

The Politics of Choice: Abortion as Insurrection

Warren M. Hern

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W. Penn Handwerker

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News Item: Joseph Scheidler, founder of the Chicago-based Pro-Life Action League, claimed victory after staging a two-hour picket in front of the Boulder Abortion Clinic yesterday morning. Because no women came in for abortions during that time, Scheidler said he had shut the clinic down for the morning. Dr. Warren Hern, who performs the clinic's abortions, denied that appointments were changed in anticipation of the picket. But Scheidler . . . insisted that no clients showed up "because I'm here."

—Colorado Daily, Wednesday, October 23, 1985

A Personal Prologue

I have worked in some aspect of fertility control for twenty years. I have spent more than fifteen of those years providing abortion services, but the last three years have been among the most memorable in my experience. On October 18, 1985, a large stone was thrown through the front window of my office by an antiabortion supporter of Joseph Scheidler, who was due to arrive in Boulder that weekend (Langer, 1985). Mr. Scheidler spent a considerable part of his time in Colorado attacking me and inciting others to do so as well. His favorite place for mounting this attack was the sidewalk in front of my office (Brennan, 1985a,b; Roberts 1985; Putnam 1985; Bortnick 1985; Gelchion 1985). There, he encountered a phalanx of eight Boulder policemen, two private security guards, and two representatives of the Boulder District Attorney's office. In spite of his promises to risk arrest by trying to take over my office, he backed down and left for Chicago claiming he had "closed" my office. Scheidler claims to have "closed" 34 clinics.

In the week following Scheidler's first ignominious visit to Boulder, Colorado, I received a half-dozen death threats. My clinic had a bomb

threat. We had hundreds of hang-up calls in attempts to jam the telephones. Picketers became more aggressive.

In early December, Scheidler returned to demonstrate at my office again and to hold more rallies. The number of hostile calls increased, and aggressive picketing resumed following his departure. Scheidler threatened to return again on December 28, the "Day of Rescue," but he didn't. Instead, we were hounded by dozens of phony service calls and deliveries (Brennan, 1986a). We began receiving large quantities of unsolicited junk mail, books, and subscriptions. I criticized the Colorado Right to Life Committee and one of its leaders, and they sued me for slander and asked for \$2 million dollars (Horsley 1986; Brennan 1986b).

Mr. Scheidler's next appearance was at Orlando, Florida. There, according to eyewitness reports, he rolled up to an abortion clinic in a Cadillac Eldorado and was whisked away by private jet after his demonstration.

The Orlando clinic that Scheidler visited has been the target of Scheidler and his fanatic followers since at least July, 1983. The clinic was sprayed with gunfire in January, 1984. The clinic director has received numerous death threats (personal communication, clinic director).

Bombs and Bullets Are Not Theoretical

In 1987, the Alan Guttmacher Institute (AGI) published the results of a survey of the harassment of U.S. abortion service providers. Of the 400 non-hospital abortion providers, 88 percent had experienced anti-abortion harassment in 1985, 29 percent had been invaded and vandalized, and 20 percent had had their phones jammed by phony calls. Fifty-two percent had been forced to increase security costs, 32 percent had lost malpractice insurance, and 24 percent had lost fire and casualty insurance. Seventy-three percent of the clinics were targets of illegal activities (Forrest, 1987). "In no other U.S. setting," say the AGI authors, "are health care workers likely to be threatened for providing services that are legal."

In my own survey of 150 National Abortion Federation member clinics, 29 percent had experienced serious violence, including total destruction of facilities, sometimes more than once; 26 percent had been visited by Scheidler; 45 percent had experienced increasingly aggressive harassment, frequently associated with Scheidler's visits; 35 percent had lost insurance coverage; and 26 percent had received death threats, bomb threats, or both.

A live bomb was delivered to a Portland, Oregon clinic in December, 1985, and three others were found in the Portland postal system the same day (Clendinen, 1985). One was addressed to a physician who

performs abortions and who had been the target of death threats and two arson attempts. The bombs were designed to kill whoever opened the package.

At a national conference of radical antiabortion activists in Appleton, Wisconsin held in the summer of 1985, participants wore buttons saying, "Have a Blast."

President Reagan and his advisers have said that there is no national conspiracy and no terrorism against abortion clinics (Washington Times, 1987). From 1977 until 1981, there were 69 aggressive or violent incidents against abortion clinics. Thirteen included bombing or arson, and two of the arsons resulted in total destruction of the facility. Since Ronald Reagan took office in 1981, there have been 778 violent or aggressive incidents against abortion clinics, of which 57 have included bombing or arson, and facilities were completely destroyed in fourteen cases (National Abortion Federation, 1988).

On November 20, 1987, antiabortion propagandist Bernard Nathanson stated at a press conference and in a speech in Denver that antiabortion pressure is building and would have to be released or "there will be violence" (Rocky Mountain News, 21 November 1987). Nathanson made a point of attacking me in his remarks.

On January 25, 1988, Reagan attacked abortion in his State of the Union message before Congress (New York Times, 26 January 1988). A few days later, on January 30, the Reagan administration issued new regulations forbidding personnel at federally-funded family planning clinics from even mentioning abortion to patients (Pear, 1988). On February 2, the Planned Parenthood Federation and several clinics including some in Colorado filed suit to enjoin the regulations (Lewin, 1988).

The next day, February 3, Republican Presidential candidate Pat Robertson made a highly inflammatory speech against abortion before the New Hampshire state legislature and stated that Planned Parenthood was trying to develop a "master race" (Dees, 1988).

On February 4, 1988, five shots were fired into the front of my office building (Daily Camera, 5 February 1988; Robey 1988; Black 1988). Three bullets passed through the glass into the waiting room. I had just left the area, and an employee working in the building narrowly escaped injury.

No matter what the Supreme Court says, I find it necessary from time to time to work under the protection of armed private security guards to protect my patients and staff. We have installed bullet-proof windows and electronic protective devices in my clinic.

The harassment continues across the nation. On May 2, 1988, 500 people belonging to an organization called "Operation Rescue" dem-

onstrated against a New York abortion clinic (Brozan 1988). Nearly 600 demonstrators were arrested at a Paoli, Pennsylvania abortion clinic on 5 July, and 250 demonstrated at a nearby clinic the next day (Mayer 1988; Enda 1988a,b). On June 19, 1988, a series of aggressive demonstrations led by Rev. Jerry Falwell began in Atlanta and continued for weeks (Smothers 1988).

These events underscore the nature of the current struggle to maintain freedom of reproductive choice in America today. That struggle is being waged on many fronts. Many important battles have been lost, at least for now. We have won some important victories, especially in the courts. Scheidler and his goons represent the effort to drive abortion services underground and to reduce them to essentially the same status as prevailed in the days when abortion was illegal. The tactics are ruthless and insidious; they include telephone harassment and obstruction of clinic telephone lines, false and misleading advertisement of the so-called "pregnancy crisis" clinics, picketing of not only clinics but doctors' homes and churches, telephone harassment and picketing of other clinic personnel, harassment of patients and invasion of privacy, disruption of pro-choice meetings, clinic invasions, covert actions, death threats, and numerous other iniquitous methods. Many of these tactics are described in Scheidler's book, *Closed: 99 Ways to Stop Abortion* (Scheidler 1985).

Mr. Scheidler claims he does not condone violence. Yet he praises and "sympathizes" with those who commit violence against abortion clinics, and he visits them in jail. He states he will not condemn violence, and stated in Colorado that violence has a place in his movement (Putnam, 1985). He is fond of stating, "I have yet to shed my first tear over the smoldering remains of an abortion clinic" (Donovan 1985).

Many of those who find abortion abhorrent and even some who work actively to outlaw it find Scheidler's tactics unacceptable. He has been thrown out of the mainstream Right-To-Life Committee organization at several levels (Cancila 1985). But he accurately symbolizes and represents an important segment of antiabortion radicals who will literally stop at nothing to disrupt abortion services.

For those of us who provide services, this strategy produces nightmarish problems. It threatens basic personal freedoms. The rhetoric of violence employed by Scheidler and others like him chills our participation in community life and endangers our lives. We are highly vulnerable to these attacks.

To us, the antiabortion fanatics are those we must face daily, not our reasonable friends and colleagues with whom we can courteously disagree and with whom we maintain not only professional relationships but friendships. We do not see or hear so much from those who sincerely

disagree with abortion but who reject the methods of Scheidler and Falwell.

The courts have agreed that we have the right to provide contraceptive and abortion services, but we struggle in reality each day to maintain those rights against the scurrilous tactics of people like Scheidler and those who support him. We have not yet won the political battle for reproductive freedom, much less abortion, in this country.

Changes in American social attitudes toward abortion during the past 150 years have crystallized during the past 5 years into a pitched battle between abortion service providers and those who are determined to prevent abortions from being performed. This is not merely a battle in the abstract sense; bombs and bullets are not theoretical.

Antiabortion National Politics

President Reagan is the first American president to make opposition to abortion a prime tenet of his political program, and he is the first to invoke both official and unofficial strategies to accomplish his goal. At his first press conference on the day after he was elected in November, 1980, he announced one of his primary goals as outlawing abortion (Kneeland 1980). On his inauguration day in January, 1981, he met with leaders of antiabortion groups. Reagan's new Secretary of Health and Human Services, Richard Schweiker, spoke that day to an antiabortion rally and promised the group a "pro-life" administration (UPI, 1981).

Abortion and the Conscience of the Nation, an antiabortion tract purportedly written by Reagan, appeared in 1984 (Reagan 1984). It included an antiabortion speech by Dr. C. Everett Koop, who had just been appointed Surgeon General of the United States by Reagan. The speech was entitled, "The Slide To Auschwitz." Reagan was the first President to recognize and address the annual March for Life in Washington, D.C. On January 22, 1985, he told the rally, "I feel a great sense of solidarity with all of you" (Clendinen 1985b). Each year during his presidency, on January 22, Reagan honored antiabortion leaders by meeting them personally in the White House. In 1986, he was asked by those leaders to pardon the abortion clinic bombers (Brown 1986), and he never issued a clear repudiation of the suggestion. One of those with whom Reagan regularly met, and who participated in the appeal to pardon abortion clinic bombers, is Joseph Scheidler.

In January, 1985, following a series of particularly destructive abortion clinic bombings, one of which occurred in Washington, D.C. (Associate Press, New York Times, 1984; Hershey 1985), Reagan issued a brief press release condemning the bombings (Boyd 1985). Reagan's only other statement indicating concern for the violence directed toward women

and doctors and others who help them in abortion clinics was delivered as an amplified message to an antiabortion rally at the Ellipse in January, 1987.

The Republican Party has adopted three successive national platforms with clear statements of opposition both to equal rights for women and to reproductive freedom. At the National Right To Life Convention held in Denver in June, 1986, three prospective Republican presidential candidates, Bob Dole, Pat Robertson, and Jack Kemp, were featured as speakers (Obmascik 1986). George Bush was on the program but begged off. The Republicans know where to find the votes; the antiabortion activists know where to find the power.

The antipathy toward abortion goes far beyond any particular individual's moral outrage or philosophic difference. Almost more than any other social movement in the twentieth century, the antiabortion movement has sought—and gained—political power with the objective of restricting freedom. In this respect, it is clearly distinguished from the civil rights movement of the 60s, which sought to enlarge freedom for a class of people whose rights under the Constitution were clearly established but effectively and systematically denied.

The drive for political power by antiabortion groups, and the drive to impose a specific view of women and to restrict women's rights, suggests that some previous occurrence in political history compelled this reaction. The provocative event, or series of events, is not hard to identify.

From the early part of the twentieth century, concentrated efforts have been made to provide effective means of fertility control both to men and to women (Peel and Potts 1969; Himes 1970). The 1965 *Griswold v. Connecticut* and the 1973 *Roe v. Wade* and *Doe v. Bolton* decisions completed an historic progression in the establishment of safe fertility control as a right for women.

We who have been providing abortion services since 1973 have seen implementation of the 1973 decision as the greatest challenge of our lives. Hostility toward abortion service providers has waxed and waned since 1973; it is now on the rise and it is increasingly vicious toward patients, doctors, and other health personnel. In 1973, it took the form of personal insults and attacks on our competence and character in hospital staff meetings, attempts to keep us from obtaining hospital privileges, and attempts to pass resolutions against us in the medical society meetings.

Since the election of President Reagan in 1980, things have become worse. We feel this hostility and the pressure in our everyday lives, even when we are not being directly assaulted. At this point, we do not feel protected by the Supreme Court decisions.

The court decisions were made possible by advances in medical technology, especially in contraceptive technology. Safe and effective fertility control, in general, especially abortion, permits radical new views of pregnancy, childbearing, marriage, and the role of women.

But Why Abortion?

The question remains: why is abortion such a focus for conflict in this massive change in the role of women and increased safety for women? Why does morbid fascination with the fetus become such an emotional pivot point?

Why is abortion such a controversial issue in our society? More to the point for me personally, why would I want to be involved in the issue? How did I become involved? Why, in fact, do I remain involved? Is it possible now for me not to be involved?

The abortion controversy exists not because of those who have abortions or those who perform them. It exists because of the intense feelings of those who are bystanders and who are not affected directly by the act of abortion. Why, then are they who oppose abortion so intently determined to prevent others from acting?

Some Public Health History

To answer these questions, we must begin with the fact that human beings have limited their fertility in some form or another throughout human existence (Himes 1970). Anthropologists think, for example, that the human population grew at the rate of 0.001 percent per year for hundreds of thousands of years (Hassan 1981). At least part of the reason for that slow growth had to be the result of limitations on fertility, although it is hard to tell how much of the limitation was conscious. We know that conscious efforts to limit fertility occurred in the ancient societies of the Mediterranean and Middle East, including Egypt (Himes 1970:59-202). We know that small-scale societies throughout the world have methods to limit family size (Nag 1976; Hern 1976). These include genital mutilation, folk systems of limiting intercourse in sexual contact, ritual sexual abstinence, postpartum sexual abstinence, abortion, and infanticide.

Anthropologist George Devereaux described the practice of abortion in some 300 traditional societies around the world (Devereux 1955). Before Christian missionaries set them straight, Tikopians limited fertility by some of these means because they recognized that their small Pacific island would not sustain unlimited growth of the human population (Firth 1957). Thanks to the missionaries, their demographic control

mechanisms were disrupted and the Tikopia found themselves uncomfortably crowded on their island.

In English Common Law, abortion was considered a misdemeanor unless it occurred after "quickening," when the woman could feel movement of the fetus (Means 1968, 1971). It was only in the 19th century that American legislatures began to pass laws against abortion. Part of the reason for the laws was that abortion, at that time, was considered more dangerous than carrying the pregnancy to term (*Roe v. Wade*, 410 U.S. 113, 149 (1973)). Margaret Sanger saw that women were dying from illegal and unsafe abortions, and this was a powerful impetus for her campaign for contraception. Today, legal abortion not only saves the lives of women but increases the chance that women who are poor or are members of minority groups will survive pregnancy (Gold 1965).

Could it be that that fact has something to do with the opposition to abortion in our society?

In old obstetrics textbooks, and even some new ones, one finds statements to the effect that "pregnancy is the most normal thing that can happen to a woman" or "a woman is most 'normal' when she is pregnant." Pregnancy is "the highest function of the female reproductive system and a priori should be considered a normal process" (Eastman and Hellman 1961). At one conference, an obstetrician defined a woman as a "uterus surrounded by a supporting organism and a directing personality" (Calderone 1958). At another conference, a woman psychoanalyst stated that "any woman who has conflicts about being pregnant or wants to have an abortion" is by definition psychopathological (Romm 1967). She is sick. It is not surprising that the early 1960s saw the phenomenon of requiring women who sought abortions to see psychiatrists who would declare them mentally ill so that abortions could be obtained. Mental illness, of course, could be the only justification for abortion since the pregnancy was "normal" and the woman was "healthy." This arrangement did, of course, require that women negotiate the power structure of medical authority in order to obtain relief from an unwanted pregnancy that threatened to disrupt her life.

Is Pregnancy Normal?

Is pregnancy "normal"? Is it "normal" for a woman to be pregnant? It is common, to be sure. It is a lot more common among some groups and in certain parts of the world than in others, but does that make it "normal"? In parts of Switzerland and in parts of Latin America, nearly everyone has a goiter as the result of iodine deficiencies in the local diet. In these places, it has been considered "normal" to have a goiter. But is it "normal" (Hern 1971)?

It is common for a Shipibo Indian woman in the upper Amazon Basin of Peru to be pregnant for a total of 45 percent of the time during her reproductive years (Hern 1977). It is likely that a white woman living in Boulder, Colorado or Des Moines, Iowa will be pregnant for only 5 percent of the time during her reproductive years. For which woman is pregnancy "normal"?

In fact, both women have a risk of dying of pregnancy, although the risks are different. If a woman has a certifiable, definable, and measurable risk of dying as the result of pregnancy, how can pregnancy be "normal"? If a woman is in her "normal" state when she is pregnant, what is she when she is not pregnant? Obviously, if her personhood and meaning in existence depends on her being pregnant and reproducing, she can only be "normal" when she is pregnant. That definition of women, as it happens, suits some people very well. For one thing, it helps maintain a male power structure by keeping women occupied with reproduction.

In a 1963 speech before the Little Rock Optimist Club, the late Arkansas legislator Paul Van Dalsem said, "I'll tell you what we do up in Perry County when one of our women starts poking around in something she doesn't know anything about. We get her an extra milk cow. If that don't work, we get her a little more garden to tend, and if that's not enough, we get her pregnant and keep her barefoot" (Reed 1963).

Van Dalsem had cause for concern about women meddling in important matters. In the next election, women who called themselves "Barefoot Women For Rule" campaigned barefoot and in sunbonnets for Herbert Rule, Van Dalsem's opponent. Van Dalsem lost the election. Arkansas women now bestow an annual "Uppity Woman" award to commemorate this political event.

More recently, 1988 Republican Presidential aspirant Pat Robertson, the TV evangelist, expressed his concerns that we will not have enough taxpayers to pay the bills and, by implication, soldiers to fight wars if the availability of abortion reduces the number of children that women bear (King 1987).

The idea that pregnancy is "normal" and that it is the highest objective for women's lives has important political consequences, especially for those who see women primarily as reproductive machines to serve the power of the state and those who control it. As a scientist and physician, however, I am interested in looking at views of pregnancy as hypotheses and testing their validity as hypotheses. The usefulness of any hypothesis depends on its ability to explain reality and predict events. The hypothesis that pregnancy is "normal," unfortunately, does not explain anything we know about pregnancy and does not predict any events related to pregnancy. It does not explain the fact, for example, that there is a

specific etiology of pregnancy, that physiologic changes occur in women when they are pregnant, that these changes may be documented by laboratory studies, that the changes lead to a risk of death that is increased over the nonpregnant state, that the death rate due to pregnancy (a.k.a. "maternal mortality rate") is a well-documented phenomenon, that pregnancy is a self-limiting condition from which spontaneous recovery usually, but not always, occurs, that we may modify the risk of death due to pregnancy by certain cultural innovations (e.g. medical intervention), that the susceptibility to pregnancy varies by sex and other factors, that the condition of pregnancy is universally but unevenly distributed among the human species, that pregnancy is preventable, as are other illness conditions, and that human beings throughout the world display "illness behavior," "sick role behavior," and "health behavior" with regard to pregnancy.

The hypothesis that pregnancy is "normal" does not explain any of these observations, and it does not predict any of them.

Pregnancy as Illness

This being the case, what is an alternative hypothesis? An alternative hypothesis is that pregnancy is an illness (Hern 1975). It has a specific etiology, pathogenesis, pathophysiology, laboratory findings, clinical manifestations, signs, symptoms, duration, prevalence, incidence, susceptibility, distribution pattern, and case fatality rate. It may be diagnosed by various means, its course may be influenced by medical or surgical management, it may be prevented, and screening techniques may be employed to determine the community incidence and prevalence.

If pregnancy is an illness, however, how is it that we are all here? Why didn't we all die out thousands of years ago? One answer is that pregnancy is a biological adaptation to the survival needs of the species. Like other biological adaptations, it may have certain survival advantages for the species and certain disadvantages for individual members of the species.

Sickle cell trait is another example. Heterozygous inheritance of the sickle cell trait in West Africa protects against falciparum malaria (Medawar 1960). It is a biological adaptation that has helped the species survive in West Africa. Homozygous inheritance leads to sickle cell disease, a painful and incurable condition leading to early death in the small proportion of individuals who experience it. Those individuals die as the result of an adaptation that protects many others.

In 1920, the maternal mortality rate in the United States was 680 per 100,000 live births (Lerner and Anderson 1963:34). In 1960, it was about 30 (1963:32). It is now down to about 14 (Rochat et al. 1988),

but it is not zero, and it probably never will be. It has been reduced principally because of the introduction of modern obstetrical practices including medical management of high-risk pregnancies, the introduction of modern surgical techniques including asepsis, anesthesia, and blood transfusions, and the introduction of modern antibiotics. It has also been reduced by the introduction of modern contraceptives that permit delays in the occurrence of first pregnancy, longer birth intervals, and fewer total pregnancies per woman.

The availability of safe legal abortion has also been instrumental in reducing maternal mortality rates. Dr. Christopher Tietze estimated in 1984 that at least 1500 women had not died in the United States since 1970 as the result of the legalization of abortion (Tietze 1984).

If pregnancy were really normal, we wouldn't have worried about doing any of those things, and they wouldn't have made much difference.

If pregnancy is an illness, why do we persist in calling it "normal" and hauling out the party hats when some unfortunate woman has quintuplets?

Calling pregnancy "normal" and celebrating fecundity, even extraordinary fecundity, is a cultural adaptation to the survival needs of our species. These values were adaptive when we were a few thousand struggling bands of nomadic hunters and gatherers scattered about the globe. They were possibly even adaptive at the end of the 14th century when the Black Death had wiped out as much as one-third of the human population from India to Iceland (Tuchman 1978). As the human population passes the 5 billion mark and every day brings new reports of ominous and even permanent destruction of the global environment, from deforestation of Madagascar to collapse of the Peruvian anchovy schools to desertification and famine in Africa to disappearance of the ozone layer in the Antarctic to death of the Mediterranean and Baltic Seas to accelerating destruction of the Amazon rain forest, when we find that the human population is no longer increasing at the rate of 0.001 percent per year or 0.1 percent per year but 2, 3, and 4 percent per year in particular locations, when we are destroying natural habitats and extinguishing other species at a rate too rapid to be measured, and when the major cities of the world are becoming uninhabitable from crowding and congestion, we must consider the possibility that the view that human pregnancy is "normal" or even glorious is no longer adaptive. In fact, it very well might be maladaptive. It might reduce our capacity to survive as a species. We already know it is maladaptive for individual women in countries like the United States.

We may even go so far as to say that abortion is the treatment of choice for pregnancy unless the woman clearly wishes to carry the

pregnancy to term and to reproduce. Even then, the risks to her and to the planet must be taken seriously

Political Implications of Abortion

It is by no means necessary to accept the idea of pregnancy as an "illness" in order to support the need for fertility control, including abortion, for individuals and for the species. Having recognized the fact that the prevention of pregnancy and availability of treatment of pregnancy by abortion is desirable both from the woman's point of view and from the point of a rational human society, however, what are we to make of the intense opposition to abortion not to mention opposition to fertility control in general by some groups in our society?

The most fervent antiabortion groups are led and directed by men (Luker 1984); Scheidler is the most lurid example. These men tend to espouse a regressive if not totalitarian philosophy that requires subordination for women and control of social institutions by men (Merton, 1981). Here is Scheidler in a 1984 interview with *American Medical News*, while expressing his opposition to the Equal Rights Amendment: "It would give women the same rights as men. . . . God didn't intend that or he wouldn't have had women bearing children" (Cancila 1985).

Scheidler's statement exposes the real objectives of the antiabortion movement. Opposition to reproductive freedom in general and to abortion in particular appears to reflect profound antipathy toward the changing roles of women in our society.

Antiabortion groups represent a cultural counterrevolution that resists and tries to repeal profound changes that have occurred in our society in the last century, particularly during the past 30 years. The introduction of safe and effective fertility control measures in the last quarter-century has freed women to choose not to reproduce and to choose to develop other skills in society. Women have new opportunities for education and for careers.

Abortion is the most obvious, vulnerable, and dramatic example of the new freedom for women. It is the final and irretrievable act of fertility control a woman can exercise in a particular pregnancy. Abortion is therefore truly revolutionary in the sense that it fundamentally and irreversibly changes power relations within Western society. It is an ultimate act of insurrection against male control of women's lives.

Kristin Luker has shown that antiabortion and pro-choice women activists have radically different world views (1984). Those opposed to abortion are likely to see reproduction and motherhood as not only a primary role but a moral obligation for women. However they may see pregnancy as a condition, pro-choice activists studied by Luker tend to

see reproduction as one of the options in life, along with other meaningful activities.

To the historic patriarchal agrarian society and those who defend its values, abortion is an act of insurrection. It shatters the last bonds of biological tyranny that have been used to control the lives of women and some men. Women, freed from the tyranny of biology, have become uppity. They now compete with men for jobs, money, and power. The effort to crush those who provide this service and to crush all progress toward equality for women in our society raises fundamental questions.

Those who defend the traditional values say that the problem is the definition of human life and that our definition is inadequate.

The issue, however, is not when life begins, but who is best prepared to make the decision to transmit life to a new generation: the individual or the state?

The issue is not the definition of life but the definition of power: who has it, and who doesn't. Will power in our society be wielded absolutely by those who cannot become pregnant, or will it be shared by those who can?

The fetus becomes a pawn in this power struggle. It becomes a demigod, a fetish object to be protected against evil. It is endowed with magical and fantastic properties, as we see in the propaganda movie, "The Silent Scream." Fetus fetish dolls even become a source of revenue for the Right to Life movement (National Right to Life News, October 24, 1986, p. 7).

Fetuses are politically useful. They are not uppity and they do not argue. They present no economic threat to the male power structure. They can be defended along with the flag and motherhood before the voters at election time. They can be defended against sin and immorality, thereby throwing political opponents into disarray. It is an irresistible opportunity for the exercise of righteous indignation.

The reason why opposition to abortion works so well as a political organizing issue is that it plays well both to the emotions of simple people who wish to defend traditional values and to righteous fanatics who see themselves as the defenders of public virtue. It supports the activities of those who feel good by making other people feel bad. It supports those who fear thought, reason, intellectual and academic freedom, and those who fear the participation in democratic society of those who are different.

Defending the fetus also is an effective way to divert attention away from other intractable and less interesting matters of public policy such as the national debt, staggering budget deficits, the arms race, colossal environmental destruction, uncontrolled growth of the human population, poverty and malnutrition, illiteracy, and epidemic disease subsidized by

the tobacco industry. Opposition to abortion thus becomes a path to political power, as the Reagan and Bush regimes so clearly demonstrate.

Under the Reagan administration, abortion became an overt political act. As Reagan, Bush, and their henchmen move to crush the insurrection, abortion is in danger of becoming a political crime against the state.

Scheidler and Falwell are merely henchmen for the right wing's war on women and basic personal freedoms. Scheidler, Falwell, and others like them want power, and fanatic opposition to abortion is a tool for obtaining power. Their methods and contempt for the rights of others link them with all the tyrants of history. That their friends in the White House seem to be such nice guys does not diminish the cruelty and danger of this threat to liberty. That a man like Scheidler must travel all the way from Chicago to Boulder, Colorado or to Orlando, Florida to try to stop us from what we are doing must mean we are doing something important to advance the cause of human freedom.

Abortion has become a political issue because it is about power. It is about who runs your life. It is about who runs our society. It is about self-determination, about self-realization, about individual choice, about personal freedom and responsibility. It is about humanistic values as distinguished from supernatural, fantastic, or divine control of human lives as interpreted by those who claim that they speak with God and Authority.

Opposition to legal abortion, in the long run, is an exercise in futility, notwithstanding temporary successes in restricting access to abortion and the vexation of mindless harassment. As social scientists, we might understand that there is a cultural lag between the fundamentalist prayer meeting message that harshly condemns abortion for "moral" reasons and the currents of late 20th century urban society. As citizens, though, we must perceive the threat to civil liberties and modern political order and consider our responses.

Some Personal Conclusions

I must ask myself what my own role is in this process. Does it matter that I perform abortions? Does it matter that I defend the right of physicians to do so? Does it matter that I defend the right of women not only to have them, but to have them under conditions of safe, humane, supportive medical care?

This is not an abstract issue. In this case, words do not fulfill the freedom to choose. After someone decides to have an abortion, someone must be ready to perform it. For some people, I am half of that equation. Abortion is not the best answer to every unplanned or unwanted pregnancy, and it is not the answer to every complicated pregnancy. It

requires a difficult and sometimes extremely painful personal decision, it carries some physical risk, especially if not performed properly, and it is often physically painful. It is for many a cause of great sadness, especially when it occurs without adequate psychological support under degrading or dangerous conditions. Under safe and humane conditions, it can be a source of great relief and an opportunity to begin life anew. But it is never easy for either women who have abortions or for those who provide them (Hern and Corrigan 1979).

My participation in the provision of abortion services as it has occurred in my life could be seen in various ways. To a considerable extent, however, it is the direct consequence of my own logic, conclusions, and personal ethics. I chose medicine because it appeared to be an interesting career with unlimited opportunities for personal service to humanity, opportunities for scientific learning and research, opportunities to relieve suffering, and opportunities for personal growth. I have always been concerned with broad issues of public health. As I worked in some of those issues and saw the connection between individual suffering and public health issues, I kept noticing that women were suffering and dying unnecessarily from illegal abortion. I also observed that failure to provide opportunities for fertility control might unnecessarily increase the rate at which the human population grew and exacerbate the destruction of the very resources needed to sustain it.

Having accepted an invitation to provide abortion services for what I expected to be a relatively short time, I found myself at the center of a controversy far more significant than my own personal choices. I also found that what I did appeared to make important differences in the lives of the women I helped and in the lives of their families. It is very difficult to walk away from circumstances like that.

Now I find myself, some fifteen years later, seeing that I have spent a good part of my life engaged in this struggle. There is no end to the struggle in sight. Shall I continue? Does it matter? Will not others continue the struggle as well if not better? What about my own desire to remove myself from the maelstrom of controversy that threatens my patients, disrupts my life, indeed, threatens at times to interrupt my life?

One ineluctable fact is that before a pregnant woman decides to walk into my office for her appointment with me to have an abortion, the probability is overwhelming that she will have a baby. Her life would be changed. The world would have a new person. In some remote and infinitesimal way, perhaps impossible to measure, we would all be affected. Even so, no decisions are more personal or the result of individual will than the decisions to have sexual intercourse, to have a child, or to have an abortion.

When that woman walks out of my office, she will not be having a baby, at least as the result of that pregnancy. Her life has been changed. Biology is not her destiny, to contradict Freud. We have turned the history of the species upside down. We have changed history. We have changed the world and the relationship of that woman to the world. The fact that we can do this for many women changes our society. The fact that others oppose our actions and would seek to impose the coercive power of the state, to imprison us for our actions, is a political fact that we have, acting together, defied. We have stated that human beings are responsible for their actions, are responsible for the problems created by those actions, and are responsible for the solutions. We have stated that we may change the future, that we may make the world better, that we may choose not to accept the authority of those who would rule by force, ignorance, and fear, and that we may apply human learning and reason to human problems. We have stated that destiny is what we make it, and in a way, that the idea of destiny is no longer valid. We create our lives as we go.

Each one of us who performs abortions, at least those who do so openly, provide a symbolic expression of that idea. As a symbol, it communicates an unfettered message to everyone in our society. The longer that symbol exists, the longer it survives attack, the more it connects with the real needs of real people, the more validity it acquires. That is why the attacks are so direct and increasingly harsh.

As long as that expression of freedom, reason, human caring, and enlargement of human choice is threatened by a totalitarian and oppressive movement, I will perform abortions.

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About the Contributors

Warren M. Hern is a physician and epidemiologist whose first work in fertility control after medical school began in Brazil during his service as a Peace Corps Physician in 1966-68, and who currently works in fertility control through his private practice. Dr. Hern's varied career has included teaching and studying at the University of North Carolina, where he received an M.P.H. and a Ph.D., field research among the Shipibo Indians of Peru at various times since 1964, serving as Medical Director of a Spanish-language training program in family planning for Latin American physicians and nurse-midwives under contract with the Agency for International Development, and serving as Chief, Program Development and Evaluation Branch in the Family Planning Division, Office of Health Affairs, in the Office of Economic Opportunity in Washington, D.C. In that capacity, he supervised activities in OEO's \$24 million Family Planning Program, served on the American Public Health Association Subcommittee on Family Planning Methods, and prepared the OEO Sterilization Guidelines that were suppressed by the Nixon administration. He also initiated a pilot voluntary sterilization program for poor people living in Anderson County, Tennessee and a statewide family planning program in Colorado. In 1972, he resigned his position at OEO in protest of the sterilization guidelines suppression. In 1973, he was invited to help start a private, non-profit abortion clinic in Boulder, Colorado. In January 1975, he opened his private medical practice, Boulder Abortion Clinic, which he operates in Boulder, Colorado. Dr. Hern is the author of 25 professional publications concerning abortion and human fertility, including *Abortion Practice*, a medical textbook published in 1984. He is also the author of numerous articles and editorials published in *The Progressive*, *The New Republic*, *The New York Times*, and various other newspapers and magazines.