

Dear House Committee on Healthcare:

04-11-2023

My name is Joanie Praamsma and I am the current Executive Director of The Women's Center, a pregnancy resource center in Middlebury, VT and which was the subject of some of the testimony provided regarding S.37 on 4-6-2023.

I regret that I was not able to respond to you in person, but I trust that you will read and consider my written testimony. I will attempt to be as succinct as possible to respect your time.

First, I totally support that VT legislators want to ensure that any organization, whether services are offered for free or not, should not allow false advertising and intended misinformation or misrepresentation. From what I heard in the testimony, there has been no reported complaints or violations in the 35+ years that pregnancy centers have been in existence in this state. It was also a bit concerning that from the testimony there was acknowledgement of "added health risks" based on hearsay (more on that below), and that one committee member concluded (again with only hearsay from one physician) that there were "no added benefits" from what pregnancy centers in VT do provide. I believe the witness from Aspire Now may have sent you information on what VT pregnancy centers have provided free of charge and at no cost to taxpayer that demonstrate the benefit to Vermonters. I know that The Women's Center also has received no complaints from any of our clients and have a long list of those who have thanked us and continue to come to us for services and even recommend us to their friends.

I want to respond to the testimony of Dr. Benvenuto primarily as she specifically addresses our Center here in Middlebury. But before I do that, I would like to just ask you as a committee to take a step back and consider the social and political landscape that must be the lens you see this through. Pregnancy centers arose shortly after the 1973 Roe v. Wade decision as those who held to a view that pre-born life was worth protecting. To offer support with alternatives to an abortion to those who were facing an unplanned pregnancy and often considering abortion because they felt they had no other options, was the motivation and solution that drove the mission and practices of these centers. The incredible support for these centers by those who believed in this mission grew as did the services of these centers, including the number of them. I have listed at the end of this testimony all the services that we provide here at The Women's Center. Things went along pretty smoothly for pregnancy centers across the country other than some occasional objections by abortion providers (see the slander of PPNE <https://www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers>) or groups/individuals that respond to some of the rhetoric that is propagated. Ever since the Dobbs decision last June that reversed Roe, the pro-abortion activists have made pregnancy centers a target of their unhappiness of the Dobbs decision. I deal with a consistent and persistent sector of them at Middlebury College, and I have made numerous attempts to talk with them and even walk them through an options counseling session. No one from the college has been open to any discussion and they continue to make allegations, petition to ban our

Center from the campus, and inform the community of inaccurate slanderous statements about The Women's Center.

Regarding Dr. Benvenuto's testimony, I must speak to what I believe she either is misinformed or has demonstrated no clear evidence of.

1. *The Women's Center advances misinformation.* The Women's Center's medical information is all vetted by our medical director, an OB/GYN who is licensed in the state of Vermont. If a woman saw our Medical Director in his practice, she would receive the same information.
2. *The Women's Center deceptively advertises to mimic local women's health clinics.* As far as rebranding from being called a pregnancy center to being a women's center, the decision was to be more inclusive as we provide supportive services that go well beyond pregnancy. We have had women say they felt a little funny coming to a pregnancy center when they weren't pregnant. We build long term relationships with our clients if they choose, walking alongside them in parenting, relationship issues, even raising funds and setting up a meal train for a client who needed an open-heart surgery. It is presumptuous of anyone to assume our motives in choosing a name or our location. S.37 is primarily concerned with deceptive advertising, and I can assure you our center is committed to 100 percent transparency in all marketing practices and client interactions. We do not provide or refer for abortions and we are careful to disclose this fact before setting up any appointments. Clients must also sign an authorization of services form that clearly states this fact. Yesterday morning alone, we received a text from a woman asking how to terminate her pregnancy. We responded with telling her what services we offer and stating that we do not provide nor refer for terminations. She responded by asking to make an appointment as soon as possible and is here at her appointment while I am completing this report.
3. *The Women's Center has provided ultrasounds with wrong due dates.* Dr. Benvenuto acknowledged herself that dating in an early pregnancy is very hard, and I believe most medical providers will acknowledge that these can be off, especially early on. We have every scan electronically sent to our medical director, fully qualified as a Ob/Gyn physician, who reviews and signs off on the scan and its findings.
4. *The Women's Center told a patient that she was too far along, and that abortion was no longer an option.* I cannot verify what was told to Dr. Benvenuto, but our protocol and practices would never allow for that to be said as abortion is legal throughout a pregnancy in VT.
5. *People have received inaccurate information such as reversing medication abortion, for which there is no approved treatment.* In the US there are over 4,000 children today

whose mothers regretted taking the first pill in a medication abortion procedure who sought medical care, where they received doses of the natural pregnancy supporting hormone progesterone (most often prescribed for those who are at high risk for miscarriage). The 60%+ chance of success is a choice we don't want to deprive them of. We do not provide this procedure ourselves but would offer them the name of a licensed physician who could help them. As of now, we have not yet had this request.

6. *It is not a medical facility, and they are not receiving factual, medical information.* Along with this statement Dr. Benvenuto stated in her answers to questions that we are a risk because women believe they are receiving prenatal care and we delay actual care they should receive. Again, I know our protocols and our limits of care that we are very clear on. Medical services provided by our center are provided in accordance with all applicable laws, and in accordance with pertinent medical standards, under the supervision and direction of a licensed physician. All scans are carried out by an RN trained in sonography and are reviewed by our medical director, a licensed OB/GYN. Our medical director reviews and approves all of the medical information that we provide clients, including the risks of abortion, as well as approving our medical policies and procedures. We ALWAYS state that we only diagnose a pregnancy viability, location and gestational age and every client is told that prenatal care is essential to begin immediately. We provide them the names of local prenatal care providers. Our nurse has expressed that she would like a relationship with Porter Women's Health so that they could communicate as health professionals, but Porter Women's Health has not been open to meet with us to discuss our relationship.

Our ultrasound services diagnostic and provide confirmation of a viable pregnancy, the location of the fetus or embryo and determines the gestational age. This information about a pregnancy becomes more important as medication abortion become more readily available and no longer requires a clinic visit. With telehealth abortion there is no ultrasound to confirm the gestational age, which is crucial as it is not a recommended procedure after 10-12 weeks. LMP's are many times unknown (acknowledged by Dr. Benvenuto) and therefore with no ultrasound to confirm, women are at risk. As this committee addresses concerns of deception, I was very concerned when I reviewed a website (Plan C) which recommended how to obtain abortion pills via mail. The website stated that if one took the abortion pill and had to go to the ER, NOT to tell the physician that they took the medication abortion since their symptoms would resemble a miscarriage and they didn't need to know.

We strive to build long-term, supportive relationships within our community which is only possible if we treat every person with the highest standard of care and excellence. The women who come to our center want to explore their options and make an informed decision. Many tell us they were so thankful someone took the time to listen to them. Most see abortion as

their only option and are eager to hear of the support they can receive if they choose to carry to term. Don't we want women to have choices?

This is a vital resource in our community that needs to be protected and not be targeted because of differences of view. As I was encouraged a few years ago by a leader of a community organization in Middlebury after being verbally attacked in a public event..." we may have ideological differences, but we are all here to support women and families". Thank you for your time and consideration today.

The Women's Center now offers the following services, free of charge:

PREGNANCY CONFIRMATION AND SUPPORT

- Pregnancy testing via lab-quality test
- Options Counseling
- Limited Ultrasound

PARENTING EDUCATION

- One-on-One, In-Person, or Virtual Classes
- Baby's First Year: Infant Expectations, Safety, Nutrition, & More
- Toddlers: Developmental Milestones, Potty Training, Behavior Issues
- Older Children: Discipline, Character Issues, Communication
- Co-parenting: Stepparents and Single Parents
- Fathers: Practical Lessons on being a great father; Dad-to-Dad program

MATERIAL ASSISTANCE

- Maternity Clothing
- Diapers, Wipes, Baby Supplies
- Baby Clothing Size NB to 5T
- Earn-While-You-Learn Program to earn points for essential items or gift cards

PREGNANCY WELLNESS AND CHILDBIRTH EDUCATION

- One-on-One, In-Person, or Virtual Classes
- Pregnancy Expectations, Health, Nutrition, etc.
- Labor and Delivery Courses
- Breastfeeding Courses
- Education on Postpartum Depression

HEALTHY RELATIONSHIPS AND LIFE SKILLS EDUCATION

- One-on-One, In-Person, or Virtual Classes
- Information about STIs and STDs
- Developing Communicative, Positive Partnerships, and Healthy Boundaries
- Budgeting, Planning the Future, and Job Searching

RECOVERY SUPPORT

One-on-One or Group Counseling and Support for:

- Post-Abortion
- Abuse or Domestic Violence
- Relationship Loss
- Pregnancy Loss/Miscarriage