

Abortion Reform: The New Tokenism

[I] ABORTION LAW REPEAL (SORT OF): A WARNING TO WOMEN

ONE OF THE FEW THINGS everyone in the women's movement seems to agree on is that we have to get rid of the abortion laws and make sure that any woman who wants an abortion can get one. We all recognize how basic this demand is; it sounds like a pretty clear and simple demand, too—hard to achieve, of course, but obviously a fundamental right just like any other method of birth control.

But just because it *sounds* so simple and so obvious and is such a great point of unity, a lot of us haven't looked below the surface of the abortion fight and seen how complicated it may be to get what we want. The most important thing feminists have done and have to keep doing is to insist that the basic reason for repealing the laws and making abortions available is JUSTICE: women's right to abortion.

Everyone recognizes the cruder forms of opposition to abortion traditionally used by the forces of sexism and religious reaction. But a feminist philosophy must be able to deal with *all* the stumbling blocks that keep us from reaching our goal, and must develop a consciousness about the far more subtle dangers we face from many who honestly believe they are our friends.

* * *

The abortion issue is one of the few issues vital to the women's movement that well-meaning people outside the movement were dealing with on an organized basis even before the new feminism began to explode a couple of years ago. Many people were involved with the earlier issue of abortion law "reform"—and are in the abortion movement today—for very good reasons; they are concerned with important issues like the public health problem presented by illegal abortions, the doctor's right to offer patients good medical care, the suffering of unwanted children and unhappy families, and the burgeoning of our population at a rate too high for *any* economic system to handle.

BUT ALL THESE GOOD REASONS are, in the final analysis, based on simple expediency. Such reasons are peripheral to the central rationale for making abortion available: justice for women. And unless a well-thought-out feminism underlies the dedication of these people, they will accept all kinds of token gains from legis-

lators and judges and the medical establishment in the name of "getting something done NOW"—never mind what that is, or how much it cuts the chances for real changes later by lulling the public into a false sense of accomplishment.

In our disgust with the extreme oppression women experience under the present abortion laws, many of us are understandably tempted to accept insulting token changes that we would angrily shout down if they were offered to us in any other field of the struggle for women's liberation. We've waited so long for anything to happen that when we see our demands having any effect at all we're sorely tempted to convince ourselves that everything that sounds good in the short run will turn out to be good for women in the long run. But of course it is the women's movement whose demand for *repeal*—rather than "reform"—of the abortion laws has spurred the general acceleration in the abortion movement and its influence. Unfortunately, and ironically, the very rapidity of the change for which we are responsible is threatening to bring us to the point where we are offered something so close to what we want that our demands for true radical change may never be achieved. The choice is up to us: we must subject every proposal for change and every tactic to the clearest feminist scrutiny, demand only what is good for *all* women, and not let some of us be bought off at the expense of the rest.

Most of us recognize that "reforms" of the old rape-incest-fetal deformity variety are not in women's interest and in fact, in their very specificity, are almost more of an insult to our dignity as active, self-determining humans than are the old laws that simply forbid us to have abortions unless we are about to die. But the *new* reform legislation now being proposed all over the country is not in our interest either: it looks pretty good, and the improvements it seems to promise (at least for middle-class women) are almost irresistible to those who haven't informed themselves about the complexities of the abortion situation or developed a feminist critique of abortion that goes beyond "it's our right." And the courts are now handing down decisions that look good at a glance but that contain the same restrictions as the legislation.

All of the restrictions are of the kind that would be extremely difficult to get judges and legislators to throw out later (unlike the obvious grotesqueries in the old "reform" laws, which are already being challenged successfully in some courts and legislatures). A lot of people are being seriously misled because the legislation and the court decisions that incorporate these insidious limitations are being called

by Lucinda Cisler

abortion law “repeal” by the media. But it seems pretty clear that when you repeal an abortion law you just get rid of it; you do not put things back into the statutes or make special rules that apply to abortion but not to other medical procedures.

The following are the four major restrictions that have been cropping up lately in “repeal” bills, and some highly condensed reasons why feminists (and indeed anyone) must oppose them. No one can say for sure whether sexist ill-will, political horse-trading, or simple ignorance played the largest part in the lawmakers’ decisions to include them, but all of them codify outmoded notions about medical technology, religion, or women’s “role”:

1. Abortions may only be performed in licensed hospitals.

Abortion is almost always a simple procedure that can be carried out in a clinic or a doctor’s office. Most women do need a place to lie down and rest for a while after a D&C or even a vacuum aspiration abortion, but they hardly need to occupy scarce hospital beds and go through all the hospital rigmarole that ties up the woman’s money and the time of overworked staff people.

Hospital boards are extremely conservative and have always wanted to minimize the number of abortions performed within their walls: the “abortion committees” we now have were not invented by lawmakers but by hospital administrators. New laws that insure a hospital monopoly will hardly change this attitude. (The same committees regulate which women will be able to get the sterilizations they seek—even though voluntary sterilization is perfectly legal in all but one or two states.) The hospitals and accreditation agencies set up their own controls on who will get medical care, and doctors who want to retain their attending status are quite careful not to do “too many” abortions or sterilizations.

Hawaii’s new law has this kind of restriction, and hospitals there are already busy setting up a new catechism of “guidelines,” none of which insure that women will get more abortions and all of which insure that they will have to ask a lot of strangers for “permission” before they are allowed to spend the considerable amount of money that hospitalization inevitably costs. Maryland’s recent bill and the legislation and “guidelines” proposed in several other states—like New York—contain the same provisions that essentially shift the locus of control over women’s decisions from the state to the hospital bureaucracies and their quasi-legal “regulations.”

2. Abortions may only be performed by licensed physicians. This restriction sounds almost reasonable to most women who have always been fairly healthy and fairly prosperous, who are caught up in the medical mystique so many doctors have cultivated, and who accept the myth that abortion is incredibly risky and thus should cost a lot. But it is one of the most insidious restrictions of all, and is most oppressive to poor women.

Most doctors are not at all interested in performing abortions: even the ones who don’t think it’s dirty and who favor increasing the availability of abortion generally consider it a pretty boring procedure that they don’t especially want to do. One reason they do find it tedious is that it is

basically quite a simple operation, especially when the new vacuum aspiration technique is used, rather than the old dilation and curettage. The physicians who would like to see paramedical specialists trained to perform abortions with the aspirator (or who would like to perfect other promising new methods, such as hormone injections) would be completely thwarted by this restriction in their desire to provide efficient, inexpensive care on a mass basis. The general crisis in the medical delivery system in fact demands that paramedical people be trained to do a great many things that physicians do now.

If physicians themselves were to try to perform all the abortions that are needed, they would be swamped with requests and would have to charge a great deal for their specialized training. Childbirth is statistically eight or ten times more dangerous than abortion, and yet nurses are now being trained as midwives in many medical centers. Why can’t they and other medical personnel also be specially trained to use the aspirator so that five or six of them can perform clinic abortions under the general supervision of one physician? Only if paramedicals are allowed to do abortions can we expect to have truly inexpensive (and eventually free) abortions available to all women.

In the fall of 1969 a Washington, D.C., court threw out the District’s limitations on a doctor’s right to perform abortions—but upheld the conviction of the doctor’s paramedical aide who said she had wanted to help poor women. Anyone who knows what the present situation is in D.C. will know that abortion is *not* readily available when its performance is limited to doctors only. The public hospital where poor women go had to be forced by court order to provide this service; private hospitals that serve middle-class women still operate restrictively and charge a lot; a few doctors willing to brave the stigma of being “abortionists” are performing abortions in their offices for \$300 or so. Although they work long hours, they are inundated with patients (one has a backlog of five weeks).

Some women insist that because *they* would prefer to go to a doctor, *all* women must be compelled by law to go to one. It is each woman’s right to choose to spend \$300 for an abortion from a doctor, but she is obviously oppressing other women when she insists that all must do as she does. An abortion performed by a paramedical person with special training in a given modern procedure could easily, in fact, be safer than a D&C performed by a physician who hasn’t done many abortions before.

In any case, it is only when doctors have the right to train the people they need to help them meet the demand, and women have the right to get medical care at a price they can afford, that butchers and quacks will be put out of business. Existing medical practice codes provide for the punishment of quacks, but as long as poor women cannot find good abortions at a price they can pay, so long will butchers elude the law and women continue to die from their ministrations—as they still do in states that have “reform.”

Looking not so far into the future, this restriction would also deny women themselves the right to use self-abortifacients when they are developed—and who is to say they will not be developed soon? The laws regulating contraception that still exist in 31 states were made before contraceptive foam was invented, at a time when all effective female

contraception involved a visit to the doctor. That visit was frozen into a legal requirement in some states, and we still have the sad and ludicrous example of Massachusetts, where non-prescriptive foam cannot legally be bought without a prescription.

The “doctors only” clause is a favorite in legislation that masquerades as repeal. Hawaii, Maryland, Washington State and New York are among the important states where this restriction was (rather quietly) included.

3. *Abortions may not be performed beyond a certain time in pregnancy, unless the woman's life is at stake.* Significantly enough, the magic time limit varies from bill to bill, from court decision to court decision, but this kind of restriction essentially says two things to women: (a) at a certain stage, your body suddenly belongs to the state and it can force you to have a child, whatever your own reasons for wanting an abortion late in pregnancy; (b) because late abortion entails more risk than early abortion, the state must “protect” you, even if your considered decision is that you want to run that risk and your doctor is willing to help you. This restriction insults women in the same way the present “preservation-of-life” laws do: it assumes that we must be in a state of tutelage and cannot assume responsibility for our own acts.

Even many women's liberation writers are guilty of repeating the paternalistic explanation given to excuse the original passage of U.S. laws against abortion: in the 19th century abortion was more dangerous than childbirth, and women had to be protected against it. Was it somehow less dangerous in the 18th century? Were other kinds of surgery safe then? And, most important, weren't women wanting and getting abortions, even though they knew how much they were risking? “Protection” has often turned out to be but another means of control over the protected: labor law offers many examples. When childbirth becomes as safe as it should be, perhaps it will be safer than abortion: will we put back our abortion laws, to “protect women”?

And basically, of course, no one can ever know exactly when *any* stage of pregnancy is reached until birth itself. Conception can take place at any time within about three days of intercourse, so that any legal time limit reckoned from “conception” is meaningless because it cannot be determined precisely. All the talk about “quickening,” “viability,” and so on, is based on religious myths (if the woman believes in them, of course, she won't look for an abortion) or tied to ever-shifting technology (who knows how soon a three-day-old fertilized egg may be considered “viable” because heroic mechanical devices allow it to survive and grow outside the woman's uterus?). To listen to judges and legislators play with the ghostly arithmetic of months and weeks is to hear the music by which angels used to dance on the head of a pin.

There are many reasons why a woman might seek a late abortion, and she should be able to find one legally if she wants it. She may suddenly discover that she had German measles early in pregnancy and the fetus is deformed; she may have had a sudden mental breakdown; or some calamity may have changed the circumstances of her life: whatever her reasons, *she belongs to herself and not to the state.*

This limitation speaks to the hang-ups many people have, and it would be almost impossible to erase from a law once it were enacted—despite its possible Constitutional vulnerability on the grounds of vagueness. It is incorporated in New York State's amended abortion law, among many others, and in a recent Federal Court decision in Wisconsin that has been gravely misrepresented as judicial “repeal.” The Washington, D.C., decision discussed the “issue” and concluded that Congress should probably enact new laws for different stages of pregnancy. This is not repeal; it is a last-ditch attempt at retaining a little of the state ownership of pregnant women provided for under the worst laws we have now.

4. *Abortions may only be performed when the married woman's husband or the young single woman's parents give their consent.* The feminist objection to vesting a veto power in anyone other than the pregnant woman is too obvious to need any elaboration. It is utterly fantastic, then, to hear that some women's liberation groups in Washington State have actually been *supporting* an abortion bill with a consent provision. Although such a debasing restriction is written into law in most of the states that have “reform,” some legal writers consider it of such little consequence that they fail to mention it in otherwise accurate summaries of U.S. abortion laws.

This may be the easiest of these restrictions to challenge constitutionally, but why should we have to? Instead we could prevent its enactment and fight to eradicate the hospital regulations that frequently impose it even where the law does not.

* * *

ALL WOMEN ARE oppressed by the present abortion laws, by old-style “reforms” and by seductive new fake repeal bills and court decisions. But the possibility of fake repeal—if it becomes reality—is the most dangerous: it will divide women from each other. It can buy off most middle-class women and make them believe things have really changed, while it leaves poor women to suffer and keeps us all saddled with abortion laws for many more years to come. There are many nice people who would like to see abortion made more or less legal, but their reasons are fuzzy and their tactics acquiescent. Because no one else except the women's movement is going to cry out against these restrictions, it is up to feminists to make the strongest and most precise demands upon the lawmakers—who ostensibly exist to serve *us*. We will not accept insults and call them “steps in the right direction.”

Only if we know what we *don't* want, and why, and say so over and over again, will we be able to recognize and reject all the clever plastic imitations of our goal.

Condensed from Notes (from the Second Year): Radical Feminism (May 1970). Copyright 1970 by Lucinda Cisler.

Lucinda Cisler is the president of New Yorkers for Abortion Law Repeal, which opposed the passage of New York's amended abortion law for the reasons she set forth in her article. She has been active in women's liberation for over two years and is the author of Women: A Bibliography.



PRODUCED BY UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

[II] THE VICTIMS

The fact that more than one million women each year are still forced to seek illegal abortions is eloquent testimony to the failure of "liberalized" abortion laws to meet the needs of women. More eloquent, however, are the following interviews which reveal the brutality and degradation women are suffering for the "crime" of wanting to control their own bodies.

I got pregnant during the end of my senior year in high school. When I told Jim, he made it clear that he had no intention of giving up college to marry me and that I'd better get an abortion.

Is that what you wanted to do?

That was the first thing I thought of, but then I started thinking about the life growing in my body. . . . In the end, though, the thought of being an unwed mother was worse than the thought of an abortion, so I decided to try and get one.

Did you contact the abortionist?

Actually Jim was the one who found one. We grew up in a small town where the kids didn't even let on they were screwing, let alone know where to get abortions. There were only two doctors in our town and I didn't dare go to either of them: both were friends of my family and I knew the idea of an abortion would shock and repel them. Jim finally got a name from a guy he'd played against in a football game in Sacramento. Once he'd given me the phone number of the guy to contact, Jim said he'd fulfilled his obligations and the rest was up to me. He got a summer job in another town, and left.

How far along in your pregnancy were you?

I had missed two periods—I guess about eight or nine weeks. I had read somewhere that after eight weeks an abortion got more and more dangerous, and I was getting very frightened. I went to a pay phone and called the number in Sacramento. A man answered and I told him I wanted to make an appointment to come and see him. He laughed in a weird way and said, since when did anyone need an appointment to visit a bar. That really threw me and I almost hung up. Then he asked me if I had a "problem" I'd like to talk to him about—that he liked to help people with their problems. I told him I did want to talk to him and he said to come to the bar the next day. I told my parents I was going to take the bus to Sacramento to go shopping. . . .

Did your parents have any idea of what was happening?

No, and I was terrified that they would find out. I was sure they would have thrown me out and that my father would shoot Jim. My parents are very into their religion and it doesn't leave any room for the kind of "mistake" I had made. I was having terrible morning sickness, and when my mother began to notice, I started going into my bedroom closet every time I had to throw up. It was the only place I could go where no one would hear me.

What happened when you got to Sacramento?

I had a hard time finding the bar. It was in the skid row part of town, and I had to walk by the junkies and winos.

By the time I found the bar, I was so frightened I was crying. I forced myself to go in, and sat on a stool. I sat there for a long time before the bartender came over. He asked me what I wanted and I told him I wanted to talk about my "problem." He really looked me over then. When he finished, he asked me how old my "problem" was. I told him, and he told me to come back to the bar that Saturday with \$400 and he'd see that my "problem" was solved.

When I left the bar I felt so dirty and humiliated I didn't think I'd ever go back. But of course I did. The shame and guilt and fear about the abortion was still more bearable than the thought of facing my parents and that town as an unwed mother. It seems silly now; but for me, then, there really was no choice.

This time I took a taxi to the bar—I couldn't have faced walking those streets again. I sat at a table until the bar closed, and then the bartender came over and asked me if I had the money. I gave him the \$400 I had saved for college. Then he took me to one of those third-rate hotels—it looked like the kind where rooms are rented by the hour. When we got up to the room, he told me to take off my clothes and get onto the bed. I asked him where the doctor was. He told me the doctor would be there in a few minutes but that I had to be "prepared" first. I told him I didn't want to get undressed in front of him, but he said if I didn't cooperate, I wouldn't get the abortion. So I got undressed and lay down on the bed. As soon as I lay down he came over to the bed and told me to spread my legs so he could make the preparations. The next thing I knew, that bastard had thrust as much of his hand as would fit into my vagina. I started screaming, and he slapped me hard across the face with his other hand. Then he covered my nose and mouth so I couldn't breathe and told me to shut up or he would rip my insides out. He took his hand out of my vagina, and all of a sudden he was raping me. I started screaming again, and he hit me and I fainted.

When I came to, there was another man bending over me. He had a rubber apron on over his T-shirt and a gauze mask over his face. I was so terrified I literally willed myself to die. When this man saw that I was conscious, he started calmly explaining what he was about to do. It was so unreal—he was acting as though the rape and beating had never happened. I finally got myself to ask him to please give me a shot to stop the pain. He told me I didn't need a shot, that all I had to do was pant when he inserted the instrument (I don't remember what he called it) and I wouldn't feel any pain. He was a real sadist. He stuck the instrument in very slowly—as though he was trying not to hurt me. All of a sudden he gave it a hard twist. The pain was excruciating and I passed out again. . . . When I woke up, I was lying in a pool of blood.

Was the "doctor" still there?

Yes. He was sitting in a chair at the foot of the bed. We just