



Written by [Dave Bohon](#) on December 1, 2011

Minnesota Abortion Clinic to Close: First in State in Two Decades

With the declining numbers of abortions in Minnesota, the hospital, which is part of [HealthPartners](#), decided to terminate its GYN Special Services Clinic, which ranked just sixth in overall abortions in the state. According to state Health Department numbers, each of the five more profitable clinics were responsible for at least 1,000 of the procedures in 2010.



Overall, there has actually been a hopeful decline in abortions in the state over the past few years, with 11,505 abortions reported in the state last year, compared to 14,450 in 2000. Nationally, according to the pro-abortion [Guttmacher Institute](#), there has also been a steady decline in the number of abortion clinics nationally, from a high of 2,900 in 1982 to around 1,800 by 2005, a number that remained consistent through 2008. Most recently, as several states have enacted legislation to restrict abortion, pro-life leaders expect the numbers to dip even more.

According to the [Associated Press](#), Regions officials said the closing of the clinic “is consistent with its planning approach, and that medical care that can be provided in a non-hospital setting reduces overall costs.” Regions spokesman Chris Boese said women would not have a problem terminating their pregnancies elsewhere. “We’re confident that patients will find the care they need from other providers in our community,” he said.

The leader of one pro-life group, [Pro-Life Action Ministries](#), “said the hospital and HealthPartners were forced to close the clinic because of years of protests by abortion opponents,” reported the *Star-Tribune*. “That included 4 1/2 years of twice-yearly 40-day vigils; the latest included a visit from Catholic Archbishop John Nienstedt and ended Nov. 6.”

Brian Gibson, the pro-life group’s executive director, said the clinic had been “performing abortions since the mid-1970s and they did nothing but abortions. We’re elated that they’re closing.” Troy Newman, president of [Operation Rescue](#), added that the closure of the Regions clinic “is a testament to the steadfastness and faithfulness of pro-lifers who worked to end the killing without giving up. God honored their work.”

Scott Fischbach of [Minnesota Citizens Concerned for Life](#), another pro-life group, noted that “a lot of folks within the pro-life community would not access the good things that Regions does, because [the



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hospital is] also involved in abortion.”

Unfortunately, added Fischbach, Planned Parenthood is putting the finishing touches on a new abortion clinic within five miles of the shuttered Regions facility. In addition, he said, the abortion giant “also just expanded its abortion business by doing web-cam RU 486 abortions in Rochester, Minnesota.”

As reported by [LifeSite News](#), Planned Parenthood began its web-cam abortion practice in neighboring Iowa, “a rural state where the abortion business has a difficult time getting an abortion practitioner to each of its clinics. As a result, it set up a process by which the abortion practitioner only visits with the woman considering using the mifepristone abortion pill via a videoconference, as opposed to an in-person visit the FDA suggests.”

Paul Stark of [Pro-Life Minnesota](#) explained that women at the Rochester abortion clinic “talk with an abortionist who is located at Planned Parenthood’s St. Paul center. The predictable result is more abortions performed and more revenue for Planned Parenthood.”

Dr. Randall K. O’Bannon of National Right to Life explained that web-cam abortions can “open up a whole new customer base in locations where Planned Parenthood can’t afford to post an abortionist. It gives some of their smaller offices a chance to bring in a very profitable product without having to make a lot of changes or buy a whole lot of new equipment.”

Setting aside the perverse profiting Planned Parenthood enjoys from the practice, Stark explained that the webcam and RU-486 make for a dangerous combination. “RU-486 itself is a particularly dangerous abortion method for pregnant women,” he wrote. “Fourteen women are known to have died from RU-486 in the United States since 2000, according to the FDA, and thousands of women have suffered complications. Moreover, the webcam technique means that women can receive RU-486 in areas in which there may be no doctors (or no doctors familiar with the RU-486 abortion process) available in the event of such complications.”

While there are many legitimate medical procedures for which webcam consultation with a doctor is entirely appropriate, “abortion is not a legitimate medical procedure,” noted Stark. “It is an elective procedure that kills young members of the human family and risks the health of women. Webcam abortion expands destruction, not health care.” He concluded that “Planned Parenthood’s webcam abortion operation in our state must be opposed because it will increase the number of unborn human beings who are unjustly killed, and because it needlessly endangers pregnant women, who deserve care and support, not chemical abortion with little medical supervision.”



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