic to turn to with an unexpected pregnancy and that might truly help women and girls with life-affirming choices, and knew of nowhere else to go. But I assumed the facility would at least 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 told me it was against clinic policy to allow a mother to see the ultrasound image of her baby. And with that, 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 that day restored my agency or my empowerment. I was deeply conflicted, looking for information and resources to give me hope and options, but was given neither. I have never been

able to see my child's only photo, and that fact remains on my mind to this day. That clinic stripped me of my choice. When we as a society do not ensure that abortion facilities 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. Our experiences reflect the fact that abortion facilities often fail to provide adequate and accurate medical information, including access to and the option of viewing ultrasounds, to women considering abortions.

States have the constitutional power to take measures that can prevent the harm women often experience as a result of abortion by passing comprehensive and carefully drafted informed consent laws. Ultrasound requirements, like H.B. 53, that provide a woman the option to see her unborn child and hear his or her heartbeat are concrete, effective steps states can take to ensure that the mother's consent for an abortion is as fully informed as possible. In *Planned Parenthood v. Casey*, the U.S. Supreme Court stated that "[a]s with any medical procedure, the State may enact regulations to further the health or safety of a woman seeking an abortion."¹ As such, over 25 states have enacted ultrasound requirements to ensure women have the opportunity to make a fully informed choice.²

Ultrasound provisions both promote the woman's physical and psychological health and advance the states' important and legitimate interest in protecting life.³ Ultrasound requirements serve an essential and irreplaceable medical purpose in that they are the only method of diagnosing ectopic pregnancies, which, if left undiagnosed, can result in infertility or even fatal blood loss.⁴ Furthermore, an ultrasound enables the healthcare provider to more accurately date the gestational age of a child. Accurate dating of pregnancy both protects the woman by ensuring that the appropriate abortion procedure is performed and provides relevant information necessary to make an informed decision, since the risks of abortion increase as gestational age increases.⁵

¹ 505 U.S. 833, 878 (1992).

² Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

³ 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) (quoting *Casey*, 505 U.S. at 846 (1992) (citing *Roe v. Wade*, 410 U.S. 113 (1973))).

⁴ See, e.g., Mayo Clinic, *Ectopic Pregnancy*, <http://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/basics/complications/con-20024262> (last visited Jan. 30, 2019).

⁵ See, e.g., John M. Thorp Jr., *Public Health Impact of Legal Termination of Pregnancy in the U.S.: 40 Years Later*, 2012 SCIENTIFICA (Oct. 15, 2012), <https://www.hindawi.com/journals/scientifica/2012/980812/>.

Allowing a woman the opportunity to view her ultrasound helps ensure an informed choice because it gives the mother the option of seeing her unborn child as he or she really is—by seeing his or her form and face on a screen and by hearing his or her heartbeat. Medical evidence indicates that women feel bonded to their children after seeing them on the ultrasound screen.⁶ Once that bond is established, researchers argue, a woman no longer feels ambivalent toward her pregnancy and in fact begins to feel invested in her preborn child.⁷ And thus, by giving every woman the choice to view her child’s ultrasound image, the State also furthers its interest in protecting life, as some women may ultimately decide to carry their child to term. In fact, a recent study found that 78% of women who see an ultrasound image of their infant in utero choose life for their baby.⁸

Today, this Committee has an opportunity to take an important step toward ensuring the women of Delaware are not denied vital information like I was, but instead empowered to make a fully informed decision. When an ultrasound is medically required for abortion for the reasons I’ve discussed, why not insist that the abortion provider give the patient the most important information conceivable – the very image and sounds from her own body that speak to the real nature of the human life within her? I strongly encourage you to pass H.B. 53 to give women the option of viewing an ultrasound and to consider additional ways to utilize ultrasounds to protect women’s physical and psychological health.

Sincerely,



Catherine Glenn Foster
President & CEO
Americans United for Life

⁶ See J. C. Fletcher & M. I. Evans, *Maternal Bonding in Early Fetal Ultrasound Examinations*, 308 N.E.J.M. 392 (1983).

⁷ *Id.* at 392.

⁸ Thomas A. Glessner, *National Survey of Pro-life Pregnancy Centers Shows Major Influence of Ultrasound on a Mother’s Choice for Life*, Christian News Wire (Mar. 3, 2015), <https://bit.ly/2tHbopX> (Survey of 75,318 ultrasounds performed for pregnant patients identified as either abortion-minded or abortion- vulnerable; 58,634 chose to allow their children to live, about 78%).