Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and Members of the Senate Health, Human Services, and Medicaid Committee, thank you for the opportunity to provide sponsor testimony on Senate Bill 23, known as the Heartbeat Bill.

**Gary L. George, MD Qualifications**

My name is Gary L. George, MD. I graduated from Northwestern University with a BA in Biology. I graduated from the Uniformed Services University of the Health Sciences with my MD degree. I trained at the University of Washington in Seattle for my radiology residency and am certified by the American Board of Radiology in Diagnostic Radiology. I served our country for 24 years in the United States Air Force where I was the Consultant to the Surgeon General in Radiology during my final 2 years. I am currently a radiologist at Miami Valley Hospital in Dayton, Ohio where I served as Chairman of the Medical Imaging Department for 4 years.

**Background Information**

My testimony is based upon my personal experience and professional expertise.

Growing up and attending high school, college, and medical school, I didn’t really have an opinion on abortion. I just didn’t think about it. During college, I even accompanied a close friend to procure an abortion. My thoughts or lack thereof, changed abruptly during my radiology training. While doing my first ultrasound rotation, I observed my first “selective reduction” procedure. A woman had undergone IVF treatment for infertility. She was pregnant with triplets. She and her husband decided that they could only handle having twins and wanted to undergo a “selective reduction” of one of the triplets at about 14-18 weeks. I observed while the ultrasonographer scanned the three babies and provided live images so that the obstetrician could aim a long needle through the mom’s uterus into the chest of one of the baby’s hearts in order to make a lethal injection. As the sharp needle touched the baby’s chest, the baby immediately withdrew and started to rapidly move his arms and legs. The needle was unable to penetrate the chest. The mother started crying when she saw the horrific live images on the screen. Her husband told her not to look and the obstetrician instructed our tech to turn the screen away from the mother’s view to hide the reality of what was happening. The obstetrician made a second and third attempt on the same baby with the same immediate withdrawal and flailing about by the baby but was again unsuccessful. Clearly, the baby was fighting for its life. At that point, the obstetrician decided to try and target another one of the triplets. It was terrifying to see this small human fighting to stay alive. I felt physically ill. A wave of nausea swept over me and I thought I was going to vomit and left the room. I know from talking to the ultrasonographer that the obstetrician was eventually “successful” in penetrating the chest and heart of one of the triplets. I also know that from that point on, I was no longer ambivalent about abortion. The baby that I saw that day felt pain and suffering. This was not just some automatic reflex. That poor mother also suffered tremendously that day and likely every day since then. Being a parent myself, I can only imagine the pain of looking into the faces of her two living twins and knowing that there was another baby just like them that was “selectively reduced”.

While preparing my testimony this past weekend, I was struck by two things.

1. First, we as a society have become fascinated by our genetics and what that can tell us about ourselves. 23andMe and Ancestry.com are wildly successful businesses that seemingly came out of nowhere. 23andMe advertises, “Meet Your Genes” and “23 pairs of chromosomes. One unique you.” They ask you to “find out what your 23 pairs of chromosomes can tell you.” Ancestry.com states, “Take a DNA test and uncover your origins.” They ask you to “Build a family tree to see your story emerge.” I ask you to think about that for a moment. We could send our cells off to 23andMe or Ancestry.com literally the day we were conceived or any time during our time in the womb to “see our story emerge.” The unborn need a chance to write their stories. ( I note that perhaps we should call this Senate Bill 23andMe! )
2. Second, I recently assisted at a cardiac arrest in the hospital where I work. The patient was struggling to catch her breath in respiratory distress, became cyanotic, and ultimately suffered cardiac arrest. After about 30 minutes of multiple medications and shocks, the patient’s heart started beating again. There was a real sense of satisfaction that we had brought the patient back to life. We knew that because her heart had started beating again. That heartbeat indicates life in all patients, no matter their age or size.

Dated: 19 February 2019 Gary L. George, MD