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Telling the Stories Behind the Abortions

By CORNELIA DEAN

Dr. Susan Wicklund took her first step toward the front line of the abortion wars when she was in her early 20s, a high school graduate with a few community college credits, working dead-end jobs.

She became pregnant. She had an abortion. It was legal, but it was ghastly.

Her counseling, she recalls, was limited to instructions to pay in advance, in cash, and to go to the emergency room if she had a problem. During the procedure itself, her every question drew the same response: “Shut up!”

Determined that other women should have better reproductive care, she began work as an apprentice [midwife](#) and eventually finished college, earned a medical degree and started a practice in which she spends about 90 percent of her time on abortion services. Much of her work is in underserved regions on the Western plains, at clinics that she visits by plane.

In her forthcoming book “This Common Secret: My Journey as an Abortion Doctor” (Public Affairs), Dr. Wicklund describes her work, the circumstances that lead her patients to choose abortion, and the barriers — lack of money, lack of providers, violence in the home or protesters at clinics — that stand in their way.

But she said her main goal with the book was to encourage more open discussion of abortion and its prevalence.

“We don’t talk about it,” she said in a telephone interview. “People say, ‘Nobody I know has ever had an abortion,’ and that is just not true. Their sisters, their mothers have had abortions.”

Dr. Wicklund, 53, said that at current rates almost 40 percent of American women have an abortion during their child-bearing years, a figure supported by the Guttmacher Institute, which researches reproductive health policy. Abortion is one of the most common operations in the United States, she said, more common than tonsillectomy or removal of wisdom teeth. “Because it is such a secret,” she said, “we lose sight of how common it is.”

But Dr. Wicklund acknowledges that abortion is an issue fraught with dilemmas. In the book, she describes witnessing, as a medical student, the abortion of a 21-week [fetus](#). She writes that at the sight of its tiny arm she decided she would perform abortions only in the first trimester of [pregnancy](#). She says late-term abortions should be legal, but her decision means she occasionally sees desperate women she must refuse to help.

Dr. Wicklund describes her horror when she aborted the pregnancy of a woman who had been raped, only to discover, by examining the removed tissue, that the pregnancy was further along than she or the woman had thought — and that she had destroyed an embryo the woman and her husband had conceived together. And she describes the way she watches and listens as the women she treats tell why they want to end their pregnancies. If she detects uncertainty or thinks they may be responding to the wishes of anyone other than themselves, she says, she tells them to think it over a bit longer.

On the other hand, Dr. Wicklund has little use for requirements like 24-hour waiting periods, or for assertions like those of Justice [Anthony M. Kennedy](#), who said in a recent [Supreme Court](#) decision on abortion that the government had an interest in protecting women from their own decisions in the matter.

“It’s so incredibly insulting,” Dr. Wicklund said in the interview. “The 24-hour waiting period implies that women don’t think about it on their own and have to have the government forcing it on them. To me a lot of the abortion restrictions are about control of women, about power, and it’s insulting.”

Dr. Wicklund said she would put more credence in opponents of abortion rights if they did more to help women prevent unwanted pregnancies. Instead, she said, many of the protesters she encounters “are against [birth control](#), period.” That is unfortunate, she said, because her clinic experience confirms studies showing that emphasizing abstinence rather than contraception may cause girls to delay their first sexual experience for a few months, but “when they do have intercourse they are much less likely to protect themselves with birth control or a [condom](#).”

According to the Guttmacher Institute, about a quarter of pregnancies in the United States end in abortion. Dr. Wicklund says that is why she believes far more people favor abortion rights than are willing to admit it in polls. For example, she said in the interview, an abortion ban that seemed to have wide support in South Dakota was put to a vote and “when people got behind those curtains and nobody was watching it was overwhelmingly defeated. Unfortunately, people are not willing to say what they really think.”

One of these people might be a woman she recognized as one of the protesters who regularly appeared, shouting, outside a clinic where she worked. Only now the woman was in the waiting room, desperate to end an unwanted pregnancy. Dr. Wicklund performed the procedure.

And then there is Dr. Wicklund’s maternal grandmother, a woman she was afraid would disapprove of her work. But it turned out that she had a story of her own. “When I was 16 years old, my best friend got pregnant,” is how the story began. Her friend turned to her and her sister for help. They did the only thing they could think of — putting “something long and sharp ‘up there,’ ” according to the book. The girl bled to death, and the cause of her death was kept secret.

“I know exactly what kind of work you do,” the grandmother told Dr. Wicklund, “and it is a good thing.” One question Dr. Wicklund hears “all the time,” she said, is how she can focus on abortion rather than on something more rewarding, like delivering babies.

“In fact, the women are so grateful,” Dr. Wicklund said in the interview.

“Women are so grateful to know they can get through this safely, that they can still get pregnant again.

“It is one of the few areas of medicine where you are not working with a sick person, you are doing something for them that gives them back their life, their control,” she added. “It’s a very rewarding thing to be part of that.”