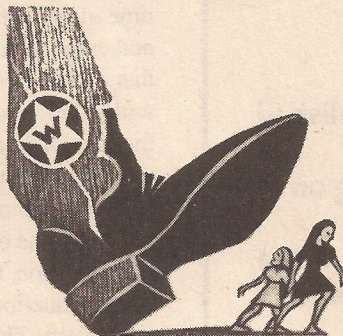


Roe in Rough Waters

JENNIFER BAUMGARDNER

Desiree was a high school senior from Buffalo who already had a 1-year-old daughter when she came to spend the night with me. She wore jeans and a huge sweatshirt, but anyone could see she was pregnant. Desiree was at twenty-one weeks and had never been to New York City. In fact, she didn't know one person here, nor did she have money for a hotel, which is why the clinic called me. I picked her up at the end of her first day of the three-day procedure. She had been counseled about the abortion and her options. Laminaria, tubes of sterile seaweed, had been placed in her cervix in order to dilate it overnight. We ate Mexican food and then she fell asleep by the light of MTV. At 7 the next morning, we headed back to the clinic and she continued her abortion. As we entered Parkmed Eastern Women's Center, a scary nun and toothless old man divebombed Desiree, surrounding her like autograph-seekers, begging her not to kill her baby.

Most women I have hosted are facing situations similar to Desiree's. (I host through Haven, a loose coalition of women who provide a place to stay for people in town for what are always later-term abortions.) The women find out they are pregnant too late to get an abortion in their hometown, or they can't raise the



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money. The abortion starts out costing \$300, but by the time they get through the dangerously sticky red tape of Medicaid (if they are lucky enough to be in a state where Medicaid pays for procedures), it's \$500—or \$2,000. (The New York Abortion Access Fund—NYAAF, founded by a recent college grad and run by a half-dozen young women—contributed to forty abortions last year, almost all of which cost between \$995 and \$3,000.) Often the woman herself has almost no money or spent it getting to New York, and the clinician has to call around to various funds that will pick up part of the cost of an abortion. It can take days and a half-dozen calls for the clinician to get the money together. Haven and these funds are a sort of underground railroad for abortions—the irony being that abortion is legal and a woman's right.

This month, abortion has been legal for thirty years. The terrain has become increasingly complex. The same moment the planets aligned so that conservatives had a monopoly on government, the Alan Guttmacher Institute announced that abortion rates had declined—dramatically. In 1992 the AGI predicted that 43 percent of American women would have an abortion before the age of 45. Basically, the abortion rate was pushing 50 percent. A decade later, the number was one in three. Due to population growth, this still means just over 1.3 million abortions per year, but it's the lowest abortion rate in twenty-nine years. Six percent are medical abortions (RU-486); the rest are surgical.

The fact that the abortion rate has dropped is that rare thing:

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good news for both those who wave gory photos of 21-week-old fetuses and those who wave signs that read *GEORGE, GET OUT OF MY BUSH!* After all, pro-choicers want women to have the tools that make the need for abortion minimal. "We'd prefer women have adequate contraception to control reproduction," says Lauren Porsch, a 23-year-old staffer at Physicians for Reproductive Choice and Health and founder of NYAAF. "It's cheaper, easier on the woman, less painful all around." (Most pro-choicers see abortion ideally as a backup, since 54 percent of women getting abortions report that they were using birth control the month they got pregnant. Desiree was on the pill when she got pregnant.)

The decline coincided with the approval of emergency contraception in 1998 (the AGI estimates that 51,000 abortions were averted by the use of EC in 2000 alone, and Planned Parenthood distributed 459,000 doses to women in 2000) and eight years of President Clinton, who vetoed almost every piece of antichoice legislation that crossed his desk. Ironically, though, the downward trend in unwanted pregnancies is poised to be reversed. If successful, the Republican agenda is sure to pave the way for more late-term abortions like Desiree's.

Until recently, it was more likely the Bush Administration would do something sneaky, like remove crucial information about condoms from the Centers for Disease Control website, rather than launch overt assaults on choice. Meanwhile, it was the Democrats' role, with their slim majority in the Senate, to keep bans and restrictions at bay after they passed the House. And they succeeded. As Ken Connor, president of the Family Research Council, put it colorfully in the *New York Times*, the 107th Senate

was "a veritable graveyard of pro-life legislation." As of January 7, though, when the 108th Congress convened, the Senate has been primed to become a veritable "pro-life" birthing center.

En route to swift delivery is a ban on "partial-birth" abortions, a ban on human embryonic cloning, the Child Custody Protection Act, the Abortion Non-Discrimination Act and the Unborn Victims of Violence Act. Each bill is notably uninterested in protecting the woman's rights, worrying instead about the fetus, the pregnant woman's parents (if she's a minor) and the religious healthcare worker. (This value system was reinforced on January 14, when George W. Bush declared National Sanctity of Human Life Day for the following Sunday.) There isn't a lot of reason to believe that these proposals, which have all passed in the House before, won't clear the new Senate in the near future.

"These are the worst threats I have ever seen in thirty years of this work," says Gloria Feldt, the president of Planned Parenthood Federation of America (PPFA). Within days of winning back the Senate and keeping the House, Republicans made their first moves on reproductive freedom. Mississippi's Trent Lott, then poised to become Senate majority leader, promised a ban on late-term abortions, a gift to conservative Christians in his party. After Lott was forced to resign due to his sudden endorsement of affirmative action on Black Entertainment Television, Dr. Bill Frist of Tennessee stepped into his cowboy boots. Dr. Frist, a dashing cardiovascular surgeon from a state that flunks NARAL's contraceptive-access report card, is just as conservative as Lott and brings with him the added ammo of being a doctor, as he made clear during the "partial birth" abortion wars of 1998 (soon to be reprised). "As a physician," he remarked at the time of President Clinton's veto of a ban on D&X (intact dilation and extraction, or so-called partial birth) procedures, "I believe that partial-birth abortions cannot and should not be categorized with other medical procedures—or even other abortions.... For the sake of women, their children and our future as a society, we must put a stop, once and for all, to partial-birth abortion." His press release urges the Senate to "listen to the facts"—facts on which he, the only MD in the bunch, presumably has a grip. As a heart surgeon, though, Dr. Frist is not a medical expert on matters of reproduction any more than a gynecologist is well versed in angioplasty. The American College of Obstetricians and Gynecologists (representing 95 percent of the field) believes a ban of the D&X abortion procedure to be "inappropriate" and "dangerous."

Recently, Dr. Frist did the Sunday morning talk-show circuit, confidently discussing a ban on D&X procedures as if it were already in the bag. But as PPFA's Gloria Feldt points out, "The Republicans could overreach and fail." Advocates "out in the field are not despairing at all; they are angry." Feldt also notes that the general public is "connecting the dots in terms of the Administration's war on women." As far as the D&X ban goes, Feldt believes that the 2000 *Stenberg v. Carhart* Supreme Court decision (which held that bans on abortion procedures without an exception for the health of the mother are in violation of *Roe*) is helpful. "There will be an argument within the Republican leadership between those who will want a bill that they know to be constitutional and those who will want to be more extreme," Feldt told me. "They may kill their own chances and not make it constitutional. This type of legislation gives us the opportu-

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nity to lay the case for laws to codify principles of *Roe*.”

Planned Parenthood reports that Dr. Frist has voted to “limit or deny access to the constitutional right to abortion services of women in the military, women federal employees, low-income women, women in prison and young women. He never missed an opportunity to vote to make abortion a right that more and more women cannot exercise.” It will come as no surprise, then, that Frist is a big-time proponent of abstinence-only sex education, voting for a \$75 million budget to lobby teenagers not to have sex in lieu of acknowledging that many do and providing them with information and contraception. This, when poor teenagers have an abortion rate that is rapidly rising.

Dr. Frist and the anti-sex education crowd are clearly speaking to an imaginary teen population. There is a direct relationship between poverty and abortion, and an utter ignorance about sex and procreation is epidemic. This especially has an impact on later-term abortions. “The women I see can’t get any healthcare to determine how pregnant they are and often don’t know their own cycle. Sometimes, by the time they get their Medicaid straightened out and can come in, they are at twenty-seven weeks,” says a counselor at Parkmed Eastern Women’s Center, sighing. “Last week I told a woman with six children living in a shelter that she is having number seven.”

The reproductive rights movement needs to amplify the voices of the women affected by Republican bans on Medicaid for abortions, bans that result in the death of more-developed fetuses and untold hardships for the women and their families. Instead, we have too frequently reached out to a stereotypical “young woman” who is clueless, ungrateful and often in need of a “wake-up call.” In fact, of the ninety-seven funds under the National Network of Abortion Funds, many are staffed by younger women. Both Haven and NYAAF are run by 23-year-olds, NOW-NYC by a 27-year-old. Planned Parenthood’s VOX program (on many campuses) and most of the work on choice that the Feminist Majority does (also on college campuses) is run entirely by young women, as is Choice USA and the Pro-Choice Public Education Project. “Face it, younger women are the ones that are having abortions,” says Amy Richards, 32, who administered an abortion fund through the Third Wave Foundation until just this past year. “And they are coming to abortion politics through personal experience—just as it was thirty years ago.”

Real men and women raised with *Roe* have complex responses to abortion, as they do with many once black-and-white issues that 1970s feminists tackled three decades ago. Prior to *Roe*, an estimated 200,000 to 1.2 million illegal abortions were performed each year, according to the Center for Reproductive Law and Policy. About 10,000 women in the United States died annually from complications from illegal abortions. *Roe* unquestionably liberated my generation of women to enjoy freer lives than our mothers did. For those of us who never knew a time when abortion wasn’t safe and legal, we have the privilege of having complicated feelings about abortion. “I consider myself antiabortion but prochoice,” says Mark Andersen, a 43-year-old author and activist in Washington, DC. A devoted Catholic vegan who doesn’t even eat honey “for fear of causing problems for the bees,” Andersen nonetheless votes for prochoice, Democratic candidates. “I think that the left has the pro-life platform overall, because it is

concerned with the most vulnerable. Rick Santorum, for instance, isn't a pro-life candidate as a whole—just when it comes to the preborn.”

Andersen's view is progress, in a way, as is writer Elizabeth Wurtzel's when she says that her abortion was a sad and nasty experience from start to finish. After all, if we have to put a fresh and smiling face on everything we do—even if the procedure is constantly under attack by the right—then we haven't come far from the days of the *Stepford Wives*. Wurtzel and Anderson want *better* choices for women, not fewer. Still, such complexity poses a challenge to the prochoice movement when it is accompanied by greater tolerance for abortion restrictions. Several surveys, notably the UCLA study of incoming freshmen, have reported a decline in the proportion of those who support abortion rights.

The left isn't always the firmest ally of reproductive freedom, either. In a 1989 cover story for *Ms.* magazine, just before *Webster v. Reproductive Health Services* almost overturned *Roe* and ushered in the state's right to restrict abortions, Gloria Steinem insisted that we look at choice as a human right, not a “‘single issue’ to be bargained away.” Sadly, some on the left have cast abortion as a kind of distraction, the inconvenient reason we are (fearfully, shortsightedly) tethered to otherwise compromised Democratic candidates.

Clearly, however, our big problem is the conservative Republican government and its veritable free pass to spawn confusingly named antichoice laws—laws that will affect poor women, young women and women of color most harshly because they are the most vulnerable and because they are the ones getting abortions. Poor women—whether teens or adults—are the only group whose abortion rate is rising. Black women are overrepresented when it comes to abortion, with a rate nearly four times that of white women. Latinas and Asian/Pacific Islander women have an abortion rate about two and a half times that of white women. It's illus-

trative to walk into a clinic in New York—“almost all of our patients are women of color,” says the director of counseling for Parkmed Eastern Women's Center. And they're poor.

If Republicans don't quake in their boots at the thought of feminists coming after them, they are vulnerable as racists. Dr. Frist may not have openly pined for the plantation days, but he is from Tennessee, a state with a relatively large African-American population that has 13.5 percent of its population in poverty—constituents he is supposed to represent.

But for abortion to be perceived as a race and class issue, not just a white women's issue, the choice movement needs to represent—or at least connect with—the women getting abortions, who are the natural activists. The voices of young women, women of color and especially poor women (often also young women of color) tend not to inform abortion politics. You rarely find many women of color in prochoice organizations, especially on the boards. Whether the group is as huge as Planned Parenthood or as small as the New York Abortion Access Fund, you can almost bank on the fact that white women run it and black women (and to a lesser degree Latinas) are the “beneficiaries.” Some current strategies of the prochoice movement, from focusing on the clueless young straw woman to NARAL's recent name change (to NARAL Pro Choice America, a moniker designed to appeal to mainstream—white, middle-class—America), aren't speaking to the women getting abortions, either. “It goes all the way back to Jane Roe,” says Matthea Marquart, 27, the president of NOW-NYC. “If she had been a higher-income woman, she would have gone to Mexico to get an abortion.”

“We are the real experts,” feminists declared back when abortion was illegal. They took the debate out of the hands of men (doctors, judges and legislators) and put it in their own. Thirty years later, the most powerful feminist line on choice can't be forgotten: Decisions governing abortion should be made by the women getting the abortions. ■