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I was an abortionist. The abortion industry isn't willing to prioritize patient safety.

I was pro-choice for decades. I performed abortions and had an abortion myself. Can't we all at least agree on importance of safety in the industry?

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I've killed more people than Ted Bundy.

Coming to terms with the fact that I was a professional mass murderer was devastating, but it compelled me to speak the truth.

I began my medical career believing the modern clichés that women must have total control over our bodies, and that it's irresponsible and unethical to bring unwanted children into an overpopulated world. During my OB-GYN residency in Florida in the late 1970s, I went above and beyond the usual first-trimester abortion requirement and asked to learn to perform second-trimester dismemberment abortions. When faced with my own unwanted pregnancy before entering medical school, I chose abortion.

Abortions, I soon discovered, can be very profitable. When I got my medical license in Florida in 1978, I moonlighted as an abortionist on the weekends, making more money than I would have made working in the emergency room. I was amazed by the perfect little fingers and toes but treated fetal remains like any other medical specimen — with no emotion. I even performed abortions while I was pregnant. The difference was clear to me at the time: My baby was wanted; my patients' babies weren't. I saw no contradiction in that.

The only time I questioned my line of work was during my neonatal rotation, when I realized I was trying to save babies in the neonatal intensive care unit who were the same age as some of the babies I was aborting.

The path to life

Three patients changed my professional trajectory.

I was preparing to perform an abortion on the first when I realized I had already performed three on her in the past — she was using abortion as birth control. I protested doing the fourth, only to be told by my

boss that I had no right to deny it to her. “Easy for you to say, you’re not the one doing the killing,” I snapped back. I did the killing, but my response startled even me.

A sad choice, but the right one: I had a later abortion because I couldn't give my baby girl both life and peace

The second patient was a young woman there with a friend. Her friend asked whether she wanted to see the tissue when I was done, and she replied angrily that no, she just wanted to kill it. “What did this baby ever do to you?” I wondered, again surprised by my reaction. I don't think I had ever thought of them as babies before.

But it was a mother of four who felt she just couldn't manage another child who brought me to tears. She wept before, during and after the procedure. It was the grief of a woman who knew the moral gravity of what she was doing that ended my abortion career.

I stopped doing abortions, but I remained pro-choice. Over time, I saw in my OB-GYN practice young girls flourish who had chosen not to abort, and older, more educated patients who had aborted struggle psychologically. Gradually, I began to see the feminist narrative that abortion empowers women as increasingly flimsy.

Ultimately, I could not shake the realization that the only thing that decided the fate of the baby was whether he or she was wanted or not. The former was born. The latter was killed. The life or death of a human being should not be so arbitrarily decided.

I became pro-life.

Shoddy, dangerous care

I now give expert testimony on the realities of abortion, like the testimonies the Supreme Court will soon consider in the case of *June Medical Services LLC v. Gee*.

For years, many abortion clinics have gotten away with shoddy practices that no surgery center would be likely to get away with. This is surely because abortion workers, legislators and law enforcement fear that they will be accused of restricting access to abortion if they hold abortion clinics accountable.

Loving abortion clinic workers, too: Pro-life movement should follow Abby Johnson's lead, turning abortion workers into allies

A former manager of an abortion clinic told me that she was instructed to use dish washing liquid to clean their instruments when their sanitizer broke down so they wouldn't have to close while it was repaired. Inspection reports in multiple states have found clinics not properly sanitizing their instruments.

A patient who came to me for complications from a late-term abortion said she was kept in a cold room overnight without a blanket during an induction abortion. She was forced to give birth in a toilet the next morning, only to watch her still living baby drown.

As a gynecologist on call in the emergency room, I personally treated women experiencing severe complications, including life-threatening hemorrhage and infection from abortions, because no one at the abortion clinic had admitting privileges. No abortion clinic personnel ever called to give me information on a patient they were sending to the ER. This is not a safe way to practice medicine.

When it comes to abortionists being required to have local hospital admitting privileges, the issue the court will consider in *Gee*, the fact is that many physicians on staff at ambulatory surgical centers are required to have hospital privileges to ensure that patient care is not compromised in the event of a complication.

Helping patients fight for their lives, and their rights: We met as doctor and patient, but a life-saving abortion was the start of our friendship

One of the reasons we are told these safety standards aren't needed is because abortion is so safe, but we don't know the true percent of women who experience complications.

Only 28 states require abortion providers to report post-abortion complications, and states are not required to submit abortion data to the federal Centers for Disease Control and Prevention. Abortion clinics don't want this information to come out, and providers have taken states to court to try to avoid reporting.

Recently, a former Arizona abortion clinic employee won millions of dollars in a wrongful termination lawsuit after she was fired for noting serious health and safety violations at her clinic.

Yet Americans were horrified when the unsanitary conditions and unsafe medical practices of convicted Dr. Kermit Gosnell's abortion clinic were uncovered, and shocked when news broke about Dr. Ulrich Klopfer, an abortionist who, day after day, walked out of his office with bags of aborted fetal remains, accumulating thousands, and violating endless ethical, medical and legal standards. These are hallmarks of an unsafe industry.

I was pro-choice for decades. I performed abortions and had an abortion. I understand in a deep and personal way where the fault lines of disagreement over abortion in America lie. But can't we at least all agree on the importance of safety in the abortion industry?

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