

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH

IN RE: PUBLIC HEARING FOR THE LICENSURE OF  
FIRST TRIMESTER ABORTION FACILITIES  
HEARD BEFORE: ERIK BODIN  
DIRECTOR, OFFICE OF LICENSURE AND CERTIFICATION

CERTIFIED COPY

MARCH 12, 2013  
CONFERENCE ROOM  
JOHN MARSHALL PUBLIC LIBRARY  
6209 ROSE HALL DRIVE  
ALEXANDRIA, VIRGINIA 22310

IN RE: PUBLIC COMMENTS

COMMONWEALTH REPORTERS, LLC.  
P. O. Box 13227  
Richmond, Virginia, 23225  
Tel. No. 804-859-2051 Fax No. 804-291-9460

1 VDH STAFF:

2 Erik Bodin, Presiding  
3 Director, Office of Licensure and Certification

4 Peter Boswell, Director  
5 Division of Certificate of Public Need

6 Susan Horn  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CERTIFIED COPY

	SPEAKER INDEX	
2	NAME	PAGE
3	Casey Mattox	8
4	Pilar Jones	11
5	Julia Kiewit	11
6	Carrie Ross	13
7	Carole Denner	15
8	Alice Cohan	17
9	Mary Bell	19
10	Francesca Witcher	20
11	Brittany Anderson	23
12	Frank Schwamberger	24
13	Ruby Nicdao	27
14	Emily Creveling	29
15	Rosemary Coddling	30
16	Heather Parker	32
17	Andrea Delvecchio	34
18	Cathy Mallard	36
19	Chris Freund	38
20	Margaret Vanderhye	40
21	Tim McGhee	42
22	Brenda Radford	45
23	Dr. Laura Meyers	46
24	Shaila Reddy	48
25	Therese Bermpohl	49

SPEAKER INDEX (con't.)

2	NAME	PAGE
3	James Edmondson	50
4	Diana Egozcue	53
5	BJ Haflinger	55
6	Sara Dena	56

1  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CERTIFIED COPY

1           (The public hearing commenced and the taking  
2 of oral comments commenced as follows:)

3  
4           MS. HORN: If everyone could take  
5 their seats, I'd greatly appreciate it. On  
6 behalf of the Virginia Department of Health and  
7 the Board of Health, welcome, and I call this  
8 public hearing to order.

9           On my left is Erik Bodin. He is  
10 the director of the Office of Licensure and  
11 Certification. My name is Susan Horn. And to  
12 my right is Peter Boswell. We are both VDH  
13 staff.

14           I want to take care of a few  
15 housekeeping issues before we get started. In  
16 the back of the room, to the right and to the  
17 left, are two exits. In case of emergency,  
18 please head that way. If you need the  
19 restroom, it's out the hall to the left.

20           And in case of a tornado or  
21 hurricane, we will actually shelter in place.  
22 We'll go further into the library and stay put.  
23 As a courtesy to all public speakers, I ask  
24 that you silence your cell phones or all other  
25 electronics at this time. I'll give everyone a

1 moment to do that. The purpose of this  
2 meeting, last December, proposed permanent  
3 regulations were signed by Governor McDonnell  
4 to replace the emergency regulations for the  
5 licensure of facilities that perform five or  
6 more first trimester abortions per month.

7 These regulations are required by  
8 legislation passed by the 2011 session of the  
9 Virginia General Assembly. The emergency  
10 regulations now in effect must be replaced by  
11 permanent regulations prior to the expiration  
12 of the emergency regulations.

13 We are here to take public comment  
14 on the proposed regulations signed by the  
15 Governor last December. VDH staff will not be  
16 entertaining questions concerning the proposed  
17 regulations during this hearing.

18 The final permanent regulations  
19 will be presented to the Board of Health for  
20 consideration at its April 12th meeting in  
21 Richmond.

22 In terms of process at this  
23 meeting, persons will be called to speak in the  
24 order that they signed in. As we use multiple  
25 sign-in sheets, we will alternate between the

1 sheets, calling in order from each sheet. We  
2 will call the speaker and announce the next  
3 speaker, so you can be ready -- be on deck.  
4 This should speed up the process so that  
5 everyone will have an opportunity to speak  
6 today.

7 Each speaker will be given two  
8 minutes to speak. A timing clock will be  
9 projected on the screen behind me so that you  
10 can gauge your comments to the time available.  
11 If anyone wishes to provide us with written  
12 comments today, they may do so.

13 The hearing is being audio-  
14 recorded. Periodically, you will see Peter go  
15 ahead and turn the recorder off and then back  
16 on. That is simply a function of saving the  
17 recording.

18 We will prepare a written  
19 transcript from the recording that will be  
20 posted on the VDH Office of Licensure and  
21 Certification's web site.

22 And that is [www.vdh.virginia.gov](http://www.vdh.virginia.gov).  
23 We will end the public hearing at either of the  
24 earlier of when the last speaker has finished  
25 or 5:00 o'clock p.m. And while other -- while

1 individuals are speaking at the podium, please  
2 be courteous and don't speak. No boo-ing, no  
3 clapping, anything of that nature. Okay? And  
4 the first speaker is Casey Maddox. And on deck  
5 we have Pilar Jones.

6  
7 MR. MATTOX: My name is Casey Mattox.  
8 I'm senior counsel with Alliance Defending  
9 Freedom and a Virginian. I want to make clear  
10 at the outset that the Attorney General is this  
11 Board's authorized legal counsel.

12 The Board is obligated by State  
13 law to accept and follow the advice of the  
14 Attorney General. So to the extent that  
15 anything I say differs in any way with the  
16 legal advice of the Attorney General, ignore  
17 me.

18 That said, these regulations are  
19 constitutionally sound and critically necessary  
20 to protect the health, welfare and safety of  
21 women in the Commonwealth.

22 Until the recently, the abortion  
23 industry argued the abortions should be safe,  
24 legal and rare. If abortion proponents remain  
25 concerned about avoiding back alley abortions,

1 even in their own facilities and even when  
2 safer standards might undercut their bottom  
3 line, these regulations should be  
4 unobjectionable.

5 This Board is not weighing in on  
6 the morality of abortion. The question is  
7 whether any of the Commonwealth's women, no  
8 matter what medical procedures they are  
9 undergoing, should be subjected to unsafe and  
10 unsanitary conditions.

11 Whatever our differences, surely  
12 we can agree on that. Abortion is a billion-  
13 dollar industry. Planned Parenthood alone, the  
14 nation's largest abortion provider, carries out  
15 nearly 900 abortions per day.

16 That's an abortion every 95  
17 seconds. Roughly 30,000 abortions occur in  
18 Virginia each year. As the Guttmacher  
19 Institute reports concerning abortion in  
20 Virginia, abortion is a common experience,  
21 close quote.

22 Abortion is not rare. It is  
23 commonplace. Abortion remains legal. Is it  
24 now too much to ask that the facilities  
25 performing these abortions be safe? Horrific

1 conditions have recently been discovered in  
2 abortion clinics in Pennsylvania and elsewhere.  
3 Just yesterday, several Maryland abortion  
4 clinics were shut down over serious threats  
5 they pose to womens' health.

6 A young woman died in an abortion  
7 in Maryland just last month. Both publicly  
8 released 911 calls and recent inspections  
9 demonstrate that Virginia is not immune.

10 These regulations no more restrict  
11 abortion than requiring that churches have an  
12 appropriate number of exits denies the free  
13 exercise of religion.

14 The Attorney General has -- was  
15 correct in determining that these regulations  
16 were within the Commonwealth's authority, and I  
17 urge you -- the Board -- to adopt them. Thank  
18 you.

19  
20 MS. HORN: Pilar Jones.

21  
22 MS. JONES: Yes.

23  
24 MS. HORN: And on deck, we'll have  
25 Julia Kiewit.

1 MS. JONES: Good afternoon. My name  
2 is Pilar Jones. I will be short and sweet, to  
3 the point. I'm speaking as a woman and a  
4 native of Virginia.

5 And I am all in favor of these  
6 regulations that help women, that have women's  
7 health at mind and heart. And I am in full  
8 support of anything that will do that. Thank  
9 you very much.

10  
11 MS. HORN: Julia Quiett.

12  
13 MS. KIEWIT: My name is Julia Kiewit.  
14 I represent the Family Research Counsel, a  
15 public policy organization that defends human  
16 life and religious freedom, and represents  
17 thousands of constituents across the country.

18 I myself am a resident of  
19 Virginia. FRC supports the proposed clinic  
20 regulations and asks the Board to uphold the  
21 regulations consistent with the statute passed  
22 by the Virginia Assembly in 2011.

23 Some might argue that regulations  
24 are not necessary. But the fact remains  
25 abortion is one of the least regulated surgical

1 procedures in the United States. Regardless of  
2 one's beliefs regarding abortion, each woman  
3 deserves to know that a clinic is as safe and  
4 as regulated as other medical facilities.  
5 Right now, not every woman seeking an abortion  
6 can have this confidence.

7 But the Virginia regulations would  
8 go a long way in insuring women's confidence  
9 and their own safety. Proposed regulations  
10 would require abortion clinics to conform to  
11 the same safety standards set for other  
12 similarly situated healthcare facilities.

13 This is imminently reasonable and  
14 completely constitutional. Even in *Roe versus*  
15 *Wade*, the United States Supreme Court  
16 recognized that the state has a, quote,  
17 legitimate interest in seeing to it that  
18 abortion, like any other medical procedure, is  
19 performed under circumstances that insure  
20 maximum safety for the patient.

21 And the courts have consistently  
22 upheld regulations on abortion clinics based  
23 partially on the fact that these regulations  
24 essentially codify abortion industry standards.  
25 For example, the Fourth Circuit Court, which

1 has jurisdiction over Virginia, upheld South  
2 Carolina's abortion clinic regulations, noting  
3 that they are little more than a codification  
4 of national medical and abortion association  
5 recommendations designed to insure that the  
6 health and appropriate care of women is  
7 accomplished in seeking an abortion.

8 Regulations such as the ones  
9 proposed for Virginia are modeled after  
10 national standards promulgated by abortion  
11 providers themselves, and serve the legitimate  
12 purpose of enhancing care for women. Thank you  
13 for your consideration in this matter.

14  
15 MS. HORN: Next we have Carrie Ross  
16 and on deck, Carole Denner.

17  
18 MS. ROSS: Hello. I'm Carrie Ross.  
19 And I'm relatively a new resident to the  
20 Commonwealth of Virginia. And I was very  
21 excited to move to Virginia, but I'm  
22 disappointed in the targeted regulation of  
23 abortion providers, these regulations set forth  
24 by the Board of Health and the Governor. These  
25 new laws directly impact my ability to access

1 medical care, including birth control -- yes,  
2 abortion -- but also pap smears and other  
3 cancer screenings. Many of these clinics are  
4 not solely abortion providers. They are the  
5 primary reproductive healthcare providers for  
6 college-age and low-income women.

7 By imposing these unnecessary and  
8 unrealistic regulations, my choice in providers  
9 and the number of clinics available to me is  
10 severely impacted. But I also have a unique  
11 perspective.

12 Before moving to Virginia, I  
13 worked at a first- and second-trimester  
14 abortion facility. It was my job to schedule  
15 patients and prepare them for their  
16 appointment, as well as work with patients who  
17 couldn't fund the procedure themselves.

18 I was also there when they were  
19 here for appointment, holding their hands and  
20 discussing with them what would happen. These  
21 regulations aren't about making sure that my  
22 patient has a better and safer experience.

23 What these regulations do are  
24 shift clinic staff's focus away from their  
25 patients and towards state bureaucracy. And

1 also, it directs funds that clinics could use  
2 to advance patient care, such as creating new  
3 hospital beds or hiring a new counselor to  
4 speak with a woman before her procedure.  
5 Instead to making sure that closets and  
6 hallways are a specific and arbitrary with the  
7 part.

8 I strongly urge these regulations  
9 be amended or at least overturned. And I hope  
10 that you will agree with me.

11  
12 MS. HORN: Carol Denner.

13  
14 MS. DENNER: Good afternoon. I'm  
15 Carole Denner. I'm a registered nurse,  
16 nationally certified medical-surgical nursing  
17 and a resident of Springfield, Virginia.

18 I was employed for over 24 years  
19 at Fairfax Hospital, was an educator at  
20 Virginia Hospital Center, and was adjunct  
21 faculty at George Mason University in the  
22 College of Health and Human Services.

23 I find it astounding that in an  
24 era in which the healthcare community employs  
25 multiple safeguards to protect the public from

1 HIV, which is a blood-born disease and still  
2 causes AIDS, and many antibiotic-resistant  
3 infections, we're discussing whether women  
4 undergoing a procedure in an abortion facility  
5 should be equally protected.

6 Women have a right to expect  
7 sterilized examining equipment and a procedure  
8 free from the blood of other clients. Safety  
9 should be the Board's first concern, not the  
10 inconvenience to abortion providers.

11 I first became involved in the  
12 clinic safety issue in 2002 when a 26-year-old  
13 woman died in an Alexandria abortion clinic.  
14 We're in Alexandria as we speak.

15 I have in my possession a  
16 Department of Health Professions' judgment  
17 against the physician which requires only this  
18 physician to abide by some of the commonsense  
19 regulations currently before the Board.

20 How many young women have to die  
21 before all women are protected? Even one is  
22 too many. I'm -- over 9000 women of concerned  
23 women for America and Virginia, ask you to vote  
24 to fully implement the proposed regulations for  
25 licensure of abortion facilities as written.

1           These are commonsense regulations. I've read  
2           them all. They're consistent with industry  
3           standards throughout, including -- not just the  
4           width of hallways, but medications. Are people  
5           capable of handling resuscitation equipment?

6                         What about the -- the use of  
7           medications? All the things are -- are  
8           essential to the safe medical care for women.  
9           Thank you very much for your time.

10  
11                        MS. HORN: Alice Cohan, and on deck  
12           we'll have Mary Bell.

13  
14                        MS. COHAN: Hi. I'm Alice Cohan. I  
15           live in Alexandria, Virginia. And I'm the  
16           political director of the Feminist's Majority.  
17           I want to welcome all of us to the war against  
18           women. Because that's what this is all about.

19                        Mr. Cuccinelli is waging that war.  
20           And he's using the lives and health of women in  
21           Virginia for his own political advancement.  
22           And let us call it what it is. He has taken a  
23           strategy to close the clinics in Virginia by  
24           his regulations. And he has basically, in a  
25           back-handed way, worked to subvert the

1 constitutional guarantee provided by Roe v.  
2 Wade to guarantee access for women for all  
3 ranges of healthcare in this state and across  
4 the country.

5 And what are some of these  
6 unnecessary restrictions that are part of the  
7 regulations that we're considering today? As  
8 someone mentioned, they define the dimensions  
9 of the janitorial closet.

10 They define the width of the  
11 hallways that must be carried on. As a matter  
12 of fact, to show the heavy-handedness of the  
13 Attorney General, the Board of Health voted to  
14 grandfather in the existing facilities to not  
15 have to adhere to the restrictions imposed by  
16 what are actually regulations for new  
17 facilities.

18 After the Board of Health took  
19 that vote, the Attorney General told us that he  
20 would not guarantee or support any legal action  
21 taken against them.

22  
23 MS. HORN: Thank you.

24  
25 MS. COHAN: Let's stop the war on

1 women.

2  
3 MS. HORN: Mary Bell, and on deck  
4 Francesca Witcher.

5  
6 MS. BELL: Hello. I'm -- my name is  
7 Mary Bell. I was educated as a nurse. I'm now  
8 retired, but once a nurse always a nurse. I  
9 have a master's degree in medical-surgical  
10 nursing from Catholic University of America.

11 And I now live in Springfield,  
12 Virginia. I am here to show support for the  
13 public health and safety of women. I support  
14 the proposed regulations 100% because I think  
15 that they are necessary for the safety of  
16 women.

17 Anyone who has seen any of the  
18 photos from Dr. Gosnell's abortion clinic in  
19 Philadelphia would have to say that we need  
20 inspections and we need regulations.

21 And regulations that prohibit  
22 people from -- women from going into a -- a  
23 clinic room and having blood on the -- either  
24 on the wall or on the floor, which I have read  
25 about, is not -- is not good medical practice.

1 So I support these regulations. And I hope  
2 that they can -- they are implemented 100%.  
3 Thank you.

4  
5 MS. HORN: Francesca Witcher, and on  
6 deck we have Scott Treibitz.

7  
8 MS. WITCHER: Hi. I am a national  
9 campus organizer of the Feminist's Majority  
10 Foundation and I work with a lot of young women  
11 in the State of Virginia. And working and  
12 speaking with a lot of young women on these  
13 college campuses.

14 These clinics are essential to  
15 access, to not only abortion services, but also  
16 to low cost birth control services as well as  
17 well woman exams, such as pap smears and breast  
18 cancer screenings.

19 Without these clinics and these  
20 trap regulations are, in fact, going to  
21 potentially shut down most of the clinics in  
22 Virginia if they are implemented. These women  
23 on these college campuses will not have access  
24 to these services. Many of the student health  
25 centers do not provide these services at a low

1 cost. And in coming from that perspective, not  
2 only from the abortion perspective, that is  
3 going to leave a lot of women with no place to  
4 go for medical care that they're -- that they  
5 will need.

6 Of course, aside from the low cost  
7 birth -- accessing low-cost birth control and  
8 well woman exams, these trap laws are basically  
9 taking a woman's right to privacy away that the  
10 Constitution guarantees.

11 I agree with Alice Cohan when she  
12 said that this is -- these trap laws are not  
13 for the health and safety of women. These trap  
14 laws are systematically being put in place to  
15 shut down only abortion clinics, not any other  
16 clinics that provide outpatient services, but  
17 only abortion clinics.

18 And it is clear what the Governor  
19 and what the Attorney General is trying to do.  
20 This is about access to privacy and women  
21 having the right to choose.

22 And it is unfair and  
23 unconstitutional that they are doing this to  
24 women in this state. And as a young woman, I  
25 reside in the State of Maryland but I work with

1 young women here. It is just -- it is  
2 appalling what they are doing. And I object to  
3 what the Governor is trying to do. Thank you.

4  
5 MS. HORN: Scott Tribbetts.

6  
7 MR. TREIBITZ: I'm going to defer my  
8 time to Senator [inaudible.]

9  
10 MS. HORN: To who?

11  
12 MR. TREIBITZ: Senator Vanderhye.

13  
14 MS. VANDERHYE: I don't know where I  
15 am on the list.

16  
17 MR. TREIBITZ: Oh, okay.

18  
19 MS. VANDERHYE: But if you're willing  
20 to take me now, that would be great. Otherwise  
21 --

22  
23 MR. BODIN: We'll keep going through  
24 the list there if --

25

1 MS. VANDERHYE: Okay.

2  
3 MR. BODIN: That's okay. Okay.

4  
5 MS. HORN: Brittany Anderson. And on  
6 deck, Frank Schaumberger.

7  
8 MS. ANDERSON: Good afternoon. My  
9 name is Brittany Anderson. I'm the legislative  
10 aide to Senator Mark Herring. Senator Herring  
11 was unable to be here today, so I'm here to  
12 read a statement on his behalf.

13 In 2011, Republicans in Richmond  
14 pushed through legislation to effectively shut  
15 down women's healthcare providers across the  
16 Commonwealth.

17 The legislation makes healthcare  
18 for women for expensive and less accessible  
19 through targeted, overly burdensome regulations  
20 that provide unnecessary obstacles to any women  
21 seeking access to healthcare services.

22 These healthcare centers provide  
23 vital services. In many cases, they are the  
24 only source of critical care for women offering  
25 affordable annual check-up's, cancer screenings

1 and birth control. Nearly one in three women  
2 struggle to afford reproductive healthcare.  
3 Many are uninsured or under-insured and count  
4 on low cost women's healthcare centers for  
5 their primary healthcare needs.

6 If any one of the women's  
7 healthcare centers closes, thousands of  
8 Virginia women will lose access to critical  
9 care.

10 When Republicans pushed through  
11 this legislation two years ago, there was no  
12 evidence justifying these new regulations on  
13 health grounds. But the legislature forced  
14 them on Virginia women, anyway.

15 Today, there still isn't any  
16 evidence. The new regulations are wrong and  
17 must be fixed to insure that thousands of  
18 Virginia women do not lose access to essential  
19 -- essential medical care.

20  
21 MS. HORN: Frank Schwamberger, and on  
22 deck we have Ruby Nicdial? How do you say  
23 that?

24  
25 MR. SCHWAMBERGER: Good afternoon, and

1 my name is Frank Schwamberger. And thank you  
2 for allowing me to offer my opinion on the  
3 proposed abortion clinic regulations. I just  
4 came from an abortion clinic where I observed  
5 young women leaving, unable to look at me  
6 because of the sadness they were feeling.

7 This happens all too often. Young  
8 women making the decision to end life of their  
9 child because they are pressured and feel have  
10 -- they have no other options. These women  
11 will have to deal with that decision for the  
12 rest of their lives.

13 I have seen women leave the clinic  
14 and they are limping to their car. Some need  
15 support from a friend or family because they  
16 are unstable and need help. Some are crying  
17 uncontrollably.

18 Some get in their car only to open  
19 the door and throw up. Abortion is a serious  
20 procedure and can have immediate and long-term  
21 physical and emotional effects.

22 As a Catholic, I recognize that  
23 the abortion industry is not healthcare because  
24 it ends a life rather than giving it. And  
25 causes physical and psychological pain to

1 women. Abortion operates under the guise of  
2 healthcare in this country. The industry can  
3 not have it both ways. Facilities where women  
4 are receiving treatment should be regulated to  
5 hospital standards. I favor the regulations as  
6 they are proposed.

7 These are commonsense regulations.  
8 And it's the least we can do to protect women.  
9 Facilities should be adequately repaired in  
10 case women need life-saving aid. The  
11 regulations require that the parking lots are  
12 sufficient size for an ambulance to park.

13 The corridors must be wide enough  
14 for stretchers. Some clinics where performing  
15 abortions on the second floor of buildings that  
16 did not have elevators. This is meant so they  
17 have to get up and down stairs.

18 Anyway, in addition to the  
19 proposals, I recommend and consider a hotline  
20 or email address that would alert inspectors to  
21 deficiencies at abortion clinics.

22 Women who use these facilities and  
23 the abortion clinic workers should be aware of  
24 the hotline and be encouraged to report  
25 violations.

1 MS. HORN: Ruby Nicao. Sorry if I'm  
2 mangling your name. And on deck, we have Emily  
3 Creveling.

4  
5 MS. NICAO: Hi. I'm Ruby Nicao,  
6 sidewalk counselor at Fairfax. I thank the  
7 Board for adopting the proposed regulations and  
8 I urge the Board to go ahead and finally  
9 approve these regulations. I pray that they  
10 will close these abortion clinics down.

11 These are baby butcher shops.  
12 Yesterday, Life Site News reported Department  
13 of Health in Maryland suspended the licenses of  
14 three surgical abortion clinics affiliated with  
15 the notorious illegal late-term abortionist,  
16 Stephen Brigham, after inspections revealed  
17 violations that made the continued operation of  
18 the clinics unsafe.

19 The inspections were prompted by a  
20 letter from 17 Maryland House delegates raising  
21 concerns about abortion clinics's safety after  
22 Jennifer Morbelli died from complications to a  
23 33-week abortion she received from LeRoy  
24 Carhart in Germantown on February 2013. None  
25 of the clinics licensed under Maryland's new

1 abortion clinic licensing rules were ever  
2 inspected to verify safety compliance prior to  
3 Morbelli's death. Shockingly, inspectors  
4 discovered a second abortion-related patient  
5 death had occurred at one of Brigham's abortion  
6 clinics in Baltimore.

7 The woman suffered a cardiac  
8 arrest at the time of the abortion. According  
9 to the Baltimore Sun, the abortionist was not  
10 certified in CPR and the defibrillator at the  
11 facility did not work.

12 Brigham has two abortion clinics  
13 here in the State of Virginia, one in Fairfax  
14 and one in Virginia Beach. I urge the Virginia  
15 Department of Health to follow the lead of  
16 Virginia Board of Maryland and go ahead and  
17 close these abortion mills due to all these  
18 abuses.

19 I urge the Board to adopt these  
20 regulations. I pray that they close these baby  
21 butcher shops down where women will be  
22 protected and babies, too. Thank you.

23  
24 MS. HORN: Emily Crevleing. And next  
25 we will have Rosemary Cotting.

1 MS. CREVELING: My name is Emily  
2 Creveling and I'm a health educator at Falls  
3 Church Healthcare Center. I am -- I work at  
4 one of the clinics that we're arguing about  
5 today.

6 I have the honor of working with  
7 women who receive abortion care in this state.  
8 I hold their hands during their abortions, sit  
9 with them in the recovery room, connect them to  
10 domestic violence resources, organize their  
11 charts, baby sit their children, discuss their  
12 birth control options.

13 But mostly, I bear witness to  
14 their stories and strength. My patients are  
15 the reason I'm standing here today. They  
16 complete me and have given me purpose in life.  
17 They are the best people and, besides my own,  
18 mothers I know.

19 They've taught me how to trust and  
20 respect the complexities of our unique  
21 journeys. It saddens me that I have to stand  
22 here before you and defend my basic right as a  
23 woman and human to have access to healthcare in  
24 a private and dignified setting. We, as women,  
25 will always have abortions. Restrictive laws

1 can not stop the force of our right and duty to  
2 control our bodies. If clinics like Falls  
3 Church Healthcare Center do not exist, we will  
4 exercise this right in back alleys and with  
5 pills sold on the black market.

6 We will put our lives at risk to  
7 control our destinies and those of our  
8 families. I welcome efforts to enhance our  
9 center's already excellent care, but these  
10 regulations do not support the safety of the  
11 women I love.

12 The Board of Health should --  
13 should do what is just and honest for this  
14 state by amending Senate Bill 924.

15  
16 MS. HORN: Rosemary Coddington, and next  
17 we have Heather Parker.

18  
19 MS. CODDINGTON: Good afternoon, Erik.  
20 First, I want to thank you and the staff of OLC  
21 and VDH for advocating for us abortion care  
22 providers. Helping us with guidance and  
23 support as we labor through the emergency  
24 regulation process. Those emergency  
25 regulations which are now being considered as

1 the basis for permanent regulations are  
2 extreme. They fill this notebook. I'm glad  
3 you were able to read it all. And another 460  
4 pages. And I'm glad you were able to read it  
5 all, of construction guidelines.

6 I know this has been challenging,  
7 confusing and costly for Virginia Department of  
8 Health and the Virginia taxpayers, as it has  
9 been for us 21 abortion care providers in  
10 Virginia.

11 Falls Church Healthcare has spent  
12 over \$40,000.00 in 2012, nearly half of our  
13 improvement budget. I can not imagine what it  
14 has cost VDH.

15 And I know you have gotten heat  
16 from across the nation, but I want to thank you  
17 for maintaining your commitment to us medical  
18 providers, pro-choice GYN centers, and  
19 Virginia's women and their families.

20 Now you need to advocate that the  
21 Board of Health stop promoting illegal  
22 abortions in Virginia. Harsh words, but even a  
23 harsher reality. These extreme regulations on  
24 facility construction and staffing will do just  
25 that. If our specialty is not honored in legal

1 medical practices, then it will be conducted as  
2 it was 40 years ago. And only women will  
3 suffer. Please view the documentary on  
4 physicians for reproductive health web site.

5 And tell each Board of Health  
6 member the consequences of their vote if they  
7 don't amend these regulations. Erik, I've  
8 given you a letter that I'd like you to share  
9 with the Board of Health members. Thank you.

10  
11 MS. HORN: Heather Parker. And next,  
12 we'll have Andrea Delvecchio.

13  
14 MS. PARKER: My name is Heather  
15 Parker, and I'm attorney and advocate for  
16 women's health. I speak to you today as a  
17 Virginia resident concerned about the impact  
18 these new regulations will have on Virginia's  
19 women and families.

20 First, as I'm sure you've heard by  
21 now, the proposed regulations contain extensive  
22 burdensome and medically irrelevant  
23 construction requirements that have no relation  
24 to the safety of the services that women's  
25 health centers provide. The size of a

1 janitor's closet or the type of water fountain  
2 in a clinic do not impact patient care. But  
3 requiring existing facilities to comply with  
4 these new regulations will force the closure of  
5 15 to 20 of Virginia's clinics, restricting  
6 Virginians' access to safe, legal abortion.

7 Our opponents say they want  
8 regulation for safety's sake. And that this is  
9 not about closing health centers. But they  
10 refuse to join us in asking the Board to treat  
11 health centers like other similar outpatient  
12 facilities and grandfather in -- grandfather  
13 them in to avoid medically unnecessary  
14 construction requirements.

15 Their claim rings a little false.  
16 Second, Attorney General Ken Cuccinelli has  
17 overstepped his bounds. As a legal advisor,  
18 the AG can inform the Board's action. But he  
19 can not and should not decide it or force the  
20 adoption of one legally defensible policy over  
21 another.

22 The Attorney General has no  
23 credible legal basis for stating that the Board  
24 did not have authority to issue regulations  
25 that grandfathered existing healthcare

1 facilities. Attorney General Cuccinelli's  
2 threat to refuse to certify the Board's  
3 authority amounted to the AG claiming a veto  
4 over the Board's policy decisions.

5 The Attorney General does not and  
6 should not have veto power over policy  
7 decisions delegated to the Board by the  
8 legislature.

9 When faced with legal advice from  
10 the AG's office, that is clearly based more on  
11 political objectives than legal principles, the  
12 Board should decline to follow it and see that  
13 the regulations they publish are truly in the  
14 best interest of the health of Virginians.

15 These regulations aren't.

16  
17 MS. HORN: Andrea Delvecchio. And  
18 next we will have Cathy Mullards. I just want  
19 to remind everyone, this microphone at the  
20 podium, it's -- does not amplify sound. It  
21 simply for recording. So if everyone could  
22 please speak up, that would be greatly  
23 appreciated. Thank you.

24  
25 MS. DELVECCHIO: Thank you for letting

1 us speak today. My name is Andrea Delvecchio.  
2 And I am a concerned woman of -- of Virginia  
3 and a mother. And I would like to say that I  
4 am in total support of the proposed abortion  
5 clinic regulations that are before you.

6 Most women are never told that  
7 approximately 10% of the -- of those who are  
8 undergoing elective abortions will suffer  
9 immediate complications.

10 The nine most common  
11 complications, which can occur at the time of  
12 an abortion, are infection, excessive bleeding,  
13 embolism, ripping or perforation of the uterus,  
14 anesthesia complications, convulsions,  
15 hemorrhage, cervical injury and endotoxic  
16 shock.

17 The most common minor  
18 complications that a woman could suffer at the  
19 time of the elective abortion are infection,  
20 bleeding, fever, second-degree burns, chronic  
21 abdominal pain, vomiting and gastrointestinal  
22 disturbances. I believe we need to make sure  
23 that these women who are going in for an  
24 elective abortion receive the best care  
25 possible. And that means, they need the

1 regulations that are proposed to keep them safe  
2 and keep them alive after this procedure.

3 Thank you.

4  
5 MS. HORN: Cathy Mullards and next we  
6 have Chris Freund.

7  
8 MS. MALLARD: My name is Cathy  
9 Mallard.

10  
11 MS. HORN: Sorry. Apologies.

12  
13 MS. MALLARD: Like the duck. That's  
14 okay. That's -- everybody makes that mistake.  
15 And I speak today as a concerned resident of  
16 the Commonwealth of Virginia. I speak today in  
17 support of the proposed abortion clinic  
18 regulations.

19 How are abortions performed? The  
20 most common procedures are suction, including  
21 MVA -- manual vacuum aspiration -- dilation and  
22 curettage or dilation and extraction. I won't  
23 go on, but I will -- I will describe the first  
24 one. Suction abortion used before 16 weeks. A  
25 tube is inserted into the woman's womb and

1 connected to a strong suction machine. The  
2 power vacuum rips the baby's body -- maybe it's  
3 a baby girl. Talk about the war on women.  
4 Rips the baby's body to pieces and sucks it  
5 into a jar.

6 MVA, another form of suction  
7 abortion, is used early in the pregnancy. And  
8 ultrasound allows the doctor to see where the  
9 baby girl is implanted. And to insert a small  
10 suction tool into the uterus to pluck the baby  
11 out.

12 Those are just two ways. Abortion  
13 is not an outpatient procedure. It requires  
14 that there be medical assistance there, that  
15 the facility be clean, infection-free.

16 It is -- it is incredible to me  
17 that these people who stand for women's rights,  
18 women's health, women's safety are going to  
19 deny these very women the basic safety concerns  
20 that they should be receiving.

21 So I thank you very much. I thank  
22 you for holding these hearings. Please, if --  
23 this little brochure shows what happens to the  
24 baby girls when they're extracted. Their  
25 little arms and legs are there. So please,

1 please consider -- oh, my time is up. Please  
2 consider passing the regulations. Thank you.

3  
4 MS. HORN: And next we have Anna  
5 Franzello.

6  
7 MR. FREUND: Members of the Board, I'm  
8 Chris, friend of the Family Foundation of  
9 Virginia. The widespread health and safety  
10 violations, including finding of blood  
11 splattered exam tables and equipment,  
12 unsterilized equipment, well over 100  
13 violations, through Department of Health  
14 inspections, demonstrate -- demonstrate,  
15 reveals an industry that is not concerned with  
16 healthcare and needs these regulations.

17 Even after the first nine clinics  
18 were found to have over 100 violations, the  
19 rest of the industry didn't clean up its act.  
20 In fact, as they continued to claim that  
21 they're safe, these inspection reports are  
22 indisputable evidence that their idea of safe  
23 is far different than any reasonable person  
24 could claim. It's been mentioned already, I  
25 won't repeat, the Dr. Brigham clinics that are

1 owned and operated in Virginia. There's  
2 another owner of an abortion center in Richmond  
3 who's had multiple facilities shut down in  
4 other states.

5 This pattern of a complete lack of  
6 care for the healthcare of women is more  
7 demonstration that we need these -- that we  
8 need these regulations.

9 I think it's also important to  
10 note that the General Assembly has been given  
11 opportunity to repeal this law, and to  
12 grandfather in existing abortion centers since  
13 these regulations were put in place.

14 And they rejected multiple efforts  
15 to do so. Despite the hysterical claim of  
16 some, nothing in these standards forces a  
17 center to stop providing other healthcare  
18 services should they refuse to meet the  
19 standards for performing abortions.

20 Such rhetoric exposes the reality  
21 that they are in the business of abortion and  
22 not healthcare. The abortion industry has  
23 proven untrustworthy. It's up to the Board to  
24 use its medical expertise to see through the  
25 deception and adopt these standards.

1 MS. HORN: Anna Franzella.

2  
3 (The recording was stopped and restarted and  
4 the taking of oral comments resumed as follows:)

5  
6 MS. HORN: Margaret Vanderhye, and  
7 next we have Tim McGhee.

8  
9 MS. VANDERHYE: Good afternoon, ladies  
10 and gentlemen. I'm former Delegate Margaret  
11 Vanderhye, and current chair of the FCDC  
12 Women's Action Committee and a founding  
13 director of the Women's Strike Force.

14 Thank you for the opportunity to  
15 speak and for your own willingness to listen to  
16 the -- as you prepare to develop and implement  
17 the regulations directed by the General  
18 Assembly and the Governor.

19 First, let's be clear that we all  
20 favor regulations for the safety and well being  
21 of the people who use our hospital and  
22 healthcare facilities. Indeed, we already have  
23 language in the Virginia Code, as written a  
24 long time ago by the General Assembly and  
25 signed into law and reaffirmed by case law,

1 that stipulates that according to Code Section  
2 32-1.27, that for the licensure of hospitals  
3 and nursing homes shall include minimum  
4 standards for the design and construction of  
5 hospitals, nursing homes and certified  
6 facilities consistent with the current addition  
7 of guidelines for the design and construction  
8 of hospital and healthcare facilities.

9 This language is important in  
10 several respects. It calls for standards  
11 consistent with guidelines for design and  
12 construction.

13 Using these terms give discretion  
14 to the Board of Health, the Commissioner of  
15 Health and the professionals in the Office of  
16 Licensure and Certification. Consistent with  
17 does not mean always the same in every way, but  
18 rather, in accord with.

19 Furthermore, the term guidelines  
20 is deliberate. The provisions are meant to  
21 guide, not to stipulate, the details and design  
22 of the construction of a facility so as not to  
23 place owners an undue burden on providers of  
24 all kinds of healthcare needs, not just clinics  
25 that offer services to include abortions. This

1 language wisely offers discretion because to do  
2 otherwise would create barriers to essential  
3 healthcare services for many different kinds of  
4 needs.

5 We've all heard impassioned  
6 testimony and I'm sure you have through this  
7 entire process. As you listen, you must know  
8 that the ability to provide safe and  
9 appropriate healthcare standards is available  
10 to you right now by using the language  
11 consistent with and using guidelines.

12 It would be a mistake to assume  
13 the public's not watching, that businesses  
14 aren't paying attention and that the healthcare  
15 industry's indifferent.

16 The misinterpretation of the  
17 current law do not serve the interests of our  
18 citizens. Do not trap us with the tools that  
19 you have to protect our health. Thank you.  
20

21 MS. HORN: Thank you. Tim McGhee, and  
22 next, Brenda Radford.

23  
24 MR. MCGHEE: Thank you for holding  
25 this hearing and for your patience with all of

1 us this afternoon. I just have a few brief  
2 comments. I -- I have read the -- excuse me.  
3 I have read the regulations and I support them.  
4 And I wanted to just speak to several things  
5 that I have read in them.

6 Requiring the doctor to insure the  
7 woman is in stable condition after the  
8 procedure is a good requirement. Requiring  
9 doctors to verify villi or fetal parts present  
10 is a good requirement.

11 Requiring facilities to report all  
12 patient or staff deaths is a good requirement.  
13 Precautions from hazards or fire should be in  
14 place.

15 As for the hospital building code  
16 requirement, given the history of these clinics  
17 of creating emergency conditions, then I would  
18 say that, yes, being able to manage potential  
19 emergency situations is a good requirement.

20 These are all basic policies and  
21 standards of safety. If clinics are unable to  
22 meet these requirements, shouldn't we be asking  
23 other questions about the clinics themselves?  
24 Some of these clinics have been around almost  
25 as long as Roe v. Wade itself. It has been 40

1 years now. It is time for some oversight. I  
2 had some additional thoughts regarding the  
3 grandfathering of these clinics as well. I  
4 know that one of them right here in the City of  
5 Alexandria where I live is on the second floor.

6 And being -- that would be a  
7 challenge, especially given the age of this  
8 building, for dealing with emergency  
9 situations.

10 Having worked in retail  
11 environments that are in facilities that are  
12 long built before ADA, I can say that, yes, I  
13 can speak to what the back rooms of some of  
14 these areas are like.

15 And it would be very difficult  
16 under those conditions to be able to meet good  
17 emergency care. Lastly, I would just say that  
18 many of the objections raised about the dangers  
19 of abortion with these regulations could be  
20 said of abortion without these regulations.

21 And then, as we see the  
22 implementation of the healthcare law coming  
23 forward, we're going to see less and less  
24 screenings because the government's going to be  
25 responsible for paying for them. And so that's

1 going to actually reduce the amount of these  
2 other justifications that are given for these  
3 clinics to still exist. And I would say that  
4 if these clinics are about things other than  
5 abortion, then these regulations really should  
6 not be a threat.

7 Because those -- these regulations  
8 are not about those other things that the serve  
9 -- these regulations are not about those other  
10 services provided by these clinics. Thank you.

11  
12 MS. HORN: Thank you. Brenda Radford  
13 and next we'll have Dr. Laura Meyers.

14  
15 MS. RADFORD: Good afternoon. My name  
16 is Brenda Radford. I'm a resident of  
17 Arlington, Virginia. And I am a voter in  
18 Virginia and have been ever since I reached the  
19 age that I was legally able to vote.

20 I affirm and support Senator  
21 Favola's testimony and Delegate Vanderhye's.  
22 However, as a citizen and as a feminist and as  
23 a woman, I have written testimony of an  
24 abbreviated and let's say, it's in the  
25 vernacular. To me, trap regulations equal a

1 station on the route to Taliban-ville. They  
2 are a political concoction designed by the  
3 right-wing to eliminate women's access to  
4 abortion when and if they can.

5 They do not support women's health  
6 at all. I urge that you do not implement the  
7 trap regulations. Thank you.

8  
9 MS. HORN: Thank you. Dr. Laura  
10 Meyers and --

11  
12 DR. MEYERS: Good afternoon. Thank  
13 you for inviting us to -- and giving us the  
14 opportunity to express opinions, obviously,  
15 along a broad spectrum. I am the president and  
16 CEO of Planned Parenthood of Metropolitan  
17 Washington, DC.

18 We have a health facility in Falls  
19 Church, Virginia, that currently serves 6000  
20 patients per year. As a trusted provider of  
21 men and women's healthcare, patient safety is  
22 our primary concern.

23 We operate according to very  
24 rigorous and strictly enforced procedures and  
25 -- and infection control. I want to be clear,

1 again, and this has been said over and over.  
2 But I think it bears repeating, that these law  
3 -- the law to require health centers to become  
4 hospitals is not commonsense.

5 It is not about the health and  
6 safety of women. If it were, on the face of  
7 it, we would have had an exception from  
8 medication abortion. Where, as we know, that  
9 is a series of pills a woman takes to have a  
10 termination in the privacy of her home.

11 Nothing whatsoever occurs in the  
12 health center other than pre-diagnostic work.  
13 So if this were about health and safety,  
14 obviously, medication abortions would have been  
15 exempted.

16 So let's be clear. It's not about  
17 health and safety. It is about political  
18 ideology. And certainly as others have said,  
19 women deserve the utmost in quality care and  
20 they deserve access to safe and legal abortion  
21 in Virginia.

22 These -- these requirements about  
23 construction. The requirements around  
24 infections control, evacuation procedures,  
25 those procedures, most of the health centers

1 have already met in order to get their  
2 licensure. So I would say that I -- I stand in  
3 opposition to the construction requirements.  
4 Thank you so much.

5  
6 MS. HORN: Thank you. I apologize  
7 again. I'm having some trouble with the --  
8 with the handwriting. The last name is Roddy,  
9 R-O-D-D-Y. Can't read the first name. Can you  
10 say your first name, please.

11  
12 MS. REDDY: I'm Shaila Reddy and I can  
13 not write legibly. I live in Ashburn,  
14 Virginia. And I am here as a private citizen.  
15 Abortion providers should be -- should be  
16 treated like any other medical procedure, not  
17 similar medical procedure or not, as a hospital  
18 standard.

19 These standards are -- have  
20 nothing to do with patient care or safety. And  
21 -- and they are about severely limiting access  
22 to abortion, which is legal. Or even  
23 affordable abortions or even other medical care  
24 for women in various areas of the state. These  
25 -- it's about denying their constitutional

1 right to abortion. I just want to point out to  
2 that man over there with the sign, is that  
3 nobody is planning on grabbing him and  
4 providing him an abortion.

5 I just wanted to say that.  
6 Totally unrelated issue. These regulations,  
7 the construction requirements, should be  
8 amended so that -- as far as health and safety  
9 issues that actually concern, I think people  
10 have already commented on how they are already  
11 being provided.

12 And these other construction  
13 requirements are unnecessary and have nothing  
14 to do with it.

15  
16 MS. HORN: Thank you. Therese  
17 BERPPOHL, and next Mr. Edmondson.

18  
19 MS. BERMPOHL: Hi. My name is Therese  
20 BERPPOHL. I'm a resident of Alexandria,  
21 Virginia. And I just want to say thank you for  
22 the opportunity to speak. While we may all  
23 disagree vehemently about whether or not it  
24 should be legal to take the life of an unborn  
25 child, I think we can all agree that what we

1 want for women is -- what we want is the best  
2 thing for women. And what could be better for  
3 women than healthcare facilities that are held  
4 to the same standards of healthcare as  
5 hospitals.

6 I mean, 10 inches could mean the  
7 difference between life and death if a gurney  
8 can't fit through the door. So let's make sure  
9 the regs remain because the women of Virginia  
10 deserve the best and the safest healthcare.

11 Thank you.

12  
13 MS. HORN: Thank you. Jim Edmondson.

14  
15 MR. EDMONDSON: My name is James H.  
16 Edmondson. I'm a consumer representative on  
17 the Virginia Board of Health, a resident of  
18 Fairfax County. Unfortunately, I've been  
19 involved in the establishment of the  
20 regulations under consideration today since the  
21 law requiring them was signed in 2011.

22 It has been a sad affair. The  
23 purpose of the law was not to regulate the  
24 clinics but rather to shut them down. That  
25 said, it is perfectly appropriate that the

1 Commonwealth should regulate the clinics that  
2 provide abortions. Invasive abortions are  
3 medical procedures. We regulate surgery  
4 centers that perform somewhat analogous  
5 invasive procedures.

6 The State has an interest in such  
7 matters as cleanliness, emergency arrangements,  
8 recordkeeping and the qualifications of staff.  
9 But the point of the law and the regs as  
10 drafted and approved does not hygiene an  
11 administration.

12 It is requiring the facilities,  
13 the physical structures, to meet standards that  
14 have nothing whatsoever to do with the safety  
15 of patients. Indeed, the law and regs do not  
16 differentiate medical and invasive abortions.

17 Yet, the regs demand that clinics  
18 providing abortions of any type meet building  
19 standards that are for new facilities that must  
20 deal with much more complicated procedures.

21 All the clinics in Virginia  
22 subjected to these regs have been operating for  
23 many years very safely. In fact, abortions  
24 have fewer problems than births. Yet the State  
25 has decided to impose requirements on the

1 physical plans of the clinic's buildings that  
2 are wholly unreasonable. It appears that some  
3 of the clinics may be able to finance the  
4 changes in their facilities required by the law  
5 and regs.

6 I hope so for the benefit of the  
7 many poor and uninsured women of the  
8 Commonwealth who rely on the clinics for care  
9 other than for abortions.

10 Other clinics will remain open  
11 only if the Department interprets the regs in a  
12 manner suggested last week by former  
13 Commissioner of Health Karen Remley.

14 Dr. Remley wisely observed that  
15 the Department may exercise some discretion in  
16 its inspection of clinics, giving them latitude  
17 to waive specific requirements such as hallway  
18 widths, if patient safety is not jeopardized.

19 It is the same way that the  
20 Department and the staff deal with inspections  
21 of other facilities that it regulates. The  
22 object is not to close down restaurants or  
23 water treatment plants. The object is to keep  
24 Virginia citizens safe. And the truth is that  
25 the clinics as -- have done that for years.

1 MS. HORN: Thank you. Diana Egori?  
2 I'm sorry.

3  
4 MS. EGOZCUE: Egozcue. That's okay.  
5 Everybody does it. Nothing new. I'm Diana  
6 Egozcue. I'm the Virginia Now president. And  
7 I agree with whoever before me said it's --  
8 this is a solution in search of a problem.

9 We all want safety, but why not  
10 have safety and make rules in the same -- if  
11 we're going to have them, why not eye surgery  
12 clinics or cosmetic surgery clinics? They can  
13 do much more damage.

14 And they can kill people,  
15 blindness, whatever. This hurts poor women.  
16 That is the whole basic of this. They can't go  
17 anywhere. We middle class women and upper  
18 class women, we can fly someplace and have an  
19 abortion.

20 That -- that's -- that's just  
21 truth. But this hurts poor women. This hurts  
22 their health, this hurts anything that they  
23 want to do. We should be -- we should be going  
24 back to the real problems of sex education  
25 being medically accurate, thorough sex

1 education, birth control guaranteed for men and  
2 women. And penis responsibilities or rape  
3 education. These would cure some of these  
4 problems. Abortion wouldn't be there. We do  
5 not want to go -- I don't want to go back to  
6 the back alley abortions. I'm 64, almost 65.

7 I remember going to college in El  
8 Paso, Texas. You hear stories of the women  
9 going across the border to have abortions in  
10 Mexico. And they weren't very good.

11 I know women who went to college  
12 in the east who's friends drank Lysol because  
13 that was an old wives' tale and went blind. I  
14 don't want to go back to those things. How  
15 many women died back when?

16 And I don't feel that the men in  
17 this room, unless you're a doctor, have a right  
18 to speak about women's health or what we do  
19 with our bodies unless you are a doctor. Thank  
20 you.

21  
22 MS. HORN: At this time, we don't have  
23 any other individuals who are signed up to  
24 speak. I'm going to provide a few moments for  
25 anyone who wants to sign up to speak. If you

1 just want to come up to the podium. All right.  
2 Can you state your name for the record before  
3 you begin?  
4

5 MS. HAFLINGER: My name is BJ  
6 Haflinger. And I am an old woman. I am a  
7 resident of Virginia and a citizen of the  
8 United States. And I have dealt with  
9 discrimination for a long time.

10 The first gentleman who spoke  
11 specifically said that these regulations are in  
12 -- to protect women's health which makes it  
13 discriminatory, albeit, maybe discriminating  
14 against men.

15 I have right here a brochure from  
16 a dentist that states specifically they do  
17 surgery. It specifically says that they sedate  
18 their patients if necessary.

19 I want to know are these -- the  
20 regulations on dentists the same as for  
21 abortion clinics. I want to know if the  
22 regulations for plastic surgery are the same as  
23 they're proposing for abortion clinics. If  
24 not, is that because no womb is involved? Are  
25 infertility clinics have the same regulations?

1 If we start or continue to base Virginia laws  
2 and regulations on concept of life, religions  
3 and faiths, then we may find ourselves with no  
4 Burger Kings, no steak houses because some  
5 religions feel that cows are sacred and should  
6 not be slaughtered.

7  
8 MS. HORN: Thank you. Can you please  
9 state your name?

10  
11 MS. DENA: Sara Dena. I'm a resident  
12 of Alexandria, Virginia, and the mother of four  
13 teenaged daughters. I urge the Board to please  
14 adopt these regulations permanently.

15 Women have a right to the same  
16 health and safety standards, be they  
17 constructional or hygienic, that exists in  
18 hospitals when they are undergoing any type of  
19 invasive procedure.

20 Women deserve better than what I  
21 have heard advocated by the abortion industry  
22 here today. I want my daughters to know that  
23 if they ever go in to an abortion center, that  
24 they can expect to be treated with respect and  
25 dignity. And to be treated safely. I'd also

1 like to address the grandfathering issue. When  
2 you imply, as some speakers have done here  
3 today, that the facilities that are now in  
4 existence should not have to comply with these  
5 new regulations, think.

6 It's the same as if back in the  
7 time of slavery the government had said, anyone  
8 currently owning slaves doesn't have to set  
9 them free because it might impose a financial  
10 burden upon them.

11 But it's okay, these regulations  
12 of not owning slaves are in effect for anybody  
13 who doesn't currently want -- own one but would  
14 like to purchase one, they can't.

15 But if you already own slaves, you  
16 get to keep them because we don't want to  
17 impose a financial burden on you. Think about  
18 that.

19 That's what you're saying if you  
20 don't adopt these regulations, and you  
21 grandfather in these existing facilities.  
22 Women in Virginia and women across the country  
23 deserve better than that. And I would hope  
24 that as Virginians, you would uphold our right  
25 to safe and legal healthcare.

1 MS. HORN: Thank you. Would anyone  
2 else like to speak at this time? With none, on  
3 behalf of the Virginia Department of Health,  
4 I'd like to thank all of you for coming here  
5 today and sharing your comments.

6 The public comment period will  
7 remain open until March 29th. Anyone wishing  
8 to submit written comments during the rest of  
9 the comment period may do so via the regulatory  
10 Townhall web site, which is available at  
11 [www.townhall.virginia.gov](http://www.townhall.virginia.gov)., or by mail, email  
12 or fax to the Office of Licensure and  
13 Certification.

14 I'd like to thank the John  
15 Marshall Public Library for the use of their  
16 facility. And thank you, the public hearing is  
17 now adjourned.

18  
19 (The public hearing concluded.)  
20  
21  
22  
23  
24  
25

CERTIFICATE OF COURT REPORTER

I, Debroah Carter, do hereby certify that I transcribed the foregoing public hearing regarding LICENSURE OF FIRST TRIMESTER ABORTION FACILITIES, heard on March 12th, 2013, from audio CD, and that the foregoing is a full and complete transcript of the said public hearing to the best of my ability.

Given under my hand this 31st day of March, 2013.



Debroah Carter, CMRS, CCR  
Virginia Certified  
Court Reporter

My certification expires June 30, 2013.