

Testimony Before the Senate Health & Welfare Committee  
Vermont State Senate  
By Pete Gummere, St. Johnsbury, VT  
April 19, 2019  
In RE: H.57

Attn: Sen. Ginny Lyons, Committee Chair

Madame Chair:

Thank you for the opportunity to speak with you today.

Despite my own ethical objections to the central focus of this bill, I must respectfully pose some questions:

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 pregnant 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 pregnant 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 began punching the woman in the abdomen, apparently to precipitate an abortion. In another case, a boyfriend assured the young woman that she would never deliver the baby alive.

A third incident is from my own extended family: a young pregnant woman was slammed to the floor by her former boyfriend; she hit her head in the fall and years later still bears visible evidence of the injury she sustained in that incident.

Vermont women were the victims of each of these three incidents. I submit that there are far more similarly situated women in Vermont, if only you look.

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. In light of the foregoing incidents, although some troublesome language concerning the lack of legal status for a fetus was removed from the bill, some concerns remain. In the House, Rep. Pugh and her committee members agreed that whether or not the language remained, the unborn would have no legal individual rights under Vermont law.

The language that I found troublesome: § 9493 "(c) A fertilized egg, embryo, or fetus shall not have independent rights under Vermont law."

Hence, if a violent act is committed against a pregnant woman in an attempt to cause fetal demise, shouldn't the perpetrator be held accountable to that crime as well as the crime against the woman? What if the fetus is injured, but is carried to full term with an injury from the attack, shouldn't the perpetrator bear financial responsibility for the injury?

What if some other fetal injury arises – perhaps as a result of a medication or some environmental chemical – to which the fetus is exposed in utero? A child harmed by an *in-utero* exposure to a deleterious medication or environmental chemical, would not have recourse to a tort action against the manufacturer.

I suggest that the right to damages for such torts be put into the bill.

4. Fourth, what is the impact of the lack of legal rights for the fetus in terms of fetal-experimentation and embryonic experimentation? Does that lack of legal status mean that human embryos and fetuses are fair game for experimentation, including when the fetus is capable of experiencing pain?
5. Fifth, 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?
6. Sixth, there are some non-profit, stand-alone pregnancy support centers around the state. These centers offer supporting counsel and other assistance to women seeking an alternative to terminating their pregnancy. Will this act in any way be

construed as to preclude or prohibit the operation of such centers? Note that I am not speaking of people obstructing clinic access, harassing patients or attempting to dissuade a clinic patient from seeking treatment! Rather I seek to protect those offering support within their community at their own venues.

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 H-57 anew and not force feed it out to the full Senate.

Please halt the "Group Think" mentality pervading the Legislature this year!

Thank you.

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