

Testimony for House Human Services Committee on H. 57:

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Thank you for allowing me to weigh in on H 57.

My name is Carrie Handy. 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.

I bring all this background and experience to bear today in commenting on H. 57. While my comments are largely anecdotal, I submit that they are an accurate reflection of the experiences of many women whose voices unfortunately are being lost in the abortion debate.

I think this bill is a solution without a problem. It is concerned with making sure that no one interfere with a woman's right to choose abortion, sterilization and contraception.

The problem is not that women can't readily and freely choose abortion, contraception and sterilization. The Vermont legislature has already made absolutely certain that these rights are secure, and will be, regardless of what may happen with Roe v Wade.

The real problem in Vermont is that the freedom to refuse these has become increasingly insecure. Unfortunately, the default reaction of those around a woman with a crisis pregnancy is often to steer her toward a termination rather than to support her in a decision—one she may deeply desire-- to keep her child. Having worked with the post-abortion healing ministry, Project Rachel, I have met many women who say they had unwanted abortions because they felt they had no other choice due to lack of resources, lack of social support, and/or because of pressure from their health care providers, their partners and their families.

I know of women who were beaten by their partners for refusing to submit to an abortion, and others whose partners threatened to leave them if they didn't have an abortion. It is not uncommon in such cases for women to reluctantly choose abortion to save the relationship, only to have the relationship end later, anyway.

Women who receive adverse prenatal diagnoses are subjected to tremendous pressure to end their pregnancies. I am directly familiar with several cases of women who merely had inconclusive prenatal tests and, even before diagnostic follow-up blood tests were administered, felt pressured by their health care providers when termination was presented as a "treatment option." One could wonder whether insurance companies seeking to limit liability to fund care for disabled children after birth would

influence this kind of pressure, or whether health care providers wishing to limit liability for “wrongful birth”, might be so motivated.

In a recent case with which I am acquainted, the potential birth defect identified was cystic fibrosis, a disease for which there has been increasing progress toward better treatments, longer lifespan, and even a cure. The mother in question had no history of CF, nor did her husband, and the preliminary “diagnosis” was made on the basis of very limited ultrasound information. Yet, the doctor insisted on bringing up termination as a potential “treatment.” A blood test later ruled out an adverse diagnosis. I should add that the couple involved had stated their desire to carry their baby to term, regardless, but was subjected to unnecessary anxiety as they waited for results. Two agonizing weeks of worry were made so much worse because of this.

For parents not to default to abortion in such cases requires that they defend their choice in the face of disapproval from health care providers as well as social acquaintances and even family members. This is not a culture that supports “choice” to have children who are deemed less than perfect. The words used may be different and the methods employed may be more subtle, but Vermont’s culture continues to be one of “eliminating the undesirables,” just as it was when the legislature enacted the sterilization legislation of the 1930s, that it has since disavowed.

It is de rigueur for health care providers to promote the use of contraception immediately following childbirth. My personal experience is that health care providers are generally woefully undereducated about natural means of family planning, which use ever-more precise methods of fertility awareness to pinpoint ovulation and allow couples to avoid the expense and side effects of other methods of contraception. For women who find hormonal contraception unnatural, expensive, and environmentally unfriendly, all of which it is, greater awareness about fertility recognition methods would be a truly welcome alternative, especially if support for this could come from informed health care providers and health educators, beginning with health education classes in school.

Finding an ob/gyn in Vermont who is pro-life and well informed about fertility-awareness methods of family planning is difficult to impossible. When I was working at the Roman Catholic Diocese, I received requests from time to time for names of pro-life ob/gyns. In most areas of Vermont, there are none. For poor women, the only resource for reproductive health care is Planned Parenthood, and this is not an acceptable option for many strongly pro-life women and families. Where is the health care access for these women?

Let’s not become the State that legally declares an unborn child a non-person. I urge you to set aside this unnecessary and superfluous legislation and instead focus the efforts of this body on making Vermont a just and fair place for all women, where the choice to refuse abortion, contraception and sterilization is met with the same respect and support we now give to those who choose otherwise.