The changes being made to the language in this law is purposefully dehumanizing. Despite the fact that a "fetus" refers to a baby human person, it has long been used to create a mental disconnect in the pro-abortion movement. Changing the language from "children" to "fetuses" is a deliberate attempt to dehumanize and delegitimize the worth of the unborn infants that would be killed under the proposed changes to this law.

In the seventh definition of the second section of this bill, this dehumanization further occurs in literally taking out the inclusion of the "fetus" in the definition of a human being, despite defining "fetus" as "an unborn human offspring from conception until birth." This logical disconnect is, quite frankly, astounding. Despite the fact that a "fetus" is a human offspring, that fetus is no longer a child? Despite the fact that a "fetus" is a human offspring, that fetus is no longer a human being? By mincing words and deleting essential definitions based on fundamental truths, this law seeks to redefine something that cannot be redefined, namely the truth of what a fetus is. "Offspring" is defined by Oxford Languages as "a person's child or child;" therefore, as this law defines a fetus as "an unborn human offspring," it is defining a fetus as an unborn human child - language that is being deleted from this law - and is therefore, by the amender's own definition, a human being. Human beings have the right to life. Thus, despite the amender's attempts to dehumanize unborn children by altering and deleting language, by the amender's own definition of "fetus," this mass legalization of abortions cannot be upheld.

From the Lozier Institute:

> "Researchers interviewed a national sample of 1,000 women ages 41-45. Approximately one in four women reported a history of abortion (similar to the national average), and 91% completed the survey – almost three times the participation rate of the famous "Turnaway Study" conducted by an abortion advocacy group, which purported to find almost universal satisfaction with the decision to abort, despite also finding high levels of regret, sadness, guilt and anger.Noting that "negative and positive reactions frequently co-exist," Reardon's team set out to conduct a more nuanced assessment of women's feelings and mental health outcomes. Key findings include:
>
> - 67% of women described their abortions as "accepted but inconsistent with their values and preferences" (43%) or "unwanted or coerced" (24%).
> - Only 33% identified their abortions as wanted.
> - 60% would have preferred to give birth if they had received either more emotional support or had more financial security."

From the National Institutes of Health, National Library of Medicine:

> **“**Of 641 women who completed the survey, 16% reported reproductive coercion currently or in the past. Among women who experienced reproductive coercion, 32% reported that intimate partner violence occurred in the same relationship. Single women were more likely to experience reproductive coercion as well as co-occurring intimate partner violence.”

From neonatologist Dr. Kendra Kolb:

> “As a Neonatologist, I am regularly consulted to advise mothers with high-risk pregnancies, and I routinely care for their babies. I have also personally gone through two very difficult pregnancies each requiring hospitalization. So I have great empathy and respect for all women who are pregnant, especially those with difficult or high-risk pregnancies.
>
> What women deserve to know, however, is that even in the most high-risk pregnancies, there is no medical reason why the life of the child must be directly and intentionally ended with an abortion procedure.
>
> In situations where the mother’s life is truly in jeopardy, her pregnancy must end, and the baby must be delivered. These situations occur in cases of mothers who develop dangerously high blood pressure, have decompensating heart disease, life threatening diabetes, cancer, or a number of other very serious medical conditions. Some babies do need to be delivered before they are able to survive outside of the womb, which occurs around 22 to 24 weeks of life. Those situations are considered a preterm delivery, not an abortion.
>
> These babies deserve to be treated with respect and compassion, and parents should be given the opportunity to honor their child's life. The fact that every year, thousands of abortion procedures are done on babies that are the same gestational age as many of the babies I routinely care for, is something that very deeply and profoundly disturbs me as a physician. These babies move, breathe, can hear, cry and feel pain…There are also serious safety concerns related to late-term abortions. If a women’s life is imminently in

> danger, a preterm delivery is a much safer option. An emergency C-section can be completed in less than an hour, while an abortion after 24 weeks, when the most common life-threatening complications occur, takes 2-3 days to complete due to the necessary dilation process, in essence delaying treatment and significantly increasing the risk of death and serious disability to the mother."

From The Washington Examiner:

> "One of the most common defenses of late-term abortion is the claim that in some cases, abortion is medically necessary. Lately, Americans have been hearing this claim in defense of a law in New York that allows abortions through all nine months of pregnancy. But that claim is based on faulty assumptions about the options available to women who face life-threatening pregnancy complications. The truth, known to thousands of OB-GYNs worldwide, is that there is no situation in which an abortion is medically necessary."

We know that human trafficking is, tragically, a significant problem in North Dakota. Women who are victims of human trafficking are routinely coerced into abortions in order to be further used and abused, as the traffickers can profit more off of a woman who is not pregnant than one who is. This mass legalization of abortions in North Dakota would help to enable human traffickers, worsening this tragedy in North Dakota.

Finally, I want to end with a personal story. My youngest brother, Finn, was born nearly three months early at around 28 weeks. When I was born, just 9 years earlier, his survival would have been nearly unthinkable. And yet, with medical intervention, Finn lived and is thriving today. The world's most premature baby to survive, Curtis Means, was born at 21 weeks and 1 day - earlier than the commonly accepted "fetal viability" age of 24 weeks. So, what does this mean? It means that we cannot use "viability" as the marker for the "acceptability" of abortion; the age of viability changes as medicine advances. Curtis would have been no less a human child when he was born if he was born 20 years prior; my brother, Finn, would have been no less a human child when he was born if he was born 20 years prior. If Curtis was a human child when he was born, and Finn was a human child when he was born, despite being born months early, then we must

confront and accept the fact that abortions kill human children. And so the mass legalization of abortions being proposed is unthinkable. Even creating the possibility of a legal abortion at 9 months, 8 months, 27 weeks, 15 weeks, is unthinkable.

We cannot hide under the guise of “medicine.” We cannot give a board of people the authority to choose which children live and which children die. Please, reject this bill. Do it for women. And do it for these women’s children.