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WHY ABORTION? ENTIRE BOOKLET ONLINE

Why Abortion?

The Myth of Choice for Women Who Are Poor

by Anne Nicol Gaylor

Truly heart-rending stories of women seeking to gain control of their lives. Pregnant women who are poor, ill and disadvantaged continue to be denied the abortions they seek, indeed, plead for. Obviously, if a woman is too poor to afford an abortion, she is much too poor to afford a child, yet the pro-natalist mindset of her government ignores her pleas. Contains the entire text of "What Does The Bible Say About Abortion?" debunking religious opposition to abortion.

IN APPRECIATION

In addition to my personal cheers for the Thanks Be to Grandmother Winifred Foundation for its concern for women, I wish to acknowledge two decades of generous help from Prof. Robert West of the University of Wisconsin, a co-founder of the Women's Medical Fund, a volunteer charity assisting needy Wisconsin women in paying for abortions.

Thanks also to the Evjue Foundation, that liberal, charitable arm of Madison's evening newspaper, The Capital Times, for grant support over the years for the Women's Medical Fund.

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Special thanks are due Women's Medical Fund Board Members and long-time supporters: Kay Elwers, Hania W Ris, M.D., Annie Laurie Gaylor and Paul Gaylor.

The Women's Medical Fund especially is indebted to the hundreds of donors who have sent in their checks so faithfully for so many years on behalf of some of Wisconsin's neediest women. These are women whom donors and benefactors do not know and will never meet, but who join me in this thank you.

Anne Nicol Gaylor
Administrator, Co-Founder
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Foreword

My favorite story—apocryphal, I'm sure—has to do with the intake procedure of a small mental hospital with many referrals and little space. In deciding if they could assist a prospective patient—if someone really needed help—hospital personnel had devised a unique test. The prospective patient was placed in a room, equipped only with a faucet with water running and a mop, and was left to cope. Those who mopped and kept mopping were institutionalized; those who coped by turning off the faucet passed the test.

The faucets are on all over our country and the mops futilely are being wielded. Burgeoning population, unbalanceable budgets and the multiplication of poverty are inescapable facts.

Yet pregnant women who are poor, ill and disadvantaged continue to be denied the abortions they seek, indeed, plead for. They are passing the sanity test; they are attempting to control their lives. Their government keeps mopping away.

In the United States today there probably is no arena of social service where the victimization of the poor is more apparent than in the treatment of women living in poverty who want and need abortions. Obviously, if a woman is too poor to afford an abortion, she is much too poor to afford a child. She becomes trapped in the welfare cycle. Denied the abortion she wants and needs, her own life will be changed irrevocably. Her opportunity to be anything but a welfare mother may be gone forever.

An early abortion, up to 10 weeks gestation, costs about \$250-\$300. A typical delivery costs ten times that amount. If there are complications in childbirth, more apt to occur among low income women, the costs may be 40 times the cost of an abortion for a Caesarean section and its accompanying lengthier hospitalization. Children born to welfare families must be supported by the public, frequently to maturity, often for life.

To put costs in perspective, consider the woman living in poverty who is told the fetus she is carrying is abnormal—an undeveloped brain stem, for example, or intestines developing outside the body. In most of our states even gross fetal abnormality does not qualify the pregnant woman for an abortion. Hospitalization costs for two or three of these doomed infants can exceed the costs of paying for all the poor women needing abortions in a state for a whole year.

To deny any pregnant woman the abortion she seeks is morally unacceptable. It can be fiscal insanity as well.

Our country is at a saturation point. We not only are deeper in debt than we ever have been as a nation, we have more poor people than we ever have had. To deny the choice of abortion to women trying to control their reproductive lives is intolerable folly. It is discrimination; it is inhumane.

This booklet is my personal plea that women who are poor have the same opportunity to control their lives that women of means now have. I am trying through this booklet to make the truly heartrending stories that I have dealt with over and over again for so many years known to the general public, at least in some small way. The myth of abortion-for-convenience needs to be put to rest. The pro-natalist mindset should be challenged.

The moral and legal right of any woman to control her own reproductive life must be affirmed.

CHAPTER 1

Introduction to Activism

A quarter of a century ago, in the late 1960s, I became an abortion rights advocate.

As editor of a small, struggling suburban weekly, which I co-owned with my husband Paul, I wrote the first editorial ever written in Wisconsin in support of abortion law reform. It was somewhat tentative, urging that abortion be recognized as a legal and humane alternative in the exceptional cases of pregnancy from rape and incest or of the extreme youth of the pregnant girl. The editorial concluded: "Surely kindness and reason will one day be the yardstick in deciding the legality of abortion, and personal tragedies will not be compounded because of laws made long ago by ignorant men."

There were a couple of newspaper cancellations as a result of the editorial (presumably by "ignorant men"), but because the idea of legal abortion, or even a public discussion of abortion itself, was so new to most people in the community, the editorial was not taken very seriously. In fact, to my surprise, most of the modest amount of feedback was positive, even admiring. I remember with pleasure one letter writer who sent a new subscription with the note that any business willing to go out on such a limb deserved his congratulations and support.

There was no organized opposition to legalizing abortion in Wisconsin at that time. The state legislature, dominated by Catholics, was still fighting over liberalizing the country's most archaic contraception law. So for the most part my editorial and subsequent writings on the subject of abortion simply were shrugged off by potential adversaries as bizarre ideas not worthy of response.

To keep the issue before our small public, I interviewed and featured in our paper a Unitarian clergyperson from out-of-state, "on loan" to a Madison congregation, who was an early activist in the Clergy Consultation Service for Problem Pregnancies, which at the time was active in New York, Los Angeles, Philadelphia and his home city, Cleveland. What surprised me most about his story was the sheer numbers of women seeking abortions. In the first two weeks after the Cleveland counseling service was announced, three

hundred women asked for help. The average weekly number after that was 100. This was my first real awareness of the scope of the problem—all those unplanned, unwanted pregnancies.

I decided in 1969 to test the professional waters and sent a survey form into adjacent Madison, Wisconsin to medical doctors, asking their opinions on legalizing abortion, and printing the results in the paper. Here again, the outcome was surprising. Of the 281 physicians responding, 243 wanted abortion law reform. Forty-one per cent favored complete legalization with the decision left to the woman and her doctor. Forty-five per cent wanted liberalization of the law, 12.6 per cent thought there should be no change, and three of the physicians favored a more restrictive law. Since Wisconsin law in 1969 allowed abortions only to save a woman's life, I could not help but wonder about that trio of misogynists.

At that time three or four states had liberalized their abortion laws with the focus on therapeutic abortions. Abortion law reform had been introduced in a dozen others. A Wisconsin bill, authored by Representative Lloyd Barbee, a black Milwaukee legislator, was in committee where it was destined to stay. We did a feature and photo of Rep. Barbee and his bill for the paper. Barbee recalled that when he first tried to introduce his bill in 1965 he had trouble even getting the Speaker of the Assembly to announce and read it, a requirement. Then, Barbee wryly noted, there was "a lot of snickering and tittering on the floor" in that conservative male milieu.

Late in 1969 I asked some professional people from Madison to be on the board of a Madison chapter of the Wisconsin Committee to Legalize Abortion. Several kind men and women agreed to lend their names. We were both an educational and a lobbying group, working for hearings on the abortion issue. I took a clipping service for Wisconsin papers, and every time abortion was mentioned I used the opportunity to get an educational letter off to the daily or weekly, finding new contacts. Speaking invitations came in and I was the first guest on many radio and television shows devoted to the abortion issue. Calls would flood in on this "new," controversial issue. I remember one small town where the hostess and I ended up just chatting with each other. Not a single call came through. I had this impression of listeners out there sitting in stunned paralysis at the very word abortion.

In 1970 we sold our weekly, and for the next decade I turned my attention to volunteer work, while my husband provided for us all.

A critical court decision was handed down in Milwaukee in 1970 where a physician had been arrested for doing an office abortion. The federal panel of three judges ruled that Wisconsin could not prosecute a physician for performing an early abortion, knocking out most of Wisconsin's old law. It was a propitious time for advocates to become visible with some eighty other challenges in state and federal courts across the country.

My most practical involvement as an activist came about through my membership in Zero Population Growth. California scientist Paul Ehrlich's message was sweeping the country I joined ZPG because of its position on women's issues, as well as my own conviction that the planet would be breeding itself into oblivion if pro-natalist policies continued.

Under the auspices of ZPG and with the help of a couple of friends, I started the ZPG Referral Service, placing an advertisement in the Madison dailies. The ZPG ad read: "Abortion is legal and available in Wisconsin. If your doctor won't help, contact the Zero Population Growth Referral Service." ZPG's post office box and my home phone number were included. The ad ran on August 12, 1970, and by the end of the month, I had taken 93 requests for help.

I referred women to Mexico, to some U.S. hospitals for therapeutic abortions and to New York City when those clinics became available. I had information for Japan and England as well as the Chicago underground, but unlike those who preceded me, in other referral services, I did not have to use it. Then in 1971 Dr. Alfred Kerman, a gynecologist at the University of Wisconsin Hospital, left his teaching post to open Madison's first clinic.

Our referral service had been picked up for listing in the new book *Our Bodies, Our Selves* as well as other publications, and my phone rang day and night. It was literally difficult to get out of the house on an errand—frequently I started for the door two or three times before making it. Only plutocrats had answering equipment in those days. Little did I suspect in fielding these early requests that I would speak with more than 40,000 women who needed help in the years ahead.

I kept notebooks with brief information about each caller and the disposition of the call. There were as many as three dozen requests in a 24-hour period. This kept up until well after *Roe v Wade*—until abortion became generally available in most states.

The flood of sad stories from women as old as 52 and as young as 11 has left me forever non-judgmental toward those faced with unwanted pregnancies. I continue to be impressed anew with women's patience and fortitude in overcoming odds and barriers that in their private worlds must loom up like the Rock of Gibraltar. My tolerance for antiabortionists—especially those thoughtless magpies led by male bullies and terrorists—has become zilch. Without the choice of abortion, women can not be free.

It is my fervent belief that if the American people knew of the tragedies that are occurring because of the cutoff of public funding for abortions, there would be public support to help them—indeed, there would be a public outcry insisting that they be helped.

CHAPTER 2

Launching the Women's Medical Fund

Prior to the Roe v Wade decision, Prof. Robert West of the University of Wisconsin Chemistry Department, his wife Peggy and I were discussing a particularly sad situation where a very young, disadvantaged girl needed to go to New York. The Madison clinic could accept only about 100 patients a week, and as the only freestanding clinic between the east and west coasts it was receiving more than 1,000 calls a week. So unless someone made her appointment very, very promptly she just didn't get in the Madison clinic.

"We should start a fund," Bob said, "to help some of these women."

"Oh, Bob," I replied. "That fund would always be running out of money."

"But we'd help some," he persisted. And so, in 1972, the Women's Medical Fund was born and incorporated, and over the years has helped more than 5,000 women.

And, yes, it always does run out of money. No private fund possibly could meet the need; it is a public problem. But we were able to help thousands avoid personal tragedies.

We pooled some money and started asking friends. And I began my two decades of letter writing describing the requests that were coming in, the great need, and asking for contributions. When public funding started to pay for women on welfare in the mid-70's, the Fund was able to cut back, although, as we learned, there were many low-income women who did not qualify for public assistance.

Then the Hyde Amendment was passed with its dictum of no federal funds for abortion. Surprisingly, from a legal point of view, it was held constitutional by the U.S. Supreme Court. I had thought that if a state did not choose to pay for deliveries, then obviously it could refuse to pay for abortions, but I could not understand the legal rationale that precluded choice for those who were poor, for a less expensive, safer procedure. If abortion rights supporters had won this round, I think the antiabortionists would not have been encouraged to go on. Even zealots need a victory now and then, and their efforts up to that point had been repudiated in the courts. As a result of Hyde, there were to be no more abortions for the poorest women in most of our states, unless individual states decided to pay or help was available from private sources.

As Justice Thurgood Marshall wrote: ". . . for women eligible for Medicaid—poor women—denial of a Medicaid funded abortion is equivalent to denial of legal abortion altogether."

The Fund helps women who qualify for public medical assistance for the most part, although any tragic case is eligible to be considered. Believe me, you can be poor and not be on welfare! Referrals are made by social workers, teachers, counselors, probation officers, hospitals, doctors, nurses or clinic staff. Typically, clinics will give reduced rates to women on public assistance, so early abortion can be affordable. Usually, the total cost is \$200-\$250, and I urge the woman to find half the money she needs. If that's impossible, as it often is, I ask her to find something—even if it is just \$25 or \$35. An application is filled out for each woman helped and the check is made payable to the clinic or physician to be sure the money is used for the intended purpose. Although most of the money is given as a gift for the woman, a few offer to repay, with the Fund typically receiving \$2,000 to \$3,000 annually in paybacks.

The Fund is completely volunteer. There are no salaries, no rent, no overhead. Phone, postage and printing costs are contributed. The service simply follows me around, at my home or office. Since outside costs involve only minor fees to state agencies, bank charges and an annual audit, the charity is very "pure," with donors getting the best possible return for their contributions.

Bob West believes the Women's Medical Fund is the oldest continuously operating fund of its kind in the country. Since there is so little publicity about private funds, and consequently so little communication on the subject, we're not sure. However, we did precede Roe v. Wade and never quit.

CHAPTER 3 Why Abortion?

After affluent, well-nourished Henry Hyde, a United States Congressperson from Illinois, succeeded in halting federal funding of abortions for needy women, that law, upheld by the United States Supreme Court, set into motion tragedies that occur every day. Women who are homeless, who are abused, battered, raped, or who have serious illnesses or are carrying defective fetuses no longer have the choice of abortion.

While a few states decided to appropriate state monies for the purpose of assisting needy women tragically or inappropriately pregnant, most of them did not, with the result that in much of the United States the pregnant woman who is poor is destined to reproduce, no matter how critical or deplorable her circumstances may be.

The reasons most poor women seek abortions are compelling, and their stories, for the most part, go untold. In my extensive counseling and referral experience, I have found the following are the most common reasons women ask for help in securing abortions.

The pregnant woman who is poor seeks abortion because she can not take care of herself and the children she has. Most of the pregnant women helped by the Women's Medical Fund have children—many with two or three, some with as many as 10. Another birth will draw the family deeper into poverty.

She is a battered woman. Battery is as common as ragweed, and anyone should understand that a woman who has just had her teeth loosened or requires stitches in her head because of battery does not want to produce that batterer's child.

She is pregnant from rape or incest. Although some states say they will pay for abortions for women on welfare when pregnancies result from rape or incest, in actual practice relatively few ever are paid for. The typical requirement that it is not adequate to report to a physician, or to a health department, but only to police, means most rape goes unreported. This is understandable. Many police departments still treat very badly those women reporting rape, and, even more intimidating, a woman who is afraid of her rapist, if he is known to her, is not going to tell police about him out of fear of retribution. Twelve and thirteen-year-old incest victims are not about to name "daddy" or "uncle" or their mother's new husband to police. Reporting requirements need to be changed. In Wisconsin where state monies are supposed to pay for abortion in instances of rape, incest and serious threat to the woman's health from a pre-existing medical condition, in all of 1992 only six abortions actually met the stringent reporting and eligibility requirements. It is simple for antiabortion bureaucrats to circumvent the intent of the law.

She is pregnant and ill. Although some states make provision for abortion payment for serious illness of the woman on welfare, here again in actual practice, few qualify. The Women's Medical Fund has paid, in part or in full, for abortions for women on welfare carrying the HIV virus, testing positive for tuberculosis, having serious gestational hypertension, recovering from major surgery, having repeated C-sections, even for a woman in a wheelchair.

She is carrying an abnormal fetus. This is not rare and includes spina bifida, Tay-Sachs, encephaly (brain not developing), Down syndrome, organs developing outside the body, intestines in the chest cavity and other abnormalities incompatible with life. Because of the Hyde Amendment, many very needy women have had to carry these pregnancies to term, at risk to themselves, producing an infant that will die at birth or soon after, or may suffer from a devastating, degenerative illness causing great anguish to the child and those around it. Even when everyone involved knows that continuing such a pregnancy can only result in tragedy, the dictum holds—there is no public funding for these women.

The pregnant woman abuses alcohol and/or drugs. In recent years the devastating results of fetal alcohol syndrome have been documented. Alcoholics and drug addicts are impossible parents at special risk of producing brain-damaged children. Here again are women unable to take care of themselves.

The pregnant woman is homeless. Increasingly, women are leaving big city ghettos, with their children, in search of safer lives in safer cities. Often they will call the Women's Medical Fund from some temporary shelter asking for help in securing an abortion.

The needy pregnant woman seeks abortion because her husband or partner is incarcerated or because she herself is in jail or prison.

It is a temptation for many people to shrug and blame the woman who is pregnant. "Why doesn't she just use birth control?" they ask, forgetting what an imperfect art that is. Condoms break, condoms slip, the pill—especially the low estrogen content pill—just does not

work for all women. Birth control pills may fail if someone is put on an antibiotic, or changes pill prescriptions. Diaphragms, sponges, spermicides all have impressive failure rates. Our most effective birth control method, sterilization, is not available in all areas, especially in those communities "served" by Catholic hospitals. Even when available, there are waits and substantial red tape. A 19-year-old with four children, for example, does not qualify for a tubal ligation until she is 21.

It is quite common for middle class people to apply middle class values to women who are poor. You can't do it; it doesn't compute. You can not expect the woman who grows up in poverty, who may or may not have finished eighth grade, whose only role model is another welfare mother, to be scrupulous about sex, or using effective contraception. Just be glad she has the common sense to recognize that she will never improve her situation by having more children when she can not as yet support herself. She makes a very moral decision in opting for abortion, and she should have support—not roadblocks thrown in her way.

CHAPTER 4

Who Are the Women?

(All names are fictitious)

"My five-year-old was suspended from kindergarten," 31-year-old Shelley Wood said, explaining the presence of her noisy child at home on a school day "He throws chairs around and hits the teacher and pushes the other children."

Shelley Wood is an alcoholic. She can't hold a job. In the past she has worked as a cleaning woman, a laundress and an unskilled worker on an assembly line in a shirt factory. She would like to be a nursing assistant, but has lived the past few years on public assistance. Her children, all of whom have different fathers, are 9, 5, and 1.

Her current pregnancy is by a married man who has beaten her "three or four times."

The father of her year-old child was on drugs and supporting his cocaine habit by stealing—strongarm theft and burglary. He is now in prison, a 13-year sentence. The whereabouts of the fathers of the two older children are unknown; Shelley has never received any child support or moral support from the men who impregnated her.

Shelley was arrested recently. She described it: "Me and a friend were sitting around drinking beer, and my friend said she'd like some more, and I said I would pay for it if she would go and get it. So I gave her \$20 and told her to bring me the change. Well, she went to get the beer, but she didn't come back. She spent my money on crack. And when I went to ask her where my money was, she pulled a knife and I got cut. I hit her two or three times. I was charged with battery, but they changed it to disorderly conduct."

The "friend" also is an alcoholic, as well as a hard drug user. She is 28 with three children, who are being taken care of by their grandmother.

Originally, Shelley's sister was going to help her pay for an abortion, but she had not paid a utility bill and "her lights were turned off and she had to use her money for that."

Shelley's abortion cost \$250. Shelley found \$50 and the Women's Medical Fund paid \$200.

And the suspended kindergartner? He probably was damaged by his mother's alcoholism, to say nothing of his family's way of life. Shelley's year-old baby, as the offspring of an alcoholic mother and a cocaine addicted father, also is damaged.

Unlike many of the women helped by the Women's Medical Fund, Shelley has a high school education. She says she does not use drugs. If she could control her drinking and her fertility, her life probably is salvageable.

But what of the children?

And suppose Shelley had had to carry this pregnancy to term. What of the terrible cost—social and economic—to her, to the children she has, to society?

"Take it away, I don't want it, I don't want no baby!"

Vicki Clark, 15, is one of seven children, the "baby" of her family. As a seventh grader, she had a baby at age 13.

That baby came as "something of a surprise," according to Vicki's mother.

"We knew Vicki had been raped," her mother said, "but the test was negative. A couple of boys followed her and a classmate home from school. But the girls told me about the rape, and we reported it to the police and took her to the sexual assault clinic and to the doctor. She was terribly upset, but she had all the tests and they were negative."

Vicki is no stranger to doctors. Born with a bone displacement, she has had six painful surgeries over the years, with accompanying skin grafts, starting at age 4. But despite her office visits, no one picked up on the pregnancy.

"She was so young," her mother explained.

Vicki was afraid after the rape.

"She was afraid to go to school, so I walked with her every day, all the time. She would never go by herself. Then one day my daughter at home called me and said, 'Mama, Vicki is in a lot of pain.' So we took her to the hospital thinking maybe it was an infection, and they said, 'She's in labor!'"

Vicki scarcely realized what was happening, her mother said. After the birth all she would do was cry.

"When they showed her the baby she cried, 'take it away, I don't want it, I don't want no baby!'"

Vicki and her mother would have preferred that the baby be released for adoption, but Vicki's maternal grandmother persuaded them to take it home. As a baby of color as well as the product of rape, its chances for adoption were negligible. The grandmother thought it would be doomed to institutional care or a series of foster homes. Vicki accepted that the baby would be around, but has shown no attachment to it. Her mother is its caregiver.

Two years after the birth of her "rape-baby," Vicki, now a 15-year-old ninth grader, got pregnant again. The boy, also a student, was using a condom, Vicki said, and she told her mother immediately after her missed period, asking for an abortion.

"I just didn't know what we would ever do," her mother said. "I didn't know where to turn." Public medical assistance, which pays for medical care for the needy, including delivery, does not cover abortion in Wisconsin, as is true in three-fourths of our states. There was no help to be had from the boy involved, or from his family.

Vicki's exhausted mother, a single parent, was "at my wit's end." An older sister of Vicki's, who had lived away from home for several years, had become "strung out on drugs" and her three children had nowhere to go except to their grandmother.

When Vicki's mother phoned the Women's Medical Fund for help, she summarized her family's situation: "I have Vicki who is pregnant, and I have Vicki's baby, just two years old. And I am taking care of another grandchild who is handicapped—kind of like retarded. Then there is my daughter on drugs—her children are with me and they are 9, 6 and 5. I just can't take any more children."

So Vicki had her early abortion for \$220, a reduced rate. Her mother paid \$100; the Women's Medical Fund paid \$120.

It was discovered that Vicki had syphilis for which she is being treated. She also is scheduled for Norplant, which, if tolerable, should give her protection against pregnancy for four or five years. Her tests for HIV are negative.

Vicki is relieved that the pregnancy is over, her mother reported. "She had really gotten very low before the abortion. She was sick from being pregnant and more out of school than in school. Things are better now."

"The children are not thriving."

Twenty-year-old Dorothy Miller came to Wisconsin from somewhere in the south. She brought her four children. Intellectually slow, she is tiny and thin. She has only an eighth grade education and became pregnant at age 15. She had two children by the same man,

a girl and a boy.

Then she married, and two more children followed quickly, just a year apart. That man deserted her and the children, so she came to Wisconsin where a brother lived.

She was enrolled for public assistance, and in a short time two of the children were taken from her and placed in foster care. The youngest weighed the same at four months as it had at birth. "The children are not thriving," her social worker said. When the Women's Medical Fund was contacted on Dorothy's behalf, her children were 4, 3, 21 months and 11 months and Dorothy was pregnant again.

What will happen to Dorothy? She was able to get an abortion with the help of the Women's Medical Fund, but what does her future hold? Probably she will get pregnant again. She would consider a tubal ligation, but there is no way to pay for one. Public medical assistance, which pays for childbirth, will not cover a tubal until the woman is 21. Then, frequently there is little support for her decision; often there is active opposition. And there are delays in scheduling. Over and over again women get pregnant while waiting for their tubal appointment.

What will happen to Dorothy's children? Probably they will spend some more time in foster care, and then go back to their mother who can not really care for herself. Then it will be back to different foster homes. The script is written. And how will children, who have so many strikes against them, be able to develop, to learn, to compete. They are society's throwaway children, who do not even have the questionable stability of an extended family.

"They told me I wouldn't get pregnant"

Debbie Moore, 22, has a deformed uterus. "They told me I wouldn't get pregnant," she said. But Debby, a high school dropout who is unemployed, did conceive. On a prenatal visit she discovered that the fetus she was carrying was not developing normally.

The medical scan showed a grossly abnormal fetus with a body wall defect, a mass on the abdomen, and defective bone structure including a badly arched spine.

Although Debby was enrolled for public medical assistance which covered her prenatal care and would have covered a delivery, by legislative fiat it would not cover an abortion, even for this tragic, genetic problem.

The Women's Medical Fund paid a \$250 down payment to get Debby admitted to a hospital where the second trimester abortion was performed. Debby will be responsible for the remainder of her \$2,000 hospital bill.

"I was trying to get a relationship"

Rita Werner came from Mississippi to Wisconsin nine years ago to help her sick "auntie" with her huge family. Her aunt died of a heart attack at age 37, leaving 14 children. Rita stayed on in Wisconsin, had two children, got her high school diploma and was studying accounting when she became pregnant again. "I knowed this man for like six months," she said. "I was trying to get a relationship. But when I told him I was pregnant he jumped on me and beat me. I was bleeding pretty bad, and they took me to the hospital and put eight stitches in my head." There is a restraining order out on Rita's batterer. She got her abortion with the help of the Women's Medical Fund.

A problem with religion

Marie Douglas is the 26-year-old mother of five children. They are 11, 8, 5, 2 and 7 months old. All were born by Caesarean section. There are three different fathers, none of whom helps with the children.

Marie wanted a tubal ligation at the time of the birth of her last child, but she was in the clutches of a Catholic hospital and Catholic physician. The Women's Medical Fund paid the full cost of her abortion and has encouraged her to change her medical providers—not necessarily simple to do—so that she can get the tubal she wants and desperately needs.

Wisconsin has always taken better care of its cows than its women. Can you imagine a farmer forcing a cow to have repeated surgeries! Lack of access to sterilization is a real problem in rural and small town communities where the only hospital is controlled by Catholics.

A doomed woman

At age 30 Meg Martin is the mother of four children, 13, 12, 9 and 5. She receives public assistance due to mental illness. She is of low intelligence and was a drug user. In 1989 she was diagnosed as HIV positive. Her children have been taken from her. Three are in foster care, and the fourth, her little boy, is institutionalized. He was badly beaten by his father and is blind and deaf as a result, essentially a vegetable.

Who, possessing a modicum of good will or common sense, would want this doomed woman to be forced to reproduce?

"He came in through the window"

Celia Johnston is 18 years old. She dropped out of school in the ninth grade. Her children are three and nine months of age. Her three-year-old's father left when his daughter was born. The father of the nine-month-old has become violent, and she has asked that he stay away. He recently beat her outside her home and left her with face and arm bruises.

Two months before she contacted the Women's Medical Fund, the violent boy friend appeared again, breaking into her apartment at night and raping her.

"I had a first floor apartment, and he came in through the bathroom window. I couldn't get him to leave. He said he was staying for good. My son was there and scared and crying, and I told him to go back to bed. And then I was raped."

Celia went to a battered woman's shelter, where she reported the rape. The major cost of her abortion was paid by the Women's Medical Fund.

"I don't need no more kids"

Vera Lacey is 31 with four living children, 5, 3, 2 and 2 months of age. The children have two fathers, neither of whom is around any more. Vera was using a low estrogen content birth control pill and got pregnant anyway. This is her seventh pregnancy. All of her pregnancies have been difficult because she suffers from gestational hypertension requiring medication.

Her first two pregnancies ended in stillbirths with malformed infants. One living daughter has Urb's Palsy—"She got stuck on the pelvic bone," Vera said. It is a permanent injury with one arm longer than the other. Another child has a shoulder problem and her two-month-old was born with a fractured chest. Vera recognizes she should not be pregnant again. She is eager to have a tubal and protests the waits, interviews and red tape. "Whatever I have to do, I'll do it," she said. "I can't count on the pill working for me, and I probably shouldn't be taking it anyway I don't need no more kids."

The Women's Medical Fund was able to help Vera, but her medical problem is an example of the kind of condition one would assume would be covered for therapeutic abortion under a public medical assistance program, but is not. Multiply her plight by the hundreds, if not thousands, to get an idea of what is going on in medical care for the pregnant poor in most of our states.

All health insurance should cover abortion

Shirley Kemp is a 24-year-old housewife with children 5 and 3. Her unplanned pregnancy was financially troubling, but with her husband's steady, blue-collar job, they thought they could manage. Then, in her fifth month of pregnancy, she was informed of a neuro-tube defect, a diagnosis of fetal spina bifida.

The insurance her husband's company provided would cover delivery, but not a therapeutic abortion, even in this instance of a grossly abnormal fetus.

Like most young couples, the Kemps live from paycheck to paycheck. Medical emergencies, they had assumed, would be covered by insurance. Nowhere could they find the \$1,000 for a late clinic abortion to say nothing of the \$2,500 a hospital was quoting.

With a gift of \$300 from the Women's Medical Fund as a down payment, they agreed to make monthly payments to the physician who performed the 19-week abortion.

Here again, insurers and government agencies failed the needs of women and their families. All health insurance should cover abortions, elective or therapeutic. But the fiscal folly of refusing to pay for an abortion when delivery will result in a grossly abnormal infant and much higher hospital costs simply must be recognized. Pregnancy is difficult enough when a woman is carrying a healthy fetus and can expect a normal outcome. The psychological and physical damage to a woman who is forced to complete a doomed pregnancy is immeasurable.

Compounding tragedy

Ann Fischer, a sweet-voiced welfare mother of two children, contracted syphilis from her boyfriend. In a visit to a clinic to be treated for the disease, she learned she also had contracted the HIV virus. She was not aware of her partner's drug use, and only since their breakup knew that he was "messing around."

Now in her second trimester of pregnancy, she has developed anemia. But her abortion can not be paid for with public funds because the male bureaucrats who administer the programs for the poor have decided that only those who are "AIDS-symptomatic" may have an abortion paid for.

Ann's abortion was paid for in part by the Women's Medical Fund. In a case such as hers where the pregnant woman tests positive for HIV but has a normal T-cell count, the callous bureaucrats defend their refusal to help by quoting the statistic that there is "only a 30% chance" of the fetus being infected. Thirty per cent may not be high odds in some frivolous undertaking, but it is rather awe-inspiring when we are talking about AIDS. Even if a future AIDS-doomed child is not created, what is created is an orphan, and it is done at the expense of the health of the woman whose AIDS-onset may well be accelerated because of the physical stress of pregnancy.

Wouldn't you think it would occur to the bureaucrats that you are not going to contain an epidemic by creating new victims?

"I would have no place to go"

The antiabortionists are pushing for parental consent in all our states, because of the chilling effect. The teenager on bad terms with her parents is simply not going to take them on.

Andrea, 14: "My mom had me when she was 15. She is always telling me not to make her mistake. She told me if I did she would kick me out. I would have to leave home, and I would have no place to go. My stepfather has lived with us for eight years, but he only married my mother a year ago. We don't get along. This would make things worse in every way."

Tara, 16: "What would happen if I told my parents. I would get in a lot of trouble. I'm not sure what would happen, and I don't want to find out. I was told last summer that I would get put out in the street if I got pregnant."

Tanya, 14: "What would my mother say? She'd whup my little black ass. There are five of us kids at home, and I already have a seven-month-old baby."

Very Bad Soap Opera

Irene Sorensen's life story reads like a very bad soap opera. At 31, she has had two husbands and a live-in partner. They have left her with seven children.

Irene only completed ninth grade. "I got in with the wrong crowd," she explained. "The first time I got pregnant I wasn't living at home, but staying at a friend's house. I was just 16. We got married, but he was an alcoholic, very abusive. My second husband turned out

to be a drug dealer—he was a big hood in this area. His visiting rights were taken away when he hurt the kids, swinging a baseball bat, and slamming our son in the car door."

The live-in partner, responsible for her current pregnancy, was also violent. "I finally got a restraining order and he was arrested. He was doing things like breaking windows trying to get in the house, and once he threw a knife into the front door. He even wrote in blood on the porch."

Think of the terror children of these alliances must experience with abuse, alcohol, drugs and violence a part of their daily lives. How do you wipe out memories of a father swinging a baseball bat at you or shutting you in a car door, or breaking windows to get into your house?

Antiabortionists and bureaucrats would deny abortion to a woman like Irene who is making a decision moral for her, moral for the family she has, moral for society. Her seven children are 14, 12, 11, 8, 6, 5 and 3 months. Clearly she does not need any more children!

A very large share of the blame for social problems in the United States rests with our federal and state governments which literally force the pregnant poor to remain pregnant. Irene said she was using a spermicide; obviously, like so many contraceptives, it failed. All methods do fail; the backup of abortion to prevent unwanted births is critical.

Right now, all over the land, poor women in urban slums, in small towns, in rural areas are carrying through pregnancies they do not want, that they cannot cope with, that they would have ended had medical assistance been available to them. What is the harvest of this blind, pro-natalist government policy? It means, in the cases of drug and alcohol abuse, that babies will be born damaged. Others will be born to neglect and abuse, unable to compete in school and in life. How can such children not feel hopelessness and rage? All children need someone to love and respect them.

The Women's Medical Fund paid for \$120 of the cost of Irene's abortion. She borrowed \$55 with the total cost reduced to \$175. All of us can be glad that Irene did not have to have unwanted child number eight.

The stories of women in these pages are not "worst case scenarios." They are typical; they are women recently helped by the Women's Medical Fund. They are not even the most poignant stories. For me, the saddest recent case was that of the pregnant 13-year-old girl, "a good student," who was living in a crack house with her drug addict mother and her baby sister. Stories of the worn-out mothers of huge families could fill pages—a recent example is the 35-year-old mother of ten children: 18, 16, 14, 11, 9, 6, 5, 3, 2 and 10 months. And then there is the pregnant woman whose address is the county jail.

Compassion demands that these women be helped, that our antiabortion policies be changed for the good of women, of their families and of us all.

APPENDIX A

Writing Letters

A common question asked of the Women's Medical Fund is "Where do you get the money to help these women?"

My answer, "We beg!" No public monies, of course, are available for this women's cause, so three times a year I send letters to our list of donors—dozens of whom have been with us since the Fund was launched.

Letters go out on the anniversary of Roe v Wade, January 22; on Mother's Day, in celebration of motherhood by choice not force; and, on the anniversary of women's right to vote, August 26. That last seems especially appropriate since the right to vote and other women's rights, such as equal pay, do not mean very much if you're having a baby every year.

Women's Medical Fund, Inc.
P.O. Box 248, Madison, WI 53701 Telephone (608) 256-8900

April 25, 1992

Dear Friend of Women,

Help, help, help!

Our Mother's Day appeal has turned into a pre-Mother's Day appeal because of the great need. The Women's Medical Fund is totally out of money, and the sad, sad stories keep pouring in. Today I agreed to help, out of future income, an Asian woman who thinks she is 14 (birthdays aren't important in her culture). She has two children, both born in 1991: one in January and one in December. She shares a two-bedroom apartment with other family members—there are eight children being cared for in that small space. She is "married," according to her culture, but of course not old enough to be legally married in Wisconsin. The social worker described her as a "bright girl who wants to finish school." She is having Norplant; hope it works.

I just turned away a woman with five children. She is in her second trimester of pregnancy, and the amount she needs is just too great. She is 26; the kids are 10, 8, 7, 5 and 2. When I asked why she had never considered a tubal, she said she had lost her personal medical coverage because of some support money for one of the children. She said she had been stabbed with a knife by the girl friend of one of the children's fathers when she took him to court. It looks like child number six will be born into this ghastly situation.

The Fund will be helping, from future donations, a married woman with seven children who comes from a heavily Catholic community. The kids are 15, 14, 12, 9, 6, 4 and 2. She promised to have a tubal; she has public medical assistance. She wanted it at her last delivery, but you know Catholic hospitals. She will go elsewhere for the tubal.

We've agreed this week to help a couple of teenagers whose boyfriends are in jail—I hear that so often when I ask, "Can the man involved help you?" Even when he's not in jail, he rarely will help, or can help. Many times I hear, "He told me he wants me to stay pregnant. He wants a boy" Another familiar story is the girl or woman who calls in tears and says, "He promised to bring me some money last night and my appointment is today and he never showed up." Or, famous out, "he says it's not his."

Also to be helped out of new funds is a 14-year-old with a 13-month-old baby. Her parents are newly separated and she has attempted suicide in the past. "If her family knew she was pregnant again, this would cause total havoc," the social worker said. So much for parental consent!

The stories of rape victims ring in my mind. This week a 31-year old Milwaukee woman said, "I was walking home at night, and he was waiting. He dragged me between two boarded-up houses. After the rape I ran. I did not look back." She said she was raped in February and tested positive for HIV last week. The great state of Wisconsin will not pay for abortions performed because of rape unless the rape was reported to police. It does not pay at all for HIV carriers. The state loves to point out that there is "only" a 30% chance that a woman like this will have an HIV baby. A shameless, senseless, anti-woman policy.

We will be helping an epileptic who has had seizures since she was five, poor woman. She is on heavy medication, and she's a recovering alcoholic. She has one child.

Another mother of seven we have offered to help is on probation for beating her children.

This letter is a tiny sampling of requests received this week. Since January 1, 1992 we have paid for, in part or in full, for abortions for 154 women. Last year the Women's Medical Fund, thanks to all of you, paid for about 500 women—we could have helped thousands had there been the funds.

For those of you who are newcomers to the Fund, the typical check written for a woman is between \$100 and \$200. If she has a Medical Card under public assistance, most women can get an early abortion for about \$200 total. It remains one of the few "bargains" in the U.S. health industry. Most women can find some money, and the Fund's participation makes the abortion possible.

The Fund is now, as it has always been, completely volunteer with bank charges, small fees to state agencies and an annual audit its only outside expenses. Your gift is not diluted by salaries, rent or overhead. And it is helping some of the neediest women in Wisconsin.

If you are a monthly donor or give through NOW's Pledge-A-Picket program, please take a low bow and pass this appeal along to a friend. If you can help at this time, please do so now. Your gift makes possible motherhood by choice, not force. Gifts are deductible for income tax purposes. And thank you all very much.

APPENDIX B Remembering

Testimony given by Anne Nicol Gaylor at the abortion hearing of the Judiciary Committee, Wisconsin Assembly, May 25, 1971. The clinic referred to in the testimony reopened by federal court order a short time later.

What happens when an abortion clinic closes? When Dane County District Attorney Gerald Nichol ruthlessly closed Madison's Midwest Medical Center on April 19, 1971, he set into motion a chain of tragic events whose total effect may never be known. Lawmakers, so prone to investigate everything, could be investigating these tragedies, but of course they are not. At least they can listen; they can listen to what happened to one Wisconsin girl.

This girl had an appointment at the Midwest Medical Center the week it was closed. She and her boyfriend had read about the clinic in their local papers, and although they had only a little money they were able to arrange an appointment for a partial fee. When the clinic was raided, they were all but paralyzed, because they had no knowledge of where else to turn. At first they procrastinated, then the boy made several calls to hospitals and doctors, but they were all abrupt with him. Those who talked to him at all talked about the high cost of a hospital abortion, the need for parental consent, the legal uncertainties. They suggested no other alternatives of places to go and the young couple's despair deepened.

The boy and girl had come to each other from backgrounds of parental rejection; the girl had run away from her home. They had both been hurt, they had been unhappy in their home life. In each other they seemed to find some measure of security and acceptance, of uncritical love, something they had never had.

Although the boy had no thought of abandoning the girl, she became terribly depressed. She could only think that each day she was getting farther and farther along into this unwanted pregnancy, and what a terrible burden she was becoming to the boy. He was the only one she had to cling to and she was afraid. So one night, without the boy's knowledge, she took a last desperate way out of her problem. She took a wire coat hanger and jabbed it into her uterus. Toward morning, when the pain became too much to bear, she told the boy what she had done and he went to get help for her.

Now because he was very young and frightened, he did not call the logical people to call in an emergency—a doctor or a hospital. You will remember they had rejected him before. He did not call the police because he actually feared he and his girl would be arrested. He phoned collect to a clergyman in a town a hundred miles away, who was the only person he felt he could trust, and this man put him in touch with a counselor in his own city.

The counselor came out and convinced the boy that his fears of legal retribution were overblown, and that the girl was in very serious condition. She helped him take her to a hospital.

But they were too late. The girl had punctured her uterus with the hanger, she had bled excessively, and she died in the hospital a few hours later.

Last night I talked to the counselor who was with the girl when she died, and she asked me to convey a message to you. Tell the legislators, she said, that it is a terrible thing to watch a young girl die, and to know that her death was unnecessary, a total waste. Tell them how terrible it is that anyone should have to lose her life because of fear, because everyone who could help her was too intimidated by our unjust law to give her the help she needed. Let them know about this girl's family, who last saw her warm and alive and now will see her always as something dead, to be carried out and disposed of. Tell them about this boy who had to be physically restrained from destroying himself when he realized his girl was dying. Don't let them sit there and debate abortion, without knowing the tragedies, that occur when abortion is not available. Let them know about this girl—one girl's death is one too many. . . .

Wisconsin women are going to have abortions. If they have enough money they are going to travel to states where it is available. If they do not, they are going to seek out the incompetent, unsafe abortionists, or attempt to abort themselves.

This legislature cannot stop the tide of abortion reform or the acceptance by women of abortion. You can only succeed in making it dangerous or inconvenient or expensive for them. In the cases where you are able to make it impossible to get, you will be adding the burden, both social and financial, of unwanted children to our state.

Women are going to be free. They are going to determine their reproductive lives as they wish; this is the essence of dignity and personal freedom. No one can know better than a woman herself whether it is best for her to bear a child. In a world that cannot possibly take care of the children it already has, what folly to force unwilling women to bear unwanted children.

Abortion is going to be legalized in Wisconsin. It is not a question of if, it is a question of when. Humane men and women will work to legalize it now, so that women's suffering and death may be avoided.

APPENDIX C

What Does The Bible Say About Abortion?

Absolutely nothing! The word "abortion" does not appear in any translation of the bible!

Out of more than 600 laws of Moses, none comments on abortion. One Mosaic law about miscarriage specifically contradicts the claim that the bible is antiabortion, clearly stating that miscarriage does not involve the death of a human being. If a woman has a miscarriage as the result of a fight, the man who caused it should be fined. If the woman dies, however, the culprit must be killed:

"If men strive, and hurt a woman with child, so that her fruit depart from her, and yet no mischief follow: he shall be surely punished according as the woman's husband will lay upon him; and he shall pay as the judges determine.

"And if any mischief follow, then thou shalt give life for life, Eye for eye, tooth for tooth . . ."--Ex. 21:22-25

The bible orders the death penalty for murder of a human being, but not for the expulsion of a fetus.

When Does Life Begin?

According to the bible, life begins at birth--when a baby draws its first breath. The bible defines life as "breath" in several significant passages, including the story of Adam's creation in Genesis 2:7, when God "breathed into his nostrils the breath of life; and man became a living soul." Jewish law traditionally considers that personhood begins at birth.

Desperate for a biblical basis for their beliefs, some antiabortionists cite obscure passages, usually metaphors or poetic phrasing, such as: "Behold, I was shapen in iniquity; and in sin did my mother conceive me." Psalm 51:5 This is sexist, but does nothing other than to invoke original sin. It says nothing about abortion.

The Commandments, Moses, Jesus and Paul ignored every chance to condemn abortion. If abortion was an important concern, why didn't the bible say so?

Thou Shalt Not Kill?

Many antiabortionists quote the sixth commandment, "Thou shalt not kill" (Ex. 20:13) as evidence that the bible is antiabortion. They fail to investigate the bible's definition of life (breath) or its deafening silence on abortion. Moreover, the Mosaic law in Exodus 21:22-25, directly following the Ten Commandments, makes it clear that an embryo or fetus is not a human being.

An honest reader must admit that the bible contradicts itself. "Thou shalt not kill" did not apply to many living, breathing human beings, including children, who are routinely massacred in the bible. The Mosaic law orders "Thou shalt kill" people for committing such "crimes" as cursing one's father or mother (Ex. 21:17), for being a "stubborn son" (Deut. 21:18-21), for being a homosexual (Lev. 20:13), or even for picking up sticks on the Sabbath (Numbers 15:32-35)! Far from protecting the sanctity of life, the bible promotes capital punishment for conduct which no civilized person or nation would regard as criminal.

Mass killings were routinely ordered, committed or approved by the God of the bible. One typical example is Numbers 25:4-9, when the Lord casually orders Moses to massacre 24,000 Israelites: "Take all the heads of the people, and hang them up before the Lord against the sun." Clearly, the bible is not pro-life!

Most scholars and translators agree that the injunction against killing forbade only the murder of (already born) Hebrews. It was open season on everyone else, including children, pregnant women and newborn babies.

Does God Kill Babies?

"Happy shall he be, that taketh and dasheth thy little ones against the stones."--Psalm 137:9

The bible is not pro-child. Why did God set a bear upon 42 children just for teasing a prophet (2 Kings 2:23-24)? Far from demonstrating a "pro-life" attitude, the bible decimates innocent babies and pregnant women in passage after gory passage, starting with the flood and the wanton destruction of Sodom and Gomorrah, progressing to the murder of the firstborn child of every household in Egypt (Ex. 12:29), and the New Testament threats of annihilation.

Space permits only a small sampling of biblical commandments or threats to kill children:

Numbers 31:17 Now therefore kill every male among the little ones.

Deuteronomy 2:34 utterly destroyed the men and the women and the little ones.

Deuteronomy 28:53 And thou shalt eat the fruit of thine own body, the flesh of thy sons and of thy daughters.

1 Samuel 15:3 slay both man and woman, infant and suckling.

2 Kings 8:12 dash their children, and rip up their women with child.

2 Kings 15:16 all the women therein that were with child he ripped up.

Isaiah 13:16 Their children also shall be dashed to pieces before their eyes; their houses shall be spoiled and their wives ravished.

Isaiah 13:18 They shall have no pity on the fruit of the womb; their eyes shall not spare children.

Lamentations 2:20 Shall the women eat their fruit, and children.

Ezekiel 9:6 Slay utterly old and young, both maids and little children.

Hosea 9:14 give them a miscarrying womb and dry breasts.

Hosea 13:16 their infants shall be dashed in pieces, and their women with child shall be ripped up.

Then there are the dire warnings of Jesus in the New Testament:

"For, behold, the days are coming, in which they shall say, Blessed are the barren, and the womb that never bare, and the paps which never gave suck."--Luke 23:29

The teachings and contradictions of the bible show that antiabortionists do not have a "scriptural base" for their claim that their deity is "pro-life." Spontaneous abortions occur far more often than medical abortions. Gynecology textbooks conservatively cite a 15% miscarriage rate, with one medical study finding a spontaneous abortion rate of almost 90% in very early pregnancy. That would make a deity in charge of nature the greatest abortionist in history!

Are Bible Teachings Kind to Women?

The bible is neither antiabortion nor pro-life, but does provide a biblical basis for the real motivation behind the antiabortion religious crusade: hatred of women. The bible is anti-woman, blaming women for sin, demanding subservience, mandating a slave/master relationship to men, and demonstrating contempt and lack of compassion:

"I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over thee."--Genesis 3:16

What self-respecting woman today would submit willingly to such tyranny?

The antiabortion position does not demonstrate love for humanity, or compassion for real human beings. Worldwatch Institute statistics show that 50% of abortions worldwide are illegal, and that at least 200,000 women die every year--and thousands more are hurt and maimed--from illegal or self-induced abortions. Unwanted pregnancies and complications from multiple pregnancies are a leading killer of women. Why do antiabortionists want North American women to join these ghastly mortality statistics? Every day around the world more than 40,000 people, mostly children, die from starvation or malnutrition. We must protect and cherish the right to life of the already-born.

Do Churches Support Abortion Rights?

Numerous Christian denominations and religious groups agree that the bible does not condemn abortion and that abortion should

continue to be legal. These include:

American Baptist Churches-USA
American Ethical Union
American Friends (Quaker) Service Committee
American Jewish Congress
Christian Church (Disciples of Christ)
Episcopal Church
Lutheran Women's Caucus
Moravian Church in America-Northern Province
Presbyterian Church (USA)
Reorganized Church of Jesus Christ of Latter Day Saints
Union of American Hebrew Congregations
Unitarian Universalist Association
United Church of Christ
United Methodist Church
United Synagogue of America
Women's Caucus Church of the Brethren
YWCA
Religious Coalition for Reproductive Choice
Catholics for Free Choice
Evangelicals for Choice

Belief that "a human being exists at conception" is a matter of faith, not fact. Legislating antiabortion faith would be as immoral and unAmerican as passing a law that all citizens must attend Catholic mass!

The bible does not condemn abortion; but even if it did, we live under a secular constitution, not in a theocracy. The separation of church and state, the right to privacy, and women's rights all demand freedom of choice.

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