

# THE ABORTION MINISTRY OF DR. WILLIE PARKER

In Mississippi, there is only one clinic where a woman can go if she needs an abortion. The state is trying to close it down. At that clinic, there is a doctor who tends to the needs of these women, and he has to fly in from out of state to do it. There is no shutting him down.

BY JOHN H. RICHARDSON  
PHOTOGRAPHS BY MAISIE CROW

For footage from Crow's documentary in progress, go to [www.thelastclinic.com](http://www.thelastclinic.com), or scan here with the Esquire2 app.

PERFECTLY BALD, with a salt-and-pepper goatee, a small gold hoop gleaming in his left ear, and a warm smile on his dark brown face, Dr. Willie Parker enters the waiting room. Eleven young women and one tired forty-three-year-old mother sit in a circle of chairs, regarding him with somber expressions. Eight are black. Four are white. One has jittery legs that never stop moving. Another

has giant false eyelashes in constant motion. The rest are absolutely still, sitting with straight backs, like good students or condemned prisoners. One has her hair in a tight bun, another wears a Nefertiti head wrap, another wears a baseball hat that says LOVE and a T-shirt that says SOUTHERN GIRLS KNOW HOW TO PINCH A TAIL. Some have freckles, some wear glasses. One looks like a Botticelli painting, with skin so luminous it seems to shimmer. They are nurses and college students, clerks and saleswomen. One is in high school. One dances in a strip club. Another just got out of the Army.

"Good morning," Parker begins, launching into a spiel he will repeat four times that day, "I am one of two doctors who travel to Mississippi to provide abortion care."

This is because no doctor in Mississippi is willing to provide such a service. Although the state already has some of the most restrictive abortion laws in the country, including a twenty-four-hour waiting period, parental consent, face-to-face counseling with the physician, and a ban on the use of Medicaid funding (except in extraordinary cases), it is going all out to close this clinic, the last abortion provider in Mississippi, known as the Pink House because the defiant woman who owns it painted it pink to make it stand out, bold and unashamed. The latest fight is over whether abortion doctors should be required to have admitting privileges at a nearby hospital in the event of a complication, an irrelevant requirement since a hospital's emergency-room staff usually does the admitting. It's a practice no other specialty is required to observe. The American Congress of Obstetricians and Gynecologists opposes the state law that makes this a requirement. But a similar law may soon leave the state of Texas—home to twenty-seven million people—with just six abortion clinics. It is already law in North Dakota, Tennessee, Texas, and Utah and looms over Alabama, Kansas, Pennsylvania, Wisconsin, Oklahoma, and Louisiana and is likely to spread to other states, pressed by a nationwide conservative movement that uses regulation to force a result democratic votes cannot achieve. So Parker flies down from his home in Chicago for several days twice a month to perform the service so few other doctors are willing to provide.

"As you know," he continues, "there's been a lot of press recently about the efforts that the state is making to close this clinic. And we're fighting that. Just Monday, we were in New Orleans at the federal-court hearing. Right now we are waiting for them to rule on the changes in the law that would make us close. It might be a few weeks, might be a few months. But the bottom line is today the clinic is still open, so we can provide care for you. And that's what we're going to do."

Many of these women come from hours away, one from a little town on the Kentucky border that's a seven-hour drive. They don't know much about Dr. Parker. They don't know that he grew up a few hours away in Birmingham, the second youngest son of a single mother who raised six children on food stamps and welfare, so poor that he taught himself to read by a kerosene lamp and went to the bathroom in an outhouse; that he was born again in his teenage years and did a stint as a boy preacher in Baptist churches; that he became the first black student-body president of a mostly white high school, went on to Harvard and a distinguished career as a college professor and obstetrician who delivered thousands of babies and refused to do abortions. They certainly don't know about the "come to Jesus" moment, as he pointedly describes it, when he decided to give up his fancy career to become an abortion provider. Or that, at fifty-one,

having resigned a prestigious job as medical director of Planned Parenthood, he's preparing to move back south and take over a circuit roughly similar—for safety reasons, he won't be more specific—to the one traveled by Dr. David Gunn before an anti-abortion fanatic assassinated him in 1993. Or that his name and home address have been published by an antiabortion Web site with the unmistakable intent of terrorizing doctors like him. Or that he receives threats that say, "You've been warned." Or that he refuses to wear a bulletproof vest, because he doesn't want to live in fear—"if I'm that anxious, they've already taken my life"—but owns a stun gun because a practical man has to take precautions. What they do know is this:

He is the doctor who is going to stop them from being pregnant.

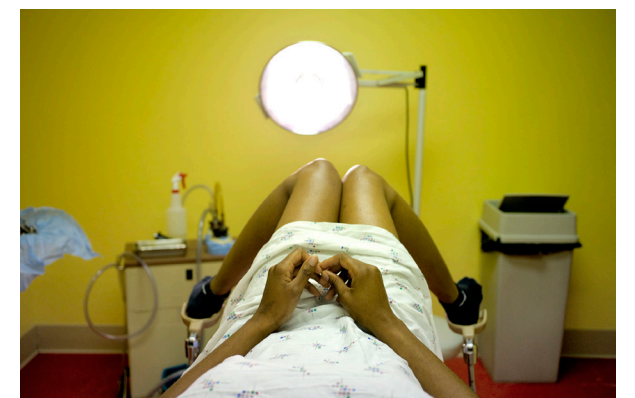
TODAY PARKER is wearing green medical scrubs, and tomorrow he'll be wearing an orange T-shirt that says VOTING IS SEXY. His authority is in his manner, warm but always scientific. "There's some things that the state requires me to tell you," he begins. "Some of the information I'm required to give you is designed to discourage you or to scare you about the decision you're making, so I'm going to tell you the things that I have to tell you by law, but I'm also going to tell you what in my best medical opinion is more important for you to know."

In an almost priestly cadence, he builds a sermon around the word *required*. The first thing he's required by state law to explain is the possibility of complications. He could poke a hole in a uterus. There could be a life-threatening hemorrhage or infection, or damage to the bowel, fallopian tubes, ovaries, or bladder. There's also a possibility that their womb could be so severely injured a hysterectomy would be required, which would mean they couldn't have babies in the future.

With this news, the faces of the women become even more somber. The still ones remain completely still; the jittery ones get more jittery.

"But guess what?" he continues with another reassuring smile. "Those are all the exact same risks that go with having a baby. In fact, they're more likely to happen giving birth than they are with an abortion; a woman is ten times more likely to die in childbirth than she is having an abortion."

The women's faces show relief. Some of the motionless ones finally shift position.



“The second thing that I’m required to tell you is that if the reason you are having an abortion is financial, then the person you are pregnant by could be required to provide you with financial assistance.”

One of the women laughs.

“The third thing is that the state requires us to give this brochure,” he says, pointing to a stack of pamphlets. “It has information about adoption and other things that you might find useful. We’re required to offer it to you, but you don’t have to take it.”

Nobody reaches for the brochure.

“And the final thing I’m required to tell you is the thing that I object to the most as a scientist and as a doctor. I’m required by law to tell you that having an abortion increases your risk for breast cancer. There is no scientific or medical evidence that supports that. The people against abortion outside yell that at women all the time. But the overwhelming majority of the studies show that that’s not the case. Abortions actually protect your health.”

With that, Parker finally moves on to the medical details they really want to hear. They will be given antibiotics and pain medicine, the women who are less than nine weeks can choose to have surgery or take abortifacient pills, which now account for 23 percent of American abortions. The pluses and minuses are a small pinch versus heavy bleeding, instant results versus a return visit in two weeks. But the decision is up to them. “I’ve never had one,” he says.

As a group, the women laugh.

Now it’s time for questions. One woman asks if the large cysts in her womb will be a problem. Another asks if she has to go to a pharmacy for the abortion pills. Another complains that her doctor refused to treat her vaginal infection because the drugs could cause a birth defect, even though she told him she was planning to end the pregnancy. Another asks how long they’ll have to wait. Parker answers all their questions in generous detail, explaining the science and making jokes wherever he can. The relief the women feel is visible in their bodies. The jittering slows. The rigid postures relax.

“The last thing I want to say is a lot of times when you come, there might be protesters. There are people that are going to be telling you that what you’re doing is wrong. It’s immoral. That you can’t be a Christian. That you’re going to hell. And a lot of women that bothers. Because there are women here who also have a religious belief, who also feel like they’re Christians.”

A black woman nods.

“I see women who are crying because they are Christians,” he continues, “and they are torn up by the fact that they don’t believe in abortion but they’re about to have one. What I tell them is that doesn’t make you a hypocrite. You can never say what you will do until you’re in the situation, and Christians get in jacked-up situations, too.”

The woman nods again, twice.

“And I address this because if those people are getting inside your head and you’re feeling conflicted, if you are not comfortable with what you’re doing, you may be processing this far longer than you need to. There’s nothing immoral about taking care of your health. There’s nothing immoral about making the decision to not become a parent before you want to become one. There’s more than one way to understand religion and spirituality and God. I do have belief in God. That’s why I do this work. My belief in God tells me that the most impor-

tant thing you can do for another human being is help them in their time of need.”

At this, the women exchange glances.

Parker continues, spending more time on this issue than on anything else. One in three women will have an abortion by the time she’s forty-five, he tells them. “Y’all talk about your shoes, you talk about where you work, where you bought your dress, but y’all ain’t going to say, ‘Oh girl, when did you have your abortion?’ So I’m saying that if you are sitting in a room full of women, the only person you can really be sure about having an abortion is you. And you got to be comfortable with you.”

So this is between you and your conscience, he tells them. “If you are comfortable with your decision, ignore everything from everybody else.”

By this time, something unexpected has happened. This disparate group of a dozen women, who walked into this room not knowing who they would meet or what they would find, having only crisis in common, has become united, a team. A slender young white woman wearing Dickies work pants—the one who was recently in the Army—speaks up as if she’s speaking for all of them: “Doing this as a group helps us to see that we are not the only one. Being able to speak to each other about a decision we are about to make, even if it’s not close friends and family, it’s very helpful.”

“I’m happy to hear that,” Parker says. “Because part of the suffering is when people feel like they are on their own. And that’s why we have to keep it safe and legal.”

In fact, the Army veteran adds, she’d like to get involved with the clinic—to contribute somehow.

Parker beams and tells her to talk to him later.

He’s ready to stop now—in the next step he will be doing private consultations with each of them—but the women don’t want to let him go. What birth control should they take? Are the abortion pills or surgery more likely to preserve their ability to have babies in the future? Can they follow up with their regular doctors, or will they refuse even that? He answers all their questions and moves on to another room and another group of women, giving the same speech almost word for word.

This time, during the question session, a young white woman asks what happens in surgery when you’re fourteen weeks pregnant. She has hair the color of straw, and she’s wearing a college sweatshirt.

Parker starts to give a technical answer but stops when the woman starts to cry. “Is your concern also what it means for the fetus?” he asks.

She wipes away her tears. “I’m in a bad situation and I just can’t have the baby right now—it’s just a bad time.”



Parker tries to soothe her, but this makes her weeping only more intense. She’s scared, she says. “And I don’t want to take any risks that could cause other people to know about it.”

Parker nods and continues in a softer voice: “I can tell you that in the last four years, we have not transferred one patient to the hospital. The likelihood of being transferred to the hospital after an abortion is 0.3 percent.”

Her tears slow down as he continues at length, applying a treatment method he calls “verbicaine.” She’s in college trying to get a degree, she got dumped by her boyfriend, her parents are very conservative, her hometown is the tiny place near the Kentucky border, seven hours away. But she didn’t want to do this anywhere near there.

“Well, that just kind of shows what the reality is for women in this state,” Parker says to her. “We’ve got one clinic and they’re trying to close it.”

WHEN PARKER was ten, his mother moved from the house with no electricity and plumbing into his grandfather’s place. To get to that neighborhood, you drive past a gravel plant. Here, the world is coated with gray dust. Parker’s youngest brother points out the sights: “They call that the lie tree, because everybody set up under that tree and drink and tell lies.”

Their grandfather’s house is simple, square, made of weathered boards that were never painted. The house that didn’t have plumbing is a few streets over, abandoned now, a lone shoe left behind on the porch.

One street over is an area they called the “White Quarter.” Its backyards adjoined the Parker yard, but the blacks were never supposed to cross the line, much less drive down the white street. Naturally, the boys took this as a challenge. “It was a thrill to get on your bike and go down that hill. Three or four of us would get at the top and yell Go! and we just shoot down the road. Next thing you know, the dogs all come out running at you—or somebody shoot at you.”

When he went off to college, Parker was still wearing a Jesus pin in his lapel every day and devoted his Saturday mornings to knocking on dorm-room doors to spread the Word. But that was the fall of 1981, when Reagan was funding the contras in Nicaragua and apartheid in South Africa was making the news, and his professors threw out one moral challenge after another. “Now it’s not just about Jesus gets you to heav-

en and you live fine with pie in the sky by and by but what is your role as a Christian in the modern world?”

One professor even asked him to write a paper on abortion. His answer was rooted in “Thou shalt not kill,” but he was already reluctant to judge. “My hope was that women would approach the question prayerfully,” he remembers.

After medical school, he bought a big house and a nice car and overstuffed his refrigerator the way people from poverty do, but those satisfactions soon seemed empty. He dated but never quite settled down. Inspired by Gandhi’s idea that the Gospel should appear to a hungry man in the form of bread, he went to work in a food pantry. But gradually, the steady stream of women with reproductive issues in his practice focused his mind. He thought about his mother and sisters and the grandmother who died in childbirth and began to read widely in the literature of civil rights and feminism. Eventually he came across the concept of “reproductive justice,” developed by black feminists who argued that the best way to raise women out of poverty is to give them control of their reproductive decisions. Finally, he had his “come to Jesus” moment and the bell rang. This would be his civil-rights struggle. He would serve women in their darkest moment of need. “The protesters say they’re opposed to abortion because they’re Christian,” Parker says. “It’s hard for them to accept that I *do* abortions because I’m a Christian.” He gave up obstetrics to become a full-time abortionist on the day, five years ago, that George Tiller was murdered in church.

Now he rushes around all the time, flying from Chicago to Philadelphia to Birmingham, where he picks up a car at his brother’s house and drives to the pink building in the artsy district of Jackson, where he proceeds down a hall lined with women waiting on plastic chairs to the saddest little desk you’ve ever seen—actually part of a hutch ripped from its base and turned to the middle of the room, raw wallboard showing. The women now come in one by one, asking questions they didn’t want to ask in the group.

“Can I call and change my mind?”

“Can I go back to work the next day?”

“Can my mom be in the room with me?”

The oldest woman of the group says she has a son who’s nineteen and a daughter who’s seventeen, and she just had a baby two years ago who died of a heart defect. “She came home and everything,” she says in a mournful voice. Plus she’s anemic but not taking drugs for it. And she has asthma. And possibly a touch of bronchitis.

Another woman asks how long it will take before she can wear tampons again. “I know this sounds so selfish and every-

“THE PROTESTERS SAY THEY’RE OPPOSED TO ABORTION BECAUSE THEY’RE CHRISTIAN,” PARKER SAYS. “IT’S HARD FOR THEM TO ACCEPT THAT I *DO* ABORTIONS BECAUSE I’M A CHRISTIAN.”



thing, but I'm going to the beach next week—don't think I'm a selfish person!"

Several women say they've always been against abortion, but they're not emotionally or financially ready to have a baby. "I just wish that people that are so against it could understand," one says. "These old men out here protesting do not have vaginas or uteruses."

"Preach," Parker says.

"It just makes me so mad!"

Parker's beaming again, grinning wide. If this happened to men, he says, abortion would be free and they'd pass out free Super Bowl tickets and have public ceremonies to celebrate our brothers who went through the tough decision. He wishes more women had her righteous indignation instead of shame.

When the skinny Army veteran comes in, Parker tells her she made his day with her offer to contribute. Most women are just relieved to get it over with. They never want to see this place again.

"Actually, I want to apply for a job," she says.

"You should," he says.

"I will," she replies. "Even if I don't get a job, I'll still come back and volunteer. I just want to be a part of this."

The next woman, the one with the giant eyelashes, is worried about how taking the abortion pills will affect her work. "I dance," she says.

"You can dance."

"Not with a pad on."

Another woman is already sixteen weeks, and he tells her she has to come tomorrow or she'll be too far.

"Too far for what?"

"To have an abortion in Mississippi."

"Really?"

"Really. Your last day to have an abortion in Mississippi will be Monday, and we're not going to be open on Monday."

"So I have to come tomorrow?" She repeats it as if she can't believe it. "Next week I'll be too far? I have to come tomorrow?"

Correct, he says.

She takes out her cell phone and presses the buttons. When someone answers, she tells him next week will be too late. She listens for a moment, then interrupts. "You not getting it—by Monday it will be too late for me to have an abortion in Mississippi period. You got the money?"

Finally, the sad college student comes in. They talk for a while about her tiny hometown, where she goes to college, an impending visit from her parents. After they discuss her concerns about cramping and bleeding and whether it will be so bad her parents will notice, Parker asks what she's studying.

"Forensic science," she says.

What exactly? he asks.

"Fingerprint analysis, DNA analysis, and stuff like that. They make you take chemistry and biology and stuff like that."

He teases her about getting on one of those *CSI* shows and finally gets a laugh out of her.

In all these interactions, even if it has nothing to do with abortion, Parker never misses a chance to offer comfort. This seems to be his version of absolution, often delivered with a moral. There's no reason to be ashamed of being a dancer, he tells the dancer. "That's how you make your living." And asking about tampons and the beach is not a selfish question. "Part of the reason women feel judged is they're made to feel selfish." And yes, if you must, you can probably go to work the next day. "Black women used to give birth to babies and keep picking cotton, you know, so maybe it's in your legacy to be strong."

Each time, he asks when they want to get it done.

"Tomorrow."

"Tomorrow."

"As soon as possible."

When one woman leaves, she thanks him three times. "Thank you, thank you, thank you."

He tells her to take care.

After she leaves, he takes a moment. "Sometimes women have that look in their eyes—*Whatever you do, don't say no to me*. That's... you know... I think that's too much power for anybody to have over somebody's life."

ON THAT DAY, the women come, one after another after another. Parker is down here only twice a month, and as the need is great, the cases get backed up, forcing him sometimes to see as many as forty-five women in a single day. A Cajun from New Orleans says she's got finals next week, she's studying health science on scholarship, was thinking of going to nursing school. She also runs track.

"What is your event?" he asks.

"I do the 200, the 4x100, 4x400—do it all."

"Did you qualify for nationals?"

"No," she says.

"Maybe next year," he says.

The next woman is in school, too, and she already has one daughter.

The next woman is eight weeks and two days. She has to work tomorrow. "Can I go to work?"

The next woman is six weeks and one day, and she's in school, too. "I want to be a physical therapist. I plan to go to the university medical school."

He says he'll take care of her.

The next woman wants to know if she'll see anything.

"Right now there's not a whole lot there," he assures her. "That little sac is about the size of my pinkie now. It's not like the pictures of the baby parts that the antiabortion people show you."

She wants him to know she's opposed to abortion, at least in principle. "I don't believe in it. If I caught it later and it was just like a whole little person... but I know I can't be the parent I want to be for my child."

Another patient is in high school, a sweet-looking blond. She comes in with her mother. Parker asks the mother to step out for a moment. When she's gone, he tells the daughter that sometimes the parent is the one who is pushing the idea. "Is this your idea to have an abortion? Do you feel comfortable with your decision?"

She says she's fine with it.

The next woman, the forty-three-year-old, already has two kids, plus she's recovering from thyroid cancer. "Actually, my tubes are tied," she tells him. "I really don't want any more kids."

"I hear you," he says.

She works at a religious hospital, she adds. "They don't know I'm doing this. That's why I want to do the pill. I just want to make it seem like I had a miscarriage."

In an ideal world, he tells her, her doctor could have done her abortion and fixed her tubes at the same time so she wouldn't have to go through the risk of two procedures. "But in Mississippi," he says, "you're getting the best you can get."

Another woman comes, and then another and another—and this one, slender and very beautiful, says it's impossible she's six weeks pregnant because she hasn't had sex but one time, four weeks ago.

"I don't know what to tell you, my sister," he says with a laugh. "All I can tell you is that there's something in your uterus."

"We gotta get it out of there," she says.

He can help with that, he assures her.

"I'm just going to go lesbian," she says.

"I've done abortions on three lesbians," he tells her.

She gasps. "Lesbians fucking?"

"Yeah, they do. Every now and then someone falls off the wagon."

"I'm, like, in total dismay," she says.

"How you get down is nobody's business," he tells her, "but you don't have to switch your diet up like that."

She laughs. "Look at you defending me."

"That's part of the issue. People don't think women are supposed to enjoy sex. So when you enjoy sex—

"It's like, 'Oh, you whore!'"

"Owning your sexuality and making good choices about it—

The Pink House, so named by a defiant owner who wanted it to stand out on its street, does about 2,000 abortions a year, out of a total of 6,000 performed on women who live in the state of Mississippi. The "Antis" use this as evidence that women could go outside the state for abortions. Parker says this is true for women with the time and money. For that matter, women with means are often treated quietly by their own doctors. "It's the poor women who have to come here, who have to do the perp walk."

that's the thing I endorse. Run it; don't let it run you."

She nods. "Okay, I feel better."

The next woman is fifteen weeks and two days and can't take time off from work this week. He tells her that if she doesn't come tomorrow, she won't be able to have an abortion in Mississippi.

She gasps. "Oh no!"

"You are going to slip and break your leg just for a day," he says. "And we'll give you a note that won't say abortion clinic on it."

Another woman comes in. Her question is simple: "How much is it?"

WHEN THE consultations are over, Parker vents. These poor women have to come through all those verbal assaults from the "Antis," as he calls them, the taunting and the judgment and the cloying malice of their prayers. But the Antis never ask the hardest question: If they really think abortion is murder, how long should a woman be in prison? Instead, they go after the doctors. And other doctors will say, Bless you, you're so brave, but they turn women away and often don't even refer them to someone who will help them. And some will say smugly, We don't do that here, failing to recognize that what he does allows them to make that smug declaration, allows them to present themselves as noble caregivers while they send their most desperate patients out to fend for themselves.

And don't get him started on the state's fight for admitting privileges. The Pink House does about two thousand abortions a year, and CDC records say that Mississippi residents get six thousand abortions a year. The state used this as evidence that women could always go outside the state, making it fine to shut down the Pink House—the exact same argument, as it happens, that segregationists once used to keep Mississippi colleges white. But the reality is women with money will do what they did pre-*Roe*: Their expensive private doctors will counsel them on exactly the right words to use about mental trauma and suicidal tendencies so that the hospital board will rule the termination of their pregnancy a medical necessity. But the women who come to this clinic are often poor women of color who can't afford to go outside the state and who can't afford the expensive consultations on just the right words to say. "They're the ones who have to do the perp walk," Parker says. The Antis, who call themselves pro-life, don't seem to care that



before *Roe v. Wade*, hundreds of women a year died trying to terminate their own pregnancy or from an illegal abortion, a disproportionate number of them minorities. “We know what happens when abortion is illegal,” Parker says. “Women suffer and they die. But when abortion is safe and legal, patient mortality goes virtually to zero.”

And now the famously conservative Fifth Circuit court, the same court that upheld a similar restrictive law in Texas, has the fate of these women in its hands. The federal district court overruled Mississippi on the basis that the law would leave the state without a single abortion clinic. But Governor Phil Bryant, who has promised to make Mississippi “an abortion-free zone,” is confident that the appellate court will see things his way. After all, he has said that he is now simply trying to protect women’s health. But women haven’t been showing up in the emergency room with injuries or complications, he says. There’s never been a report from the Mississippi Department of Health suggesting that complications from abortion are high. The law seeks to solve a problem that does not exist, and its regulations are completely arbitrary, an abuse of regulatory authority. And it all comes back to the early Judeo-Christian narratives that say the fall of man was caused by a woman, Parker says. “That’s woven into our culture, and it has to be deconstructed at every level.”

One result: In 2012, America’s teenage girls had an average of thirty-one births per one thousand. In Canada, the number was fourteen. In France, six. In Sweden, seven. The difference is that those countries promote contraception without shame. “So it seems like if they want to reduce abortion, the best thing to do would be to support contraception—but they’re against contraception, too, because contraception and abortion decouple sexuality from procreation. That’s why I think religious preoccupation with abortion is largely about controlling the sexuality of women.”

But what bothers him the most, he continues, is the argument that abortion is a secret plot to kill black babies. At a time when African Americans are suffering tremendous amounts of economic disparity and human suffering, the Antis want to compound the suffering by making people feel conflicted about controlling the size of their families—like that nursing student this morning who had to juggle her abortion with her finals next week. “The people who talk about black genocide are the same people who defund Head Start and food stamps and are now trying to dismantle public education by encouraging voucher systems—all of the systems that need to be in place to take care of those black babies. It’s diabolical.”

A clinic aide interrupts. Two more groups of women are ready for the orientation.

THE NEXT DAY, Parker does abortions. By the entrance to the parking lot, beside walls decorated with defiant signs that say JESUS DIDN’T SHAME WOMEN, PRAY TO END SIDEWALK BULLYING, JUDGE NOT LEST YOU BE JUDGED, and DR. PARKER IS A HERO, two patient escorts stand beside a portable boom box playing defiant songs, like Tom Petty’s “I Won’t Back Down.” Across the driveway stand four protesters with signs about murder and dead babies. At the sight of an unfamiliar face, one of them takes out a camera and snaps a picture.

When the high school girl and her mom arrive, one of the escorts tells them to park down the hill and she’ll walk them back up, steering them past the protesters.

The escort’s name is Michelle Colon. She’s been doing this for ten years, and she has her own abortion story about herbs from an elder and the emergency room. Things are quiet today because there’s a lull while they wait for the Fifth Circuit’s decision, but she’s seen fifty protesters out here screaming at women as they enter or emerge from the clinic. Sometimes they surround a car and shove their pamphlets through the window, shouting “Mommy, don’t kill me.” To patients of color, they say, “You’re going to kill the next Obama, you’re going to kill the next Martin Luther King.” They call Colon the “deathscort.”

On the patio nearby, the high school girl’s mother waits. She doesn’t want to give her name, because she doesn’t want her husband to know they’re here. “He would just be shitty about it,” she says. “He comes from one of those really strict Catholic backgrounds.”

Sitting under the awning, they gripe about Mississippi. Although it has the highest obesity rate, the highest rate of gonorrhea, the highest child-mortality rate, and one of the highest teenage-pregnancy rates, the governor turned down Obama-care’s Medicaid expansion. But they’re number one in religion.

While they talk, women come out of the clinic one by one. Some breeze out, some look shaken. One clutches her belly. Now it’s the former soldier coming out, head held high and shoulders back. She’s a nurse, twenty-five. She says the protesters were very intimidating when she came in and that helped spark her desire to work here. “I’m a Christian. I go to church every Sunday. I believe Jesus Christ is the one true savior of the world. But the way they’re going about this is not going to bring people to Christ. They’re not doing it with dignity and respect and compassion.”

And what brought her here?

As she answers, her voice begins to shake: “Um, my husband passed away—he committed suicide. He committed suicide in

front of his family. I already have one son with him, and I just feel very alone. I don’t have the means—the financial means—to raise another child.”

She presses on, fighting back tears. “Also, right now my mental state is not... appropriate for a young child. So I would like to address my mental health and seek out therapy and counseling before I bring another life into this world.”

Behind her, the escorts are wiping away tears, and the protesters shout their imprecations. Colon goes to the boom box and cranks it up:

*In a world that keeps on pushing me around,  
but I’ll stand my ground.*

THAT NIGHT, DR. PARKER drives his old Volkswagen to Montgomery, Alabama. He’s due at the clinic there at 6:15 in the morning.

Driving in the dark, Parker gets reflective. He remembers leaving for college thirty years ago, when he didn’t want to stop in Mississippi because the state’s ugly racial history made the trees seem taller and the skies seem darker. Now we’re driving the Freedom Trail in reverse, heading toward the turnout where the bus got firebombed and the spot where a lone white protest marcher was shot dead and black protesters picked up his sign and continued on. In an hour or two, we’ll get to Selma and the famous bridge where the Alabama police launched their savage attack on civil-rights marchers.

Parker’s mind spins back to childhood. His mother was a very kind woman but a disciplinarian from the old school—if somebody took your bike, she’d send you to get it back. She had her first baby at seventeen and died at fifty-three, worn out by six children and a life of manual labor, but she was trying to get her GED when she died and she took them to the Faith Chapel Christian Center three days a week. They never knew they were poor. “We had penny candy, we played hopscotch, we had all these simple pleasures.”

Being bullied had an impact, definitely. He remembers what it’s like to be terrorized. That fueled the search for social justice that led him, eventually, to theologians like Paul Tillich, Dr. King, and Dietrich Bonhoeffer, the Lutheran pastor who wrestled with “Thou shalt not kill” before joining a plot to assassinate Adolf Hitler. “He said the kind of Christianity that does not radicalize you with regard to human suffering is inauthentic—cheap and easy grace.”

His “come to Jesus” moment occurred in Hawaii. He was teaching at the university when a fundamentalist administrator began trying to ban abortions in the school clinic, throwing students with an unwanted pregnancy into a panic. One day, he was listening to a sermon by Dr. King on the theme of what made the Good Samaritan good. A member of his own community passed the injured traveler by, King said, because they asked, “What would happen to me if I stopped to help this guy?” The Good Samaritan was good because he reversed the question: “What would happen to this guy if I don’t stop to help him?” So Parker looked in his soul and asked himself, “What happens to these women when abortion is not available?”

He knew the answer.

At midnight, he arrives at a modest hotel called the SpringHill Suites—with five hours to sleep before he rises for his next shift.

AT THE MONTGOMERY clinic, one of the last three abortion clinics in Alabama, Parker gives a quick tour of things that violate his sense of justice. At the cost of \$40,000, the state required the owner to move the air conditioners into a fireproof closet with reinforced doors in addition to adding new alarms and lights—all completely unnecessary. “They don’t have anything to do with safety. It’s about consumption of your resources.” He chats with the clinic owner, a woman named June Ayres, who hobbles badly from bone cancer but, after thirty-six years at the clinic, won’t give up working all day, every day, trading stories about the many forms of harassment they’ve experienced—the plastic fetuses in the mail; the packages of fake anthrax; the glue in their locks; the Operation Rescue era, when sixty or seventy protesters would block their doors; the clinic bombing in Birmingham that killed a policeman and severely injured a nurse; the murder of Dr. Gunn; and the former policeman, recently on *Nightline*, who once said he thought he should have the right to shoot abortion doctors in the head. The last doctor here quit when all the personal information she gave to state officials suddenly appeared on abortiondocs.org, Ayres says. “It terrified her. She felt she had a target on her back and she just quit.”

In this clinic, Parker’s office is a storeroom filled with old chairs and traffic cones. He puts down his bag, abandons a plate of half-eaten eggs, and launches into a series of ultrasounds he feels are unnecessary—another mandate from the state. Each time, he begins with the same line: “The state requires me to repeat your ultrasound, so I’m going to do that.”

In Mississippi, he says, they don’t make you redo the ultrasound. In other states, they make you point out the fetal parts to the patient. It’s pure harassment. The purpose is to “heighten the dilemma.”

And so it does. The very first patient wants to know how far along she is.

“It is very small. Less than six weeks.”

“Is there a fetal pole?” the patient asks.

“Are you a health-care professional?”

She’s a nurse on a surgical-trauma team. She’s here for officer’s school.

“So you are Air Force?”

“Yes, sir.”

When he tells her about the medication options, she shakes her head. “I am choosing to do it [continued on page 200]

AND NOW THE FIFTH CIRCUIT COURT OF APPEALS, THE SAME COURT THAT UPHELD A SIMILAR LAW IN TEXAS, HAS THE FATE OF THESE WOMEN IN ITS HANDS. MISSISSIPPI COULD BE LEFT WITHOUT A SINGLE CLINIC.





## Dr. Willie Parker

[continued from page 159] without the sedative,” she says.

“That’s fine. I’ll be your sedative.”

Patient after patient follows, thirty-four in all because the clinic hasn’t had a doctor present for two weeks. Most of them have the same questions—how old the fetus is and whether they can have children in the future.

A woman named Monique asks if she gets a wish. Sure, Parker says.

“Please tell me that you can’t find it.”

“If only we could wish it away,” he says.

Another woman tries to explain—she just got a promotion; she can’t have a baby now.

“I hear ya. Life is full of those kinds of decisions.”

One scan causes him to pause. “Do you want to know if there is more than one?” he asks.

The woman starts to cry. “No.” She wipes away tears with both hands.

When she leaves, he points to the screen. Triplets. He’s seen lots of twins but never triplets. Some women think multiples are more special, so they get more upset.

After another scan, he points at the tiny blob on the screen. Eighty-nine percent of pregnancies are that small or smaller at termination. “That’s what we’re fighting about. To people against abortion, that’s a person. And that’s more important than the woman.”

When it’s all over, he goes back to his storage closet and scoops down his cold eggs, then proceeds to a surgery room. The woman puts her feet in the stirrups and says, “I’m ready,” and the door closes.

Right across is the recovery room, empty now. An elderly black woman named Callie Chatman sits waiting for the women to emerge from surgery. She’s a youth minister at a local Baptist church, where her husband is the pastor. She serves here as an exit counselor. “You know, preacher been teaching that the wages of sin is death,” she says. “Not many of them know that God is a forgiving God. So if they ask me if I think they’ll go to hell, I tell them what Jesus say: ‘I do not condemn thee. Go and sin no more.’ I tell them not to make the same mistake—and how not to make the same mistake.”

Not one woman has told her that she thought abortion was okay, she adds. “What they have told me is it’s the last resort. And I am here to let them know that God will meet you right where you are. And then I ask them to accept Christ as their lord and savior.”

A couple women have accepted, she says, right here in the recovery room.

**Now we arrive** at the heart of the process, the focus of so much controversy and rage. In the surgical room, Dr. Parker softens each woman’s cervix and uses a vacuum extractor to remove her pregnancy. The entire process takes five minutes. After each procedure, he carries the large glass vacuum bottle into an adjoining room. There he pours the fetal tissue from the bottle into an ordinary kitchen

strainer and runs tap water over it, then empties the strainer into a clear Pyrex dish and examines the tissue on a light table.

Bending over the glass dish, he stares with the blank expression of a scientist at work. Come closer, he says. Have a look. These are blood clots and this is the decidual tissue, the stuff that looks like feathery coral. That supports the embryo, sloughing off monthly if a pregnancy doesn’t develop.

This one is six weeks. It’s just lumps of red tissue floating in water.

When the triplets arrive, he points out one sac, two sacs, three sacs.

But then he brings in one that’s nine weeks and there’s a fetus. He points out the scattered parts. “There’s the skull, what is going to be the fetal skull. And there are the eye sockets.”

Floating near the top of the dish are two tiny arms with two tiny hands.

Parker continues to examine the tissue. He points to a black spot the size of a pencil tip. “That’s an eye.”

“That black spot?”

“That black spot is an eye. And here’s the umbilical cord.”

The fetal pole has just begun to differentiate into a spine, but it still has a fishy tail of some kind of feathery material.

Very few outsiders are invited into this room, and rare is the doctor who would show this to a reporter. But today he made a conscious decision not to hide the truth. “At some point, we have to trust that people can deal with the reality of what this is,” he says. “And keeping it hidden only enhances the stigma.”

Growing reflective, he continues to study the parts. “The reality is we’ve disrupted a life process. There are recognizable fetal parts, right? The capacity for this development is always there. After five weeks, you just have the sac. At six weeks, you have a fetal pole with cardiac activity. At seven to eight weeks, it’s just a larger fetal pole. By nine, it’s differentiated.”

But here’s the vital question: Is it a person? Not by the standards of the law, he says. Is it viable outside the womb? It is not. So this piece of life—and remember, sperm is alive, eggs are alive, it’s all life—is still totally dependent on a woman. And that dependence puts it in the domain of her choice. “That’s what I embrace,” he says.

But it’s hard not to look at those tiny fingers, no bigger than the tip of a toothpick.

Does that ever disturb him?

“When I recognize whole fetal parts? No. Because I’m not deluded about what this whole process is.”

And what does examining this tissue tell him? Does this satisfy another state regulation?

“It tells me her uterus is empty and she is no longer pregnant.”

With that, Dr. Parker goes back into the operating room to give the woman who can now become an Air Force officer the sad good news. ■