# The Role of Planned Parenthood-World Population in Abortion

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PLANNED PARENTHOOD FEDERATION OF AMERICA is a voluntary health agency dedicated to making birth control services available to all American women and men. The pioneering efforts of Margaret Sanger led to the opening of the first birth control clinic in the United States. Planned Parenthood Affiliates now number 191 in some 40 states and the District of Columbia.

I propose to discuss the history of Planned Parenthood's involvement with abortion, to discuss our present activities, both at a national and affiliate level and, finally, to take a look into the future. First, however, I would like to address myself to two points: the concept, that many people have of Planned Parenthood as a birth control agency which, as such, should not be involved in abortion; and secondly, Planned Parenthood's involvement in helping to achieve reform or repeal of abortion law. Public opinion on the first point is a problem that Planned Parenthood has faced at national and local levels for many years. I think it is fair to say that most professionals and volunteers associated with Planned Parenthood have accepted, for a long time, the necessity of abortion as an integral part of any complete or total family planning program. The dilemma of a woman, who has a legitimate method failure, or any type of unwanted pregnancy, cannot be avoided by Planned Parenthood clinic personnel. In 1969, Planned Parenthood-World Population passed a policy on abortion. Further, the National Medical Committee has issued Standards for Pregnancy Counseling Programs and Abortion Services.

Regarding the second point, as a nonprofit, tax-exempt agency, Planned Parenthood is specifically unable to lobby or overtly attempt to achieve legislative reform. However, there are many dedicated volunteers and professionals from Planned Parenthood Affiliates who have been effective in working with other concerned citizens and reform groups. One example is the outspoken advocacy of abortion law change by Dr. Alan Guttmacher. Another is the informal cooperation of Planned Parenthood Affiliates in ad hoc abortion law repeal committees. Finally, Planned Parenthood helped prepare various legal briefs which have been presented to courts as a means of effecting change. One major effort is currently underway to change the recent legal opinion in California that a minor is not able to consent to an abortion.\*

# PLANNED PARENTHOOD'S EARLY ROLE IN COUNSELING AND REFERRAL

It goes without saying that Planned Parenthood Affiliates have long been involved in programs of abortion information, counseling and referral. Before the recent change in abortion laws, these activities were, necessarily unpublicized. Thus, we generally do not know the results of these early counseling and referral programs.

The advent of abortion reform movements in the 1960's corresponded with a dramatic change in Planned Parenthood service programs. Instead of providing only birth control services (and occasion ally infertility diagnosis, premarital and marital counseling), many other conception counseling services began to be offered. In a programmatic way, Planned Parenthood began to get more deeply involved in abortion programs through its involvement in pregnancy detection services. In many communities, Planned Parenthood patients complained that it was virtually impossible to get a pregnancy test done easily and cheaply; this was verified by Affiliate personnel, upon checking these complaints. When attempting to prod health departments or hospitals, they found many institutions resistant to developing or implementing a pregnancy detection service. Therefore, many affiliates assumed this responsibility, at least on a temporary basis. When Planned Parenthood's efforts became known, affiliates were confronted with an increasing number of women seeking pregnancy detection services who also began to request other assistance if they were found to be pregnant. Thus, certain affiliates began to get more deeply involved in abortion information, counseling and referral.

By the mid 1960's, there were other groups working hard in these areas and Planned Parenthood affiliates attempted to cooperate with many of them including clergy counseling groups and various community service agencies. Our affiliate in Massachusetts has developed an extremely capable abortion counseling program which assists many women.

Clearly, Planned Parenthood's involvement was shaped by the social forces which began to effect meaningful change in abortion law.

Let me now turn to our current involvement, utilizing activities in three states to demonstrate the different types of programs offered by affiliates.

#### California

Since the reform of the abortion law, our affiliates in California have become deeply involved in programs of counseling and referral. Without intruding too much on Dr. Minkler's paper, I would like to refer specifically to the activities of our affiliate in the San Francisco/ Alameda County area. I hope I do not abrade anyone by saying that the Bay Area has generally been more progressive in implementing abortion programs, although there has been a great deal of activity in Los Angeles as well.

As part of the San Francisco effort, our affiliate there cooperated with hospitals and private physicians to make abortion available for many or most women who requested it. Since Planned Parenthood's services are largely geared to the indigent or near indigent, assisting them to become properly informed of their medical benefits and to secure referral and confirmed appointments became one of our prime areas of responsibility. But, as many of you realize, there are large numbers of women who, because of marginal income, face major difficulties in paying the normal private practice and hospital fees, specifically, many younger women who are recently employed, secretaries, clerks, various paraprofessionals and, as a separate group, college students. Planned Parenthood affiliates across the country have received an increasing number of requests for assistance from this category of younger women. Affiliates have no right to deny them access to service on the theoretical grounds that they have a somewhat adequate income. For this reason, Planned Parenthood/Alameda/San Francisco se cured a foundation grant to develop the San Francisco Center for Legal Abortion which was designed to serve applicants who are in eligible for, or who elect not to invoke, MediCal and at the same time simply cannot afford private care at the current costs. The Abortion Center embodies the concept of a pregnancy diagnosis center, counseling, pre-abortion physical examination, processing for the rapeutic abortion committee approval and, post-abortion follow up including contraceptive advice. The Center will collect a total abortion fee from each patient and provide payment to cooperating physicians and hospitals. It plans to offer a full range of services related to abortion which, hopefully, will enable patients to be quickly referred to an obstetrician-gynecologist in one of the cooperating hospitals. Follow up care, in case of complications, will be arranged through the central office. A telephone answering service at the Abortion Center will be in effect. Every attempt will be made to maintain patient contact with the operating physician.

## Colorado

I doubt if many are happy with the Colorado law. Planned Parent hood in Denver has carefully analyzed its position in relation to present abortion activities in that state. Approximately 40 - 60 requests and some 30 - 50 referrals for abortion are handled by the affiliate every week. Ninety per cent of these patients are referred out of state, some to New York, others to California and elsewhere. There are cooperating physicians in the Denver area who have agreed to take a small number of referrals. It is interesting to note that the patients requesting abortions from Planned Parenthood are usually young, between 18 to 23 years of age. They are college students or newly employed in various jobs such as secretarial clerkship work.

Unfortunately, under the Colorado law, most of these women have no valid reason for an abortion. This has led to the referral I have mentioned. Planned Parenthood of Colorado does not do abortion), counseling per Se. Instead, it has cooperated closely with the clergy counseling group in putting into effect an effective screening mechanism to assist women who need to be properly informed. Women are assisted in obtaining pregnancy diagnosis quickly. If they wish an abortion, referral is obtained with the assistance of Clergy Counseling. If there are grounds for abortion under the Colorado law, they are referred to a psychiatrist.

There is another important aspect about the decision made by Planned Parenthood in Colorado. Under the present situation, they felt it urgent to provide much more information about the availability of birth control and to make services even more widely available to young women. Therefore, major programs on college campuses and elsewhere have attempted to prevent unwanted pregnancy from occurring.

### **New York State**

July 1, 1970 saw the beginning of semi-chaos in New York State as far as abortion programs were concerned. Fortunately, near order has now been restored. I will attempt to detail the specific types of activity by Planned Parenthood that, in part, may have helped to restore this order.

# **Efforts Made by the New York City National Organization**

Planned Parenthood Federation worked with its affiliates in New York State to monitor the situation, assist with a portion of the referral requests, consider the necessity for training programs for pregnancy counselors, and so forth. As in California and Colorado, many women really did not understand the New York law or know how to go about securing a safe abortion. Therefore, we set up a telephone service which enabled many women calling from in or out of state to obtain proper information and referral. We published an abortion pamphlet. Incidentally, we intend to get much more involved in education. At the same time, Planned Parenthood strove to monitor the developing situations in other states so that women from California, for example, did not come to New York (as some did) when the situation in her community might have changed to allow her to have an abortion there. We began examining the needs for properly training personnel of all kinds in abortion counseling and referral. While some excellent counseling is going on throughout the country, there are relatively few training programs to develop competent counselors.

Our affiliate in New York City should be congratulated for its major role in making available a competent telephone information and referral service through the Family Planning Information Service of New York City. This service is a result of cooperation by a number of agencies, public, private, and voluntary within New York City, who had agreed upon the need to provide a telephone service for women who needed to know about birth control services. July 1, 1970 saw the Family Planning information Service also take on the responsibility of providing abortion information and referral. A tremendous increase in the number of telephone calls to the service resulted.

Planned Parenthood, furthermore, was instrumental in working with municipal, proprietary and private hospitals in attempting to match up patients with physicians and institutions. Our role as patient advocate was well demonstrated in our criticism of the slowness of certain municipal hospitals in establishing meaningful programs of abortion. Planned Parenthood of New York City is currently considering the development of an outpatient abortion facility in order to provide prompt, safe, low-cost (\$0-150) outpatient abortions.

Our affiliate in Syracuse made the decision to perform abortions on its premises. You may know that Syracuse is a conservative, Catholic community. The affiliate began to plan its abortion facility when it became apparent that no hospitals in the area were making provision for abortion services. Through various surveys, it learned that a number of doctors were willing to accept referrals for abortions that would either be performed in the physician's office or in the hospital with which the physician was associated.

Planned Parenthood initially wanted to operate a telephone information and counseling service. However, after considerable discussion and deliberation, it was decided that an outpatient abortion facility should be developed within the Planned Parenthood Center. This decision was based on the following factors:

The reluctance of certain hospitals to make known their plans for abortion services;
The real prospect that where services were available, the fees would be high;
The further realization that services would tend to be offered in a way that the patient would have to face a formidable screening procedure, and thus a long waiting period,

Since July 1, 1970, approximately 12 pregnancies per week have been terminated in the Syracuse Planned Parenthood facility. Twenty percent of the patients are on welfare; the fees have ranged from \$0 - 250, with the average payment being \$150. The administrative problems in actually putting together the service were, to say the least, horrendous. However, the executive director, an innovative woman, was able to overcome all obstacles in developing this service with the help of an enlightened board and professional staff. It is the feeling of the affiliate that such a service will be offered for the foreseeable future - i.e., one to two years until it is clear that abortion is easily available to women in the Syracuse area.

#### **FUTURE PLANS**

By discussing programs within three states, I have attempted to outline the different approaches being taken by Planned Parenthood.

Now, for a look into the future:

Clearly, we must provide support for those groups who are attempting to maintain present satisfactory laws such as in New York State, or those who are attempting to repeal the law in other states. In states where abortion law reform or repeal has not yet occurred, we will continue to cooperate with institutions and agencies in offering programs of abortion information, counseling and referral. In those states where abortion law has changed, we have various alternatives, ranging from maintaining a telephone information service to offering direct services, such as in Syracuse.

Of highest priority, however, will be our continued focus on birth control services. It would be unfortunate if the availability of abortion deemphasized the necessity of making birth control available conveniently and cheaply to all women and men. Certainly, the United States is a "contraceptive society." Planned Parenthood hopes that this well established trend will be reinforced so that we will be an even more efficient contraceptive society in the next decades.

We support the view that when an unwanted pregnancy has occurred, abortion services should be available, with the decision essentially being made by the patient and her doctor. We will continue to be part of the advocacy constituency so that fees can be scaled down to reasonable levels.

In summary, Planned Parenthood hopes that abortion will become even more available and supports the efforts of others in seeking reform and repeal of outdated abortion laws. At the same time, we will work to provide more effective programs of public education, information and birth control services to lessen the need for pregnancy termination.

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