

Family Research Council

14th Annual Values Voter Summit

Remarks by Representative Roger Marshall

**Speaker:
Representative Roger Marshall (R-KS)**

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(Cheers, applause.)

REPRESENTATIVE ROGER MARSHALL (R-KS): Wow. Thank you. (Applause.) Thanks, and good afternoon, everybody.

These little hats, wow, aren't those the cutest things? I'm going to need one of these – you know, the nursery – I remember the little volunteers every day sitting back here and making little pink hats and little blue hats. What a great idea. And I hope that you all can support this.

First of all, I wanted to just share a few comments from my Whip Steve Scalise. Steve called me yesterday just to talk about what maybe we should be sharing today. And he and Ann Wagner have led the charge on this discharge petition for born alive children, children – babies that survived abortions. And I just wanted to let you all know what a great job you are doing. So often people back home ask me, gosh, I just feel like I just got a little voice, and I'm not – my prayers aren't going anywhere.

But Steve pointed out to me that we recently had two congressmen elected, special elections in North Carolina. And the very first official act that they did was sign our discharge petition – our born alive discharge petition. (Applause.) And these are both godly men. And I know that they – it was the right thing in their heart. But thanks to grassroot organizations, like the Family Resource (sic; Research) Council, and your own grassroots organizations – as we're going through these election process, we set there and listen. We try to listen and say, well, what's an important – what's a priority? And I just want you to know that your prayers are being answered and people are listening to them.

And I happen to think of another story from this past week as well. I was visiting with an archbishop, and he made the comment that President Trump is the most pro-life president that we've ever had. And I'm telling you, that's an answer to your prayers. It is absolutely an answer to your prayers – (applause) – that for such a time as this – such a time as this God is going to use President Trump for his pro-life agenda. This is the president that gave us two Supreme Court judges that are pro-life. And he may have a chance to appoint another one. And who knows, next term when President Trump wins again he may have a chance to appoint more pro-life judges as well. (Cheers, applause.) So absolutely. So proud of this pro-life president, and to work with Republicans that want to be pro-life as well.

Maybe I'll start next and just share a little bit about my story, if I could, and why this issue's so very near and dear to my heart. I grew up a fifth-generation farm kid in Kansas. And my dream was to become a doctor. And I was the first person from my family to go to college, and got elected into medical school, married the love of my life about two weeks before medical school started. And two years later, when all the doctors are deciding, you know, what's my specialty going to be, and I'm going to be an internal medicine doctor, or a surgeon, or an orthopedic doctor, we had our first baby.

And the moment that girl – little girl was born – (laughs) – I just got to tell you it was the greatest moment of my life. And I said, I want to share that with other people. That's what I

want to do is I want to deliver healthy babies. And so we went on and became – we chose a residency program, and the first thing that I had to do to choose a residency program, I wanted to choose a place where none of the residents were doing abortions, where none of the doctors were being trained to do abortions, and I wouldn't be pressured to say no, of course I can't participate in abortions. So I chose a residency program that met all those criteria.

I get there – and it's in south Florida – probably two or three weeks into my first year, and I get a call from the emergency room, a STAT call from the ER that they need an OB resident there. So I ran down three flights of stairs, across the hallway, and walked into a room and – forgive me, this is a little graphic, but the truth sometimes is graphic – but I walked into a room. A young lady was literally bathing in her own blood – that she was just covered in blood and just hemorrhaging like I'd never seen a person hemorrhage before.

And I asked someone, what's going on here? Why is she bleeding like this? And they said, oh, she had a botched abortion. And I said, well, what do you mean? So I figured out right away that she has a piece of placenta stuck inside of her uterus, and I need to get it out of there. But I looked beside us and there is a little baby – much like Josiah – whose arm was laying there limp and had been pulled out of the socket. And what had happened was that this person across town was doing a late-term abortion. They pulled out this baby's arm, as they often do, and they said, oh, my gosh, this baby is further along than we thought, which often happens as well. And they knew it would be a crime for them to proceed with the abortion.

Well, anyway, they come across town, they deliver this premature baby, and the point I want to drive home here is that these late-term abortions – late ultrasounds can be off three or four weeks so I'm afraid that some of these abortions are being done much later than what they're pretending they are.

And we were able to save that woman's life – I'm very proud of that – but this wasn't the last time I had to face that type of problem – moved back to Great Bend, Kansas. Great Bend is about a two-hour drive from Wichita, Kansas, and I'm not sure if anybody in this audience has heard of the name George Tiller, but Dr. Tiller – I hate to even use the term that he was a doctor – was perhaps the most, gosh, infamous abortionist – late-term abortionist in the country, and people flew in from all over the country for him to do late-term abortions.

So from time to time, the complications from those abortions would end up in my emergency room. And what the media won't talk about is that late-term abortions have much higher complications – much higher complication rates for moms, and as more and more of these happen more commonly, more women are going to die from the late-term abortions. They are technically very difficult, at a high risk to perforate the uterus. Pieces of the baby are left behind, pieces of the placenta are left behind, and that's why the women come into our ERs hemorrhaging, not to mention the pelvic infections that they may get that may end their future fertility as well.

So taking care of complications of late-term abortions – or for that matter, any abortions – was part of the career of any obstetrician. So for whatever reason, the national media has given

me this platform to talk about some of these, and for such a time as this I've been called to stand up.

I want to talk, though, a little bit about some positive things, as well, and I'm often asked the question, what is your favorite part of a pregnancy – or that whole delivery process. And I just want to kind of share some of my favorite memories. And, you know, oftentimes, six or seven weeks along, where a woman would come in, and for whatever reason we would do a sonogram, and seeing that little baby's heartbeat – again, just a month after conception we can see a baby's heartbeat. And of course that was a special moment.

And when they are about 12 weeks along, they would come in for a visit, and by then, the nausea and vomiting is starting to get a little bit better, and there are some changes happening to their body, and we're able to hear that heartbeat for the first time at about 12 weeks. So that's always a great visit.

Somewhere around 17 or 18 weeks moms would come in, and they would – I would ask them the question, are you feeling your baby move yet? And their eyes would light up, and of course they were. They were feeling the baby move, and maybe they'd have their older child with them, like maybe a little 3- or 4-year-old. And I'd have my hands on that – on that baby, 16, 17 weeks along, and I'd be listening to that baby's heartbeat, and the other little one in the room would squeal: Oh, that's my baby brother! And when that would – when that little voice happened, the baby, the fetus, the unborn baby would move in that woman's womb. Time after time it would recognize that little voice, and their heart rate would go up. You just knew that this baby inside this – this womb knew that its brother or sister was out there. So that was a great visit.

Getting to see the sex of the baby was never my big deal. I was always – everyone wants to know the sex of the baby, but I can promise you I never told one person, not my own wife, what anybody was having, whether it was a boy or girl, because I didn't want to be the person that spoiled that moment. And, you know, the rest of the pregnancy was hopefully uneventful.

But I'll tell you what my favorite moment – the baby is born, and every baby that was born I would start saying a silent prayer to God for that baby, for the baby's soul, for its salvation, for its health, for that family, and I would pray until the baby started crying. And sometimes the babies would come out screaming and I'd say, oh boy, good luck with this one, Mom and Dad. (Laughter.) And sometimes they didn't, though, and 10 seconds would seem like 10 minutes.

But my favorite moment, though, was handing that crying baby to that new mom and dad and just seeing that moment that was so, so special to them, and it brought me back to my memories of our first baby. So certainly that's what motivates me to get up here and talk about this. One of the things I tried to do in my practice was make sure that every could get prenatal care, regardless of their financial situation, regardless of their personal situation, and – kind of developed a reputation for helping moms out when other doctors had recommended they have an abortion. And if I could just share two quick stories – and these are stories that are often told.

But the first story is a young lady whose name was Cara (sp). And she's on our Facebook and you could – so I'm not violating any of her privacy. But she was a young lady. She and her twin brother were my oldest son's age; I coached her in basketball. She grew up to be a wonderful woman. And her third – I delivered two of her babies. I believe it was her third baby, we saw something wrong on the ultrasound, maybe when she was 14 or 16 weeks along. And she went and – got consultations and all the things that you do, and the doctors had recommended that she have an abortion, that this baby had a heart defect that was not compatible with life. And she came back to my office and said, they want me to have an abortion. Do I have to have an abortion? And I said, well, of course you don't have an abortion. We don't know what God's got in store for this baby.

And we saw Cara through the pregnancy and sent her to Kansas City when it came time to have that baby, and she delivered the baby, and guess what? That baby did some things the doctors didn't think it could do, and – had a couple of surgeries and I suppose that baby's nine or 10 years old now, and – I don't know if living happily ever after, but doing very, very well. (Applause.) Exactly.

Being a doctor is so humbling. I can't tell you how many times the sonogram reports are not accurate. We do our best, but we can't always tell, and I always give the benefit of the doubt to the baby and trust that God can still work miracles.

Another lesson that I would learn is another patient that I had who had a baby with – it was either – I think Trisomy 13. And Trisomy 13 is lethal. No babies live long after they're born with that particular problem. And most women go off and have an abortion, but she came to me and said, I want to carry this pregnancy. And she taught me so much about life and about the true heart of a mother, that she wanted to go through the pregnancy. And it was tough. It was one of the hardest pregnancies I've ever had to take care of. You could imagine being in the – out in the waiting room and there's a dozen other women out there and they're pregnant and things are going well and they're looking forward to so much with this baby, and she knew from the time she was 20 weeks along that her baby was not going to survive.

But she – for what – for many reasons, she wanted to go through things as naturally as possible, and I remember delivering that little baby. And it breathed and it cried and it tried so hard. And you know, the baby didn't survive. We didn't expect it to survive, but it – baby lived for eight or 12 hours, and just how important that time was to this family. As a guy, I just didn't get that growing up. I didn't understand about this part of life. But it was so important for them to have that opportunity to love this baby, to baptize the baby, to get God's blessing on this baby.

So we kind of developed a reputation for women across the state that would come to us to go through tough pregnancies, young girls that didn't know who the father was, or just had from tough times, just to put together that team. And I'm so grateful for the many great nurses I had, because really the onus, of course, falls on the nurse in many instances. And organizations like Catholic Social Services have always been beside us as well, helping to get those moms all the social issues that she needs. And one thing I would always tell every young mom, the best thing you can do for this baby is to stay in school and graduate. So try to make – help those moms

have some – a financial path to be able to stay in school and have the support that they would need. So I always thought that was a very, very important part in my practice.

So you know, those are some of the reasons why this issue is so, so important to me, all those personal stories. And, you know, maybe I'll just kind of close with just a little – a few parting thoughts here for you all, that this country has lost its moral compass. It's lost it. And if we're going to ever find it again, it's going to start with us. We still have a – God's people still have a moral compass. And I've not given up hope that we can still keep praying, we can still elect presidents that think it's OK to have faith. But for such a time as this, we've all been called. And of course, I'm thinking of the Book of Esther, the scripture you all are very familiar with, that Esther at a very important moment in her life was afraid to stand up for her people. And her cousin Mordechai said: Esther, who knows but that for such a time as this you've been called to stand up?

And I just want to encourage everybody in this room, everybody in the listening audiences at home, to remind you that your prayers are working, your prayers are important, that for such a time as this we've all been called to stand up and give this country a moral compass. I would have never dreamed that I would have to fight harder to protect newborn babies on the House floor than I did in the delivery room. I would have never dreamed a governor standing up and saying it's OK to murder newborn babies. And that's why this born alive petition act is so important. If I could just explain briefly what this is about.

So Nancy Pelosi refuses to let us vote on this Born Alive Act that protects newborn babies from – if they're born they would have the same rights as every other American, that they survive an abortion. But there's something called a discharge petition, that if I can get 218 congressmembers to sign onto this discharge petition, she has to allow us to vote on it. So we 197 out of 197 Republicans on this legislation. (Cheers, applause.) And again, I think that's a reflection of your efforts, of Family Research Council's efforts, as well as grassroots organizations across the country.

We've only got three Democrats on the – on the bill. Pro-life Democrats are an endangered species, unfortunately. They're so scared that if they voice their pro-life opinion that they will get – that Nancy Pelosi find somebody to run a primary against them, that they'll cut – she'll cut off their funding, all the things that a powerful person in Washington, D.C. can do keeps them from speaking forward, because I know there's many godly men and women that are Democrats in Congress that know that murdering a newborn baby is wrong.

So my ask for you is to identify Democrats from, I'll call them swing districts, districts that President Trump won but a Democrat was elected. Swing districts are districts that typically may have a Republican in one Congress and a Democrat. Those Democrats from swing districts are the ones that are at risk. And Tony and Family Resource (sic; Research) Council does a great job of helping us identify them. When you make your efforts in Congress in my office, you're preaching to the choir. I need you all to focus on a handful, some 25-30 very vulnerable Democrats that need your support as well. So that's my ask for you, that for such a time as this we've all been called.

Thank you so much for having. God bless you all. Thank you so much. (Applause.)

(END)