Steve King Stands Up to the "War Against Women"

by Phyllis Schlafly May 9, 2012

The abortion industry racks up profits by dumping expensive complications of its procedures on hospitals, legitimate physicians, and the public. Many abortionists lack staff privileges at local hospitals, so when women having abortion complications go to an emergency room, the enormous costs are shifted to others.



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Missouri ended some of that cost-shifting in 2005 by prohibiting abortions unless the provider has hospital privileges within 30 miles. As a result, one of its only three abortion clinics closed shop, presumably because its abortionist lacked staff privileges at a local hospital to handle complications, and abortions in Missouri then declined.

Last month Mississippi became the second state to prohibit abortions unless performed by a physician who has privileges at a local hospital. That should stop the shifting of the costs of abortion complications to hospitals and the public, and some news reports claim that the only abortion clinic in Mississippi may even close.

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Several other states have ineffective versions of this law, with loopholes allowing abortionists to continue to avoid taking care of their complications. Unlike the 1990s, when effective state legislation reduced the number of abortions, many pro-life bills today are diluted to ineffectiveness before passage, and in the rare instance that they are effective, state officials often fail to defend them against court challenges.

Meanwhile, the abortion industry has begun performing abortions through "telemedicine" without the abortionist even being present to see his patient and handle immediate complications. Under this procedure, the physician, who may be thousands of miles away, pretends to "examine" a woman from afar.

The abortionist communicates with the woman by modern technology, tells her to take an abortion drug, and then leaves her on her own to expel the baby later into a toilet. If there are complications, the abortionist is nowhere nearby to be found for further treatment or surgery.

The abortion drug commonly called RU-486 was approved by the Food and Drug Administration only on the condition that it be administered under the supervision of a physician able "to provide surgical intervention in cases of" complications. The FDA is part of the Obama Administration, so it is unlikely to take action against any abortion clinic that misuses this drug to do more abortions.

The complication rate from the abortion pill is perhaps as high as 10 percent, much higher than complications from legitimate medical procedures. Yet with telemedicine, the physician is long gone and the bleeding woman is on her own to find an emergency room and seek care by a stranger who is unfamiliar with what happened.

Fortunately, Rep. Steve King (R-IA) will introduce a bill in Congress this week to end this exploitation. Entitled the Telemedicine Safety Act, King's proposed statute would cut off federal funding for providers who perform telemedicine abortions.

Abortion clinics in Iowa have already been performing telemedicine abortions, according to a letter King wrote to Secretary of Health and Human Services Kathleen Sebelius. One week in a hospital could run up a $100,000 bill, but when the abortionist is thousands of miles away, the hospital just shifts that expense to the public.

Telemedicine abortions, if continued to be allowed, also interfere with the ability of Missouri, Mississippi and other states to pass and enforce sensible laws protecting women against exploitation by hit-and-run abortions. A woman victimized by a telemedicine abortion may not even recall the real identity of who "performed" the procedure.

Women are fortunate that Rep. Steve King is willing to stand up and fight the real "war against women" by sponsoring a bill in Congress to end telemedicine abortions.

Many Democratic politicians, especially those who toady to the feminists, have little regard for women victimized by abortion. For example, California legislators are now planning to pass a law that would allow many different types of non-physicians to perform abortions.

As non-physicians, they will not be able to handle the complications, so the costs will be shifted onto the public while the women will suffer from a lack of immediate care.

In addition to Steve King's sensible federal legislation, several states have passed their own bans against "webcam" or telemedicine abortions. Governor Scott Walker recently signed into law a bill that prohibits this type of exploitation of women in Wisconsin.

These laws are a rare bright spot in a year that otherwise has seen relatively few pro-life bills. In many states, politicians who swept into office in 2010 on pro-life campaigns have done less and less on the pro-life issue.

The pro-abortion lobby and its allies in the media pretend that new laws infringe on access to abortion, but in fact abortion rates have been increasing in the United States. It is encouraging to see that some Congressmen are actually taking steps to protect women against exploitation by the abortion industry.

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