

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

PUBLIC HEARING IN RE:  
  
REGULATIONS FOR THE LICENSURE OF  
  
ABORTION FACILITIES

9960 Mayland Drive  
Richmond, Virginia

March 7, 2013  
1:00 p.m.

CAPITOL REPORTING, INC.  
P.O. Box 959  
Mechanicsville, Virginia 23111  
Tel. No. (804) 788-4917

CAPITOL REPORTING, INC.

- 1 APPEARANCES:
- 2 Erik Bodin - Hearing Officer, Director of the Office
- 3 of Licensure and Certification
- 4 Peter Boswell - VDH Staff
- 5 Susan Horn - VDH Staff
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

1		
2	S P E A K E R S :	
3	Leslie Rubio	8
4	Eddy Aliff	10
5	Maggie Disney	11
6	Ellen Hardy	12
7	William Heipp	13
8	Bill Goode	14
9	Alena Yarmosky	15
10	Diane Reynolds	16
11	Kathy Greenier	18
12	Elizabeth Kimbriel	20
13	Cianti Stewart-Reid	22
14	Chris Freund	23
15	Candace Graham	25
16	Virginia Podboy	26
17	Fred Whitten	27
18	Steve Sweeney	29
19	Louantha Kerr	30
20	Don Blake	32
21	Frances Bouton	33
22	Catherine Read	35
23	Katherine Waddell	36
24	Bryan Lowry	38
25	Molly Vick	39

1	Patricia Smith	40
2	Karen Remley	42
3	Sarah Maher	46
4	Kelsea Jeter	48
5	Ralph Northam	50
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

1  
2 MR. BODIN: Good afternoon, ladies and  
3 gentlemen. On behalf of the Virginia Department of  
4 Health and the Board of Health I'd like to thank you  
5 all for coming to this public hearing this afternoon.  
6 I call this public hearing to order.

7 My name is Erik Bodin. I'm the director  
8 of the Office of Licensure and Certification. With me  
9 is Peter Boswell and Susie Horn who are on VDH staff  
10 and they are going to be assisting up here today.

11 Thanks for braving the slush. I don't  
12 know if it's still slushy or just nasty wet out there  
13 now, but thank you for braving that and coming out  
14 today.

15 A couple housekeeping points to start out  
16 with. First of all in the event that there's an  
17 emergency of any kind, fire drill or anything like  
18 that, the exits, if you are sitting towards the front  
19 of the room on this side, go out this door, and you'll  
20 make a right-hand turn and a left-hand turn and it will  
21 take you straight on out the building. If you are  
22 towards the back, if you go out into the hallway that  
23 you came in on and make a right-hand turn and go to the  
24 end, you'll see the exit down there as well. The  
25 restrooms are back out into the elevator lobby and

1 there's public restrooms on either side of the elevator  
2 banks.

3                   In the event of an evacuation, emergency,  
4 a fire, or something along those lines, there's the  
5 standard fire alarm horn, very loud, very obnoxious,  
6 and strobe light. If it's a remain in place emergency  
7 such as a tornado or something along those lines, we  
8 are a little early for those yet, but this is the safe  
9 haven room, and you'll hear fog horns being blown, so  
10 we'll stay here in that.

11                   I'd ask you at this point if you have  
12 electronics, to silence them, please, out of respect  
13 for the speakers as they get up. And I also need to  
14 announce, because I have heard some discussions  
15 already, this is a public hearing for these  
16 regulations. This is not the board meeting. The board  
17 meeting will be 12 April in the same room, but this is  
18 not a Board of Health meeting.

19                   So last December proposed permanent  
20 regulations were signed by Governor McDonnell to  
21 replace the emergency regulations for the licensure of  
22 facilities that perform 5 or more first trimester  
23 abortions per month. These regulations are required by  
24 legislation passed by the 2011 session of the Virginia  
25 General Assembly. The emergency regulations now in

1 effect must be replaced by permanent regulations prior  
2 to the expiration of the emergency regulations.

3 We are here to take public comment on the  
4 proposed regulations signed by the governor last  
5 December. VDH staff will not be entertaining questions  
6 concerning the proposed regulations during the hearing.  
7 The final permanent regulations will be presented to  
8 the Board of Health for consideration at the April 12th  
9 meeting here in this room.

10 By way of process we will call based on  
11 the order that you signed in, because there were 2  
12 sign-in sheets to speed things along as you came in, we  
13 will alternate in working down the list alternating  
14 between the 2 sheets. We will call the speaker and  
15 basically an on deck speaker, the next one up, so again  
16 to facilitate and speed along so that everybody has an  
17 opportunity to comment today. I would ask that the on  
18 deck person either come up and sit -- looks like we  
19 kindly left an empty chair at the front here -- the on  
20 deck can come up and sit up front or stand up front  
21 waiting your turn.

22 Each speaker will be given 2 minutes to  
23 speak. A timing clock is projected on the screen  
24 behind me so you can gauge your comments to the time  
25 that's left available.

1                   If anyone wishes to provide us with  
2 written comments today, you can also do that. We'd be  
3 happy to take them.

4                   The hearing is being transcribed as well  
5 as audio recording being made. Periodically you'll see  
6 Mr. Boswell cycle the recorder on and off. That's  
7 simply to save the digital file so that we don't lose  
8 the recording.

9                   The written transcript, once it's  
10 available to us, will be posted on our web site so that  
11 everybody will have a chance to look at or download  
12 that, all the comments.

13                   We will end the public hearing today at  
14 the earlier of either when everybody has finished  
15 speaking or at 5:00 o'clock. The building closes to  
16 the public at 5:15, so we will close at, or end the  
17 public comment period at 5:00 o'clock today.

18                   So with that said, we will move on. The  
19 first -- then obviously the speakers, would you please  
20 come to the podium when it's time, speak into the  
21 microphone, or microphones as it appears, so we'll move  
22 on.

23                   First up is Leslie Rubio. And the second  
24 speaker will be Reverend Aliff.

25                   MS. RUBIO: 20 clinics in Virginia are in

1 jeopardy of closing their doors. These clinics provide  
2 preventive reproductive health care services including  
3 life saving cancer screenings, family planning, STI  
4 testing and treatment as well as abortions. Forcing  
5 these clinics to close will have a devastating effect  
6 on women but will disproportionately affect women at  
7 the poverty level, young women and Virginia students  
8 who do not have access to health care.

9                   These regulations are the harshest in the  
10 United States and their intention is not to protect  
11 women at all. If in fact the law was aimed at  
12 increasing a level of care at outpatient surgical  
13 centers, why are not all centers being targeted that  
14 perform any kind of invasive procedure? This is an  
15 incestuous and collaborative attack by the Attorney  
16 General, Matt Cobb, and Victoria Cobb on a legally  
17 protected right, Roe v Wade, 1972, for women to have an  
18 abortion.

19                   Virginia's Attorney General has stated  
20 the purpose of TRAP laws are to make abortion disappear  
21 in Virginia. He then warned the board that the State  
22 of Virginia would not represent or cover their legal  
23 fees. The Attorney General, Governor McDonnell, Matt  
24 and Victoria Cobb are forcing their personal and  
25 ideological views about abortion into politics and on

1 to the Board of Health.

2                   There is not a state document nor is it  
3 written in Virginia's constitution that the Attorney  
4 General has the power to create, reform, or abolish  
5 laws or regulations. He does not have the authority or  
6 power to overrule the Board of Health.

7                   Reproductive health care facilities in  
8 Virginia have been offering comprehensive health care  
9 to women for almost 40 years and there have been no  
10 violations or safety concerns during that time.

11                   Is the Board of Health prepared to accept  
12 responsibility for their part in making abortion unsafe  
13 and inaccessible and restricting preventive care for  
14 women in Virginia?

15                   James Madison said: I believe there are  
16 more instances of the abridgement of the freedom of the  
17 people by gradual and silent encroachments of those in  
18 power than by violent and sudden usurpations.

19                   MR. BODIN: Thank you, Ms. Rubio.  
20 Reverend Aliff, and the next one up will be Maggie  
21 Disney.

22                   REVEREND ALIFF: My name is Eddy Aliff.  
23 I'm with the Virginia Assembly of Independent Baptists.

24                   I want to state that I believe that the  
25 regulations signed by the Governor are in the best

1 interests of women's health. It protects those who  
2 want to avail themselves of those services and helps in  
3 emergency situations, which at this time we don't  
4 believe are best suited in the environment that's in  
5 most of the facilities, so we support what the governor  
6 has done, we support the regulation as have been done  
7 by the Health Department and ask that you continue to  
8 keep these in force. Thank you.

9 MR. BODIN: Thank you, Reverend.

10 Miss Disney, and the next speaker will be  
11 Ellen Hardy.

12 MS. DISNEY: Good afternoon. I'm  
13 Margaret Disney of Richmond city and am a  
14 representative of the Virginia Society of Human Life.  
15 The Virginia Society of Human Life strongly supports  
16 the Virginia Board of Health's current regulations on  
17 the facilities that perform first trimester abortions.

18 The women of Virginia deserve nothing  
19 better than the strongest health and safety standards  
20 possible for their protection and safety in health.

21 Thank you, and we ask that you maintain  
22 these regulations.

23 MR. BODIN: Thank you, Miss Disney.

24 Miss Hardy, and next will be William  
25 Heipp. Did I say that correctly? I can butcher a name

1 better than anybody. Heipp.

2 MS. HARDY: Thank you for allowing us to  
3 come and speak today. Appreciate it.

4 I'm just here to say that I'm certainly  
5 in favor of these regulations. Wish they were even a  
6 little bit more stringent. I really don't think that  
7 there's any reason that these would cause abortion  
8 clinics to close. They keep saying that there's  
9 financial causes, but if women do have unplanned  
10 pregnancies and have unprotected sex, they should  
11 expect to have to pay something for these services or  
12 at least for the abortions. I know there's funds there  
13 for the other things, the STI testing, and other  
14 things.

15 Personally I'd like to say that having  
16 had a D&C once after a miscarriage and after my doctor  
17 realizing that I had had a miscarriage, which he  
18 examined me in a doctor's office, he insisted that I go  
19 to a hospital to have the D&C, and a D&C is very much  
20 like the second part of an abortion that's performed  
21 between 6 and 14 weeks, and it was not a comfortable  
22 procedure. I would not have wanted to be anywhere but  
23 a hospital.

24 So I think at the very least to have  
25 abortion clinics have some of the protections that a

1 hospital affords should be something that we should  
2 have in Virginia to protect women who may not be aware  
3 of how invasive this procedure can be. Thank you.

4 MR. BODIN: Thank you, ma'am.

5 Mr. Heipp? I got it right that time?

6 MR. HEIPP: Correct.

7 MR. BODIN: And on deck will be Bill  
8 Goode.

9 MR. HEIPP: Before I start, let me say  
10 thank you for being here and for performing what can  
11 become a very tedious job.

12 Let's forget for a moment that there are  
13 2 groups here who are very very strongly opposing in  
14 the viewpoints that they carry. I'd like to tell you  
15 about a pharmacist, William H. Heshler. Mr. Heshler  
16 was hospitalized and had an appendectomy in 1960. He  
17 never left that hospital. He died from a staph  
18 infection shortly after the surgery. 50 years ago  
19 infection was serious and sometimes fatal. It happened  
20 in hospitals. In your positions you are all too  
21 familiar that 50 years later infection continues to be  
22 a very serious problem in hospitals.

23 William Heshler was my grandfather. I  
24 miss him. I don't want someone else to miss a wife, a  
25 daughter, or a sweetheart because an abortion clinic

1 had inferior sanitation and regulatory standards.

2 Thank you.

3 MR. BODIN: Thank you, sir.

4 Mr. Goode, and on deck then will be Alena  
5 Yarmosky. Did I get that right?

6 MR. GOODE: I want to interject maybe a  
7 little different thought process into that, and it came  
8 to me that a culture that tolerates the murder of its  
9 children in the womb actually enables the murder of its  
10 children in the classroom from the abortionist's work  
11 table to the tragedy of Sandy Hook at Sandy Hook  
12 Elementary School in Newtown. That's quite a stretch  
13 you might say, but on the other hand, every aborted  
14 baby is or would have been that adorable child whose  
15 life was cut short in the classroom except for a few  
16 years of development. They just didn't get the chance.

17 In the twisted mind of the school shooter  
18 in Columbine in 1999 or Newtown in 2013, murder is a  
19 means to an end. They have a problem and they are  
20 seeking a solution. The problem might have been maybe  
21 they were bullied or ostracized or jealousy over a  
22 fellow student or any number of insane hatreds that  
23 take root in that demented psyche. The solution  
24 becomes murder. But you say nobody is supporting  
25 abortion would support the murder of school children.

1                   The shooter doesn't see it that way. The  
2 shooter may have had a sister, aunt, mother or  
3 girlfriend that had a problem that threatened her  
4 lifestyle. The problem: An unborn baby that she was  
5 carrying. The answer: Get rid of it. The shooter has  
6 a problem with one or more people who happen to be  
7 outside the womb. The answer is still get rid of them.  
8 They are not differentiating one is in the womb or out  
9 of the womb, and neither is God really. The only  
10 difference between a baby in the womb and a first  
11 grader at Sandy Hook is a few years of development that  
12 the baby that was aborted never got to have.

13                   MR. BODIN: Miss Yarmosky?

14                   MS. YARMOSKY: Yarmosky.

15                   MR. BODIN: Yarmosky, okay. And next up  
16 will be Diane Reynolds.

17                   MS. YARMOSKY: Thank you for having me.  
18 My name is Alena Yarmosky. I represent NARAL Pro  
19 Choice Virginia and 20,000 members across the  
20 Commonwealth.

21                   For nearly 2 years NARAL Pro Choice  
22 Virginia has worked with a group of women's health care  
23 providers, advocacy organizations, and passionate  
24 Virginia activists to help insure that the redrafted  
25 regulation to be imposed upon first trimester abortion

1 providers are based on sound science and medical  
2 evidence. Unfortunately politics seems to rule the  
3 day, and despite hearing from thousands of Virginians  
4 expressing their outrage about the cost of [speech  
5 indistinguishable] of the regulatory process and our  
6 best efforts to work with the administration and the  
7 Board of Health, the regulations are being pushed  
8 through without consideration of the advice of medical  
9 experts or evidence of the real impact on women's  
10 health and safety.

11           The implications of these regulations are  
12 enormous. Today, 85 percent of Virginia's counties do  
13 not have an abortion provider. Tomorrow 100 percent of  
14 the Commonwealth comes to you and says they have no  
15 abortion provider or independent women's health center  
16 for a full range of health care options.

17           The regulations passed in September by  
18 the Board of Health are scheduled to go into effect  
19 this spring making Virginia's women's health centers  
20 around the state, literally tens of thousands of women  
21 and particularly vulnerable women, without safe  
22 affordable health care, and yes, they put women's lives  
23 at risk.

24           Abortion is one of the safest medical  
25 procedures performed in Virginia and across the

1 country. The care being provided by a first trimester  
2 abortion provider is safe and effective. All 20 are  
3 inspected and given unconditional licenses, and I'd  
4 like to request that you adhere to medical advice and  
5 grandfather in the state's top notch abortion providers  
6 from having to meet 2010 requirements for new  
7 hospitals.

8 I know everyone here probably holds their  
9 own ideas and opinions about abortion, but I hope the  
10 Board of Health will draw on the medical and health  
11 expertise that's been presented to you today when  
12 considering how far these regulations should go and the  
13 long term impact they will have on the women of  
14 Virginia.

15 Thank you so much for your time.

16 MR. BODIN: Thank you.

17 Ms. Reynolds, and next up will be Kathy  
18 Greenier.

19 MS. REYNOLDS: I am Diane Reynolds and  
20 I'm from the Charlottesville area. We don't have power  
21 so I'm a little unkempt, but it was important to be  
22 here for you to hear from us today. And I'm here today  
23 to talk about women's rights.

24 Women have the right to safe medical  
25 care, and that's what this is about. Regardless of our

1 opinions, and we have varied ones about abortion, what  
2 we are talking about is not shutting those abortion  
3 clinics down but delivering safe care, and that's  
4 important. For too long abortion centers have not had  
5 these regulations, and what we are talking about is  
6 emergency equipment, basic sanitary procedures, and  
7 proper medical personnel, and when women are having  
8 surgical, outpatient surgical procedures they should  
9 have proper care. They should be safe. We should know  
10 when we come in and when we come out we are going to be  
11 healthy.

12                   Since the recent regulations have been  
13 announced, inspections have started in 20 abortion  
14 centers, there have been over 100 violations. That  
15 tells us maybe there was something that needs to be  
16 readdressed that this is appropriate to have these  
17 inspections going on. Abortion centers were obviously  
18 providing some care that was substandard, and I'm here  
19 to express my strong opinion today and ask the question  
20 why should Virginia's women be subjected to substandard  
21 care? We need to take care of women's rights, their  
22 right to good health care.

23                   MR. BODIN: Thank you.

24                   Miss Greenier, and next up will be  
25 Elizabeth Kimbriel.

1 MS. GREENIER: Thank you. Good  
2 afternoon. My name is Kathy Greenier and I'm the  
3 Director of the Women's Rights Project of the ACLU of  
4 Virginia.

5 I'm here today to stress that the law  
6 does not give the Attorney General's office veto power  
7 over the board's policy decisions about what to include  
8 in the final rules. There is no credible legal basis  
9 for the AG's assertion that the board does not have the  
10 authority to grandfather in existing women's health  
11 care centers. By threatening to refuse to certify the  
12 regulations, the AG essentially has claimed veto power  
13 over the board's policy decisions, a threat that is  
14 intended to force the board to rewrite the rules to  
15 suit the AG's policy objective. That is not the AG's  
16 job, however.

17 Moreover, the AG is wrong on the law.  
18 There's nothing in the Code or the recently enacted  
19 senate Bill 924 that requires the board to impose  
20 extensive burdensome construction requirements that  
21 have no relation to the safety of the services that  
22 women's health centers provide. This is particularly  
23 clear since the AG has forced interpretation of the law  
24 in this instance is at odds with every other regulation  
25 of health care facilities and far from consistent with

1 prior interpretations of the law at issue. This bears  
2 repeating: Neither Senate Bill 924 nor any provision  
3 of existing state law requires the board to apply the  
4 current version of the guidelines to existing  
5 facilities. Virginia's Administrative Process Act  
6 grants the board the authority to reject the AG's  
7 assertions and continue to vote in favor of  
8 grandfathering in existing facilities.

9 while the AG may then continue to refuse  
10 to certify regulations by grandfather, the board is not  
11 then bound because of the AG's refusal to certify to  
12 change their vote. While the regulatory process may  
13 then stall as a result of the AG's refusal to certify,  
14 the board has the authority and the statutory  
15 obligation to create regulations for health care  
16 facilities that conform solely to the standards  
17 established by medical and health professionals.

18 Thank you.

19 MR. BODIN: Thank you, Ms. Greenier.

20 Miss Kimbriel, and next up will be Cianti  
21 Stewart-Reid.

22 MS. KIMBRIEL: The proposed regulations  
23 under consideration today are not based upon medical  
24 necessity. The regulations have been developed by  
25 people who have a deep personal religious belief

1 opposing abortion. Those advocating these regulations  
2 know that banning abortion outright is unconstitutional  
3 so they found other means for undermining the law.  
4 These regulations are one example of this tactic. Of  
5 course I'm stating the obvious, but testimony you'll  
6 hear today will attempt to justify a need for these new  
7 regulations through examples of conditions inside  
8 Virginia clinics that provide abortion services. What  
9 will not be mentioned is the fact that the conditions  
10 reported upon are no different than those reported in  
11 other ambulatory care centers.

12                   The arguments of those advocating these  
13 regulations are constructed to distract us from the  
14 indisputable fact that these unnecessary proposed  
15 regulations are based upon religious bias against  
16 woman's autonomy over her body. Our constitution  
17 guarantees freedom to practice religion of one's choice  
18 but it does not allow one to impose that religious  
19 doctrine upon the entire population. When you allow  
20 religious doctrine to guide the regulatory process, you  
21 threaten the legitimacy of this board.

22                   I urge the Board of Health to defend the  
23 Constitution and strike down these false regulations  
24 which were based on religious prejudice.

25                   Thank you.

1 MR. BODIN: Thank you, ma'am.

2 Miss Stewart-Reid, and then the next up  
3 will be Chris Freund.

4 MS. STEWARD-REID: Good afternoon.

5 Cianti Stewart-Reid, Planned Parenthood Advocate for  
6 Virginia.

7 Planned Parenthood Advocate of Virginia  
8 is a non partisan nonprofit organization representing  
9 the 7 planned parenthood health centers here in  
10 Virginia serving more than 23,000 women every year. We  
11 provide breast cancer screenings, birth control, STI  
12 screening, wellness exams, family planning, and safe  
13 and legal abortions.

14 As the representative here of all our  
15 centers which includes the medical professionals who  
16 practice there who hold themselves to the highest  
17 standard of care, I implore the board to reconsider  
18 these regulations again before approval.

19 At Planned Parenthood Advocates of  
20 Virginia, we aren't against regulations; however, we  
21 are against these onerous medically unnecessary  
22 regulations as written, and so is this board as  
23 evidenced by the board's decision earlier last year to  
24 grandfather in existing clinics, because the guidelines  
25 being applied were only meant for new construction, not

1 existing facilities. It is well within the board's  
2 authority to reject these regulations as written and  
3 listen to the expert opinion of fellow physicians and  
4 professionals in your field who will testify here t day  
5 who indicate that these regulations are unnecessary.

6 My final thought to the Board of Health  
7 is that it's never too late to do the right thing.  
8 Thank you.

9 MR. BODIN: Thank you, ma'am. Once you  
10 finish, we are going to take -- I have been asked to  
11 take a brief break for a second.

12 MR. FREUND: Thank you, members. My name  
13 is Chris Freund. I'm from the Family Foundation of  
14 Virginia. On behalf of thousands of Virginians who  
15 could not be here today, we urge you to adopt the  
16 abortion center health and safety standards you adopted  
17 last year.

18 The discovery of widespread health and  
19 safety violations included blood splattered exam tables  
20 and equipment, unsterilized equipment, and over 100  
21 other violations through the Department of Health  
22 inspections. The inspections the abortion industry  
23 fought so hard to avoid reveals the industry has no  
24 credibility when it comes to which regulations are  
25 necessary and which are not.

1           Even after the first 9 clinics were found  
2 to have nearly 100 violations, the rest of the industry  
3 didn't bother to clean up its act. Inspectors found  
4 dozens more violations. The abortion industry  
5 continues to claim it's safe, but inspection reports  
6 are indisputable evidence that their idea of safe is  
7 far different than any reasonable person could claim.  
8 Perhaps the most frightening aspect of the inspection  
9 reports isn't a blatant disregard for basic health  
10 standards but the fact that even with notice of  
11 inspection, the discovery of violations in the centers,  
12 the operators of the rest of the facilities thought  
13 they were safe for women.

14           If it wasn't for the abortion center  
15 health and safety standards adopted by this board,  
16 these abortion centers would be continuing to operate  
17 with blood splattered equipment in unsterilized  
18 facilities. Though they stated in the past and today  
19 that the health and safety standards are unnecessary,  
20 claim they have medical science on their side, the  
21 inspection reports reveal that they do not have science  
22 on their side, instead they were able to hide behind a  
23 veil of secrecy for far too long.

24           The abortion industry has proven  
25 untrustworthy. It's up to the board to use its medical

1 expertise to see through the deception and adopt health  
2 and safety standards. Thank you.

3 MR. BODIN: Thank you, Mr. Freund.

4 We are going to take 5 minutes -- we are  
5 going to take a 10 minute recess, so don't go far.  
6 Thank you.

7 NOTE: Short recess taken.

8 MR. BODIN: Thank you for your  
9 indulgence. I'd like to reconvene the public hearing.  
10 First up will be Candace Graham, and on deck will be  
11 Virginia Podboy.

12 MS. GRAHAM: Good afternoon. I'm here  
13 just as a woman of Virginia, and I want to point out  
14 that there are a lot of women who would like to be able  
15 to be here and make testimony in support of the other  
16 speakers who have underscored the fact that the  
17 regulations are not geared towards women's safety and  
18 health but rather are architectural renovations that  
19 require hundreds of thousands of dollars to complete,  
20 and not only is it not a matter of making it safer for  
21 women, it actually makes the safety of women who rely  
22 on these clinics for screening procedures, to treat  
23 certain diseases, to get birth control that's more  
24 scarce, less available, so I would ask the board to  
25 please push back against the pressure that they have

1 had from the Attorney General who is currently on a  
2 book tour, and I find it ironic that the book is titled  
3 The Last Line of Defense, because the Board of Health  
4 will be the last line of defense for many women who  
5 rely on the services that these clinics provide.

6 Thank you.

7 MR. BODIN: Thank you, ma'am.

8 Miss Podboy, did I get that right?

9 MS. PODBOY: Yes.

10 MR. BODIN: And on deck will be Fred  
11 Whitten.

12 MS. PODBOY: Good afternoon. My name is  
13 Virginia Podboy and I'm with the Virginia Catholic  
14 Conference which represents both bishops and diocese in  
15 the State of Virginia.

16 I'm here today to urge you all to  
17 implement the proposed permanent regulations. These  
18 common sense regulations protect women that make the  
19 delicate decision to have an abortion.

20 Clearly the abortion industry is unable  
21 to self-regulate. When inspectors went in on announced  
22 visits, they documented hundreds of deficiencies.  
23 Women in Virginia deserve better than receiving  
24 treatment from her physician with unwashed hands.  
25 Medical instruments used in procedures should be

1 sterilized. Blood splatters should be cleaned off  
2 tables and medical trays and those surfaces should be  
3 sanitized. And then should the worst happen and EMS be  
4 needed, it is reasonable that the EMS have a place to  
5 park the ambulance in a parking lot of sufficient size  
6 and be able to get through the halls of the facility  
7 with a stretcher.

8                   Since abortion that is not health care  
9 because it ends lives instead of gives lives operates  
10 under the guise of health care in this country, the  
11 facilities that perform these life ending procedures  
12 should function as proper health care facilities. This  
13 is what women that use them expect. The abortion  
14 industry needs to be held accountable.

15                   I urge you to support these permanent  
16 abortion facility regulations. We keep hearing that  
17 the regulations are onerous and expensive, and I say  
18 that the women of Virginia are worth it.

19                   MR. BODIN: Thank you.

20                   MS. PODBOY: Thank you.

21                   MR. BODIN: Mr. Whitten, and following  
22 Mr. Whitten will be Steve Sweeney.

23                   MR. WHITTEN: Mr. Bodin, Mr. Boswell,  
24 good morning. Thank you very much. It's a privilege  
25 to be here. Appreciate the hard work that you all have

1 engaged in in development of the regulations and having  
2 the hearing.

3 My name is Fred Whitten. I'm a  
4 pharmacist. I have had a community practice, been a  
5 consultant to long term care facilities to college  
6 student health facilities. I spent 29 years in the  
7 pharmaceutical industry and had the great privilege of  
8 being able to see some of the advances in patient care  
9 and safety, and I was able to participate in and help  
10 gain funding for the Virginia or the Virginians for  
11 Improving Patient Care and Safety.

12 And I have seen around the Commonwealth  
13 how hospitals, medical practices, health care clinics  
14 have put in continuous quality improvement policies and  
15 procedures and improved safety, reduced errors,  
16 improved outcomes. And like I say, it's been a  
17 privilege to work with that.

18 My over 30 years of observation, health  
19 care is a highly regulated industry, and for good  
20 reasons, to protect safety of patients and advance  
21 their health care, improve outcomes. It's regulated in  
22 all aspects from developing the facilities, the  
23 policies, procedures, yes, even promotion, which I was  
24 involved in with the pharmaceutical manufacturer.

25 But hats off to this group that's worked

1 on the licensing, and I noted that the office of  
2 Licensure, their mission is to insure that the quality  
3 of health care delivered by providers is safe, cost  
4 effective, compliant with all state and federal  
5 regulations or laws, and partnership in which the  
6 stakeholders work to improve appropriate access to  
7 health care.

8 MR. BODIN: Thank you, Mr. Whitten.

9 MR. WHITTEN: With this we ask that they  
10 pursue that and consider safety as the number one  
11 priority and approve these regulations.

12 MR. BODIN: Thank you, Mr. Whitten.

13 Mr. Sweeney to be followed by Louantha  
14 Kerr.

15 MR. SWEENEY: I'm Steve Sweeney and I'd  
16 like to speak in support of safety regulations.

17 To me it's just very common sense to have  
18 emergency equipment readily available and sanitary  
19 procedures in place to protect these women. It's  
20 already been mentioned that there were over 100  
21 violations in recent inspections, so there obviously  
22 needs to be oversight and there needs to be a higher  
23 standard in place.

24 This is all about the health and safety  
25 of these women who are putting their trust in the

1 clinics and ultimately in the State of Virginia and in  
2 the people of Virginia to keep them safe when they are  
3 there going through these procedures.

4                   To me it becomes crystal clear if we  
5 would just ask ourselves if our wives or sisters or  
6 daughters or loved one was going to have a procedure  
7 tomorrow at one of these clinics, would we want these  
8 standards in place? Would we want to make them as safe  
9 as we could? And I think the answer is obvious, of  
10 course we would. I think the question is not why  
11 should we have these standards in place, but why  
12 wouldn't we? Thank you.

13                   MR. BODIN: Thank you, sir.

14                   I meant to ask earlier is the sound  
15 better now, sir?

16                   Ms. Kerr and followed by Don Blake.

17                   MS. KERR: Hi. I'm Louantha Kerr from  
18 Portsmouth, Virginia, and I'm here to urge you to  
19 please uphold the proposed safety regulations on  
20 abortion facilities.

21                   Patient safety should be primary in any  
22 clinic. The need for these regulations was made very  
23 clear by the numerous violations found through the  
24 initial inspections. The billion dollar abortion  
25 industry cannot be trusted to put patient safety ahead

1 of profit. Pro abortion advocates claim, and we have  
2 heard that today, that abortion is one of the safest  
3 medical procedures, but the truth is that many of these  
4 procedures have left women with infections, sterility,  
5 and even death due to lack of proper health and safety  
6 techniques. For example, the Planned Parenthood  
7 facility in Wilmington, Delaware had to call 911 twice  
8 this February. One patient was hemorrhaging, the other  
9 person was unconscious and struggling to breathe. Both  
10 of these patients had to be transported to the local  
11 hospital because the clinic's abortionist and nurses  
12 were not able to manage the complications of the  
13 abortion.

14                   The only reason that we know about these  
15 procedures, these, I'm sorry, about these incidents is  
16 because there were people praying in front of the  
17 abortion clinic and they were able to get information  
18 through the Freedom of Information Act. The clinics  
19 and the abortion lobbies try very hard to cover up  
20 these incidents and most of the time the media will not  
21 cover them. Thus we have all of these people buying  
22 the line that abortions are safe, and they really are  
23 not.

24                   Please enact and enforce the proposed  
25 regulations for the abortion clinics. Thank you very

1 much.

2 MR. BODIN: Thank you, Ms. Kerr.

3 Mr. Blake to be followed by Bethany  
4 Clayton.

5 MR. BLAKE: Good afternoon. I'm Don  
6 Blake, Chairman of the Virginia Christian Alliance.  
7 Virginia Christian Alliance is an organization, state  
8 organization that consists of more than 20 pro family  
9 organizations as part of the alliance throughout the  
10 Commonwealth.

11 We believe this past year has shown clear  
12 evidence the need for these regulations, and we  
13 appreciate the fact that they have been in use for a  
14 year to give us an example of the past need and the  
15 present need and the future need of those regulations.

16 We ask that you, the board, to continue  
17 those regulations, make them permanent. And I'd like  
18 to say I'm in complete agreement with what Chris Freund  
19 of the Family Foundation presented here. His statement  
20 clearly addressed the issue of the need now and  
21 forevermore for those regulations, so we encourage the  
22 board to make those regulations permanent. Thank you.

23 MR. BODIN: Thank you, Mr. Blake, I  
24 appreciate it.

25 Ms. Clayton.

1                   MS. CLAYTON: I give my time to  
2 Dr. Remley.

3                   MR. BODIN: Thank you. Next up is  
4 Frances Bouton.

5                   MS. BOUTON: Hello. I'm Francie Bouton.  
6                   How many people in this room would get a  
7 tattoo at Tattoos-R-Us if there were no regulations  
8 mandating sterilizing equipment and the client before  
9 you had HIV AIDS? How many people in this room would  
10 be next in line for a haircut at Bozo's Hair Cuttery if  
11 there were no regulations mandating sterilizing combs  
12 and the client before them had a bad case of head lice?  
13 Probably no one.

14                   Regulations do protect consumers. That's  
15 why we have them. While tattoos are on the skin and  
16 stylists cut hair, abortionists invade a woman's body,  
17 and that's why it's more important to have regulations.

18                   So why is the pro abortion community  
19 protesting regulations that keep abortion facilities  
20 clean and safe? Do they want their abortions in  
21 substandard facilities with questionable practitioners?  
22 Do they not care that the instruments used on them  
23 should be required to be clean and sanitized with  
24 inspectors actually checking up on that? Do they not  
25 care that if in the case of a medical emergency and

1 they were hemorrhaging or not breathing or dying the  
2 emergency personnel couldn't get to them fast enough  
3 because the entrances and halls were too narrow?

4                   Tattoos and hair must be more important  
5 to them because when it comes to their reproductive  
6 parts, any facility with an abortion sign out seems to  
7 be just fine. I'd have to ask them if an abortion  
8 facility isn't willing to guarantee that instruments  
9 were properly sterilized and surfaces sanitized before  
10 your abortion, if an abortion facility doesn't want to  
11 invest enough money to widen its corridors so emergency  
12 personnel can access you if you start bleeding or go  
13 into cardiac arrest, if an abortion facility doesn't  
14 want to make sure that their medications haven't  
15 expired before your procedure, if an abortion facility  
16 doesn't value you enough to have clean non blood  
17 stained easy chairs for your recovery after your  
18 abortion, why do you want to go there? These  
19 regulations are not about your vagina rights, they are  
20 not about your reproductive rights, they are not about  
21 your right to have sex with whomever you want and then  
22 afterwards kill the product of conception, the baby.  
23 If we regulate tattoo parlors and we regulate hair  
24 salons, we have every opportunity --

25                   MR. BODIN: Thank you, Ms. --

1 MS. BOUTON: -- to regulate abortion  
2 facilities.

3 MR. BODIN: Thank you.

4 Next up will be Catherine Read and  
5 followed by Katherine Waddell.

6 MS. READ: Hello. My name is Catherine  
7 Read and I live in Fairfax but I was born and raised in  
8 southwest Virginia. My father was the hospital  
9 administrator that opened Montgomery County Hospital  
10 back in 1971.

11 What we are talking about here is not  
12 regulations to make it safer to get an abortion, it's  
13 ideological and it's a political move much like our  
14 voter ID laws were designed to solve a problem that  
15 does not actually exist. There have not been numerous  
16 reports of ill effects from women having abortions in  
17 the 20 abortion clinics under discussion, but if you  
18 want women to go to hospitals, you'll find them in  
19 hospitals, because back before 1972 that's where the  
20 women ended up who tried to perform abortions on  
21 themselves or put themselves under the auspices of  
22 somebody who is not a medical care provider.

23 100 years ago women marched in order to  
24 get the right to vote. 100 years ago. They were in  
25 the Occoquan workhouse not that far up the road from

1 here because they had the audacity to ask for the right  
2 to vote. That's less than 100 years ago.

3 well, here in Virginia we are not going  
4 to go backwards and allow someone else to tell women  
5 their only option is to operate under the auspices of  
6 an ideological and religiously motivated restrictions  
7 on the services that can be performed here. You are  
8 not doing the women of Virginia a service. In  
9 Mississippi they have one abortion clinic. Look at the  
10 rate of teenage pregnancy and poverty. Arkansas  
11 yesterday voted to put in the most restrictive abortion  
12 restrictions in the history in violation of the U.S.  
13 Constitution. These were people's representatives who  
14 took an oath of office to uphold the U.S. Constitution,  
15 and yesterday these elected representatives turned  
16 their back on the U.S. Constitution.

17 well, Virginia is not Mississippi and  
18 Virginia is not Arkansas. We operate under rules of  
19 law in Virginia, and Roe v Wade guarantees women access  
20 to services that include abortion. Thank you.

21 MR. BODIN: Thank you, Miss Read.

22 Miss Waddell followed by Bryan Lowry.

23 DELEGATE WADDELL: My name is Katherine  
24 Waddell. I'm a member of the Virginia House of  
25 Delegates and president of the Women's Strike Force.

1                   Prior to the new regulations, abortion  
2 clinics were regulated as physicians' offices such as  
3 today plastic surgery, oral surgery, and colonoscopy  
4 continue to be performed in physicians' offices. That  
5 doesn't make any sense that a colonoscopy, an invasive  
6 procedure where the patient is anesthetized, is  
7 performed in a physician's office, but a first  
8 trimester abortion has to be performed in a  
9 hospital-like setting? Why aren't the board members  
10 angry? I don't understand why they are not angry at  
11 being put in a position of playing politics on behalf  
12 of McDonnell, Bolling, who pretends to be a moderate  
13 who actually was the tie vote on this clinic regulation  
14 bill, and Cuccinelli. They are playing politics with  
15 women's lives.

16                   It is my hope that the board members will  
17 take another good hard look at the regulations before  
18 they make them permanent and understand the  
19 consequences of their actions.

20                   Today abortion is safe and legal. The  
21 decision that they are making can very well force women  
22 back to unsafe back alley abortions, back to the days  
23 when women died. Now are they willing to have that on  
24 their conscience?

25                   MR. BODIN: Thank you, Delegate Waddell.

1                   Bryan Lowry and will be followed by Molly  
2 Vick.

3                   MR. LOWERY: Hello. My name is Bryan  
4 Lowry, and I would like to thank you guys for having us  
5 here to comment today.

6                   I'm standing here because my mother  
7 refused to have a D&C procedure 22 years ago. My  
8 mother had miscarried and the doctors told her this was  
9 a necessary procedure for her health, but my mother and  
10 in her boldness and trusting God refused, knowing that  
11 her body was created to take care of itself. What  
12 really happened, my mother was carrying twins. My twin  
13 passed but my heart continued to beat in her womb, so  
14 with that said, I stand here in front of you today and  
15 thanks to God and my mother as a living and breathing  
16 example of the life that comes from a refusal of  
17 abortions and all procedures like them.

18                   I speak in strong support of the  
19 permanent regulations in abortion clinics and  
20 facilities and ask you to please uphold them. First of  
21 all the actions of these facilities and so called  
22 doctors is absolutely and always wrong. It is  
23 disgusting, it is murder, and it is a violation of an  
24 ignored conscience.

25                   These facilities have no business

1 operating under the title of health care providers, but  
2 if they must, it should be regulated like all of the  
3 rest of them. Thank you.

4 MR. BODIN: Thank you, Mr. Lowry.  
5 Miss Vick, to be followed by Patricia  
6 Smith.

7 MS. VICK: I'm Molly Vick.

8 These regulations are intended to close  
9 clinics thereby restricting access and eliminating  
10 choice by demanding costly prohibitive architectural  
11 and structural changes from the 2010 construction code  
12 which clearly states it is intended only for new  
13 construction of hospitals, and those would be real  
14 hospitals, not clinics defined as hospitals in a single  
15 paradox amendment that was questionably germane to the  
16 otherwise innocuous bill thereby passing legislative  
17 process which has historically kept legislation with  
18 similar intents from passing including SB 146 in 2004  
19 and SB 39 in 2005, both of which Ken Cuccinelli was the  
20 patron. These regulations are targeted at abortion  
21 clinics despite first trimester abortion being one of  
22 the safest medical procedures, much safer than the  
23 procedures performed at non regulated, non targeted  
24 clinics such as colonoscopy and plastic surgery. There  
25 is no scientific based evidence these are necessary.

1           The experts on the board voted correctly  
2 and based on evidence based medicine in June when they  
3 grandfathered in existing clinics. The Attorney  
4 General overstepped his legal and professional  
5 authority by refusing to certify those approved  
6 regulations, in effect vetoing the experts' decision.  
7 He overstepped ethical boundaries by threatening the  
8 board to withhold legal representation.

9           Everything about this crusade, and that's  
10 just what it is, by the Attorney General, is motivated  
11 by his personal dislike of abortion and voiced intent  
12 to eliminate it and is distinctly not in the best  
13 interests of women.

14           Closing the clinics which provides safe  
15 legal abortions means no access to safe legal  
16 abortions. We know from history that when that occurs,  
17 women suffer and women die. It is not too late to do  
18 the right thing.

19           I ask the board to grandfather in  
20 existing clinics and refuse to vote for any regulations  
21 that don't include that amendment.

22           MR. BODIN: Thank you, Miss Vick.  
23           Miss Smith, to be followed by Karen  
24 Remley.

25           MS. SMITH: Good afternoon. My name is

1 Patricia Smith. I am a registered nurse. My specialty  
2 is in adult health. I'm not an OB/GYN nurse; however,  
3 I have over 30 years experience working from med/surg  
4 outpatient clinics to intensive care open heart, so I  
5 have a wide variety of experience in terms of adult  
6 health.

7                   The issue I would like to bring up is  
8 that, let's just take an example. We have 2 women.  
9 One decides to have her child, the other one does not.  
10 Now when you sit down with a new mother, she's all  
11 excited. She doesn't think about possible problems  
12 that could happen to her. She could have a  
13 miscarriage, she could bleed to death after the baby is  
14 born, both her and the baby could die, but she wants  
15 this child, so we do all the supportive things to help  
16 her have it.

17                   Now we have a girl who has chosen to  
18 abort her child. Now difference number one, she goes  
19 into a doctor's office, it's clean, there's sterile  
20 techniques, people wear gloves, people wear clean  
21 clothes. The girl in the abortion clinic does not have  
22 that guarantee, and that's what these regulations are  
23 about. She doesn't have that guarantee that people are  
24 going to wear sterile gowns and masks and gloves. She  
25 doesn't have that guarantee because those regulations

1 they are trying to say it will cost too much, but if it  
2 costs that girl her life, then abortion clinics are not  
3 safe. That is why a doctor when he does any, he or she  
4 does any procedures has you sign a consent that says  
5 you realize that in a colonoscopy I could perforate  
6 your bowel and your uterus causing a fistula and you  
7 will suffer. Because I have had patients with that  
8 kind of suffering.

9                   Also I had the opportunity to care for a  
10 woman who had to make a choice. She had cancer and she  
11 was pregnant. I couldn't tell her one way or another,  
12 but that is when abortion is appropriate.

13                   MR. BODIN: Thank you, Miss Smith.

14                   Dr. Remley. And we are going to set the  
15 clock at 4 minutes as a prior speaker ceded her entire  
16 time to Dr. Remley, so Dr. Remley will have 4 minutes.

17                   DR. REMLEY: Thank you.

18                   I am here today to first thank the  
19 esteemed members of the Board of Health, respected  
20 senior leaders of the Virginia Department of Health,  
21 and the office of Licensure and Certification staff for  
22 their thoughtful ongoing approach to their  
23 responsibilities in development and implementation of  
24 the abortion facility regulations as directed by the  
25 Virginia General Assembly and Governor McDonnell.

1                   I also recognize the significant work  
2 that abortion facilities have undertaken to participate  
3 in the licensure process and ultimately in  
4 demonstrating the goal of safe care for women.

5                   As we now approach finalization of the  
6 permanent regulations, I respectfully offer 3  
7 considerations for your deliberation.

8                   I will first address the section of  
9 Virginia Code 32.1-127.001 applicable to building  
10 standards for abortion facilities, and in the interest  
11 of time will only read one part...consistent with the  
12 current edition of the Guidelines for Design and  
13 Construction. OLC staff continuously work with health  
14 care architects and facilities during health care  
15 facility licensure processes to insure thoughtful  
16 application of the guidelines referenced above. These  
17 facilities include Virginia's inpatient hospitals,  
18 nursing homes, and outpatient hospitals, places where  
19 all Virginians have surgery, deliver babies, receive  
20 complex medical care from heart attacks to life saving  
21 transplant surgery, and when they and their loved ones  
22 walk through the door of that hospital, they trust and  
23 rely on the Board of Health, Commissioner, and  
24 ultimately the OLC inspectors to provide professional  
25 evaluation, inspection, and supervision. The federal

1 government through CMS/Medicare contracts trusts this  
2 highly trained professional staff.

3           While I'm not a legal expert, I have  
4 concern that the change in the language "consistent  
5 with" to "comply with", but I realize that both of  
6 these phrases ultimately depend on the integrity of  
7 thoughtful application of the construction guidelines.

8           Webster's Dictionary defines a guideline  
9 as a detailed plan or explanation to guide you in  
10 setting the standards for determining a course of  
11 action.

12           In my practice of emergency medicine I  
13 both developed and incorporated guidelines into my  
14 daily practice. In fact, examples include those for  
15 immunizations, treatment of shock, and care of severely  
16 injured children. Their use helped my team and me save  
17 countless lives, but inappropriately rigid adherence to  
18 the construction guidelines in any setting can at times  
19 have devastating consequences.

20           For all health care facilities, including  
21 abortion facilities, rigidity and interpretation will  
22 potentially decrease access to safe and quality care.

23           I know each of you on the board in your  
24 professions also encounter guidelines and thoughtfully  
25 apply them at your place of work. As the dictionary

1 definition states, as you know from your work, and as  
2 explained in the first chapter of the construction  
3 guidelines for construction, they are just that:  
4 Recommendations to be used in the building and  
5 renovation of health care facilities.

6                   In medicine we use a tiered system to  
7 evaluate guidelines. I would suggest a careful review  
8 of these guidelines with implementation only of those  
9 that are critical for health and safety for existing  
10 facilities and appropriate application of the remainder  
11 when significant renovation and new building occurs.

12                   Currently around the Commonwealth,  
13 hospitals and nursing homes are operating with portions  
14 of their hospitals not meeting the most current  
15 building requirements -- rooms that may be smaller --  
16 they are delivering safe and effective care, they  
17 renovate based on clinical need and safety,  
18 incorporation of the guidelines with advice from  
19 healthcare architects and finance availability.

20                   I urge you to retain the "consistent  
21 with" language, aligning with the language in the Code  
22 of Virginia.

23                   Lastly, I also encourage you to request  
24 and receive clarity on what process will unfold if the  
25 permanent regulatory process is not completed prior to

1 expiration of the emergency regulations. Understanding  
2 how this situation with other regulatory actions has  
3 been handled historically and taking a consistent  
4 approach will provide clarity and transparency to all.

5           These three issues address what I think  
6 of as approaching these regulations from the Virginia  
7 way -- balancing the promotion of safety and quality  
8 care in a context of application of these regulations  
9 that rely on evidence and professionalism without  
10 overreaching interpretations that exceed the Code  
11 language.

12           Thank you for your ongoing thoughtful  
13 deliberation as board members.

14           MR. BODIN: Thank you, Doctor, very much.  
15           Next up is Jeff Caruso.

16           MR. CARUSO: I'm ceding my time to Sarah  
17 Maher.

18           MR. BODIN: Thank you. Sarah Maher, and  
19 as you just heard, we will set the clock at 4 minutes  
20 for Miss Maher.

21           MS. MAHER: I'm Sarah Maher.

22           I'm here today because I want to talk to  
23 you about a situation that happened to 2 women last  
24 January 21st in a Birmingham, Alabama abortion mill.  
25 Both of these women went in for regular abortion

1 procedures, and while they were in there they were not  
2 given the proper care. They were given 10 times the  
3 medication dosage they should have been and then the  
4 ambulance had to come to take them to the hospital.  
5 When the ambulance came and the stretchers came to take  
6 them out, the stretchers could not get in the door, so  
7 these women had to be carried out by their arms and  
8 legs, bleeding, to get to the ambulance.

9 I'm not asking, we are not here asking to  
10 shut these places down indefinitely, we are here asking  
11 that these women should be treated with respect and be  
12 treated with the proper health care, that they be given  
13 the concern that we would give to other people in  
14 hospitals or elsewhere so that when they go in there  
15 that they would know that they are getting the best  
16 care possible.

17 we know that these places can meet the  
18 standards, that they have the money to do this, because  
19 we know the income of these places. The same woman who  
20 owns the Birmingham, Alabama abortion mill owns one in  
21 Richmond, Virginia, which is also not up to the  
22 standards, so that's why I'm here today to ask you to  
23 enforce these standards and to keep these women safe,  
24 assuring that when these women go in there, that the  
25 instruments used will be sterilized and that these

1 women will receive the proper care that they deserve.

2 Thank you.

3 MR. BODIN: Thank you.

4 Next up is Jason Perkinson to be followed  
5 by Kelsea Jeter.

6 MR. PERKINSON: I have chosen not to  
7 speak. I give my time to Kelsea.

8 MR. BODIN: Thank you.

9 MS. JETER: My name is Kelsea Jeter.  
10 Fortunately I'm on spring break, that's why I'm able to  
11 be here today. Perhaps most people don't have that  
12 luxury.

13 So these regulations are unnecessary and  
14 are designed to infringe upon our right to abortion.  
15 No one here is saying abortion shouldn't be a safe  
16 procedure conducted in a clean safe environment, but if  
17 women don't have access to these facilities anymore,  
18 they'll return to the deadly methods used before Roe  
19 versus Wade. Nobody here wants to find out, they get a  
20 call and say that hey, their wife, their daughter,  
21 their sister, their friend has bled out on the bathroom  
22 floor because she tried to self-abort. We need to  
23 consider the effects and who it affects most.

24 Most women don't have the ability to get  
25 up and pick up and travel so they can find somewhere

1 that provides safe abortions anymore. Women should be  
2 able to have that access, but women of working class  
3 and women of color likely are not going to be able to  
4 have access to safe abortions anymore.

5           But we need to address why people are so  
6 against abortion right now to begin with, so you need  
7 to ask yourself why you are doing this and why you are  
8 pushing for this. So if you ask yourself hey, is it a  
9 religious reason. If it is, you need to recognize that  
10 people have different beliefs than you and there's no  
11 reason you should be pushing your beliefs on to  
12 everyone else in the state or the country. Is it  
13 because of a political reason? If it is, you should  
14 keep in mind governments fail, they aren't permanent,  
15 and if you are bad to people, they will rebel and  
16 overthrow the government, so that needs to be kept in  
17 mind as well if you keep fucking people. If it's  
18 moral, remember that we are talking about ethics here,  
19 not personal morals, and if you can't work ethically  
20 then you shouldn't be allowed to be on this board and  
21 make decisions for people who have different morals  
22 than you.

23           So mostly I think everyone here would  
24 agree that women need to be kept safe, but this is not  
25 keeping them safe, and if you don't realize that

1 passing these regulations will harm thousands of  
2 Virginia women, then you don't deserve to be here and  
3 you are a disgrace to the State of Virginia.

4 Thank you.

5 MR. BODIN: Thank you, Ms. Jeter. Next  
6 up is Senator Northam.

7 SENATOR NORTHAM: Thank you and good  
8 afternoon. My name is Ralph Northam. I serve in the  
9 state Senate in the 6th District, and also I'm a child  
10 neurologist at the King's Daughters' Hospital in  
11 Norfolk.

12 As a senator and physician I have grave  
13 concerns regarding the TRAP regulations set up for  
14 government interventions in medicine. As a member of  
15 the Senate Health and Education Committee I listened to  
16 the proponent of Senate Bill 924, and they told us it  
17 was about safety for women, but interestingly nobody  
18 came forward with any data that shows that our clinics  
19 are unsafe, nor did they come up with any data that  
20 said these new regulations would make it any safer, nor  
21 were there any health care providers that said changes  
22 were necessary.

23 To follow the precedence of the TRAP  
24 regulations is going to take us back to the pre Roe  
25 versus Wade days. That is not where Virginia needs to

1 go. It is time that our legislators and policymakers  
2 and our Attorney General start listening to scientific  
3 data, to evidence based medicine and not to ignore it.  
4 It is time that they listen to experienced health care  
5 providers, and most importantly it is time for them to  
6 listen to women and to keep the government out of their  
7 lives. That is what our women of Virginia deserve.

8 I thank you for your attention and I urge  
9 the board to reject these regulations. Thank you very  
10 much.

11 MR. BODIN: Thank you, Senator.

12 Miss Horn is going to check the sign-up  
13 sheets that are still over there. Senator Northam is  
14 the last to sign up on the sheets that I have. Nothing  
15 on there?

16 If you have any written comments that  
17 you'd like to drop off with us before you leave, we'd  
18 be more than happy to accept those as well.

19 Is there anybody who has not signed up,  
20 who did not sign in and would like to speak that has  
21 not yet been heard and ceded their time?

22 Well, thank you. With none, on behalf of  
23 the Virginia Department of Health, I'd like to thank  
24 you all for coming here today and sharing your  
25 comments. The public comment period will remain open

1 until March 29th. Anyone wishing to submit written  
2 comments during the rest of the comment period may do  
3 so either directly to us or through the Virginia  
4 Regulatory Town Hall. I have the e-mail address for  
5 that if anybody is interested. You can certainly fax  
6 them, mail them, or e-mail them to my office in the  
7 Office of Licensure and Certification.

8 Thank you all for coming. Have a safe  
9 journey home. I adjourn this public hearing.

10

11

12

13

14

---Conclusion---

15

16

17

18

19

20

21

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CERTIFICATE OF COURT REPORTER

I, Lynn Aligood, hereby certify that I was the Court Reporter for the public hearing conducted re regulations for the licensure of abortion facilities.

I further certify that the foregoing transcript is a true and accurate record of the hearing to the best of my ability.

Given under my hand this 19th day of March 2013.

\_\_\_\_\_  
Lynn Aligood, Court Reporter

