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REPRODUCTIVE
CHOICE AND HEALTH

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Why I Provide Abortions

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*Reflections on the commitment to caring for women by
abortion providers from across the nation*

The 2004 election sounded an alarm that Physicians for Reproductive Choice and Health (PRCH) will have to work even harder to defend the doctor-patient relationship and the integrity of medical science. We have a White House, a House and a Senate that want to restrict the procedures doctors can perform and the information that they can share with their patients.

Therefore, in the next few years PRCH will necessarily focus on the education of policy makers, healthcare providers and the public. The voices of physicians are respected and trusted; the voices of pro-choice physicians must be louder and stronger than ever to ensure that our message is heard—not only by policy makers in Washington, DC, and in state capitals, but in communities throughout our country.

The physician statements in “Why I Provide Abortions,” compiled over the last seven years, reveal a clarity of commitment to women, to quality reproductive health and to respectful, responsible patient care. We shouldn’t have to ask doctors to be heroes—to withstand harassment, isolation, violence, invasions of their patients’ confidentiality and scientifically unfounded interference with the content of their work—but in today’s America we do.

With this publication, PRCH honors the work of these heroes, the abortion providers whose articulate words are on these pages.

—Wendy Chavkin, MD, MPH
PRCH Board Chair

“It is so important that those of us who believe in abortion, who know the truth about abortion and are willing to speak out about abortion, continue to do so. Only in speaking out do we begin to remove the stigma that the anti-choice groups have attached to abortion.

People need to know that by age 45, 43% of American women will have had abortions. They need to know that some of their family members and best friends have had abortions. They need to know that more than half of the women who have abortions were using contraception in the month in which they got pregnant. They need to know that making abortion illegal will not stop women from having abortions. It will just stop them from having them safely and in a caring environment. They need to know that the physicians who provide abortions are skilled, trained doctors who are choosing to do abortions because of deeply held moral beliefs.

And they need to know that the reason I continue to go to work every day is that I love the work I do, that there is nothing I would rather be doing and that I truly feel there is nothing better I could be doing for the women and families of this country.”

—Deborah Oyer, MD
Seattle, WA

“The desire to control one’s destiny is fundamental. The physician’s role is to help our patients have healthier and more productive futures. An unintended, unwanted pregnancy can be devastating and foreclose a woman’s life options. Simply advocating for abortion services for my patients often left me helpless. Now, the ability to provide this critical health service has been empowering to my patients and to myself as a physician.”

—Eric Schaff, MD
Rochester, NY

“I continue to do abortions after 25 years because the voices of gratitude and relief from my patients drown out the hatred and intolerance from the protesters outside. In the small still hours of the night I am at peace with myself and with God, who gave me this mission in life.”

—Mary Smith, MD
Dallas, TX

“Although I have been pro-choice from as far back as I can remember, I never considered myself a possible abortion provider. Then, one day ... when my daughters had just graduated from high school, I was thinking of the promises their lives hold, hoping no major obstacles would block them from realizing their dreams. I thought about all the patients I have seen over the years whose lives had been drastically and negatively impacted by bearing and parenting unplanned, often unwanted, children. When I thought of the decreasing number of providers in our community and the scarcity of medical residents receiving abortion training, it occurred to me that it was time for me to become active, no longer just a supportive member of the pro-choice audience.

After 25 years in practice, I became an abortion provider. Like many others, I find the work enormously satisfying and feel pleasure that my professional activities now match my pro-choice words.”

—Diana Koster, MD
Albuquerque, NM

About 1.3 million abortions are performed annually in the United States.

“I receive more heartfelt thank-you notes from patients who have undergone pregnancy terminations, often in crisis situations or with serious fetal or maternal complications, than from patients with healthy babies after uncomplicated deliveries. That is professionally rewarding.

There are very few physicians left who are willing to perform abortions and who have appropriate skills and expertise. The need for qualified, compassionate and skilled abortion providers is high. Patients deserve the best care.

I guess that these are a few of the reasons that have motivated me to continue to be an abortion provider in spite of the monthly sidewalk protests in front of my house and around the hospital, the propaganda pamphlets by the anti-abortion groups depicting me as the devil and the concerns friends express to me regarding my personal safety. If we stopped, the world would not be safer for women.”

—Fredrik F. Broekhuizen, MD
Milwaukee, WI

"I absolutely love my work. Each abortion is one woman's story, and some of those stories are difficult. It is really important to help women through the abortion experience so that they come out on the other side feeling they have made the best choice for their lives. It is wonderful to be a part of that process. I know that every time I do an abortion on a woman who chooses it, I am saving her life both literally and figuratively."

—Maureen Paul, MD
New York, NY

"All I can say is that I've been there, at the other end of the exam table—pregnant and distraught. I've been there twice, once before it was legal and once since. I was really lucky to find caring doctors each time. It's the least I can do to use my medical skills to give back to my patients what was given to me."

—Linda Prine, MD
New York, NY

*Almost 90% of abortions are performed
in the first trimester of pregnancy.*

"I began my private practice prior to the liberalization and legalization of abortion in this country. I attended many women with septic abortions secondary to failed attempts in unsterile settings. Two women died because of overwhelming infections.

Each of these women made me an activist, gave me the conviction that abortions should be done safely and legally. I continue doing abortions because, like my patients then, women today choose abortion whether it is legal or illegal. If we limit our medical practices or make the procedure a crime, it will simply return abortion to a dangerous, shadowy existence. The next generation of physicians will face the same question I faced: whether to become an activist and a provider or to silently treat women who seek the solution where they can find it, no matter where or how it is done."

—Thomas Thornton, MD
Sweethome, OR

"My experience goes back to my residency training at Boston City Hospital. I was appalled by the intermittent but steady stream of otherwise healthy young women dying in front of my eyes from septic shock due to unsterile, botched procedures. There was one young woman, dying from septic shock, who had to submit to the interrogation of three police detectives, 'invited' to see her by the chief resident in order to find out who the perpetrator was. Even though she was dying from a botched procedure, her commitment to other women who might need these services was so strong that she refused to name the provider before she died. I resolved that, at a woman's request, the most modern, safe and sanitary abortion services must be made available."

—Herbert P. Brown, MD
San Antonio, TX

"I provide abortions because women throughout history have sought them for unwanted or life-threatening pregnancies. The circumstances and reasons for seeking termination of pregnancy are all special and personal. Before *Roe v. Wade*, women died by the thousands in this country due to poor-quality abortion practices, and still do so by the thousands in countries where abortion remains illegal. By both providing and training others in abortion services, I help maintain a standard of excellence in healthcare for women. Additionally, by offering qualified and dignified abortion services, I support the woman's commitment to herself and those already in her life."

—Lisa Fuller, MD
Phoenix, AZ

"I provide abortions because if I did not, my patients would have to travel anywhere from 90 to 200 miles to get this service in an abortion clinic from someone whose qualifications are totally unknown. I am firmly committed to the ideal that all people, male and female, should have as much autonomy as possible and that they should have the best medical care feasible. That means that some caring and competent physicians in each community should provide abortions.

In my community, all the other physicians providing abortions from the early 1970s to 1984 were frightened away from their duty to their patients by pro-life militants. I have no intention of permitting extremists to dictate my morals, my ethics or my professional activities then, now or ever."

—William F. Harrison, MD
Fayetteville, AR

"It would sound noble to assert that the fundamental reason for what I do is the alleviation of suffering among unwanted children. But that's only part of why my work means so much to me. The main reason is that I believe women shouldn't have to explain to governments, religious groups, those of another opinion or the patriarchy at large that they've made a decision to deal with the condition of their own bodies. They certainly shouldn't have to explain anything to the doctors who are sworn to care for them.

Women who choose to end unwanted pregnancies deserve to be cared for with the same regard for their needs and their dignity as anyone else who seeks medical care. They needn't have to answer to the value judgments of others.

Their decisions about their own bodies should be honored. That's precisely what I do. I honor and care for patients who want to end pregnancies. I am an abortion doctor, and I refuse to mask my work in qualifications or apologies."

—Suzanne T. Poppema, MD
Seattle, WA

"Why do I perform abortions? Because it matters. It matters for the health of the women I help, it matters for the health of their families, it matters for the health of our society and, now, it matters for freedom."

—Warren M. Hern, MD, MPH, PhD
Boulder, CO

"I do what I do because I am convinced that being a mother is the hardest job there is. Women know they have to gather their strength if they choose to become mothers. As a feminist physician ... I can think of no greater, more interesting or more challenging work than providing and preventing abortions ... I get to treat women well, even those who expect to be despised, and I am constantly reminded through emotional and sometimes physical violence against me and my patients what important work we do."

—Elizabeth Karlin, MD*
Madison, WI

"I work as an abortion provider because I want women to have the choice of having every pregnancy be a wanted pregnancy, in which the hopeful outcome will be a child who is going to receive the love and nurturing it should have. In our growing world population, unwanted pregnancies can only result in tragic outcomes for civilization, now and in the future."

—Miriam K. McCreary, MD
Mendota Heights, MN

49% of pregnancies among American women are unintended; half of these are terminated by abortion.

"I provide abortions because women need them and I have the training to do a good job. Someone has to take responsibility for unwanted pregnancy and I am committed to helping women do that. Abortion services are the essence of public health in this country. We are charged with the task of offering kind, compassionate care so that women can have babies they want. Parenthood is a sacred trust that should never be undertaken under duress. I feel a strong moral imperative to make this service available and couldn't imagine practicing ob/gyn without providing abortion services."

—Marc Heller, MD
Cooperstown, NY

"In 1973, the Supreme Court made the decision that women had the right to abortion in the *Roe v. Wade* case. My wife said to me that we should provide abortions in this area because it's rural and conservative, and our people would otherwise have to go a great distance to receive this service. I acquiesced, but said it would only be a flash in the pan and that within two to three years every community would have a provider. How wrong I was.

Today there are only five centers in downstate Illinois providing abortion services. I understand that there is always going to be a segment that doesn't believe in abortion, and I support their right to their own beliefs. I do ask in return, however, that they respect our decisions and our viewpoints."

—James E. Coeur, MD
Carthage, IL

“Like so many of us in the older years, I spent so many hours of heartache on patient care with women who had been injured severely by then-illegal abortion operations. I never again want women to be subjected to that kind of vicious injury because our healthcare system is unable to provide safe reproductive healthcare, including abortion.”

—Donald P. Swartz, MD
Albany, NY

“Personally, I could never turn away a patient who needs my help. Reasonable people disagree over abortion. But it is unreasonable to use violence or fear to intimidate providers and patients from exercising their rights guaranteed by the Constitution. It is unreasonable that doctors are discontinuing the provision of a necessary medical service simply out of fear.”

—Pablo Rodriguez, MD
Providence, RI

“It has always amazed me how Rochester’s four obstetric clinics compete to offer pregnant women the latest in family-centered labor and delivery sites, each trying to outdo the other in terms of furniture, whirlpool baths, music and other accouterments. Yet the very same woman at the very same hospital finds a cold reception in a clinic where she plans to end a pregnancy. Gone are the bright colors, contemporary furniture and smiling support-staff faces. I guess this is why I provide abortions. In no other area of modern medicine will simple human kindness produce such dramatic results. I’ve committed time to teaching medical students, residents and other physicians how to perform what I consider to be a vital medical service. I only pray that before I die my work is done. Will I hide and keep a low profile? I’ve struggled with that question ... Will Dr. Barnett Slepian’s murder, an hour away, finally silence me? No!! ... My would-be assassin may yet determine how and when I die, but not how I live.”

—Morris Wortman, MD
Rochester, NY

"As the controversy surrounding abortion grows and antichoice rhetoric becomes louder and more violent, it would be effortless to eliminate abortion from my comprehensive services and continue to practice in anonymity. However, my resolve only grows. Why, in light of escalating violence and personal isolation, have I chosen to stay the course? I cannot allow a small vocal minority to impose its values through intimidation and terrorism on the majority. All women deserve the right to reproductive choice and the availability of safe and legal abortions. I am determined to continue to provide a full range of healthcare to my patients."

—Wayne L. Goldner, MD
Manchester, NH

"Every woman has the right not to be manipulated by men who will never know what it is to have an unwanted pregnancy. The abortion issue has been politicized and emotionalized by public figures such as Jerry Falwell and Jesse Helms. They couldn't care less about women. In fact, I remember in the late 1970s, Senator Jesse Helms made a statement before Congress that the number of rapes is so infinitesimal that he doubted it would ever account for an abortion excuse. He said he would pay for any abortion that was done as a result of rape. I sent him a bill for \$1,200 because we found four cases in our files, but he refused to pay."

—Takey Crist, MD
Jacksonville, NC

*87% of U.S. counties have no abortion provider.
97% of rural counties have no abortion services.*

"Providing abortions is the one thing I do as a physician that I believe clearly saves lives. For the women whom I have helped, I truly believe I was instrumental in saving their lives by making safe abortions available to them. As a pediatrician, I learned to do this procedure because I wanted to provide comprehensive healthcare to my adolescent patients, and not have to send them to someone they did not know for this major life decision and experience. I see providing abortion care as an integral part of female healthcare."

—Melanie A. Gold, DO
Pittsburgh, PA

"I've always been pro-choice. It's an essential part of being healthy. Being able to choose when to have a baby and when not to have a baby is a part of life. Choosing to continue a pregnancy is a choice, and choosing to end a pregnancy is a choice, and whatever that patient needs to know or do to fulfill that choice is what I want to do.

"I want to provide complete healthcare, which is what a family doctor does. Complete is not carving out a little bit here, or carving out a little bit there, within my physical and mental ability to provide. I don't want to say I'm going to help you during your pregnancy and during your delivery, but I'm not going to help you if you don't want to be pregnant. That's incomplete care. I want to treat the whole woman, psychologically, emotionally and physically."

—Edward Perrin, MD
Phoenix, AZ

"I became a family physician because I wanted to care for women and families through all stages of life. Pregnancy is an especially meaningful turning point in many women's lives, and the consideration of parenthood and raising children is one of the most important decisions any person will ever make. I have had the honor of caring for many pregnant women through their prenatal care and delivery, and then continuing to care for Mom and Baby as the child grows.

Because I have the deepest respect for motherhood and derive such joy from sharing a woman's journey into parenting, I also have a deep respect for the decision not to become a parent. In fact, I believe that supporting people in choosing the right time to become parents is one of my most important jobs as a family physician. I have no doubt in my mind or heart that contraception, family-planning counseling and abortion services are as important and positive aspects of family healthcare as are prenatal care, labor and delivery and the care of a growing child. I feel great knowing that I help patients become parents when they feel ready, and I trust them to make the best decisions for themselves and their families."

— Debra Stulberg, MD
Chicago, IL

*One in four women travel 50 miles
or more for an abortion.*

"I provide abortions because I value the life and health of my patients, and because when abortion is not legal, safe and accessible, women suffer and die. I provide abortions because right now, somewhere else in the world, in Africa or Asia or South America, a woman is sick, bowled over with terrible cramps, bleeding, feeling alone and terrified, because she chose to not bring a child into this world that she knew she could not care for properly.

I provide abortions because not very long ago, this also happened to women here in the U.S., and we must not let it happen again.

I provide abortions because as Dr. Liz Karlin said, 'Women have abortions because they have a sense of what it is to be a good mother.' I provide abortions because doing so allows me to reach out to women and show them kindness at a time when they are upset, frightened, and having one of the worst days of their lives. I provide abortions because it is the single most rewarding and gratifying field of medicine I have experienced."

—Susie Baldwin, MD, MPH
Los Angeles, CA

*Kentucky, Mississippi, Nebraska, North Dakota,
South Dakota, West Virginia, Utah, and Wyoming
each have five or fewer abortion providers.*

"Why do I provide? Because having a right to medical care necessitates having a provider for that care. Because nothing gives me greater satisfaction than having a woman walk scared and sad into my office, and watching her leave unburdened and relieved. Because it's my abortion patients who send me thank-you notes and want to become my 'regular' patients, too. Because no one should be made to feel bad or guilty for making the best decision for themselves and their family."

—Katharine O'Connell, MD, MPH
New York, NY

“Women will always have abortions, whether from the bark of a tree, or an incompetent, untrained health worker, or a trained health worker, or a physician or a specialist, it matters not. When you make abortion illegal, you make it dangerous. We must train more physicians in these procedures, as well as allow mid-level clinicians to be trained to provide early abortion services.

We live with the hope that common sense and compassion will triumph in the abortion issue. Our goal is to provide the best medical care, respect individual freedom and protect physical and emotional health. That has always been our goal.”

—William K. Rashbaum, MD*
New York, NY

“I have been in countries where abortion is illegal and I have seen what happens to women who try to induce their own abortions because they can't find a legal provider. Regardless if abortion is legal or not, women still get them. The only difference is that where abortion is illegal women get hurt or die. Every year 78,000 women die worldwide related to unsafe abortions. As a physician I believe it is my duty to prevent this from happening. Preventing preventable death and injury is my job.”

—Teresa DePiñeres, MD, MPH
San Francisco, CA

Fewer than 1% of all abortion patients experience a major complication. The risk of death associated with abortion is 1/10 of the risk associated with childbirth.

“Mothers' lives were lost in the days of illegal abortion. We just cannot let that happen again. We've got to educate people that abortion is an important part of medical care.”

—Mildred Hanson, MD
Minneapolis, MN

“When a woman acts in a responsible way, doing what she believes is in her best interests and the best interests of her family, she’s being moral. My patients think that what they’re doing is wrong and that they’re a bad person for doing it. And that’s really sad because what they’re often doing is showing a higher level of moral development. It’s work that I’m very proud of. I have never experienced a greater level of gratitude from patients, and it’s never ceased to feel rewarding and to feel that I’m doing something good and something important.”

—Curtis Boyd, MD, PC
Albuquerque, NM

“It’s not my role to judge the patients. I’m not God. My patients have rights. My patients have feelings. My patients have needs, and I need to listen to them. We live in a world where we don’t have a fail-proof method of birth control. We don’t have a school system that allows us to teach young children where babies come from. We don’t have a police system that prevents rape and incest. We don’t have a scientific community that can guarantee every woman, when she’s pregnant, that the fetus is normal. As long as we live in this imperfect society, women have to have the right to be able to terminate a pregnancy. If we could guarantee every woman that she’s only pregnant when she wants to be, we wouldn’t have to have abortions any more.”

—Robert Tamis, MD
Paradise Valley, AZ

All statistics from The Alan Guttmacher Institute.

* Physician is deceased.

Physicians for Reproductive Choice and Health exists to ensure that all people have the knowledge, access to quality services, and freedom to make their own reproductive health decisions. PRCH mobilizes pro-choice physicians to promote, educate, and advocate about the importance of comprehensive reproductive healthcare.

If you are interested in becoming a member or supporter of PRCH, please call 646-649-9924, email membership@prch.org, or visit www.prch.org.
