

February 5, 2019

Dear Vermont Legislators,

I am a surgeon at the UVM Medical Center, and am concerned about proposed bill H.57. The Vermont Medical Society has voiced support for this legislation, but as a member of this Society, my voice and that of many other medical professionals in our state are not being heard. This legislation places no value on human life in utero and denies science and reason by denying any rights to individual human lives that exist prior to physical birth.

Recently I had an opportunity to discuss H.57 with my local representative Ann Pugh who is the primary sponsor of the bill. She feels the bill is necessary to codify what is already allowed in Vermont. Ann does not seem concerned about possible negative effects of the legislation and is confident that individual institutions and health care providers will practice in a responsible manner without government interference. I do not share her confidence in this assumption.

In January 2018, it was reported in the media that the UVM Medical Center Board of Trustees removed a 40 year restriction on most non-medically necessary abortions. The change in policy occurred early in the fall of 2017 and completely elective abortions began soon after in 2017. There was no notification of the change in policy to most of the hospital staff until months later in 2018. After the media report, staff including myself asked hospital leadership how the change in policy was being managed and what new policies were put in place since the policy change. Much to my surprise, there was no formal written policy on abortion at UVM that could be provided to me by any of the senior leaders. I met with leaders including the Chief Operations Officer (COO), President of the UVM Medical Group, Hospital Chief of Staff, Chief Medical Officer, and the Chair of Obstetrics and Gynecology. I spoke with members of the clinical ethics team who told me they wanted to be involved with development of an elective pregnancy termination policy, but said were asked not to attend meetings on the topic. Recently I met with the new head of clinical ethics and there is an ongoing effort to write a policy on elective pregnancy termination. Despite some recent efforts to involve the ethics team in these cases, it is not clear that any ethics committee recommendations will result in more than a suggestion to the physicians involved in making these decisions. When I met with the hospital COO, the Chief Medical Officer and Hospital Chief of Staff, I pointed out that Vermont has no legal term limitation on abortion and asked if an institutional term limit could be set for non-medically necessary cases. The clear response was that as an institution UVM will require nothing beyond what the law requires in this matter and that these decisions will be left up to individual providers and patients. While there has been some evaluation of these cases by an ethics committee traditionally in later term cases, at present there is no formal written policy on abortion at UVM to reassure me that an abortion will not occur up to the day of delivery at our hospital. How can our hospital care for some premature infants and take the lives of others at the same stage of development?

43 states have laws restricting abortion after fetal viability aside from medical threat to the mother's life and some states have more strict regulations. Why should Vermont support late

term abortion of babies that can survive independent of their mothers? New York just passed the controversial 'Reproductive Health Act' which has been described as extreme by allowing late term abortions. Even this law limits abortions to "licensed, certified, or authorized practitioners within 24 weeks from the commencement of pregnancy, or if there is an absence of fetal viability, or at any time when necessary to protect a patient's life or health". Instead of codifying the inadequate Vermont law on this topic, it is time to recognize the need to legally protect what is undeniably independent well developed human life in utero.

Questions that need to be answered:

1. Are the rights of a mother who wishes to carry her pregnancy to term squelched by codifying that her developing child has no rights? How do you protect a woman pregnant with a child from being assaulted with the purpose of causing an abortion?
2. How might this legislation discourage or prevent appropriate government oversight of abortion and abortionists in our state by the Vermont State Medical Board and Health Department?
3. How could this affect insurance payment for prenatal care such as in-utero surgery given that a developing child is not recognized as a human with rights at any stage?
4. Could Vermont become a destination site for late term abortions?
5. Are regulations needed to protect or assist minors pursuing abortion? (Many states require parental notification of minors, Vermont does not)
6. Does this set the stage for morally concerning research on living fetuses who have no legal rights under H.57?

Vermont needs laws to protect against outlandish atrocities. H.57 shows no respect for pregnancy. Hospitals and independent physicians in the setting of this legislation cannot be expected to set any practical limits on pregnancy termination. H.57 goes far beyond pro-choice legislation to the point of effectively codifying infanticide as legal in Vermont and pretends that we are not human before birth. This is not what Vermonters want and needs to be rejected.

Sincerely,

Nathaniel Nelms MD