

Jill Stanek Testimony
Born Alive Abortion Survivors Protection Act Hearing
U. S. Senate Judiciary Committee
February 11, 2020

When I heard Virginia Governor Ralph Northam, a pediatric neurologist, describe during an interview a year ago the process by which doctors determine to shelve unwanted newborns to die, it hit painfully home to me.

He said, quoting, “If a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that's what the mother and the family desired.”

Governor Northam was right. That *is* exactly what happens. I know because I cared for a dying baby who was on the other side of that decision.

My experience was 20 years ago, but as Governor Northam made clear, it could have happened – and probably did - yesterday. I was a Registered Nurse at Christ Hospital in Illinois, when I learned it committed abortions into the second and third trimesters. The procedure, called “labor induction abortion,” sometimes resulted in babies being aborted alive.

It will help to understand how babies can survive abortions by explaining this procedure.

To commit labor induction abortion, a physician inserts a medication into the mother's birth canal that irritates the cervix. The cervix is the opening at the bottom of the uterus, which normally stays tightly closed until a mother is about 40 weeks pregnant and goes into labor.

The uterus during pregnancy is shaped like a hot air balloon or light bulb. The medication inserted stimulates it to open. When it does, the second or even third trimester pre-term baby drops out of the uterus, sometimes alive.

Although some doctors kill babies before starting this procedure by injecting a medication or potassium chloride through her mother's abdomen into the baby's heart to cause instant cardiac arrest, many, such as at Christ Hospital, don't. Their goal is simply to cause a pregnant mother's cervix to open so that she will prematurely deliver a baby who dies during the birth process or soon afterward.

In the event a baby was aborted alive, he or she received no medical assessments or care but was only given what my hospital called “comfort care”- made comfortable, as Governor Northam indicated.

One night, a nursing co-worker was transporting a baby who had been aborted because he had Down syndrome to our Soiled Utility Room to die – because that's where survivors were taken.

I could not bear the thought of this suffering child dying alone, so I rocked him for the 45 minutes that he lived. He was 21 to 22 weeks old, weighed about 1/2 pound, and was about the size of my hand. He was too weak to move very much, expending all his energy attempting to

breathe. Toward the end he was so quiet I couldn't tell if he was still alive unless I held him up to the light to see if his heart was still beating through his chest wall.

After he was pronounced dead, I folded his little arms across his chest, wrapped him in a tiny shroud, and carried him to the hospital morgue where we took all our dead patients.

Christ Hospital readily admitted babies there survived abortions. A spokesman told the Chicago Sun-Times (article submitted with testimony) "between 10 percent and 20 percent" of aborted babies "survive for short periods."

From what I observed, it was not uncommon for a live aborted baby to linger for an hour or two or even longer. One abortion survivor I was aware of lived for almost eight hours.

Of 16 babies Christ Hospital aborted during the year 2000, I four that I knew of were aborted alive. Each of those babies – two boys and two girls – lived between 1-1/2 and 3 hours. One baby was 28 weeks' gestation – 7 months old – and weighed two pounds, seven ounces.

This is the 12th time I have been asked to testify regarding babies I knew about who were aborted alive and left to die at Christ Hospital. I've testified not only on the federal level but also in legislative committees in Illinois, Colorado, Michigan, and Wisconsin. Christ Hospital has never publicly refuted the incidents I describe in my testimony. It can't.

A Support Associate told me about accidentally throwing a live aborted baby in the garbage who had been left on the counter of the Soiled Utility Room wrapped in a disposable towel. When she realized what she had done, she started going through the trash to find the baby, and the baby fell out of the towel and on to the floor.

A nurse coworker relayed an incident to me she was involved in where the baby was supposed to have Spina bifida but was born with an intact spine. The nurse told me that what actually happened was that there was an incompletely formed twin who appeared as a mass on his brother's back during an ultrasound. She said the father came into the Soiled Utility Room to see his son, took one look and saw that he had been involved in aborting his completely healthy baby, and turned and left the room without saying a word.

About an abortion she was involved with, another nurse coworker who told me, "I can't stop thinking about it." She had a patient who was just over 23 weeks pregnant, and the reason my coworker couldn't stop thinking about it is because she was pregnant about the same number of weeks as well.

Her patient was not going to be able to complete her pregnancy to term. The baby was healthy and had up to a 39% chance of survival, according to national statistics. But the patient chose to abort. The baby was born alive. If the mother had wanted everything done for her baby, there would have been a neonatologist, pediatric resident, neonatal nurse, and respiratory therapist present for the delivery, and the baby would have been taken to our Neonatal Intensive Care Unit for specialized care. Instead, the only personnel present for this delivery were an obstetrical resident and my coworker. After delivery the baby, who showed early signs of thriving, was merely wrapped in a blanket and kept in the Labor & Delivery Department until she died 2-1/2 hours later.

Another nurse who worked at Christ Hospital, Allison Baker, testified with me in 2000 before the U.S. House Judiciary Subcommittee on the Constitution.

Allison described walking into the Soiled Utility Room on two separate occasions to find live aborted babies left naked on a scale and the metal counter. She told about the patient that she herself had who didn't know that her baby might be aborted alive and who did not then want to hold him. After he was taken to the Soiled Utility Room she kept asking, "Is he dead yet? Is he dead yet?"

Yet another nurse coworker told me about her aborting patient who didn't realize her baby might be aborted alive. The mother was not only shocked when her little boy was aborted alive, she was also shocked that he didn't appear to have the external physical deformities she had been told he was going to have. The mother screamed for someone to help her baby, and my colleague rushed to call a neonatologist over from the unit.

But after the neonatologist examined the baby, he said that there was nothing he could do because the little guy had been born too early. The mother was so traumatized that my friend had to give her a tranquilizer. The baby had to be held by his grandmother for the half hour that he lived.

Another night, while an abortion was taking place in one room, I needed help with my own full-term delivery a few doors down the hall. I asked for someone to get the nursing assistants for me, but the nurse taking care of the aborting mother and aborted baby told me they were busy. When I asked where they were, she said, "They're wrapping my baby to take to the morgue." "My baby," she said.

I thought about how insane it was that there was no one to help me with my healthy delivery only because they were busy wrapping another baby they had caused to die. Later, at some point during the ensuing hustle and bustle of my patient's delivery of a chubby, pink baby I noticed out of the corner of my eye, as I was passing through the hall to get something, the nursing assistants carrying the small, formerly sickly, now dead baby down the hall to the morgue.

I have been further shocked at the depths people will go to protect abortion. In December 2000 Christ Hospital unveiled its "Comfort Room." So no longer did nurses take live aborted babies to our Soiled Utility Room to die, they took them to the "Comfort Room." I have submitted photos of the Comfort Room with my testimony.

This was a small, nicely decorated room complete with a First Foto machine in case parents wanted pictures of their aborted babies, baptismal supplies if parents wanted their aborted babies baptized, and a foot printer and baby bracelets if parents wanted keepsakes of their aborted babies. There was also a wooden rocker to rock these babies to death.

That's why the word "comfortable," which Governor Northam used, was particularly grating. How far will doctors go to comfort themselves for letting abortion survivors die? Pretty far.

Clearly, little abortion survivors desperately need Congress to pass the Born Alive Abortion Survivors Protection Act, to provide them with legal medical protections and not leave open the decision whether they live or die.

Christ Hospital Comfort Room
Photos taken March 26, 2001, by Jill Stanek, RN



Baptismal supplies



"First Foto" picture taker



Rocker to comfort abortion survivors



Scale

Bill proposes care for fetus after abortion

Chicago Sun-Times

Saturday, March 31, 2001

BY DAVE MCKINNEY
SUN-TIMES SPRINGFIELD BUREAU

SPRINGFIELD—Doctors who perform abortions would have to provide medical care to surviving fetuses or risk civil damages under legislation that passed the state Senate on Friday.

A package of bills sponsored by Sen. Patrick O'Malley (R-Palos Park), a staunch abortion critic, **Turn to next page**

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takes aim at abortions that are performed most often during pregnancies in which the fetus has genetic defects severe enough to limit its life-span once born.

"A child who survives birth is a U.S. citizen," he said. "We need to do everything we can in the state of Illinois . . . to make sure we secure and protect its rights."

Abortion-rights activists immediately labeled his proposals unconstitutional and predicted their defeat in the Democratic-led House.

O'Malley's package provides that a physician other than the one who performed the abortion would have to assess whether a living fetus could survive. It would be considered "born alive" if it has a beating heart or moves voluntarily, regardless of its age.

In such cases, the fetus would be "fully recognized as a human person" and provided "reasonable" medical care under O'Malley's package. Doctors or hospitals failing to provide that care could face lawsuits by parents or county public guardians.

The legislation evolved from a fight O'Malley has had with Christ Hospital in Oak Lawn over its abortion policies. O'Malley, a for-

mer member of the hospital's board of directors who quit that post in protest 18 months ago, cited accounts from a nurse there of fetuses living as long as eight hours after an abortion.

"You have to understand, they're not given any sustenance whatsoever," O'Malley said.

A spokesman for Christ Hospital's parent, Advocate Health Care, said it provides "compassionate care" for its patients and estimated that between 10 percent and 20 percent of fetuses with genetic defects that are aborted survive for short periods outside the womb.

"Advocate's policy allows for termination of pregnancy in those rare cases when there are very severe and complex anomalies in the fetus that wouldn't allow life to be sustained after birth," Advocate spokesman Sue Reibold said. "This is a legal and approved process."

Sen. Barack Obama (D-Chicago), who voted against O'Malley's abortion bills, predicted they would be struck down by a federal court if they became state law.

"Whenever we define a pre-viable fetus as a person that is protected by the equal protection clause or other elements of the Constitution, we're saying they are persons entitled to the kinds of protections provided to a child, a 9-month-old child delivered to term," he said.

"That determination then essentially, if it was accepted by a court, would forbid abortions to take place."

Mary Dixon, a lobbyist for the American Civil Liberties Union, said her organization would challenge the constitutionality of O'Malley's bills if they pass the House and Gov. Ryan signs them.

"The requirement for physicians to provide medical care, resuscitation or whatever, are completely futile, and they'll completely burden the unconditional constitutional right, pre-viability, to have an abortion," Dixon said.

Two of O'Malley's three anti-abortion bills passed with 34 votes, while the third piece of legislation got 33 votes. In the Senate, 30 votes are needed to pass a bill.

"I'm shocked by the vote on the floor of the Senate, and I think members on the other side have to be called into question as to what their thinking is," O'Malley said. "How could they justify not supporting, protecting and preserving the life, health and safety of an American citizen?"

Friday's developments come one day after the Illinois House approved separate legislation requiring minors 17 and younger to notify their parents, siblings, grandparents or clergy before obtaining an abortion. That plan was watered down by abortion-rights advocates.