

RE: H-57; Testimony of Annisa Lamberton, age 54, from Middletown Springs, VT. I am a former fertilized egg, former embryo, and former fetus, thankful my mother dismissed warnings against delivering a 5th child. I hold a B.A. and M.A. in Speech Communication, and I am a proud first-generation college graduate surpassing my grandfather's 3rd grade education. I am an educator, adoption and foster care advocate, and a homecare provider for a 95-year-old Vermonter. I have both sought an abortion procedure and refused an abortion procedure. I speak to you not from privilege, but from experience, which highlights the failures of H-57. I am here because of Love, not hate.

This bill claims to prohibit "interference" with women's choices. The women in my classrooms are intelligent adults with the ability to reason and critically evaluate information. H-57 fails women, as it provides no protection for a woman's right to information and full disclosure of each woman's specific abortion procedure, risks, and available diagnostic options. The surgery for a broken ankle would require a 1) a doctor(not a PA or NP), 2) showing a woman a visual/x-ray, 3) explaining the size, location, and age of the break, 4) disclosing risks of the surgery and the long-term repercussions, and 5) showing the woman a visual of the treatment area after the surgery is complete. Appropriate healthcare communication includes full disclosure of information and promotes time for questions and discussion with doctors and family. My experience is not unlike the many other women I have talked to about abortion in the past 36 years. When I sought an abortion from a mainstream medical office, I was not shown an ultrasound image of my uterus, no risks were discussed, and there was no time for questions with the provider, whom I did not meet until his face appeared between the stirrups of the table. I did not know the qualifications of the person performing the surgical abortion. Additionally, the gestational age and the abortion method used for the stage of development of my child/fetus were never explained and discussed. In fact, the doctor did not even know the gestational age or prepare for the type of procedure needed. He said, "You were further along than we thought," as I felt a painful tug and tear within my uterus. Did he even use the recommended tools or procedure, or did he force my cervix open wider? Did the child in me feel pain, as they do by 20 weeks? I will never know. I began crying and hyperventilating. The doctor did not stop to address my pain or assess my consent to continue. The gruff-voiced attendant said, "Breath, honey, breath!" There was no full disclosure allowing me the right to make an informed choice or proper consent to the risk of a weakened cervix. In each of my following pregnancies, I had to use medications and bed rest to carry to term; two of my children died in miscarriages. The lack of information, lack of full disclosure, lack of appropriate discussion time with the "provider" interfered with my "fundamental rights to choose...to carry a pregnancy to term," and to reject or "to obtain an abortion" method acceptable to me for my body. "Information is power." H-57 denigrates women by its fallacy of omission: failure to secure rights to information and standard care.

H-57 blatantly fails to define the repeated terms "interfere" or "interference," which allow for a broad swath of interpretation of restricted communication. As a communication professional, I clearly recognize public entity providers could be deemed as "interfering" with abortion by cautioning a woman about risks or outcomes for the unborn (those deemed to have no rights). This bill will impede communication between provider and patient. It could also encourage doctors to complete an abortion that may be unsafe for the woman or unsafe for a child the woman wants to carry to term, such as in a multiple pregnancy. The bill lists 4 categories of restrictions to preserve a right to abortion, but offers

pregnant women no specific protections for the rights to carry to term. In 1997, I was 22 weeks pregnant with twins, a boy and a girl. The doctors diagnosed my son with Down's syndrome and encouraged me to abort him. They planned to inject his heart with Digoxin and Potassium Chloride. He would then die and decay inside me. His decaying body would place me at a higher risk for infection and place my daughter at a risk of death from infection or miscarriage. Although the risks for mother and daughter were high, the provider's pressure to abort was intense. Surgery in utero was available to correct the issue in my son's health; however, the doctors would not perform the life-saving treatment because of my twin pregnancy. Yet, they willingly promoted performing an abortion, with all its risks to my twin pregnancy. H-57 follows this reasoning, as it promotes abortion over live births. It fails women and the healthcare providers who will be intimidated into withholding information on abortion risks from pregnant women. I refused the abortion offered for my child and gave him life for 33 weeks, 6 days in utero and 6 hours after birth. He had been misdiagnosed with Down's syndrome. My daughter, who was born at 4 lbs. 4 oz. at 33 weeks, now plans to work in Neonatal units like those that served her and her brother. H-57 fails our culture through the slippery slope of interpretation and the unbalanced promotion of abortion over science, perinatology and maternal-fetal medicine.

H-57 fails pregnant women by removing their ability to protect their own children and carrying a pregnancy to term. As H-57 strips the unborn of independent rights under Vermont law, it makes pregnant women vulnerable to abuse and their children vulnerable to death by those willing to accept the risk of a battery charge or DUI, knowing they would get away with murder under this law. Women need societal protections for their unborn children. When my daughter was delivered breach, the OBGYN inserted his hand into the birth canal. My daughter immediately rushed away from this encroaching object and forced herself under my ribs striving for safety and protection. She took my breath away trying to gain protection under my side. In Vermont, the same child could be killed by an abuser without penalty or by abortion with fanfare of pink-lit buildings. H-57 fails women like my daughter because it fails to protect their rights when they are a fetus, and it destroys their legal protections when they are a pregnant adult.

Finally, as a professional in communication studies, I ask you to recognize that H-57, if passed, violates its own prohibitions against "interference." It "interferes" with a pregnant woman's fundamental right to protections for carrying to term. The wording of this bill gives the right to "choose" to carry a pregnancy to term. Under this law, a pregnant woman would not have the right to do more than desire to carry to term. Her access to legal rights for her viable pregnancy, to physical protections for carrying to term without "interference" toward her child, is violated. When there is no prosecution for harming a fetus and no legal standing for protection of pregnancy, both the pregnancy "choice" and the welfare/right of the pregnant woman is infringed. H-57 strips both pregnant mother and her unborn child of individual legal protections. One is not protected without the other. Therefore, H-57 violates its mandate. It interferes. It fails.

Therefore, for the love of all that is good and merciful, for all that is fearfully and wonderfully made, I ask you to love women and children more than a political agenda. You all are loved. Will you love Vermont's women, sisters, mothers, and brothers more than you love to "win" or more than you hate a president or a pro-lifer like me? Please, for all of us, do not pass H-57.