

89/70.

I stare at this extremely low blood pressure, see my heart rate climb and feel clots the size of baseballs pour out of my body.

As an ER nurse with years of experience, I know this means I am dying. If I don't receive an emergency blood transfusion soon, I will not live to continue my fight to become a mother.

As I start to black out, the physician enters the room, takes one look, and quickly shouts "blood, now!". After that it is a blur of medical staff in the ER and operating room working to save my life.

What I have just described is one of an ever lengthening list of devastating events I have had to endure during my over three year long battle to carry a baby. It was the first time I almost lost my life but certainly not the first time my body experienced trauma trying to succeed with the most fundamental biological task; the one it was made to do.

Countless doctor's appointments, surgeries and procedures, pregnancy tests, ultrasounds, blood tests, hours of research, anger, worry and sadness. Lots of therapy.

And perhaps most devastatingly, being forced to make choices on what testing and treatments to pursue and when. Due to financial reasons I have not been unable to pursue every treatment available to me in the medical field. The reason being that the state I live in does not mandate coverage for people with conditions like mine, and despite having "good" insurance I pay thousands of dollars every year for out of pocket medical claims denied by my insurance company.

My husband and I moved to Vermont from California for a better life. We were tired of heavy traffic, high cost of living, and the wildfires that came closer and closer to our home every year. As we both work in emergency medicine—my husband being a firefighter and myself being a nurse—it is incredibly insulting that the choices we've made to be contributing members of this community, serving the state of Vermont and its people, are met with the message that our desire to be parents does not matter and is not worthy of medical coverage. Unlike California and the rest of the Northeast, Vermont does not have a fertility insurance law, which leaves many residents having to pay out-of-pocket for care.

It is worth pointing out not only that Vermont pales in comparison to surrounding states when it comes to supporting its citizens, but also that it should not be up to money-hungry corporations or the state to decide what is and isn't a medical condition warranting coverage. As a nurse I frequently take care of patients who are objectively responsible for their medical conditions, and yet insurance covers 100% of their care. Despite how I may personally feel about these people's choices, I never let that affect my practice. I treat every patient with respect and quality care because I understand that they are deserving of it.

My point is that morality and people's opinions on what should or shouldn't be deemed deserving of treatment or coverage has no place in medicine. I also did nothing to cause my medical condition and have tried desperately to do everything in my power to prevent further loss. The reason my husband and I pay hundreds of dollars a month into our insurance premiums is for the unexpected. For the hip replacement that might come with aging, for the allergy medications that might come with moving to a new climate that has four seasons, and also for the desire to have a child and the unexpected challenges that have accompanied that.

And we should not have to choose between having an emergency savings fund in case a car breaks down or our roof caves in—heck even a fund for a vacation much deserved after years of back-to-back miscarriages and a near death experience—and paying many thousands of dollars to get the medical care necessary to increase our chances of having a healthy baby.

Vermont has a swiftly increasing population of older people, many of whom are no longer in the workforce or contributing to the community in the way younger people can. In order to attract people who want to start families and are considering a move, or incentivize those who are already living here but need medical help to start their families, it is in the best interests of everyone in the state to provide fertility coverage to those that live and work here.

I am hopeful that Vermont will listen to its constituents and pass fertility insurance legislation. We deserve to have access to the medical care that we need. I will continue to fight until I and others like me are treated as human beings with dire medical needs requiring insurance coverage.

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