CHOICE/LESS Episode 208: Dr. Nicola Moore

Nicola Moore: When I was in middle school, my dad had a bumper sticker on his car that said, "Legalize abortion." This was in the 1960s, and abortion wasn't legal anywhere in the United States, and the principal of the school called my parents and said that that car, and that man couldn't come onto school property anymore, that he had to take the bumper sticker off his car. My dad was livid, and I remember him talking to my mom about wanting to take me and my sister out of the school, and he said, "You know, being at a school that doesn't believe in the right of, the right of political expression, it's a terrible thing." My mom calmed him down, and he took the bumper sticker off his car.

Jenn Stanley: For Rewire Radio, I'm Jenn Stanley, and this is CHOICE/LESS. Abortion was legalized in the United States in 1973, but as we talk about all the time on this show, there are still many barriers to accessing abortion here in this country. Many states have passed such restrictive anti-choice laws that clinics can't stay open. In some states, people seeking abortions often have to travel long distances, sometimes a whole day by car just to get to the nearest clinic, and then they might have to arrange for childcare, time off work, and money for overnight lodging to accommodate for mandatory waiting periods. In addition to anti-choice legislation, and in large part because of it, the United States has a shortage of physicians with abortion training. Abortion providers often have to take extreme measures to maintain their privacy because of the anti-choice harassment they face.

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Jenn Stanley: That's today's storyteller, Dr. Nicola Moore. She travels to underserved areas in the US to provide abortion care. In an attempt to keep her name and photo from being plastered all over the internet by anti-choice extremists, Dr. Moore wore a Three Stooges mask while she was driving to work past protesters, but Operation Rescue, the radical anti-choice group tied to Dr. George Tiller's murder, found out who she was, and released her name, a sketch of her, and information about her mother on their website. To protect her privacy, we've agreed not to identify the exact locations or states where she's worked and is working. Here's Dr. Nicola Moore.

Nicola Moore: My grandfather was a gynecologist in New York City, and he graduated from medical school in 1910. He'd spent 50 years, 60 years working there, and taking care of women who had had I guess sort of coat hanger abortions, done by people who weren't trained, in unsanitary conditions, and patching them up. He was thrilled about Roe, just because women now would be safe, and they'd be able to be cared for by trained people in clean places. I had an abortion myself about two years after Roe. I missed my period. I went to the student health service. They did a pregnancy test, and said I was pregnant, and I said I wanted an abortion. I didn't want to have children when I was 19 and in college. It was scheduled for the next week. It was performed by the regular doctor that I saw at the student health service, and it was really quick. It was painful, but it was really quick. A nurse held

my hand, and I thought, "I don't know you. Why are you holding my hand?" Then it was painful, and I thought, "Oh, that's so nice that this nice nurse held my hand."

Anyway, I felt physically fine afterwards. As far as work, and sort of career things go, I've always wanted to feel useful, and to help people if I can. When I was thinking about what to do, I thought about all sorts of possibilities. I might've been a teacher, or a social worker, or something else, but I decided to go into healthcare. I went to public health school after college, and I got a job at a big inner city hospital in the Bronx, and it was really disorganized, and really, really busy. My job was to try to make the systems in the hospital work better. I was sort of a negotiator, trying to get the different departments in the hospital to work better together so that patients could be treated more efficiently, could be treated faster, and so that also things were easier for the staff. I felt useful. It was fun. After quite a while there, I decided that I really wanted to work more directly with patients, and feel more, yeah, more connected with patients and working directly with them, so I decided to try to become a doctor.

I did the premed work, and I went to medical school. I was planning and expecting to work with medically underserved folks in the United States, probably in a community health center situation like that, people who couldn't otherwise get good medical care. I also really wanted to work in the developing world, because I also felt that in the developing world, I would be useful. I went to medical school. After medical school, I did residency in family practice, and that was the perfect kind of specialty for someone like me. In family practice, you learn primary care, and you learn to take care of, and sort of the basic care for all kinds of diseases, some basic surgery. You care for adults. You do pedes. You do obstetrics, so I wasn't predestined to be an abortion provider. I didn't grow up expecting to be an abortion provider, but because of a political commitment to choice, I had made sure that I learned how to do the procedure while I was in residency and in my fellowship.

It's a very straightforward skill. It's technically not difficult to learn. It requires a lot of practice because there were so few challenging cases. It's so straightforward that you really have to do a lot of procedures to be ready for a challenging case. After residency and a one-year fellowship, I packed up myself and my dog, my golden retriever, and we moved to Zimbabwe. There was a doctor shortage in Zimbabwe and the economy was terrible. I delivered a lot of babies there, and one of the things that African hospitals always have is something called a mother's waiting area. What happens is because the patients live so far away, they live way in the countryside, and they wouldn't be able to get to a healthcare facility when they were in labor because they live so far away, and nobody has cars. A donkey cart or walking is not going to get you necessarily to a healthcare facility in time.

The women would move to the hospital, and live there for a few weeks waiting to have their babies. There was this group of women there, and it was very cool, because I think it was the only time in the women's lives that they didn't do backbreaking work every day, hauling the fields, and taking care of the kids, and

cooking all the meals, and taking care of the house, and sewing the clothes, and all those kinds of things. They just sort of waited, and they hung out with all these other women, waiting to have their babies. In Zimbabwe, when I was doing the year of training, I worked in all parts of the hospital, and every large hospital in Africa has a ward which is set aside for women who present to the hospital bleeding during the first six months of pregnancy. What the doctors do is they check if the fetus is alive, if the pregnancy is still viable, and if it is, then we monitor the woman's bleeding and treat her for any problems that she has, infection or whatever.

If the fetus is dead, we'd empty the uterus, and it generally wasn't possible to know for sure whether women were miscarrying or whether they'd attempted to terminate the pregnancy themselves. We couldn't ask the women, because abortion is illegal in Zimbabwe, and sometimes women came in in handcuffs because their husband or a neighbor had reported them. Sometimes when we were emptying the uterus, we'd find herbs or medicine in the vagina that had been used to cause the bleeding, and we knew those women had tried to abort. Women came into that ward, a lot of women came in very sick, and with terrible infections, and I saw several women die. It was I think the way it would've been for my grandfather working in the thirties, and the forties, and the fifties in the United States before Roe, but this was 2004 when I was there.

When I was at the mission hospital, several times, I think maybe three or four times over the year, a couple would come to me asking for an abortion. They were both HIV positive. Antiretrovirals weren't available to everybody. That was pretty rare to be able to have antiretrovirals at that time, and birth control wasn't that available. The couple would explain that they had had a child, and they had two children who'd been born with HIV, and they'd been very ill, and maybe they'd died. The woman was now pregnant, and they didn't want to bring another child into the world to suffer and die like that. I had to tell the couple that abortion wasn't an option, and I couldn't help them.

Jenn Stanley: Dr. Moore moved to New England in 2009 to take care of her sick mother.

Nicola Moore: Shortly after I returned to the United States to take care of my mom, I was contacted about a clinic in the Midwest that needed an abortion provider part-time. I wasn't too surprised that there was a clinic that couldn't find a local provider. I knew that the hostility to abortion was increasing in the United States, and it's true. The places that I work, many clinics have a very hard time finding local providers to work there because if a person lives in a community, and they provide abortions there, their private practice will be targeted. A lot of the time any hospital that they work in will be targeted, and there will be protests, and even their families harassed. It's very difficult in communities where there's a lot of anti-choice sentiment, and a lot of anti-choice politics, for a person to live in that community and to provide abortion services there.

Jenn Stanley: She would fly from New England to the Midwestern clinic the day before she

worked. She'd stay for a few days and then fly home. She's continued to do that kind of work for years now, at first splitting her time between the northeast and the Midwest. Soon she'll be providing care at clinics in the south and southwest.

Nicola Moore: I've continued to do that kind of work for the last seven years, and I usually have spent several years working at a clinic, and it's just like being a part-time worker in general. It's as if I live there. I know the staff. They know me. I know the clinic. I'm involved in decisions about the clinic. Eventually at some of the clinics, they have managed through aggressive recruitment and looking all over the place to hire somebody who lived there and worked there, and that's great. Even though I hate to leave the clinics I love, and where I've gotten to know the staff, and when that person comes, I don't work there anymore. It's better for the clinic. It's less expensive, because they don't have to pay the travel cost that they'd have to pay for me, and it's also better because somebody who lives there can be more involved in running the clinic.

In most of the places where I work, there are laws that restrict access to abortion, and it's sort of by definition, because if it was a state that it was easy to practice in, they wouldn't need me. Some state laws require that I or other members of the staff give certain information to the patient about the procedure, or about the fetus, or whatever, and some of that is not true, that abortion is associated with breast cancer, increased risk and things like that. Sometimes there is a set amount of time that the state law requires between the initial contact with the clinic and when the abortion is performed. Sometimes it's 24 hours. Sometimes it's 72 hours. This waiting period is supposedly designed to allow women to consider their decision. It's very odd to me because when a woman calls to make an appointment to have an abortion, it's a very deliberate move, and women are well aware that there is a potential baby inside, and that if they waited nine months, they would have a child.

No one plans to have an abortion. Some patients are quite sad, and some patients are afraid to tell their friends or their family because they're afraid they'll disapprove. A lot of patients do have support, supportive friends and family who feel that they should make the decision that's right for them. In the places where I work where there are generally fewer and fewer doctors, and fewer clinics, fewer and fewer clinics, a lot of patients have to travel quite a ways to find a clinic that will do the procedure. A lot of the time the health insurance that they have doesn't pay for the abortion, and in fact, over half of the women I see don't have health insurance, so it's expensive. It's often hard to come up with money. They have to come up with it fast, because the longer they wait, the further along the pregnancy is, and some people do delay having an abortion because they have to come up with the money.

I could tell you about particularly moving or tragic cases that I've seen. A 14-year-old whose pregnancy is a result of incest, or patients who were raped, women who are taking medication which, say for epilepsy or for some psychiatric disorders that they can't stop taking, but that would cause damage to the fetus. Most of the

patients I see are just folks, and all backgrounds, and all walks of life. They're students, and teachers, and nurses. They work in chicken processing plants, in Dunkin Donuts. They're real estate agents, and lawyers, and waitresses. I did an abortion for someone who was working in the Ben Carson campaign during the primaries. I've done an abortion for a rodeo performer or two, for a high jump champion. There are women who come in who are grandmothers, and they're 45, and they thought they were in menopause. They're really just folks in a difficult situation who have made a decision that this is the best choice for them.

If a patient is unsure about the decision to have an abortion, we never proceed. We tell them to go home, and to think about it, and to come back if they need us. I remember one young woman who, she was living in, a long distance from the clinic. I saw her a few years ago. She came to the clinic. She had the ultrasound and some of the tests, and then she left. I talked to her for a while before she left, just as part of the normal interaction that I'd have with a patient before a procedure, but she left. She came back about a week later. She was driving four hours to the clinic and four hours home, and she came back a week later, and she said she wanted to see me. She came in, and we talked, and she said she'd decided to put the baby up for adoption. We chatted for a while, and I heard her story, and I said, "Why did you come back? Why did you drive the four hours to come back?"

She said, "Well, I wanted someone to talk to," and it was so touching that she felt that I guess we'd made enough of a connection on the firs time we met, so that it was worth talking to me. It's a very, very rewarding thing to do. As I say, the women are incredibly grateful. It's very special to be able to provide a service that women are asking for, and that they need, and to support the women in a day that they'll remember, and sometimes an emotionally difficult time. Everywhere where I work, there are protesters, and some places, there are more protesters, and some places there are fewer protesters. Everywhere, there are protesters, and they yell at me, and they address me by name. Sometimes they've had a poster of my face that they display, and it's unpleasant. It makes me a little tense. It's really weird, though. When you think about going to work, and having somebody yell at you as you're going to work, but there's a diversity of things that people say to me.

Sometimes they say, "We're praying for you." Most of the time they say, "Stop killing babies." They say, "How many babies you gonna kill today?" Things like that. I was working at a clinic where I had to drive through the protesters to get to the parking lot, and I actually eventually started wearing a mask while I was driving in, because they would all have their cell phones out, and they were like a foot from my car window or less. They were trying to get a picture of me, and it just made me so tense driving through this crowd. I started to wear a mask, and I felt protected just by the mask, because I knew they couldn't take my picture, and I could look at them, and I could steer, and look ahead of me as I was driving without thinking about, "They're taking my picture." When I was working at that clinic, a guy called me in my hotel room. I was just hanging around watching TV or something, and I got this call in my hotel room, and he started ranting at me.

I hung up. He called my cell phone, and I thought, "Where the hell did he get my cell phone number?" Anyway, I hung up. He called my cell phone again. He left a message on my cell phone.

Voicemail: Yes, Dr. Moore. We'd just like for you to know that we're praying for you. We're praying that you get out of the business of killing children, not just for your salvation, but also to take care of your family and loved ones. You went to school for so long to have a medical license, and it would be a shame for you to lose your medical license doing abortions. You're going to make a mistake, and we frown upon abortion. We love children, and we also care about you. We have many attorneys waiting for a woman to be injured, and we're going to go after your medical license throughout the country. We care about you, and we pray that you repent, and do the right thing. Please don't injure somebody. God loves you and hopes you won't injure somebody. Please do the right thing. We have people in each emergency room just waiting, waiting for one slipup of yours. We will pursue it to the fullest extent of the law. We hope you get out and repent before that. God bless you. Bye bye.

Nicola Moore: It was the only time I've really felt afraid, I'd say. The next night when I came into my hotel room, I sort of checked around in the room if there was anyone in the closet. I kept looking behind me in the hall, those kinds of things. I arranged for the clinic at that point to drive me back and forth to the hotel and to the clinic. The guy even called my mom, but I reported it to the police, and I met with the FBI, and they said they'd do anything they needed to do to protect me, but nothing like that has ever happened again.

Jenn Stanley: Threats to abortion providers are real. At least 11 people have been killed in clinic attacks in the United States since 1993, and verbal threats and online intimidation like Dr. Moore has received must be taken seriously. In November 2015, Robert Deere killed three people and injured nine when he opened fire at a Planned Parenthood clinic in Colorado Springs. Authorities say that after he was arrested, he was rambling about no more baby parts, apparently in reference to the smear campaign against Planned Parenthood that was started when an anti-choice front group called the Center for Medical Progress, released a series of deceptively edited and widely discredited videos purportedly showing Planned Parenthood employees engaging in the illegal sale of fetal tissue. With a Trump administration and a Republican-controlled House and Senate, it's likely going to be a hard fight just to maintain existing reproductive rights, let alone expand them.

Jeff Sessions' confirmation as Attorney General earlier this month could mean that the Justice Department will do even less than they already do to enforce policies to fight anti-choice terrorism.

Nicola Moore: The election has changed the way I view my work in that I'm very concerned that the march toward reducing access to abortion will continue apace. In the work that I do now, I do feel useful, and I love it. Sometimes friends will say, "But you travel so much, and all those protesters and stuff." The thing about becoming an abortion

provider is you can't leave the profession at this point in history. The need is so great for doctors to do abortions, because there are fewer and fewer doctors who will provide this essential service that women ask for and women need. As someone who does that, and who likes that work, I feel a responsibility to the women to continue to do that work. If not me, who?

Jenn Stanley: This episode was produced by me, Jenn Stanley, for Rewire Radio, with editorial oversight by Mark Faletti, our director of multimedia. Jodi Jacobson is our editor-in-chief. Brady Swenson is our director of technology. Music for this episode was by Doug Helsel. Thank you to all the staff at Rewire, especially Rachel Perrone, Lauren Gutierrez, and Stacey Burns, our communications and social media team, for getting the word out about CHOICE/LESS. You too can get the word out about CHOICE/LESS by rating and reviewing us on iTunes. For more on Dr. Nicola Moore's story, and for comprehensive news, commentary, and analysis on reproductive and sexual health injustice, visit our website at rewire.news/choiceless.