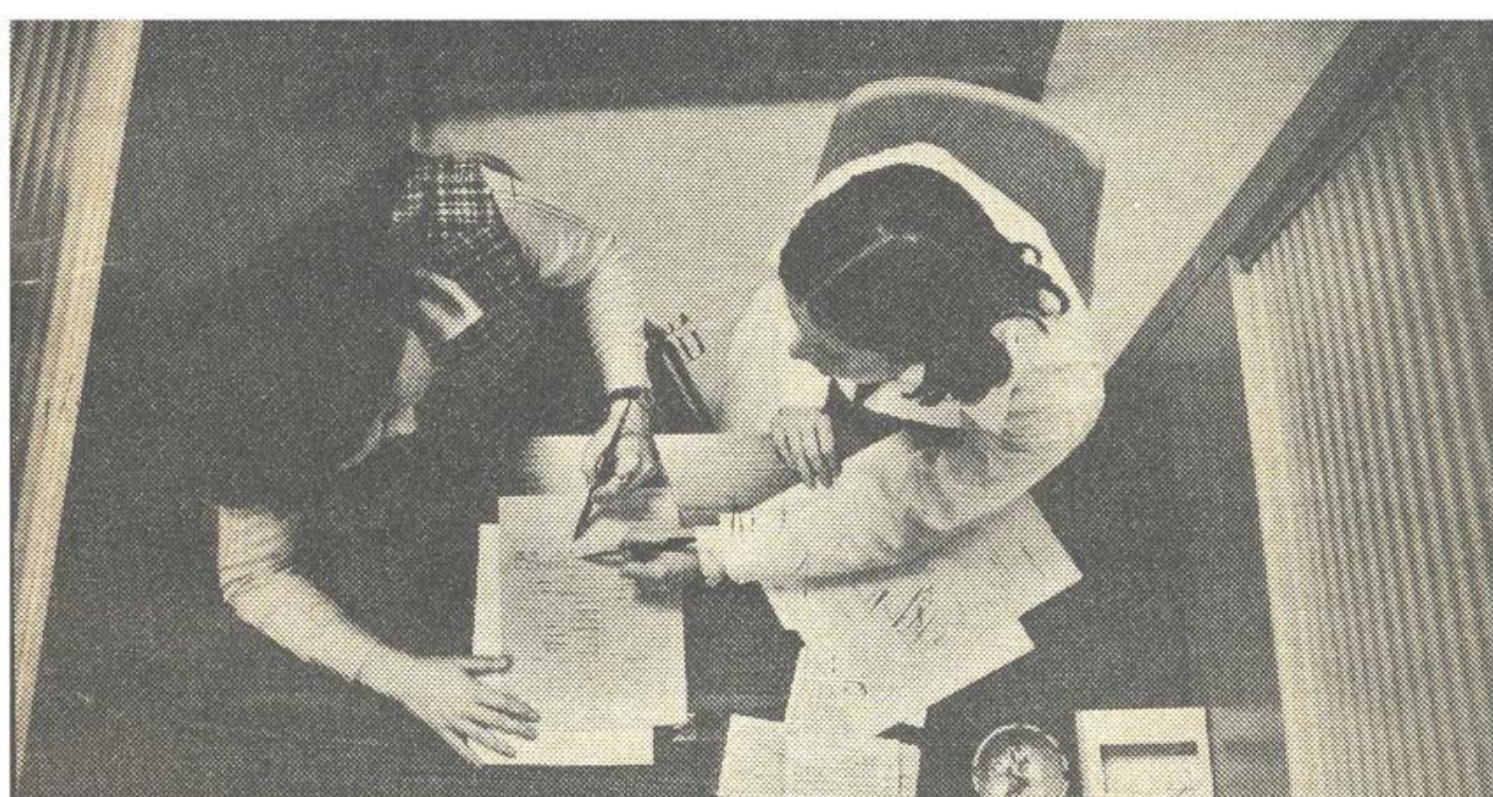


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July, 1973: p. 13

World's Largest Abortion Clinic

by EILEEN MILLING



Trained personnel assist patients in filling out medical history forms.

“Doctor, how can we ever thank you?” wrote Ms. J.T., a 36-year old married woman from Waterbury, Connecticut, “Your clinic has given us a new lease on life. My husband and I feel like a couple of newlyweds.”

Indeed, Dr. Milton Danon, the clinic's administrator, has received thousands of such notes since he and other medical practitioners first opened the doors to Parkmed on May 7, 1971. Occupying 14,700 square feet, the entire twelfth floor in an ultra modern office building at 475 Park Avenue in New York City, Parkmed has since become a mecca for married women as well as their unmarried sisters.

Within a short span of two years, the facility's fame has become worldwide. Its more than 30,000 patients have come from every part of the United States and from countries such as Canada, Iceland, England, France, Belgium, Germany, Switzerland, Italy, Yugoslavia, Czechoslovakia, Vietnam, Tokyo, India and many South and Central American countries.

Other medical facilities that enjoy
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Ordeal over, a smiling patient is returned to the recovery room.

such a reputation generally provide a full spectrum of medical/surgical procedures and often require an overnight stay. In contrast, Parkmed's patients are admitted and discharged within four to five hours.

Explains Dr. Milton Danon:

“Our patients are all females who have been through the torment and

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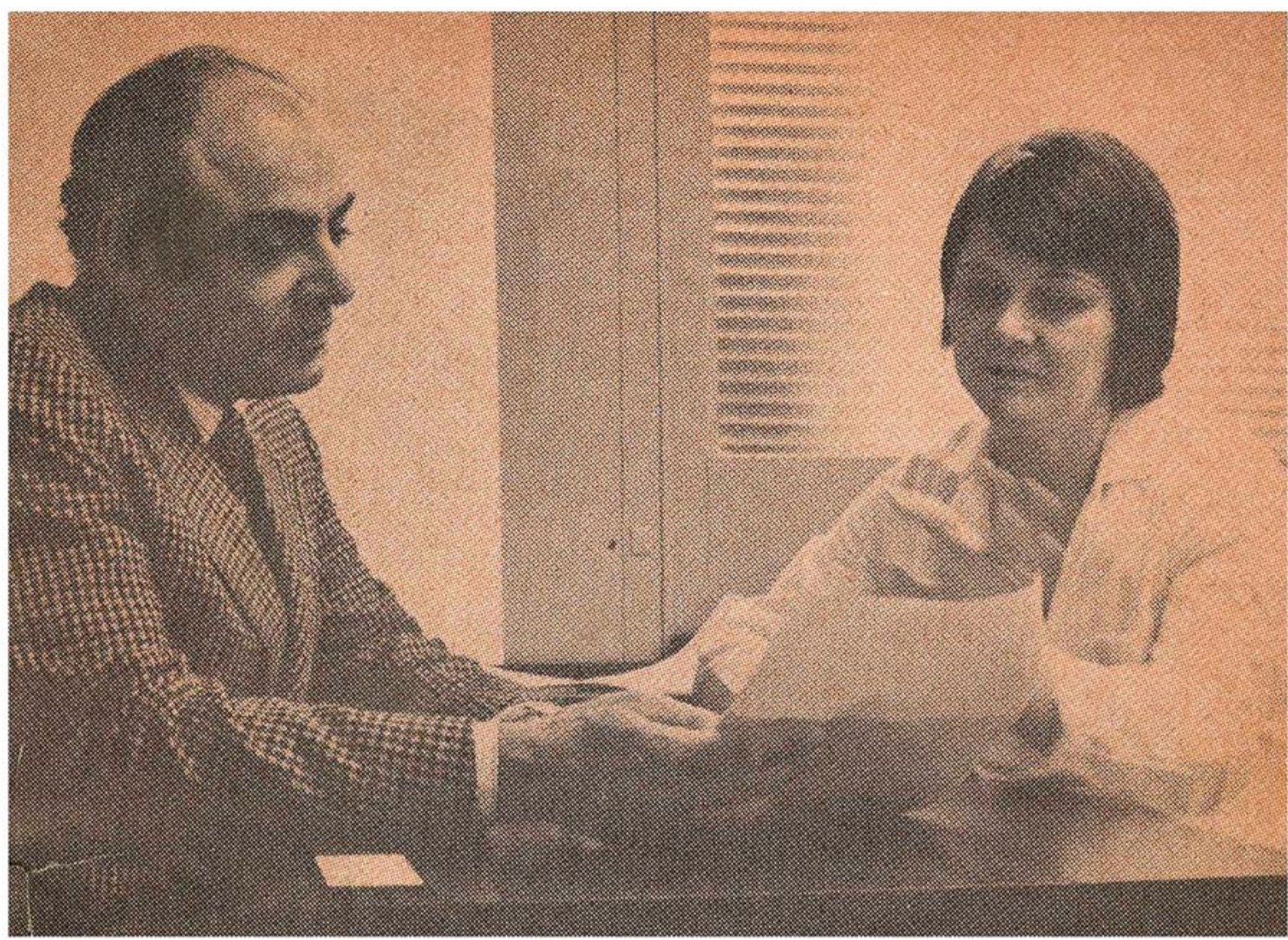
anguish all women experience in learning about an unwanted pregnancy. Then, there's the decision to be made. Once the appointment has been made and they arrive at the clinic, it's only natural to wonder if everything will be all right afterwards. For example, many of our patients ask about their future ability to conceive. **In this respect, future fertility should not be influenced by a correctly performed medical abortion.**"

Underground abortions and their disastrous medical and psychological consequences became obsolete in this country on July 1, 1970 when the New York State legislature ruled that all females, regardless of marital status age or residency, might have an abortion within the state provided she was no more than 24 weeks pregnant. It also ruled that for patients during the first trimester (up to the first 12 weeks), the procedure might be done in a medical facility on an outpatient basis. After the first 12 weeks, the patient desiring to terminate the pregnancy is required to undergo a hospital procedure that requires an overnight stay, and a different type of surgery.

Today, as a result of legalized abortion, female patients in their first trimester are able to go to New York State Department of Health-licensed clinics such as Parkmed where they receive optimum medical care in well-equipped cheerful surroundings. All clinics, however, are not licensed; they are inspected periodically by the New City Department of Health as are the State-licensed ones.

There is little doubt that legalization has resulted in improved medical procedures and safer abortions. An estimated 400,000 abortions were

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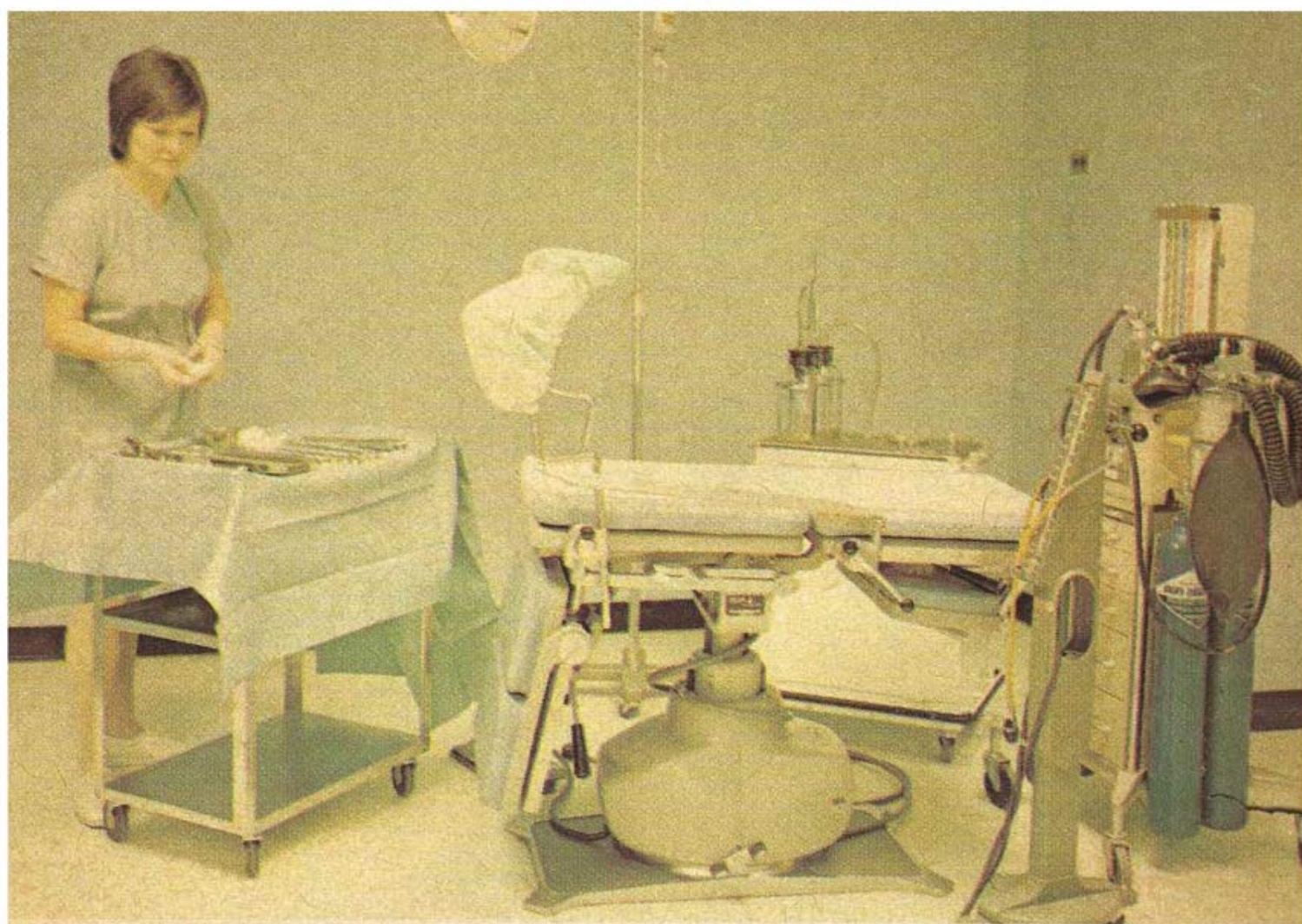
Dr. Milton Danon, chief administrator, holds daily meetings with his staff.

performed in New York City in the first two years (July 1, 1970 - July 30, 1972) under New York State's liberal abortion law. Of these, more than half, or approximately 250,000 abortions, were to terminate pregnancies 12 weeks and under. According to Gordon Chase, New York City Health Service administrator:

“The medical safety factor points to the efficacy of legal abortions. The rate of reported complications for first trimester abortions during 1972 was 3.0 per 1,000 abortions, considerably lower than it was for childbirth.”

Once available only to the wealthy, at fees ranging from \$1500 upwards, legalized abortion has reduced the cost for the procedure to realistic levels. Costs for outpatient procedures in New York City range from about \$125.00 to \$250.00. At Parkmed, the all inclusive fee of \$150.00 includes the preliminary pelvic examination to assure that the patient is under 12 weeks, blood and urine testing as well as testing for syphilis and gonorrhea; RhoGam for RH negative patients; local or general anesthesia; the vacuum suction abortion; post-medication and contraceptive counseling. Patients may

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Procedure room for abortions contains all instruments used in operation.

also return to the facility without additional charge for the two-week post-procedure physical examination, recommended for all patients.

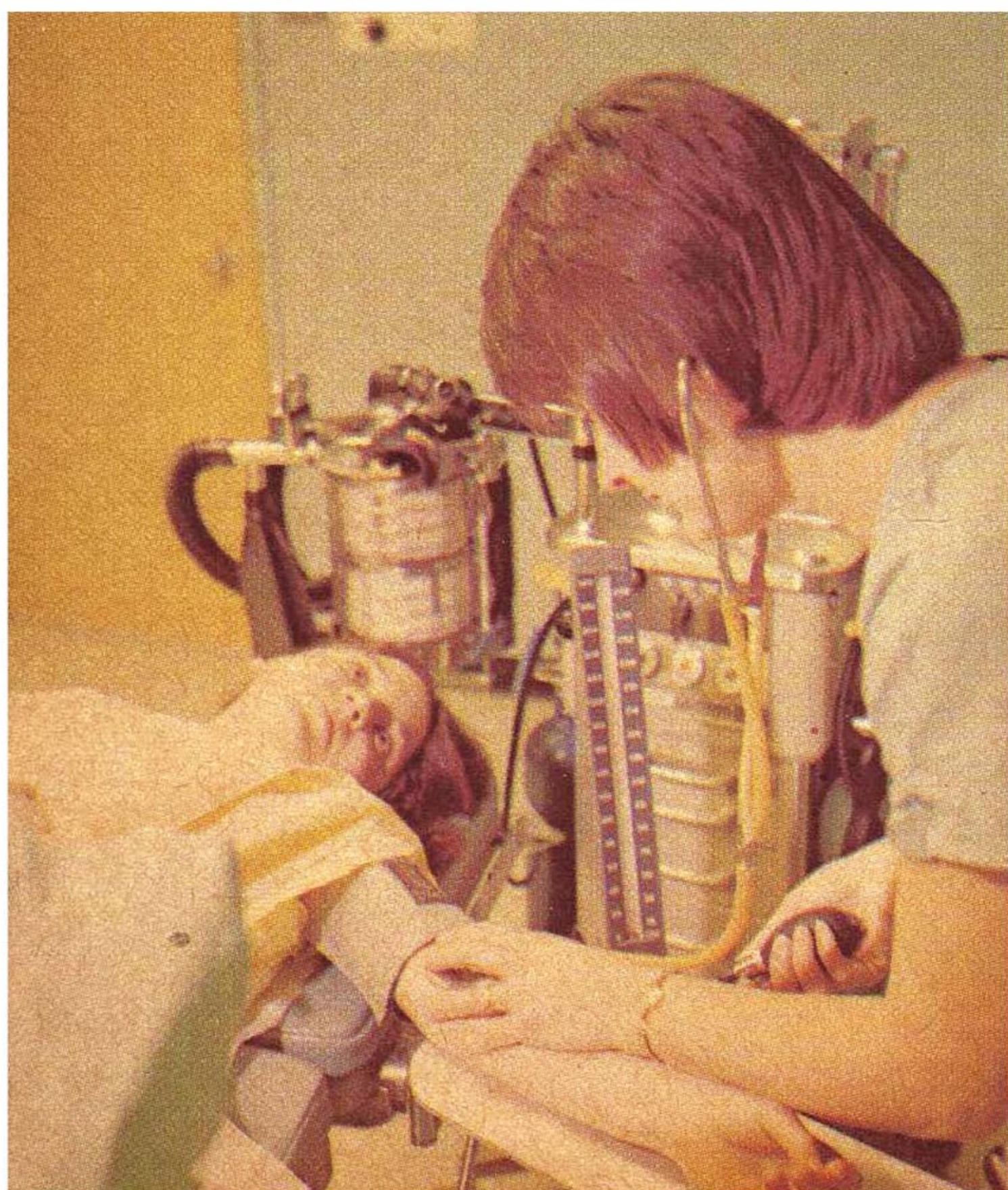
CRIMINAL ABORTIONS

Despite these advantages and the January, 1973 ruling by the United States Supreme Court that the decision about an abortion should be left to the woman and her doctor, the abortion controversy continues. Many believe it represents a sharp decline in moral as well as religious values, representative of our modern age of permissiveness.

According to Dr. Milton Danon, "Most of our personnel, particularly our obstetricians and gynecologists have seen the consequences of criminal abortion and the pain and tragedy that ensues. With legalized abortion, it is now possible for the best medical and surgical care to be made available to all women, poor and rich alike, who desire to terminate their pregnancies. Today, some Medicaid states such as New York honor payments for abortion, as do some insurance plans.

"Let's consider for a moment, the letter from Ms. J.T., the married woman from Connecticut. She and her husband already have four children, one of whom is mentally retarded and already institutionalized, possibly for life. She became preg-

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A patient's blood pressure is checked during the abortion.

nant with the fifth and shortly afterwards was in an automobile accident. Through surgery, she survived. She and her husband decided that continuing with the pregnancy would be a risk, particularly after all of the drugs that had been given to her. Since her own physician wouldn't do the abortion the couple wanted, he referred her to our facility. Needless to say, the results have been happy for everyone concerned."

During any one week, approximately 400 women keep their pre-arranged appointments at Parkmed because they wish to have their under-12 weeks pregnancy terminated. They have generally telephoned the facility for an appointment at the suggestion of their own physician who is unable or unwilling to perform the abortion, or through the advice of a family planning service agency such as Planned Parenthood, or a friend or a religious leader. "More often than not, they are accompanied by an escort," explained Dr. Danon, "because most patients feel more comfortable

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in knowing that someone is waiting.”

SOCIAL COUNSELING

Privacy and confidentiality are cardinal rules at Parkmed. So is patient assistance at every level. There is a staff of 60, comprised of gynecologists, registered nurses, social service counselors, laboratory technicians, paramedical personnel and so forth, all specially trained, to assure that each patient receives the same first-rate medical and personal service care during the procedure.

Upon entering the clinic, each patient goes through the same procedure. After registering, she receives a preliminary pelvic examination. Explains Dr. Danon, “This is to assure that her pregnancy is under the 12-week period specified by law. Why should a patient have to fill out a medical history form, undergo laboratory tests, receive pre-counseling and wait until she gets to the procedure room to learn that her pregnancy is beyond our legal limits and must then go to a hospital. Can you imagine the anxiety?”

However, once the length of pregnancy is determined to be appropriate for the outpatient facility, the patient fills out a short medical history form. Accuracy is important at this stage because certain conditions might mandate the use or non-use of certain medications.

To assist the patient, there is a social service worker on hand. She's also there to spot undue anxiety or uncertainty, perhaps watery eyes. When this is noted, a private session is held between the patient and a social service staff professional. It sometimes happens that the patient is unsure. Her boyfriend, for instance, may have made the choice for her. In

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such cases, it's suggested that the patient think about it further, perhaps for a few days, because an abortion may not be the best procedure for her.

Parkmed's social service professionals play key roles with younger patients. Approximately 22 per cent are between the ages of 15 and 19. According to Ms. Ardis Danon, R.N. and Assistant Administrator who formerly taught human sexuality and family planning to nursing students at Christ Hospital Nursing School in Jersey City, N.J.:

“Young teenagers generally come to the clinic with their mothers or fathers. Sometimes the young man is with them; more frequently, he is not. Because this is often a letdown for the young female adolescent, it is not unusual for a social service professional to spend considerable time with the youngster and her parent.

PERSONAL CHOICE

“We at Parkmed feel that it is especially important that the decision to have the abortion is the youngster's decision, not that of her parent. If the youngster herself has not made the choice and is uncertain, we suggest that she think about it and return when she is sure it is something she wants.

“Except for such youngsters who are often brought to the clinic by mothers who view abortion as the only viable solution, the majority of our patients have made their appointments because they discussed the alternatives and made the decision before they have arrived here. Abortion in their judgment is their only solution, their only hope.”

After the medical history form has been completed, the patient proceeds

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a few feet to the laboratory area for the blood and urine tests that are important for the medical abortion procedure. While venereal diseases do not preclude an abortion, patients are told about their existence, in private, and urged to receive treatment as soon as possible.

About an hour and a half after she has entered, the patient's length of pregnancy has been verified, her medical history noted and the results of her laboratory tests known. Still dressed, she now enters the pre-counseling area where a trained social worker explains in non-technical terms what the procedure is like — what will be done — how long it will take (about 10 minutes) — the differences between local and general anesthesia (patients make the decision) — and that, regardless of anesthesia selected, all patients are wheelchaired, awake, into the resting lounge where they remain for about three hours after the procedure.

END OF PREGNANCY

The counselor and the small pre-counseling group talk with her as well as with each other. It is explained to the patients that they will soon go to the dressing room with the nurse who has been assigned to stay with them throughout the procedure.

Before too long, each patient is escorted to the dressing room where she exchanges her clothing for a disposable gown and slippers before she walks into the private procedure room with the nurse. They are soon joined by the gynecologist who will perform the abortion and the anesthesiologist or certified nurse anesthetist who will be administering either the local or general anesthesia. Most patients prefer general anesthesia, possibly because of the greater

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comfort. Studies have also revealed that there are fewer post-abortion complications when general anesthesia has been used, perhaps because the surgeon can work under less pressure; sure that he is not hurting the patient, he can be more thorough.

The procedure to terminate this first trimester pregnancy takes between eight and 10 minutes. After the anesthesia has been administered, the doctor enlarges the opening of the womb by using a series of reed-like instruments known as dilators. This is followed by a technique known as the vacuum suction method, through which a small tube is inserted into the uterus and the contents of conception are gently swept out. To assure that the uterine contents have been completely emptied, the doctor gently currettes the area, important so that no blood clots remain to trouble the **patient afterwards**.

Since a short-lasting anesthesia is used, the patient is awake a few minutes after the procedure; she is then taken to the recovery room for rest, have her blood pressure and temperature taken and, within an hour, is getting dressed.

AFTER ABORTION

The patient then heads for the post-procedure counseling lounge for general health care and birth control counseling. Here, the patient will join a group of four or five other females, generally those who were with her in the pre-procedure counseling session and in the recovery area, to learn what she may or may not do during the next two weeks so that her body recovers as quickly as possible. She will also learn about the most effective methods of birth control from a trained social service professional and be encouraged to have her ques-

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tion answered. (Non-English speaking patients get this information from a bi-lingual counselor in their native language).

For the married females living with their husbands, and representing about 37 per cent of the clinic's out-patient population, it is mostly a matter of economics and the high cost of living. As one Catholic wife from Pittsburgh, Pa. related:

"My husband works. So do I. For us, with five children in school, our combined salaries are essential to give our children the food, shelter and clothing they need to subsist. Because of our religious upbringing, my husband and I had a tough decision to make. We made it when we agreed that we just couldn't afford another child, that the hardship it would bring to all of us would make life just too tough."

THEIR ONLY CHANCE

Approximately 11 per cent of Parkmed's patients are either divorced, separated or widowed. To them, abortion represents their only chance for survival, socially as well as economically.

Slightly more than half, or 52 per cent, of Parkmed's patients are single. Some are high school teenagers still living at home; others are college students; still others are about to enter the careers of their choice or are perhaps employed. Most plan to marry eventually; a few have already set the wedding date.

"At least 80 per cent of our patients, married or single, have the emotional support they need from their husbands or boyfriends once the decision to have an abortion has been reached," states Ms. Ardis Danon, R.N. an assistant administrator at Parkmed.

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A NEW MATURITY

Ms. Danon also noted:

“Among the unmarried, boyfriends frequently escort their girlfriends and pay for the abortion as well. About 70 per cent of these relationships break up within a month after the abortion procedure:

“This happens either because the relationship is not strong enough to have weathered the storm, or because the reality of the pregnancy and the fear of it happening again acts as an incentive for them to scrutinize the relationship and decide if it is really what they both wanted.”

Thus, a quickening maturity and a keener sense of responsibility for one's actions appear to be one consequence of abortion among unmarrieds. “Whether this will have a long-term impact is largely unknown,” explained Ms. Ardis Danon, R.N. She and her husband, Dr. Milton Danon, Parkmed's administrator, are far more sure that for the majority of their patients there is always relief, always the hope of a happier, more self-fulfilling and meaningful life after the unwanted pregnancy has been safely terminated through a legal and medically skilled abortion.

