



1972

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### Recommended Citation

No Author Listed, *Abortion and Health Care: A Discussion*, 2 *YALE REV. L. & SOC. ACTION* (1972).

Available at: <https://digitalcommons.law.yale.edu/yrlsa/vol2/iss1/7>

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Abortion and Health Care: A Discussion



Four women actively involved with women's issues recorded a wide-ranging discussion of abortion and health care. What started out as a response to Richard Lamm and Steven Davison's article in the spring issue, *Abortion Reform*, soon developed into an exchange about the short-comings and indignities of the present health care system and the efforts these women are making to change both the abortion law and overall health care. The highlights of their discussion are presented on the following pages.

Nora Charles is a teacher in New Haven, Connecticut. She was one of the original organizers of *Women vs. Connecticut*, the state-wide effort of Connecticut women to gain judicial nullification of Connecticut's abortion laws.

Marione Cobb is a state welfare worker in New Haven. She was active in the organization of *Women vs. Connecticut*.

Ann Hill is an attorney for the New Haven Legal Assistance Association. She is a recent graduate of Yale Law School and has worked extensively in both the organizing and legal phases of *Women vs. Connecticut*.

Susan Hochschild is currently studying for both a law degree and an architecture degree at Yale. She has previously worked in the Office of General Counsel for Health Services Administration of New York City.

**Ann** No legislation can be shown to help women more than *no* law in the area of abortion. The type of legislation that Lamm and Davison are suggesting, and which they consider to be a liberal, reform bill, strikes me in reality as almost as oppressive to women as a very strict law such as the Connecticut law, which only permits abortion when necessary to save the woman's life. Their bill is still controlling a woman's decision, which is anathema to me.

**Susan** I have just finished *The Greening of America*, by Charles Reich, and reform legislation is a perfect example of the move from Consciousness I to Consciousness II. What Lamm and Davison have done is bureaucratize everything. They give some administrative control to insure that every woman who gets an abortion will have merited, or fully

deserved it. In fact, they haven't really changed their heads about it at all.

**Ann** They discuss the quality of the woman's decision. What they say they mean in the article by quality, is that the woman in deciding to have an abortion must be fully apprised of both sides of the so-called abortion question — that proponents of abortion, and opponents of abortion get a chance to speak to her before she can have an abortion.

**Susan** Right, but what they really mean by *quality* in the article, is that without supervision or consultation a woman isn't capable of formulating a decision on her own. Furthermore, the authors overlook one major point in recommending that a woman speak to psychologists, ministers, or counselors before she makes her final decision. They assume that these advisors will be merely informative, but I think exactly the opposite will be the case; they will each argue for their own views. The woman will be placed under more emotional stress than she was before she began this supposedly helpful consultation. Lamm and Davison seem to think that a woman either isn't aware of the conflicting positions, or wouldn't ordinarily raise pro and con questions herself. There isn't any woman I've known who has decided to have an abortion who hasn't had to struggle with that decision — who hasn't felt great pressure from her whole history of conditioning by society not to have an abortion weighing against her personal need to have an abortion. The conflict is always present.

**Ann** Another point in the article is that state legislatures should be encouraged to provide funds so that poor women can get abortions. That reads very well and sounds very simple. If abortions are being given, they should be given to everyone, including poor women. But, working in the area of abortion, the first thing that anyone, man or woman, is going to confront is the health system. Poor women have absolutely no control over the type of health care they receive. Several states have already threatened women on welfare with forced sterilization. In this context what does it actually mean for a state to appropriate funds for abortions for the poor? Does it give a state the power to decide

which women may have children and which may not? The Lamm-Davison article does not even touch on these explosive issues, which are crucial to any discussion of abortion.

**Marione**

I'd like to agree with that both as a social worker and as someone who was on welfare as a child. I feel that if you don't have experience with health care, if it is not available to you, you learn to do without it. You do without it because it is oppressive to go out and be humiliated by doctors' disregard for you as a poor person and also as a woman, regardless of finances. Now in my middle-class stage, I have also gone to an emergency room and have been told by the doctor, "Excuse me for a moment." He disappears for forty-five minutes and comes back to say, "Well, I just had to finish up some reports." The poor woman I am quite sure doesn't even receive the apology, or quasi-apology. The poor woman does not have the realization of the benefits of health care that push middle-class people to be willing to suffer these humiliations and to go to the gynecologist every six months because we know it may save our lives. And because there is usually no institution to help a poor woman successfully cope with the many needs of her children as they should be met, life for a poor woman is generally oppressive. I think the system is fairly miserable.

**Ann**

Abortion is only one part of the health system which should be available to all women at all times. In Sweden, some eastern European countries and Japan, when abortion was developed and discussed as an issue, it was developed in light of all of the health services that should be available to women. It really hurts to be fighting just for abortion and not to be able to put abortion in the larger context of child care, pre-natal care — of providing a manifold of alternatives to any woman who is pregnant.

**Marione**

Not only should women be able to choose whether or not to have abortions, but rearing children should be made a more positive alternative, so that a woman is not faced with a ten to twenty year indenture or period of slavery in which she must both be in the home and be out working to meet the financial needs of the children. Abortion ought to be available to any woman who wants it, but also

health care, child care, and equal responsibility of the father and of other persons ought to be fostered, so that child rearing is not as oppressive as it has been for women.

**Nora**

We need some kind of overall health care program for women, particularly women who want to have children, or who are pregnant. But at this point in the United States it is almost inconceivable that a comprehensive program — including birth control, abortion, and maternity care — would be brought forward. People first need to understand that a vital part of the health care question is the way that women are treated miserably in the health system.

I can speak from my experiences in having an abortion. The gynecologist who told me that I was pregnant wasn't able to even talk to me about an abortion; she could only tell me that I would get used to having a child. I then went through the incredibly terrifying experience of trying to find an illegal abortionist, someone that wouldn't massacre me or permanently injure me. Afterwards, when I got an infection and had to go to Yale-New Haven hospital, I found that I was counseled by everyone, whether I wanted it or not. Every doctor who treated me lectured me on the morality of having an abortion, told me that I should never have gone to an illegal abortionist and that I should never have had an abortion without psychiatric help. They told me of the reasons why one should have a legal abortion — at a price of \$1000. They told me I could have had a legal abortion if I had submitted to psychiatric interviews to certify that my desperation had reached the bounds that I was considering suicide. I told them I had never considered killing myself, but that I had considered killing some doctors. The doctors still tried to intimidate me by telling me that I would probably be permanently sterile because I had had an illegal abortion and an infection.

**Ann**

I spoke with a woman about her experience in trying to get an abortion at a local hospital. She had given birth to a child within a year of seeking the abortion and she also had diabetes. Certainly these factors would indicate a need for an abortion. But she was denied the abortion on medical grounds, and was told that if she could convince two of the hospital psychiatrists of

her mental instability, then she could get the abortion on psychological grounds. She was given a rather perfunctory, ten-to-fifteen minute interview with two psychiatrists. This counseling continues to follow her every time she has a medical problem. Whenever this woman returns to the hospital she has listed on her record that she is crazy, so the people who are treating her just humor her, and won't take any medical problem seriously. Now, three years later, they just assume that it goes back to the psychological problems that led to the abortion.

**Nora** Several women went to talk to the head of the department of Obstetrics and Gynecology at Yale-New Haven Hospital. He said that he really thought that any woman who sought an abortion was potentially psychotic and needed counseling.

**Susan** I haven't had any personal experiences with an abortion, but I have a friend who became pregnant about a year ago. She was engaged at the time, but she chose to seek an abortion. My strongest impression of the whole episode was that it was such a hush-hush affair. The abortion wasn't considered a regular medical treatment – only a few close friends knew about it and they were sworn to secrecy. The level of fear, of disapproval and pessimism that went along with this was amazing to me; it was sickening how much society's disapproval added to her distress at the time.

**Nora** My recollection of having an abortion is that nothing was as infuriating, nothing was as totally humiliating as the doctors in the hospital trying to moralize, trying to intimidate. I can't think of a doctor that I've gone to who hasn't tried to make me feel in some way inferior, and slightly dirty. That's true even if you have a child. A friend of mine took her six weeks old daughter to the doctor, afraid that she had a dislocated hip. She was forced to wait with this tiny baby for two and one half hours in the waiting room in which there was only a straight chair. Finally she was called, and the nurse took the baby from her, and was going off with the child. My friend said, "Where are you going?" and the nurse said that she was taking the baby to be X-rayed. My friend said "I don't want her to have X-rays – unless the Doctor determines that she needs them." She

was afraid that X-rays have a real potential for causing leukemia. Finally, after remonstrating, the nurse took her to see the doctor. He was furious: "How dare you question my judgment?" "All I want is for you to look at the baby's hip, and tell me if you think she needs an X-ray – if that's the case she can have an X-ray but she can not have one as just a routine measure." The doctor proceeded to examine the child, and decided that she did not need an X-ray.

**Ann** Part of the problem is that the system right now is a hierarchy, and the doctors are on top as God. If you exploded the myth that doctors are God, you might get better health care. More people would become nurses, and nurses could do more if they weren't constantly being put down by the doctors. Nursing is such a low-paying job, with very little responsibility given, in contrast to the amount of expertise it requires. The nursing profession definitely has to be upgraded, but this will only come if the ones on top, doctors, relinquish some of their power and privilege.

**Nora** One of the women who has worked in our abortion group has a B.A. in history, but decided to go back to nursing school because she felt that nurses were a group of women who really needed to be organized. She felt that by going there with a feminine perspective she might be able to raise some of the questions that we are raising here. One of her assignments was to go to a hospital in which, the night before she arrived, a girl had died of hemorrhaging from an illegal abortion because there were no doctors to be found. There were at least five nurses on the floor, but not one of them was willing to take the responsibility of acting to stop the hemorrhaging, because they all knew that they were likely to lose their licenses.

If a nurse had taken initiative, she would at the least have been censured, and possibly have lost her job and the right to get another job, merely because she had overstepped professional limits. That is considered dangerous behavior – whether or not you save the patient is not the issue. It was definitely the impression of all those nurses on the floor that they would in fact be prosecuted by the doctors in that hospital.

**Susan** If a nurse's status were upgraded, and if more para-professionals were brought



into the system, doctors wouldn't have the excuse "I'm so busy I haven't got time to service these people," because these nurses and para-professionals could do most of the work that the doctors now do.

I worked for New York City writing legislation for para-professionals of all kinds. The programs would have created positions for health workers doing some of the things doctors do, for instance taking medical histories, ordering lab tests, and even setting simple bone fractures. At the time I was writing the legislation I was very enthusiastic about it. In an urban area it would take some load off the emergency rooms, because the para-professionals could provide immediate care; it would also free some doctors to give home care to the elderly or other people who can't get around.

But gradually it began to get through to me that there is another side. The people it would help — mainly the people who did not have private, expensive family doctors — almost always felt para-professionals would mean second-class care. If they couldn't have a full M.D., they felt they were being treated in a discriminatory fashion. Those who oppose para-professionals have a very good point.

**Nora** Yet, even while we are talking about how nurses could be up-graded, how para-professionals could be part of the system, how doctors could be spread around more, I really don't feel that it is going to happen. My feeling is that pressure on the medical profession is not going to be enough, just from people dying, just from people being abused. I think that it is going to take a direct threat to doctors.

**Susan** I think that is probably true, but one hopeful sign in health care is the experience with abortion reform in New York City. I was working for the city at the time the 1970 abortion legislation went into effect. To me, this is a rare example of a solution that has been almost workable. 164,300 abortions were performed at hospitals and abortion clinics the first year that the law was in effect. Being somewhat of a skeptic, I tried to look behind this figure a little and see who was actually getting the abortions and for how much. Between 80 and 90% of the women at abortion clinics and the city's private hospitals were from out

of state, but these facilities only did about one-quarter of all the abortions — municipal and non-profit hospitals did the rest. Also, you have to realize that the municipal hospitals have a sliding fee scale and no one is denied treatment because she is unable to pay. It turned out that the fear that all abortions would be done on wealthy matrons from other states was pretty much groundless. In the first six months under the new law, non-whites and Puerto Ricans received half the abortions done in the city, and over the whole year more than 30% of the abortions on New York State residents were reimbursable under Medicaid. Of course, this doesn't say anything about the level of health care, or humane treatment. But one positive sign is that the city's goal of a maximum wait of ten days between the initial visit and the abortion is proving realistic, especially for women who seek treatment in the early stages of their pregnancy.

I think treatment has worked as well as it has under the new law mainly because the Health Services Administration and the Hospitals Corporation happen to be two of the city agencies which have been completely reorganized in the last year or two. They have very forward-looking administrations, and the counsel for Health Services encouraged the most liberal and flexible interpretation of the law possible. The degree of success has a great deal to do with the personnel, who are young, humanitarian, and more conscientious about health care than most bureaucrats.

**Ann** The success in New York may have shown us what we felt all along — that an abortion is an easy medical procedure that doesn't impose a burden on already existing health facilities. In the area of clinics and private hospitals an additional incentive is that a skillful abortion is a very profitable medical procedure. It doesn't require much time on the part of anyone — at the most a 20-30 minute visit for an abortion in the early stages of pregnancy. Even in New York now, where the rates are being scaled down in clinics to \$100 to \$200, the performance of abortion brings in huge profits. Ironically, the profit motive is probably as important as the pressure of women's groups to the success of New York's abortion program.

**Nora** Unfortunately, Connecticut is way be-





hind New York. About a year ago about 10 or 15 women in women's liberation in New Haven began talking about abortion, and decided that something had to be done about the abortion situation in the state of Connecticut. Some of us had had abortions and some of us hadn't but we were all committed to changing the abortion situation. Since Connecticut is a state that has a 58 per cent Catholic majority, it seemed fairly clear to us that we really weren't going to be very successful if we tried to get the state legislature to repeal the abortion law. We debated for a long time about how we were going to act out our commitment to abortion. We considered a much more generalized attack on the health care system. We finally chose to use a law suit against the state as a way of organizing women around abortion — of raising questions about the way in which women now do not have the right to control their own bodies and their own lives. During this organizing we hoped to create a constituency of women who were ready to pursue the women and health care problems. We worked for over a year in the organization of the suit. Women who had never spoken to a group in their lives began to go out and speak to women's groups about abortion. We found women law students and women lawyers to create the necessary constitutional arguments, and a woman argued the case in court.

**Susan** We should explain that the suit was filed in federal court for a declaratory judgment that the Connecticut abortion law is unconstitutional. That way, no one needed to commit a crime, or have an abortion to be a plaintiff.

**Ann** Right, we thought we'd get more women coming out and speaking about abortion and joining a legal action if there was no great threat of prosecution. We still had organization problems, although more than 500 women had joined as plaintiffs by the time the suit was filed. It's hard to get women who may have no other common ground together for a common cause of abortion reform — especially when they are located throughout the State of Connecticut, which turned out to be a very large state. I think that organization of women around abortion, and maybe around every issue, is much more difficult because so many women are isolated in their own homes. Any type of meeting that we organized had to be timed to be when there was someone else — usually another woman —

in the house taking care of the children. In the case of working women, they are often totally exhausted by menial labor, so that even a meeting after hours is really a strenuous thing. Another problem was that the hearing date for the suit was changed several times. When the date was finally set, I don't believe that many plaintiffs learned about it until the day of the hearing. Consequently, out of 858 named plaintiffs in the suit, perhaps fifteen women made it to the court hearing. And the women who attended the hearing soon learned that, despite the compelling arguments of our attorneys, the courtroom procedure was terribly stifling for a political law suit.

The suit was dismissed on very technical grounds. Briefly, there are two criminal prosecutions under the Connecticut abortion law that are now pending in Connecticut, and the Federal District Court Judge said that the constitutionality of the abortion law should be dealt with in those state court proceedings. The suit is now on appeal to the Second Circuit Court of Appeals. Although our hopes were never completely placed in a swift victory or in the federal courts, the dismissal made us realize even more strongly that we need to organize ourselves as women to struggle for the right to abortion out of court as well as through law suit. We went back to ideas that we had had all along, but that we had been diverted from in bringing the law suit. We thought of political demonstrations, or perhaps a "mock trial" to bring out the issues to more people in Connecticut.

We could do a kind of theatrical trial in which women would play the role of judges and women would play the role of doctors — giving testimony and simply imitating the kinds of things that have happened to us in real life in hospitals and in doctors' offices.

**Nora** A lot of women had to make a real personal commitment to become a plaintiff in that suit. We got letters from older women — even one 75 year old — who sent us money and said they were very excited that this was finally happening. We got letters from women who had their daughters sign up with us. We've got to work to keep this commitment alive. The idea of a mock trial really has a lot of potential now, because many women are aware and are angry.