

Abortion: The view from the clinic

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It was some years before the U.S. Supreme Court legalized abortion in 1973, and it was a fairly typical experience for pregnant and unmarried women of some means.

What I recall most clearly was sitting in the foreign maternity clinic holding my friend's hand as she emerged from the anesthetic. I remember watching the children walk to school in the street below, and the women putting blankets out to air on balconies.

But mostly I remember what she said. Still dazed by the drug, she put one hand on her belly and said, "It's gone." Then she cried.

It had been a safe, legal, medical abortion. There were other American girls and women in the clinic that day, and

Public funding issue before high court

nobody said much to anybody else. The doctor who performed the abortion was American.

It's the fall of 1979, and while the issue of public funding of abortions for poor women awaits a hearing in the state Supreme Court, I'm sitting in a small third-floor office talking to a woman who will have an abortion within the hour.

She is 30 years old, has three children. Her doctor told her she shouldn't have any more. High blood pressure and a heart condition preclude her taking the pill, and she developed an infection with an IUD. So she was using foam, which sometimes fails. She would like to get her tubes tied, but her husband won't let her.

She does not have \$175 for an abortion, so Medi-Cal is picking up the tab. At least for today. No telling about tomorrow. Weeks ago the Legislature eliminated Medi-Cal funding of abortions in all but cases of rape, incest, serious health danger to mother, or when a fetus is severely deformed. Enforcement of that decision was stayed by the Supreme Court, however, leaving full funding in effect until the court can decide if the cuts are constitutional. The debate is heated.

People working with poor and pregnant women say elimination of Medi-Cal funding for abortions may signal — at least for poor women and young girls — a return to abortion methods of the 1960s and early 1970s, before the U.S. Supreme Court legalized abortion. A return, they say, to the days when only women of some means could obtain legal abortions.

In the old days, of course, poor women went to illegal backroom abortionists, and many of them died — if not then, often later. If they didn't die later, subsequent complications frequently required major surgery, including hysterectomy.

The alternative was to have the baby. In which case the women of means may have disappeared quietly, had their babies, put them up for adoption. Poor women sometimes put them up for adoption: more often, they simply had them.

Yet, unmarried poor mothers are generally very young, and the very young are prone to more complications in childbirth than women in their 20s and early 30s. They are less likely to know about proper nourishment and medical care during pregnancy. Their babies often have low birth weights and other birth complications.

And then there is the matter of raising the children. Welfare picks up the tab in many cases. More often than anybody cares to think about, the children are undernourished, neglected, abused, killed.

At the Sacramento Planned Parenthood abortion clinic, where these interviews were conducted, nearly half the abortions are Medi-Cal-funded; Clinic counselors estimate one-third of those are for teen-agers.

Teen-agers like Mary (a pseudonym, like the others), who says she is 15 but isn't quite, who is raising a one-year-old child while finishing high school, who figured when she was 13 and pregnant that "I was just getting fat." She was six months pregnant when she found out what was happening.

This time she knew, but when she went to the clinic for the abortion, they found she was 18 or 20 weeks along and not 12. Planned Parenthood performs only first trimester abortions, for women pregnant 12 weeks or less. Second trimester abortions are more complicated, and more expensive: they are often performed on very young women who didn't understand what was happening to their bodies, or we too afraid to ask, or on older women who didn't think they could get pregnant anymore. They too,

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will be affected by the Medi-Cal cutbacks if the court allows the legislative action to stand.

Mary, who had been using contraceptive foam, was referred to a private physician.

"Many women come in here because of contraceptive failure, says Planned Parenthood receptionist Karol Brownfield, who takes the incoming calls. "It's not that they have some wanton will to get pregnant, although there is some of that."

Because of publicity about complications related to birth control pills and the IUD — two of the more reliable contraceptive methods short of sterilization — many women aware of birth control options are choosing foam, jellies and diaphragms, which are reliable only when used properly. Foams and jells are known to fail even then, and condoms are known to break. Many teen-agers don't know what to use, and have no protection.

"Abortion has been and always will be a very difficult decision for a woman to make," says family planning nurse-practitioner Lorrie Morris. "The tragedy of abortion is that it is never a good decision. It is the lesser of evils, and to take it away from women simply because they don't have the money is grossly discriminatory."

All but 17 states have severely limited publicly funded abortions. The federal government no longer helps fund abortions for poor women. In California, the decision now rests with the court.

Physicians and other health care professionals who work with women facing unwanted pregnancies say the abortions will continue regardless of the Legislature's action or the court's. But they say the human cost for those women and their children, born or unborn, will be enormous.

"We may not see a dramatic increase in maternal deaths," says Sacramento gynecologist Felicia Stewart, a medical director for Planned Parenthood, "but we will see an increase in serious complications.

"If Medi-Cal funding is cut off, poor women will have to borrow the money. I've had patients who have done a few nights of prostitution to pay for it. A significant number of

the teen-agers will share the problem with their families and will be helped, but the abortions will be delayed. The risk of complication increases about 50 percent for each two weeks beyond the eighth week of pregnancy. The teen-agers especially will delay, and that is tragic.

"There will also be the reappearance of cheap, illegal abortions. If you can't raise \$200 but you can raise \$100, there will always be someone around to do a crummy job for \$100."

Ann looks older than her 30 years. She is overweight and tired; her clothes are faded and old. Her three children are staying with a relative while she has the abortion. She will have to go home and fix dinner for her kids after she leaves the clinic.

If Medi-Cal weren't picking up the tab, what would she do?

"I'd guess I'd have to go down to 4th and T (a known

The human cost could be enormous

prostitution hangout). I'd have to do something, and the only thing I'd have to sell is my body."

She talks of the lawmakers arguing about the morality of it all, and she talks about God.

"They're not in my position," she says of the legislators. "They're not living my life for me. Maybe if I were in their shoes, I'd be able to pay for it. But I'm not, and I can't.

"I'm a religious person, and I don't think it's right to take a life. But if you read the Bible, Jesus knows these things are going to come and no man is perfect and it's better to do this than bring a child into this world and leave it on somebody's doorstep or kill it later.

"I remember a lady I used to babysit for when I was a

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teen-ager. She had eight kids and she didn't want the last three. She'd leave the baby there with the three-year-old to watch it. One day the baby burned his hand because something had been left on the stove, and the three-year-old didn't know what to do.

"That night the lady killed the baby. She shoved a piece of cord down his throat. They took the other kids away from her, and she stayed in jail for years."

Peggy is 25, single, resting after her abortion in a clinic recovery room. An unemployed retail clerk, she had no money to pay for it herself. She learned she was pregnant about the time the Legislature voted to cut off the money. "I don't know what I would have done," she said. "I was really scared.

"I just can't afford a baby. I can barely afford to support myself."

And there is Mary, almost 15 and the mother of one. She gets about \$300 a month welfare. After she pays her rent, she has a little more than \$100 for utilities, food and clothing for herself and her baby.

"Enough is enough," she says. "It ain't religion. It's your body."

You ask what she would do if Medi-Cal didn't finance her abortion.

"I'd try," she says vaguely, "to get the money."

Diana Longdon is Planned Parenthood's "surgical services coordinator," which is a nice euphemism for the person who runs the abortion clinic. Suzanne Bedford is the chief clinic nurse. Robyn Marquez is a nurse and counselor. There is a short break in the frenetic pace of the clinic, and they are talking in a small room off

the main entry to the third-floor "surgical suite."

Through the office door, we can see the women come in — most of them young girls, some accompanied by boys, all looking tired and scared and numb. Many of their parents don't know about the pregnancies; because of patient confidentiality rules, they won't find out — unless perhaps there are questions at home about the note from school that they cut classes last week.

"It's terribly difficult for the young women, the 14 and 15-year-olds," says Longdon. "They fear if their parents find out they'll be thrown out of the house or out of school, which are legitimate concerns. Where are they going to get \$175?"

Marquez talks about six young pregnant women she counseled earlier in the week. "I asked how many knew about birth control. None of them did. None of them.

A lot of these young women will say they don't want birth control information because they don't plan to have sex again," says Longdon. "That may be fine for three or four months. "We romanticize sex so much in this society. We're supposed to be swept away on a white rug in front of the fireplace, but it's not always that way."

She looks tired. All of these women in the clinic look tired, staff and patients. the staff says anyone who thinks abortion is a hastily made or easy decision should spend a day with them.

One legislator opposed to Medi-Cal funding for abortions did pay a visit to the clinic. He told one of the counselors the visit was instructive.

But it didn't change his mind.

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