



Original article found online at: <http://www.lifenews.com/2014/05/30/judge-tells-abortionist-quit-trying-to-break-the-law-and-put-womens-lives-at-risk/>

## **Judge Tells Abortionist: Quit Trying to Break the Law and Put Women's Lives at Risk**

[State](#) Steven Ertelt May 30, 2014 | 11:28AM Washington, DC

A federal judge in Wisconsin has a message for an abortion practitioner who is trying to overturn a pro-life law requiring abortion clinics to ensure their abortionists have admitting privileges at a local hospital. The law is meant to protect women's health in cases when botched abortions put their lives at risk.

The judge essentially told the abortion practitioner to quit worrying about trying to overturn the law with a lawsuit and to bother to actually follow the requirements of the statute.

Not only have such laws protected women's health, but they have resulted, in other states, in shutting down abortion businesses that won't comply with this basic health and safety standard. When the state of Texas clamped down on abortion clinics that could not follow basic health and safety standards and failed to ensure abortion practitioners had admitting privileges at local hospitals in cases where women are injured in botched abortions, abortion clinics closed down because they couldn't comply. As many as 20 Texas abortion clinics have closed or stopping doing abortions.

Here's more from ABC News [on what's happening](#):

A federal judge told a Milwaukee abortion doctor Thursday to renew his efforts to obtain hospital admitting privileges, hinting that it could resolve a lawsuit alleging a Wisconsin law requiring such privileges is unconstitutional.

U.S. District Judge William Conley said he was "bewildered" that Affiliated Medical Services abortion provider **Dr. Dennis Christensen** and his attorneys haven't received definitive responses from any Milwaukee hospitals. He told them to demand better answers from two facilities where Christensen is seeking admitting privileges.

“I’m being asked to strike down a law,” Conley told them. “I take no pleasure in that. If there’s a way to get privileges short of that, you should do that.”

Republican Gov. Scott Walker signed a bill last summer requiring abortion providers to get admitting privileges at nearby hospitals. The measure’s supporters argued the mandate would ensure better care for women who end up hospitalized with complications.

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Planned Parenthood and Affiliated Medical Services sued. The groups argue the mandate would force AMS’s Milwaukee clinic to close because Christensen and the other doctor who works there lack privileges and it’s too difficult to obtain them.

The clinic is the only one in the state that offers abortions beyond 19 weeks of pregnancy.

The judge isn’t expected to issue a ruling for at least another month and a half, but now it appears the case will turn largely on whether Christensen can get privileges and if he can’t, why.

Conley said he was frustrated that Christensen and AMS attorneys have had months to prepare for the bench trial and still haven’t definitively resolved whether Christensen can get privileges.

“Common-sense regulation of abortion clinics is not only popular with Americans, it represents the very least that the highly profitable abortion industry should do for women,” said AUL President and CEO Dr. Charmaine Yoest. “For too long an under-regulated, rarely monitored and unaccountable abortion industry has pushed the boundaries of the law to increase profits. If abortion clinics are as safe as their lobby claims, why do they fight following the same kinds of standards that apply to other medical facilities?”

Why are laws requiring abortion practitioners to hold admitting privileges necessary? Consider [Angela’s story](#).

Angela was twenty weeks pregnant when she walked into a dingy abortion clinic in Santa Ana, California, on August 7, 2004. Her abortion was completed in five minutes with little or no pain relief by an 84-year old abortionist, Phillip Rand, who rotated his time between several clinics throughout Southern California.

When he was done with Angela’s abortion, he got in his car and began the three-hour drive on congested California freeways to another abortion clinic in Chula Vista, near the Mexican border, where he had more patients waiting. But when Angela started bleeding heavily, the two medical aids, who were the only ones left in the clinic, didn’t know what to do. One called Rand and asked him to return to the clinic to help the hemorrhaging women, but Rand refused. He was already an hour or so away and didn’t want to go back and risk losing business in Chula Vista. He told them to call 911 if she got any worse.

Angela did get worse – much worse. By the time paramedics arrived, it was too late. They found her in a pool of her own blood. There was no oxygen or no crash cart at the clinic, but it is

doubtful that the two minimally-trained aids would have know how to operate them if they had been available. Angela was transported to a local hospital where she later died.

One paramedic was so incensed by how he found Angela that he reported Rand to his supervisor who, in turn, notified the Medical Board. A signed declaration from the paramedic noted, “This was the worst post-partum patient situation at a medical clinic I have ever encountered during my time as a paramedic.” Twenty months later Rand surrendered his medical license.

For Angela, there was no continuity of care. Rand held no hospital privileges. This allowed him to operate well below the standard of care at the cost of one woman’s life.