

relatives. . . . Many of the homeless must also be persons with whom it is difficult and perhaps painful to maintain a pleasant relationship. . . . Whatever the process, the outcome is that many of the homeless are completely isolated, and most have only very superficial ties to others."

Fractured lives and ruptured ties — these are the reasons for the "new poor" and "homeless families." These individuals are not families at all; indeed, they are the antithesis of family. Commitment and support are the forces that *prevent* homelessness; they are the "ties that bind." Family values are what in the past provided these defenseless women and children, and children with children, a place to call home. Only in recent decades, as the traditional institutions of family, church, and community have come under increasing assault, have family ties frayed to the point of breaking. Women now are besieged by the same misfortunes men are, and families can or will no longer protect them from these forces.

What are usually called "homeless families" can best be considered 1990 female versions of the bum, wino, and tramp of earlier times. Then he couldn't tolerate the oppressive daily grind. She can't now. He wouldn't stop drinking. She can't quit crack. He found friends who would accept him as he was. She has them now. He had a place to go. She has one now. Then families were expected to nurture and support — at the very least, to tolerate — the wild teen girl, the retarded child, the rebellious daughter. Lately the American family has dissolved, and for the first time its parts are scattered to the streets. The female remnants are much like the male ones, except she has a baby or two and now is called "a family."

In answer to Zigas's question, I told him of my visit to the shelter and Rayeann's statement that there had been only one or two couples there since August of 1989. "It is nearly impossible to find homeless families, that is husband-wife families, to count," I told him. To my extreme right a hand shot up. I recognized a middle-aged former labor organizer, recently ordained as an Episcopal priest. He said, "Yeah, but that's here in South Bend. With all our economic

problems, no homeless families come here. They go somewhere else." The myth of the homeless families, like all myths, dies hard.

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LAW



Alone Among Strangers

by Anne Marie Morgan

Abortion and Parental Consent

At the moment the U.S. Supreme Court upheld the right of states to enact parental consultation abortion statutes, the abortion-advocacy organizations went into high gear. The *Hodgson v. Minnesota* and *Ohio v. Akron Center for Reproductive Health* decisions "endangered teens," they claimed, and NOW President Molly Yard charged that the Court had "thrown down the gauntlet before the young women and girls of America." However, a rational — rather than emotive — analysis of the relevant issues reveals that the Court's decisions were very sensible ones. Notwithstanding the pained protests, the rulings should have a critical impact on whether young, frightened, pregnant minors will be the recipients of their parents' counsel or the abortionist's zeal, and whether the lucrative abortion-on-demand industry will continue virtually

unrestrained.

Of the 1.5 million abortions performed in the U.S. annually, nearly one-third are on minors, many without parental consent or even *knowledge*. While state laws require parental *permission* for other surgery on minors, abortion has been the sacrosanct exception. Yet there is broad-based public support for parental involvement laws; for example, a 1989 *USA Today* poll reported that 75 percent believe parents should be notified before a female under 18 has an abortion. A nationwide *Los Angeles Times* survey of women who have themselves undergone abortions indicated that fully two-thirds agreed that "Minors should have to get their parents' permission before they can get an abortion."

Nonetheless, this is not the practice in most states. While 37 states have passed parental involvement statutes, until this Supreme Court decision most were temporarily or permanently enjoined. Other legislatures seeking passage became battlegrounds for bitter debates.

Why is there such intense opposition to laws that the public views as simply common sense? Privately, abortion advocates desperately fear that parental consultation laws mark the proverbial foot-in-the-door to overturning abortion-on-demand. Publicly, they offer an array of unsubstantiated objections.

Opponents' arguments can be examined in light of three compelling state interests for requiring parental consultation, as delineated in the High Court's 1976 *Bellotti v. Baird* decision: "The peculiar vulnerability of children; their inability to make critical decisions in an informed, mature manner; and the importance of the parental role in child rearing." In the past decade, substantial documentation has emerged to sustain the Court's position.

Critics contend that parents are extraneous, since minors will have abortions "in consultation with their doctors." This is an exaggeration. Many young girls never see a doctor until they undergo surgery. Most abortions are performed at free-standing abortion clinics, *not* in hospitals, and nearly all states have repealed clinic regulations or licensure. Pre- and post-abortion counseling and emergency equipment

are not required, and any doctor (not solely obstetricians) may perform abortions. Justice Stevens' concurring statement in *Danforth* in 1976 is correct: "The majority of abortions now are performed by strangers in unfamiliar surroundings, where minors are alone, furtive and frightened visitors subjected to assembly line abortion techniques." Dr. Edward Allred, who owns an abortion clinic chain that performs 60,000 abortions annually, described clinic practices for the *San Diego Union* in an October 12, 1988, article:

Very commonly we hear patients say they feel like they're on an assembly line. We tell them they're right. It is an assembly line. . . . We're trying to be as cost-effective as possible and speed is important. . . . [W]e try to use the physician for his technical skill and reduce the one-on-one relationship with the patient. We usually see the patient for the first time on the operating table and then not again.

The absence of clinic regulations to protect women's health and safety encourages slipshod operations, including "abortions" on women who were not pregnant. The lack of emergency equipment has resulted in tragedy. While Debra L. was undergoing her abortion, she swallowed her tongue and attendants were unable to restore her breathing to normal. The clinic's director called Debra's mother to convey that her daughter had had "minor surgery" and was having "respiratory problems." Hospitalized, Debra lay in a coma for two and a half months, then died. Her mother, an amicus in *Hodgson*, grieves that her daughter could have had an abortion without her knowledge.

Opponents of parental notification say abortions are so problem-free that parents are not necessary, but evidence suggests otherwise. Scores of medical journals report that women under 18 who obtain abortions are more susceptible to physical injury, and have some of the most catastrophic complications.

The *Southern Medical Journal* cited adolescent case studies of abortion-related complications, including uterine rupture or perforation, cervical lacerations, hemorrhaging, pelvic pain, endometritis, incomplete operations,

infertility, and repeated miscarriage. A typical pattern emerges with a minor's complications: she will delay health care out of fear of parental discovery of the abortion, and then go to a hospital emergency room. "The teenager, frightened and mentally and physically traumatized by her abortion, will often not seek help until she is almost moribund. Her parents may be the last to know." Ironically, she must have parental consent for treatment.

Dr. James Anderson, a Virginia emergency room physician, shocked even committed abortion advocates at the Virginia General Assembly when he testified of his hospital experiences. Dr. Anderson frequently treats minors who have had abortions (without parental knowledge) for severe post-abortion complications. He also observes the perilous adolescent pattern of delaying treatment. One patient died last year after becoming so infected after an incomplete abortion that antibiotics could not save her. Furthermore, a doctor faces a life-threatening dilemma in diagnosing a problem when a patient *denies* having an abortion due to fear of parental discovery—because proper treatment relies on accurate diagnoses. The physician must guess at the truth. Dr. Anderson testified he is often forced to break the news to parents.

Hodgson amicus Rachel E. manifested this "vulnerability." After undergoing a clinic abortion at 17 on the advice of her high-school counselor, she developed flu-like symptoms. Without post-abortion instructions, she assumed that these were unrelated. Although she finally went to her family doctor, she did not inform him of her abortion. Bacterial endocarditis, a result of a post-abortion infection, caused a blood clot, stroke, and coma. Rachel regained consciousness, but remains a permanently wheelchair-bound hemiplegic.

Clearly, parental involvement alerts parents to potentially dangerous physical and emotional problems of which they otherwise would be unaware. Emotional vulnerabilities can be equally critical. More minors than older women suffer severe anxiety, acute depression, long-term guilt, consternation, and attempted suicide following abortion. The latter is particularly compelling. In *Pediatrics* (1981), Dr.

Carl Tishler alerts physicians to adolescent suicidal tendencies from "anniversary reactions"—on the perceived birth date had the baby come to term. One wonders how many adolescent suicides were young, grief-stricken girls whose parents were unaware that abortion triggered their despondency.

Demographic evidence refutes the charge that parental involvement will cause teens to postpone care and undergo more dangerous late-term abortions. Missouri, whose parental-judicial consent statute was upheld by the High Court, provides excellent data to evaluate the law's effect. For young women under the age of 18, the number of abortions done in 1984 (the last full year before the statute took effect) was 2,564, with 361 done after 13 weeks. In 1987, those numbers were 1,859 and 286 respectively. In other words, the number of second-trimester abortions among Missouri minors dropped by 20 percent after the statute's enactment. The number of Missouri's total minor abortions also declined—by 27 percent.

The claim that births to teens will increase with parental involvement is patently false. Minnesota's parental notice law was in effect for four years before being enjoined. Its data exhibits an unexpected benefit: a drastic reduction in minor pregnancies, abortions, and births. The 1986 Report of the U.S. House of Representatives Select Committee on Children, Youth, and Families entitled *Teen Pregnancy: What Is Being Done? A State By State Look* related that from 1980 to 1983, following enactment of a 1981 parental notification law, births declined 23.4 percent, abortions decreased 40 percent, and pregnancies fell 32 percent among fifteen- to seventeen-year-olds.

The *Minneapolis Star and Tribune* (April 20, 1984) reported:

The surprise finding raises new questions about the effect of a parental notification law that went into effect between those two years. It also raises the possibility of some changes in adolescent sexual patterns. . . . "It would appear that women under age 18 are reducing their risk of pregnancy," [Paul] Gunderson [the Health Depart-

ment's chief of statistics] said.

Danforth noted the historical and necessary legal limitations of minors:

Because he may not foresee the consequence of his decisions, a minor may not make an enforceable bargain. He may not lawfully work or travel where he pleases. . . . Persons below a certain age may not marry without parental consent and they may not vote. . . . But even if it is the most important kind of decision a young person may ever make, that assumption merely enhances the quality of the State's interest in maximizing the probability that the decision be made correctly and with full understanding of the consequences of either alternative.

Opponents say the decision to abort should be left to minors. But a 1989 *Los Angeles Times* poll of women who have undergone abortions indicates that one out of every four women (26 percent) "mostly regrets" her abortion. Such women subsequently experience profound grief.

Adolescents in particular manifest confusion about an abortion decision, changing their minds frequently. Abortion involves a severe double loss for some adolescents: fully 17 percent of minors who have abortions compensate for a first abortion by becoming pregnant again within one year.

Opponents of parental involvement laws wrongly argue that minors already notify parents. One study confirmed that 71 percent informed a best friend, while only 37 percent informed mothers and 26 percent informed fathers. In *Hodgson v. Minnesota* (1988), the Eighth Circuit noted the testimony of a clinic co-director: "Prior to the [parental notification] statute, approximately 25 percent of the pregnant women she counseled told one or both parents of their pregnancy and intended abortion."

In *Pierce v. Society of the Sisters*, the Court upheld the rights, authority, and responsibilities of parents over their minor children: "[T]he child is not the mere creature of the state; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare

him for additional obligations." Other precedents concur, such as *Prince v. Massachusetts* in 1944: [P]arents . . . who have the primary responsibility for children's well-being are entitled to the support of law designed to aid discharge of that responsibility."

Opponents of parental consultation dismiss the significant issue of family integrity. Yet the parent-child relationship is a *permanent bond*, unlike that between an abortionist and his client, or between two teenage best friends. Research by Dr. Everett Worthington of Virginia Commonwealth University reveals that the anxiety and burden of secrecy in a teenager cause alienation, isolation, guilt, fear, depression, and an increase in family estrangement. In dissenting from invalidation of Minnesota's two-parent notice provision, Justice Anthony Kennedy agreed: "[T]o deny parents this knowledge is to risk, or perpetuate, estrangement or alienation from the child when she is in greatest need of parental guidance and support."

Critics also claim that parents will "beat, abuse, and even kill" their pregnant daughters, but there is no verifying evidence from states with such laws. Instead, there is substantial evidence that most parents support their daughter during an adolescent pregnancy. Worthington also found that after an initial period of disequilibrium, there emerges a more stable period of problem solving in which both mother and daughter take steps to resolve the pregnancy's difficulties.

In addition, a parental consultation statute usually contains a bypass permitting a doctor to proceed with abortion surgery *without* parental notice if the child is in an abusive home (including incest). Indeed, the abuse reporting requirement is an added safeguard for the minor to trigger remedial state intervention she otherwise may *not* have received in chronically abusive situations. As Justice Stevens wrote in 1981 in a concurring opinion for *H.L. v. Matheson*:

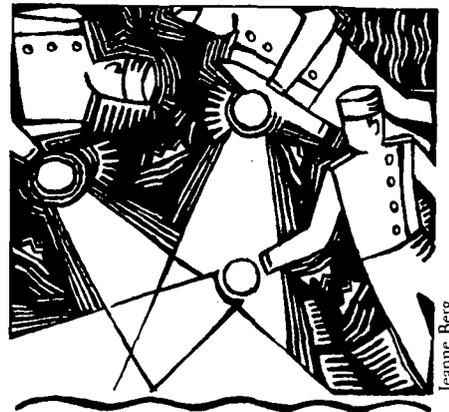
A state legislature may rationally conclude that most parents will be primarily interested in the welfare of their children. . . . [A]n assumption that parental reaction will be hostile, disparaging or violent, no doubt

persuades many children simply to bypass parental counsel which would in fact be loving, supportive and indeed, for some, indispensable.

Abortion tragedies rarely are reported honestly. Media attention instead focuses on the myth of abortion as the hallowed panacea for women. If the state legislatures explore the substantial evidence that has emerged, they will discover that the High Court's original concerns in *Bellotti* were right on target—and pass sensible laws restoring parental protection to pregnant minors in their time of critical need.

Anne Marie Morgan writes from Richmond, Virginia.

FILM



jeanne Berg

Dick Tracy and the Bad Guys

by David R. Slavitt

I wanted to check out *Dick Tracy* mostly because the Disney stock had gone down four points and a fraction on the Monday after its first weekend's disappointing grosses of only \$22.5 million. That news was not encouraging to investors, but I saw it as an indication that perhaps some of those enthusiastic reviews I'd seen might not have been altogether crazy. Even at these stratospheric levels—and we're talking about \$25 million for the film and another \$25 million or so