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Chairman Merrin, Vice-Chair Manning, Ranking Member Boyd, and Members of the House Health Committee, thank you for the opportunity to provide written sponsor testimony on Senate Bill 23, known as the Heartbeat Bill. Thank you for reading my written testimony, and I hope is that it will

As a practicing pediatrician I work in a clinic that sees children from nearly every cultural and political background, a large percentage of children with chronic physical or behavioral issues, and a large percentage of children from families struggling to make ends meet. While there is great variation in the outward appearance of my patients there are several things that tie them together: (1) each child has a sense of joy and wonder about them and despite their circumstances this continues to shine through, (2) they are members of families, be it the more traditional version or in a loving foster home and (3) they all have an inherent dignity simply because they are human.

Pediatricians as a group have led the fight to better the lives of children regardless of their backgrounds or physical impairments. Our specialty has developed new technologies and approaches to help children maximize their potential to develop, since we believe that every child regardless of who they are, what their circumstances are, what they or their families believe in, or what their physical problems may be, is deserving of this. This is indeed a manifestation of our belief that every child has the right to be treated with dignity.

The big question then should be “when is something ‘human’?” First several examples from my field of what has been decided so as to help further discussion:

1. Disabilities: In contrast to multiple historical examples where disabled children were cast away, pediatricians have developed multiple technological breakthroughs to better the lives of our patients with physical impairments. An entire field of complex care pediatrics has evolved that takes care of our most affected patients. This field not only takes care of the physical problems but works with the families to make their lives as manageable as possible. In fact, several recent studies that have surveyed caretakers of disabled children have shown that while the parents/caretakers lives are busy and at times difficult, they would follow this path again. I have personally seen the amazing dedication and love of parents to their disabled children hundreds of times.
2. Prematurity: Ohio is blessed with some of the leading neonatal intensive care units in the world, with these dedicated teams constantly working to improve the lives of the premature and sick infants. The edge of viability is always being pushed and if a new technologies came along that would allow even more premature infants to be saved, I am sure our units would adopt these.
3. Behavioral problems: a large number of our patients are afflicted with intellectual disabilities, or significant issues with autism or struggle with mental disorders like anxiety and depression. These children are not only a challenge to take care of medically but can challenge the parents and families that take care of them. Yet despite this our field has dedicated itself to better the lives of these children and to help the caretakers.

In all of these examples the patients are dependent on others and can be a challenge for their parents/loved ones to take care of them. Yet despite this, our field treats them with the dignity that these children deserve.

*The lesson here is that dependency on another is not a reason to deny humanity, personhood, or protection. That heartbeat is an audible reminder of our own personhood—for it is not “told” to beat by the mother or the doctor—and it is a reminder that we need others to fulfill ourselves as persons.*

So when is a fetus “human”? From a purely embryologic perspective there does not appear to be any moment when this occurs and logically one can argue that the fertilized egg is part of the human continuum of life. Yes, the fetus is dependent on the mother (as are all children and especially those in the examples above). Yes, there are situations where a pregnancy is unexpected—but that does not take away the fact that the fetus is still human—and this should be the prime issue. Plus, as noted in the examples above, there are many children that are a challenge to families, yet we would never allow for these children to be terminated for this reason.

As a pediatrician, and as a father, I fully support the Heartbeat Bill. I also strongly encourage future funding for more family support services that can be provided to families who need this—plus more funding to allow for adoption of babies that the biological mother would like to place. I know you will read and hear testimony from academicians and experts who will argue against my experience—but please consider my twenty-plus years of clinical experience and face-to-face encounters with children and families as convincing evidence of the humanity and value of all persons—born and unborn.

Thank you to the committee, in advance, for your time and consideration.

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