

In Opposition to House Bill 18-1120

Concerning the Prohibition of Dismemberment Abortions

Abortion is a gruesome reality in 21st century America. Although our founding documents describe the “unalienable” right to life, we continue to allow the barbaric slaughter of our most vulnerable human beings. There were 8333 medical and surgical abortions in Colorado in 2016. 935 (11.2%) of these abortions were in the second or third trimester. 277 (3.3%) of these abortions were at the 21 week threshold of fetal viability or beyond.

During the first trimester most abortions are accomplished through a two drug medical abortion regimen (4134 in 2016) or by suction curettage (3327 in 2016). During the late second trimester, abortions are commonly performed using a “Dilation and Evacuation” or “D&E” technique (440 in 2016). Beyond 16 weeks, the fetus is disarticulated or dismembered so that it can be safely removed in parts to minimize the trauma to the mother’s uterus and cervix.¹

The majority of the time the fetus is alive at the time of the abortion procedure. Starting sometime between 17 and 24 weeks about ½ of abortionists utilize some method to kill the fetus prior to the abortion procedure.² They typically inject digoxin into the amniotic fluid or fetus or inject potassium chloride into the fetal heart. Without a feticide, the live birth rate in labor induction abortions for 20-24 week pregnancies is about 50%.³

The fetal reality is bleak. We know that the first spinal reflexes are present in the fetus at 8 weeks.⁴ Between 8 and 18 weeks gestation there is maximal neuronal development. Beginning at 16 weeks gestation, pain transmission from a peripheral receptor to the fetal cortex is possible and completely developed by 26 weeks gestation.⁵ It has been established that a fetus is capable of mounting a physiochemical stress response to noxious stimuli as early as 18 weeks through the hypothalamic pituitary-adrenal axis.⁶⁻⁷ Furthermore, Fetal Medicine specialists have concluded that during the second half of pregnancy fetal analgesia/anesthesia is mandatory because of the fetal ability to perceive pain.⁸

House Bill 18-1120 prohibits D&E abortions as they are commonly practiced in the Colorado. While this might provide Coloradoans comfort in knowing that we will not be killing a living human being, likely capable of reacting/perceiving pain, by crushing its head and dismembering its body, it does nothing to stop other forms of fetal torture. The most obvious alternative to D&E abortion would be labor induction abortion. This is the predominant form of second trimester abortions in Nordic countries. Using labor induction, the fetus would likely suffer a slower death analogous to concurrent beating and suffocation – the result - “a bruised dead fetus”.⁹

There is limited evidence comparing the risks between D&E and Labor Induction abortion. However, the evidence does suggest that the mother is more likely to suffer complications from labor induction abortions.¹⁰⁻¹⁴

Since HB 18-1120 does not improve the outcome for the second/third trimester fetus and potentially increases the risk for the mother by modifying the abortion procedure, I can't support the bill. In the future, I would hope that the Assembly could look at the prohibition of late abortions – something a majority of Coloradoans can agree on.

Thomas J. Perille MD FACP FHM
Democrats for Life of Colorado

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