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By [Star-Ledger Staff](#)



**Willie J. Parker**

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Willie J. Parker, an obstetrician based in Washington, D.C., didn't always perform abortions. He's a Christian from Birmingham, Ala., who initially refused to even consider the procedure.

But about halfway into his 20-year career, he changed his mind. Now, he's one of those rare doctors who is willing to push the limits and provide abortions at 24 weeks of pregnancy. That places him among only about 11 percent of all abortion providers who will do the procedure that late in the second trimester.

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Some people are determined to stop him. Congress is considering a ban on all abortions after 20 weeks in the district, which would affect Parker directly. Six other states already have one, passed within the last two years. A record number of new restrictions on abortions were enacted last year, including bans, waiting periods and limiting insurance coverage.

A small percentage of women have abortions beyond 13 weeks. But it troubles Parker that abortion supporters and opponents are increasingly willing to bargain about second-trimester abortions in the interest of finding common ground. While this may create a more civil discourse, he says, in the end, it's dangerous to the health interests of women.

It's the individual stories of the women who came to him that made him see things that way, he says. He now views the abortion debate through the prism of their particular realities.

Ironically, it's the lack of access to abortion care that often pushes women to

have abortions later in pregnancy, Parker says. He spoke to Star-Ledger editorial writer Julie O'Connor about why he performs them.

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#### DRAWING THE LINE ON ABORTION

Roe vs. Wade doesn't put any gestational limits on abortion, but that landmark Supreme Court ruling says states have the right to restrict the procedure after fetal viability. State laws vary greatly: Some impose prohibitions after a certain number of weeks, generally 24, and others — including New Jersey — have no major restrictions.

Most abortion doctors have strict limits on when they will provide them and few will do later-term procedures. Women very early in their pregnancy or in their second trimester may have a difficult time locating services.

According to a survey of abortion doctors:

- **42 percent** offer abortions at four or fewer weeks
- **95 percent** offer abortions at eight weeks
- **64 percent** offer at least some second-trimester abortions (13 weeks or later)
- **23 percent** offer abortions after 20 weeks
- **11 percent** offer abortions at 24 weeks

*Source: Guttmacher Institute*

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**Q. Why did you change your outlook on abortion?**

A. I wrestled with the morality of it. I grew up in the South and in fundamentalist Protestantism, I was taught that abortion is wrong.

Yet as I pursued my career as an OB/GYN, I saw the dilemmas that women found themselves in. And I could no longer weigh the life of a pre-viable or lethally flawed fetus equally with the life of the woman sitting before me.

In listening to a sermon by Dr. Martin Luther King, I came to a deeper understanding of my spirituality, which places a higher value on compassion. King said what made the good Samaritan “good” is that instead of focusing on what would happen to him by stopping to help the traveler, he was more concerned about what would happen to the traveler if he didn’t stop to help.

I became more concerned about what would happen to these women if I, as an obstetrician, did not help them.

**Q. You say women in their second trimester often have the most compelling need for an abortion. Why?**

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A. They lack access to health care or don't have an understanding of their body changes, and often figure out later that they're pregnant. Or they find out early enough that they're pregnant, but their lack of access to health care or volatile, dysfunctional relationships delay seeking help.

The women most likely to be in those situations are trapped in poverty, often women of color or poor socioeconomic backgrounds, less education, and women and girls at the extremes of reproductive age. Women beyond the age where they think they can become pregnant, or young girls who have infrequent and irregular sexual activity and aren't conscious of it.

Starting with those women as the ones you'd cut off is kind of ironic, because they have the most compelling reasons to consider abortion in the first place.

**Q. Like what?**

A. The reality is that unplanned, unwanted pregnancies occur to women in all walks of life and all demographics. One in three women will terminate a pregnancy in her lifetime.

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I had a patient who was a 32-year-old attorney, senior staff for a prominent U.S. senator. She and her husband had their first pregnancy and were very excited about it, only to find out in the 21st week that there was a lethal, severe developmental abnormality. They waited until the 23rd week because it was a rare disorder and they didn't want to have an abortion unless that rare condition was absolutely confirmed.

Another patient of mine was a 13-year-old girl with a very quiet demeanor, which her parents perceived as model behavior. But an uncle who was staying with the family had been sexually molesting her and she kept quiet about it for months until he left. She concealed that pregnancy until she was 19 weeks along, and ended up having a termination at 20 weeks.

These are typical circumstances for second-trimester abortions.

### **WHO HAS LATER-TERM ABORTIONS?**

Second-trimester abortions cost more, pose more health risks, are offered by fewer providers and are harder to access. Most are done between 13 and 15 weeks. Very few are done at 21 weeks or later. The overwhelming majority of second-trimester patients say they would have preferred to have had their abortion earlier. These women are more likely to be:

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- Age 19 or younger
- Poor
- Black or Hispanic
- Without a high school degree (among women 20 and older)
- Paying for abortions with health insurance
- Those who have suffered three or more disruptive events in the past year (such as falling behind on rent, separating from a partner, having a family member with a serious medical problem or being the victim of a crime)

*Source: Guttmacher Institute, based on a national sample of more than 9,000 women who had abortions in 2008*

**Q. Why else might someone have a later-term abortion?**

A. Abortion should be considered a part of reproductive health care and a basic human right, but it's not. It's hard to access. About 85 percent of women live in a county where there's no abortion provider. The distribution is even more dire in rural areas, where 90 percent of women have no provider. Many women have to travel long distances just to get to a provider.

That could easily help you understand why laws that impose waiting limits and notifications further distort the reality of women's access to abortion care.

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**Q. Explain why limitations on abortion trouble you.**

A. It forces women to take into account the sensibility of people who don't have firsthand information about what the circumstances are in that woman's life. It creates a duty and obligation for a woman to make her decision in a time frame acceptable to people other than herself. That time frame may or may not be realistic, and it fails to take into account the complexity of decision-making when it comes to abortion.

As people sit around, and theorize and debate about what should be a reasonable or common ground, the voices of the people who are most affected by this decision are lost. They aren't represented in these dialogues. Their specific realities don't count.

So conversations that feel like progress actually end up with restrictions in place on women in desperate circumstances. They don't reduce unintended pregnancies, they don't create more access to medically accurate sex education and modern forms of contraception — but they do result in restrictions and rules that push women to desperate measures.

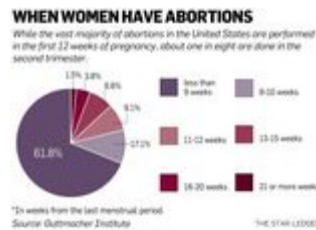
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**Q. The vast majority of states restrict later-term abortions. Six of them do so after 20 weeks, as lawmakers are considering for D.C., on the grounds that a fetus can feel pain at some point. Is that true?**



A. There is no scientific information to support that. The bulk of the scientifically credible evidence shows that the structures that are necessary to feel pain are not developed in fetuses earlier than the 25th week.

**Q. So where's the cutoff line for you?**



A. I don't do abortions beyond 24 weeks and 6 days. In the absence of lifesaving measures, my cutoff is the legal limit. That becomes a moving target, but nobody in D.C. does them beyond 25 weeks. Once a fetus has the possibility to survive outside the womb — with or without extraordinary support measures — I will not do an abortion. The only exception is if a woman's life is in danger or the fetus is fatally flawed.

**Q. In ad campaigns, abortion opponents have argued it disproportionately targets minority babies. Your take?**

A. That's a very cynical manipulation of the reality that the abortion rate is higher in the African-American and Latino communities because their unplanned pregnancy rates are higher and the availability of modern contraception is lower.

And in the same breath of feigning concern about black women and black babies, abortion opponents are limiting access to contraception and defunding health care and child care programs, and all the other things that would be even more necessary if more of the unplanned, unwanted pregnancies were carried to term.

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**Q. You have a controversial job. Do you worry about your own safety?**

A. I'm aware of the risks. There are people who feel strongly about the work that I do. I exercise judgment and discretion, but to be overly concerned about the fact that someone might hurt me for trying to live out my conscience and provide care for women would be a distraction. I think my work is honorable and important, and I won't be distracted. It's what I believe in my heart is the right thing to do.

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