



Amended Statement in Opposition to Raised Bill S.37

Which includes “Pregnancy Services Center Fraud”

This statement is in **OPPOSITION to S.37 which includes supposed: “Pregnancy Services Center Fraud.”**

First, when has anyone complained about Pregnancy Center Fraud? Every center in Vermont enjoys a very high degree of satisfaction from its clients-- usually around 98-99%. They may not post publicly on social media to protect their privacy, but they let us know how much they appreciate our free-of-charge services.

Second, why are only Pregnancy Centers being targeted? Abortion organizations are not under the same scrutiny in this legislation. It should be the same regulations across the board. We have a Medical Director who oversees all medical services and reads and approves the ultrasound scans. According to Sharon Toberg’s testimony, **Planned Parenthood New England which services VT, NH and ME do NOT have a Medical Director AND have non-medical people performing abortions.** This is horrifying! In addition, they have 14-year-olds students as advocates who are allowed to push Planned Parenthood’s agenda in the high schools. The same regulation regarding advertising needs to apply to all organizations that offer pregnancy or pregnancy termination services. See section 8, subchapter 11 including Unfair and deceptive act. Planned Parenthood has been lying to people for years. See article below from Live Action.*

The same protections need to be available for women who want to parent or make an adoption plan, including access to pregnancy resource and adoption centers, both on and off campus. See Section 12

Third, thousands of citizens of the state of Vermont—women, men and children—have been assisted by pregnancy services centers during their greatest time of need. Pregnancy service centers provide pregnancy support and have promoted healthy sexual choices in adolescents, provided parenting classes, offered needed medical services, organized support groups for post-abortive women and men and referrals to community support. Pregnancy services centers offer these services at no cost to their clients. We do not benefit financially from a client’s pregnancy decision, unlike abortion clinics.

In regards to section 3 (c) on cost sharing. If there is no co-payment, deductible or coinsurance for abortion or gender reassignment surgery, the same insurance guidelines need to be granted to people who chose to parent or make an adoption plan. (see also section 4 (b & c))

According to the Charlotte Lozier Institute’s most recent survey, they found that 61% of women were coerced or felt coerced to have an abortion. As a result, the abortion experience disrupted their daily life, work, and relationships. They had more frequent thoughts, dreams, or flashbacks of the abortion. In addition, their overall mental health declined.

We encourage women to take some time to research all their options in order to make the best decision for them, and we welcome them back no matter what they choose.

Many of our clients have an abortion only to return to our center with the next pregnancy. One woman came to us for five pregnancies with five different fathers because she knew that there would be no judgment against her—only love and support.

Another client gave us permission to follow up with her after her abortion. When we called her, she was planning her suicide. She said that she didn't realize how devastated she would be after the abortion. Immediately we referred her to the Suicide hotline, and we asked if you wanted to come into Aspire. She came in and we were able to help her process her experience. We worked with her for the next several weeks through her healing. Two months later, she wrote her testimony against abortion.

One pregnant client couple was referred to us from the Howard Center. The young man came to us angry and abusive in his relationships and fearful of what the future would hold if he continued this pattern. DCF had their child and an open case against them. We worked with this couple on parenting education and our Cultivating Healthy Relationship curriculum. This was the first place the young man felt safe enough to share the hurts of his past. Through the weeks, he began practicing what he had learned about good communication and boundaries. The following visit, he shared that he was able to walk away from someone who was verbally abusive and getting aggressive towards him. In the past, he would have gotten into a brawl that may have included the police.

Their Howard Center case worker asked to meet with us. She wanted to know what programs we were using with this couple because she had seen an enormous positive change in both of them.

Here is what our clients say:

"I would absolutely encourage a friend to come here—very peaceful atmosphere, caring staff members, educational and informative. Thank you-thank you-thankyou!" -Ashley W.

"They listen to what you say. I definitely would come back to Aspire again." -Emily G.

"I would encourage a friend because it's a lot of scientific information and support in a comfortable environment. Thank you—amazing place!" -Casey A.

"Thanks! I wish every woman had this available to her." -Molly M.

"The staff was very friendly and professional."—Jenny L.

"I have been here more than once, and everybody is so respectful and kind to your needs." -Anna H.

In 2022, Pregnancy centers in Vermont provided pregnancy tests, ultrasounds, material assistance, STI tests, coaching and educational classes. These free-of-charge services saved Vermont taxpayers \$395,770.

With all the good work that we do free-of charge, what provisions does S. 37 make for pregnancy centers? As of this time, I don't see a balanced bill.

Please stop this waste of money on this unnecessary Senate Bill S.37! We already have Article 22 in our Constitution, what is the purpose of this bill?

Sincerely,

Deb Couture

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7 Attachments:

A recent [article](#) in Vox featured an interview with Linda Prine, an [abortionist](#) who founded the Miscarriage and Abortion Hotline. Her comments were revealing – perhaps quite a bit more so than she intended them to be.

*Commenting on the changes she has seen at her hotline since the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*, which overturned *Roe v. Wade*, Prine [stated](#):

[T]he difference now is that many of our callers are later in their pregnancies, because they’re getting their [abortion] pills from overseas. They’re ordering pills from online pharmacies, and they come sometimes with no directions.

... [A]nd they’re calling us scared, because they’ve passed a tiny but recognizable fetus, and they are freaked out and they weren’t expecting that. And it’s frankly traumatizing, what people are going through, because they haven’t had any anticipatory guidance that this might be happening ...

Prine goes on to [admit](#) that, although the abortion pill is only FDA-approved for use up to [10 weeks](#) in pregnancy, women are taking the drug sometimes at “14 weeks, 18 weeks.” Prine said the hotline “get[s] calls from people completely freaked out, crying, sobbing,” alluding to the horror women feel when they see the “recognizable” bodies of their babies that they were not expecting to see.

Thanks to the abortion industry’s [“no-test” protocol](#), which eliminated important screenings to determine gestational age, women have even been [prescribed](#) the abortion pill as late as [30-36 weeks](#) into their pregnancies, resulting in disastrous and tragic consequences.

ABORTION IS TRAUMATIC

There are several points worth noting about Prine’s statements.

First, baked right into her commentary is the admission that abortion is “frankly traumatizing.” Although Prine attempts to scapegoat external circumstances for causing this trauma, her efforts fall flat.

She claims the problem is that women are “ordering pills from online pharmacies” which send the drugs “with no directions,” and that women “haven’t had any anticipatory guidance” that they may see the corpse of a recognizable human being during the abortion pill process.

But this is disingenuous. Even abortion pills obtained via the “normal” channels do not come with disclaimers that advise women they may see a dead, recognizable human being. The most recent [drug label](#) for Mifeprex, the abortion pill, certainly doesn’t mention that fact. And websites for organizations which peddle the abortion pill, like [Planned Parenthood](#) and [Carafem](#), skirt the issue, too, relying on euphemisms like “clumps of tissue” and “the pregnancy” to mask the reality of the experience:

What happens during a medication abortion?

The abortion pill process has several steps and includes two different medicines.

First, you take a pill called **mifepristone**. This medicine stops the pregnancy from growing. Some people feel nauseous or start bleeding after taking mifepristone, but it's not common. Your doctor or nurse may also give you antibiotics to take to prevent infection.

The second medicine is called **misoprostol**. You'll either take the misoprostol right away, or up to 48 hours after you take the first pill – your doctor or nurse will let you know how and when to take it. This medicine causes cramping and bleeding to empty your uterus.

For most people, the cramping and bleeding usually starts 1-4 hours after taking the misoprostol. It's normal to see large blood clots (up to the size of a lemon) or **clumps of tissue** when this is happening. It's kind of like having a really heavy, crampy period, and the process is very similar to an early miscarriage. (If you don't have any bleeding within 24 hours after taking the second medicine, misoprostol, call your nurse or doctor.)

The cramping and bleeding can last for several hours. Most people finish passing the **pregnancy tissue** in 4-5 hours, but it may take longer. The cramping and bleeding slows down after the pregnancy tissue comes out. You may have cramping on and off for 1 or 2 more days.

Planned Parenthood website screenshot on abortion pill

1. What happens when you take the abortion pill (aka, during a medical abortion)?

The abortion pill is actually a combination of what is usually two kinds of pills (mifepristone and misoprostol) that are taken in sequence. In the U.S. these are most often used before 11 weeks of pregnancy.

The first pill, mifepristone, blocks a hormone necessary for a pregnancy to continue to develop. Most people swallow this first pill in our office. A small number of people see some vaginal bleeding after taking mifepristone, but it's not common.

The second pill, misoprostol, causes cramping and bleeding from the vagina so that **the pregnancy will leave your body** (similar to a miscarriage). It is usually taken at home within 72 hours after taking the first pill.

Most people start to see cramping and bleeding within about an hour after taking the misoprostol, though some take longer. **It's normal to feel chills, nausea or even have diarrhea along with bleeding and cramping** while your body is pushing **the pregnancy** from your uterus.

It's kind of like having a really heavy, crampy period along with mild flu-like symptoms. It is good to have some thick overnite type maxi pads ready along with a heating pad to help with cramping. carafem provides anti-nausea and pain medication to help handle these symptoms.

Carafem website screenshot abortion pill

A RUDE AWAKENING FROM FIFTY YEARS OF LIES

The language on these websites highlights another reason why Prine's attempts to shift the trauma blame border on the absurd: the abortion industry has spent the last five decades lying to the public about the humanity of the preborn.

It is responsible for phrases like "clumps of cells," "products of conception," and "pregnancy tissue," which insinuate that women are aborting something inconsequential. This was easier for the industry to get away with when most women were having surgical abortions and were not directly confronted with the corpses of their babies afterward.

But the abortion pill is changing this.

If women are surprised by what they are seeing after taking the abortion pill, it is because they have been assured by the abortion industry and its media accomplices that they are pregnant with something other than a living human being – and this lie is shattered by the horrifying reality of dead humans floating in toilets — humans with faces, fingers and toes, arms and legs... not mere clumps of cells.