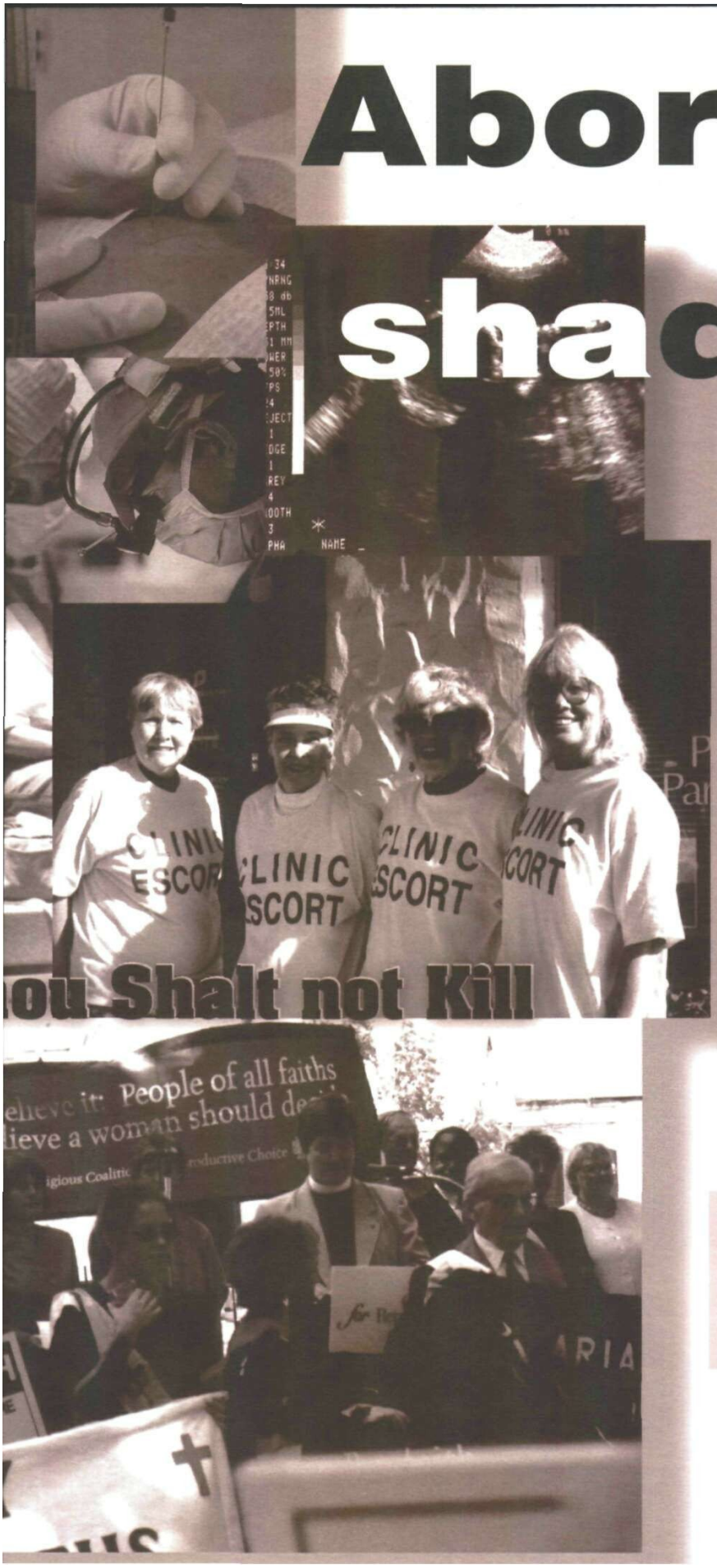

PRO-CHOICE
AMERICA STANDS FOR CHOICE
Planned Parenthood
I AM THE FACE OF PRO-CHOICE AMERICA
AMERICA STANDS FOR CHOICE
PRO-FAMILY
PRO-CHILDREN
PRO-CHOICE
THOU SHALT NOT KILL
DON'T Give This Killing Center YOUR BABY
KEEP ABORTION LEGAL
This Clinic Stays Open

Abortion in the shadows



As anti-abortion forces intensify their protests, pro-choice advocates say a woman's access to safe, legal abortion is imperiled by a growing shortage of doctors who will provide abortions and a lack of medical training for new doctors in how to perform the procedure.

By Sigrid Bathen

Felicia Stewart was a young intern at Cambridge City Hospital in Boston when a comatose woman, married with two small children, was admitted with severe complications from a botched illegal abortion. "She came in dead, basically," recalls Stewart. "She died in my arms. She and her husband had been afraid to come, so they didn't come in time. Poor, pale, sad woman — she haunts me today."

Like many physicians of her era — those who were in training and early practice before the U.S. Supreme Court legalized abortion in the landmark 1973 *Roe v. Wade* decision — Stewart, 55, resolved to make safe, legal abortion a priority in her practice. A longtime Sacramento obstetrician and gynecologist, she and her then-husband, Dr. Gary Stewart, maintained an active private practice and served as directors of Planned Parenthood. Their home was picketed by anti-abortion protestors, and they were regularly threatened, their names and home address circulated with those of other "abortion doctors" by the militant, sometimes violent Operation Rescue.

"It was very frightening," recalls Felicia Stewart, who served two years as a deputy assistant secretary for population affairs in the U.S. Department of Health and Human Services and since last year has been director of reproductive health programs for the Kaiser Family Foundation. "The idea that someone would actually call and threaten your life on the phone and threaten to kill your children was a stunning, daily presence that affected our family life."

Stewart continues to do clinical work for Planned Parenthood in San Francisco — and worries about her safety and that of others in women's health clinics where abortions, as well as a wide range of other services, from contraceptive advice to prenatal care, are performed. Interviewed the day after the January 1998 bombing murder of a security guard and the maiming of a nurse at an Alabama clinic, Stewart was admittedly shaken and considering wearing a bulletproof vest to work.

Her fear is typical of physicians who provide medical abortions and one reason that doctors who provide the service are becoming a rare breed. Fully 84 percent of American communities have no known doctor who will provide abortions, and women in those communities — often in rural, isolated parts of the country — must travel to urban centers, where "circuit-riding" physicians drive or fly to perform abortions. Many of those physicians are older — a recent study found that half of those surveyed were over 50, and that 13 percent of the abortions performed in that study were by doctors 65 or older — and they worry that there are not nearly enough young doctors in the training pipeline. Many medical schools do not offer instruction in abortion procedures, or the training is "optional" in medical residency, which critics say is tantamount to not offering it at all to already overscheduled residents who regularly work 80-hour weeks.

While the number of abortions in the United States has dropped slightly (from an estimated 1.5 million in 1992 to 1.4 million in 1994), and contraceptive use is increasing, the U.S. still has more abortions and unintended pregnancies than any other developed country. Despite the intense opposition and the violence against clinics, first-trimester abortions remain one of the most commonly conducted — and safest — surgeries in the United States.

In a 1985 study published in the professional journal, *Family Planning Perspectives*, the authors found that the majority (73 percent) of U.S. residency programs in obstetrics and gynecology include first-trimester abortion techniques in training. But only 23 percent offered such training as routine, and 50 percent as "optional." Twenty-eight percent, including many Catholic hospitals, offered none — a fourfold increase since 1976.

Family physicians are ... ill-prepared to provide one of the most common surgical procedures in the United States.

The dearth of training apparently doesn't stop at abortion. A 1995 study of family practice physicians found that the majority of medical residents who responded to the survey reported that they had no clinical experience in the fitting of contraceptive devices such as diaphragms or IUDs, only 15 percent had clinical experience in first-trimester abortions, only 5 percent said they would perform abortions and 65 percent said they "certainly" would not. A majority (65 percent) said first-trimester abortion training should be optional within family practice residency programs.

"Family physicians are ... ill-prepared to provide one of the most common surgical procedures in the United States," the authors concluded. "This has particularly grave consequences for women living in non-metropolitan counties. Even if a family medicine resident is highly motivated to receive training in abortion, our results show it is unlikely that his or her program has such training available or is able to provide it elsewhere."

Dr. Philip Darney, 55 — professor of obstetrics, gynecology and reproductive sciences at the University of California Medical School, San Francisco, medical director of the Family Planning Clinic at San Francisco General Hospital and a co-author of the 1985 and 1995 studies — said California medical schools, unlike many in other parts of the country, have "pretty good training programs," still he said residency programs don't meet the demand for new doctors willing — and able — to perform abortions.

"We have patients who regularly travel to our clinic [in San Francisco] from rural areas," says Darney, adding that training for new doctors must be required if the shortage is to be addressed. "That doesn't mean that someone who is a staunch Catholic and doesn't want to do abortions is forced. It simply means that the training is available to residents who want it, and they are not expected to work extra hours." Doctors in training who for reasons of religion or conscience choose not to learn about or do abortions are not required to, and many choose that option.

California's training of physicians in abortion techniques is more widespread than training in other parts of the country, as is the availability of abortion providers generally (67 percent of California counties have an abortion provider, compared to 16 percent nationwide, although most providers are concentrated in metropolitan areas, and the actual number of known providers in California has shrunk from 583 in 1982 to 554 in 1992).

"We haven't felt the shortage as deeply as other parts of the country," says Kathy Kneer, executive director of Planned Parenthood Affiliates of California. "We've been fortunate that private OBs are providing first-trimester abortions for their patients."

But regular, routinized, required training in residency still varies in California medical schools and residency

programs. At UC-Davis Medical School, for example, a spokeswoman said training was provided, but it was optional. A Stanford University Medical School spokeswoman was more circumspect, saying that people at Stanford were hesitant to answer questions — even basic questions about the kind of training offered at Stanford — because "folks who do abortions do so at great personal risk."

At the University of California Medical School, Irvine, Dr. Kirk Keegan, who heads the Department of Obstetrics and Gynecology, said residents receive some training in abortion services but "most are second-trimester, usually associated with congenital anomalies of the fetus." No third-trimester abortions are performed there.

Medical schools such as UC Irvine are connected with hospitals, and most first-trimester abortions — 90 percent of all abortions are first-trimester — are performed in community-based clinics, not hospitals. Asked why residents are not "cycled" through an area clinic for residency training, Keegan said, "We don't have access in our rotation schedule to do that, and we feel we have enough exposure for those who desire to do terminations." He said medical students "are taught about pregnancy termination — the standard lecture on contraception, which includes [termination]."

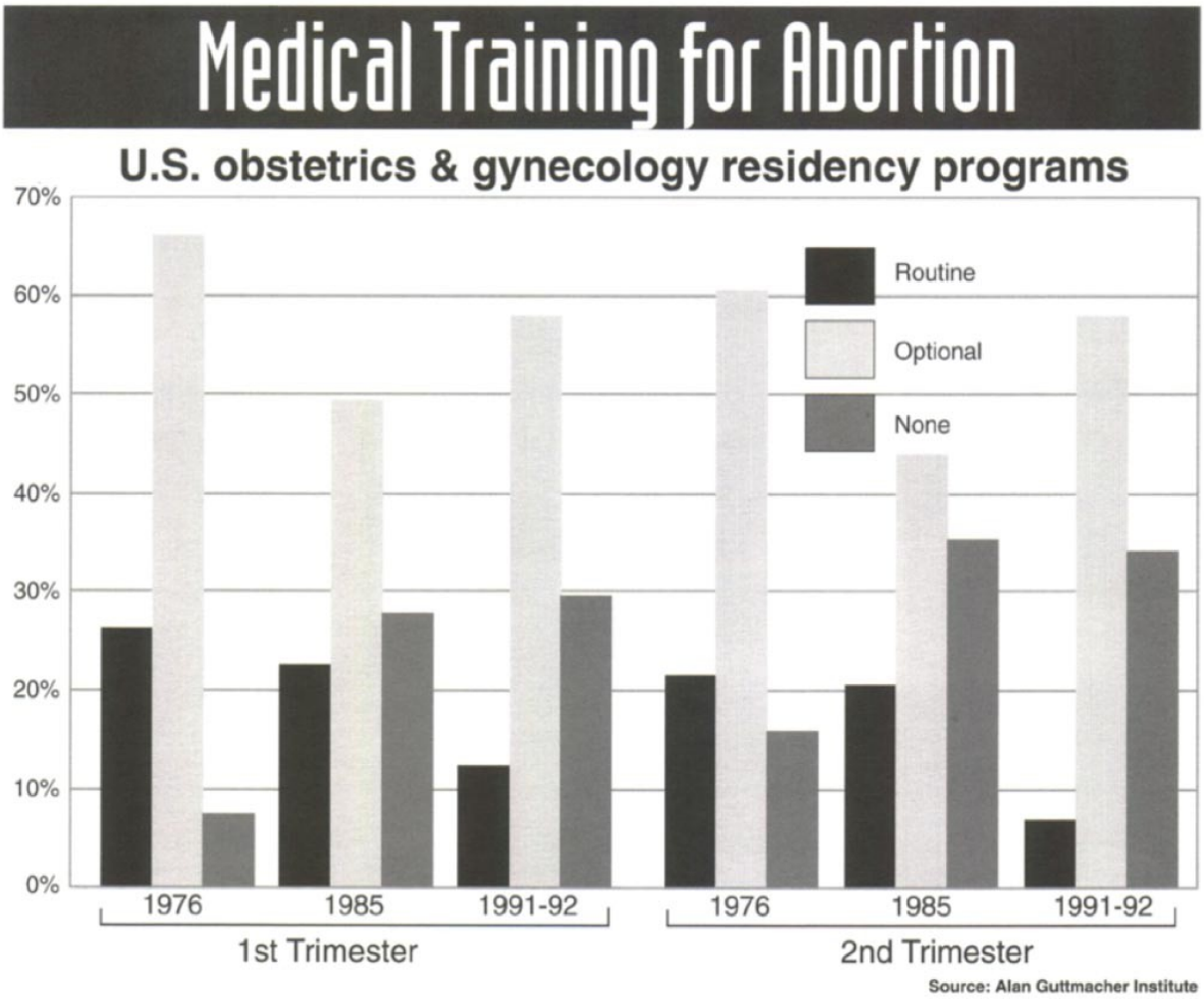
The reasons why physicians choose not to provide abortions are both obvious and complex. Most physicians in the forefront of abortion services — and even those quietly providing services, as many private OB/GYNs do, in the relative obscurity of private practice — have experienced, directly or indirectly, violence. "These events certainly have a chilling effect on training people, as I do, to perform abortions," says Darney.

Jan Carroll, legislative analyst for the California Pro-Life Council, said her group "totally takes umbrage" with any notion that doctors don't perform abortions because they fear the violence against clinics. "It is much more than their safety," she said. "Most doctors have rejected the role of killing patients. Unlike a lot of the mothers who are not apprised of the dangers [of abortion], doctors are well aware of those things. There are natural reasons why doctors don't want to be involved."

She also said pro-life advocates "are opposed to the violence" against clinics. "You can make a case for blowing up Auschwitz if there are no people inside," she said. "We are totally opposed to taking a human life."

Many doctors who do learn abortion techniques in residency often don't use them. "They may feel threatened," Darney says, "or are in practices where their partners don't want them to [perform abortions]. Some simply felt it was more efficient to refer to clinics."

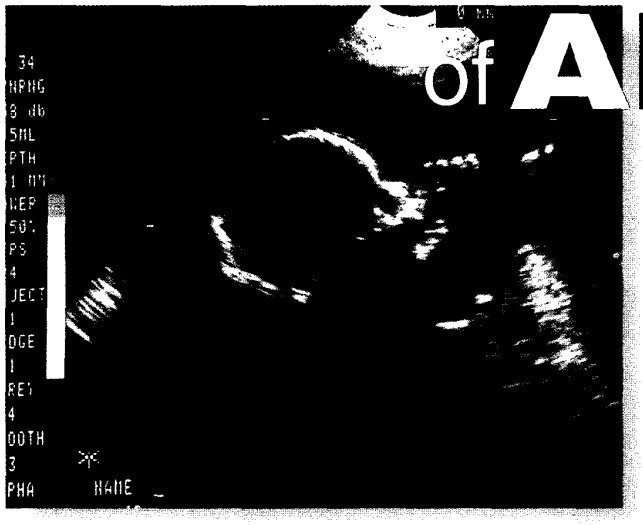
Dr. Trent MacKay, 54, who teaches obstetrics and



gynecology at the UC-Davis Medical School, recalls that when he was a young OB/GYN in Sacramento in the early years after *Roe v. Wade*, "there were towns in Northern California where, literally, it was a 'gentleman's agreement' that, well, we just didn't do that... Abortion certainly hasn't been a high-prestige or well-remunerated procedure. Many younger physicians and certainly residents don't see it as something they have a burning desire to do."

MacKay is the co-author of a landmark study with his wife, Andrea, a public health specialist, of OB/GYN residency programs in 1991 and 1992, comparing the training in abortion with training in 1985 and 1976. The study, which is currently being updated, was conducted under the auspices of the prestigious Alan Guttmacher Institute, a nonprofit corporation that does research and policy analysis on reproductive health issues. "The number of programs with

The Politics of Abortion



Although a majority of Americans are pro-choice, many are uncomfortable with late-term abortions, and the political debate over abortion has turned increasingly on a litmus test involving a rarely performed procedure which pro-life activists have dubbed "partial-birth abortion." While not a medical term, it refers to a procedure that medical authorities say is intended to save the life or health of the mother or because a fetus is so severely damaged it would have no chance to live. Such unusual abnormalities are often not fully identified until fairly late in the pregnancy, and the decision for the family opting for such a late-term procedure is agonizing. But it has been seized upon by pro-life forces with a genius for marketing.

And probably no California politician is more familiar with the results than Assemblyman Brooks Firestone (R-Los Olivos), whose candidacy for the 22nd Congressional District seat vacated by the death of U.S. Representative Walter Capps (D-Santa Barbara), was decimated by a last-minute, well-funded barrage of TV ads paid for by a group called the "Campaign for Working Families." The moderate Republican's campaign manager, John Davies, said his candidate was "partial-birthed" to defeat. Although Firestone's Republican opponent didn't benefit from the ads, neither did Assemblyman Tom Bordonaro (R-Paso Robles) object to them as he defeated Firestone.

The Democratic candidate was Capps' widow, Lois, a retired public-health nurse who is strongly pro-choice. She outpolled both Republicans in the primary but garnered less than the 50 percent vote necessary to avoid a runoff with Bordonaro. The two faced off on March 10th, with Capps winning 53.1 percent to Bordonaro's 45.1 percent. Libertarian Robert Bakhaus polled 1.8 percent.

During the campaign, Capps was targeted by similar ads but took the unusual step of responding with a direct appeal to voters, filmed in her living room, about her views. She said voters were "turned off" by the huge influx of expenditures by single-issue outside groups. "The overall impact is that it turns off voters to the whole process, " she said.

Republican strategists who pressed Firestone to drop his campaign for lieutenant governor theorize that the heavy-handed ads — which were originally so graphic that many TV stations refused to run them until they were toned down — would "backfire" on the GOP, which lost many women voters to Capps in the primary. "They are going to be hard to get back," said GOP analyst Tony Quinn.

For his part, the moderate Firestone, heir to the Firestone Tire and Rubber Company fortune, is still reeling from the congressional primary. Although pro-choice, Firestone does not support so-called "partial-birth" abortions but declined to sign a declaration to ban the procedure, which was demanded by GOP conservatives. Like many moderate Republicans, he expressed concern about the influence of the far right in the party, and he recently announced he would not run for re-election to the Assembly.

"I am a family person," Firestone said in a telephone interview. "My record is quite clear. I oppose the elective procedure of late-term abortion, and I presented a [legislative] amendment to that effect. ...I believe that the traditional, the historic position of the Republican Party is to keep the government out of our private lives, and out of a question that is essentially a moral and personal question." He was especially stunned by the intensity of the ads and believes the type of independent expenditures that made them

some sort of training didn't change that much," said Trent MacKay. "The difference was in those which had routine residency training [in abortion] and those which were optional."

The comparisons were striking and helped to mobilize pro-choice and medical groups to improve training of the new generation of physicians. Of the 26 percent of U.S. OB/GYN residency programs that offered first-trimester abortion training as a routine part of training in 1976, only 12 percent offered that same training in 1992. "Optional" training had also declined, from 66 percent in 1976 to 60 percent in 1992. Those with no training had jumped from 7.5 percent to 29.6 percent (see chart, page 21).

While distressed about the decline in training — and interest — among physicians, Darney, MacKay and other physicians who pioneered abortion services say they are

possible should receive more scrutiny in campaign finance reform.

"They were devastating," Firestone said of the partial-birth ads. "Just devastating."

Bordonaro did not return calls for comment on the ads, but has publicly criticized the influence of independent expenditures on local elections.

Bordonaro

Independent expenditures played a major role in the pivotal congressional election in a district which, until the election of Walter Capps, had not seen a Democrat in office since World War II. The partial-birth ads were countered with ads paid for by the National Abortion and Reproductive Rights Action League (NARAL) mentioning neither candidate but lambasting Gary Bauer and his Campaign for Working Families. Bordonaro also was the target of ads from a pro-term limits group and from the Sierra Club.

Connie Mackey, co-director of Bauer's group, said more independent-expenditure ads from her group can be expected in future campaigns. "Ours is textbook information, where you take the issue, explain the issue," she said of the partial-birth ads. "Our ads don't go after Lois Capps." This came as a surprise to Capps, whose refusal to endorse a partial-birth ban drew prominent mention in the ads, as did Bordonaro's support for the ban.

"The opposition [to abortion] quite frankly has come up with a way to describe abortion such that it will cause average people to recoil in horror," says Kathy Kneer, executive director of Planned Parenthood Affiliates of California. "It is a brilliant marketing strategy."

She and other pro-choice advocates point to a spate of political maneuvers which they say are designed to further erode the legal right to abortion — including efforts to require candidates to agree to a "litmus test" against so-called parital birth abortions in order to receive campaign funding, as the state Republican Party recently did at its February convention, as well as the continuing efforts by many conservative politicians, including Republican gubernatorial candidate and Attorney General Dan Lungren, to require parental consent for under-age abortions and to limit Medi-Cal funding for abortions for poor women. And there is the move by conservative GOP activists to recall California Supreme Court Chief Justice Ron George and Justice Ming Chin because they voted to overturn a state law requiring parental consent or a judge's approval for abortions for pregnant teens.

Capps

Pro-choice groups have tallied 11 bills thus far in the 1998 legislative session which limit or further regulate a woman's access to abortion, including measures to require anesthesia for the fetus, force a woman considering an abortion to have a sonogram of the fetus and view it, and one to ban so-called "drive-by abortions" (the author's term) by placing more restrictions on an already heavily regulated field.

The latter bill, by conservative Senator Ray Haynes (R-Riverside), stems from the death of a woman after her uterus was perforated during an abortion in a Moreno Valley clinic. The physician, Dr. Bruce Steir, has been charged with murder — a highly unusual criminal charge against a physician and the first time a state Medical Board investigation has resulted in a homicide charge. Steir was on probation with the state Medical Board as a result of previous abortion-related complications at the time of the Moreno Valley death.

Haynes, who is staunchly anti-abortion, insists clinics that perform abortions must be more rigidly regulated. "There is always one person who dies in an abortion clinic," says Haynes, "but at the very least there ought not to be two."

The current batch of anti-abortion bills has medical and pro-choice lobbyists mobilizing to defeat them. "Again, it's the practice of medicine by the Legislature," says Charlotte Newhart, chief administrative officer and principal lobbyist for the American College of Obstetricians and Gynecologists in California. "For me, the most frustrating thing is that many of the very same groups who are so anti-choice won't support any of the family planning bills."

Dr. Philip Darney, a nationally recognized professor of obstetrics and gynecology at the University of California Medical School, San Francisco, echoes the views of many physicians about the increasing politicization of legal abortion services. "The Legislature," he says, "should stay away from dictating the specifics of medical practice."

But University of California, Davis, sociologist Dr. Carole Joffe who has written several books on the history of abortion, says it will probably always be the subject of intense public debate. "You can medicalize some issues and take away the controversy," she says, "but abortion will always be tied to social movements."

— Sigrid Bathen

hopeful that the "new crop" of young physicians in medical school today will turn the tide. They cite the presence on many medical school campuses of a group, founded in 1993 after the murder of Dr. David Gunn in Florida, called "Medical Students for Choice," whose 4,000 members are three-fourths female. "More and more medical students and residents are women, and more and more faculty OB/GYNs," says Darney. "Those young women are idealistic, and they've been very effective. They're less likely to be intimidated."

Shelley O'Neill, a fourth-year medical student at the Medical University of South Carolina in Charleston, is one of many who aim to change the lack of abortion training for new doctors. An early member and organizer of Medical Students for Choice, which has chapters at some 100 medical schools nationwide, O'Neill took a year off from her medical studies to work for the Berkeley-based, privately funded organization. O'Neill said she was confronted with general avoidance, hoots of derision and insulting remarks when she tried to organize a chapter at her medical school, where abortion training for doctors was largely nonexistent.

"A second-year student came up to me in the hallway and just started yelling at me, 'How could you start a group that supports killing babies?'" says O'Neill. "I kind of let him yell, and then I asked him if he had ever seen an abortion. He started describing an abortion to me, and it was totally wrong. He was going on about the arms and legs falling off — he'd seen it on a pro-life video. He was halfway through medical school, and he knew nothing about the procedure."

O'Neill said she and a few other students eventually overcame the hostility, and the Student Council's refusal to recognize the group — they had to rename it Students for Reproductive Health and Freedom in order to avoid the loaded word "choice" — and now the group has more than 60 members, half of them men. "A lot of people realize it's not a women's issue, it's a medical education issue," says O'Neill. "They want to be good doctors, and they want this information, whether or not they choose to provide [abortions]. They want it to be a mainstream part of medicine rather than a marginal one."

Patricia Anderson, executive director of Medical Students for Choice, sees a generational "changing of the guard" among physicians who provide abortions. "The previous group of physicians committed to [abortion] services were OB/GYNs who worked in emergency rooms, saw women dying because of illegal abortions and decided they were not going to allow this to occur," she says. "There was a feeling among some in that group that it's a hard job, a dirty job, but somebody has to do it. In the new culture, they consider it a privilege to provide abortion services or any kind of health care services to a woman who is facing an unwanted pregnancy."

Vicki Saporta, executive director of the National Abortion Federation, which helped start Medical Students for Choice — as well as similar groups for mid-level clinicians like nurse-midwives and physicians' assistants, who can legally perform abortions in some states — is optimistic about reversing the provider shortage. She says that "if even half of the Medical Students for Choice become providers, the problem will be addressed."