Op-Ed: Abortion isn't as safe as supporters claim. We need hospital transfer agreements.

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Abortion Transfer Agreements Are All About Safety Which Courts Should Mandate

On Jan. 25, a 31-year-old Arabic woman hemorrhaged at a Planned Parenthood clinic in Austin, Texas, following her botched abortion. But when an employee phoned 911 for the ambulance, she downplayed the severity of the excessive bleeding. Adding insult to injury, the caller requested no sirens, leaving one to wonder: Was the clinic's reputation more important than the victim of this bungled procedure? Without a "medical emergency" designation, ambulance personnel could have been delayed by traffic, which could have resulted in the woman's death.

Unbeknownst to the public, cases such as this are quite common. Abortion simply isn't the safe procedure its supporters like to say It is. Abortion clinic transfer agreements with local hospitals are necessary to protect women and to save lives.

Lawmakers across the country who have acted on documented proof showing 227 abortion facilities in 32 states between 2008 and 2016 have been responsible for 1,400 health and safety deficiencies, should be commended, not condemned for looking out for the women of this nation!

A quick online check of just about any state of the union will find a pattern of abuse — a snapshot, if you will — showing an industry fighting to keep profits high and standards low. Just a few examples:

• In Miami, Florida on Sept. 28, 2019 abortionist Gerald Applegate, who had already killed one patient at the Eve of Kendall facility, hospitalized another woman who had undergone a botched second-trimester abortion. This same shoddy abortion practitioner has had a history of hospital suspensions and malpractice lawsuits.

• Over the past 10 years, the only remaining abortion clinic in Missouri, Reproductive Health Services Planned Parenthood in St. Louis, has had more than 75 documented medical emergencies.

• At the nation's largest late-term abortion clinic, Southwestern Women's Options in Albuquerque, New Mexico, 34 botched abortions have been confirmed since 2008. Abortion facilities in New Mexico are essentially unregulated, standards of care have gone by the wayside, and women are relegated to second-class status.

In its latest investigative report, "Unsafe: America's Abortion Industry Endangers Women," the highly respected legal firm, Americans United for Life (AUL -https://aul.org/), criticized the 2016 Supreme Court ruling in the Texas case, *Whole Women's Health v. Hellerstedt,* for not ensuring "that abortion businesses… comply with medically endorsed and widely implemented standards of care" in safeguarding women's health.

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AUL skillfully tied the justices' delinquent decision with the case of convicted Philadelphia abortionist Kermit Gosnell, who provided "mere access" to abortion in a business wherein a woman died because "a stretcher couldn't fit through the hallways, where unsterilized instruments spread infections, and where parts of unborn babies were stored in jars and cat food cans like macabre trophies." The injustice of it all, AUL emphasized, is that Gosnell is "not an aberration, but rather the norm in an industry desperate to avoid meaningful regulation and oversight."

Ironically, in *Roe v. Wade*, the original decision legalizing abortion in 1973, the High Court did not equate its "right" to abortion with the abortion Industry's right to be free from appropriate regulation and oversight. Instead, *Roe* specifically found a state legislature's legitimate interest in regulating abortion, and in the Court's own words "adequate provision" is made "for any complication or emergency that may arise."

Since *Planned Parenthood v. Casey*, the Supreme Court and other federal and state courts have repeatedly recognized and supported the need for health and safety standards for abortion businesses, consistently acknowledging that a state has "a legitimate interest in seeing to it that abortion, like any other medical procedure, is performed under circumstances that ensure maximum safety for the patient."

AUL concluded saying the *Hellerstedt* ruling "stands these precedents on their heads and leaves women subject to the self-serving whims of a profit-driven industry that has essentially been given carte blanche to decide which medical standards it will comply with and which it will not."

Currently, only 15 states require individual abortionists and/or abortion centers to maintain either hospital admitting privileges or a transfer agreement with a third-party physician who maintains such privileges.

Many of these protective laws and protocols may now be in jeopardy, including Kentucky's, according to AUL, because of legal challenges brought by "an increasingly predatory abortion industry more motivated by profit margins than by protecting the very women it claims to champion."

Pro-lifers, and all Americans, regardless of their position on abortion, should be hopeful the Supreme Court will course correct its misguided *Whole Women's Health v. Hellerstedt* decision by upholding Louisiana's admitting-privileges law in the case of *June Medical Services v. Gee* to be heard in early 2020, and decided by summer.

It's time a majority of justices scuttled the seemingly sacrosanct *stare decisis* within our abortion jurisprudence, salvaging the states, and women, from the scourge of abortion exploitation.

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