

In support of Senate Bill 208

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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the committee, thank you for allowing me to testify today in support of Senate Bill 208. My name is Wells Logan; I am an Associate Professor of Pediatrics at the Ohio State University and a faculty member in the Division of Neonatology at Nationwide Children's Hospital. Today, I speak on behalf of the unborn citizens of Ohio, the Ohio Right to Life, its affiliated chapters, and members in support of Senate Bill 208, the Born Alive Infant Protection Act.

Sadly, many unborn innocents are aborted in the state of Ohio, and it is my firm conviction that this horrific act should not be condoned by the state, by this legislative body, or by any physician who has taken the Hippocratic Oath. Care of infants born at extreme gestations is challenging, and carries significant risk of death and disability, but I have personally cared for babies surviving preterm birth at weights as small as 370 gm. Because gestational age assessments are notoriously inaccurate, ***it is general practice in the United States for infants born alive to be evaluated for a heart-beat and/or spontaneous respirations by a qualified pediatric provider, even those born at extreme gestations.***

Consider that it would not be uncommon for abortions to occur at or near the so-called "limits of viability". You may be surprised to learn that the survival rate for infants born between 22 to 26 weeks gestation is approximately 75% among centers providing proactive care. (Serenius, Blennow et al. 2015) **In a large cohort of infants in the U.S., infants who died within the first 12 hours were less likely to have received life-saving care, such as endotracheal intubation and mechanical**

ventilation, than those who died later.(Shankaran, Fanaroff et al. 2002) Thus, while the risk of death or disability is increased among infants born extremely preterm, the provision of life-sustaining support is associated with improved survival and developmental outcomes.

Conversely, the risk of death is 100% for those babies that receive no resuscitative efforts. By allowing the status quo to continue after failed abortion attempts, the state takes some ownership in the death of these innocent live-born citizens. While abortion tragically continues to take place in the state of Ohio, on occasion infants intended for abortion will SOMEHOW, by SOME ACT OF PROVIDENCE, survive this horrific procedure... and are then left without comfort or life-saving support to suffocate in their own secretions. This death can be long and painful, lasting from minutes to hours, depending upon the injuries sustained during abortion!

I recently provided testimony for an out-of-state case in which an infant born extremely preterm was deemed “non-viable” on the basis of gestational age at 22 weeks. The infant was born alive, with a beating heart, and other signs of life, but was NOT provided the usual life-sustaining supports. Despite clinical evidence that this was a living human being, the medical team refused to provide life-saving support, and allowed the infant to die a slow, painful death. The baby died over 90 minutes later. Unfortunately, this happens with some regularity in the state of Ohio, and in hospitals in our beloved city.

Infants born alive, whether because of a failed abortion attempt, or by natural causes, are NONETHELESS living human beings and citizens of the state of Ohio! As such, infants born alive are deserving of the same protections offered to all other citizens of our state. **It is my strong conviction that this body has a duty to act in the interest of every infant born alive... to provide legislation that defends his/her RIGHT to LIFE !**

While Ohio law stipulates that no physician or medical practitioner can purposefully induce an abortion after 20 weeks' gestation, there is substantial evidence

from the Centers for Disease Control that failed abortion attempts do occur and that they indeed result in live births after the age at which infants can survive outside the womb. Further, there is substantial evidence that infants that have reached 20 weeks gestation can feel pain. **By some twisted view of justice, some will argue that infants surviving a failed abortion attempt are likely to suffer disabilities, and for this reason, attempted resuscitation of failed abortions should not be permitted.** And while it is true that abortion causes harm, and that it can indeed leave surviving infants with lifelong consequences, it is a false notion that life with a disability is not worth living!

Infants with disabilities face many challenges in the course of a lifetime, and discrimination is one of the earliest and most tragic of these... it is actually one of the inducements for abortion on demand. As remarkable as this may sound, anti-disability discrimination is all too common. Yet despite the predominance of negative and discriminatory bias regarding infants with disabilities, and despite the presumption that these infants have a poor quality of life, infants with disabilities [frequently] live long and meaningful lives. In reality, research suggests that quality of life ratings for children with disabilities are similar to those of infants with normal developmental quotients.

While children with Down Syndrome have lower health-related quality of life than children without such disabilities, the large majority have positive self-reported Quality of Life ratings overall. Children with Down syndrome commonly live well into their late 40's and 50's and are among the happiest people on the planet! The same can be said of children other disabilities as well. The point is that infants that survived a failed abortion attempt could reasonably be expected to have a meaningful life, even in the unfortunate circumstances in which the abortionist caused serious harm to the baby.

ON behalf of those citizens of Ohio that might, by some act of providence, survive a failed abortion attempt, please act to provide these innocents the protections offered to every other living citizen of Ohio, the right to Life. I am happy to take any questions.

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- Shankaran, S., A. A. Fanaroff, L. L. Wright, D. K. Stevenson, E. F. Donovan, R. A. Ehrenkranz, J. C. Langer, S. B. Korones, B. J. Stoll, J. E. Tyson, C. R. Bauer, J. A. Lemons, W. Oh and L. A. Papile (2002). "Risk factors for early death among extremely low-birth-weight infants." Am J Obstet Gynecol **186**(4): 796-802.