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## Abortion in Boston: After the Edelin Case

*Last Year's Conviction Has Reduced Late-Term Operations*

By [Margaret A. Shapiro](#)

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In the tiny cubicle that houses the director of abortion services at Boston Hospital for Women, Dr. Phillip G. Stubblefield '62 sat back at his desk, taking a break after overseeing an abortion. Yes, he said, the conviction last spring of Dr. Kenneth C. Edelin for manslaughter, in connection with the abortion he performed, has made it more difficult for a woman with an advanced pregnancy--within or later than the second trimester--to get an abortion in Boston. Doctors, he said, "are hesitant to perform a late abortion past 20 weeks; we might have become more liberal if not for the Edelin decision." And in Boston, Stubblefield added, with its large Catholic population, "Right-to-Lifers are still strong, there's still pressure to get rid of abortion altogether."

Stubblefield's evaluation of the strength of anti-abortion forces in Boston is not too alarmist, particularly considering his vantage point. The service he runs, and the similar if smaller ones at Mass General, Boston City Hospital and Beth Israel, are the major Boston facilities performing late abortions and they all have had to contend, in their policy-making, with last spring's Edelin conviction.

However, in hospitals and outpatient clinics alike, women who are under 12 weeks pregnant will find that abortion procedures in Boston are pretty simple--as well they should be, since Boston, along with New York, has an abundance of first-rate facilities, comparable to any city in the country.

In fact, getting an abortion during the first trimester is so easy here that the major stumbling block is poor circulation of information concerning how, when, and where a woman can go to obtain one. Harvard is a case in point--the



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It's not that Harvard is totally uninterested in or irresponsible about distributing what can become vital information. There is a little booklet in every student's registration packet detailing all the facilities of UHS and devoting half of page 17 to what sort of help a student wanting an abortion can expect from Harvard. And all freshmen are given a copy of *A Student Guide to Sex on Campus* that has a pretty complete explanation about what an abortion is, and exactly what it entails. But the book was written by a group at Yale and obviously contains little in-depth information on Boston clinics, hospitals or conditions. But Harvard does not distribute pamphlets or information on birth control, pregnancy (how to tell if you are), or abortion in either the walk-in clinic or in the gynecology section of UHS. All questions a student may have will be directed toward the single official counselor on abortion and related matters, Ann G. Bisbee '62.

"The health service's position on abortion is 'We want to do anything we can to support women in whatever decision they make,'" Bisbee, who is assistant to the director of UHS, said. She maintained that the health service is trying to get more information to, as well as criticism from, students, adding that UHS "sees that we have to make the mechanism for both these processes more obvious." Dr. Warren E.C. Wacker, director of the UHS, termed the scarcity of information distributed inside UHS and throughout the University "simply and oversight."

Though UHS sees only about 30 students annually for abortion referral, (given the misconceptions about whether the Health Service can perform abortions there and whether Harvard's health plan covers the costs of an abortion) it is likely that many students will get their abortion without ever contacting UHS. Wacker said the number of women who become pregnant and then use the pregnancy/abortion counseling services has not been determined. "I suppose we could calculate it, but we never really saw any need to know that."

The abortion services that Harvard does provide students with are minimal at best: It will refer patients to clinics or hospitals in the area (or, in the case of an extremely late pregnancy requiring a saline abortion or hysterotomy, to hospitals in New York) where an abortion and counseling can be done. Its basic Blue-Cross/Blue-Shield plan *does not* cover abortions unless there are "therapeutic" reasons (Bisbee said "most women who come here will not be covered under these reasons"), meaning if there is a "threat by physical or mental illness to life or limb."

Martin R. Peterson, assistant director of UHS, handles the problem of undergraduate medical coverage. He said that if Harvard felt inclined, it could change its Blue-Cross/Blue Shield plan to include coverage of abortions on demand in outpatient facilities for about \$5 more a year, per student. However,



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questionnaire on attitudes toward abortion after the Supreme Court decided in 1973 to legalize abortions on demand, that sizeable minority--about 20 per cent--responded that they "feel certain this [abortion] is murder," Wacker said. He said he has gotten several letters complaining that UHS talks too much about abortion.

Some people think Harvard, like almost all schools in the area, doesn't talk enough about birth control, pregnancy and abortion, or doesn't talk until it's too late. Priscilla Clark, an administrator at the Charles Circle Clinic in Boston, was particularly critical. She said that all the clinics in the area see significant numbers of undergraduates coming directly to them for abortion counseling, as well as VD, birth control and pregnancy information. "College health services have a major role they are not playing" by not doing adequate counseling, teaching about birth control or giving out all relevant information, Clark said. "There is no reason not to have an informed student body on a college campus."

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The four outpatient clinics in the area--Charles Circle, the Florence Crittenton Home in Brighton, New England Women's Service in Cambridge, and Pre-term in Brookline--provide easily available information. Planned Parenthood in Newton, unlike the clinics, does not perform any abortions, but it can provide the most complete information--through pamphlets, by phone and through a counseling service--on everything available in the area. Harvard generally refers people to the "Crit" because, Bisbee says, "appointments can be made quickly and they have the best counseling and support facilities." However, Charles Circle and Pre-term see the most women each month (nearly 900). All four of these clinics perform first-trimester abortions (up to 12, and sometimes 13 weeks) since a simple, vacuum aspiration/suction abortion, taking only five to seven minutes, can be performed up to that time. With \$50 and an hour or so of time, any woman can have an abortion. (If someone doesn't have the funds, Wacker said, "the 'Crit' will usually do the abortion anyway; if it takes time for someone to pay, it'll wait.")

After the first trimester the whole procedure becomes infinitely more complex and more expensive (in the \$350 to \$500 range), and requires hospitalization. And, too, the Edelin indictment has politically complicated the problem of getting a late abortion, often forcing women in a late stage of pregnancy to seek an abortion in another area--either New York or Washington, which are both known for their very liberal abortion laws.

Dr. Kenneth J. Ryan, chief of staff at Boston Hospital for Women and Ladd Professor of Obstetrics and Gynecology, acknowledged that the Edelin decision had affected the facility and frequency of late abortions being performed in Boston hospitals. "According to the Supreme Court, abortions are still legal, but



# The Harvard Crimson

wanting midtrimester abortions. Doctors are worried about the law and the community and who's going to pay." However, he criticized those local hospitals that have reduced the number of late abortions they are doing to only a very few. "If you are a doctor and claim to be taking care of women, you should offer all services women need," he said.

At the Charles Circle Clinic, Clark agreed. "Everyone's so damn scared of doing abortions in this town," he said--even though no one is trying to take away any of the Clinics' licenses. "Hospitals are trying to avoid a service they should be required to do," she said, paused and then added, "There's no reason, not lack of information, fear or whatever, that a woman shouldn't be able to have an abortion in Boston when she wants it."

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