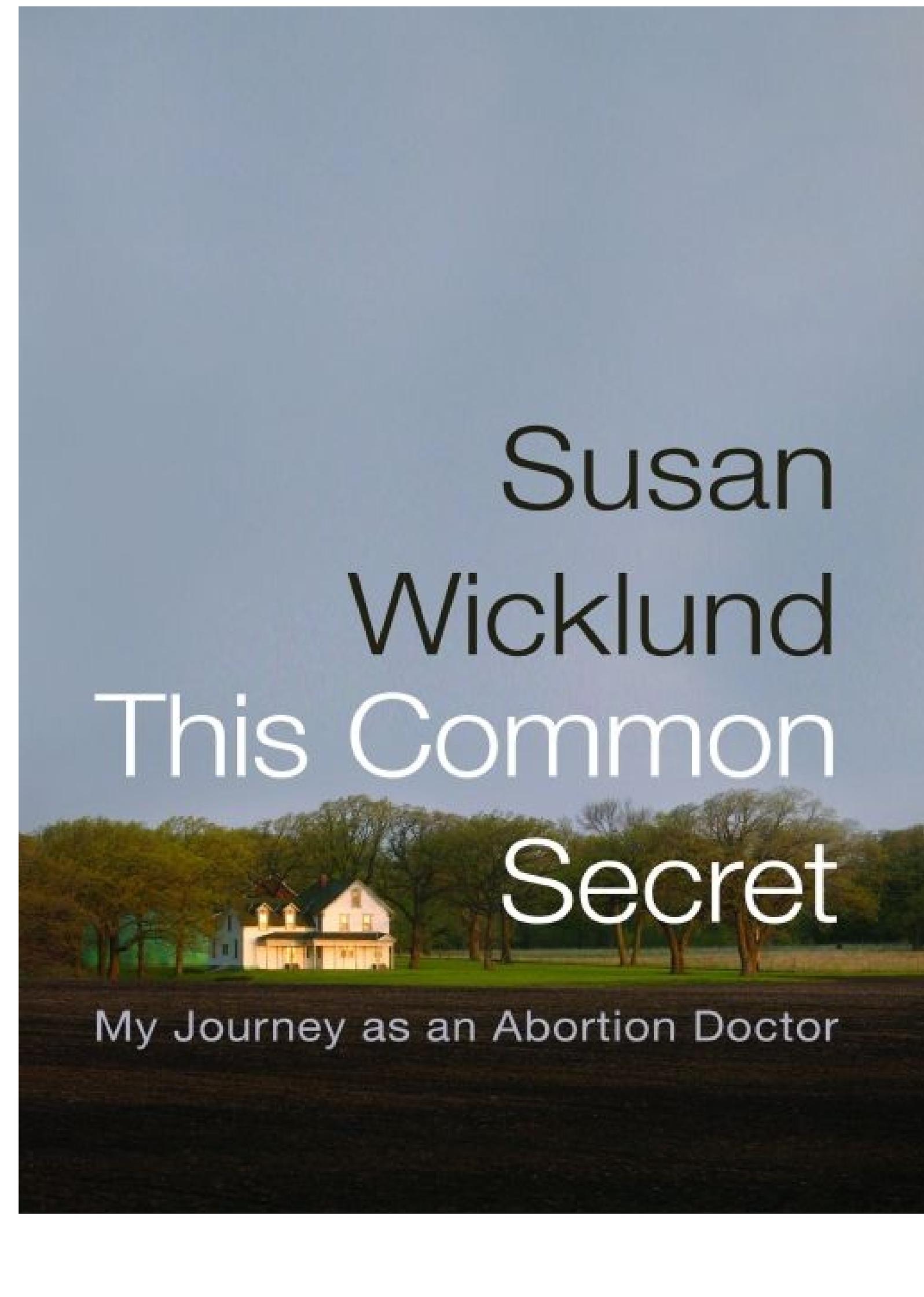




Susan
Wicklund
This Common
Secret

My Journey as an Abortion Doctor



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This Common Secret

*My Journey
as an Abortion Doctor*

Susan Wicklund
with Alan Kesselheim



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*In honor of all the clinic staff, doctors,
volunteers, and escorts who routinely brave
harassment and personal attack in order to
make sure that American women can continue
to freely exercise their reproductive rights.*

Unless events are matters of public record,
names, dates, and locations have been
altered to protect patient confidentiality.

A woman's life can really be a succession of lives, each revolving around some emotionally compelling situation or challenge, and each marked off by some intense experience.

*WALLIS SIMPSON
DUCHESS OF WINDSOR
(1896-1986)*

chapter one

When I drove into Grandma's driveway, all I could think about was how she would react. I had started out to tell her many times over the last few years. On so many visits I had meant to have the conversation but had never found a way. Something had always intervened. Some other errand had always come up. I had found a way not to face her judgment.

It didn't matter that I was rock solid in my resolve and in my chosen profession. This was my grandma. My Flower Grandma. What she thought of me mattered a lot, and I had no idea how she would take it.

It was February of 1992, a Saturday afternoon. The next day the *60 Minutes* segment I'd done with Lesley Stahl would air. Grandma never missed *60 Minutes*. I had to tell her before she saw it—before she saw her oldest grand-daughter talking about the death threats and stalking and personal harassment my family and I were enduring.

The harassment wasn't the issue that mattered now. It was the fact that I was, as a physician, traveling to five clinics in three states to provide abortion services for as many as one hundred women every week, and that I had been doing this work for four years already.

I wasn't at all ashamed of my career. In fact, I always considered it an honor to be involved in reproductive choices, this most personal and intimate realm for women. I just never felt the need to make it public. Very few of my family and friends were aware of what I did.

Within a day, however, everyone I had grown up with, everyone who knew my family, and even every member of my family would know the truth. Would I be isolated and ostracized? Would I get support or condemnation?

I pulled off the highway and into the drive leading to the house I'd grown up in. Mom and Dad still lived in the white, two-story, wood-frame home.

Dad had worked as a precision machinist in the town of Grantsburg, ten miles away. His love had been the gunsmithing, hunting, and fishing he did in his free time. My three siblings and I had always been included. We were as competent with firearms, field dressing a deer, or catching a batch of sunfish as anyone in the area. Dad was retired now and not feeling well. It was painful to watch him, the strong man who starred in my memories, struggling with simple tasks.

Mom was retired too, from her elected position as clerk of court for our county. She was the one everyone—especially women—turned to for advice and support. Mom had been instrumental, many years earlier, in starting a shelter for victims of domestic abuse. In her job she had seen so many situations in which women and children had nowhere to go for help. It was just like Mom to tackle the need that everyone else ignored.

I grew up in the unincorporated village of Trade Lake, Wisconsin, a small gathering of about sixty houses, several of which were the homes of my relatives. The only business left was one small gas station/grocery store. When I was a kid, there had been a feed store and creamery and a meat market, but those had been gone for better than thirty years. Only rotten shells of buildings remained.

Even now, Trade Lake is a very rural place. People still raise chickens in backyards, drive tractors to the little grocery store. Chimneys puff wood smoke in the winter.

The small river that wound its way through our yard came into view. Behind it were the woods where I'd built forts and climbed oak trees with my sister. She and I each had a horse and spent the bulk of our summers out of doors. Grandma and Grandpa had lived just down the road. We picked mayflowers every spring with Grandma. In the summer we fished with Grandpa for sunfish and crappies using cane poles baited with worms dug out of the garden.

Mine had been a good childhood. This was a safe place. Turning into the driveway had always been a good thing—a coming home. This time was different.

I felt myself sweating under my coat. My racing heart pushed against my throat. I had to reveal something to my dear grandma that could change everything she believed and loved about me.

Grandma had moved into a trailer house in the backyard of the family home. Grandpa had died fifteen years earlier, and Mom wanted her mother even closer—just steps across the yard. I saw the clothesline hung with rugs, the twine still strung up on the porch to hold the morning glories that filled the railings in the summer.

Flower Grandma. My daughter, Sonja, gave her the name when she was three and there were too many grandmas to keep track of. Sonja spent many days baking cookies with her great-grandmother and playing outside, just as I had as a young girl. She ran back and forth constantly between the houses of her two grandmothers. This grandma always had flowers growing in every nook and cranny, inside and out.

Flower Grandma she became, and Flower Grandma she stayed. Before long my entire extended family called her Flower Grandma, and even her friends at the local senior center fell into the habit.

I coasted to a stop at the bottom of the slope. I sat there long enough to take a deep breath and fight back a few unexpected tears. I didn't know where the sadness came from. The car engine ticked. I was alone, vulnerable, aching. Was I longing for those simple childhood days, whipping down the hill on my sled? How far I'd come from that.

I peeled myself out of the car, shed my coat, and left it on the seat. It was unusually warm for February in Wisconsin. The hardwood forest was all bare sticks and hard lines. I knew it would soon be time to tap the maple trees and cook the syrup we all loved on Grandma's Swedish pancakes.

I turned and deliberately moved up the steps to the trailer house. I was terrified of what Grandma would say, but there was no avoiding this moment.

The big door was already open by the time I got to the top step. Out peeked her welcoming smile. She was giggling.

“Hi, Grandma!”

“Oh my goodness! What a surprise! What a sweet, sweet surprise! Did I know you were coming today?”

I hugged her in the doorway, held her tight, stepped inside.

“Did you somehow know I was making ginger snaps?” she teased as she set a plate full on the kitchen table. She poured me a glass of milk, and I sat down on the wooden chair next to hers. I tried to bury myself in the smell of her place, a mixture of ginger cookies, Estée Lauder perfume (the one in the blue hourglass bottle always on her dresser), and home permanents. She and Mom always gave each other perms, trying to get just the right curl in their hair. The smell never left the place.

I think she sensed that I had come to talk about something important. I started talking a few times

about other, inconsequential things; then, finally, I plunged in.

“Grandma, you know I work as a doctor.”

“Of course. And we are all so proud of you.”

“Yes, but I don’t think you know the whole story. I’m a doctor who works mostly for women helping women with pregnancy problems.”

Flower Grandma hesitated just a second, pushed back her chair, stood, and held out her hand for me to follow. She went to sit in her rocker, the same one sitting in my living room today. The rocker I have sat in so many hours since. The rocker I sit in right now, writing this down and trembling as I do.

She seemed distant. I moved to the old leather hassock beside her. She took my hand and placed it on top of one of hers, then covered it with her other one. Our hands made a stack on the arm of the rocker—old skin, young skin. We sat in silence a minute. She turned to look directly at me. Her eyes, framed by gentle wrinkles, were full of some deep trouble.

After a moment, she stared straight ahead and started to speak. Slowly. Deliberately. In a very quiet voice. At the same time she began stroking my hand. It was as if the gentle stroking was pushing her to talk.

“When I was sixteen years old, my best friend got pregnant,” she said. A chill went through me.

“I always believed it was her father that was using her,” she went on, “but I never knew for sure. She came to my sister, Violet, and me, and asked us to help her.”

While I listened, thoughts whirled through my head. Stories I had read of women self-aborting and dying of infections when a safe, legal option was not available. The women who came to the clinic where I worked, many of whom still had to overcome huge difficulties to end an unwanted pregnancy.

It isn’t uncommon to have patients confide in me that prior to coming in for an abortion, they had used combinations of herbs to try to force a miscarriage. These home remedies can be extremely dangerous and have caused the deaths of many women.

I felt myself tighten and withdraw, anticipating what Flower Grandma was going to tell me. I wanted to see her eyes, but she kept them straight ahead. And she kept stroking my hand. So soft. I only wanted to think about those hands. Hands embracing and caressing mine—strong, gentle, soft.

“The three of us were so naïve. We knew very little about these things, but we had heard that if you put something long and sharp ‘up there,’ in the private place, sometimes it would end the pregnancy.”

In spite of myself I conjured the modest room: a dresser in the corner with a kerosene lamp and maybe a hairbrush or hand mirror beside it. I saw three young, scared girls, still children, acting on their wives’ tales and whispered instructions.

My stomach turned. Was this my grandma? Was I really here in her trailer house hearing this? I could barely breathe. She kept talking, all the while stroking the top of my hand, her eyes looking off into space, traveling back in time. Occasionally a pat-pat with her hand would break the rhythm of the stroking. Such old skin, full of brown age spots and paper thin. Stroking my hand in perfect measure with her words.

Please just stop, Grandma. Don’t tell me anymore. Just hold my hand, and let’s talk about what you’ll plant in the spring. Tell me about the oatmeal bread you baked yesterday. Are there many birds coming to the bird feeder? I was flushed all over. And still she stroked while she talked. Pat-pat-

stroke.

“We closed ourselves, the three of us, in one of the bedrooms late one morning. We didn’t talk much, and she didn’t ever cry out in pain. It took a few tries to make the blood come. None of us spoke. We didn’t know what to expect next, or what to do when the blood kept coming. It was all over the sheets. All over us. So bright red. It was awful. It just wouldn’t stop.”

She was still stroking my hand. I was shaking uncontrollably. I stared at the African violets under the plant light, trying to make them the focus of my attention. Her voice was a monotone, never pausing.

“We put rags inside of her to try to stop the bleeding, but they soaked full. We all three stayed in her bed. We just didn’t know what to do.”

My hand was trembling so hard it was all I could do to keep it on top of hers. She grasped it briefly, held it tight, patted it a few times, and then went on.

“We stayed there together, unable to move, even after she was dead. Her father found us, all three of us, in the bed. He stood in the doorway, staring. No words for a long time. When he did speak, he told my sister and me to leave and that we were never, ever to speak of this. We were not to tell anyone ever. Ever.”

She stopped stroking my hand and sat still before turning to look directly at me. “That was seventy-two years ago. You are the first person I have ever told that story. I am still so ashamed of what happened. We were just so young and scared. We didn’t know anything.”

Terrible sadness welled up inside me. And anger. I couldn’t picture my grandma as someone responsible for the death of anything, much less her best friend at the age of sixteen. She had carried this secret all her life, kept it inside, festering with guilt and shame.

I wondered if the pregnancy was indeed the result of incest. Would it have made a difference? What were friends and family told about the death? What had they actually used to start the bleeding? What had the doctor put on the death certificate as the cause of death?

I knew, through the patients I had met, that no one has to look very far into their family history to find these stories tucked away, hidden from view. But it didn’t lessen the shock of finding it here, so close, in the heart of my own family.

Flower Grandma sighed and held my hand tight. Tears welled in her eyes.

“I know exactly what kind of work you do, and it is a good thing. People like you do it safely so that people like me don’t murder their best friends. I told you how proud I am of what you do, and I mean it.”

- » In 1930, illegal abortions were recorded as the cause of death for 2,700 women, 18 percent of all maternal deaths in that year.
- » Before 1973 and the passage of *Roe v. Wade*, an estimated 1.2 million women had illegal abortions in the United States yearly. As many as 5,000 died each year as a result.
- » Between 1973 and 2002, more than 42 million legal abortions were performed.
- » Risk of death during childbirth is eleven times higher than the risk of death from legal abortion.

chapter two

Flower Grandma is gone now. So is my mother. I can share the story my grandmother kept inside from the time she was a young girl. Her story and hundreds of others like it desperately need to be told. We need their legacy so we don't forget, and to remind ourselves that every family has a similar tale somewhere in its history.

It has been my privilege and honor to hear many women's stories and to participate in their unfolding. As a young woman, the idea that I might be in such a position would have seemed far fetched indeed. No, actually, it would have seemed impossible.

In April 1980 I was a twenty-six-year-old mom living in Wisconsin, raising a daughter alone, working part-time at a VFW bar and part-time in a natural foods co-op. I was on welfare, medical assistance, and food stamps. My post-high school education consisted of a handful of community college classes, none of which fit together or qualified me for anything, with one exception.

I had given birth to my daughter at home just north of San Francisco, where her father and I were living. To prepare for the event, I took birthing classes, which led to an interest in midwifery. Since Sonja's birth, I had been involved in many births, both in homes and in hospitals, volunteering as an advocate for women in labor.

I knew from my own experience how empowering it was for women to be informed. With the information, women feel secure about expressing their needs. Their active participation changes the entire dynamic. I loved the energy of those births. By the late 1970s, however, midwives were being prosecuted for practicing medicine without a license, so I had resorted to teaching birth classes in an effort to optimize the hospital experience for women.

Sonja's dad, David, and I had gone our separate ways, having fundamental differences in lifestyles. He had yearned for the rural life again and wanted Sonja to grow up knowing her grandparents. David was a jazz musician who needed and craved the big city life. When it came down to it, I couldn't live on the road following a musician around, and he couldn't imagine a life full of chopping wood and hunting deer. Our breakup had been amicable, and David continued to be very committed to Sonja, even after I moved back to the Midwest in 1979.

On Easter Sunday 1980 I was invited to a gathering of people on the West Bank of Minneapolis. The host roasted a lamb in an open pit and provided traditional Greek wine. It was the first really warm day of spring. I was wearing a piecework skirt I had sewn, a pink V-necked T-shirt, and Birkenstock sandals. I fit right in. Sonja, nearly three, was having a blast running around with all the other kids.

I began talking with a man perhaps twenty years older than I. We sat on the grass drinking red wine and soaking up sunshine. An occasional dog streaked through the chaos.

It was one of those conversations that avoided the common superficialities. Hal questioned me about my interests and skills and background. He wanted to know what made me happy, what frustrated me. Did I like travel, or was I a homebody? He wanted me to tell him about Sonja's birth and about the training I had as a midwife. He asked about what I liked to read. What my parents did. What my fears were, and my dreams.

I told him how much I loved the contact with women and what satisfaction I got from teaching

birthing classes. I felt I could communicate the information effectively and in a way most of the women understood. My collection of books on pregnancy and birth and midwifery and early childhood development was growing rapidly, and I was devouring them. I missed the chance to be involved in home births now that I was back in the Midwest.

I also talked about my dreams of somehow making a difference, a real difference, in peoples' lives. I didn't know what or how or when that might happen, but I knew I would not be content to work in the local grocery store or VFW all my life. I wanted more diversity. More challenge. More adventure.

It seemed as if we'd been there most of the afternoon when Hal looked at me and said, "It is clear that you need to go to medical school. You would be a great doctor."

"Me?! Be a doctor?"

I hugged myself across my belly, tipping over into the grass and laughing until I cried. He had to be out of his mind! Sonja came running up and jumped on me. I curled up tighter, still laughing.

The idea was preposterous. The logistics alone would be impossible.

We went on with the day, enjoying the sunshine and good food and music. Local musicians kept pulling out instruments and playing them late into the night. It was only much later that I learned Hal worked as a career counselor at a nearby federal prison.

Crazy as it was, in the weeks following the party, Hal's suggestion kept echoing in my thoughts. I knew my life was on hold, waiting for some nudge, some direction. By mid-May, Sonja and I had moved into a tent in a goat pasture. We were helping some friends with a building project. Living right on site seemed like a good idea.

Summer went on, full of building fences, tending gardens, moving rocks for a foundation, but the seed Hal had planted that Easter Sunday wouldn't go away. The idea of college and then medical school seemed far out of my reach. I had absolutely no money to pay for tuition or child care for Sonja. I didn't know if I could even handle the academic challenges. Imagining myself in the role of a doctor was outrageous.

The biggest mental and emotional hurdle I was struggling with was wrapped up in becoming part of the medical community. True, my childhood family doctor had always been kind, someone I looked up to. But he was almost a neighbor, and he was a man. Men were doctors. Women were nurses.

That stereotype wasn't insurmountable, but there was something else I had to deal with. Something much more visceral and daunting. The memory of my own abortion, in 1976, in Portland, Oregon.

When I became pregnant, politics and *Roe v. Wade* were the furthest things from my consciousness. I didn't engage with the political and social issues.

At that time I rented a house with four roommates, including David. I had no money and juggled three jobs: waitressing, cleaning horse stalls, and growing alfalfa sprouts. David played local gigs with jazz musicians in bars and clubs. No part of me was ready to be a mother, and I felt no emotional connection to the pregnancy. I learned from a community health clinic that I could get an abortion just a few blocks from where I lived.

I called the clinic and made an appointment, but learned that the abortion cost \$350, an impossible amount of money, more than I made in a month. All of my roommates pitched in to help me come up with the necessary cash.

The doctor's office was on the second floor of a large building. David came with me. Protesters

outside carried signs, tried to talk to us. I was so preoccupied, so anxious, that I only remember the as an annoyance, a hassle.

The first thing they wanted in the tiny office was my money. Pay in advance, all of it, in cash. I was so frightened and unaware. What was supposed to happen? No counseling took place, no explanation of procedures or options; no one tried to understand my circumstances or answer my questions.

In another tiny room a nurse told me to undress and lie down on the table.

“What are you doing?” I wanted to know.

“Just be still,” she said. She sat in front of me and put a cold speculum into my vagina. I could feel tugging and pulling, but no real pain. She was done quickly, took out the speculum, and then told me to get dressed.

“Am I done?” I asked.

“Done?” she slapped the words at me. “No. I just put something into your cervix that will make open up for the abortion. You should leave now and come back at three this afternoon.”

I still had no idea what to expect.

“What’s happening?” David kept asking when we left. “What are they going to do?” I couldn’t deal with his questions. I had no answers. I had been told nothing, knew only that I had to hold on to my resolve until this was over.

I dropped David off at the house and drove on in our VW bus to work for a few hours, spraying floras of alfalfa seeds and bagging sprouts. I kept cramping, fighting against the pain and anxiety that threatened to overwhelm me. The time dragged.

When we returned, the same woman took me back to the small room, again had me get undressed and used the speculum to examine me. She removed something she had put inside me earlier, but was impatient with me when I asked questions.

I was moved into a much larger room. It seemed huge, filled with machines and trays of exposed instruments and syringes and needles. Two other women came in. They had me strip naked, lie on a table, and put my feet in stirrups. They put a paper sheet over my upper body and told me to lie still. Then all three of them walked out. No advice, no preparatory explanation, no squeeze of the hand. For a long time I lay there in that vast, cold room, utterly exposed and as vulnerable as I’d ever been in my life.

Finally, the door opened, and a very large man, the doctor, came toward me. I remember looking down over my legs at him, aware of how physically exposed I was.

He said nothing, didn’t even tell me his name, asked no questions, but abruptly started to work. An emotional claustrophobia enveloped me. I could feel myself starting to panic.

“What are you doing?” I asked. “Please tell me what you are doing!”

I could feel instruments inside me, a harsh invasion and pain I hadn’t expected. “Is it supposed to hurt?” I pleaded.

“Shut up and lie still!” His voice was rough, angry, as if I had no right to intrude. I started to squirm away from him, trying to make him stop long enough to talk to me.

“Please,” I pleaded. “Please just tell me what you are doing. Stop. Talk to me. Please!”

He called for nurses to come hold me down.

The claustrophobia grew and grew, the pain kept coming, and I writhed and fought as nurses grabbed my arms and shoulders. I heard myself scream. Tears ran past my ears and into my hair. Then they injected something into my arm, and I faded away from the nightmare.

When I woke, my face was stuck to a Naugahyde couch. I was in a very small room, alone. I struggled up groggily and went to the door. Locked. Panic rose up again, but all I could do was sit and cry until someone let me out.

“If you have problems, go to an emergency room,” was the sum total of advice I was given as I went out the door.

Something terrible had been done to me. I felt abused and violated and beaten. I did not feel that I had made a bad choice, that I had done a bad thing. But I knew something bad had been done to me. All I wanted, then, was to escape.

I remember sitting on the dark staircase in our house that weekend and calling my mother, telling her what had happened. “I wish I could be with you,” she kept saying. I could hear her voice tremble over the phone, almost two thousand miles away. I wished I had talked to her earlier. I wished I had allowed her to support and comfort me.

After David and I were married and had moved to California, I became pregnant again. He was still playing sax, and I was waitressing, but this time was different. As much as I hadn't felt attached to the earlier pregnancy, this time I felt an immediate connection. I knew I wanted this baby.

My problem, and it grew more and more worrisome as the pregnancy advanced, was that I was terrified of doctors and clinics and hospitals. My abortion experience had scarred me. I simply couldn't relinquish control over my body to someone who might treat me as badly as I had been treated in Portland. The thought of being in a sterile hospital room with my feet in stirrups and no one I loved nearby was horrifying.

Friends talked about the possibility of having a home birth with a midwife. As soon as it sank in that this was a real alternative, I jumped on it. The connection I made with our midwife, Nan, was immediate and wonderful.

The pregnancy and the birth were both completely normal. In stark contrast to my abortifacient experience, during Sonja's birth I was surrounded by people I loved and who loved me. I was in my own bed, in my own home, the tiny apartment we rented. And I knew exactly what was happening both because of my own research and because my questions were honored and answered.

Desperate Measures

Used to End Unwanted Pregnancies:

- » use of sharp object like coat hanger or knitting needle
- » scalding water baths
- » massive doses of herbal concoctions, such as black cohosh teas
- » douches with lye, cleaning fluids, boiling water
- » excessive exercise

chapter three

Now, three years after Sonja's home birth, I was considering the possibility of entering a medical career, a profession that held real terror for me, as well as fascination and challenge. It would mean I could attend home births as a physician and educate women about alternatives. It would mean that I could support Sonja.

Since the breakup of my marriage, providing for Sonja had become a major preoccupation and a necessity. I knew that public assistance was a temporary boost, but I didn't want that to become my permanent solution.

In the end, what tipped the scales was the realization that if I actually pulled this off, I could make sure my patients were treated differently than I had been—with respect and decency. The memory of my own abortion troubled me, but it also hardened my resolve. I refused to let one bad doctor dictate my decision over my life direction.

By the beginning of July going to college was sounding like a challenge I wanted to accept. I made a trip to the University of Wisconsin at River Falls and went to the financial aid office to see what possibilities might be. I was greeted by encouraging, knowledgeable people who helped me through the landscape of forms and formalities needed to apply for college and for student loans.

I enrolled in August. I hadn't declared any long-term intention, but I was at least going to get started. Sonja and I gave up our wall tent and moved two hours south, into a trailer house next to the river just blocks from campus. Our first morning I set her in a red Radio Flyer wagon piled high with books and extra clothes and snacks. I dropped her off at the day care on campus and began college full-time.

My declared major was sociology. I still didn't know if I could handle the hard sciences. I hadn't studied physics or chemistry in high school. How dare I have the audacity to think I could even *become* a doctor?

The first quarter was all it took to boost my confidence. I took chemistry and math, along with biology, psychology, and English, and came out with a 4.0 GPA. By the end of the first year I was on a roll and loving every bit of it. I went to summer school to do the equivalent of a year's worth of physics and continued with excellent grades and increasing optimism.

Sonja went with me everywhere. In warm weather I pulled her around campus in the red wagon. During the winter months she burrowed into a nest of blankets in a box mounted on a sled. She came with me to biology lab and counted fruit flies through the dissecting scope. She loved the poster of the human skeleton and learned the names of all the bones with me. When she fell off the porch and broke her arm, she walked beside me into the emergency room holding her arm.

"I think it's the radius," she told the doctor, and she was right.

The second winter we lived in a drafty farmhouse outside of town. It had no running water, and our electricity was limited to one extension cord that ran in the door from a junction box outside, but the house was rent-free. The owners wanted someone there to keep vandals out. Every evening Sonja would sit on the couch, cuddled up in a sleeping bag and cutting out paper snowflakes, while I built a fire in the wood stove. I would stoke that stove for hours, using the wood my father and sister had hauled down

from home, 120 miles away. Even at that, it was all I could do to get the heat up to fifty degrees. By the end of winter, every inch of wall space was covered in paper snowflakes.

But I was happy being a student. Chemistry, biology, physics, all the course work I had feared—from photosynthesis to physics in everyday life, I kept having ah-hah! moments. I aced course after course.

I was happy, too, because I'd met a man named Randy. Actually, I'd known Randy slightly back in high school. He had been a senior when I was a freshman, and I remembered him for his successful crusade to abolish the student dress code. We met again when I was home visiting and working at the local food co-op. He was working as a heavy equipment operator.

We started spending weekends together whenever possible. I loved Randy's genuine honesty, his dependability, and his solid commitment to people and the causes he believed in. He was the one person I trusted with my true medical aspirations.

Most important, Randy fell head over heels in love with Sonja. The feeling was mutual. Almost from the start, Sonja started calling Randy "Randad."

It wasn't until I'd finished two years of school, and was fueled with newfound confidence, that I felt able to articulate my ultimate goal to my family and friends: I was going to be a doctor.

My mother was encouraging and proud and promised to do all she could to help. There was no money to help with expenses, but she could pitch in with child care. My father was skeptical but knew enough not to say it out loud. Maybe he was worried about where he'd have to haul wood to next. I could feel the sideways looks of aunts, uncles, and cousins, very few of whom had gone past high school.

Higher education had never been a part of our extended family expectations. Mom would have loved to go to college and law school, but the times and circumstances did not allow it. Dad had only finished eighth grade, but he had enrolled in machinist school on the GI bill after serving in World War II. He had earned a GED many years later, along with some of his brothers. Dad and all five of his brothers served in the war.

After three years I earned my bachelor of science degree in biology and was accepted into medical school. Another move for Sonja, but this time we joined a married couple with two kids. The husband was in the same program I was, and the wife was in nursing school. We shared childcare responsibilities, along with meals and bedtime stories. And, as Sonja pointed out, you just had to turn up the thermostat to make it warmer.

Most weekends we drove down to be with Randy. I studied nonstop, but Randy and Sonja had the standard routine. They'd make a trip to the dump, buy groceries, do chores, then head off on the rounds of family visits to grandmas and aunts and uncles. Randy built Sonja a sandbox in the yard, where she played for hours.

It didn't take long in medical school to see that even though women were allowed in, it was a system run by and for men. Most of the lecturers and attending physicians were men. All the deans and department heads were men.

There were times when it was all I could do to keep my mouth shut. Other times I was not able to contain myself and took actions that almost got me expelled. One incident that put me toe to toe with the medical school hierarchy still makes me shudder.

It was the first morning of a third-year medical student rotation in obstetrics and gynecology. We met in a lecture hall for a discussion of pelvic anatomy with the attending physician. He told us that the best way to learn pelvic anatomy was to do an exam on a relaxed pelvis and that a woman under general anesthesia was ideal. We were led to the operating room suite and were told we would all be performing pelvic exams on five or six women and then discussing our findings.

It dawned on me that these were women admitted for a variety of operations or procedures. Gallbladder surgery, perhaps, or breast lumpectomy or knee surgery. I suspected that the patients hadn't been told they would be undergoing pelvic exams by eight or ten medical students while under general anesthesia.

My suspicion was confirmed. I was absolutely appalled and walked up to confront the attending physician.

"So we're all doing pelvic exams on this patient?" I asked.

"Yes."

"Without her permission?"

He stared at me.

"We're all really supposed to do this?"

"Quit asking questions," he said. "Scrub in and get with the program."

I refused, turned around, and went directly to the department head.

"I can't believe we are expected to do this," I said. "It is a terrible violation."

"These women have come to a teaching hospital," he replied. "They understand that medical students are present and need to learn. They'll never know it anyway."

"Are you proud of this teaching institution?"

"Of course," he replied.

"Then you'll have no problem when I go to the local paper and discuss this teaching practice."

I knew very well that this could mean the end of my medical education, but if this was what it meant to become a doctor, I had no desire to go any further. After a heated discussion, the department head agreed to put a halt to pelvic exams on anesthetized women, and I agreed not to go to the papers with the story.

In spite of the fact that almost half of the women in this country have an abortion at some time in their reproductive lives, abortion was not acknowledged, discussed, or described during my ob-gyn rotation. When I asked to be taught the procedure, I was met with total resistance. It was simply not a program option. This refusal only made me more determined.

Shouldn't a physician be able to at least intelligently discuss all the options for women with unplanned pregnancies?

I was finally able to arrange, on my own, an elective reproductive health rotation at another institution. There I was able to learn about the various methods of abortion and observe procedures.

Memories of my own abortion kept creeping in, memories too painful to talk about, but I had been in enough medical situations by then to realize that my experience was not the norm. I was anxious to see how procedures were done in a legitimate, well-run clinic.

The first abortion I saw during that rotation was for a woman who was halfway through her pregnancy. The fetus had an abnormality incompatible with life. It had started out as a very planned and wanted pregnancy. When the abnormality was diagnosed through an ultrasound, the woman chose to end the pregnancy instead of going full-term, delivering the baby, and having it die immediately.

Most abortions done at this stage are for similar reasons, or to save the life of the mother, but knowing the circumstances did not soften the visual reality of a twenty-one-week fetus. Seeing an arm being pulled through the vaginal canal was shocking. One of the nurses in the room escorted me out when the color left my face.

Not only was it a visceral shock; this was something I had to think deeply about.

I had been about eight weeks pregnant when I had my abortion. I knew from my embryology class in the first year of medical school that an eight-week embryo is about the size of my thumbnail. It cannot feel pain or think or have any sense of being. I have never regretted that abortion.

Confronting a twenty-one-week fetus is very different. It still cannot feel pain or think or have any sense of being, but the reality is, this cannot be called "tissue." It was not something I could look at comfortably. From that moment, I chose to limit my abortion practice to the first trimester, fourteen weeks or less.

Over the next six weeks I met eight to ten women in the clinic almost every day, women who had come to end pregnancies for a variety of reasons. For some it was financially motivated. Others had educations to finish or careers they had just started. Some were in abusive relationships and did not want that connection to the man. There were women with chronic illnesses whose lives would be in jeopardy if the pregnancy continued. And there were women carrying fetuses with genetic abnormalities or anomalies incompatible with life. Many had been using a form of birth control that had failed.

Never once did these decisions seem easy or casual. Every one was the product of tremendous personal struggle. Anyone who claims otherwise is either very ignorant or unkind or both. Anyone who says that women use abortion as a method of birth control or as a simple matter of convenience should spend a day in a clinic where abortions are performed. No honest person would ever make that statement again.

Equally important and revealing is the fact that women who have abortions come from every level of education, every income bracket, and every age from puberty to menopause. They are Catholic and Jewish, Protestant and Buddhist, agnostic and atheist. Every race and every ethnic group. Every possible woman. They are, in truth, our sisters, aunts, grandmothers, music teachers, neighbors, and best friends.

By the end of six weeks I had become steadfast in my belief that abortion has to be legal and available for all women, even when the pregnancy is into the second trimester. Women cannot be forced to bear children they are unable to care for physically, financially, or emotionally. Women cannot be forced to continue with a pregnancy that may cost them their lives. The bottom line, expressed by my friend Liz Karlin, is, "Women have abortions because they want to be good mothers."

What struck home more than anything during that rotation was how drastic and tragic it would be to have this choice taken away from women. By the end of it, I had learned that abortions could be performed with compassion and respect, just as I had suspected. It was an experience I had been

denied, but one I vowed not to deny any woman who became my patient.

From there I went on to another elective rotation in Salt Lake City, Utah, to study infertility, in vitro fertilization, and embryo transfer. It might initially seem strange for a doctor who wants to do abortions to enroll in both those rotations. But true choice is a matter of understanding and weighing all the options, and then being free to carry out the most appropriate one.

While I was leaning toward a specialty in some aspect of women's reproductive health, I was still weighing other options. I found genetics fascinating, for instance, and was intrigued by the career possibilities in forensic pathology.

Before I had learned to do abortions and was still early in my training, I met a woman whose circumstances illustrated the life-and-death reality of choice. I didn't know it then, but her case would be the turning point in my medical career.

When I encountered her, I was one of many students, interns, and doctors doing prenatal care in a low-income clinic. Most of my time was spent getting initial information from patients, keeping charts, taking medical histories—the grunt work of the process.

This woman, when I first saw her, wouldn't look at me directly. She seemed heavy with defeat. She moved slowly and spoke slowly. I was the first person in the system she had seen. I began working on her chart, getting her ready for the exam. "I can't have this baby," she blurted out.

"What do you mean?"

"I can't have it," her voice was hushed, frightened. "He'll kill it if I do."

"Who? Who will kill it?"

"My man. The county already took my two girls because he beat them. I already lost my two girls. I can't lose another. He'll kill it. I know he will!" She was looking at me now, beseeching, her voice strident.

"Have you had counseling?" She shook her head. "There are shelters for abused women. Places you can get help, where you can get away from him." She kept shaking her head.

"I can't have this baby. He'll kill it."

I began making inquiries over the next few days. The social service agencies were aware of the case, knew the history, but couldn't be mobilized. They wouldn't agree to take the child after birth unless there was evidence of abuse. The woman had no money. \$350 for an abortion might as well have been \$350,000.

When I saw her again, I asked her about adoption, but she adamantly refused.

I felt completely helpless. This woman's predicament seemed insurmountable. The rest of the medical personnel in the clinic were no help. I saw her periodically throughout her pregnancy. Eventually she stopped pleading with me, but in her eyes I read deep fear and reproach. I was her first connection to the clinic, the one she chose to confide in, a person she thought had real power, and I was impotent.

The night she delivered was incredibly busy on labor and delivery. I scurried from patient to patient prepping, comforting, coaching, assisting doctors. Her birth was one of many, an uncomplicated procedure lost in the confusion of a hectic night. Her "man" was not there. She had no visitors.

When we sent her and the baby on their way in a taxi two days later, she wouldn't meet my eyes.

“Be safe,” I said, as I closed the cab door. She rode away, out of my life. I thought about her from time to time, but things careened on. Only the present demands stayed in focus.

Nearly a week later my pager went off, and all I could hear was my name and the words “emergency room.” When I walked through the swinging doors, there she was again. I saw her holding her infant son. ER staff surrounded her, trying to get her to hand over the baby, but she was holding the limb body tightly.

When she saw me, she held it out, shaking with emotion. “It’s your fault!” she cried. The baby, the infant, just born and already dead, lay across her arms like an accusation. “It should never have been born.” The woman’s face was twisted in anguish and hatred. “It’s your fault.”

I stood with my hand over my mouth, frozen in place. Now I was the one unable to meet her eyes. I felt a surge of mingled guilt and frustration and anger. Guilt for not being more persistent in finding her the help she had asked for. Frustration with a system that doesn’t protect the weakest and poorest and most vulnerable. Anger at the father for all the obvious reasons. I also felt utterly inadequate.

For a long time I felt it was indeed my fault. Her face haunted me. Her words echoed in my head. Even now her face still confronts me. At that moment I knew with absolute certainty that I had to learn to do safe, legal abortions. I had to be able to offer that service to my own patients. Abortion about life: quality of life for infants, children, and adults. Everywhere and in every sense of the word. Life, not death.

The self is not something ready-made, but something in continuous formation through choice of action.

—JOHN DEWEY (1859-1952)

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