Please share this with committee members prior to decision making of H-57.

I have attempted to abbreviate my written submission to be expressed tomorrow, and feel all 5 minutes should be heard.
Each of my points is valid and is informed by my experience as a UVM OR Nurse.

We are all able to be here today because our mothers chose life.
Motherhood means sacrifice, and it is a role that should be revered.

I am here as a Registered Nurse with a Professional Vermont State Nursing License.
Throughout my education, I was not trained in abortion, nor was it included in my National Nursing Board Examination.
Vermont is a small state. I may have cared for you or will care for you or your loved ones in the future. As a surgical nurse, I am privileged to keep you safe and provide comfort and reassurance. I collaborate with your surgical team and allay your anxiety as you receive your anesthesia.

What I am unable to do is assist in the termination of your baby.

When we care for women of childbearing age, often a urine pregnancy test is ordered to plan for the safest care of our patient.
If we find that our patient is pregnant, we now have two patients in the OR and must adhere to safety policies for both mother and baby.
Anesthetic, medications, and positioning considerations are discussed by the team to afford the best outcome for both mother and child.
If UVM were a center where pre-birth surgical procedures were done, these babies would be recognized as our patients with hope for a healthy future.
"Healthy Mother, Healthy Baby" is the goal. It is not unusual to have a labor and delivery RN present for their expertise in monitoring of the unborn baby.

When I decided to stand with colleagues during our strike, which followed months of difficult negotiations, it was very personal for me. I stood for my RN daughter, my RN niece, and my RN co-workers in the next generation. Nurses are impacted by short staffing on a daily basis, often called in to provide lunch and bathroom breaks for one another in our isolated specialty units.

The mandate of elective abortion during the past year has proven far more challenging than the strike. It has created an emotional fracture among staff and a challenge for managers who must make appropriate assignments for the many surgical specialties. By adding this moral dilemma, abortion cases cause strain on the daily schedule, from preop to OR to recovery room staff.
Years ago, as a new OR Nurse, I was told my next case would be an incomplete abortion from Planned Parenthood on Mansfield Avenue. I had no preparation and was not ready to observe the surgeon searching for body parts on my sterile field. I vowed I would speak my conscience since that day. Nonetheless, I have been inadvertently assigned to termination cases.

In one instance, I entered an OR prior to patient arrival and noted equipment for a D and E (elective termination).
When I asked for details on the case, the surgeon replied "Living the dream!"

I read the printed schedule which stated "termination, Trisomy 21," which is Down syndrome.
I replied "not for me" and asked for reassignment.

Imagine how I felt as a mother of a young adult son with Down syndrome?

What other pre abortion diagnoses will we possibly see in the future? Diabetes? Cystic fibrosis?Spina bifida?
This, to me, is discrimination based on a medical diagnosis.

Continuity of care is interrupted to accommodate termination.
Try to imagine this mandate occurring in your workplace- classroom, industry, retail setting or perhaps here in a Statehouse conference room- with some of your colleagues assisting in a death?
It is truly unsettling and casts a pall over the workday.
Now we may be tasked with late term, no restrictions, up to the moment of birth terminations?
How will these be done? Scheduled inductions?
Will Labor and Delivery Nurses now be faced with the decision to participate or opt out of this service?
There will be a potential for higher maternal risk, complications and more lengthy postpartum care.
These patients would require specific OB / postpartum assessments, most often given on the Mother/Baby unit. These patients may prefer care on another unit which might not afford the expertise of skilled postpartum nurses, leading to complicated hospital bed assignments.

I thought Vermont valued life, acceptance and inclusion of those with differences?
Why can't Vermont continue to lead rather than follow New York?
As leaders, you could encourage collaboration with the Lund Family Center and other regional resources for mothers in crisis to foster adoption vs. abortion.

On March 15, I stood and expressed my perspective to the UVMMC Board of Trustees and then emailed my co workers.
I have learned of RN s crying during these cases and asking for reassignment.
In a time of critical staffing shortages, we have lost highly skilled career surgical nurses to other hospital units, where abortion will not affect their daily nursing practice.
I have had staff speak to me in hallways and stairwells of their horrible experiences.
They have said "You were right, I will never do that again."
Some say " I hate these cases" and continue to participate.
I worry most about these coworkers, as they still may be developing their workplace conscience.

I am proud of my 41 years as an RN and I strive to provide my patients with reassurance, empathy and quality care.
I am a mother of seven wonderful Vermont educated children, who are at UVM or are working and contributing their gifts and talents to our state.

Is pregnancy a sacrifice? Absolutely, for the best possible reasons!

Each life is a cherished gift .

Respectfully submitted,
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