Abortion Rights Fund of Western Mass.
P.O. Box 732
Hadley, MA 01035

ABORTION TRAINING AND SERVICES: THE QUIET EROSION

The long range goal of the anti-abortion movement is to criminalize abortion. Their strategy has been to attack access to abortion. We are all too familiar with their legislative and judicial successes which include the Hyde Amendment in 1976 which prohibits Federal Medicaid funding of abortions, Parental Consent and Notification laws, prohibition of abortion coverage in state and federal employee health plans, the Gag Rule, mandatory waiting periods, and the many restrictions that states will now be allowed to put on abortion following the Supreme Court decisions in Webster (1989) and Casey (1992).

The last four years have also seen an escalation in attacks on abortion clinics spearheaded by Operation Rescue. Over 80% of abortion providers have experienced some form of harassment ranging from phony appointments to bomb threats, kidnapping of doctors and bombings of clinics.

All of these activities have slowly eroded the constitutional right to abortion, making abortion increasingly difficult, if not impossible, for increasing numbers of women. The Center for Reproductive Law and Policy claims that about 20% (experts think this is a conservative estimate) of U.S. women who want abortions cannot get them because of money, geography and the shortage of doctors who will perform them.

Low income women, women of color and young women have borne the brunt of these erosions. For this reason, R2N2 has been part of a political tendency which attempts to center the abortion battle on issues of access to abortion and health care. At the same time however, the anti-abortion movement has succeeded in undermining abortion services in the most basic way and we think the movement must focus on an insidious and dangerous trend that threatens abortion rights. Through pressure on medical institutions and individual physicians, anti-abortion forces have discouraged the teaching and provision of abortion services in large parts of the country.

As with other attacks on abortion access, low-income women, women of color, young women and rural women are hit hardest. When abortion services are unavailable in their areas, women must overcome tremendous obstacles in terms of travel arrangements, childcare, financial expenses and loss of privacy — due to time away from home, work or school — to obtain abortion services.

There has been a dramatic decline in hospitals providing abortions. Two-thirds of all hospitals with obstetrical units do not offer abortion services — between 1977 and 1988 the number of hospitals providing abortions dropped by 600. These institutions provide a disproportionate share of abortions for poor and rural women. Hospitals, not clinics, perform later abortion procedures and handle any serious complications. And clinics often will not serve HIV positive patients leaving hospitals as the only choice for these women who are disproportionately women of color and already underserved in their health care.

About one-third of women of child-bearing age live in counties where there are no abortion services. Often women must drive hundreds of miles to get abortion services. Women without resources to travel or pay for abortions are forced to delay their abortions until later when health risks are higher, or to carry unwanted pregnancies to term. Or, women will resort to illegal or self-

ABORTION IN MASSACHUSETTS

The following statistics were compiled for a group that is forming around the crisis of lack of abortion providers in Massachusetts and nationally. All of the Massachusetts statistics were collected by the Massachusetts Department of Public Health and are '91 data.

- There are six accredited OB/GYN training programs in Massachusetts. Four are in the Boston area, one in Worcester, and one in Springfield.
- There are five licensed clinics providing abortions in Massachusetts — four in the Boston area and one in the western part of the state.
- There are only five providers that do abortions at 19 to 24 weeks of pregnancy — four in the Boston area and one in the western part of the state.
- Of the abortions provided in '91, 60% were done by clinics, 26% were done by physicians outside of clinics or hospitals, and 14% were done by hospitals.

We are all aware, and these statistics support the fact, that access to abortion is limited. Women living outside of the Boston area are faced with intensified struggles to either get into Boston or get to one of the facilities in either central or western Massachusetts. Massachusetts is one of the leading states providing health care education, yet we maintain a critical deficit in training people to perform abortions.

If you are interested in doing something about this shortage, call R2N2 at (617) 783-9479 for information about meetings.