

FEMINISTS JEOPARDIZE WOMEN'S HEALTH

Catholic League president Bill Donohue comments on a lawsuit that would jeopardize women's health:

We are told *ad nauseam* that education empowers women, and that they have a right to know everything and anything about their bodies. We are also told that women have a right to safe medical care, and are entitled to competent service by well-trained physicians.

Then why are feminists working overtime to keep information from women about their bodies? And why are they trying desperately to prevent them from receiving first-class medical care? To be blunt, they are jeopardizing women's health.

Feminists at Planned Parenthood oppose laws that require women seeking an abortion to see pictures of the baby they are planning to abort. This is the one exception to the "education empowers women" mantra.

Planned Parenthood, along with the ACLU, is now suing Maine seeking to undo a law—which three-fourths of the states have—requiring all abortions to be performed by a physician. This is the one exception to a woman's right to "competent service by well-trained physicians" mantra.

Planned Parenthood and the ACLU are so zealous about abortion rights that they would sacrifice the lives of pregnant women—to say nothing about their babies—in exchange for *increasing* the number of abortions. To be exact, they want nurse practitioners and nurse midwives to perform first trimester abortions, thus increasing the pool of abortionists.

According to the ACLU statement on its joint lawsuit, the current law means that "some rural women are being forced to

travel hundreds of miles to get an abortion.” That problem would be eliminated if nurses could do the job.

Forgetting about the psychological consequences that many women endure following an abortion, what about the health risks that often accompany abortion?

In a 2013 article published by Denise M. Burke, Vice President of Legal Affairs for Americans United for Life, “Regulating Abortion Facilities and Providers: Combating the True Back Alley,” she recounted how first-trimester abortions can lead to serious medical problems.

“Potential complications for first-trimester abortions include, among others, bleeding, hemorrhage, infection, uterine perforation, blood clots, cervical tears, incomplete abortion (retained tissue), failure to actually terminate the pregnancy, free fluid in the abdomen, acute abdomen, missed ectopic pregnancies, cardiac arrest, sepsis, respiratory arrest, reactions to anesthesia, fertility problems, emotional problems, and even death.”

So what exactly is Nurse Suzie to do when her patient is hemorrhaging on the table? Call 911? Calling a doctor won’t work: the champions of women’s rights admit he might be “hundreds of miles” away.

Consider a case cited by Burke that occurred in Arizona. A woman bled to death following a two-inch laceration in her uterus. She was crying for help but the medical assistants didn’t know what to do. She died after bleeding for two to three hours. Was there a doctor there? Yes, but he was eating lunch, refused to check on her condition, and left to see his tailor.

Blaming the delinquent doctor misses the point: The point is that the non-physicians were not trained to help the woman. So she died. Now imagine how much more likely this would be if we allow mid-wives to perform abortions when there is no doctor

within “hundreds of miles” to treat her?

The lack of hospitals in many rural areas is indeed a problem, but the cause of women’s rights is not advanced by allowing non-doctors to play doctor. It is made worse. That those promoting this policy claim to have the best interests of women in mind makes it all the more sickening.