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A BOTCHED OPERATION

Steven Brigham's abortion clinics keep being sanctioned for offering substandard care. Why is he still in business?

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Another doctor warned Brigham, “You can’t do second-trimester abortions. You just started out, and you don’t have the skill level.” Credit Illustration by Tomer Hanuka

In May of 1990, several hundred physicians gathered in a conference hall at an Atlanta hotel, as uniformed guards stood at the door. Colleagues traded tips about installing bulletproof glass in their offices and spoke about fielding hate mail and death threats. It was the annual gathering of

the National Abortion Federation, or N.A.F., a professional association with a beleaguered membership. At the time, fewer than a fifth of the counties in the United States had abortion providers. Since the mid-eighties, clinics across the country had been blockaded, vandalized, and firebombed. Most of the physicians at the conference were well into middle age. The right to safe, legal abortion, which had been established by *Roe v. Wade*, in 1973, would be rendered meaningless if a new generation of providers didn't emerge soon.

There was at least one younger face at the conference: Steven Chase Brigham. A handsome, genial man in his mid-thirties, with a square jaw and sandy brown hair, Brigham was a recent graduate of Columbia University's medical school. Articulate, well dressed, and polite, he seemed unusually relaxed and upbeat for an abortion provider.

"You sort of notice the newbies, and he seemed like a very personable young man," Dr. Suzanne Poppema, a former director of N.A.F., recalls. "He was just getting started in the abortion-care business, and was really eager to learn and ask questions." When talking with N.A.F. members, Brigham repeatedly emphasized the importance of treating patients with respect. Dr. Curtis Boyd, one of N.A.F.'s founders, says, "He knew all the right things to say. He's very charming."

By the mid-aughts, Brigham was the owner of a large chain of abortion clinics, American Women's Services. There were more than a dozen branches, in four states: Virginia, Maryland, Pennsylvania, and New Jersey, where he was based. The chain had expanded, in part, because he advertised aggressively, promising "caring and supportive" counsellors and "very low fees." In addition, the number of abortion providers had continued to decline, creating a vacuum that Brigham was able to fill. "Dedicated to Reproductive Freedom and Quality Women's Healthcare," the Web site of American Women's Services proclaimed, above a photograph of a smiling female physician in a white coat.

Brigham, who was born in 1956, grew up in a middle-class family in Toledo, Ohio. A gifted athlete who excelled at wrestling and tennis, he also stood out academically. In 1974, he enrolled at the Massachusetts Institute of Technology, where he double-majored in physics and applied biology. He then entered an M.D.-Ph.D. program at Columbia. Although he embarked on a Ph.D. in molecular biology, he never completed a dissertation. Upon receiving his M.D., he did a yearlong internship in internal medicine at the Westchester Medical Center, then bounced around jobs: a few spells in emergency rooms, a stint at a smoking-cessation clinic.

One day, while reading the classifieds in the *Times*, Brigham noticed that a gynecology center in Flushing was soliciting applications for a staff-physician position. Although he was not trained as a gynecologist, he applied, and he was hired. He soon found himself observing, and then performing, various medical procedures there, including first- and second-trimester abortions.

Brigham could see that there was a high demand for abortion, even in places where it was viewed with skepticism or hostility. In 1990, he travelled to a small, conservative town in southeastern Pennsylvania called Wyomissing and signed a lease to rent space on the ground floor of an office building. For someone who had spent the previous decade in New York City, Wyomissing—a few miles west of Reading—was a curious destination. It was also a daring

place to open an abortion clinic. Brigham told the building's owners that he intended to start a family-medicine practice, with abortion integrated into a broader repertoire of care.

Brigham began placing ads for abortion services in the Yellow Pages. The ads drew a steady stream of pregnant women to his office—and a steady stream of protesters, armed with placards and bullhorns. The commotion escalated, eventually prompting the owners of the building to petition a judge for a temporary injunction against the protesters; after the request was denied, they successfully obtained an injunction against Brigham, who, they claimed, had misrepresented the nature of his medical practice. The controversy attracted extended scrutiny in the local press. One morning, Brigham later recalled, he glanced at the front page of the Reading *Eagle* and spotted a story, below the fold, about a minor international development: the implosion of the Soviet Union. Above it was yet another story about the turmoil outside his clinic.

Many doctors in Brigham's position would have decided that there were easier ways to make a living. But he seemed immune to such stress. "Nothing bothers him," a former colleague told me. "I don't think he gets rattled."

Even before *Roe v. Wade*, the demand for abortions overwhelmed the capacity of those willing to supply them. In 1972, a year before the Supreme Court's ruling, a hundred professors of obstetrics signed a statement suggesting that practitioners who did not have moral objections to performing abortions should help meet the "staggering" demand for the procedure, once it was legalized. "If only half of the 20,000 obstetricians in this country do abortions, they can do a million a year at a rate of two per physician per week," the statement noted. "Already we do more than a million other pelvic operations every year." This generation of obstetricians had seen women wheeled into emergency rooms, one after another, because they had paid someone without proper training to terminate their pregnancies.

After *Roe v. Wade*, many doctors believed that they could quietly incorporate abortion into their practices without inspiring hostility from pro-life activists. Among them was my father, Shalom Press, an Israeli immigrant who, only weeks after the Supreme Court ruling, arrived in Buffalo to complete an ob-gyn residency. By the mid-nineteen-eighties, he had opened a private practice there that offered many services, from delivering babies to performing abortions. Despite this approach, his practice was soon besieged by protesters. By 1988, my senior year in high school, the parking lot at his office teemed with protesters brandishing signs calling him a "baby-killer." They shouted and thrust pamphlets at his patients. Some of the protesters picketed our home. Eventually, they started blockading the doors of his office, in order to prevent women from entering.

The intimidation, the harassment, and the threats all help explain why Brigham was so enthusiastically welcomed when he started attending N.A.F. meetings. But not everyone in the pro-choice community was impressed by him. In 1991, according to a report in the *Eagle*, Nancy Osgood, the executive director of Planned Parenthood in Lancaster County, Pennsylvania, sent a representative to visit Brigham's clinic in Wyomissing to determine if the facility should be placed on the group's referral list. While inspecting the facility, the representative noticed that important equipment was missing, including a sonogram machine. The clinic had no written arrangement with a hospital in case something went wrong. Although Brigham advertised "low

fees,” women were charged extra for things that were usually included in the price, like Pap smears and post-abortion checkups. Osgood was disturbed by these findings, and did not put Brigham’s clinic on the referral list.

Osgood was not the first person to develop doubts about Brigham. According to the *Eagle*, Brigham had approached Amy Cousins, a gynecologist who performed abortions in Pennsylvania and New York, about working with her. Cousins told the paper that she had doubts about his competence. “I remember him very vividly,” Cousins said recently. “He told me he was a gynecologist, and it turns out he wasn’t.”

The vast majority of abortions in America are performed in the first trimester, when complications are very rare and any surgery is straightforward. But the rate of complications rises as women near the end of the second trimester, and terminations done after this point—which, typically, are legal only if the woman’s life or health is in danger—pose a higher risk. In the early nineties, few doctors performed “advanced-gestation abortions” regularly. One who did was George Tiller, a physician based in Wichita. He was among the targets of the 1991 Summer of Mercy, a forty-six-day siege led by Operation Rescue, the militant anti-abortion group. Hundreds of protesters were arrested outside the clinic where he worked. Two years later, while Tiller was pulling out of the clinic’s driveway, his car was sprayed with bullets, and he was wounded in both arms.

To people who viewed advanced-gestation abortions as tragic but sometimes unavoidable, doctors willing to be trained in such difficult procedures seemed brave. LeRoy Carhart, an abortion provider who worked with Tiller, recalls meeting Brigham at an N.A.F. meeting, in the early nineties: “He came and asked me if I would train him to do second- and third-trimester abortions.” After learning that Brigham had limited experience doing first-trimester abortions, Carhart cautioned him against the idea. Privately, he was taken aback: “He seemed like a nice person, but I was amazed that somebody would, you know, want to learn how to fly a jumbo jet before he learned how to fly an airplane.”

In 1992, Brigham left Wyomissing. “I like Pennsylvania and I like the people, but I have bad feelings about the right-to-lifers,” he told the *Reading Times*. “Their goal was to drive me from town.” He moved to Voorhees, a town in southern New Jersey, and opened a practice there. He also performed abortions elsewhere, including clinics in Spring Valley, New York, and Flushing.

In 1994, the New York Department of Health moved to discipline Brigham for botching two advanced-gestation abortions. One of the women had bled for three hours before being taken to the emergency room. The other had suffered injuries when Brigham continued the procedure even after he accidentally perforated her uterus. A committee reviewing the cases concluded that Brigham had “used inexcusably bad judgment and that his negligence was life threatening.” Brigham, testifying before the board, insisted that he had received “extensive training” in such procedures, mentioning a course that he’d taken at a Planned Parenthood clinic in New York City. The board was not persuaded, noting that he had never completed an ob-gyn residency and had never received a certificate for the course, which, in any case, focussed on first-trimester abortions. It charged him with gross negligence and revoked his license.

Not long after the ruling in New York, the New Jersey Board of Medical Examiners prepared to render judgment on whether it should revoke Brigham's license, too. The case came before Joseph Fidler, an administrative-law judge. Brigham claimed that complications were inevitable with advanced-gestation abortions, and that his over-all record was sound. Michael Policar, a respected gynecologist and a former national spokesperson for Planned Parenthood, testified on Brigham's behalf. The injuries that the New York board had attributed to negligence, Policar said, could have happened to patients "in the best of hands." (Policar told me that he had reviewed the medical records for only two patients, and had never vouched for Brigham's general competence.) Several other physicians offered similar testimony. Judge Fidler described Brigham as "a sincere and credible witness" who drew satisfaction from his work, "primarily because he was helping women." In 1996, he ruled in Brigham's favor, faulting him only for having placed potentially misleading ads for "painless" abortions. Brigham took the judgment as a victory, telling the Lehigh Valley, Pennsylvania, *Express-Times* that "the New York decision is clearly wrong."

By this point, the protests outside abortion clinics had given way to violence. In March, 1993, a man outside a clinic in Pensacola, Florida, fired three bullets into the back of Dr. David Gunn, killing him. Dr. John Britton, who replaced Gunn at the clinic, was murdered in 1994. Four years later, a sniper hiding in the woods shot and killed Dr. Barnett Slepian while he was standing in the kitchen of his home. Slepian, an ob-gyn, worked at a Buffalo clinic that had been targeted for years by some of the same protesters who demonstrated outside my father's office. After Slepian's death, the clinic remained open, but my father became the last ob-gyn in Buffalo who incorporated abortion into his private practice.

Not coincidentally, the shootings occurred in the wake of *Planned Parenthood v. Casey*, a 1992 decision in which the Supreme Court sustained the "essential holding" of *Roe v. Wade*. Along with the bombings, the acts of arson, and the death threats routinely visited on abortion clinics, the murders profoundly damaged the image of the pro-life movement, whose leaders had once engaged in civil disobedience, invoking the example of Martin Luther King, Jr. Nevertheless, the violence effectively intimidated physicians, and the *Casey* ruling began to seem like a hollow victory for defenders of abortion rights. In an editorial published after Britton was shot, the *Times* observed, "Constitutional right or no, women cannot get abortions if there is nobody to perform them."

One of the few physicians who didn't seem unnerved by the violence was Brigham. In 1994, he flew to Pensacola and began performing abortions at the clinic where Gunn and Britton had been employed. He continued to promote American Women's Services, placing ads in the Yellow Pages affirming that abortion was "A Woman's Right."

Some ads for American Women's Services promoted low prices and free transportation for women who could not afford it; others promised "No 24 Hour Waiting Period" and "No Parental Consent Required." Such ads appeared in telephone directories in Pennsylvania, even though state law mandated parental consent for minors and a twenty-four-hour waiting period. Just across the state border, in New Jersey, where such laws did not apply, Brigham operated clinics.

In 1996, N.A.F. sent copies of these ads to the attorneys general of Pennsylvania and New Jersey, requesting that they investigate Brigham's operation and take "appropriate action." At least within N.A.F., Brigham's charm had worn off. Some of the organization's leaders had sat down with Brigham and explained what he would need to do to obtain N.A.F. certification for his clinics. Suzanne Poppema recalls, "We told him, 'You can't do second-trimester abortions. You just started out, and you don't have the skill level.'" Curtis Boyd says, "He did not take our advice—he just didn't. That's when we realized he could not be salvaged—that he wouldn't help himself." N.A.F. eventually barred Brigham from its meetings.

Although American Women's Services continued to market itself, over the next decade Brigham's name stopped appearing in newspaper headlines. He concentrated on opening clinics in Baltimore, Virginia Beach, and Phillipsburg, New Jersey.

Phillipsburg is a half-hour drive from Allentown, Pennsylvania. In 1994, a woman named Jen Boulanger started working as a counsellor at the Allentown Women's Center, an abortion clinic near the airport. Within three years, she had become its director. Boulanger is now the director of communications at the Women's Centers, a group of clinics that has a branch in Cherry Hill, and she recently met with me at her office there. When I arrived, notebooks, papers, and manila folders were spread over the floor: all of it was documentation about problems at Brigham's clinics.

Boulanger, a redhead in her early forties, recalls her first years in Allentown as often "hellish," mainly because of unrelenting protests staged by anti-abortion groups. But there was another, unexpected problem. "The patients I counselled would ask me questions about what they were going to experience," she explained. "And they would say, 'Because at the *last* clinic I went to . . .'" Their complaints were varied: the other clinic had been dirty; the doctor was rude; they were quoted one fee over the phone but charged another at the office; they received no follow-up care.

Many of these women had gone to Brigham's clinic in Phillipsburg. Sometime later, Boulanger began hearing similar complaints about a clinic that had opened up in Allentown, on Hamilton Street. Boulanger discovered that the facility, called Allentown Medical Services, was part of the American Women's Services chain. Disgruntled patients started calling her to complain about their experiences there, not realizing that by mistake they had reached the Allentown Women's Center. Brigham's clinic had adopted a Web address (allentownwomanscenter.com) that differed by just one letter from hers (allentownwomenscenter.com). Boulanger came to believe that this was a ploy to confuse patients. After she sent Brigham a cease-and-desist letter, he changed the U.R.L.

Boulanger worried that her reputation would be tarnished, and she feared for the safety of women in the area. She began taking careful notes about what she and her colleagues were hearing. During my visit, she scooped up some of the files on the floor and began reading excerpts aloud. There were stories of abortions being done without a registered nurse on hand, of blood on the floor, and of drugs being administered by untrained personnel. There was a report of plastic instruments being washed with Dial soap and reused. In 2001, a patient said that, after calling the clinic with emergency complaints two weeks after an abortion, she had been told to

“have a shot of rum.” In 2002, a former employee of Brigham’s sent Boulanger an e-mail in which she described being “witness to a suction machine accident, in which a second trimester procedure was sprayed all over me and got in my eyes and mouth.”

Boulanger looked pale. “It made me cry—that’s how bad it was,” she said. She emphasized that she hadn’t witnessed any wrongdoing herself. In the files that she shared with me, the names of the patients who had relayed their experiences to her had been redacted, making the stories difficult to verify. But the names of some physicians had not been redacted. One of them was Robert Atlas, who is now the chairman of the ob-gyn department at Mercy Medical Center, in Baltimore. He used to work at Lehigh Valley Hospital, where he had seen women in the emergency room who had come from Allentown Medical Services. Although risks are unavoidable with abortion, Atlas told me, “the types of complications that we saw coming from them were so much worse—major perforations to the uterine arteries, defects in the uterus that we couldn’t repair. I had to do three or four hysterectomies.” He added, “I was scared for the patients.”

Brigham was not himself treating the patients Atlas was seeing at the hospital. In 1992, just before he moved to New Jersey, he had signed an agreement to stop practicing medicine in Pennsylvania. The move came after officials launched an investigation of his business practices, prompted, in part, by the discovery that he had been shuttling women to an apartment building in Sinking Spring, a town near Wyomissing; this was apparently an attempt to circumvent the injunction that barred Brigham from seeing patients in Wyomissing. Brigham placed his license in Pennsylvania on “permanent inactive status,” and the investigation was closed. The agreement, however, did not make him ineligible to *own* an abortion clinic in the state. Starting in the late nineties, in plain view of Pennsylvania officials, Brigham opened clinics in Allentown, Erie, State College, and Pittsburgh.

These clinics had no trouble finding patients to serve, and they attracted idealistic employees. In the spring of 2006, Libbi Short, a college freshman, responded to an ad in Pittsburgh’s alternative weekly for a receptionist position at an American Women’s Services clinic downtown. The job paid only six-fifty an hour, but Short, an ardent feminist, was eager to put her principles into practice. She was interviewed by the clinic’s manager, and was deeply impressed by what she heard: “This is a pro-choice clinic”; “We’re providing this incredible service to women.” When she got the job, she was elated. On her first day, she was asked to put on scrubs and observe in the procedure room. Later, Short called her mother to tell her how proud she was. “I’m the best feminist ever,” she told herself.

Though Short was a nineteen-year-old with no medical training, her responsibilities were not limited to answering the phones. “I was pricking people’s fingers and taking their blood,” she told me recently. “I was assisting all of the procedures. I was administering drugs.” She was shocked by conditions at the clinic: unsanitary rooms, doctors who coldly rushed through procedures, women in agony during abortions. “Screaming and writhing,” she said. “It sounded like people being tortured.” (Another former worker at the clinic recalled similar problems.)

One day, roughly a year after Short started working there, she left without bothering to collect her paycheck. She had concluded that the Pittsburgh clinic was exploiting women. “I didn’t even

know if I was still pro-choice,” she recalled. She said to herself, “If women are so easily preyed upon in this vulnerable state, I just can’t see a good thing here.” Sometime later, a friend who’d become pregnant asked her to accompany her to another Pittsburgh abortion clinic. Short reluctantly agreed. But the clinic was clean, the staff gracious. She was deeply moved: this was how things were supposed to be. “My friend didn’t cry after her abortion,” Short said. “But I did.”

A former women’s-studies major with pale eyes and a blunt, sardonic manner, Short still identifies herself as a feminist. She now works as a coördinator at the clinic that her friend visited. She has a tattoo of Queen Anne’s lace on her right arm, in honor of women who used the plant’s seeds as an abortifacient. She has not spoken publicly before about her experience at American Women’s Services.

The caricature of clinics as “abortion mills” run by venal profiteers has long been a staple of the anti-abortion movement. As a result, pro-choice activists understood the potential dangers of drawing attention to any facility that might reinforce this stereotype. One clinic director told me, “We know the anti-choice community will manipulate any story, however minor, to paint the entire abortion-care community with the same brush.” Politicians could cite such stories as justification for imposing burdensome regulations. Yet clinic owners also knew that some providers saw what they did as a business, not as a social mission. As reputable doctors, hospitals, and medical schools increasingly distanced themselves from abortions, it became more likely that substandard providers would fill the void.

Although Jen Boulanger knew the risks of going public, she decided to share her concerns with state officials. Near the end of our interview, she looked in a manila folder and fished out an official Pennsylvania Department of State complaint form, dated April, 2003. It described “potentially illegal and disturbing things happening at Allentown Medical Services,” including abortions performed after twenty-four weeks, narcotics left unlocked, and untrained personnel; in some cases, patients had been transported to Allentown after their procedures were started in another state. Boulanger had heard about these problems—some of which potentially violated Pennsylvania’s Abortion Control Act—from a former employee at the clinic, who, the complaint stated, “knows other witnesses and would be willing to report similar complaints.”

Boulanger then showed me a one-page letter from the Pennsylvania Department of State, which was sent to her a month and a half after she filed her complaint. The letter noted that an on-site investigation had been conducted at Allentown Medical Services, and had revealed that patients in the recovery room weren’t being properly monitored by nurses; according to a follow-up inspection, the problem had been fixed. Boulanger’s other complaints went unanswered.

Seven years later, in February, 2010, the New Jersey Board of Medical Examiners and the New Jersey Attorney General’s office received packets of letters about an enterprise called Grace Medical Care, whose Web site advertised second- and third-trimester abortions but failed to provide potential patients with basic information, such as the location of the facility. The letters came from staff members at the Cherry Hill clinic where Jen Boulanger works. Elizabeth Barnes, the clinic’s director, informed the board that she had learned that Grace Medical Care, at a facility in New Jersey, was initiating cervical dilation in patients with advanced-gestation

fetuses; later, the patients were driven to another state—most likely Maryland—for surgery. Why the elaborate protocol? In New Jersey, after the fourteenth week of pregnancy, an abortion had to be performed in a licensed ambulatory facility or in a hospital, to insure safety. Maryland had no such rule. New Jersey officials did not respond to Barnes.

Several months later, on August 13th, a procession of cars drove south from Voorhees, New Jersey, through Delaware, and across the Maryland border. Among the passengers was an eighteen-year-old African-American girl who was twenty-one weeks pregnant. The convoy stopped outside an unmarked storefront in Elkton, Maryland. Inside, Nicola Riley, a physician the girl had never met before, performed an abortion while another doctor—Steven Brigham, the founder of Grace Medical Care—observed. Riley seemed to be training on the job, the patient later told a Maryland investigator. During surgery, the girl’s uterus was perforated and her bowel was damaged, and she was taken by car to a local hospital. She eventually had to be airlifted to Johns Hopkins Hospital. (The girl, who spent a week in the hospital, declined to be interviewed.)

A few days afterward, a detective in Elkton got in touch with the Maryland Board of Physicians to find out if Brigham was licensed to practice medicine in the state. He was not. The police obtained a search warrant and raided the building in Elkton. Inside a dingy storeroom, officers pried open a freezer filled with red biohazard bags that contained thirty-five advanced-gestation fetuses—medical remains that had not yet been disposed of. Some of the fetuses were past twenty-four weeks’ gestation, the point of viability. This ghoulish discovery triggered a grand-jury investigation, and in December, 2011, Brigham was arrested and charged with ten counts of murder. A week or so later, he was released, after posting bail of half a million dollars.

The investigation of the Elkton incident had thrust Steven Brigham back into the courts and into the headlines. Why had he taken such a risk? Last August, I called his cell-phone number. Brigham answered, and his voice was friendly but circumspect. When I explained that I was a reporter, his guard went up further.

“Oh,” he said. “I haven’t had very good experiences with reporters.”

I sensed that we weren’t going to be chatting much longer. Before hanging up, Brigham asked what had drawn me to the subject of abortion. I mentioned that I was the son of an abortion provider.

“Who?”

I gave my father’s name.

“I know who your father is!” he exclaimed. “How’s your dad doing?” he asked, warmly. (They’d never met.)

We spoke for fifteen minutes. Brigham said that he’d like to talk more but needed to clear it with his lawyer first.

A few weeks later, we met in New Jersey, at the office of Brigham's attorney Joseph Gorrell. By that time, the murder charges had been withdrawn, because Maryland prosecutors had admitted that they could not prove that the fetuses found in Elkton had been aborted there. (Brigham had filed a motion to dismiss, arguing that Maryland's fetal-homicide law—created to punish men who harm pregnant women—does not apply to a physician who provides a lawful abortion.) But Brigham's legal troubles were hardly over. He was seeing his lawyer to prepare for hearings before an administrative-law judge in New Jersey, where he was once again under investigation; the state had suspended his license, and he was fighting to get it reinstated.

Since the outcome of the case was pending, Brigham refrained from commenting on it. But he did discuss why he'd started Grace Medical Care. "What prompted me to start Grace was when Dr. Tiller was killed," he explained. On May 31, 2009, in Wichita, George Tiller was shot a second time and killed; he had been standing in the foyer of his church, on a Sunday morning. Brigham said he told himself that, in the face of such hatred, he had no choice but to step forward and help meet the needs of desperate women.

Brigham wore a tan shirt, a dark blazer, and a burgundy necktie. Now fifty-seven, he looked rested and well groomed; there was no gray in his neatly trimmed hair, and scarcely a wrinkle on his still handsome face. Despite his legal predicament, he seemed in good spirits. He poured himself coffee and, after taking off his blazer, he sat at the end of a table covered with boxes of legal documents and began speaking animatedly about his decision to become an abortion provider.

Brigham portrayed himself as an altruistic idealist and said that he had been influenced primarily by his mother, a commodities broker who had been "very active in the women's-rights movement." He volunteered that she was only sixteen when she gave birth to him. It must have been an unplanned pregnancy, I ventured. "I imagine it was," he said. (Brigham's mother, now seventy-four, did not respond to a request for an interview.)

Brigham said that American Women's Services had been inspired by a physician named Robert Spencer, who in 1919 had begun performing abortions—illegal at the time—in Ashland, a coal-mining town in Pennsylvania. Brigham said of Spencer, "He started, just out of the kindness of his heart, doing procedures, because he felt sorry for the young ladies." Spencer, he said, came to be revered in his home town. (I later confirmed that this was true.) Before setting up the clinic in Wyomissing, Brigham explained, he had worked for a while at a clinic in Harrisburg, which is not far from Ashland. "I saw patients who had been patients of Dr. Spencer," he said.

Brigham was cordial and ingratiating, and he never raised his voice. He seemed so convinced of the purity of his intentions and the bad faith of his detractors—they were either protesters or competitors, he said—that, while he spoke, it became difficult to imagine otherwise. He recalled that, in 1998, after Barnett Slepian was murdered, he arranged for a physician affiliated with American Women's Services to work for several days at the Buffalo clinic where Slepian had been employed, as a gesture of support. I later called the clinic's director at the time, and learned that this, too, was true.

Brigham told me that he had first learned to perform abortions at Columbia, during a rotation presided over by a physician named Jack Maidman. The tutorials took place early in the morning, and none of his peers had signed up. “It was just me and Dr. Maidman,” he said. I subsequently called Maidman, who said that he didn’t remember Brigham. Maidman emphatically dismissed the scenario, saying, “There was nothing that I would have done that could have been construed as a formal training program in abortion for a medical student.”

The raid on the Elkton facility prompted Maryland officials to implement regulations for providers of surgical abortions. Inspectors were dispatched to the state’s sixteen surgical facilities, and found serious deficiencies at four of them—all of which were run by a group called Associates in OB/GYN Care. At one of the clinics, a woman had been left in a room with an unlicensed assistant who had not been trained to use the facility’s cardiac machine, which, in any case, was broken; after the patient had a cardiopulmonary arrest, she was sent to a hospital, where she died.

Maryland officials suspended the medical license of Mansour G. Panah, the medical director of Associates in OB/GYN Care. His license, it turned out, had been suspended twice before, for unwanted sexual contact with patients. Employees of Associates in OB/GYN Care initially denied having any link to Brigham, but, as they later acknowledged, he owned the entity that provided its clinics with physician services. The four clinics were listed on the Web site of American Women’s Services.

In July of last year, the *Times* published an article, with the headline “MARYLAND’S PATH TO AN ACCORD IN ABORTION FIGHT,” about regulatory reforms that had been instituted after the scandal at the Elkton clinic. The article reported that the licenses of the four Associates in OB/GYN Care clinics had been suspended in May. One morning, a few weeks after the *Times* story appeared, I visited one of the clinics, which was on the second floor of an office building in a run-down section of Cheverly, a Maryland suburb outside Washington, D.C. A sign on the door said, “American Women’s Services, Suite 6.” Several young women were waiting in a vestibule outside the office. It opened at 11 A.M., and the women went in. By noon, a dozen other women had squeezed into the waiting room, a cramped chamber with linoleum floors that smelled of cheap disinfectant. A television mounted on the wall played the film “Wedding Crashers” at a blaring volume. The patients sat quietly, until the woman sitting next to me rose to complain that she wasn’t feeling well. “I’m dehydrated,” she told the receptionist. Moments later, the woman came back to her chair. “They got water, but no cups,” she said, sighing. All but one of the patients were women of color; the surrounding area has a significant population of African immigrants.

How could a facility whose license had been suspended still be seeing patients? The suspension, I later learned, did not apply to medical abortions, which involve the administering of such drugs as mifepristone (formerly known as RU-486). The person who told me this works at an abortion clinic in Germantown, a wealthier Maryland suburb. Ten or so women who had gone to the Cheverly office—and whose medical abortions had failed—had been referred to the Germantown facility. They were now farther along in their pregnancies, and needed second-trimester surgical abortions. Staff members at the Germantown clinic were surprised by how frequently this was happening, because mifepristone—the most common and most effective

method for medical abortions—is highly reliable. They then discovered that the Cheverly clinic was dispensing methotrexate, which was commonly used to induce abortions before mifepristone was approved by the F.D.A. A cancer drug that can have life-threatening consequences, methotrexate can take several weeks to terminate a pregnancy, whereas mifepristone works within two days. The Cheverly facility was charging patients for follow-up appointments. Brigham argues that patients should not be charged in advance for services that they might want to get elsewhere, but at most clinics follow-up care is considered essential, and is included in the initial fee to insure that patients show up for it.

Brigham told me that his clinics use methotrexate because mifepristone has been implicated in “numerous” patient deaths. (Between 2000 and 2011, fourteen women died after taking mifepristone, but an F.D.A. investigation failed to find a causal link to the drug.) A counsellor at the clinic in Germantown suggested to me that Brigham had less lofty motives. Mifepristone pills “cost about ninety-four dollars apiece,” she said. A dose of methotrexate costs between five and twenty-five dollars.

In Maryland, a medical abortion generally costs about three hundred and seventy-five dollars. LeRoy Carhart, the doctor who had worked closely with George Tiller, told me that for a clinic that uses methotrexate “the profit margin is huge.” Carhart, now seventy-two, is an avuncular man with a shock of gray hair and soft pouches beneath his eyes. Based in Omaha, he flies to Maryland every week to perform surgery at the Germantown clinic. Since Tiller’s murder, there are only four doctors in the country who openly provide third-trimester abortions. Carhart told me that, the next day, he was seeing patients in Indiana. When *wasn’t* he working? “Never,” he said. “When George died, that was the last time I had time off.”

Since Carhart started performing abortions, in 1988, the number of abortion providers in the U.S. has fallen by a third—a decline that he attributes to protesters. “They have made it so the good physicians don’t really want to get involved,” he explained. “Now you have two types of doctors doing abortions—the doctors who are totally committed to women’s health and are going to do them even if they never get another dime, and the people that just want to take advantage of the situation and milk everything they can out of it.”

Allegations that Brigham took advantage of women—especially poor women—first surfaced back in Wyomissing, when Planned Parenthood discovered that the “low fees” he advertised weren’t so low. In 1991, Nancy Osgood, of Planned Parenthood, told the Reading *Eagle* that Brigham’s prices for second-trimester abortions were considerably higher than those of his competitors. In addition, his clinic accepted jewelry and other personal property as collateral from indigent patients, who were then sent to a nearby loan office. Osgood called these practices “noxious.”

During our conversation, Brigham did not deny that such arrangements were made, but he portrayed them as unavoidable, even magnanimous. “The right-to-lifers called me the pawn-shop abortion doctor, but the patients didn’t have any money, because they’re poor, and Medicaid wouldn’t pay for it,” he told me. He said that he was acting in the spirit of Robert Spencer, who accepted payment on a sliding scale. “My kindness was turned against me,” Brigham said.

A different picture emerges in Jen Boulanger's documents. There is an account of a woman who called to schedule a follow-up appointment at Brigham's clinic in Phillipsburg, because she believed that she was still pregnant, but who was turned away because she couldn't afford the fifty-five-dollar fee. "She said she feels sick now—very nauseous," a write-up of her complaint stated. Libbi Short told me that, at Brigham's Pittsburgh clinic, everything was done on the cheap. "It was all about money," she said.

In a 2010 book, "Dispatches from the Abortion Wars," Carole Joffe, a sociologist, writes about the emergence of "rogue clinics" that lure poor women with the promise of low prices and then provide substandard care. "Rogue clinics typically undercut prices," Joffe told me. "They play fast and loose with laws. So that means their costs are less than those of other clinics that conform to other requirements. They typically prey on immigrant communities, and they prey on poorer women."

In 2011, an extreme version of this phenomenon made national news: a filth-strewn, blood-spattered clinic in inner-city Philadelphia, run for decades by a doctor named Kermit B. Gosnell. As detailed in a grand-jury report, Gosnell's crimes—severing the spines of viable fetuses with scissors, maiming women doped up on drugs—continued even though Pennsylvania officials had received many complaints about his clinic, which served a predominantly poor clientele.

Gosnell was convicted of murder in May. Since then, legislators in Ohio, North Carolina, and Texas have passed new restrictions, some requiring that abortions be done in a surgical ambulatory facility, others stipulating that a doctor performing surgery at a clinic must secure local hospital admission privileges, even if he or she is flying in from another part of the country. Critics of such legislation argue that unethical providers can be shut down simply by enforcing existing laws, and that the new restrictions are designed to drive safe clinics out of business, under the guise of protecting women, and will ultimately expose them to more risk. This is the view of Joffe, who argues in her book that rogue clinics have proliferated as accessible options have vanished and the demographics of abortion have changed. Between 2000 and 2008, the over-all abortion rate fell by eight per cent. But among poor women it rose by eighteen per cent. African-American women are nearly four times as likely as white women to get an abortion. This shift is often attributed to rising inequality, with lower-income women having less access to the most effective forms of contraception, less sex education, and less ability to bear the cost of an unanticipated child.

Jen Boulanger told me that although many of the patients who complained to her about Brigham's Allentown clinic were poor, some were middle-class professionals. Shame, not poverty, led many women to expect to be treated shabbily at an abortion clinic. Unscrupulous providers, she argued, exploited this stigma.

During a recent visit to Allentown, I met with a woman named Sarah Tomblor-Gimpel. Two years ago, after learning that she was pregnant, she typed the words "Pennsylvania" and "abortion services" into Google. A link to American Women's Services appeared, and she clicked on it. Tomblor-Gimpel had had an abortion once before, at the Allentown Women's Center, the clinic Jen Boulanger used to run. She felt that the care had been good, but she didn't

want to go back. “I was embarrassed,” she explained. “Here I am, I’ve gone through it once, got the birth control. I’m twenty-eight years old, and I can’t figure it out yet?”

Tomblor-Gimpel is passionately pro-choice, and she didn’t seem like the kind of person who would be vulnerable to such feelings. But the shame was there all the same, compounded by the memory of growing up on food stamps in a poor, single-parent home. Determined to avoid getting trapped in the same cycle—and to keep her abortion a secret—she sought out a clinic that was quick, cheap, and anonymous. “I was definitely looking for the fast-food experience,” she told me.

On October 26, 2011, Tomblor-Gimpel showed up for an appointment at Allentown Medical Services, entering a waiting room with ratty carpeting and a jumble of chairs arranged against the walls. The wait “was hours, *hours*,” she recalled. Shortly after she was administered sedatives, a team of E.M.S. first responders rushed in, strapped her onto a gurney, and took her in an ambulance to Lehigh Valley Hospital. One of the clinic’s doctors had called the hospital and expressed worry that he had punctured a patient’s uterus after inserting a dilator “way too far” during an abortion.

At the hospital, a bedside ultrasound revealed a “possible defect” in Tomblor-Gimpel’s uterus, but no sign of fetal demise. The next day, after she was discharged, Tomblor-Gimpel received a call from Allentown Medical Services and was told to come back in two weeks—the amount of time that she needed to heal. Ten days later, she woke up feeling feverish, and soon developed chills. When her boyfriend visited her apartment, he found her curled up in a ball on the couch, moaning. As she later realized, she was in the throes of septic shock, a potentially life-threatening condition that could have been avoided if she had been put on antibiotics, or if someone at the clinic had followed up and arranged for her to undergo diagnostic tests.

Tomblor-Gimpel called the clinic, hoping to speak with a doctor. “I don’t feel good, you need to finish!” she pleaded. She was told, “We can’t do anything for you—you need to go to the emergency room.” She went back to Lehigh Valley Hospital, where, after being given a diagnosis of a septic abortion, she underwent a dilation and evacuation. Afterward, the physician who treated Tomblor-Gimpel told her that, had she waited another day, she might not have survived.

“I was literally dying,” Tomblor-Gimpel said. At the hospital, she finally received a visit from the doctor at Allentown Medical Services who had sent her to the E.R. According to Tomblor-Gimpel, he advised her not to “make a big fuss about this,” because abortion clinics were already under so much pressure. Tomblor-Gimpel hadn’t been inclined to make a big fuss: having kept her pregnancy a secret, the last thing she wanted was to spread the word about the abortion. The doctor left without offering to refund her money.

On October 2nd, hearings began in the case that will determine if Steven Brigham will get his license reinstated in New Jersey. The proceedings were held in Mercerville, before an administrative-law judge named Jeff Masin, in a fluorescent-lit courtroom with four rows of chairs reserved for spectators. When I arrived, these chairs were empty. Brigham walked in ten

minutes later, and he smiled at me. “How are you doing?” he asked. He was wearing a black suit, a white shirt, and metal-frame spectacles, and he had a leather briefcase tucked beneath his arm.

I asked him where the 1996 hearings had taken place.

“Right here, in this same room,” he said, peering around the empty chamber. The earlier case had drawn many right-to-life protesters, he said, with a glimmer of pride.

Why weren’t any around now? “I think it’s because nobody knows about it,” he said.

At our previous meeting, Brigham had painstakingly recounted the harassment that he’d endured from right-to-life activists, pausing occasionally to ask me if my father had experienced similar treatment. The implication was clear: like George Tiller, like LeRoy Carhart, and like many other abortion providers, including my father, Brigham was a dedicated doctor, and the zealotry of the religious right was responsible for his troubles.

In an opening statement, Joseph Gorrell, Brigham’s lawyer, said that the proceedings were part of a nationwide assault on “physicians who lawfully and competently provide a needed and desired medical service for women in this country.” Jeri Warhaftig, New Jersey’s deputy attorney general, countered that the trial was simply about a “bad doctor”; it was not a referendum on the morality of abortion.

In all likelihood, Brigham’s future will turn on a more technical question. According to the state, he violated New Jersey law by performing abortions after the fourteenth week of pregnancy at his clinic in Voorhees. The patients had their cervixes dilated and were given drugs to initiate fetal demise. According to Brigham, what took place in Voorhees was merely preparatory steps *before* surgical abortions were performed in Maryland.

Judge Masin will also have to decide whether the practice of sending patients across state borders compromised the women’s safety. Although these women were not forced to patronize Grace, it appears that some of them were deceived.

On October 18th, the patient whose ordeal triggered the raid on the Elkton clinic appeared in Mercerville to testify. Speaking in a soft, slightly tremulous voice, the young woman, whom the court identified as “D.B.,” said that she found Brigham’s Voorhees clinic through Google. When she visited it, she was told that the surgical part of her procedure would be done in Philadelphia; no one mentioned Maryland. She also assumed that transportation would be provided. Instead, when she returned to Brigham’s office on the day of the surgery, she had to climb into the back of her mother’s car while reeling in pain: she had been given medication to dilate her cervix. Her boyfriend drove the car, following a caravan to an unknown destination. When the caravan reached Elkton, she climbed out, disoriented. “I just saw a building that looked kind of abandoned,” she said. The clinic had no sign. Along with two other patients—one Indian, the other Latina—D.B. was escorted to a waiting room with bare walls. The Indian woman had her procedure done first, D.B. testified, because she was screaming the loudest.

Deputy Attorney General Warhaftig asked D.B. if she knew that Brigham didn't have a license in Maryland.

"No," she said.

Did she know that Dr. Nicola Riley, who was based in Utah, had obtained her Maryland license less than a month before the procedure?

"No."

Did she know that Dr. Riley was going to do the procedure?

"No."

It all sounded eerily like a story from the era before *Roe v. Wade*. Indeed, D.B.'s mother, who testified next, said she had assumed that the enterprise was illegal. She recounted pleading, in vain, for someone to call an ambulance when it was clear that something was awry. Brigham and Riley eventually drove D.B. to the hospital.

After D.B.'s botched procedure, the Maryland State Board of Physicians ordered Brigham to stop practicing medicine in the state. Brigham, however, contends that nothing improper occurred. He told me that the out-of-the-way location was a safety precaution, taken to keep protesters away. Although he did not have a Maryland license, the state permitted out-of-state doctors to engage in consultation with peers who did. After our conversation, I learned that the licensed physician with whom Brigham "consulted" was a then eighty-eight-year-old man named George Shepard, Jr., who was too infirm to travel to Mercerville to testify.

Nicola Riley, the doctor who performed D.B.'s abortion, had been dishonorably discharged from the Army for stealing jewelry. According to the *Salt Lake Tribune*, after attending medical school she opened a practice in Utah that focussed on serving transgender patients and other marginalized groups. Her patients there held her in high esteem. It is unclear how much Riley knew about Brigham before appearing in Elkton, where she apparently started working to earn more income. When I contacted her about Brigham, she said, "It's unfortunate that certain doctors undermine the work that other doctors or people have done to insure that women continue to have the right to choose."

In her testimony, D.B. alluded to reaching a settlement with Riley. D.B. considered suing Brigham as well, until her lawyer discovered that he didn't have medical-malpractice insurance—a revelation that surprised the prosecution, because Brigham had given a sworn statement affirming otherwise. The state investigated, and found that the insurance Brigham had been using came from a Bermuda-based company that hadn't issued policies since 2006, and whose owner has been jailed for fraud.

Sarah Tombler-Gimpel, the woman from Allentown, based her judgment of American Women's Services on its Web site. "It's really snazzy," she told me one night in nearby Bethlehem, where she now lives. When I told her that there had been complaints about the clinics for more than a

decade, her mouth fell open. “I didn’t go to an unlicensed, back-alley clinic!” she said, her eyes gleaming with anger. “I went to a place with the Pennsylvania Department of Health’s seal of approval.”

Tomblor-Gimpel could not understand how a facility owned by a doctor who could not practice medicine in Pennsylvania had remained open. One reason was the tenacity—some might say shamelessness—of its founder. In 2009, the Pennsylvania Department of Health barred Brigham from “directly or indirectly” registering a facility in the state, because he had twice been caught employing medical personnel without proper credentials. Ownership of the Allentown and Pittsburgh clinics was soon transferred to a new entity, headed by a woman named Judith Fitch—Brigham’s mother.

Tomblor-Gimpel was even more upset about what had happened at Lehigh Valley Hospital: she felt that she’d been hastily discharged after staff repeatedly showed her sonograms indicating that the fetus was still alive, as if this news would thrill her, and then led her to believe, erroneously, that she could still have the baby. Although she was advised to return to the hospital if she developed signs of an infection, she was not put on antibiotics.

Lehigh Valley Hospital declined to comment on the case. Since the nineteen-eighties, abortions performed there have been limited to rare cases, such as pregnancies involving fetal anomalies.

One person who has watched such policies become commonplace is Sylvia Stengle. Now seventy-four, Stengle has flowing white hair that used to be flaming orange, earning her the nickname Rusty. In 1971, she founded the first abortion-rights group in the Lehigh Valley. Seven years later, she opened the first abortion clinic in Allentown, the Allentown Women’s Center. That year, the majority of abortion providers in the U.S. were not freestanding clinics but hospitals. Clinics arose, in part, because pioneers like Stengle believed that women could get superior care at them. But, over time, she came to wonder about the tradeoffs. “In the long run, the fact that abortion was sliced off from mainstream medicine has had dire consequences,” Stengle said.

Brigham’s Allentown and Pittsburgh clinics finally closed, in 2012. When I asked him about these facilities, he spoke glowingly of them. “We had no deaths, ever,” he said. “The patients were very happy.” He added that the final inspection done by the Pennsylvania Department of Health, in 2011, found “no deficiencies.” This is true, but after Allentown Medical Services closed down—it had lost its lease—the state sent a scathing letter to Brigham, noting that the Department of Health had long “witnessed a chronic inability by A.M.S. to comply with the most fundamental statutory and regulatory requirements.”

It wasn’t just protesters who failed to make Brigham question himself. When employees at other clinics raised concerns about American Women’s Services, he dismissed them as cutthroat rivals. “Some providers try to use the disciplinary process for their competitive advantage,” he said. When states reprimanded him, he insisted that they were seizing on one innocent mistake and ignoring the larger picture. But the larger picture *was* the issue: problems had surfaced at Brigham’s facilities with disturbing consistency.

In the case of Kermit Gosnell, the substandard care was clearly driven by greed, and money has likely played a role in Brigham's story, too. At the Mercerville hearings, a police detective from Elkton described raiding Brigham's office in Voorhees and finding a computer disk with a file on it: "Ten Ways to Make a Million Dollars."

It's hard to believe that, if Brigham had simply wanted to become rich, he couldn't have become, say, a plastic surgeon. It's also unclear how lucrative it was to keep pushing the boundaries of permissibility. In Mercerville, Brigham was asked whether financial pressure had led him to launch Grace Medical Care. "Would you agree with me that your cash-flow status . . . was not good?" Jeri Warhaftig asked. "We were having cash-flow problems," he acknowledged. (In 2010, the Internal Revenue Service declared that Brigham owed hundreds of thousands of dollars in unpaid payroll taxes.) Marie McCullough, a reporter who has extensively covered Brigham's legal troubles for the Philadelphia *Inquirer*, told me, "I've always thought that if he just played by the rules he could have been much more successful. I think he has a *need* to manipulate the system."

With his career, Brigham achieved a rare thing: he got both sides in the abortion conflict to agree on something. Women's-health practitioners were often the first to sound warnings about Brigham's clinics. Yet not all of his peers view him as a rogue provider. Among the expert witnesses at his trial was Gary Mucciolo, an abortion provider and an associate professor of obstetrics and gynecology at N.Y.U.; he argued that Brigham's conduct did not deviate from medical norms. During a break in the proceedings, Mucciolo, who received fifteen hundred dollars from the defense, told me that he considered the trial "a witch hunt." (Later, he added, "Does Brigham have a good track record? Frankly, I don't know.") Another abortion provider told me, "The real story is that the government, the insurance companies, and the hospitals don't care. They don't want us in business, and that's exactly why people like Brigham exist—and you know what, maybe they *should* exist, because, if they don't exist, women will get abortions even more illegally. It's better than nothing, and nothing is coming."

I heard a variation on this theme from Katharine Morrison, the director of Buffalo Women Services, the clinic where Barnett Slepian once worked. In 2002, Brigham tried to open a clinic in Buffalo, but reconsidered after he was intensely criticized in the local media. It was a rare instance where he did get rattled. Some might say that, as a result, vulnerable women were spared. But although Morrison is glad that Brigham didn't come to Buffalo, she sees a more systemic problem. She cited the case of a twenty-one-year-old African-American woman who came to see her in March. The woman was twenty weeks pregnant, overweight, and poor; she lacked health insurance, and she had a heart condition that, a doctor told her, made bearing a child potentially lethal. The woman, who had already undergone two heart transplants, learned that she was pregnant after going to the hospital with chest pain. Because of the woman's risk of complications from surgery, Morrison felt the only safe place to treat her was a hospital. This would not have been a problem a decade ago, when many hospitals in Buffalo admitted patients like her. Virtually none do so today, owing mainly to pressure from donors opposed to abortion. Morrison petitioned the ethics committee at Buffalo Women's and Children's Hospital, where women in medically compromising situations are still admitted—in theory, at least. Her request was denied, on the ground that, at the time of the committee's deliberations, the patient's condition was stable. Morrison appealed the committee's decision and, in a letter, reminded its

members that, in the nineteen-fifties, hospital committees had often determined whether women merited getting abortions on the basis of “class, race and other non-medical issues.” The denial was upheld, and Morrison ended up doing the procedure at her clinic. She told me, “I was faced with a choice of doing an abortion in a setting that was inappropriate, or forcing a poor girl to continue a pregnancy that could kill her. It’s an example of what happens today to a poor, disenfranchised woman.”

After Brigham’s facilities in Pennsylvania were closed, a new state law imposed rigid specifications on things like air-conditioning systems and floors, forcing clinics across the state to undertake expensive, time-consuming renovations. Jane Green, who was running a small clinic in Chester, serving a low-income clientele, was forced to shut down. “It was just financially impossible,” she said. “I feel like a scapegoat.” In one year, the number of clinics in Pennsylvania fell from twenty-two to seventeen.

One person who appears to be unintimidated by the new restrictions is Steven Brigham. On a drizzly morning in November, I drove to an office building, in northeast Philadelphia, with a pink façade and a new tenant: Integrity Family Health. The *Inquirer* had reported rumors that the facility had ties to Brigham, who has a history of setting up clinics with names like Goodness, Inc., and Kindness Corp. On the Tuesday I dropped by, the blinds on the ground-floor windows were drawn. The light in the foyer was off. I pressed to open the glass entrance door, but it didn’t budge. I spent an hour standing around outside, watching rain spatter the pavement while I waited for someone with keys to arrive. No one did. The next day, I found out that the Pennsylvania Department of Health was suspending Integrity Family Health for its “failure to disclose” its affiliation with Brigham. Among other things, the clinic’s toll-free number was the same as that of American Women’s Services. (Brigham denies having a connection to the clinic.)

It is unclear how much of an impact the scandals have had on Brigham’s business. In October, 2013, all four of the Maryland clinics shut down, but they may well reopen, and Brigham still operates clinics in Virginia and New Jersey. His conflicts with the law have not left him feeling chastened, even if things haven’t turned out quite the way he hoped. Near the end of our interview, I asked him if he wished that he had done anything differently. “I have a lot of regrets,” he said, leaning back in his chair. “I don’t know where to start.” He took off his glasses and rubbed his eyes. “I thought that I could go into this and just be a doctor,” he said. “And the politics so overwhelm the medicine, and they overwhelm the medical boards, they overwhelm everything we do.” He paused. “The whole thing is just disappointing. It’s disappointing when it’s unfair and unjust—when there are unfair or unjust criticisms levelled at you.”

For the first time, Brigham looked agitated, and I felt a shiver of sympathy. Then I realized that the only person he felt sorry for was himself. “I was looking into all kinds of specialties, all kinds of medicine,” he said. “I’m a graduate of an Ivy League medical school. It’s unfortunate that the politics of abortion have caused me to end up in this situation.” ♦

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