Stories from the Frontlines:
“No, I Will Not Help You Get an Abortion”

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Republican political consultant Mary Matlin and her husband James Carville were being interviewed together by television reporter Tim Russert. They are an intriguing couple. She consults for Republicans, and he for Democrats. Their differences were stark, open, deep, and well-articulated. They should write a book on how to make a marriage work.

Carville rekindled my memory when he said, “There is no way that I or Democrats can ever tell a hurting young woman that she cannot have an abortion when she thinks she needs it!” Such, indeed, is the position of all who accept abortion. They are afraid to say, “No, I will not help you get an abortion.” They cannot believe that such a statement could be other than harmful. But I remembered an experience from my own clinical practice.

As a U.S. Navy physician, I worked at the pediatric clinic of the Submarine Base Hospital in Groton, Connecticut, when not at sea. It was in the early 1960s, and abortion was only available if two physicians certified that it was necessary for the health of the potential mother. I was very busy, as the nurses kept sending in one patient after another, when a young woman in her early 20s appeared in my office and poignantly said: “I’m about 6 or 8 weeks pregnant. I cannot have another baby. I need you to help me get an abortion.” I asked her to remind me who she was. She said that she had seen her and two preschool children several months ago in a routine visit for childhood illnesses.

I said, “No, I will not help you get an abortion, and I do not know any doctors who will either. I think you are going through a crisis mode that will pass. Let me have you talk to one of the nurses to help make room for this baby.”

On hearing this, she suddenly changed from a soft-spoken, somber, pleading woman to an angry and outraged woman in attack mode.

I listened calmly to her outburst and said, “Please calm down. Somehow things will turn out for the best if you make it so.” She hardly listened and stormed out of my office.

The entire incident was forgotten, buried in an avalanche of all that I had to do, not only in the pediatric clinic but for other submariner families and my own missions on the first fleet ballistic missile submarine, the USS George Washington.

After two more 90-day missions, mostly spent submerged, a year passed. I was still active, when not at sea, at the pediatric clinic, treating patients. On one of those hectic days, a young woman appeared carrying a very small baby.

“I’ll bet you don’t remember me,” she said. I didn’t.
She went on: “I want you to hold this baby.”
“Is something wrong?” I asked.
She said, “No, but you must hold this baby.”

So, I took the child. He looked up at me, and I got the usual good feeling that I get from what I call “honeyfying” an infant. Then I said, as I usually do, “How do you gals do this? I know what we guys do, and that is nothing. But, how do you gals do this?”

She giggled and refused to answer, as all women do when asked that question. Then she said, “It was almost a year ago to this day that I was here—and I wanted you to help me get an abortion.” Her voice faded as she couldn’t bring herself to say the word.

And then I remembered. It was a feeble memory because so much had happened since. And I said, “It is still going to be all right! Well done! All of us owe our existence to the courage of women who do what no man can do. Thank you for making my day!”

She took the baby back with a smile and joyfully said, “He is just wonderful.” She gave me a brief hug and a peck on the cheek and walked out. Stunned for a moment by what had just happened, the tears stopped as the nurse brought in the next patient. Busy again, I forgot about this incident until Carville jogged my memory 41 years later.

So, to political advisors everywhere I say: Yes, you can tell women, “No, you cannot have an abortion.” Get used to it.

America got along without abortion for 200 years before Roe v. Wade, and we can get along without it again. The 30 years of abortion on demand have been a malignant catastrophe. Abortionists—I call everyone who accepts abortion an “abortionist,” and anyone who accepts socialism a “socialist”—always claim they want to make abortion safe and rare. But what they really did was to make money promoting it, making it less rare, with little evidence of safety.1,2

The story, however, doesn’t end there. Recently, I saw a precocious 15-year-old high-school student, who said: “So you want me to pay into Social Security for you and the other old folks? When you have killed one quarter of my classmates...by abortion? I have read about the increasing number of old folks compared to us. And we are supposed to keep you alive? And comfortable? No way! Pretend that you aborted me too. Just like you did when you voted down my school levy. To hell with all of you. You gave my generation abortion. We are going to give you euthanasia.”

This young lady clearly had some anger issues with adults. Perhaps, had we told those of her generation all along, “No, I will not help you get an abortion,” there wouldn’t be angry young ladies who have developed such intense hatred of us “old folks.”

The final solution for the Social Security financial crisis might be that anyone who performed, voted for, or otherwise supported abortion should not be allowed to collect Social Security or Medicare benefits.

Sometimes, in the throes of a personal crisis, patients ask for things that, with the passage of time, would result in lifelong regret and personal tragedy if their request were granted. It is during these crisis periods that vulnerable patients need both compassion and the ability of their physician to look beyond the emotion of the moment. Sometimes fulfilling the physician’s mandate of primum non nocere is as simple as saying, “No, I will not help you get an abortion.”

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REFERENCES