Testimony of Maria Parker, M.B.A., Associate Director of Public Policy, Massachusetts Catholic Conference on Woman's Right to Know Bill Providing for Informed Consent on Abortion

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To The Joint Legislative Committee On The Judiciary

My name is Maria Parker and I am the Associate Director of Public Policy for the Massachusetts Catholic Conference, the public policy office for the four Roman Catholic Dioceses in the Commonwealth. The Conference strongly supports the Woman’s Right to Know bill. The Conference will also submit written testimony for and against other abortion-related bills before this Committee.

Last December, Gina Kolata of the New York Times did a story about the abortion business.[1] She quoted Dr. Warren Hern, an abortionist in Colorado, who said that "the competition for patients is absolutely ruthless." According to Kolata, abortion clinic owners have to "save money by training a low paid staff to do everything but the actual surgery . . . . But when the doctor comes, a parade of patients is ready for the procedure". For the abortionists themselves, Kolata wrote, it’s "the perfect career choice" because, as one doctor told her, "[t]here is less work and more income."

I ask you, is this an environment that is conducive to informed choice? Can we expect business operators desperate to survive in a cutthroat market to really exhibit a wholehearted interest in helping women to appreciate the risks of an abortion? Moreover, can we expect low paid counselors to have the guts to ignore their boss’s bottom line, and to have the will and specialized training needed to truly empower women to say "no, based on the information you provided me, I do not want to have this abortion"? I do not question the integrity of the workers, but I do question the business environment in which they work. As another abortion provider told Kolata, "the reality is that we can only stay in business if we earn enough to keep our doors open."

Let me give you two local examples of the forces at play. In a 1995 Boston Herald article, Margery Eagan follows a woman as she obtains an abortion in Boston.[2] At one point, an abortion counselor listens as the woman says that she can’t afford another child, that her boyfriend is worried about the financial pressures he’d face, and that she would feel sad about taking her baby’s life. To all this the counselor responds: "Sometimes the right decision is also sad." What does she mean by the
"right" decision? Why not explore with this woman, who is worried about the abortion’s impact on her unborn child, the possibility of finding financial and other resources to care for the child? For whom was the abortion the right choice, the woman or the business that had to deal with its own financial bottom line?

Another Boston Herald story in 1996 reported that a 20 year old woman sued a Boston abortion clinic because she was not told that her baby had a heartbeat at the time the abortion was performed.[3] The woman had asked the clinic to give her this information after they did an ultrasound. She was assured, wrongly as it turned out, that there was no heartbeat. Four months after the abortion, she received an anonymous letter containing the results of her ultrasound showing a heartbeat and only then did she learn that she was misled. She told the Herald, "I started crying when I got that letter", reported that she had nightmares, and asserted that "I definitely wouldn’t have gone through with [the abortion] if I knew there was a heartbeat."

Again, whose interests were paramount here, the woman’s or the clinic’s?

I include with my written testimony a letter from Dr. Eric J. Keroack, that describes how women counseled at abortion clinics in Massachusetts are not given the opportunity to see for themselves the ultrasound when one is conducted before their abortion. Dr. Keroack sees many abortion vulnerable women in his work as the Medical Director for A Woman’s Concern, a group of licensed medical clinics involved with pregnancy health. According to Dr. Keroack, "many women that I have treated have had abortions without the luxury of seeing this test [although abortion patients are routinely receiving ultrasounds prior to an abortion]. They never really know if the procedure is necessary or if it was even really an abortion. This ambiguity seems out of step with the advancing desire to inform patients prior to surgery.” Dr. Keroack concludes that "even Midas lets you look at your old muffler before they advise you to change it. Our bodies deserve at least as much respect as our cars."

As you will hear today from attorneys representing the Pro Life Legal Defense Fund, women in Massachusetts are not receiving all the information that state law requires them to have before they go through with an abortion. Nor are women guaranteed a 24 hour reflection period as the current law mandates. I will provide for this Committee copies of a Briefing Paper produced by the Conference detailing how the law on the books is not being enforced.

Current practice in Massachusetts fails to serve women and their right to make a truly informed consent. I was appalled when I read the official informed consent forms produced by the Department of Public Health. These forms are woefully inadequate. Even beyond the fact that the forms do not include any description of fetal development nor institute a 24 hour reflection period as the law requires, they define abortion as the removal of "the contents of the womb . . . leaving the uterus to return
to its non-pregnant state." This language suggests that abortion is no more than the removal of an appendix.

The DPH forms also tell the woman that "other than abortion you could choose to continue the pregnancy and either raise the child or make other plans such as legal adoption". What woman doesn’t already know this obvious fact? Where is the information that will really help the woman, such as identifying other agencies that provide alternative, life-affirming services and where they can be reached? You can’t find this information on the forms.

Moreover, the DPH forms fail to mention any psychological risks of abortion even though women may suffer afterwards from stress, depression, and even suicide. Also, the physical risks described in the forms fail to include the risk of breast cancer.

The Woman’s Right to Know bill before this Committee is pro-woman. It requires that women be treated with the respect and dignity they deserve as decision-makers facing the most important choice of their and their unborn child’s life. Abortion is a surgical procedure with medical risks and the potential for long-lasting negative effects on women. Abortion also involves killing. Even abortion rights advocates themselves admit this, such as when former Planned Parenthood president Faye Wattleton said in a 1997 interview in MS. Magazine, "any pretense that abortion is not killing is a signal of our ambivalence, a signal that we cannot say yes, it kills a fetus". So information about fetal development is directly relevant to the abortion decision. Just as organ recipients have a right to know how the organ transfer will affect the organ donor, women have a right to know about the status of the unborn child at the time of the abortion. To say that information about the child is irrelevant is like saying that tonsils are irrelevant to a tonsillectomy.

I urge this Committee to favorably report the Woman’s Right to Know bill because it empowers women to make informed choices, recognizes that abortion is a serious medical procedure, and affirms that the life of an unborn child is at stake in every abortion choice. For too long, the abortion providers in this state have maintained power over women by controlling information about the nature of abortion, its risks, the baby’s development, and alternatives to abortion.

In sum, the bill is necessary, pro-woman, and pro-information. I thank you for the opportunity to testify before you today.

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