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RON BRYCE
11TH DISTRICT

03/22/2023

Re: House Bill 2313, proponent

Chair Gossage and Members of the Senate Public Health & Welfare Committee,

House Bill 2313 would create the "Born Alive Infants Protection Act" to provide legal protections for infants who are born alive, regardless of the intent of the delivery. Particularly, infants born alive after an attempted abortion would be granted legal protections.

Although it is not widely known, many infants have been born alive after abortion. Here is the story of one of these patients I had the privilege to care for:

As the medical resident on duty for the neonatal intensive care unit in a county hospital I was summoned to an operating room for a "Code Blue". Most of the time a "Code Blue" is initiated when someone is having cardiac arrest or another immediately life-threatening condition. But I arrived at the room and no one seemed in distress. And no one would tell me what was happening. The surgeon, still fully gowned, was not actively providing care. The young lady on the operating table was awake, and seemed in no distress. It was then that I heard a cry. A premature male infant was lying on a metal table in the corner.

This baby had accomplished the seemingly impossible—he survived his abortion. Though strong enough to temporarily live outside the womb, he was too young to survive for very long after being separated from his mother, primarily because his lungs weren't developed adequately enough to support his body's needs.

At the time, I had been a physician for only a few years. But I had seen a few aborted fetuses who still had a heartbeat. This infant wasn't lying limp like the others. He was moving his arms and legs, and crying.

I transferred him to the NICU when it became obvious he was too tough to die quickly. Attendants placed him under a heating lamp for warmth in his NICU baby bed. As I stared down at his frail body I had the impression that the entire universe revolved around this one human

being. I had often written routine orders for premature babies' admittance to the NICU, but this admission clearly was not routine.

Over several hours, as his breathing became more labored, he grimaced several times—evidence of a struggle with something he had no ability to comprehend. While I could see him, he could not see me. He would never know me, but I would always remember him. Finally, his grunting quieted, movements ceased, and the grimace passed. Though he was no longer breathing, his heartbeat continued. (It isn't unusual for babies' hearts to keep beating for some time after they are in all other ways dead.) Because of the irreversible brain damage he had sustained due to lack of oxygen, I pronounced him dead.

As this case clearly illustrates, abortion takes the life of a child. But what if, as in this case, the baby is too tough to die quickly? What options are there for the abortion provider? There are three:

- 1) Treat the newborn as you would any other of similar gestational age.
- 2) Set the newborn aside and hope he or she dies quickly from complications of prematurity.
- 3) The third option when a newborn is born to live after an abortion is to actively take the life.

So, as you can see, under current law, the abortion provider has these three options. This law, if it is passed, would point out there is only one lawful option - to treat the child as you would any other child of similar gestational age.

We are moral people. We believe that those who are weakest among us, those who are powerless among us, and those most innocent among us should be protected and cared for to the best of our ability. Please join me in support of HB 2313.

Thank you,

A handwritten signature in black ink, appearing to read "Ron Bryce". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Ron Bryce, M.D.
House district 11