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SHUTTERING THE ABORTION INDUSTRY:

TAKING LOCAL ACTION TO END ABORTION NATIONWIDE



By Mike Hoey

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.

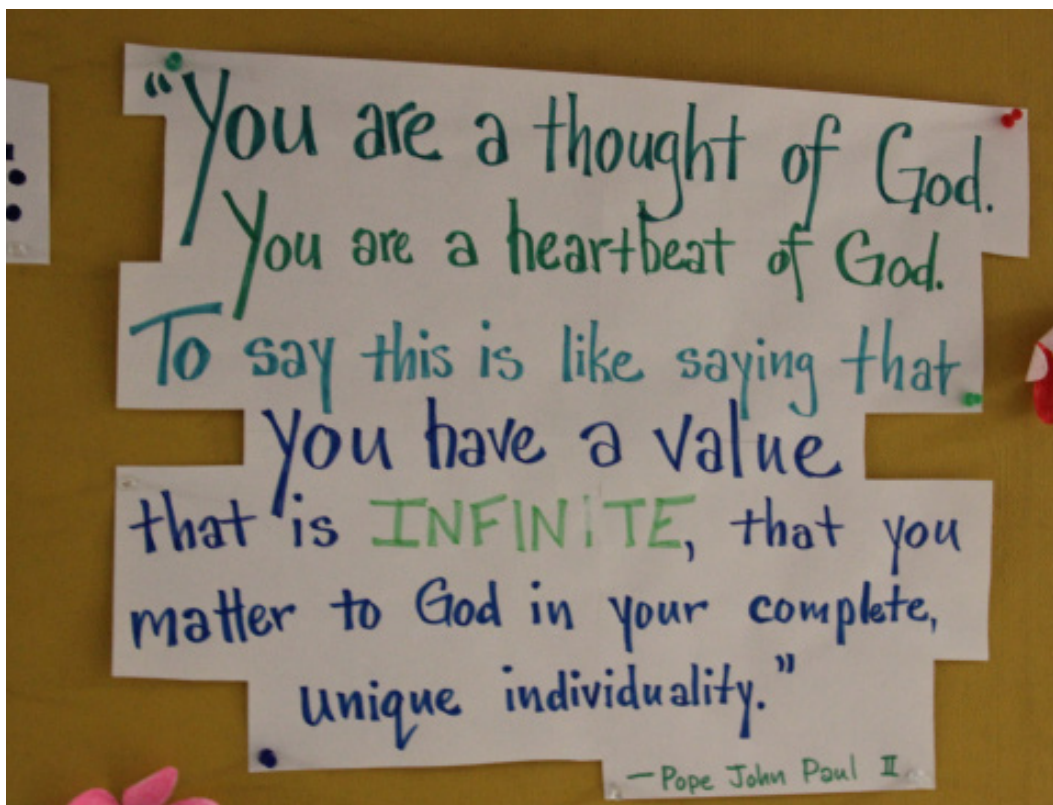
In response, Americans are once again calling on Congress to defund Planned Parenthood. But many lawmakers remain unmoved. At the present time, there are not sufficient pro-life votes in the U.S. Senate to defund Planned Parenthood. Pro-life citizens, however, should not wait for Washington to act. There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



Left: A poster at Our Lady's Inn in St. Louis quotes Pope John Paul II, encouraging faith and self-worth. Right: a pro-life supporter sits across the street from Columbia Planned Parenthood in July.



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. What happens if, as an act 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.) prohibits 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 Kristin 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 to approve the performance of medical abortions at the Columbia clinic.

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 re-

lationship 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, but maybe it would not. In any case, those employed by the laboratory would no longer have to participate in the work of the abortion industry.

There are other local partners who may not have a formal relationship with St. Louis Planned Parenthood, but nevertheless provide important support. The medical school at Washington University, for example, through a “family planning” fellowship trains doctors to perform all methods of abortion and a professor at the university, Colleen McNicholas, performs abortions at the St. Louis Planned Parenthood clinic.

Washington University does not have a legal obligation to train doctors in all methods of abortion, including later-term abortions. This is a choice, a moral choice, the university is making that furthers the work of the abortion industry.

Universities, hospitals, pathology labs – these are only some of the local partners abortion clinics rely on to continue their deadly work of destroying unborn babies. Abortion clinics also rely on office suppliers, plumbers, electricians and many others. Charities may also support the abortion industry and this is especially possible if they have not taken the time to

truly consider what they are doing.

In most instances, these local businesses and organizations have no legal obligation to serve Planned Parenthood. They can turn their attention to other customers and to other causes. Perhaps some are ready to act in the name of conscience instead of profit. However, for this to happen the moral sensibilities of people must be awakened.

This can be done and has been done many times in the history of our country. The Civil Rights Movement saw people refuse to patronize businesses that discriminated against blacks. When South Africa practiced apartheid, many Americans withdrew their investments from that country. Sometimes, the most powerful word in the English language is “NO.” We are a free country and individuals, businesses and organizations are free to say “No, we will not cooperate in the evil of abortion.”

As with so many other problems, the solutions to our problems cannot be solved by Washington alone. It is time to think and act locally in order to protect the sanctity and dignity of all human life.

Mike Hoey is the Executive Director of the Missouri Catholic Conference

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.

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. Advocates for early childhood education stress how infants and toddlers can be adversely affected by a childhood of deep poverty, domestic violence in the home, or lack of parental attention and playtime with children. Public health officials constantly remind expectant mothers to avoid smoking and drinking during pregnancy because of the damage this can cause for their developing baby.

But too often, one deadly threat to child development is not mentioned – abortion. Hopefully, someday, all those who care for children – both born and not yet born – will insist that our public health policies encourage the healthy development of children from conception on into adolescence.

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%)

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)

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)

