

Proponent Testimony on Senate Bill 145

House Criminal Justice Committee

Tuesday, January 16, 2018

Chairman Manning, Vice Chair Rezabek, Ranking Member Celebrezze, and distinguished members of the committee, thank you for allowing me to testify concerning Senate Bill 145, the Dismemberment Abortion Ban. I am happy to address this committee, and I wish I could address the Committee in person; however, I have clinical and teaching responsibilities that could not be rescheduled.

I am William Polzin, M.D., a board certified Obstetrician and Gynecologist, and a board certified specialist in Maternal Fetal Medicine. I have been in practice, caring for women with high risk pregnancies due to medical diseases of the mother or birth defects of the fetus since 1991. I am a fetal intervention specialist, operating on fetuses with birth defects attempting to mitigate the impact the birth defect will have on the development of the fetus and, subsequently, the health of the newborn.

Pregnant women are referred to my practice where, using ultrasound, I diagnose the presence and severity of anomalous development. I work with the mother and father to help them understand the impact the findings will have on the fetus, their unborn baby. With the diagnosis of an anomaly, it is clear that the parents' hopes and dreams are altered, but not altered is the reality of their concern for the unborn child's health.

Parents invariably ask two things - if there is anything that can be done to help and if the fetus is suffering. Unfortunately, I can only sometimes answer the first question affirmatively. The second question is easier. I can document that the fetus behaves in a way that demonstrates its comfort: constant temperature, heart rate stability, movements of limbs and internal functions. I assure the parents of this reality. The fetus, left alone, is not in pain. When I am able to intervene, entering the womb to operate on the fetus, I see signs of distress. The fetus responds to temperature changes and tactile stimuli with signs of heart rate instability, both fast and slow. Bruising of the fetus is a result. Blood loss can be an issue for the fetal health. Any person who has cared for a child knows these and has concern for the child's comfort. Physicians caring for the fetus do, as well. The anesthetic agents we provide the fetus minimize these insults. It is not pain free for the fetus¹, but I am obligated to treat it humanely by administering anesthesia in an attempt to reduce the impact of my handling, as gentle as it might be and as salutary as the intent might be.

The medical facts should lead any person, medical provider or pregnant woman, who values humanity and the humane treatment of living beings, to oppose the abrupt violation of the womb and the tearing apart of a human fetal body without the benefit of anesthesia. There is nothing gentle about that. If delivery of the fetus needs to happen, for the medical health of the mother which is allowed in this proposed legislation, there are alternatives.

Prior to delivery of the fetus, the availability and delivery of anesthesia to the fetus would allow for any manipulation required for dismemberment. But why even allow that? Would it not be more humane to first terminate the human fetal life injecting digoxin or potassium chloride into the fetal heart thereby stopping life activities prior to dismemberment? There can be no justification for continuing abortion care in the manner currently practiced with the barbaric ripping of living human tissue part from part as the fetus silently, but gruesomely, suffers until it bleeds to death or suffers such trauma as to make its heart stop. Even better, and just as safe beyond 16 weeks gestation, if not more so for the mother, would be to induce labor and deliver the fetus without dismemberment. The fetus, if live-born, could be gently and tenderly held and comforted allowing its natural death to occur while respecting its humanity and all that is holy.

Respectfully submitted,

William J. Polzin, MD

Maternal Fetal Medicine Specialist

375 Dixmyth Avenue

Cincinnati, OH 45220

Bill_polzin@trihealth.com

513-862-4170