



Written by [Rebecca Terrell](#) on September 6, 2022

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## Will Pro-life Laws Really Kill Women?

Since May 2, when *Politico* outed a leaked draft of the U.S. Supreme Court's decision restoring the right of states to ban abortion, major media have been wailing that restrictive laws in pro-life states will threaten both women's lives and physician's licenses. Once SCOTUS finally routed *Roe v. Wade* with its *Dobbs v. Jackson Women's Health Organization* ruling on June 24, media's collective apoplexy reached a fever pitch.

"Pregnant women face increasingly dangerous risks as doctors flee punitive US states," shrieks *The Guardian*, warning of coming "maternity care deserts" in places where legislation protects the unborn. Of those left in the wastelands, NPR lamented that "many physicians will be caught in a bind: unable to fulfill their professional obligations to provide care to their pregnant patients because of state laws that forbid it."

Just days before SCOTUS finalized its decision, CNN broadcast a story warning that women were already being denied prenatal care in states with more restrictive abortion laws. The report focused on Marlena Stell, a Texas YouTuber and cosmetics marketer who said that she "was forced to walk around for at least two weeks with fetal remains inside her" after she miscarried. She blamed the state's 2021 "heartbeat" bill banning most abortions after cardiac activity can be detected in an embryo, at about six weeks.

Stell recalls that her doctor discovered the miscarriage during an ultrasound when she was almost 10 weeks into pregnancy. But she says that the doctor named the heartbeat law as reason for refusing the standard care for miscarriage: a procedure known as dilation and curettage (D&C). It's minor surgery that removes fetal remains from the uterus and helps prevent infection. CNN quoted an obstetrician-gynecologist (OB-GYN) who warned that dead tissue left inside a mother's body can cause infection, sterility, multi-organ failure, and even death.

Why couldn't Stell receive care? "The answer lies in fear," the newscast claims. "The same surgical procedure used to remove a dead fetus is also used to remove a living fetus, and doctors in states with strict anti-abortion laws worry they'll be prosecuted for performing an abortion when they were actually providing miscarriage care."

Steve Vladeck, a law professor at the University of Texas, told CNN that what happened to Stell "is going to be the norm going forward" in pro-life states. (Vladeck moonlights as a CNN contributor.)



Threatening women's lives: President Joe Biden signed an executive order on July 8 expanding access to abortion pills, though the medication is linked to high complication rates even under a doctor's care. (AP Images)

The abortion lobby claims moms can't get maternity care because SCOTUS overturned *Roe v. Wade*. Here's what doctors have to say.



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Many cried foul after the broadcast, asserting holes in the narrative. Stell said that her doctor required a second, independent ultrasound to confirm the miscarriage diagnosis but left her on her own to find a provider. Even after the second ultrasound, Stell says, her OB-GYN refused to perform the D&C. She had to resort to an abortion clinic — which required only one ultrasound.

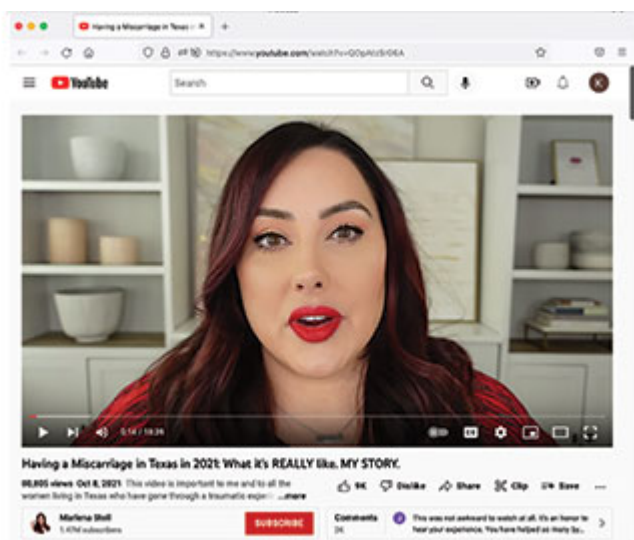
“I get so angry that I was treated this way because of laws that were passed by men who have never been pregnant and never will be,” Stell sobbed in a YouTube video she posted last October, reputedly to help women who face similar circumstances.

BlazeTV recounted Stell’s story and asked Texas Attorney General Ken Paxton whether Texans are being denied standard maternal care such as post-miscarriage D&C. His answer: “Nothing could be further from the truth.”

Texas abortion law provides exemptions for procedures necessary to save the mother’s life, to prevent “substantial impairment of major bodily function,” or for medical conditions such as miscarriage. Texas law even specifies that the term “abortion” does not apply to “birth control devices or oral contraceptives,” which are known to have abortifacient potential.

“In a case where the baby is deceased,” explained Paxton, the D&C procedure “certainly can be done, and anything that’s done to protect the life of the mother is certainly protected under Texas law.”

Others were more direct, calling Stell out on social media. Journalist Merissa Hansen posted their back-and-forth at her blog, [The Houston Comical](#).



Sensational story: In June, CNN broadcast claims by a Texas YouTuber that the state’s 2021 “heartbeat” bill placed her life in danger, though the law only applies to elective abortion and not life-saving procedures.

“If it could kill you, why did you not report the doctor?” Hansen asked, noting the well-known exemptions in Texas law, and pointing out that any healthcare practitioner who endangers women should be exposed before others are victimized.

“The issue that we should discuss is what happens to doctors who perform D&Cs and get sued from someone claiming they performed an abortion and not a D&C for miscarriage,” Stell deflected. She added that forcing women to “prove they indeed miscarried” stalls care and puts them in danger of infection and death.



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That wasn't good enough for Hansen, who pressed further: "Why did you not report the doctor to the state medical board?" Stell replied, "I'm sure he/she was following hospital protocol to protect them from being sued. When you have ridiculous laws placing \$10k bounties, it sets precedence [*sic*] for hospitals to be fearful."

Hansen remarked that CNN repeated Stell's claim of a \$10,000 bounty on doctors who perform D&Cs. (Texas allows civil suits against abortionists who violate the law, with statutory damages of at least \$10,000. However, the act explicitly applies to illegal, elective abortions, not to treatment for mothers who miscarry.) Hansen argued that "it was shoddy reporting for CNN not to fact check."

"You allowed a doctor to commit medical malpractice on you by forcing you to carry an unviable fetus for two weeks," Hansen tweeted. "You then wanted to 'protect' the doctor from being sued." She invited Stell to a livestream interview to clarify her allegations and "address the questions CNN forgot to answer."

Stell answered by blocking Hansen on Twitter.

## Setting the Record Straight

It's important to note that, regardless of the veracity of Stell's story, her case occurred in 2021, long before SCOTUS even heard oral arguments in *Dobbs*. If *Roe* couldn't protect her then, why does it matter that it was overturned? Were women's lives this much at risk prior to that ruling? Furthermore, how could Texas pass its heartbeat law if *Roe* assured the so-called constitutional right to abortion? And if *Roe* has truly been women's only safety net for the past 49 years, why does the United States now claim the unenviable rank of the highest maternal mortality rate in the developed world, according to the U.S. Centers for Disease Control and Prevention?

These are important questions to answer before we tackle more of the post-*Dobbs* avowals that women's lives are now at increased risk. Let's look at some background information about *Roe* and its related cases, and define a few terms crucial to a proper understanding of the medical issues at stake.

Writing for Focus on the Family, content producer Kirstie Piper explains that *Roe v. Wade* only prevented state governments from interfering in abortion decisions in the first trimester — up to and including 13 weeks of pregnancy. States still exercised regulatory authority over abortion in the second and third trimesters, as long as their rules made provisions for the life and health of the mother.

Far be it from SCOTUS to leave lines so clearly drawn. A companion 1973 ruling in *Doe v. Bolton* "redefined what it meant for a pregnancy to be detrimental to the mother's health." *Doe* and similar rulings from subsequent abortion cases "awarded frighteningly biased rights" for women to abort their babies for nearly any reason.

Further confusion came in 1992 with the SCOTUS ruling in *Planned Parenthood of Southeastern Pennsylvania v. Casey* — the other judgment overturned by this year's *Dobbs* decision. Though *Casey* upheld *Roe*'s erroneous "constitutional right to abortion" argument, it scrapped the trimester framework and applied a new standard of how states could restrict the practice. As long as their laws did not place "undue burden" on the mother — and that would be up to judges to determine — then states could pass restrictive laws.

The ambiguity caused uncertainty and opened the door to subjective decision-making. It's why, even



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before *Dobbs*, some states were already abortion promoters, while others became relatively safe havens for the unborn with rules for things such as parental consent, 24-hour waiting periods, and heartbeat conditions. Now that *Roe* and *Casey* are overturned, states can make their own laws, free of unclear, arbitrary federal metrics.

That clears up confusion rather than causing it, contrary to the mainstream narrative. Anyone still bewildered can refer to the map that the Family Research Council provides on its website, with details of each state's law. As of this summer, a mere dozen protect life at conception, with the only exceptions being to protect the life and physical health of the mother. Twenty states do nothing to protect the unborn, allowing abortion until the moment of birth. Then there are the in-betweens. For example, North Carolina allows abortions until 20 weeks gestation.

OB-GYN Susan Bane practices in that state, where she also volunteers at a pregnancy resource center and is a faculty member at Barton College. "Every patient I see at the center has an unplanned pregnancy," she told *The New American*. Crisis pregnancy centers such as hers are non-profits that provide confidential pre- and post-natal care and ongoing practical support after birth. Their services are free of charge, and they offer women and families life-affirming options to abortion.

Bane noted a critically important distinction that media are ignoring. State laws only restrict elective abortion, defined as the intentional killing of a developing human. They do not apply to women with complications in pregnancy, nor do they prevent doctors from providing the same prenatal and maternal healthcare they offered when *Roe* was in force.

She explained that *Dobbs* has not changed the way she practices, because her intent is always to preserve the lives of both of her patients: mother and baby. Even when there are complications and the fetus can't survive a procedure, she ensures the dignity of mother and child. "I don't dismember the baby and discard it," she said, as happens in elective, induced abortion. When possible, she cleans the tiny body and allows the mother to hold her child if she wishes. That's a common practice in cases of stillbirth, which the U.S. Centers for Disease Control and Prevention defines as fetal death after 20 weeks of pregnancy.

When a pregnancy ends prior to 20 weeks gestation, explains Bane, the medical language used is "abortion," an umbrella term that can include miscarriage ("spontaneous abortion"), at-risk pregnancy ("threatened abortion"), or a situation like *Stell's*, where the heartbeat can no longer be detected ("missed abortion"). Physicians confuse none of these with elective, induced abortion. Even in the most conservative states, no law prevents doctors from treating any of these conditions; only elective abortion is restricted.

## **Ectopic Pregnancies**

Another red herring of the abortion lobby is ectopic pregnancy, a life-threatening complication in which the fertilized egg grows outside the uterus. Commonly called tubal pregnancies, they are quite common, accounting for one out of every 50 pregnancies. According to the University of California Davis School of Medicine, they are a leading cause of maternal mortality in the first trimester.

Major media insist that statistic is sure to skyrocket now that *Dobbs* is in force. "In the past week, an Ohio abortion clinic received calls from two women with ectopic pregnancies who said their doctors wouldn't treat them," reported AP in mid-July.



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Claims such as these “are completely false and I think they’re intentionally false narratives meant to scare women and physicians into supporting elective abortion,” Dr. Christina Francis told *The New American*. She is CEO-elect of the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG).

Francis practices in Indiana, where state law now protects unborn life from conception through birth. When asked whether *Dobbs* has changed her practice in any way, Francis responded, “Not a bit.” She is just as free now to administer D&C for miscarriage, to treat ectopic pregnancy, and to handle any other complications with the same treatments she has always used.

“As a pro-life OB-GYN I would never intentionally end the life of my fetal patient, but I have never had any qualms about treating an ectopic pregnancy. It is a life-threatening condition that should be treated as soon as it’s diagnosed.” That’s because it is impossible for an embryo to properly develop in such a situation due to lack of blood supply. Left untreated, it can rupture and cause internal bleeding.

“I have never needed to wait until an ectopic pregnancy was ruptured in order to treat it, and that’s not because *Roe v. Wade* was the law of the land,” she said. “It’s accepted in general medical reasonable judgment as a life-threatening condition even before it’s ruptured.”

She also stated that “abortion clinics like Planned Parenthood do not treat ectopic pregnancies because they can’t.” Treatment for ectopic pregnancy is completely unrelated to any abortion procedure. AP admitted as much in its report, saying that “abortion clinics aren’t set up to treat them.”

Until recently, Planned Parenthood acknowledged that fact. The Students for Life website records a screen shot from the abortion provider’s website in early July, which reads: “Treating an ectopic pregnancy isn’t the same thing as getting an abortion.... The medical procedures for abortions are not the same as the medical procedures for an ectopic pregnancy.”

By late July, their story had changed: “The medical procedures for terminating a pregnancy in the uterus are usually different from the medical procedures for terminating an ectopic pregnancy.” Why the equivocation? Students for Life says it is the latest move by an abortion alliance that “is grasping at threads to remain in political power.”

## **Abortion Pills**

Understanding ectopic pregnancy is key to comprehending the danger of self-administered abortions through so-called abortion pills such as mifepristone. “Regardless of where you stand on the issue of abortion, you should be opposed to women receiving these medications without an in-person visit,” Francis warned. She said that even under a doctor’s care, medication abortions have complication rates four times higher than do surgical abortions.

That rate skyrockets as the fetus develops, and Francis quoted research finding that half of women are wrong about how far along they are in pregnancy. Adding to the danger is the fact that “symptoms of a ruptured ectopic pregnancy are exactly the same as the symptoms of a medication abortion.” Women could easily mistake their abdominal pain and vaginal bleeding for expected side effects of the abortion pill, when they instead have a rupture. “If they don’t seek help immediately, they could die from this,” warns Francis.



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## Selective Justice

Despite the danger, the U.S. Food and Drug Administration relaxed restrictions during Covid lockdowns over the in-person visit requirement it had placed on abortion pills. That was due, incredibly, to a lawsuit filed by the American College of Obstetricians and Gynecologists. President Joe Biden added to the problem in July by issuing a knee-jerk executive order, further expanding access to abortion pills for self-medication.

His administration is also working tirelessly to promote the idea that pro-life laws endanger women. The U.S. Department of Justice filed suit against Idaho in August, trying to block that state's abortion restrictions by claiming they violate federal law that mandates lifesaving treatments.

At a press conference announcing the lawsuit, Attorney General Merrick Garland cited the federal Emergency Medical Treatment and Labor Act (EMTALA), which demands that any hospital that receives Medicaid funding provide "stabilizing treatment" to patients with emergency medical conditions. "In some circumstances, the medical treatment necessary to stabilize the patient's condition is an abortion," Garland stated. He argued that, though the Idaho law includes carve-outs for rape, incest, and the life of the mother, it lacks an exception to prevent "serious jeopardy to the mother's health."

Anticipating this contention from "those more concerned with promoting abortion than women's health," attorney Mary E. Harned and OB-GYN Ingrid Skop published an analysis of pro-life laws in July on the Charlotte Lozier Institute website. They concluded that "pregnant women's lives are protected in all states," explaining that none of the laws prohibits a doctor from acting according to "reasonable medical judgment" or forces him to "delay necessary care and treatment to a mother."



Pro-death agenda: Health and Human Services Secretary Xavier Becerra claims that federal law on emergency treatment guidelines preempts state pro-life laws and mandates abortion services. (AP Images)

Moreover, EMTALA "considers both the woman and the fetus to be included as patients in need of care." If a doctor acted with intent to end rather than preserve human life, he would be in *violation* of the federal law.

Texas is fighting the EMTALA smokescreen, too, with a complaint filed in July against the U.S. Department of Health and Human Services and the Center for Medicare and Medicaid Services. Those



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agencies sent post-*Dobbs* letters to healthcare providers nationwide, instructing them to perform abortions in emergencies “regardless of the restrictions in the state where you practice.”

EMTALA “does not authorize — and has never authorized — the federal government to compel healthcare providers to perform abortions,” states the complaint, filed by the Texas attorney general’s office. It accuses the Biden administration of trying “to transform every emergency room in the country into a walk-in abortion clinic” and condemns the bureaucratic “Abortion Mandate” as an “unconstitutional exercise of authority” that “must be held unlawful and set aside.”

“No federal statute confers a right to abortion,” the document affirms. “On the contrary, EMTALA contemplates that an emergency medical condition is one that threatens the life of the unborn child. It is obvious that abortion does not preserve the life or health of an unborn child.” Furthermore, EMTALA is part of the Social Security Act, which prohibits federal agents from exercising “any supervision or control over the practice of medicine or the manner in which medical services are provided.”

## Find the Red Flags

Armed with the foregoing facts, let’s dissect a typical media story. See if you can pinpoint the propaganda.

In August, *The New York Times*’ Neelam Bohra told the story of Tennessee resident Madison Underwood, who says her abortion had to be canceled because of *Dobbs*, even though her life potentially hung in the balance.

Underwood learned from a doctor in mid-June that her baby “had a condition that would not allow it to survive outside the womb. If she tried to carry to term, she could become critically ill, or even die.” She said that “doctors recommended she terminate the pregnancy for her own safety,” so she set an appointment at a local abortion clinic.

Three days prior to the scheduled procedure, the SCOTUS ruling “overturned the constitutional right to abortion,” Bohra euphemistically lamented. The news came as a shock to Underwood, who remembers asking herself, “They’re just going to let me die?”

Underwood’s parents and grandparents, on the other hand, were relieved when they heard the news. “They had prayed to God to stop the abortion if it wasn’t supposed to happen,” wrote Bohra, “and when it didn’t, they were convinced she should try to carry the pregnancy to term.”

Nevertheless, Theresa Davis, the mother of Underwood’s fiancé, called the situation a “life or death matter” in her GoFundMe appeal. She raised more than \$5,600 to cover the cost of Underwood’s abortion in neighboring Georgia on July 8.

Do you find red flags in this account? Tennessee had a trigger law that went into effect after *Roe*’s termination. It targets elective abortion and includes exceptions to protect the life and physical health of the mother. Underwood says that her doctor recommended that she end her pregnancy or risk losing her own life. Why did he not act immediately to preserve his patient, as state law and sound medical judgment both dictate he should?

She said her doctor practices at a clinic specializing in high-risk pregnancy treatments. Why was Underwood forced to resort to a random clinic, with a doctor who did not know her, at a facility suited to elective abortion rather than medical emergency? (Bohra said that the pregnancy center “declined to



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comment” on the case, but federally mandated patient privacy laws dictate that response.)

Then there’s the peculiar reaction of Underwood’s parents and grandparents. Many would regard relief as an odd reaction if the life of a daughter/granddaughter hung in the balance.

## What Doctors Really Think

The foregoing points are obviously rhetorical, but one other question raised earlier remains unanswered: the allegation of “maternity care deserts” left by doctors fleeing “punitive US states.” *The Washington Post* recently cited a “large medical recruiting firm” that claimed 20 OB-GYNs had refused offers in pro-life states. Candidates supposedly said they were afraid of being fined or even losing their licenses due to abortion restrictions.

“If they are OB-GYNs who are significantly profiting off performing elective abortions on women, they might be leaving to go to another state” or turning down offers, admits Francis. But for “the vast majority of OB-GYNs, this isn’t going to affect their practice.”

She points to research by *pro-abortion* groups that found between 76 and 93 percent of OB-GYNs do not perform elective abortions. Indeed, writing for Live Action News in 2019, Dr. Ingrid Skop, associate scholar at the Charlotte Lozier Institute, declared, “I’m an OB-GYN. Nine out of 10 of us won’t do abortions, because it isn’t healthcare.” She added, “That statistic alone should dispel the false assertion that abortion is a necessary part of women’s health care.”

It doesn’t seem necessary in other countries. Prior to the *Dobbs* decision, Charlotte Lozier Institute executive director Stephen Billy told Real America’s Voice, “We’re just one of a handful of countries that allow elective abortion up until the moment of birth, along with China and North Korea,” two Communist countries with histories of human-rights abuses and overt disregard for human life.

He noted that more than half of European countries limit abortion to the first 12 weeks of pregnancy; five of them set the limit at 10 weeks. Only three of 50 permit it at more than 15 weeks’ gestation. “The idea that somehow those kinds of reasonable common-sense limitations on abortion are going to create chaos or condemn women and mothers to a life of poverty just isn’t the case,” he said.

Stateside, Francis credits *Dobbs* with protecting both the unborn and their mothers from the horror of abortion. She also notes a ripple effect — a boon to her field of practice. She said AAPLOG gets calls “all the time from medical students and residents who are actively seeking a place where they can practice, where they’re not going to be pressured to perform abortions.” She believes that the *Dobbs* decision will open the door for more students to study obstetrics and gynecology at places “where they can practice according to their conscience.”

However, *Roe*’s demise has caused one real emergency: widespread implosion among major media and pro-aborts. Like unruly children who try to badger, argue, and outwit their parents over a topic now closed to discussion, tantrum-prone leftists rely on shameless deceit to blindside their opponents and heartlessly frighten the public with emotional but fraudulent appeals. How fitting that the children whom *Dobbs* saves will live to prove them wrong.





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