

Senator Carney, Representative Kuhn, Members of the Judiciary Committee,

My name is Roberta Manter, I live in Fayette, Maine, and I am speaking in favor of the several bills relating to abortion. I have been watching the public hearing online. Many of the people who spoke against these bills admitted that they only intended to speak against LD 975. But since they had come, they spoke against the other bills. So I would submit that they really do not oppose the other bills, or they would have prepared testimony against them as well. Also, I suspect the fact that so many of the people who signed up to testify against the bills did not stay to do so is an indication that either they only objected to LD 975, or after hearing the testimony in favor of the remaining bills, they decided not to oppose them.

Some of the women who testified against the bills stressed the fact that if a woman has an ectopic pregnancy, she will die if she cannot get an abortion. That is one of the most critical reasons why chemical abortions should not be allowed without a full examination by a doctor. If a woman obtains the medications online and induces an abortion on her own at home, without knowing she has an ectopic pregnancy, the medication will not terminate the pregnancy; the fetus will continue to grow outside the uterus, with life-threatening consequences. That is why it is critical for women to be under a doctor's care, and why the availability of abortion-inducing drugs is dangerous.

Add to that the question of disposal of the aborted fetus by flushing it down the toilet, and it should be clear that home abortions are not a good idea. We are told not to flush unused medications down the drain because of the danger to the environment. When my daughter had a tooth pulled at the dentist and asked if she could keep it, she was told that is not allowed because it is considered hazardous waste. One tiny tooth. Yet it's not considered dangerous to flush a fetus, carrying medications in its body, down the drain? One person said there was no proof the medications pose any danger to the environment. But that is what we were told about glyphosate, PFAS, and countless other substances that were supposedly harmless and which now contaminate so much of our environment that virtually every person has them in their body. And we wonder why we have high rates of cancer and other diseases that have been linked to these contaminants. Must we wait until the dangers are known, allowing them to be disbursed into the environment, before we take precautions? Once they're out there, we can't take them back. Wildlife biologists are alarmed at the increasing frequency of anatomical anomalies in frogs. Should we wait until we see the effects on humans before we take precautions? (See footnote 1.) What is so objectionable about requiring proper disposal?

Many of those who testified against these bills accused them of depriving women of the ability to choose what is best for them. But how can a woman choose what is truly best if she is not given adequate information about the choices that are available to her? It appears those who say they are "pro choice" are only in favor of the choice to abort. What about the choice to adopt? Or the choice to carry a child with birth defects to term and have perinatal hospice care? Or the choice to reverse a chemical abortion? And is a woman given all the information she needs to make a wise decision if she isn't shown the ultrasound? A mother who sees her baby in an ultrasound is much more likely to decide NOT to abort, and it should be her choice to make that decision. Yet those who advocate abortion don't want the woman to see the ultrasound, don't want her to know

that what she carries inside her is a baby, because then she might decide not to abort.

We do need stronger laws to hold men responsible for fatherhood, there is no question about that, and we need to work harder to prevent rape. We also need to do a better job of teaching our children that the risk of engaging in sex, even with the use of birth control, is that they will at some point get pregnant. Aside from cases of rape, they have the choice to wait until they are ready to care for a child before they engage in sex. There is a lot of talk about “unplanned pregnancy.” But in light of the failure rate of birth control, anyone who engages in sex should be planning to become pregnant at some point. The only sure method of birth control is abstinence, and we disrespect our children when we assume they are incapable of controlling themselves.

As for cases of rape, the victim is likely to remember the date on which it happened for the rest of her life. Women who have decided to keep the baby are choosing to make the best of a bad situation - even if they give the baby up for adoption, they are creating a life that will give joy to someone who may be unable to conceive. Mothers who keep the child report the unspeakable joy that child has brought into their life. On the other hand, telling them abortion will take care of the problem is a lie. They will still remember the date on which it happened. On top of that, they will remember the date on which they ended the life of their child, and the knowledge that they did that may haunt them for life. And perhaps they will also remember the date that should have been their child’s birthday. Too many bad memories, too many reminders.

Some have argued that when a fetus dies in utero, getting an abortion is a life-saving procedure. But that is not an abortion. It is not the killing of a child. It is instead an assisted miscarriage of a child who has already died. No doctor should have to worry that they will be prosecuted for removing a dead fetus, because that is not an abortion.

In short, if we did a better job of making information available before a woman gets pregnant, if we did a better job of teaching our children to be responsible for their actions, and to consider the consequences of their actions, if we did a better job of teaching the next generation to respect and value life, we could drastically reduce the NEED for abortion.

Some people referred to the bill that passed last session, which broadened the availability of abortions in Maine, potentially right up until birth. They referred to its passage as proof that the people of Maine want abortion to be available. They failed to point out that the testimony in favor of the bill was WAY outweighed by the testimony against the bill. Those who did not want abortion expanded were so passionate they waited all night for a chance to give testimony that had been reduced to one minute. Yet the Committee ignored the will of their constituents and passed the bill anyway. In doing so, they lost the trust of the people of Maine. I suspect there would have been a lot more testimony in favor of today’s bills if it were not for people thinking, “What’s the use of testifying, they won’t listen to us anyway.” (I do commend this committee for its intent to take alternating blocks of testimony for and testimony against, rather than making one side wait until everyone on the other side had had their full three minutes, as happened with that other bill.)

Planned Parenthood used to advertise that they wanted abortion to be “safe, legal, and rare,” and

that their services are necessary in order to prevent dangerous back alley abortions. So why are they now pushing for wider availability of abortions, and for unattended at-home abortions, including those where no physical exam or consultation with a doctor has occurred? Planned Parenthood has argued that abortion is a decision that should be made “by a woman and her doctor.” Yet in an abortion clinic, the woman is not seeing her own doctor who knows her medical history. In fact, she and the abortion doctor may not even come face to face with each other until the woman is sedated. And if she orders the chemicals online, with no doctor involved, how is that a decision of “a woman and her doctor?”

I think it’s too bad these bills were all heard at once. While they had a similar premise at their root, it would have been good if people could have had time to testify on the details of each bill that they find worthwhile or that they find objectionable, rather than fighting in general terms over when life starts. Granted, a person’s view on all of these bills will probably depend on when they say life begins, but there might be some provisions within a bill that will keep them from supporting the rest of it.

If you get a chance, PLEASE watch the movie, “Unplanned.” It is a real eye-opener, from the point of view of the director of a Planned Parenthood clinic. She started working for the clinic under the premise of making abortions rare. She was fascinated to see the tiny body parts of aborted babies, which the clinic called POC, Products of Conception, but which other staff members called “Pieces of Children.” She herself had two abortions. The second, a chemical abortion, put her through almost unbearable pain and profuse bleeding, alone in her bathroom. Eventually she was penalized by Planned Parenthood for questioning their demands to increase the number of abortions the clinic performed. Then she saw an ultrasound-assisted abortion and was shocked to see the baby trying to push away the suction probe. When Planned Parenthood cast her out, 40 Days for Life took her in and gave her the love and support she needed.

So in conclusion, I ask you to carefully consider which side actually has the welfare of women at heart. Is it those who would deny women a variety of choices, who would deny them information to help them make good decisions, who use the most dire cases to legitimize abortion on demand, and who minimize the risks of abortions unattended by a physician? Or is it the side that wants women to be given a variety of options and the information they need to choose what is best for them, who are concerned with the woman’s emotional well-being, who want to protect women from dangerous unattended abortions, and who actually step up to the plate to help women connect with the support services they need to raise their child?

Thank you for listening to all the testimony on these bills. I hope you will vote “Ought to Pass” these measure which do have the best interest of mothers at heart.

Roberta Manter

Footnote 1: The USGS has this to say about frog anomalies:

<https://www.usgs.gov/faqs/what-causes-deformities-frogs-toads-and-other-amphibians>

“What causes deformities in frogs, toads, and other amphibians?”

Malformed frogs first came to national attention in 1995. Since that time, reports of

malformed frogs and other amphibians have *increased dramatically*. Malformations have been reported in at least 44 states and in more than 50 species of frogs and toads. Multiple limbs, missing limbs, and facial abnormalities are the main malformations seen.

“Frog malformations are *the result of environmental factors* affecting development during early tadpole stages. The variations in malformation suggest multiple causes are involved in this worldwide problem; four major causes that have been identified include injuries from predators, a specific parasite (fluke), nutritional deficiencies, and *contaminants*.

“Amphibians are good indicators of significant environmental changes. Amphibians, unlike people, breathe at least partly through their skin, which is constantly exposed to everything in their environment. Consequently, their bodies are much more sensitive to environmental factors such as disease, *pollution, toxic chemicals*, ultraviolet radiation, and habitat destruction. *The worldwide occurrences of amphibian declines and deformities could be an early warning that some of our ecosystems, even seemingly pristine ones, are seriously out of balance.*” (Emphasis added.)