



# Monday *MONITOR*

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## GOVERNMENT INTRUSION IN DOCTOR: PATIENT RELATIONSHIP MARCHES ON

HCS HB 1831 was perfected last Tuesday evening and approved by the House. During floor debate, anti-abortion/anti-family planning legislators insisted—at the prompting of the anti-abortion lobbyists—to put back into the bill 2 punitive provisions in the ‘coercion’ section: a section that removes a woman’s ability to make a free and informed decision to obtain an abortion, and a section that would make physicians who provide abortions Class C felons. As perfected, this bill now:

- Creates a new and broad definition of “coercion” and then creates the new “crime of coercion of abortion.”
- Prohibits the woman from consenting to an abortion as the “victim of a coerced abortion” **even if the woman has freely consented and believes this is the best decision for herself based upon her circumstances.**
- Makes physicians—or anyone assisting them—criminals for helping women obtain an abortion “with knowledge” that the woman has been “coerced” under this new, overly broad definition of “coercion”

Under the bill’s new definition, a woman who experiences violence or threats in her personal life is automatically considered coerced if she decides to end an unintended pregnancy. Rendering women incompetent to make decisions is NOT protection and could in fact place them in greater danger if they fear further abuse from a spouse or boyfriend. Victimizing women twice over is not empowering women to get out of a difficult situation or make the decision that is best for her.

In addition, this bill would:

- Prevent a woman from getting the required counseling from her own private or preferred physician by mandating she meet with “the physician who is to perform or induce the abortion” at least 24 hours before the procedure to conduct the informed consent process. This is a change from the current law in which “a treating physician” can conduct the informed consent process. It could also add days or weeks to the wait for the procedure if the physician is only scheduled one day per week.
- Require abortion providers to use brochures and videos developed by state bureaucrats during the informed consent process rather than information developed by trusted medical organizations like the American College of Obstetrics and Gynecology or the American Medical Association.
- Require posting of signs in abortion clinics that carry false promises of state-backed and private agency assistance in carrying a child to term and caring for that child for its first year, including health care, housing, transportation, food, clothing, education, and job training.
- Require providers to offer and provide risky, experimental anesthesia to certain women.

HCS HB 1831 is one more step in this legislature’s relentless campaign to stand between a woman and her doctor when it comes to legal abortion care. **Representatives should vote NO on third reading.**

## ZERO SUPPORT FOR JAILING FEMALE ADDICTS WHO ARE PREGNANT

In a showing of good common sense, nobody spoke in favor of **HB1795** (Pollock-R 146) in committee last week. This is one of four bills that would punish pregnant women who are unable to overcome a drug or alcohol addiction before they give birth. Eighteen years ago, a coalition of pro-choice and anti-abortion legislators and advocates developed—and passed into law—a sound public health approach to this issue. The language they passed (which is current law) is designed to encourage pregnant addicts to seek prenatal care and, if possible, drug or alcohol treatment—for which they are to be given priority. Studies have clearly demonstrated that providing prenatal care helps the woman maintain the pregnancy longer which, in turn, leads to better maternal and child health outcomes—regardless of whether she is able to overcome her addiction. A jail cell does nothing to promote sobriety, good health or birth outcomes.

## **ABSTINENCE-ONLY EDUCATION ISN'T WORKING**

St. Louis American: *Wednesday, April 16, 2008 8:30 PM CDT*. Guest Columnist, Cristina Page  
[note: bold typeface is *Monday Monitor's* emphasis]

**New research reveals that female students in programs that promote abstinence exclusively are more likely to get pregnant than those in programs that teach about the full range of contraceptives, as well as abstinence.**

The news, published in the April issue of the Journal of Adolescent Health, is just the latest proof that the \$1.5 billion dollar "just say no to sex" experiment on our teens has failed. And while Christian conservatives defend their approach even in the face of this latest devastating news, it's time to ask: Shouldn't the results matter?

At current rates, half of all teenagers will have sex before graduating high school and 95 percent will before marrying. These statistics infuriate the abstinence-until-marriage proponents. Their hope is that, by keeping teens in the dark about protection, ignorance will somehow lead to temperance.

Those most committed to the abstinence approach seem to have paid most dearly though. Earlier findings by researchers at Yale and Columbia Universities revealed that teens taking part in virginity pledge programs (they pledge to stay virgins until marriage) are more likely than their non-pledging peers to engage in risky unprotected sex. The study also showed **virgin pledgers were six times more likely to have oral sex and male "virgins" are four times more likely to have anal sex than those who do not take the pledge**. These "virgins" had the same rate of STDs as other teens but were much less likely to be treated for them.

Southern school districts, which are five times more likely to use the abstinence-only approach than northeast schools, have much to show for investing in the abstinence-only. Today, Southern states lead the nation in the acquisition of STDs, are home to the highest rate of new HIV/AIDS cases, and have the highest percentage of teen mothers in the country. The damage is so staggering that **19 states have opted to reject federal funding for abstinence-only education**.

Abstinence is not the only policy that Christian conservatives pursue despite evidence that it doesn't work. Consider the drive to outlaw abortion. **Last year, 14 states moved to ban abortion immediately** and create a case to test Roe vs. Wade in the Supreme Court. **But, if ending abortion is the goal, banning abortion is quite possibly the worst strategy**. The countries with the highest abortion rates in the world are those that have banned abortion. Take Latin America, where most countries have outlawed abortion, yet Peru, Chile and Brazil have rates twice as high as the U.S.

**And where have the lowest abortion rates been achieved? In countries with the strongest pro-choice policies, like the Netherlands, Germany and Italy**. This pro-choice policy/lower abortion rate trend has been true in our country as well. We witnessed the most dramatic decline in abortion in the history of our country under our first pro-choice president, Bill Clinton. These declines continue today. Where it is falling sharpest is where the strongest pro-choice policies, namely prevention through wider access to contraception, have been adopted.

**Limiting abortion rights has also produced undesired outcomes. A favorite tactic of the "right to life" movement is to impose mandatory delay policies on abortion. A woman must receive information about her right to an abortion and then must wait 24 to 48 hours before receiving a procedure. While these policies have had little effect on the frequency of abortion they have dramatically increased late-term abortions. In the year after Mississippi passed a mandatory-delay law, second trimester abortion increased statewide by 53 percent.**

If Americans were to set aside the catchy sound bites and suspiciously simplistic reasoning and instead judge by results, most would find the pro-choice movement is a more comfortable home for their values.

Page is the author of *How the Pro-Choice Movement Saved America: Freedom, Politics and the War on Sex* and spokesperson for BirthControlWatch.org.