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Dr Willie Parker spoke to The Washington Post Reporter Sarah Kliff about the chilling effects that the late term abortion ban being considered by Washington DC could have for women in the area. What follows is a transcript of that interview.

Sarah Kliff: What would it mean for Washington to outlaw abortion after 20 weeks?

Willie Parker: The reality is that a small percentage of overall women who have abortions have them beyond 13 weeks. It's about 1 percent. Those cases do happen in D.C. like they happen everywhere else. There are unplanned pregnancies, people who are in poverty who might delay their diagnosis and might end up in this group of people. Those are the women who could be affected.

SK: Who are the patients you tend to see for late-term abortions?

WP: The reality is that unplanned, unwanted or wanted but flawed pregnancies can occur to all women of any race, class or economic status. The women who tend to disproportionately find themselves [having a later-term abortion] tend to be at the extremes of reproductive age, maybe women over 40 who are more likely to have genetic anomalies. There are also women in poverty, with limited access to medical resources or education.

There are some difficult circumstances. I also think elective is a bit of a difficult term. I saw one teenager who was 12 when her parents found out that she'd been molested. For a woman to decide to discontinue a pregnancy in that situation, that's not quite elective.

SK: Six states now ban abortions after 20 weeks, and all of those laws passed within the past two years. What do you make of this wave of late-term restrictions, and what do they mean for women?

WP: It's a gambit around public opinion. Because of the later stage of development, these are people who are banking on blurring lines around viability. I think it's a very calculated strategy that fails to take into account the complexity of these cases. I think it's also unfortunate because it vilifies the women who might need an abortion the most.

SK: What do these laws mean for abortion providers? I know the number of doctors who perform abortions has declined over the past few decades. Do you think that has to do with these kinds of restrictions?

WP: These laws put providers in a position where they have to turn away patients who have great need. I also think they create this impression that abortion providers are callous and allow people to conflate murder and abortion. People feel morally justified to say "this is wrong" because they think it's close to murder. I think that jeopardizes us, by conflating abortion with an issue that would cause moral outrage.

SK: Tell me about your own decision to become an abortion provider. Did you have any concerns about your safety? I'm thinking of the murder of Dr. George Tiller in Kansas, and other threats of violence against late-term providers.

WP: For the first 12 years of my medical career, I didn't provide abortions. I did think about the moral complexities, and I also thought a lot about what Dr. King has said about having concern for other people. I was more concerned about what might happen to them than what might happen to me.

And I feel like that's an appropriate value system to operate around.

When I decided to do it, it allowed me to think about it and not be oblivious to the risk. Logically, I have concerns about my safety, but I choose not to think about that too much. I'm mindful and I'm vigilant, but I choose to focus on the important service I'm providing to women.

SK: Can you talk a little bit about your work in Alabama? Why was it important for you to work there?

WP: That's primarily because that's where I'm from. The reality of abortion is that women who are most likely to have one are women of poverty and of color. So this was a decision to serve women where I'm from, and an effort to go where the need is greatest.

Sarah Kliff is a writer for The Washington Post's Wonkblog: www.washingtonpost.com/wonkblog.

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