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Born-Alive Abortion Survivors Protection Act
Responses to Objections

Objection: This bill interferes with a doctor's medical judgment and dictates a medical standard of care which jeopardizes infants' lives.

There is absolutely no risk to infants in asking doctors to use the same standard of care they would prudentially use with any other infant born at that gestational age. The notion that this bill jeopardizes infants' lives is absurd. The only action being dictated is to care for the infant and to transport him or her to a hospital. One might wonder who is better able to assess the newborn's condition to determine what care (if any) is best for the life and health of the child – the professional whose job is to end pregnancies and by so doing kill babies or the professional whose specialized lifework is to care for and treat these tiniest of patients? The bill does not mandate futile care or override the judgment of a doctor about whether treatment is in the best interest of the child, but it does insist that such an evaluation must be made, and it must be made in a hospital setting by someone who has not been paid to end the life of this same child.

Objection: The law, such as in the Born-Alive Infants Protection Act, already protects newborn infants.

It is true that criminal and civil laws demand physicians not commit homicide or malpractice, however since abortion itself creates a gray area when a baby is meant to have been killed by abortion, it is not unreasonable for federal law to clarify that a fully born baby must be given life-saving medical care. In 2002 Congress passed the Born-Alive Infants Protection Act, codifying in law that a newborn, regardless of the circumstances of their birth, is to be legally recognized as a person from the moment of birth if he or she shows any sign of life. This law, however, did not provide any measures to require or enforce actual protection of these vulnerable infants. The newer Survivors bill with its clear expectations of care, transfer requirements, mandatory reporting, private right of action, and criminal penalties is meant to provide more actionable protections for the baby (and the mother) should the baby be born alive. The bill is clearly needed, as numerous examples continue to be published of doctors or nurses disregarding the rights of the newly born baby and, since he/she was targeted for abortion, failing to provide care and instead allowing him/her to die without receiving any medical assistance. And in light of the 2019 action in New York and Illinois--and possibly other states to follow---to remove the protections of their laws for infants born during an abortion, it is all the more urgent that Congress create a Federal requirement that increases the likelihood that these newborns will have a chance at life.

Objection: The bill implies that providers who perform abortions routinely act in a callous or criminal manner; this is insulting and untrue.

Unfortunately, there are numerous examples of abortion-performing doctors who did in fact leave a baby to die after a "failed" abortion. Infamously, Dr. Kermit Gosnell's bragged about "snipping" the spines of newly born babies whom he'd been hired to abort, a crime for which he later went to prison. Nurses have testified to seeing babies wrapped in a blanket and set aside until they died, others have blown the whistle on newborns being stuffed into plastic sacks to suffocate. Survivors have poignantly told their stories of being dumped in a bucket of formaldehyde in a utility closet, saved from strangulation, and other direct and indirect methods of ensuring the "abortion" is completed. In addition to these sobering facts, philosophically one might wonder how objective an abortionist can be when their job was to kill the baby to begin with and who may wish to avoid the complications of a living infant.

Objection: It is safer and more conducive to the child's health to treat the child where he/she was born rather than transporting the child to a hospital.

This makes no sense since an abortion facility is clearly not equipped with the necessary medical equipment to assist or evaluate a premature infant. In fact, they rarely have even basic resources to assist the woman herself if she experiences complications from the abortion. When a complication arises, adult female patients are frequently transported to local hospitals. If abortion clinics don't have the equipment for their primary patients (adult women), it is much less likely, close to impossible to believe, that they would have specialized equipment appropriate to the care of preemie babies. In the cases where the abortion is attempted at a hospital, the infant would of course not be transported at all, and could simply be moved to the appropriate floor to ensure his/her care is overseen by a specialist.

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