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Babies Not Only Die but Suffer Excruciating Pain during Dismemberment Abortion

Mr. SMITH of New Jersey... Madam Speaker, a former abortionist, Dr. Levatino testified before Congress and described how he and other abortionists actually kill helpless babies. He killed 1,200 of them. He said: “Imagine, if you can, that you are a pro-choice OB–GYN like I was. Using a Sopher 13- inch clamp with rows of ridges or teeth, grasp anything you can inside the womb. Once you grasp something inside, squeeze on the clamp, set the jaws and pull hard—really hard. You feel something let go, and out pops a fully formed leg about 6 inches long. Reach in again and grasp anything you can, and out pops an arm. Reach in again, and again, and again with the clamp, and tear out the spine, the intestines, the heart and lungs.”

Even if pain wasn’t present, Madam Speaker, dismembering a child is violence against children, and it is inhumane. But these babies actually suffer excruciating pain during the abortion.

Dr. Colleen Malloy from Northwestern University has said: “In today’s medical arena, we resuscitate patients at 20 weeks and are able to witness their ex-utero growth. I could never imagine subjecting my tiny patients to horrific procedures such as those that involve limb detachment.”

Madam Speaker, I urge my colleagues to support H.R. 36.

Overwhelming majorities of Americans—some 60–64% according to pollsters—support

legal protection for pain-capable unborn children.

Today we know that unborn babies not only die but suffer excruciating pain during dismemberment abortion—a cruelty that rips arms and legs off a helpless child.

A former abortionist, Dr. Anthony Levatino, testified before Congress that he had performed 1,200 abortions—over 100 late-term abortions up to 24 weeks.

Dr. Levatino described what the abortionist actually does to the helpless child. “Imagine if you can that you are a pro-choice obstetrician/gynecologist like I was.” Using a Sopher 13” clamp with rows of ridges or teeth, “grasp anything you can” inside the womb. “Once you’ve grasped something inside, squeeze on the clamp to set the jaws and pull hard—really hard. You feel something let go and out pops a fully formed leg about six inches long. Reach in again and grasp anything you can . . . and out pops an arm.” He noted that “a second trimester D&E abortion is a blind procedure.” He said, “Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs.”

Madam Speaker, even U.S. Supreme Court Justice Kennedy gets it. In his dissent to the U.S. Supreme Court’s 2000 *Stenberg v Carhart* decision, Justice Kennedy observed that in D&E dismemberment abortions, “The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb.

The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off.” Justice Kennedy added in the Court’s 2007 opinion in *Gonzales v. Carhart* that D&E abortions are “laden with the power to devalue human life . . .”

Even if pain wasn’t present, dismembering a child is violence against children and inhumane. But these babies actually suffer.

Dr. Robert White, professor of neurosurgery at Case Western Reserve University said an unborn child at 20 weeks gestation “is fully capable of experiencing pain . . . without question, (abortion) is a dreadfully painful experience . . .”

In an expert report prepared for the U.S. Justice Department, Dr. Kanwaljeet S. Anand, a pediatrician specializing in the care of critically ill newborns and children who has conducted intensive research of pain and stress in the human newborn and fetus said: “. . .the human fetus possesses the ability to experience pain from 20 weeks gestation, if not earlier, and the pain perceived by the fetus is possibly more intense than that perceived by term newborns or older children . . .” Why? Dr. Anand points out that “the highest density of pain receptors per square inch of skin in human development occurs in utero from 20 to 30 weeks gestation . . . Thus, a fetus at 20 to 32 weeks of gestation would experience a much more intense pain than older infants or children or adults.”

Dr. Colleen Malloy, assistant professor, Division of Neonatology at the Northwestern University, in her testimony before the House Judiciary Committee said: “When we speak of infants at 20 weeks post-fertilization we no longer have to rely on inferences or ultrasound imagery, because such premature patients are kicking, moving and reacting and developing right before our eyes in the neonatal intensive care unit.”

Dr. Malloy went on to say, “in today’s medical arena, we resuscitate patients at this age and are able to witness their ex-utero growth.”

She says “I could never imagine subjecting my tiny patients to horrific procedures such as those that involve limb detachment or cardiac injection”

In an undercover video released by David Daleidan, a Planned Parenthood Medical Director explains that before beginning a late abortion she completes a clinical documentation form that says “I intend to utilize dismemberment techniques for this procedure.” Notice the words—“dismemberment techniques”—in order to “extract the fetus in multiple parts.”

But seriously, we’ve known much of this for years. In 2006 I authored the Unborn Child Pain Awareness Act that garnered 250 votes in favor—including 40 Democrats—to 162 against. I remember thinking on the day of the vote: “how can anyone vote to refuse to make child pain information part of informed consent?”

Congressman TRENT FRANKS has authored four extraordinarily important bills over the years to actually protect pain-capable babies in federal law from the violence of abortion including Pain-Capable Unborn Child Protection Acts that passed the House of Representatives in 2013 and again in 2015. Tragically, President Obama vowed to veto this child protection legislation and the Senate failed to even pass it. However, should the House pass H.R. 36 today and if the Senate passes it as well, President Trump has said he would sign it.

Not only will babies be protected by federal law at five months and the pain suffered by these babies averted, but H.R. 36 requires that a late abortion permitted under limited circumstances provide the “best opportunity for the unborn child to survive” and that “a second physician trained in neonatal resuscitation” be “present and prepared to provide care to a child” to the same degree as the BornAlive Infants Protection Act of 2002.

Thus, “any health care practitioner present at the time shall humanely exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a

reasonably diligent and conscientious health care practitioner would render to a child born alive at the same gestational age in the course of a natural birth.”

Moreover, “following the care required to be rendered . . . the child born alive shall be immediately transported and admitted to the hospital.”

Sixteen states have enacted pain-capable unborn child laws that closely parallel the bill before us today. These include Ohio, Texas, Nebraska, Idaho, Oklahoma, Alabama, Georgia, Louisiana, Arkansas, North Dakota, South Dakota, West Virginia, Wisconsin, South Carolina, Kentucky and Kansas.

Madam Speaker, I respectfully ask that my colleagues respect unborn children as our nation’s littlest patients who like any other patient may need diagnosis and benign interventions to treat disability or disease.

And preemies are surviving earlier and healthier as technology and medical science advance. Micah Pickering is a healthy 5 year old today. He was born prematurely at 20 weeks and was the size of this M&M candy bag. Micah is the face of the pro-life movement. That is why the bill before us today is “Micah’s Law.”

A recent study of nearly 5,000 babies published in the New England Journal of Medicine confirmed that nearly a quarter of the premature babies born at 22 weeks survived. (Let me note that the 22 weeks gestational age referred to in the study is equivalent to 20 weeks fetal age using the age dating system employed

by H.R. 36).

Researchers at Children’s Hospital of Philadelphia (CHOP) are developing a technology that they hope—in a decade—will be the new standard of care for extremely premature infants. Building a bridge between the mother’s womb and the outside world, the artificial wombs provide a soft, sterile, fluid filled environment for the child to continue to grow.

The babies we seek to protect from harm today may survive if treated humanely, with expertise and compassion—not the cruelty of the abortion.

Four years ago, Pennsylvania abortion doctor Kermit Gosnell was convicted of murder, conspiracy to kill and involuntary manslaughter and sentenced to life imprisonment.

Even though the news of Gosnell’s child slaughter was largely suppressed by the mainstream media, many of my colleagues may remember that Dr. Gosnell operated a large Philadelphia abortion clinic where women died and countless babies were dismembered or chemically destroyed often by having their spinal cords snipped—all gruesome procedures causing excruciating pain to the victim.

The Pain Capable Unborn Child Protection Act, Micah’s Law, is needed now more than ever because there are Gosnells all over America, dismembering and decapitating paincapable babies for profit. The bill protects kids from preventable pain—and death.
