End Favoritism for the Abortion Industry

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Without the late Justice Antonin Scalia, the U.S. Supreme Court will hear a full hour of oral argument Wednesday on the biggest abortion case in a quarter century. This case, *Whole Woman's Health v. Hellerstedt,* arises from a Texas law requiring that abortionists have hospital medical staff privileges within 30 miles of the abortion, and also that abortion clinics comply with the same standards as ambulatory surgery centers.

Abortion supporters claim that this good law has forced about half of Texas' 40 abortion clinics to close, and that even more may close if the U.S. Supreme Court does not rule in their favor. The gruesome reality is that many abortions are performed by physicians who lack nearby hospital admitting privileges, and many abortions are performed in degrading clinics whose facilities are below the minimal standards of a modern surgery center.

For years the abortion industry has avoided paying the full costs of its business, instead sending its victims to emergency rooms where the on-call physician has no direct knowledge of what went wrong during the abortion. Abortion causes thousands of serious complications every year in the United States, many requiring hospitalization, and abortion clinics shift these costs onto others.

"Safe and legal" was the catchphrase used by the feminists to pretend that legalizing abortion was necessary for the health and safety of women. But this week's case before the Supreme Court proves that the abortion industry is more interested in its bottom line than the safety of women.

When an ordinary physician performs any other type of surgical procedure, he remains available to the patient for follow-up care in case of complications. If the patient needs hospitalization, the physician is usually on the medical staff at a nearby hospital so he can treat the patient there.

This adds costs for the physician, of course. But no one should be doing "hit and run" operations where the physician causes complications and then is completely unavailable to help address those complications at a nearby hospital.

Yet this “hit and run” model is standard operating procedure for the abortion industry, which routinely dumps women with complications onto other caregivers who struggle to determine what went wrong, and who then must bear the costs of follow-up care that should have been paid for by the abortion clinics. No other lawful industry is allowed to shift the real costs associated with its business onto the public in this way.

In Missouri, a similar law requiring abortion doctors to have nearby hospital admitting privileges has worked well for more than a decade. Multiple courts have upheld the Missouri and similar statutes as reasonable to protect women seeking an abortion.

The abortion industry is not impoverished. Planned Parenthood and its affiliated organizations, which together constitute the nation’s largest abortion provider, reported an accounting profit of $58.8 million in its most recent year, and $127.1 million in the year before.

Many of the nation’s best-known billionaires support abortion-on-demand, either directly or by donating to politicians who funnel more taxpayer money into the coffers of the abortion industry. No industry can claim a constitutional right to be more profitable.

Some abortion clinics would incur additional costs in order to attain the quality of ambulatory surgery centers, and some abortionists may need to improve their medical skills in order to be allowed on the medical staff of a nearby hospital. But there is no constitutional right for the abortion industry to cut corners by insisting on operating on women in a less safe environment than what is customarily used for most other procedures.

Dr. Kermit Gosnell was an abortionist in Philadelphia who lacked nearby hospital privileges, and who performed his abortions in a dingy clinic below ambulatory surgery center standards. The grand jury that investigated him for murder, for which he was subsequently convicted, recommended that the law be changed to impose the latter requirements on abortion clinics to avoid the Gosnells of the future.

More than the Texas and Missouri laws are at stake. Louisiana passed a similar law requiring hospital admitting privileges within 30 miles before an abortion can be performed, and the U.S. Court of Appeals for the Fifth Circuit unanimously upheld it last week in *June Medical Services v. Gee.*

Abortion clinics have filed an “emergency” application to the U.S. Supreme Court to try to overturn that ruling. It is ironic that supporters of abortion demand emergency relief from federal courts to allow abortionists to be unavailable for the true medical emergencies they cause.

Even after the sudden and tragic loss of Justice Scalia, it’s hard to imagine why the U.S. Supreme Court would prevent states from taking reasonable steps, as Texas and other states have done, to ensure that there is never again another Kermit Gosnell.

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