

May 1, 2023

Honorable Senator Anne Carney, Chair  
Honorable Representative Matt Moonen, Chair  
Joint Standing Committee on Judiciary  
Room 438, State House Station 100  
Augusta, ME 04333

**Public Hearing Testimony in opposition to  
L.D. 1619: An Act to Improve Maine's Reproductive Privacy Laws**

Dear Senator Carney, Representative Moonen, and distinguished members of The Joint Standing Committee on Judiciary,

My name is Kristen Gottlieb and I live in Mount Vernon and am here today to speak in opposition to L.D. 1619, This bill would make it legal for a licensed or *UNLICENSED* person to perform an abortion *for any reason* throughout the *entire nine months of pregnancy*. Up until the overturning of Roe vs. Wade, there was no push for abortions to be made available after 26-28 weeks when it has been medically determined that a baby can survive outside of the womb without the mother. Governor Mills wants to expand women's "rights" by joining only 7 other States who currently allow for this type of abortion. A third trimester abortion is a 3-4 day procedure, and here is what happens on each day according to the Boulder Abortion Clinic's website (<https://www.drhern.com/third-trimester-abortion/>):

- First day: preoperative care. Fetal demise is induced
- Second day: fetal demise is confirmed, and a single laminaria is placed in the cervix.
- Third day: The laminaria is removed, and multiple laminaria are placed in the dilated cervix under local anesthesia.
- Fourth day: procedure.

In simpler terms:

The abortionist injects the baby with a lethal drug to stop their heartbeat on Day 1. The mother then waits at the clinic until Day 2 when the abortionist breaks her amniotic sac and checks to be sure the baby is dead. On Day 3, the abortionist begins artificially opening her cervix. On Day 4, the abortionist removes the dead baby from her body.

Do you think a 3-4 day long abortion procedure might cause the mother at this stage even more mental and physical complications than a one day abortion? Besides emotional side effects like PTSD, regret and depression, have you thought about the surgical complications for the mother at this stage? Some of the risks to the mother are high fevers causing pelvic inflammatory disease; injury or perforation of the uterus which will cause abdominal infections; a weakened cervix which may prevent future pregnancies; excessive hemorrhaging and blood loss. All of these complications are common and serious.

Currently, there may not be many women who seek late term abortions as they are now only becoming more available to pregnant women, and the ones that do might be seeking it because she is unexpectedly pregnant, or pregnant with a baby who tested positive and could be born with a deformity or disease. We have been told that doctor's make mistakes, so doesn't it follow that they might administer tests with false positive results? Or that a

doctor might mistakenly read scans or lab results incorrectly on occasion? It is relatively common for pregnant women to be told their babies may likely be born with deformities or genetic diseases, but they end up delivering perfectly healthy babies.

Does it bother you that this bill states that the person performing this 3-4 day abortion procedure does **not** have to be a licensed doctor or nurse? Perhaps we don't even need doctors or nurses as Governor Mills is suggesting in this bill. While this bill is about allowing abortion up until the day of birth, if we allow this in the name of women's "rights" and continue celebrating abortion as we do in this country, we should be aware that this could lead to legalized infanticide. How can we even try to justify aborting the life of a baby the day before they are to be born, but call it murder the next day when they are to be born?

In an article by the American Life League, "It must be made perfectly clear that infanticide IS a form of euthanasia. Infanticide is very important because it is the "bridge between abortion and adult euthanasia. Infanticide proponents argue "there is no real difference between a third trimester abortion and the killing of an infant soon after birth. In fact, Joseph Fletcher, former President Emeritus of the Society for the Right to Die (formerly called the Euthanasia Society of America) and often called "Father of Situation Ethics" has referred to infanticide as "post-natal" abortion."

How long before we look at newborn babies as less than persons, as valueless because they too are helpless and could not survive without their dedicated parent or caregiver? For that matter, what about toddlers? Are we really so self consumed that we need to have abortion legal throughout the entire 9 months of pregnancy and willing to sacrifice a child, whom at that point could survive outside the womb, instead of making sacrifices to have the child or give the baby up for adoption?

If you allow L.D. 1619 to pass, don't be surprised if you soon see legislation proposing to make it legal for a parent to euthanize their newborn because they cry too much and they are losing sleep or work, or are unable to afford daycare. We are not even replacing ourselves as it is in America and our birth rate continues to drop. If our laws protect only the rights of the strong and powerful, then the children, the elderly, and the disabled among us will be the ones most at risk. Do we really want to continue to change the way we look at people by desensitizing society to death and violence?

We are not guaranteed an easy life. Some of the hardest things we face in life become our greatest joys. An unexpected baby could be the greatest relationship you never knew you were missing in your life, or in someone else's life. We should be offering hope and life to enhance and support pregnant women who are facing an unexpected pregnancy, not giving people every possible way to end human life. Why aren't we promoting life and giving hope? Isn't life about relationships and love?

Please vote NO on L.D. 1619. And please vote NO on L.D. 776 and L.D. 1346.  
Thank you for your time and consideration.

Kristen Gottlieb



Rejoice at one week/25 weeks gestation  
Her father's wedding ring on her arm

Senator Carney and Representative Mooney, Honorable Members of the Joint Standing Committee on Judiciary, my name is Ann Dowdy BSN, RN, and I am a resident of Unity. I am here to testify in opposition to LD 1619. I also oppose LD 1343 & 776.

Abortion at ANY time, for ANY reason is too extreme for Maine. LD 1619 would allow a baby that could survive outside the womb to be killed.

When we had our 20-week ultrasound in 2021 and discovered God had given us a girl, Rejoice (after 5 boys), we were shocked and excited. Only 4 weeks later—at 24 weeks 1 day—she was born in Augusta on a Saturday morning in May with 20 minutes warning. By God's providence the right medical team was there to resuscitate and intubate our Rejoice (and do other life-saving care). The teams from Bangor Neonatal Intensive Care Unit and Lifelight of Maine were available to further care for her and transport her. We were thrilled that she had survived, but sad to think that medical professionals and mothers in Maine are purposely choosing to kill babies just 5 weeks younger than her. According to the Maine CDC 12 babies were killed by abortion that same year at 19 weeks.



Rejoice @ 22 months  
while on a family trip

Up in the Bangor NICU in the dark isolette with Rejoice's eyelids not yet opened, her father and I longed to be close to her, to let her know she was not alone. She was holding her father's finger, and I quietly reached into the isolette. She quickly let go of dad's finger and grabbed my finger. After a while, without speaking a word, I carefully and gently let go of her tiny hand and walked away from the isolette. She immediately reached for her father's finger. Nurse Lisa—who has decades of NICU experience, is known for her vast researching, and who'd worked so hard with Rejoice on the transport team—explained: "She can *smell* the difference between the two of you." Consider this: neither of us wear perfume or cologne. Yet Rejoice knew the difference between the smell of mom's finger and the smell of dad's finger. She knew this before her eyes were open. She knew this before we had even been able to hold her.

Just because someone isn't fully developed yet or isn't developing as we want them to, does not give us the right to kill them, for in Psalms we read that

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each unborn person is “wonderfully made” by God. Consider this: According to the National Institute for Mental Health, human brains are not fully developed or matured “until [the] mid-to-late 20s”.

Furthermore, though I certainly appreciate and have respect for doctors’ judgements, they are human just like the rest of us. They don’t know the future. The doctors said our Rejoice had a 50% chance of survival. Today she’s thriving with no long-term effects of her premature birth at 24 weeks.

As a registered nurse myself, I find it horrifying that this bill removes any penalty for non-licensed persons killing another human being and risking killing the mother as well. This bill further fuels the 3<sup>rd</sup> leading cause of death in Maine (after cancer and heart disease, according to the Maine CDC)—abortion.

I oppose LD1619. Abortion at ANY time, for ANY reason is too extreme for Maine. This bill would allow a baby that could survive outside the womb to be killed—a baby just like our precious, full-of-life Rejoice. That would be a tragedy for the baby, mother, father, the State of Maine, and the world. Please vote ought NOT to pass.