

**132nd General Assembly
Regular Session
2017-2018**

Re: S. B. No. 145

June 20, 2017

Chairman Bacon, Vice Chair Dolan, Ranking Member Thomas, and members of the committee,

I am happy to address this committee via this letter concerning S. B. No. 145. Short notice prevented me from attending in person due to my clinical responsibilities in Cincinnati, Ohio. 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 in attempts to mitigate the impact the birth defect will have on the development of the fetus and 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 the reality of their concern.

Parents invariably ask if I can do anything 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. 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 intrusion.

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 an alternative. Given either the availability of anesthesia or a more humane way to terminate

human fetal life such as injecting digoxin or potassium chloride into the fetal heart thereby stopping life activities prior to dismemberment, there is no justification for continuing abortion care in the manner of barbarians ripping living tissue part from part .

Respectfully submitted,

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