

Dear Madam Chair and respected committee members:

My name is Joe Patrissi. I appreciate being allowed to have input into H 57 today. In my prior role as deputy commissioner of economic services, or back when I was commissioner of corrections, or more recently as former executive director of northeast kingdom community action, I have been an advocate of the destitute, the disadvantaged, and the rights of vulnerable populations. I am not here today representing any organization. I am here as an individual who is an advocate for the most vulnerable.

The issue of abortion is a complication for advocates of the vulnerable. The vulnerability of a woman who does not have dominion over her body is undeniable. In H 57, the woman has the choice and the access to terminate an unwanted pregnancy and retains dominion over her body.

But the vulnerable in this complication includes the unwanted and unborn baby. I say baby because it is a trick of self deception to think that it's not. Common sense experience and reasonable people understand that once conception is achieved, all things being equal, nine months later there will be a birth, a baby, who becomes a child. This child has no rights in H 57: no voice; no power; and unlike other vulnerable populations, no future, if aborted.

Of the two vulnerable populations, the woman and the child, the child is the most vulnerable. The child is totally helpless to defend itself.

I ask: how can you reconcile being an advocate for the vulnerable, if you are not also an advocate for the most vulnerable? This bill needs to consider both vulnerable populations.

A women's right to choose is a given in our state. Abortion is seen as an acceptable form of birth control in H 57. I recommend that the goal of H 57 be shifted to become: 'one abortion is one too many'. Let me propose a couple of objectives to move us toward that goal. The first: **increase adoptions** by influencing the choice to prefer adoption over abortion for expectant women, and, second: **increase use of birth control** by influencing recipients of sex education to aspire to get on birth control.

Recommendation one: increase adoptions

Establish an independent advocate to support, guide and encourage choosing adoption over abortion in the case of an unwanted pregnancy.

For expectant females ages 12 and under 18, there should be a requirement that they see an independent advocate/counselor/guardian before an abortion is authorized. This advocate could be a court appointed guardian or a funded position attached to an independent non profit. Independent is the key word, independent of those who provide abortion services.

The heart of this function is that the advocate should be for both the mother **and** baby and come with a bias to counsel and encourage for birth and/or adoption as opposed to abortion if the birth is unwanted.

It is unreasonable to put the decision of having or not having an abortion without the advice and consul of an independent and trained adult, especially onto a young adolescent, to make such a momentous choice. The emphasis would be on guidance and support, not coercion.

If abortion becomes the ultimate choice, the advocate will follow up to assure that, in particular, for the under aged female, a healthy result occurs during and after the procedure.

The choice of adoption over abortion may be more desirable if there were incentives. Some form of flexible temporary financial support and assistance can be an incentive if financial concern is the primary driver for a decision for abortion over adoption.

Recommendation two: increase the use of birth control

For child bearing women 12 to 18 who are not expecting, there could be financial and/or other meaningful incentives to not just complete a comprehensive sex education course but also to create aspirations to get on birth control.

If the idea of 'choice' is the centerpiece of this legislation, let the first choice be that of informed prevention that results in the utilization of birth control at the earliest age.

Counting on Abstinence as a strategy and the denial that sex will occur with those coming into puberty is naïve, especially in this era of sexting and social media. Ask yourself how many people you know who have never had sex before marriage. Concerns that encouraging the use of birth control will lead to promiscuity should be offset by the concern that an unwanted pregnancy without birth control may result in the termination of a life. Sex education courses should not be limited to the just biology but include the importance of how sex fits into relationships and can result in a pregnancy with all its implications. What is particularly powerful are testimonials by young women who have been impacted by the experience of an unwanted pregnancy. These courses should be the gateway to create aspirations to obtain and use birth control to avoid unwanted pregnancy.

These recommendations can shift the norm from using abortion as birth control to making abortion a last resort choice. Funding for these recommendations can be accomplished by increasing the budgets of the parent child centers, designated mental health agencies, department of health, courts, and/or other qualified or interested organizations. This is the outset of a biennium. There is time to draw up a reasonable budget. Expenditures for these recommendations will eventually be offset by reductions in expenditures for the number of abortions it reduces.

If legislative funding is not supported, this bill could create policy that establishes the need for the requirement to be seen by an independent volunteer advocate as outlined and assign responsibility for their designation to court appointed volunteer guardians. In addition, language could be added that enables and encourages sex education classes to create aspirations to use birth control.

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