Wisconsin law curtails Planned Parenthood abortion services

Gary Joad 30 April 2012

On Friday, April 20, Planned Parenthood of Wisconsin announced its discontinuance of non-surgical abortions with the medication Mifepristone (RU 486) at its three abortion services clinics in Milwaukee, Madison and Appleton. The change came as a result of a new state law signed by Republican Governor Scott Walker the same day.

Act 217 mandates that women having non-surgical abortions visit and see the same physician three times and that the attending doctor "who is to perform or induce the abortion shall determine whether the woman's consent is, in fact, voluntary ... the physician shall make the determination by speaking to the woman in person, out of the presence of anyone other than a person working for or with the physician."

Under the section of the act titled "Prescription and use of abortion-inducing drugs," the statue reads, "Any person who violates... (217) is guilty of a Class I felony."

The legislation amounts to a state-sponsored intimidation and entrapment scheme for health professionals attempting to provide needed and federally legal medical care and abortions to women. The signing of consent forms by patients are always voluntary (bound up in the definition of consent), including when persons are under the duress and stress of a health problem or dilemma, such as unwanted and unplanned pregnancies. Act 217 implies that the doctors and Planned Parenthood staff require state policing of their practices, lest they subject women to unwanted treatment and procedures.

Moreover, the statutory provisions that the *same* professional attend the patient on three successive clinic visits overtly target physicians staffing the Planned Parenthood clinics, who are more likely to rotate their coverage to accommodate their multiple

duties at different practice locales, including private clinics and hospitals. The law also denies women who travel from remote areas of Wisconsin the vastly more convenient and less financially costly option of followup visits with their hometown clinicians.

The law threatens physicians with fines from \$1,000 to \$10,000 and up to three and a half years in prison for providing non-surgical abortion services to women.

Planned Parenthood President and CEO Teri Huyck told the Associated Press April 20 that "because of confusion over the new law, nonsurgical abortions are being suspended." Governor Walker signed the bill over two weeks ago; the Republican majority legislature passed it earlier this year.

Planned Parenthood provided over 4,000 abortions in Wisconsin in 2011, which included 1,100 medically induced pregnancy terminations. In 2008, medical abortions accounted for a full 32 percent of first trimester abortions at Planned Parenthood in the United States.

At this point, surgical abortion services will continue to be provided in Madison, Milwaukee and Appleton. The clinics will also continue to offer the so-called morning-after pill, which is Mifepristone at a much lower dose.

According to the Associated Press and reproductive health research organization the Guttmacher Institute in New York, four other states—North Dakota, Kansas, Arizona, and Nebraska—have enacted similar legislation. Legislatures in Michigan, Minnesota, Alabama, Missouri, and Oklahoma are reviewing similar measures. Tennessee will restrict access to RU 486 with legislation taking effect this July.

Mifepristone (RU 486) is a manufactured steroid compound, first synthesized in Europe in 1980, with prominent anti-progesterone properties in humans.

Progesterone is a human female hormone secreted and required to maintain an early pregnancy. When Mifepristone is administered in the first trimester, the drug causes the pregnancy to separate from the uterus in 95-98 percent of cases. A few days later, a second medication called Misoprostol is administered to cause the uterus to contract and empty.

Complications from medical abortions are rare. A small percentage of women require another procedure to stop bleeding and/or to complete the abortion, and 0.1 to 0.2 percent require a blood transfusion. Out of some 1.1 million North American medical abortions, there have been 7 reported deaths. No causal relationship between the medicines administered and any of the deaths has been established.

Following worldwide clinical trials involving 20,000 women using Mifepristone for medical abortion, the compound's first maker Roussel-Ucalf sought and obtained approval in France for its use in 1988. Antiabortion protests resulted in the company's majority board ownership voting to block the drug's European distribution, followed by the French government's issuing an order two days later for Roussel-Uclaf to distribute Mifepristone in the interests of public health.

The French Health Ministry commented at the time, "From the moment government approval for the drug was granted, RU-486 became the moral property of women, not just the property of a drug company."

RU-486, now manufactured by Danco Laboratories in China (which obtained FDA approval for distribution and use in the United States in September 2000) and by Exelgyn S.A. for use outside the US, is approved for medical abortions in 28 countries including China, the bulk of Europe, New Zealand and Australia. Mifepristone is still unavailable in Canada, Ireland and Poland.

In France, non-surgical abortions accounted for 49 percent of total abortions in 2007; in England and Wales, 52 percent of abortions under nine weeks gestation in 2009; in Scotland, 81.2 percent in 2009; in Sweden, 85.6 percent of the total.

The Wisconsin anti-abortion legislation was signed and enacted this spring in the context of the recall campaign to remove Republican Governor Scott Walker in an election scheduled for June 5. The governor is despised by the state's working class for his attacks on the rights and benefits of public employees. The attacks on the democratic rights of women to access abortion and contraceptives must be understood as part of this effort.

The Democratic Party has sought to present the antiabortion legislation sponsored by the Republicans as a "war on women." Such a presentation is motivated by the desire to win votes based on narrow identity politics, and to wipe clean the hands of Democratic politicians and trade union officials that have actively facilitated the attacks on the working class as a whole.



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