The videos released by the Center for Medical Progress have re-launched the moral debate over abortion like no event in recent history. People are deeply disturbed by the callous attitudes shown by Planned Parenthood officials, who somehow manage to block out recognition of the humanity of unborn babies while cheerfully discussing what prices fetal body parts might fetch in the market.

In response, Americans are once again calling on Congress to defund Planned Parenthood. But many lawmakers remain unmoved. At the present time, there are not sufficient pro-life votes in the U.S. Senate to defund Planned Parenthood. Pro-life citizens, however, should not wait for Washington to act. There are steps that can be taken in their own communities.

The first step is to take inventory of how the abortion industry operates locally. In Missouri, the industry has clinics in Columbia and St. Louis. Each situation presents unique challenges, but there are responses that can slow or possibly even halt the continued destruction of unborn children by abortion. Some local steps have been underway for many years and have borne fruit in lessening the rate of abortion.

The 40 Days For Life campaign offers a prayerful presence in front of both the Columbia and the St. Louis Planned Parenthood clinics. The power of prayer may be discounted by non-believers, but not by those of faith. Hearts and minds can be changed through God’s grace, and that includes conversion by those who work at abortion clinics.

Alternatives to Abortion agencies in Columbia, St. Louis and many other communities assist women facing crisis pregnancies. Because of these caring interventions many women choose life instead of abortion for their child.

These efforts merit renewed commitment. Meanwhile, new forms of pro-life advocacy are emerging that can strengthen local efforts. People are beginning to realize that abortion clinics are not islands that can ignore their local community. In fact, these clinics depend upon local support to continue their abortion operations.

By Mike Hoey

The Bishops of Missouri, speaking together on matters of public policy, form the Missouri Catholic Conference.

November 2015

SHUTTERING THE ABORTION INDUSTRY: TAKING LOCAL ACTION TO END ABORTION NATIONWIDE
of conscience, that support is withdrawn?

Answers to that question are emerging right now. Because of citizen action the abortion industry in Columbia may soon be shuttered. That happy outcome, if it occurs, will be due to moral appeals not to Congress, but to the University of Missouri. What does Mizzou have to do with it? In order to legally perform abortions, Columbia Planned Parenthood must retain a doctor with privileges from a local hospital (Section 188.080 RSMo.). Sadly, the University of Missouri Hospital had granted privileges to an out-of-town abortion doctor, Colleen McNicholas.

When the Missouri Catholic Conference (MCC) learned this, we alerted citizens and pointed out that Mizzou is the state’s premier public university and that Missouri law (Sections 188.205, 188.210 and 188.215 RSMo.) prohibit the use of public funds, facilities or employees for assisting or performing abortions. Citizens and parents of MU students were outraged that the university was aiding and abetting the abortion industry with taxpayer dollars.

What was especially galling was that Mizzou Assistant University Professor Kristen Metcalf-Wilson had actively recruited McNicholas. McNicholas was granted “refer and follow” privileges, a very limited and rare form of privileges, but that was good enough for the Missouri Department of Health and so medical abortions resumed in Columbia.

When all of this came to the public’s attention, the board of curators received an avalanche of letters and emails protesting the university’s relationship with Planned Parenthood. In response, the University terminated its category of “refer and follow” hospital privileges effective December 1. Unless McNicholas is granted some other kind of privileges by the University of Missouri hospital or by Boone Hospital, she will no longer be allowed to perform abortions in Columbia after that date.

The situation in Columbia is fluid with pro-abortion advocates pushing back and urging Mizzou to grant regular hospital privileges to McNicholas. It remains to be seen if the university will withstand this pressure. But because of local pro-life advocacy there is the prospect that the destruction of unborn children will end in Columbia in the coming months.

St. Louis presents a different and perhaps more difficult challenge. In June alone St. Louis Planned Parenthood performed 317 abortions, according to an investigation by Missouri Attorney General Chris Koster. Thirty-eight of these abortions occurred in the second trimester of pregnancy, including some children destroyed as late as the 20th and 21st week of fetal development, a time when an unborn child can hear, move around and even swallow.

As with Columbia Planned Parenthood, St. Louis Planned Parenthood could not perform these abortions without the cooperation of local partners. State law (Section 188.047 RSMo.), for example, requires abortion clinics to send representative samples of each child aborted to a pathology laboratory for examination. St. Louis Planned Parenthood sends their “samples” to Pathology Services, Inc., which is located in Brentwood, a St. Louis suburb.

There is no legal obligation for a private lab like Pathology Services, Inc. to accept these so-called “samples.” The Missouri Catholic Conference and many concerned citizens are urging the laboratory to cut its ties to the abortion industry. In his letter to Pathology Services, Inc., Dr. David J. Stansfield, president of the St. Louis Guild of the Catholic Medical Association, stated: “Your cooperation with Planned Parenthood in the taking of innocent human life is real and undeniable.”

What would happen if Pathology Services, Inc. put conscience before business as usual? Maybe Planned Parenthood would find another lab,
Planned Parenthood Rhetoric Can’t Hide Seamless Nature of Child Development

Planned Parenthood and its defenders would like people to believe that the unborn child is nothing more than a bunch of tissue but, in fact, amazing developmental changes are underway and no more so than in the development of the baby’s brain.

In the womb, a tiny neural tube is transformed into the baby’s brain and spinal cord. The production of information processing cells – neurons – begins 42 days post-conception. During pregnancy the unborn baby will produce billions of neurons, more than will be produced after birth. These neurons are the “gray matter” referred to in popular literature.

Each neuron includes small branch-like extensions called dendrites that receive information and longer pathways called axons that act like telephone wires to send signals to other neurons. Synapses form the final crucial link that enables neurons to communicate with each other and thus process information.

Because of this fetal development, the unborn child is able to move limbs and fingers, as well as yawn, suck its thumb and swallow. Basic reflexes such as coordinated breathing develop. Before birth, the baby’s cerebral cortex, the outer layer of the brain that directs thinking and voluntary action, begins to form.

It is this amazing process of development that an abortion brings to halt. The fact is a child’s development is a seamless process from conception to birth and into adolescence.

After birth, the baby’s brain continues to develop in dramatic fashion. There is an explosion of new synapses that improve communication between different parts of the brain. During the preschool years the brain size will increase four-fold. By age six the child’s brain will be about 90% of its adult volume. A white fatty substance called myelin (the “white matter” of the brain) develops to coat and insulate the brain connectors (axons). Myelination is especially rapid in the first two years of life and it helps to speed up the brain’s ability to process information.

Neuroscientists refer to the remarkable “plasticity” of the baby’s brain as the child learns new skills. In a review of the major findings on brain development, Joan Stiles and Terry Jernigan, neuroscientists at the Center for Human Development at the University of California-San Diego, indicate that “strongly deterministic models” attempting to explain brain development have been replaced with “more dynamic and interactive models…” They note that brain development involves “the ongoing interplay of genetic and environmental factors.”
### National Abortion Statistics

- **Total Annual Abortions:** 1.06 million (2011)
- **Abortion Rate:** 21% of all pregnancies
- **88%** of abortions occur in the first 12 weeks (2006)
- **36%** of abortions before 9 weeks are medication abortions (2011)

(Source: Guttmacher Institute)

### Missouri Abortion Statistics (2013)

- **Total Pregnancies:** 84,402
- **Total Abortions:** 8,740
- **Abortion Rate:** 10.35% of all pregnancies
- **2nd Trimester abortions:** 1020 (11.7%)
- **Abortions at 20+ weeks:** 47 (1.7%)

### Missouri Method of Abortions (2013)

- **Medication:** 2,839 (32.5%)
- **Suction Curettage:** 5,063 (57.9%)
- **Laminaria Dilation and Extraction:** 830 (9.5%)

(Source: Missouri Department of Health and Senior Services)

### Reasons for Abortion

- **75%** say they cannot afford a child
- **75%** say a child would interfere with work, school, or care for dependents
- **50%** say they don’t want to be a single parent or have problems with husband/partner

(Source: Guttmacher Institute)

### Who is Having Abortions?

- **Women 20-24** obtain 33% of all abortions
- **Women 25-29** obtain 24% of all abortions
- **Non-Hispanic whites** have 36% of all abortions
- **Non-Hispanic Blacks** have 30% of all abortions
- **Hispanics** have 25% of all abortions
- **All other races** have 9% of all abortions
- **37%** of women identify as Protestant, 28% as Catholic
- **51%** of women having an abortion had used a contraceptive in the month they got pregnant

(Source: Guttmacher Institute)