

My name is Carrie Handy, and I live in St. Albans.

The House Judiciary Committee reviewed [this](#) *New Yorker* article in their deliberations over H.57. Reading it only underscored for me the tremendous gulf between the way the pro-abortion and anti-abortion camps think about this issue. Thank you for allowing me* to testify and for considering an alternative viewpoint.

***My credentials are included at the bottom of this testimony.**

Italicized words indicate points made in the *New Yorker* article:

1. *25 to 27 percent of pregnancies end in abortion.*

This does not persuade that abortion is needed, but rather that it is grossly overused as a means of birth control. It overly simplistic to suggest that more contraception will address the problem; there is strong [evidence](#) to support the argument that an overreliance on contraception leads to risky behaviors, resulting in higher rates of unwelcome pregnancy and the use of abortion as a means of birth control. In support of a bill to expand access to sterilization three years ago, Planned Parenthood testified in the Vermont House and Senate that more than half of women who seek abortion say they were using contraception when they became pregnant. Currently, the Guttmacher Institute places that number at 54%. These statistics have been manipulated downward in the past to defend contraception, and upward, to prove a need for sterilization. In the meantime, abortion has been normalized as a means of birth control.

2. *The majority of abortions take place in the first trimester. Fewer than 10 percent of abortions occur at fourteen weeks or later, and according to the Guttmacher Institute, only slightly more than one per cent of abortions are performed at twenty one weeks or later. The decision to restrict abortion in the legal code is based on the idea that there are people who want to kill babies, and the law exists to prevent killing. The conviction that we should instead regulate abortion is rooted in the proposition that late-term abortions happen not because women and doctors want to kill babies but because circumstances conspire to make late-term abortions necessary...*

Researchers from the University of California Medical School [wrote](#) that, “Data suggests that most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment.” After analyzing reasons for a wide sampling of late term abortions, they conclude that there are other solutions to the problems that lead women to consider late term abortion that would not require killing the unborn child. The existence of abortion as a “solution” precludes efforts to seek and improve availability of other options.

3. *Restrictions on contraception—high co-pays, insurance hoops, a lack of local clinics that provide birth control—produce more unwanted pregnancies, and thus increase the number of abortions.*

Let’s be clear: sexual intercourse causes pregnancy, not failed or omitted contraception.

4. The article gives numerous examples of reasons for late-term abortions, ostensibly in support of a law to expand abortion access throughout pregnancy for any reason. Among them:
- a. *At 31 weeks, a woman learns her unborn child has a deadly fetal anomaly and won't survive after being born.*

There is no explanation offered for why it was less traumatic for this woman to fly out of State, have her child be injected in utero with a heart-stopping drug, fly back to New York, and give birth to a dead child a few days later in a hospital, than to wait for nature to take its course and support the woman and her child with compassionate care through the pregnancy and birth. In fact, as [reported](#) in the Journal Public Discourse, several scholarly studies indicate that women who carry their child to term after receiving a life-limiting fetal diagnosis have far better outcomes than those who abort upon receiving the diagnosis. One study found that 97.5 percent of women who continued the pregnancy were happy that they did.

- b. *A birth mother, age 11, presumably brought to the doctor by parents, needs a late second trimester abortion because she is 11.*

I wonder, "Why is this girl pregnant? Was she abused or raped? If so, why are we traumatizing her further with an abortion? If this kind of occurrence is common, then obviously the availability of legal abortion is only enabling abusers of young girls to get away with it. If it is extremely rare, then see #2, above.

- c. *The author writes, People have certain assumptions about late term abortion....But in reality... these are people who were planning to continue the pregnancy and obtained a piece of vital information that made that change. Or they're people who just did not know that they were pregnant—people with other existing physical conditions, or people without typical symptoms—who then knew they didn't want to continue it, and then a series of obstacles pushed them over the line."*

Again, this supports the thesis that late term abortions are not done primarily for fatal fetal anomalies or the health of the mother. One wonders how many of these babies are aborted when the new "piece of vital information" is a diagnosis of Down Syndrome, cleft palate or another treatable or non-life-threatening condition.

- d. *"We expect people to know immediately when they're pregnant, and to know exactly how to handle it, Schalit said.*

Is it really too much to ask? Planned Parenthood has educated every preteen in the State how to obtain contraception, masturbate, put a condom on a banana and find their G-spot, but not how to know if they're pregnant or "how to handle it?" This is another unconvincing argument for late term abortion.

- e. *“We don’t take into account the possibility of ambivalence, that they’re minors, or that they have to figure out how to take off work and get childcare, or that they might be in a coercive, unsupportive, or abusive relationship, or that they might not have the financial or logistical or bodily autonomy to access real choice at all.”*

We should be seeking solutions to these problems that don’t involve the destruction of an innocent unborn child. I contend that the widespread availability and promotion of abortion has reduced options for women in the above circumstances who might otherwise desire to have the child. The “choice” of abortion frequently results from lack of support for carrying a baby to term.

- f. *But she didn’t see her abortion as a tragedy. She felt lucky that she was able to get it. “And the same goes for cases that the RHA doesn’t cover, cases that don’t seem as sympathetic—the woman from a rural area who didn’t find out she was pregnant until seventeen weeks, who has three kids already and no travel support. Do we leave these women out?”*

Now we’re getting to the crux of the divide. The reality is that up until now, people who say they are “pro-choice,” know in their hearts that abortion destroys an innocent human life; they are “pro-choice,” only under certain circumstances. H.57 is part of a new movement to normalize abortion in defiance of scientific truth.

5. *A law that governs abortion by examining a woman’s reason for having one carries an implicit suggestion that there are objectively correct choices in pregnancy, choices that can be ascertained and judged by the body politic.*

The author concludes that because it is difficult to decide which abortions might be ethical, it is better to allow all abortions without restrictions. And yet most people who identify as pro-choice favor restrictions on abortion and would likely be shocked to learn that the vast majority of abortions are done on healthy babies for such reasons (as reported by the [Guttmacher Institute](#)) as: a baby would dramatically change their lives, they could not afford a baby now, that they did not want to be a single mother or had problems with their relationship, and that they were not ready for a child or another child. “Safe, legal and rare,” was the early promise of legal abortion, and those who warned of a slippery slope to a world where abortion is just another form of birth control, were called hysterical and extreme. And yet, here we are, with the Director of Planned Parenthood assuring us that abortion is no different from a tonsillectomy.

If the choice is “any abortion” or “no abortion,” it seems that “no abortion” would be the preferred outcome for most Americans. Because in the end, the science is irrefutable: DNA evidence tells us that from the moment of conception, the growing baby is a distinct human being and science has established that conception inaugurates a continuous process of development, which will produce a new human being if uninterrupted. Destroying innocent life should never be a solution to the problems that lead to women feeling cornered into abortion in

the first place. As Debbie Austin testified on February 6, “Once a woman is pregnant, she is already a mother. She can become the mother of an aborted child, or she can give birth to a child.”

Women deserve better information and better options prior to “choosing” abortion. H.57 is a step backward for women, and the lawmakers who are responsible for passing laws like it which allow the destruction of innocent human life as a “treatment option” will likely find themselves on the wrong side of history.

Instead of enshrining unrestricted abortion into the law, let’s advocate for real solutions to the problems that lead women to choose abortion, and work to institute measures that will protect pregnant mothers and the vulnerable lives they carry so that we can put an end to the “need” for abortion.

My credentials: I am a professionally educated journalist. Over the past 40 years, I have written for both secular and religious publications, as well as both mainstream media and advocacy blogs and newsletters. I have experience working in health care and mental health care communications, breastfeeding advocacy and fitness awareness, among others. I have served on the boards of home health and mental health organizations. In the more recent past, I have worked for the Roman Catholic Diocese of Burlington in marriage, family and respect life education roles, and have been associated with the post-abortion outreach program known as Project Rachel. Lastly, I am the mother of 5 children, ages 17 to 32, and grandmother to two young grandsons.