



Women and the Abortion Industry: Hasty Decisions, Lifelong Regrets



For the woman who has an abortion relief may be followed by years of tortured remorse and haunting regrets of the child who might have been.

By Mike Hoey

The abortion industry markets itself as a champion of women's rights, but the manner in which their clinics "process" women for abortions is deeply suspect by any measure of standard medical practice.

A primary abortion provider is Planned Parenthood. The organization's abortion clinic in St. Louis, Reproductive Health Services, performs most of the abortions in Missouri, and it is a high volume operation.

In its most recent report, covering the fiscal year of July 1, 2006 to June 30, 2007, St. Louis Planned Parenthood reports performing 6,396 abortions. Most of these abortions, 5,500, were surgical abortions.

By any measure, that is a lot of surgical abortions for one clinic to perform in a single year. Averaged out, it means that Planned Parenthood's St. Louis clinic is performing 105 surgical abortions a week. Put another way, this clinic is completing 21 surgical abortions per day, or 2.6 surgical abortions per hour in an eight hour day.

Surgical abortions, even in the first trimester, are not quite the simple affair the abortion industry would have the public believe. The most common method employed in early pregnancies involves inserting a powerful suction tube with a cutting edge into the woman's uterus. This dismembers the body of the developing child. Medical risks to the woman include puncturing the uterus, which can necessitate further surgery, hemorrhaging and infection, if fetal tissue is not removed.

Suction aspiration, as this early abortion method is called, can be performed in as little as 10 to 15 minutes. The brevity of the procedure allows abortion doctors to roam from clinic to clinic performing many abortions during a brief stopover at each clinic.

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Abby Johnson, who resigned last year from a Planned Parenthood abortion clinic in Texas, reports that the abortion doctor would only visit her facility two days a month, but would perform 30 to 40 procedures each day.

Such a high volume of abortions raises grave doubts as to whether women considering abortion are given much opportunity to think through their decision and consider all the physical and psychological ramifications to having an abortion.

Women may also be misinformed by what the abortion clinics tells them. According to Johnson, Planned Parenthood employees are told to tell women that the baby they are carrying is not a baby just a mass of cells.

The website of Planned Parenthood of St. Louis tells women they can fax in their medical history and bring their completed informed consent form on the day of their "visit," presumably the day the abortion will be performed. Are the women seeing the abortion doctor for the first time only on the day of the abortion?

In a fact sheet issued last year, Planned Parenthood complained that informed consent legislation would: "Prevent a woman, from getting the required counseling from her own private or preferred physician by mandating she meet with 'the physician who is to perform or induce the abortion' at least 24 hours before the procedure..."

This line of argument purports to defend women but it actually reveals a callous disregard for them. How many of us just

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Perhaps because few physicians are willing to perform abortions, those that do are in great demand. Some often service a number of clinics. "The doctor that performs the surgery doesn't take care of any complications that may follow," said Robert Ferris M.D. FACOG, of Jefferson City.

Johnson reports that her bosses pressured her to get more abortions done to boost profits. As surgeries go, early abortions are not a big-ticket item. Nationwide, Planned Parenthood indicates first trimester abortions cost between \$350 to \$900. Often insurance companies do not cover abortions. One way to make up for the small profit per abortion is to have your clinic perform more of them.

Legislation pending in the Missouri General Assembly would give women considering abortion an opportunity to view an ultrasound of the child developing in their womb and to hear the child's heartbeat. The physician who is to perform the abortion would be required to meet *in person* with the woman 24 hours before performing the abortion.

The idea behind the legislation is to give women time – time for reflection, and time to contact organizations that offer assistance and alternatives to abortion. Time is what is needed, along with information.

The decision to have an abortion is not just any decision. A child's life hangs in the balance. For the woman, there are medical risks. For the woman who has an abortion relief may be followed by years of tortured remorse and haunting regrets of the child who might have been.

Mike Hoey is the executive director of the MCC.

Number of Abortions in Missouri (2008)

11, 508

**Resident Abortions in MO

7,413

***Recorded Abortions in MO

Resident Abortions by County:

St. Louis City	1,553
St. Louis County	2,767
Jackson County (Blue Springs)	2,767
Saint Charles	552

*The abortion clinic in St. Louis performs abortions on women from all regions of MO and from Illinois.

Statistics from MO Department of Health and Senior Services

**Resident Abortions: Abortions to MO residents regardless of where the abortions occurred.

***Recorded Abortions: Abortions performed in a facility located in Missouri.

What constitutes informed consent?

According to the American College of Obstetricians and Gynecologists (ACOG)

Informed consent should be looked on as a process rather than a signature on a form. This process includes a mutual sharing of information over time between the clinician and the patient to facilitate the patient's autonomy in the process of making ongoing choices.

- ACOG Committee Opinion 439

Consultants should recognize their individual boundaries of expertise and provide only those medically accepted services and technical procedures for which they are qualified by education, training, and experience.

- ACOG Committee Opinion 365

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A Tale of Two Women



Diana Hilliard

Surrounded by strangers, the doctor came in, completed the procedure and left. At the blink of an eye, my baby was gone forever. I sat in recovery completely numb staring at the blank white, sterile walls surrounding me. The suction noise filled my ears and regret consumed my body.

I had just killed my own child.

Years ago, after learning that I was pregnant, I sought advice from many friends and family, but I would only listen to those who told me “it was just a bunch of cells.”

Out of pure selfishness I had an abortion. I was a young, successful practicing lawyer in St. Louis. I could afford to have a baby and was in a good relationship with the father. It was a quick solution to my temporary problem. And I truly believe had I seen an ultrasound, heard a heart beat, had the opportunity to talk to the doctor about the procedure or been told about the severe mental anguish that I would experience, I wouldn't have gone through with it. I know it was a boy. His name is Eric Michael John and today he would be 18 years old.

It wasn't until November of 2000, when my husband, the father of the baby, was

diagnosed with ALS – Lou Gehrig's disease – and given 18 months to three years to live that I was ready to confess what I had done so many years ago.

Now, I had to support our three children, ages seven, five and two months, while taking care of my husband. He, too, eventually became much like an infant.

After months of caring for my husband, attending to the children, running our home and working full time, I found myself mentally, physically, emotionally and spiritually exhausted. Then, I suddenly began to experience flashbacks and nightmares of the abortion. Although I'd tried to bury it years ago, it had come back so vividly.

“I suddenly began to experience flashbacks and nightmares of the abortion.”

I thought it was God's way of punishing me for killing my child.

After finally uttering the word “abortion” out loud and obtaining absolution, I did not feel better. In fact, I felt worse than ever. I did not realize that confessing the abortion was just the beginning. I was now in need of counseling to help cope with my abortion decision and to grieve the loss of my child.

I could not accept God's forgiveness as offered to me by the priest because I did not feel worthy of God's forgiveness from the sin of sins.

Hilliard continued next page

The story of Marletta Jones

In February 2008, I went into the North County Pregnancy Resource Center wanting information about how far along I was because I knew I was pregnant and wanted an abortion. Recently I had left behind everything I owned, including my home, took my children and secretly relocated to escape my physically abusive husband. In my vulnerable state, I sought the companionship of a neighbor and ultimately became pregnant. He was married and I could not have his baby.

Although I wanted an abortion I really didn't know much about the procedure, risks or side effects. All I knew was that I wouldn't be pregnant anymore and that would solve all my problems.

The resource center offered me a free educational ultrasound to determine just how far along I was. I was not prepared for what I viewed on the screen. My baby had arms, legs, and a strong heartbeat and moved all over the place. This would be my fourth baby and I had no idea that babies developed so quickly. I could hardly believe that the baby could be so developed and active and not realize it. I was 14 weeks pregnant, which meant a second trimester abortion, more costly and dangerous.

Alice from the resource center talked with me about my options and showed me a video in which a doctor describes the different abortion procedures.

I was unaware of any of that information. Alice also offered the option of adoption, which I considered. The Pregnancy Resource Center receives Alternatives to Abortion funding from the state. Alice also offered this program to me.

Alice followed up with me and learned I had an abortion scheduled in a few days. Alice again offered support, but I declined the help.

About 2 weeks later, I called and told Alice that I didn't go through with the abortion. I had thought long and hard but I didn't think I could actually go through with it learning what I did about abortion and fetal development. I wanted more information about adoption. So Alice and I met again and I enrolled in the Alternatives to Abortion program. I met with an adoption counselor, but decided to parent instead.

I delivered a baby boy in May 2008 and could not be more thankful for the help I was given through the Pregnancy Resource Center (PRC). I was in tears expressing how bad I felt about ever wanting to abort him.

Today I continue in the Alternatives to Abortion program, receiving rent and utility assistance along with all baby supplies for my son.

I still have a difficult road ahead but I continue to remain hopeful and want to be self-sufficient. More than material supplies, I'm grateful for the ongoing encouragement and friendship shown by the PRC staff.

Hilliard continued

I then began to suffer severe depression, more nightmares and thoughts of suicide. I just could not live with what I had done. I felt tormented and in agony for months.

I also discovered that I was not crazy and that millions of women in this country, 46 million to be exact, or 1 in 4 women, have had an abortion and many, as I, may be suffering from Post Abortion Syndrome, a syndrome with the same symptoms as Post Traumatic Stress Syndrome. I was constantly suffering from emotional, mental and spiritual breakdowns after years of suppressing this traumatic event.

While searching for abortion counseling I came across Project Rachel, a post abortion-counseling agency. They were instrumental in helping me heal. Now, I dedicate my time reaching out to women who have had an abortion, helping them to know they are not alone and help is available.

If you are reading this and you're considering an abortion I beg you to dig deep into your heart and ask yourself if you will still be happy with that decision in five years. I remember every birthday, I'm reminded by every pro-life billboard or commercial and I see Eric in every young man I pass. Not a day goes by that I don't think about Eric and regret the decision I made.

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Key Provisions of Informed Consent Bills

The Missouri Catholic Conference is seeking passage of legislation that will ensure that women considering abortion have accurate information about their developing unborn child and contact information on agencies that offer alternative to abortion services.

Legislators sponsoring the informed consent legislation include state representatives Gary Dusenbergh (R-Blue Springs), Bryan Pratt (R-Blue Springs) and Cynthia Davis (R-O'Fallon). State Senator Robert Mayer will handle the legislation in the Missouri Senate. Here are provisions common to all of the bills:

- At least 24 hours prior to performing an abortion, the physician who will perform the abortion must meet *in person* with the woman to discuss the medical risks such as possible infection, cervical tears or perforation of the uterus as well as possible adverse psychological effects.
- The physician must inform the woman of the gestational age and anatomical and physiological characteristics of her unborn child.
- Information developed by the Missouri Department of Health must be given to the woman that shows the development of the unborn child in two-week increments from conception to full term. This information must include either color photographs or a video.
- A woman considering an abortion must be given an opportunity to view an ultrasound and hear the heartbeat of her unborn child.
- The physician must tell the woman about agencies that provide alternatives to abortion services. The clinic must prominently display a poster about the availability of alternatives to abortion services and provide information on where women can reach agencies that provide this help.
- Abortion clinics must also prominently display a sign informing women that it is against the law for anyone to coerce them to have an abortion.
- Consultations with a woman about an abortion must be presented individually in a private room to protect her privacy and to ensure her consent to an abortion is freely given and without coercion.
- Women considering an abortion must be given information explaining that the father of the unborn child is liable to assist in the support of the unborn child.

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