

February 9th, 2019

The Honorable Ann Pugh,  
Chair House Committee on Human Services  
Vermont Legislature  
Statehouse  
Montpelier, Vermont

**RE: H.57 - An Act relating to preserving the right to an abortion**

Dear Chair Pugh and Members of the Committee,

My name is Garin Marschall, my wife and I are patient advocates for later abortion. We understand that much opposition to H.57 might center around later abortion.

I live in New York, and while I am not a resident of Vermont, I feel my family's story is indicative of the experiences of later abortion patients. We know that due to the stigma and the pitched rhetoric around this issue, many patients are unwilling to share their stories publicly, or even with their closest friends and family.

It is possible that the committee would not hear from an actual later abortion patient from Vermont, so I am hoping to add what I think is a critical perspective on the issue.

I made the trip from New York to testify in Vermont on behalf of H.57 because this bill is the kind of compassionate legislation on this issue that we feel is important to ensure people can access the care they need.

The hypothetical scenarios and inflammatory language we are hearing in the national conversation about later abortion don't reflect the stories of patients who have actually made the choice to end their pregnancy. I would like to share my family's experience with later abortion.

My wife, Erika, and I were excited when we found out she was pregnant again, but also a little nervous. We had already been through one miscarriage at 10 weeks. It was devastating.

Early tests and ultrasounds suggested it was a normal pregnancy. We found out it was a boy and we were cautiously optimistic. Then at 16 weeks, we started getting some indications, but none were definitive. They sort of trickled in- an anatomy scan showed

that his feet were clubbed, then we got a call from the doctor and she sounded distraught. A blood test suggested he could have muscular dystrophy or spina bifida.

They did an anatomy scan and he seemed normal, but things were now elevated, and we started seeing a high-risk OB and getting more frequent ultrasounds. At 20 weeks, a scan showed his hands were clenched, but he was still growing, which gave us hope.

We were so apprehensive going into these visits. When we reached 30 weeks, the scans showed his growth had cratered. Erika's amniotic fluid level was very high. That's when the tone changed. This was the first moment we realized something was terribly wrong.

Our doctors, in consultation with genetic counselors, explained that even if we made it to term, Erika would give birth to a baby who would only live a short while, unable to breathe on its own. At best, he would live a few short moments. We couldn't put a baby through that.

Erika's health was at risk from the pregnancy as well. The year before, she had brain surgery and her neurosurgeon did not want her pushing during pregnancy due to the pressure. There was a fear that if Erika were to go into labor in an uncontrolled setting, that she could risk a bleed in her brain and die.

We quickly decided to terminate the pregnancy, it seemed like the correct medical response to our situation.

But now Erika was at 31 weeks pregnant, well past the 24-week cut off for termination under New York law at the time. Our doctors explained that they couldn't help us due to the law, and that we would have to go to one of three providers in the country. They had referred patients to a clinic in Colorado and had good outcomes.

The clinic in Colorado provided excellent medical care and treated us with respect and compassion. Still, getting an abortion at that late date can cost anywhere from \$10k-\$35k, paid up front, in full. The providers are "out of network" and cannot take insurance, and health insurance companies rarely reimburse patients for more than a small portion of the cost, if at all.

We ended up having to borrow the money from Erika's mother, who took it out of her retirement account. We also had to arrange and pay for last-minute travel, a rental car, and a hotel. All of this had to be done over the course of a week during the worst time of our lives.

All of this would be impossible for many people. They would have to carry a doomed pregnancy if restrictions and barriers to access didn't allow them to get care near their home.

In that way, we were lucky.

Since then we've come to understand that the human body doesn't follow legal timelines. Neither do the circumstances of peoples' lives. Health risks can arise later in pregnancy and oftentimes conditions that impact the woman's health or the fetus' survival are not detectable until later in pregnancy.

In other cases, complicated dynamics in the lives of pregnant people push them over arbitrary lines. Even in cases where there is not a medical indication, plenty of circumstances exist that can result in someone seeking a later abortion. In these cases, patients and their doctors need options, not restrictions and judgement.

After becoming patient advocates, we have met dozens of patients and heard their stories. We have talked to physicians and people who facilitate later abortion care, and heard the stories of patients they tell. We have met researchers whose work focuses on later abortion and patients.

The stories we hear sound like ours, they are often struggles with hope and loss. They don't sound like the hypotheticals we hear from abortion opponents. The real stories of actual patients don't feature irresponsible women seeking later abortions for frivolous reasons, nor do they include unethical doctors.

In response to mischaracterizations of later abortion, we organized an open letter from later abortion patients, and you can read that at [abortionpatients.com](https://abortionpatients.com), along with many of the public stories of the signatories (linked through their names).

H.57 puts this critical decision in the hands of a licensed healthcare provider and their patient. It acknowledges that no law can draw neat lines around all of the complications of pregnancy and people's lives. It ensures that when people in Vermont need care, they can get it in Vermont.

The conversation about later abortion happening in this country has nothing to do with the actual abortions people are getting later in pregnancy, or with the people getting them.

We urge the committee, the legislature, and the people of Vermont to weigh any law regarding abortion against the actual stories of later abortion patients rather than hypothetical situations filled with rhetoric and misinformation.

Thank you for giving me the opportunity to offer a patient's perspective.

Garin Marschall

A handwritten signature in black ink, appearing to read 'Garin Marschall', with a long horizontal line extending to the right.