# New York City Clinic Offers Abortions and Prenatal Care to Underscore the Reproductive Justice Continuum

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Merle Hoffman, the founder and owner of the 43-year-old Choices Women's Medical Center in Jamaica, New York. (Photo: Vanessa Valenti)

Merle Hoffman, the founder and owner of the 43-year-old Choices Women's Medical Center in Jamaica, New York, calls the 15,000-square-foot facility "a full-service women's reproductive health care provider." While other clinics use similar language to self-describe, Choices is unique: Not only does it provide abortion care alongside a wide range of contraceptive options, it also offers pregnant women both prenatal and postnatal maternity care.

The decision to offer these services was pragmatic. "Patients see our counselors and sometimes decide that they do not want an abortion," Hoffman said. "Once the woman changes her mind and opts to have the child, it seems wrong to refer her out. We've seen her, tested and counseled her, and helped her decide what she wants to do. Over the years I've come to realize that offering one choice - abortion - is simply not enough."

This recognition began to dawn on Hoffman in 1989 and for the next 20-plus years, Choices provided prenatal and postnatal exams to several hundred women. "I never advertised our prenatal services," Hoffman said, shrugging. Then, in 2011, the clinic moved to Jamaica in Queens. "I wanted Choices to be an oasis for the community," she said. "Jamaica is such a

medically underserved area. By opening in the heart of it, I felt we had an opportunity to attend to patients in a way that was women-centered, comprehensive and responsive."

For Hoffman and colleagues, it was a matter of reproductive equity, justice and fairness - a challenging enterprise given the scorn that typically meets abortion in many parts of the country.

By all accounts, Jamaica is a community in enormous social, economic and political need. While the US Census reports that 14.4 percent of Queens' 2.2 million residents live in poverty, more than a third of Jamaica's households - 35 percent - have an annual income below $30,000; 31 percent lack a high school diploma.

What's more, approximately 60 percent of the 40,000 patients who come through Choices' doors each year are so low-income that they qualify for Medicaid, a federally-supported insurance plan that pays for services including STD, pregnancy and HIV tests, family planning, tubal ligations, and prenatal care and follow-up. (New York is one of only 17 states that pay for the abortions of Medicaid recipients; it does this out of locally raised revenues. For the last 37 years, federal law has banned Medicaid from paying for the procedure unless the woman was impregnated by rape or was a victim of incest.)

At Choices, a staff of five social workers sees each woman who enters the facility for options counseling. Conversations run the gamut, touching on everything from menstruation, to abortion, to child bearing. Every patient is informed that the choice is hers: She can have an abortion or she can have her baby. If she opts for the latter, adoption counseling is provided should she want it.

The place is bustling: There are two floors with four operating rooms, an on-site lab, a 12-bed recovery room, five examination areas and two waiting rooms, one for abortion and gynecology and another for prenatal and postnatal patients.

In July, Choices expanded its offerings yet again, this time to serve women whose pregnancies are deemed high-risk because of substance abuse, diabetes, hypertension, problems with previous pregnancies, or other health concerns. Between 90 and 100 prenatal patients - high and low-risk - are now seen each month.

It's an impressive operation. But Choices is not the only US clinic to have expanded its repertoire. In February, Buffalo Womenservices in upstate New York became the first abortion facility in the country to open an on-site birthing center. In addition, several clinics now serve the transgender community, run pro-choice adoption agencies, treat infertility, and have opened in-center pharmacies to better meet patient needs.

"Some of the more feminist clinics were conceived with the idea that they would take care of women's health care, not just in terms of providing abortion, but from the onset of menses through menopause," said Vicki Saporta, president and CEO of the Washington, DC-based National Abortion Federation, a professional association for abortion practitioners.

Lofty as this sounds, Charlotte Taft, director of the Abortion Care Network - an alliance of independently owned reproductive health centers - concedes that feminist principles are not the only reason for diversification. "The fact that there are fewer unintended pregnancies ending in abortion means that to stay financially viable, clinics need to expand," Taft said. "It's essential that we reach new markets and serve new parts of the community."

One logical place to turn, she told Truthout, is the transgender community. "Abortion clinics know what it means to be stigmatized, so reaching out to trans men and providing their gynecological care seems like a good fit."

While Taft is excited about the possibility of serving a trans population and looking forward to expanding services, she also wants to ensure the importance of abortion continues to be emphasized. "I don't believe that abortion is just a medical procedure," she said. "It's an extremely important and rewarding specialty. Clinics should be able to offer it as a singular service. The clinics in ACN provide the physical, emotional and spiritual support that women need and that is largely unavailable in Western medicine. They've learned how to work with women's hearts, souls and spirits. There is so much compassion offered. It can easily be lost in a wider spectrum of services."

Not so, Merle Hoffman counters. "The right-wing politicization of abortion has led to it being seen as separate from other health care, putting it right up there with leprosy," she said. "By offering abortion as one component in the life cycle of a woman, we've put it into context. A patient can come to Choices as a teenager for her first gynecological exam, get birth control if she needs it, be tested for an STD, end an unwanted pregnancy or get prenatal care, learn to breastfeed, and be seen post-menopause, all in one place that she has come to know."

But has the quality of care been negatively impacted by the panoply of offerings? Georgina Statuto, a registered nurse and director of gynecology, looks aghast at the question and then shakes her head. "Most of our patients are very low income, so if not for Choices, they'd likely be getting their prenatal care from a local hospital," she said. "Typically, when a patient goes to a hospital clinic she'll see whichever resident or intern is there. There's no continuity. At Choices, the patient will see the same doctor, social worker, nurse and lactation consultant whenever she comes in. And even though we won't be the ones to deliver the baby, we are a liaison between her and Jamaica Hospital, where she will go for any specialized tests she needs and where she will probably deliver, to make sure that the process is as streamlined and seamless as possible."

Statuto has been at Choices for three years and has seen the prenatal service blossom from a small program to its current size. She's thrilled that the clinic's OB-GYN services have been extended to high-risk patients. "Since we began serving this population on July 10, we have seen 21 high-risk women. Ten of them had positive toxicology screens and the rest are either hypertensive or pre-term deliverers, women who previously had their babies early, at 22 to 24 weeks. It's challenging," she said. She smiles.

Take what happens when a woman tests positive for drugs - even marijuana. As a matter of protocol, staff has to explain that when the woman delivers, a positive toxicology test will trigger an immediate call to the Agency for Children's Services; the baby may subsequently be placed in

foster care. Counselors are highly trained in substance abuse and do what they can to help women stop using. In addition, Daytop Village, a 51-year-old drug rehab program, is located in the basement of their Jamaica building, making referrals as easy as a walk down the hall.

Drugs, of course, are not the only problem patients bring to Choices. "A lot of women who come in are experiencing financial difficulties, housing insecurity and domestic violence, as well as substance abuse," senior counselor Kelly Chapman told Truthout. "Being in Jamaica, a lot of our patients come from the Caribbean, especially Guyana, Haiti, the island of Jamaica and Trinidad. Another big percentage are Indian or Bengali. Many are undocumented, but in New York State, regardless of status, a woman can get emergency Medicaid for the duration of her pregnancy and for six weeks postnatal if her income is low enough."

Although Chapman does not normally have much contact with a woman after her post-partum check-up, she said that she sees her job as "planting seeds," especially in situations where the woman is being abused. By giving patients information and referrals tailored to their specific situation, Chapman feels she is enabling them to consider unfamiliar options and imagine new possibilities.

"Each patient who leaves Choices walks out with concrete information," Chapman said. "She also knows that she can come in and ask to see me anytime she wants or needs to. Or maybe she'll remember the name of the anti-violence program or the community housing project or training center that I suggested to her and will look it up online when she is ready."

Esther Priegue, director of counseling, said that she often likens herself to a coach and has repeatedly helped teens formulate the language to tell their families that they are pregnant. She has also worked with suicidal women, helped facilitate open adoptions and treated women suffering from anxiety disorders and depression. It's exhausting, sometimes frustrating, but highly rewarding, she said. "Working with prenatal patients allows us to form meaningful relationships over time. This can't happen with abortion patients if we only see them once or twice. With the prenatal cases, we talk about all kinds of things - how they were parented, relationships, drug use and abuse, as well as what they want for themselves and their children," Priegue said.

And the fact that they're getting this care in a clinic known for providing abortions? Georgina Statuto calls it a non-issue. "Every so often a family member will say something or express worry that we won't provide good prenatal care because we do terminations, but once they meet us and see the attention that is given to their loved one, the panic disappears and they relax," she said.

It also helps that they can peruse the prenatal clinic's wall of photos. There, smiling mothers and adorable babies offer a lovely testament to the truth of Statuto's statement. "Our patients always come back to show us their babies," she said. "It's a routine, happy moment for all of us."