

Chair Shane E. Pendergrass
House Office Building
6 Bladen St.
Annapolis, MD 21401

Dear Honorable Chair Pendergrass,

I am writing to you as a bereaved mother and as a United Methodist pastor in support of HB 937 because improving access to abortion care by increasing the number of abortion providers in the state is a way you can support families.

After my third miscarriage in 2018, I kept the abortifacient I had been prescribed. I didn't need much for my body to begin miscarrying and I thought, given the political climate, I might want to keep the rest of the prescription in case I needed to manage another miscarriage or abortion. While I was mourning the loss of a much-wanted baby, I also worried about my access to future medical care being affected by politics. I have balanced translocated chromosomes, which essentially means I have an 80 percent chance of becoming pregnant with a baby who is incapable of living outside of my uterus because of chromosomal abnormalities. Sometimes those babies are miscarried, but often those with balanced translocated chromosomes either need abortifacient to induce miscarriage or have to terminate for medical reasons. I desperately want children, but I am very aware because of my translocation that I need access to abortion to care for my own body and to care for my living child, and I need access to abortion as part of my attempts to get pregnant again. Again and again in churches I have served as a pastor and in the support groups for bereaved parents where I often end up serving as a chaplain, I have encountered families with similar stories of need to access abortions.

Many of us thought we would never have an abortion. Many of us spent enormous amounts of money for fertility treatments, even with the insurance coverage mandates we have in this state. Many of us overcame fears of needles and procedures, even fears of subsequent losses so we could have a chance at giving birth to a living child. But we also know there is more to parenting than giving birth. For some of us, the best way we could mother our baby who would not live much past birth was to end their suffering in the womb. For others, we knew that our living children would suffer if we continued another pregnancy because we would be unable to care for them if we were on bedrest or if we did give birth to a sibling for whom we would have to immediately put on indefinite hospice care, as can happen with some kinds of chromosomal abnormalities.


My guiding scripture verse as a pastor and a Christian comes from the Gospel of John 10:10, where Jesus is talking about himself as a gate protecting the sheep from harm, and he says, "I came that they might have life and have it abundantly." People who are against abortion are often labeled as pro-life, but in my ministry and in my own fertility journey, I have learned that

the decision to have an abortion is often about seeking that abundant life. Access to abortion, especially for those of us in the pregnancy-loss community, is about protecting women and families from further harm in terrible circumstances. Subjecting us to the hurdles, humiliation, and potential physical injury of restricted abortion care in a situation where many of us are already in shock and grief is immoral. The politicization of abortion only hurts families.

My most recent loss was at 19 weeks and 3 days, and it was caused not by my Balanced Translocation but by an incompetent cervix we did not discover in time. We chose not to abort right away, but I was grateful the option of abortion was available to me because I knew that the longer my cervix was open, the more exposed myself and my baby were to infection. I have a living child at home I needed to be healthy enough to care for, and I have known women who had to carry dead or dying babies too long, risking sepsis, or had other infections due to medical care that prioritized a baby who could not live anyway and not the mother carrying the child. Limiting access to abortion benefits no one; instead it risks injury to women, mothers, their living children and families by treating a woman's body, health, and well-being as though they are inconsequential.

Abortion care is life-giving and family-preserving care in so many ways. I have seen that as a pastor and experienced it for myself. Please consider my needs, the needs of the families in the communities I have served, and the needs of all women in Maryland and vote in favor of HB 937.

Sincerely,



Rev. Shannon E. Sullivan,
Trinity United Methodist Church
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