

WHAT HAPPENS WHEN ABORTION IS LEGALIZED

Should We Imitate Japan?



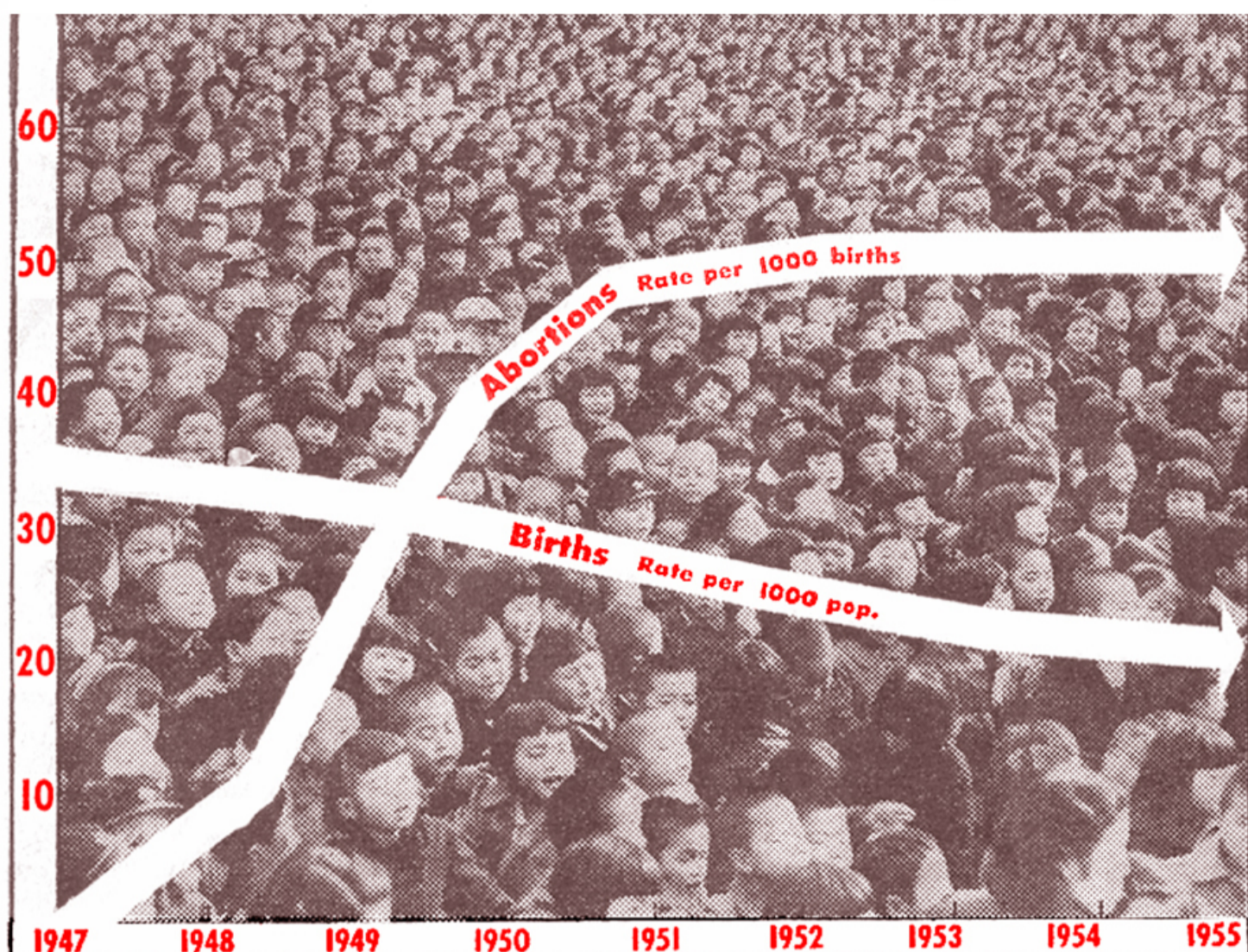
Should abortions be legal? The shocking case of Doris Oestreicher, the Philadelphia heiress who died during an illegal abortion, has focused nation-wide attention on this controversial issue. Right or wrong, abortions are numerous in the United States. Between 300,000 and 400,000 are performed every year in this country, in 9 out of 10 cases on wives with 3 or more children.

Because the operation is illegal except in special cases, it must be done in secret under conditions which are frequently unsanitary and dangerous. There are between 5,000 and 6,000 women like Doris who die in the U.S. every year from illegal operations.

With abortions so widespread, is it sensible to keep them illegal? What happens in a country when abortions are permitted by law?

The idea is not new, and today it is accepted practice in Sweden and Japan. Says one Swedish doctor: "Isn't it better for a girl to have an abortion in a hospital than to go to a dirty quack, as they do in some countries?"

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INCREASE IN ABORTIONS RESULTS IN DECLINING BIRTH RATE

All a Swedish woman has to do to have an abortion is convince a social worker that the impending birth would be "unsuitable." About 5,000 Swedish women are admitted to hospitals each year under these conditions.

But legal abortions do not have nearly the significance in Swedish life that they do in Japan. And Swedish medical standards are high, while the operations in Japan are commonly performed under shockingly primitive conditions.

Japan's example should give pause to U.S. advocates of legal abortions. Few western people realize that in Japan there is now one induced abortion for every live birth. The number of Japanese abortions has reached a fantastic figure of more than 1,000,000 a year.

A survey of abortion practices in Japan was recently made by Dr. W. T. Pommerenke of the University of Rochester (N.Y.) school of medicine. Said he:

"What is surprising, even shocking, is the unemotional callousness and seeming indifference with which abortions are generally regarded in Japan."

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DORIS OESTREICHER: A VICTIM

Most of the operations are done by recognized doctors, so one might assume that they are done by medically accepted methods. But Dr. Pommerenke warns: "When one applies western standards, that assumption does not hold."

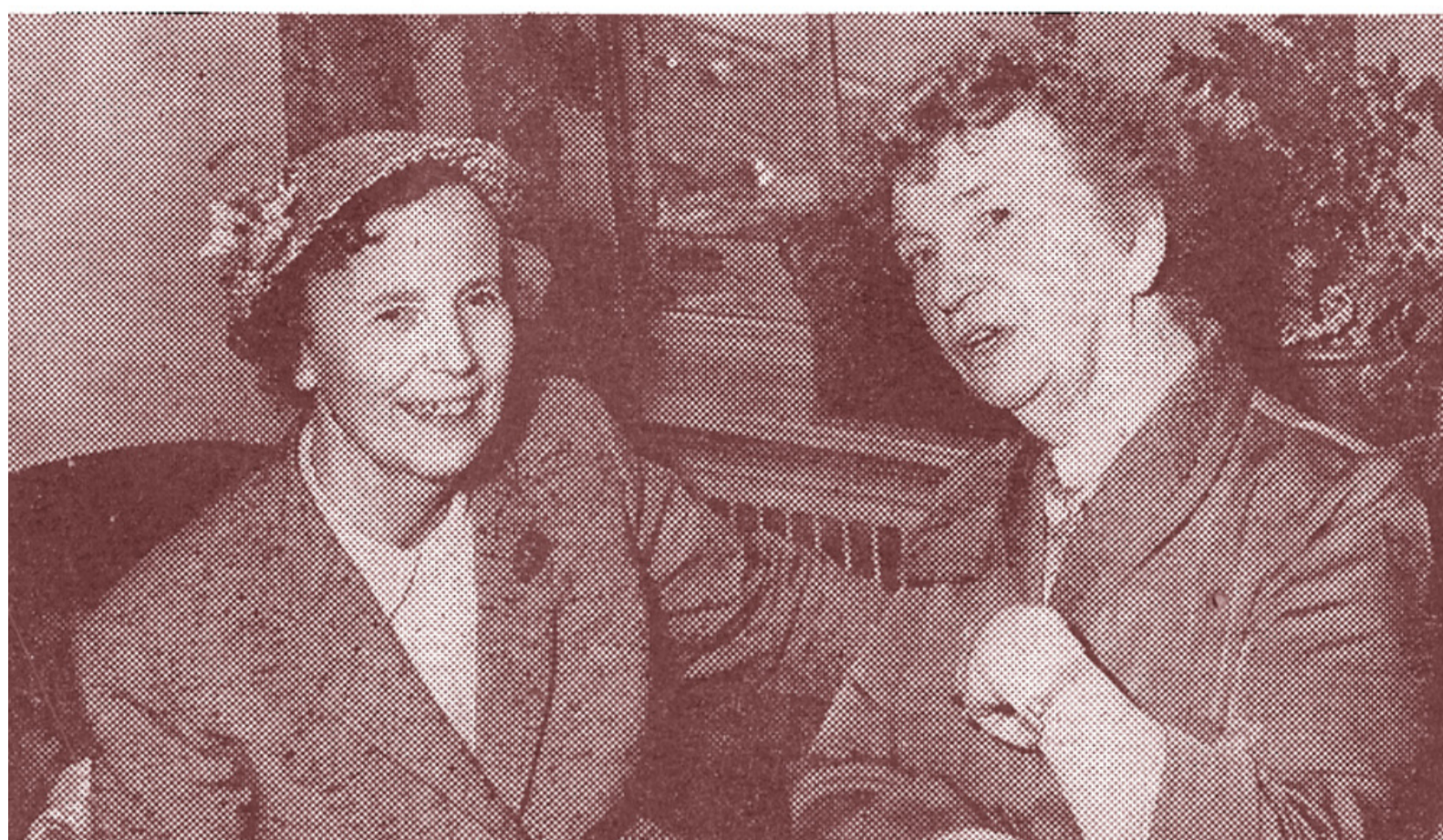
The abortions are cheap, costing less than the equivalent of \$5. "They are readily procurable on request and with little or no investigation, at a cost less than a New York City taxi fare to a hospital.

"U.S. women could visit Japan, have an abortion and then return home—all at a cost below that often charged for the operation alone in New York or Chicago."

But many Japanese women cannot afford even these modest prices, and thus have "cut-rate" abortions in crude clinics.

Dr. Pommerenke visited three types of places where abortions are performed. Service of the "better" type was at the Tokyo Teistin Hospital, a new building of modern construction.

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PLANNERS: MRS. SANGER (r.) AND SWEDEN'S OTTESEN-JENSEN

Patients belonged to the higher income group, and operations were in a clean operating room with modern equipment. Instruments were boiled and placed on sterile towels.

But even here some of the surgical practices were "a bit more vigorous than one is accustomed to seeing."

A second place visited was the Sumida Hospital, which cares for dock workers and other laborers. Here women wait their turns in long, open corridors and operations are performed on three adjacent work tables, partially screened off from each other. Operators work with well-scrubbed, but bare, hands.

A third type was a small, three-room clinic in a very poor district. "Not even the names of the patients were asked.

"The technique was outrageous and there appeared to be little regard for blood loss or the patient's protestations of pain. When one patient crawled off the blood-encrusted table, another crawled on."

Before World War II, abortions were prohibited in Japan and there was official propaganda against contra-

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ception.

During the U.S. occupation, birth control was not an openly discussable subject, and occupation authorities would not permit Margaret Sanger, "the mother of the birth control movement," to visit Japan.

Mrs. Sanger has always inveighed against abortion as a birth control method. But this was the method which U.S. and Japanese officials finally chose to meet Japan's population problem.

In 1948 the eugenic protection law made abortions for social and economic reasons legal. The Japanese were quick to take advantage of the law. Legal abortions totaled 243,448 in 1949, and reached 805,524 by 1952.

The law has had a marked effect on the birth rate. In 1947 the rate was 34.3 per 1,000 population. It has since dropped to 23.3. This drop has been due 80 per cent to abortions and 20 per cent to contraception.

About 1 out of every 8 doctors in Japan is associated with the abortion busi-



POMMERENKE: HE WAS SHOCKED

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Swedish viewpoints on legal abortions was recently expressed by Elise Ottersen-Jensen, the country's leading proponent of planned parenthood. Said she: "Everybody knows that young couples sleep together. Which do you think is more or less 'moral' - to face the problem or dig your head in the sand like an ostrich?"

ness. Japanese doctors, says Dr. Pommerenke, should have a "more non-arrogant attitude towards tampering with the lives of human beings."

The Japanese doctor is not obligated to the Hippocratic Oath, and may not have even heard of it. Hungry and unscrupulous doctors will openly advertise and compete for the abortion business.

Dr. Pommerenke found that, to save money, many Japanese women preferred to have an occasional abortion rather than use contraceptive methods. The cost, over the years, is about the same. But he added:

"The hazards of abortion are not yet matters of common knowledge. The psychological trauma associated with abortion, even among Japanese people, deserves serious reflection. American physicians would regard the prevailing Japanese practice as an unmitigated evil."

His conclusion: "The cost may be cheap in yen, but the penalties of ill health may be extremely dear."

