

## **No Moral Imperative**

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Excerpt from Introduction:

Twenty-five years ago I had an awakening.

Before then, I had been a typical housewife and mother. I married two months after graduating from college, earned my master's degree in special education, moved to the suburbs and became a teacher. Even then, I left the classroom during the middle of my second pregnancy and stayed home until my fourth (and then youngest) child was in nursery school, at which point, I went back to school to become a nurse. I became a pediatric nurse practitioner, and started working in adolescent health, providing primary care and reproductive healthcare to adolescent girls in New York City. Mother, teacher, nurse...clearly *Feminism* was not my *raison d'être*.

In the late 1980's, in the waiting room of an abortion/colposcopy suite in an inner-city hospital, my world changed. One of my adolescent patients had an abnormal Pap smear and needed a follow-up procedure called a colposcopy. I knew that she would not go for the necessary procedure alone, so I went with her. The clinic waiting room was filled with women in flimsy hospital gowns, nervous about the procedure they were about to undergo – abortion for some, colposcopy for others. Some women had sisters or girlfriends with them. Others were alone. Looking around the room I was chagrined. I realized every woman was there because of a man; whether it was for a sexually transmitted virus, or pregnancy. Yet I couldn't find one man in the room.

I had been raised to believe that men came first; that a woman should do what she can to make life easier for her husband. But as I looked at the women in that room, my attitude shifted. I vowed to do what I could to help women overcome the obstacles to gaining control over their reproductive health. I had no idea at the time what that would require of me.

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Too often, I have delivered a diagnosis of pregnancy to a girl for whom that diagnosis was a tragedy. My own heart sank each time those two pink lines appeared on a pregnancy test. For over a decade this scene repeated itself. Then in the late 1990s, I attained professional nirvana. For the two years after emergency contraception (EC), commonly known as Plan B or “the morning after pill” became available, not one of my patients became pregnant. I gave all of my sexually active patients a prescription for EC at routine health visits, always emphasizing that the only one hundred percent sure way to avoid both pregnancy and infection is to abstain from sex. And, short of that, I would tell them that they should use condoms as well as a hormonal method of contraception, such as birth control pills. For the first time in my two decades of nursing, many teenage girls in my practice graduated from high school on time. Quite a few even went to college – and graduated. Some were making plans for graduate school.

I witnessed two years of no unwanted pregnancies. Then one of my patients, I’ll call her Madalena, came in for a pregnancy test. The last time she had sex the condom broke. She went to the pharmacy to get her EC, but the pharmacist refused to give it to her. He had moral objections to her using it. Madalena had already been accepted to college. She was to be the first in her family to attend a university. I literally felt sick as I watched the pregnancy test develop. It was positive.

I gave the news to a tearful Madalena. She was torn about what to do but was pretty sure she would terminate the pregnancy. She wanted to get an education so she would be in a better position to raise a child later on. I told her to discuss it with the people she was close to, her mother, her boyfriend, her best friend, whomever she chose, and to come back next week and let me know how she wanted to handle the pregnancy. Madalena's boyfriend wanted her to have the baby. So, she abandoned her plans to attend college, and left my office with an appointment for her first prenatal visit. I never saw her again. I hope she went back to school, but many girls find it uncomfortable to go to school when they are visibly pregnant. Once the baby was born, she was likely to have trouble finding adequate child-care. The barriers only multiply after that. There are thousands of Madalenas in this country. Why should a pharmacist who has never met them before get to decide that their education should be interrupted and lives irreparably altered because he refused to fill their legal prescription for contraception, or some other roadblock is put in their way? I was and continue to be outraged.

Alarmingly, more and more women are losing control over their reproductive lives and thus their health. Bills designed to erode women's access to abortion and birth control are presented almost daily in state legislatures. The political viewpoints of a majority of the Supreme Court Justices threaten all women of childbearing age. Women's health is being forced backward to a time when contraception was primitive and abortions were dangerous. Now, more than ever, we need to know the facts about the public health consequences of these policies, the historical saga that led them to be indelibly intertwined in our political fabric, and remind ourselves above all that human lives are in the balance.