

# *My Father's House*

PO Box 22, Moodus, CT 06469 860/873-1581 2357-fax [www.myfathershouse.com](http://www.myfathershouse.com)

## **The Sexual Exploitation of Our Children**

Fr. Bill McCarthy, MSA

Carol Everett, a former owner of three abortion centers, has had a complete conversion. Today she boldly recounts the deceptive way that she talked hundreds of 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> graders in our public schools to become sexually active so that some of them would later come to her abortion clinics for abortion. Today, she is a truly committed Christian, totally dedicated to pro-life. She now tells how she put a wedge between teens and their parents on the topic of sexual activity and contraception. Gaining the trust of teens by using the public school system, she had the perfect avenue to sell teen sexual activity and eventually abortion.

### **Parents Need to Know**

Parents and school authorities need to know that this is occurring all over the United States today. This sexual exploitation of our youngsters is by far the greatest scandal in the United States today. Our liberal public school system is by and large not protecting youngsters from the exploitation that Planned Parenthood gladly offers them. For the aim of Planned Parenthood is twofold: 1) widespread sexual activity and 2) abortions. The abortion industry would be in serious trouble if people like Mrs. Everett did not get into our public schools to encourage our teenagers to become sexually active.

### **Marketing Open Sex and Abortion to Teens**

Carol Everett was asked, *“How would you, as an abortion clinic operator, market abortions to teens?”*

First, I established myself with the teens as an authority on sex. I explained to them that their parents wouldn't help them with their sexuality, but I would. I separated them from their support system, number one, and they listened to me.

Second, our doctors prescribed low dose birth control pills with a high pregnancy rate knowing well that they needed to be taken very accurately at the same time every day or pregnancy would occur. This insured the teens to be my best customers as teenagers typically are not responsible enough to follow such rigid medication guidelines on their own. I knew their sexual activity would increase from none or once a week to five or seven times a week once they were introduced to this contraception method. Then I could reach my goal – three to five abortions for each teenager between the ages of 13 and 18.

### *“How did you get to these kids?”*

I got to them very easily through the schools. At that time the schools often called me. However, if I wanted to get in a school, I simply called the health teacher or one of the other teachers. I even worked with English teachers.

### *“What did you say to the kids when you were inside the classroom, and what were their responses?”*

First, I asked, “How many of you are sexually active? ... I don't expect you to tell me, but I am going to tell you all about me, and you can decide what you are ready to tell me ... Do you know someone who is sexually active?” Almost every hand went up. I continued with, “How many of them are using birth control?” They didn't know. Then I asked, “Well, do you think you need help in that area? Are you interested in knowing about contraception?” The response was always “yes”.

The teenagers wanted to talk about contraception because most of them were sexually active. Typical questions were, “How safe is a condom? What about foam?” I spent a lot of time talking about percentages and the different methods of birth control. All I was doing the whole time was working those kids into a

sweat sexually in a the classroom of mixed boys and girls. I was encouraging them to talk about it and ultimately act upon their sexual desires.

***“Did you go through the litany of how they couldn’t talk to their parents?”***

I joked about it asking, “What do your parents tell you about sex – not to have it? They’re fuddy duddy’s, aren’t they?” I laughed and they laughed. I continued by explaining I had two children and talked a lot about sex with them. I told them I understood their sexuality implying their parents did not. I encouraged them to become sexually active.

***“Did the elementary and junior high school administrators or principals know you were marketing abortions to 12-year-olds?”***

Absolutely not. They had no idea what I was doing. However, I was getting in to my customer. I didn’t care what the administration thought I was doing.

***“Didn’t the parents object to you talking to their children about contraceptives and abortion?”***

Yes, but they didn’t call me and tell me. My attitude was, “Hey, I’m gone. That’s the principal’s problem, not mine.”

***“What percentage of girls came to the clinic after your classroom lecture – first for birth control, then later on for abortion?”***

I believe I eventually saw three to five out of every class at some point. I experienced a huge influx of gynecological business right after each lecture. The phone rang off the wall the next day. As they “needed” abortions they called me up and said, “Remember when you were at our school?”

***“What age girls did you target?”***

I targeted 5<sup>th</sup> and 6<sup>th</sup> graders – the earlier the better for planting seeds. Usually it was not easy to get into these grades at schools. However, getting into junior high and high school was no problem. The process is this ... get them thinking about it ... then they call about birth control pills or some method of contraception ... then they become sexually active.

***“When a young girl using the low dose pills became pregnant, what options did your clinic “counselor” offer her?”***

We only sold one product – abortion and abortion only. We took whatever other ideas the pregnant woman had and used them to sell abortion. In one scenario the pregnant woman says, “I want to keep the baby.” Handing her a pen and pad, I asked, “How much money do you make?” Often the reply was, “I don’t work.” Well, how are you going to support yourself? Your parents are going to kick you out, aren’t they?” (Maybe the parents wouldn’t kick her out but the seed was planted.) The pressure continued, “So you will have to take care of yourself now. Do you know how much it costs to have a baby?” “No, how much?” came here question with fear and uncertainty mounting. “Three thousand dollars. Do you have \$3,000 or can you save \$3,000 in the next six months?” I asked knowing what answer would follow. “Well, no.” Abortion was the answer again. We effectively sold our product.

***“Compare your school speaking engagements to what school-based clinics do today.”***

The two are very similar except school-based clinics have access to the kids all the time. They can bring them in one by one, and after reviewing their inoculation history, as “Are you sexually active? Have you considered sexual activity? Well, when you do, come back to us and we’ll help you.” The kids know their parents aren’t going to be notified. They know they can go to that school nurse and get contraceptives. Many request them immediately.

### **Carol Everett’s Advise to Parents:**

- Parents need to get involved in the schools, on the school boards and with the curriculum so

they know what is being taught regarding sex education and reproduction.

- Parents need to know whether or not a school-based clinic is in their children's school.
- Keep open lines of communication with your children so they are not afraid to come home and say, "Guess what happened in school today?"
- Parents must make the school administration aware of the abortion industry's tactics and its methods for getting into the schools.
- Parents need to educate themselves by reading books like *Grand Illusions, the Legacy of Planned Parenthood* by George Grant and understand exactly how the abortion industry operates. Then they must educate school administrators who must educate the teachers and others not to let those people in.
- Parents need to ensure there are school policies that make parents aware of outside interest groups giving presentations to students. This would enable parents to request that their child be excused from class if the parent deems the materials/subject matter inappropriate.

### **Parents Do Make a Difference!**

- Available statistics show that both teen pregnancy and teen abortions decline after a parental involvement law is enforced.
- A recent *USA Today* poll indicated that 75 percent of those surveyed favor parental involvement in a minor's decision to have an abortion.
- Minors who have abortions are more likely to suffer physical injury than are older women.
- Parent-teen alienation is usually greater when teens do not inform a parent about their pregnancy.

### **What Carol Everett Saw in the Abortion Industry**

#### ***"What led you to become involved in the abortion industry?"***

I was searching, attempting to justify my own abortion. I finally evolved into a job working for a man who eventually owned four abortion clinics. Son, with just a few marketing changes, his business more than doubled. Each time I sold an abortion, I justified my own. I watched my employer's income go from \$25,000 to \$125,000 a year in two clinics. I wanted part of that money earned in direct response to my efforts. So I marched into his office and said, "I have more than doubled your business – I want an equity interest." And he politely said, "No." I placed a yellow page ad for my own abortion clinic to open in six months.

#### ***Why do you refer to it as an abortion industry?***

It is the largest uncontrolled industry in our nation. Most of the clinics are run in chains because it is so profitable. Where else can someone like me make \$150,000, much less a quarter of a million a year? I made \$25 for each abortion, so I knew exactly how many we did. The last month I was involved, 545 abortions equaled \$13,625 in my pocket. I have seen three doctors split \$4,500 for three hours work. I suppose it is much more now, but that was not bad for three hours work on a Saturday morning.

#### ***Did you operate the clinic seven days a week?***

Yes. Sunday was our most profitable day. Most women want to get in and get out quickly. They know abortion is wrong, and especially on Sunday, so they hurry through. The women don't ask questions on Sunday. You can work with a skeleton staff because the women who come in for an abortion on Sunday mean business. We would do 15 to 20 (abortions) in 2-3 hours!

#### ***What did it cost to have an abortion?***

Then it was \$185 to \$1,250 for a second or third trimester abortion. The price was based on the number of weeks into the pregnancy. 12 weeks and under was \$185 and 13 to 14 weeks was \$250, and 14 to 15 weeks was \$375. The \$1,250 was the top of the line – general anesthesia, second or third trimester abortion. Abortions can be performed with oral medication or, if you have the money, with general anesthesia.

***How did you advertise your clinics?***

We spent roughly \$350,000 annually on advertising - \$250,000 in yellow page advertising, \$50,000 in newspaper advertising, and the balance in direct-mail with coupons.

***What type of counseling was offered at the clinics?***

In the clinics I was involved in, we didn't do any real counseling. We answered only the questions the woman asked and tried not to "rock the boat". We did not discuss any alternatives to abortion unless the woman forced us to. Each woman asked two questions, "Is it a baby?" "No, it is a product of conception (blood clot or glob of tissue). "Will it hurt?" No, you will feel a slight cramping sensation." Most women have had cramps and lived through them, so they think the procedure must not be too painful, however, an abortion is excruciatingly painful.

***What method of abortion did you clinic use?***

For the most part, the abortion industry stopped using the saline and prostaglandin procedures because of the number of live births. A live birth means you have to let the baby die, or dispose of it in some distasteful way. Most second and third trimester abortionists use the D&E (dilation and evacuation) method. The abortionist uses large forceps to crush the baby inside the mother's uterus and remove it in pieces. The side effects of live births and the mother going through labor are avoided. But it is a horrible procedure in which the baby must be re-constructed outside the uterus to be certain all the parts have been removed.

***How did you dispose of an aborted baby?***

In our clinics, we put them down the garbage disposal. We used the heavy duty model. Some second and third trimester babies' muscle structure is so strong that the baby will not come apart, so they must be disposed of through trash receptacles. People hear that having an abortion is safe.

***What were some of the complications you saw?***

We were doing a one-day traumatic dilation, which has a higher rate to complication. We were completing over 500 abortions monthly and killing or maiming one woman out of 500. Common complications that take place are perforations or tears in the uterus. Many of those result in hysterectomy. The doctor might cut or harm the urinary tract, which then requires surgical repair. A complication that is rarely publicized is the one in which the doctor perforates the uterus and pulls the bowel through the vagina, resulting in colostomy. Some of those can be reversed, some must live with the colostomy for the remainder of their lives. The abortion clinic never accepts any responsibility for complications. They just say it was not their fault. The concern is not the patient at this time. The concern is with taking care of the doctor and keeping his reputation and the clinic's clean.