

Testimony Before the House Committee on Human Services  
Vermont General Assembly  
By Pete Gummere, St. Johnsbury, VT  
January 30, 2019  
In RE: H.57

Attn: Rep. Ann Pugh, Committee Chair

Madame Chair:

Thank you for the opportunity to speak with you today.

Despite my underlying and serious ethical objections to the central focus of this bill and being aware of the political reality that this Committee will – in all probability – bring the bill to second reading before too long, there are specific points that I think must be addressed before passing the bill on to the floor.

1. The central focus is obviously protection of a woman's legal right to choose to terminate her pregnancy. While there is reference to the option of carrying a pregnancy to term, that choice does not appear to enjoy equivalent protection. I would suggest that the choice to carry a pregnancy to term should get equally clear protection under the law. If we take the stance that abortion is to be protected, so should the alternative.
2. I also have a very serious concern for women who are coerced into having an abortion by a boyfriend or other person. In two cases during my last job prior to retirement, I was called upon, as a manager, to protect women from very real threats by boyfriends who simply did not want to pay more child support. In one case, a boyfriend was on-site at the place of employment and actually started to punch the woman in the abdomen, apparently to precipitate an abortion. In another case, a boyfriend assured the young woman that she "would never deliver that baby alive."

A third incident I know through family connections, a young woman was slammed to the floor by her boyfriend; she hit her head and several years later still bears evidence of the injury she sustained at the time.

If we are going to protect a legal right to an abortion, should we not also do something to protect women from coercion? Particularly when they may be in internal conflict and distress to start with?

3. Third, if a woman has a right to choose abortion, does that impose a duty on physicians, nurses and other health care workers to provide that particular service? Clearly, there are health care personnel who have ethical objections to providing those services. Should we not afford health care providers the same right to make choices about performing what is generally an elective procedure?
4. Fourth, would public entities be allowed to discriminate against persons or agencies that do not support abortion? A public school would be a public agency under the bill. Would a public school's counsellor, for example, be allowed to distribute information about a local pregnancy support center as well as an abortion center? Would a school be allowed to provide not only information about abortion, but also about pro-life options? Would the schools have an obligation to provide information about all options?

Under the principle of "informed consent" in the clinical world, the patient has the right to select from among all options. Since our young people are being empowered to make the decision to abort without benefit of their parents, they deserve to know the non-abortion alternatives.

5. Fifthly, I am deeply concerned about denying any individual right to the fetus. Not only does this go far beyond the scope and intent of *Roe vs. Wade*, *Beacham vs. Leahy* and common law, but it would create a safe-haven for several abhorrent practices:
  - Fetal research with unknown amounts of pain, injury, deformity and death resulting
  - Sales of fetal tissues and body parts

In addition, it would preclude the possibility of recovery in a tort action against a medical provider, pharmaceutical or medical device manufacturer or a chemical manufacturer whose act or product caused injury to an individual as a result of *in utero* exposure.

This is no vague or merely theoretical possibility. Some of you may recall the horrific developmental abnormalities arising in connection with *in utero* exposure to the medication thalidomide. Or you may recall the surge of abnormalities of the female reproductive system arising from *in utero* exposure to diethylstilbesterol (DES). Not as well known is evidence of a decline in fertility among men exposed *in utero* to DES.

Madame chair, I submit that the subject matter raised by the bill is not a simple, univariate equation. The committee would do well to explore these aspects more fully before voting this measure out of committee.

Please protect all Vermonters and future Vermonters from the unintended consequences of this bill.

Thank you.

Pete Gummere