(AP/Susan Walsh)

"I'm not someone who operates in the shadows": An

about her job

Dr. Stacy De-Lin tells Salon about the legal obstacles she faces at work -- and the ones she avoids living in NYC

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AUGUST 31, 2014 3:00AM (UTC)

A few weeks ago, I wrote about my upcoming abortion. Then, the day after the post went up, I had an abortion.

I received hundreds of emails in response to my piece, some harsh and cruel but most supportive and kind. The majority of the messages showed up in my inbox within hours of the procedure, and I got fewer and fewer as the days went by. But the following Wednesday, I received

an email from yet another person whose name and email address I didn't recognize -- at least not at first. Then I read the salutation: "Hi Jenny! I'm the doctor who did your abortion on Saturday."

That doctor's name is Stacy De-Lin, and she works full-time as a physician and abortion provider at Planned Parenthood of New York City. As much as I thought about my own experience and the experiences of other women accessing abortion care, I had never really considered that the people administering that care -- the doctors, nurses, sonogram technicians, security guards and volunteers -- have to overcome so many obstacles simply to do their jobs.

But I don't simply mean that abortion providers are negatively affected by laws that dictate how wide their hallways must be, because of course they are. Abortion providers are also forced to bear the shame and stigma placed on the women for whom they provide abortions. Some providers face more stigma and more restrictions than others, because of local culture or the law; others, like Dr. De-Lin, face fewer threats to their safety or their livelihood. Their experiences vary widely from state to state or even from clinic to clinic. They are unique, just like the experiences of their patients.

I recently sat down with Dr. De-Lin to discuss her day-to-day experiences providing reproductive healthcare, and about how the relative lack of abortion restrictions in New York City and New York state compare to those placed on her colleagues across the country. Our conversation has been edited and condensed for clarity.

How did you decide to become a provider?

I always wanted to do this work. I'm from Florida -- a very rural, conservative area of Florida -- and I used the Planned Parenthood that was not near me, but in Tampa. That was the closest Planned Parenthood I went to for birth control when I was there. And I loved it; it was the only place I could go to feel secure. I was in a small church-going community and there was no sort of expectation that if I asked any doctor for birth control, it somehow wouldn't get back. So I used it for birth control and I was always interested in women's health. And then when I went into [women's health], I found when I went through medical school that fewer and fewer people were providing abortions. When I was doing my training through medical school and residency, I met doctors who were much older who provided care from before Roe v. Wade. They told just absolute horror stories of things they had heard and the stories traumatized me, to hear what women had to go through.

Is there one that stands out?

I remember there was a doctor who said that a woman came in and she was bleeding, and he didn't know the story and so he went and looked just to do an exam. And he couldn't tell what it was, maybe it was just an umbilical cord issue, but it was actually a piece of her intestine that had been taken all the way out that was coming through. She had a horrible, horrible perforation and nearly died -- and that was one example of just things he had seen all the time.

I just think as a doctor you're sort of trained to be there to help people who need it. Surprisingly, there are many doctors who don't provide abortions now. A lot of it is because of a big lack of training. But there are others who feel like they don't want to participate in it. To me, if a woman comes in and she says she needs care, then she has a need for health care and it is my job as a skilled provider to provide that for her safely. And I love my job. I love being able to help women.

I feel like a lot of women who come in for abortions want to tell me their stories. They want to tell me why they're there. And I never put myself in anyone's shoes. I just listen to why they're there and I'm there to provide what they need. I think that's the most important thing.

How proactive did you have to be in saying “I am going to provide abortions” and, in seeking that training, what exactly did you have to do?

It's actually quite difficult to seek training as an abortion provider. I actually trained with Linda Prine. She likes to train people. She will train family doctors, too, who are going to more rural communities to do abortions just in their clinics, which I think is nice. But I very much had to seek it out. It's not a common part of the curriculum.

Many, for example ACOG -- which is the American College of Obstetricians and Gynecologists – say in their curricula for residency training that they're supposed to provide abortion training. But if they don't, they can still continue their program so long as everything else is in compliance. So there are a large number of programs that don't provide it. And I think for family medicine training, OBGYN training, it's a part of something you'd need to provide as a family doctor or as an OBGYN. But a lot of programs don't train for it.

I actually have a friend who's a family doctor in the Midwest who's in Chicago now. He went to medical school in Kansas and wound up staying in Kansas. But the program director who interviewed him there wanted to know his stance on abortion before he started, because he wouldn't even train any doctors for residence on the chance that he might train them and they might use their skills for abortion training in the future. And I think that's pretty common in places like Kansas and other parts of the country.

Have you personally encountered anything like that?

I'm lucky -- again, being in New York state, I stayed here and did all my training here. So it was easy for me to be able to do it. I did encounter a couple of older attending doctors who, when I told them what work I was going into, they said, “What a waste of your skills.” And I just thought it was very odd they didn't believe in it. And that was fine.

Again, it was limited compared to what my colleagues who work in other parts of the country go through – the ones who can't tell their coworkers. They don't let anyone know what they do. So, if they provide abortions in their clinic, they have to do it very secretly or the hospital will sever their privileges, or they won't be able to practice there. I have a friend who went to Michigan, not far from Detroit, so she could provide abortion care. She just went into a family practice, but if women came in needing one she wanted to be prepared for even medication abortions – but the clinic said they wouldn't give her a contract. They wouldn't agree to do it.

Have you had any issues with protestors?

I've had some experiences with protesters, but, overall, I feel very safe working here in New York City. I have friends who work in other parts of the country and they can't leave their houses. Protestors barricade their driveways so they can't leave their house. I don't have a driveway. I live in the city. They're going to have a hard time barricading me.

Does the freedom to practice in New York without so many restrictions weigh on you? Does it ever bother you to think that you could be providing in another place where these clinics are beleaguered, with protestors outside every day?

I feel very lucky to do the work that I do. I plan on traveling more in the future. I've been working at Planned Parenthood full-time, but I know a number of doctors who do travel. It's hard. It's scary. One of the clinics in Kansas I've been talking to about doing some weekend travel work let me know that basically when you step off the plane there are two U.S. marshals waiting for you. They offer you a bullet-proof vest if you want it. You stay under an assumed name, typically at people's houses rather than hotels, because protestors will search the hotels. It's terrifying.

Have you received any backlash personally for being “out,” so to speak?

Personally, I haven't. I've had people, friends or family members who have shared their opinion. I think that in one-to-one conversations I'm always able to tell them why I provide, and it makes sense to people. I talk about the public health need to be able to provide safe care for patients, and I think that people understand that.

Coming out as an abortion provider was also a conversation with my husband, about whether he felt comfortable. He was nervous about it, but he understands. He's kind of funny; after these four doctors who provided came out in public about it, my husband now comes out too and says that his wife is an abortion provider. He used to say, "My wife does women's health," but now he talks to people at work and says, "My wife provides abortions."

Even though there are fewer restrictions, what challenges do you face in New York?

New York's not perfect. We have some gestational age cut-off laws. It's 24 weeks in New York. That's problematic because for fetal anomalies, most ultrasounds are not done until 20 or 22 weeks. So if you were to find out that your child had a lethal fetal anomaly, you only have a short amount of time to get care. But many women in other states have much stricter laws. In North Dakota they're trying to pass a six-week -- and already have a twelve-week -- restriction. Six weeks is before most women even know they're pregnant. These sorts of restrictions get in the way. If, let's say, you're 26 weeks and you find out you have a lethal fetal anomaly, you can have a safe procedure to end that pregnancy. But now they make women suffer by waiting until the time they have to deliver a dead child. You – and I -- can only imagine the heartbreak associated with that process.

What about your work here gives you the most hope?

I find that the hard knocks we've been taking from the Supreme Court and legislatively have prompted a response, where people are saying, “This used to be something that was a given that I didn't have to think about too much, but now these changes are starting to affect women everywhere in the country.” Even things like your employer paying for your birth control. Women are really starting to redirect their attention to these issues if they weren't already, and people are starting to speak up about healthcare. I feel like the tide has shifted negatively toward us from a legislative and judicial perspective. But where Americans are and where women are is the same. I think the people are responding by being more vocal about it. You're actually hard-pressed to find someone who doesn't believe an employer should pay for birth control just the same as they pay for all other medications. It's not your boss’s business what you do with your health. So I think that's the glimmer of hope in what's been otherwise dismal news lately.

Another way in which I'm so lucky is that a patient can ask me about birth control and I can say, “Whichever you want. We'll find a way to cover it. You will have access to whatever kind you think is best for you.” I have a colleague who works in Indianapolis, and their rules for their clinic and for the insurance that provides it is that they can only get an IUD if they've been proven to fail another form of birth control. So patients have to try something else and either accidentally get pregnant or have side effects they don't like in order to get an IUD. So when a patient comes in to ask me, “What can I have?” the answer is: whatever you need. “What procedures can I have done? What kind of birth control?” Whatever you feel is most appropriate for you.

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