Where is the Common Ground in the Conflict over Abortion?

Closing unsafe abortion clinics and putting negligent abortion doctors out of business are goals that all should embrace.

The Detroit News stated that "weeding out bad actors through heightened surveillance and enforcement of laws on the books would be a better approach than onerous new restrictions that discourage good doctors from providing the service". (Detroit News Editorial, June 21, 2012)

- It's too bad that the diligence of State agencies in "weeding out bad [abortion] actors" depends upon the abortion views of the public servants charged with oversight.
- It's too bad that "trusted provider of health services", Planned Parenthood is more interested in protecting its clinics from health department oversight than it is in protecting women from being maimed by "bad [abortion] actors".

Good doctors are not deterred by efforts to remove bad doctors from medical practice.

Moving forward with vital reforms require those charged with oversight and lawmakers to face the realities of the abortion industry. The abuses must be addressed.

Ask your House representative about his or her vote on HB 5711 (http://www.house.mi.gov/mhrpublic)

Please encourage your State Senator to vote YES on the Senate version of HB 5711 (http://www.senate.michigan.gov/fsenator/fsenator.htm)

This Brochure courtesy of Central Oakland Right to Life www.oaklandrtl.org

1 Lori Lamerand, President of Planned Parenthood Mid and South MI - testimony presented to MI Senate Judiciary Committee, Jul 26, 2012 http://www.legislature.mi.gov/documents/2012-13/Senate/Judiciary/08-29-12-Lamerand.pdf

2 "Loop Health Center offers the following services: abortion pill (medication abortion) ... referrals for other abortion services, as needed" http://www.loophealthcenter.org/health-center/center-details.aspx?F=3260&G=90430&C=555502&V=details&service=abortion


5 Abortion Complications (Author: Slava V Gaufberg, MD) http://emedicine.medscape.com/article/795801-overview#showall


7 Some Politicians unwittingly expose women to harm ... by blindly doing Planned Parenthood's bidding and Voting NO on HB5711 that would protect women from rogue abortion doctors

http://www.senate.michigan.gov/committees/files/2012-SCT-JUD_07-26-1-01.PDF

http://emedicine.medscape.com/article/795801-overview#showall

http://www.babycenter.com/940_does-a-past-abortion-affect-my-chances-of-getting-pregnant?4148, with help from Robert Jansen, a clinical professor of reproductive medicine at the University of Sydney in Australia

http://www.mi.gov/mdch/0,1607,7-132-2940_4909_6437-19077-46301--00.html, a Michigan government website (Dept. of Community Health)
Right here is Michigan, some Abortion Providers¹:

- Force Unwanted Abortions on Women who change their minds
  - Assistants holding down the patient or covering her mouth
- Operate Unsanitary Abortion Facilities
  - Surgeons scrubbing up in soiled utility rooms
  - Clean instruments stored in the same rooms as dirty ones
  - No written procedures for sterilizing equipment or hand-washing
  - No spores tests done to check equipment safety
- Improperly Administer and Store Controlled Substances
  - Controlled Substances dispensed by unlicensed, unqualified personnel
  - Controlled Substances stored in unlocked cabinets
  - Insufficient or non-existent narcotics logs
- Engage in Negligent Post-operative Practices
  - Recovery rooms not equipped with oxygen or resuscitation equipment
  - Failure to have a physician on premises during post-operative recovery
  - Inadequate emergency call system leading to delays in emergency response
  - Insufficient number of recovery room nurses to monitor patients
- Fail to Report Complications and Patient Deaths per MCL 333.2835
  - Michigan's reported complication rate for abortions before 21 weeks is 1/10 of the Canadian rate
  - In 2003, Tamiia Russell died of uterine sepsis, which the Wayne County medical examiner confirmed was abortion related.
  - In 2005, a late-term abortion performed in a "private physician's office" resulted in the woman's hospitalization for extensive follow-up care yet the MDCH report lists no complications from abortions performed in private physicians' offices.

During the past 20 years, 8 abortion doctors (out of the approx. 20 abortion providers) have been responsible for these abuses.

State Agencies Fail to Regulate Abortion Facilities:

The Requirements:

- Abortion clinics in which more than 50% of their patients receive an abortion must be licensed as "freestanding surgical outpatient facilities (FSOF)." Other FSOFs include: hospital-affiliated outpatient surgery centers, hemorrhoid removal clinics and facilities performing endoscopic procedures.
- FSOFs must have (1) medical and supportive personnel, as well as the necessary equipment to perform safely the surgical procedures and care (2) a written agreement with a nearby hospital for admission of patients with complications and (3) clinical records for each patient.
- Additional licensing requirements for FSOFs include: (1) emergency procedures (2) presence of a qualified physician during post-operative period (3) Records of all surgical procedures performed, a narcotics log and transfers to a hospital post-surgery with case outcomes (4) a written policy for scrub procedures.

The Regulatory Failures²:

- Currently only 4 of the 32 free-standing abortion centers hold valid FSOF licenses. At least 27 of the remaining 28 meet the 50% threshold yet remain unlicensed because they don't want to be and the State hasn't enforced the requirement.
- The State has granted FSOF licenses without visiting the facilities or outside observation.
- The State has granted waivers to abortion facilities not granted to other FSOFs, including waivers of resuscitation equipment and oxygen.
- The State's "wrist-slap" of abortion doctors found to be negligent or incompetent fails to deter bad behavior or even recoup investigation and litigation costs.
- Decisions on whether to proceed with investigations of abortion doctors have been decided by individual physician members of the Board of Medicine without input from others on the Board or oversight by the Bureau of Health Professionals.

Political Allies of Abortion Providers Derrail Efforts to Correct Abuses:

Pro-Life attempts to pass laws regulating abortion facilities and enforce statutory protections for women seeking abortions are dismissed by abortion providers and their political allies such as Lisa Brown (D-W. Bloomfield) and Barb Byrum (D-Onondaga) as being driven by ulterior motives.

Yet these political allies and the few law-abiding abortion providers DO NOTHING to correct the abuses that endanger women's lives and health. Instead they ignore the abuses and try to derail efforts to pass common-sense legislation.

For example, the Pro-Life Omnibus (HB 5711) passed by the MI House:

1. Provides for proper disposition of fetal remains to prevent dumping them in the trash.
2. Protects women from coerced abortion by having abortion providers screen for coercion and give referrals to community resources
3. (3) Requires the abortion provider to carry $1,000,000 liability insurance to compensate women suffering abortion complications if the abortion doctor has been previously found to be negligent within the prior 7 years or supervises an abortion facility that has been found to be non-compliant during a follow-up inspection for previous non-compliance.

Planned Parenthood and the Democratic Caucus oppose this commonsense legislation

¹ http://media.rtl.org/pdf/legislation/Abortion_Clinic_Abuses_March_2012.pdf
² ibid., Part II and Part III, pp 21-49

"Abortion Abuses and State Regulatory Failure” Part I pp 5-20. Right to Life of Michigan, revised March 2012