

Undercover

Clara Taylor performs abortions where no other doctor will. To get there, she wears a mask

Sharyn Jackson

On a plane bound for the Midwest from an East Coast city, a lanky 55-year-old woman sits in the 12th row window seat, knitting a sweater. Her waist-length, wavy white-blonde hair is held up in a bun behind her head by a pair of silver knitting needles, while another set clacks away at a gray top. Knitting is her way of keeping busy on this and the many other flights she must take for her unusual, and these days much in-demand job as a traveling abortion doctor, or as she puts it, a “fly-in abortionista.”

Clara Taylor, whose name has been changed to protect her identity, is a family doctor licensed to perform abortions in five states.

Known as “fly-ins” or “circuit providers,” doctors like Clara travel to work in clinics that can’t find local doctors willing to do the procedure. Though there are no official figures on fly-ins, or on the overall number of physicians who do abortions, Clara estimates that there are about 100 doctors in the US who, like her, are willing to work in places other doctors simply won’t.

Instead of holding down a traditional full-time job, Clara flies every week to one of two states, for two to four days at a time. But a traditional full-time job was never something Clara desired. She had been a hospital administrator in New York for many years when she realized she wanted closer contact with patients. At the age of 39, she enrolled in medical school, then worked in southern Africa for six years running an HIV clinic.

After she returned to the US two years ago, she received an email, via a listserv for abortion providers, about a job opportunity to staff clinics in need of doctors. It was from a budding placement program called “Goose,” perhaps because it helped doctors fly, and was run out of **Planned Parenthood of the Rocky Mountains**. Clara



began flying to the Midwest twice a month. Last year, via another job announcement, she added a second clinic to her circuit, this one in the Deep South.



Clara Taylor, whose name has been changed to protect her identity, poses in the mask she wears in areas hostile to her work as an abortion provider.

Clara’s unconventional career choice stems from what she describes as a deep-seated desire to “save the world.” But by electing to leave her home city for parts of the country where people are less hospitable to abortion, she has sacrificed her schedule, her personal life, her salary, and even her health care (she is considered a consultant, not an employee). “I don’t have benefits,” Clara says with a laugh, “but I do have frequent-flyer miles.”

She also has plenty of time on airplanes to catch up on back issues of *The New Yorker*, listen to *Science Times* podcasts and knit gifts, like the sweater she’s working on. It’s not for her children or grandchildren—she doesn’t have any—but for the newborn baby of a colleague, another abortion doctor.

As the battle over abortion rights intensifies, fly-in abortion doctors are in increasingly high demand for their willingness to travel to clinics that are geographically isolated, subject to increasingly restrictive state-by-state legislation regulating the procedure, and face harassment from anti-abortion protesters. While clinics in New Mexico have not yet had to fly in abortion doctors, the same threats to abortion services persist here—and

could mean that, in the near future, there won't be enough local doctors willing or able to staff the state's few clinics.

Ninety-one percent of New Mexico counties lack an abortion provider, and half of the state's female population lives in those counties.

According to the Guttmacher Institute, an abortion research group, **87 percent of US counties** have no abortion provider. In New Mexico, the picture is starker, with half the state's female population living outside of the **two counties with abortion providers**. Only a dozen clinics and doctors' offices between Santa Fe and Albuquerque offer abortions, not only to women from the farthest reaches of the state, but also to those from more restrictive surrounding states who have been flooding New Mexico's clinics.

And it's a challenge to find doctors to staff the clinics, both here and around the country. The doctors who pioneered abortion care in the years after Roe v Wade are retiring, while medical schools aren't producing enough doctors equipped to replace them: Only half of OB-GYN programs require abortion training during residency rotations. (University of New Mexico offers an **optional abortion residency** to its medical students.)



Joan Lamunyon Sanford, the executive director of the New Mexico Religious Coalition for Reproductive Choice, says the struggle for abortion rights is ongoing.

With the recent proposal, which passed the House but was just **barely struck down in the Senate budget**, to cut federal funding for reproductive health clinics like Planned Parenthood, the difficulty providers have in making abortion accessible may only worsen.

While New Mexico does not have any restrictions on abortion, such as waiting periods, mandatory parental consent, or limitations on public funding, the Legislature did see proposals for such restrictions earlier this year. And even though they didn't pass, proposals like these come up every year. "We were fortunate that we have a strong coalition for choice here in the state," Joan Lamunyon Sanford, the executive director of the [New Mexico Religious Coalition for Reproductive Choice](#), says. "But we're not complacent. We know that this is going to be a continued threat."

"Clinics are doing the best they can to serve women in their areas under ridiculous circumstances," Abortion Care Network Director Charlotte Taft says.

Other states fared worse this year. In Virginia, for instance, a law requiring abortion clinics to have [the same hallway widths and number of staff bathrooms as hospitals](#) could force the state's five clinics to shut down. Next door, in Arizona, a new law requiring physicians to administer nonsurgical medical abortions, which were previously administered by nurse practitioners, prompted Planned Parenthood [to shut down three understaffed clinics](#). Nebraska recently considered a bill that would allow a ["justifiable homicide"](#) defense in court to vindicate the killing of abortion doctors.

And now, even the fly-in system is under attack. In South Dakota, a contested law requires that women seeking abortions [wait three days](#) after an initial consent with the same doctor who's performing the abortion. Because the single fly-in doctor at the state's one clinic only visits a few times each month, the wait period for women isn't three days at all; instead, it could be a week or more.

"Clinics are doing the best they can to serve women in their areas under ridiculous circumstances," Abortion Care Network Director Charlotte Taft says. Taft runs a networking and support organization for abortion providers who have experienced harassment. "But it's almost as if we're in a first-world country and everything is being done to make sure health care for women is as third-world as can be."

"I feel like, if I'm willing and able, I have some responsibility," Clara says about her choice to build a career in a way few other doctors would. "'Cause someone has to do it."

That's where Clara steps in, but it's not easy. Protests from anti-abortion groups are constant and often turn ugly—in turn reinforcing the shortage of abortion doctors. But to Clara, her work is less of a choice than an

imperative. “I feel like, if I’m willing and able, I have some responsibility,” Clara says about her choice to build a career in a way few other doctors would. “‘Cause someone has to do it.”

This spring, I traveled with Clara to the Midwest, where she has worked for the past year. The March morning we visit the clinic begins like most others for Clara—around 10 am at a chain hotel alongside a generic strip-mall-lined highway, where Clara stays because she can smoke in her room.

I find her waiting in a plush, sage-colored chair in the gray and maroon lobby—standard colors for roadside hotels—and scanning the local tourism magazine. A freight train passes just feet away from the parking lot. When her ride pulls up in a silver SUV, Clara walks outside to greet the clinic manager, Rita (whose name has also been changed), a woman with a friendly face and a voice that means business. After loading her luggage into the trunk, Clara slides into the back seat; I ride shotgun. The lot smells faintly of horses.

In her years at the clinic, Rita has seen many doctors come and go. The last doctor to both live and work in this city, Ted Russell, whose name has been changed so as not to reveal where Clara works, was hounded out of town a decade ago. Though abortion accounted for only 15 percent of his practice, when Russell tried to refer his other patients to hospitals for deliveries or even X-rays, the hospitals refused them. After 18 months of frustration with the local medical community—not to mention ongoing harassment from protesters—he left, and the clinic has used fly-ins since.

“There’s a reason they have to fly a physician in to provide abortion services and have not been able to find a doctor who lives there in the last 10 years,” he says. “They’d find, personally and professionally, it would be impossible to work there, to live there and to be labeled an abortion doctor.” (Santa Fe’s only abortion doctor declined to comment for this story.)

On the way to the clinic, Rita briefs Clara about the day so far. Twenty-three women are on the schedule for surgical or medical abortions. Some of them have been at the clinic since 8 am, meeting with counselors, getting ultrasounds. One woman who is 19 weeks along was sent away; while Planned Parenthood’s policy in this state is to perform abortions up to 20 weeks, Clara stops at 16.

In New Mexico, 56 percent of pregnancies were unintended, as of last count in 2006, and occurred largely in the poorest communities.

It is Lent, so there are more protesters than usual, Rita explains. They are part of the 40 Days for Life campaign, a string of anti-abortion vigils outside clinics across the country. She says we can expect a dozen picketers; usually there are only about five.



Protests such as this one, held earlier this year in Santa Fe, have helped define an anti-abortion movement that has gained political traction in recent years.

After a few minutes of catching up, it is already time for Clara to plan for arrival. Usually, she'd pull her sweater up over her head for the approach, but this time, Rita points to a blue and white blanket on the back seat next to Clara. "I think, when we get a little closer, just lie down and put the blanket over you because they're just...they don't need to have your face."

"I know," Clara says wistfully.

"It's just sad that it's come to this," Rita says.

"I know," Clara says again, almost whining. The SUV reaches the last traffic light before the clinic. The car pauses and the blinker ticks, awaiting a left turn.

"Here I go!" Clara sings, then giggles. She crouches down horizontally on the seat and splays the blanket over her. The SUV pulls into the driveway, which is lined on either side by a handful of people, young and old, men

and women. There are more signs than there are protesters, some with common slogans such as “Face It: Abortion Kills,” others with graphic images of fetal tissue. Some of the posters have messages in bright orange ink directed toward a doctor who hasn’t worked at the clinic in a year. Clara doesn’t see any of it, and though the protesters recognize the clinic manager’s car, they don’t see Clara, either. (“They’re gonna think that you are probably the doctor,” Rita tells me.)

Rita drives the car around to the back of the clinic. Picketers stand along the route, but don’t take one step across property lines. Once in back, shielded by the building, the clinic manager tells Clara, “OK! You’re safe!”

Clara unwraps herself from her cocoon, grabs her things and walks into the clinic through a door held open by a security guard in uniform. Rita doesn’t even lock her car.

Inside, Clara goes right to an open closet lined with mirrors and changes into her work garb: light blue scrubs, a white coat with her name embroidered over the pocket and silver Converse sneakers. She rolls her hair up into a bun held together by chopsticks, then shuffles through the carpeted maze of corridors toward her office. For the next six hours, she works with the support staff, 12 women, to relieve the packed waiting room from the Miley Cyrus-heavy musical loop accompanying the wait.



Father Stephen Imbarrato, a Bernalillo priest who heads the anti-abortion group Project Defending Life, once encouraged his girlfriend to have an abortion.

The music is Daria's only complaint about her experience at the clinic. The 29-year-old, whose name has been changed to protect her identity, is one of the 23 patients in line for an abortion today. Six-and-a-half weeks earlier, she and her boyfriend of six months neglected to use a condom. Daria quickly became ill, like she had a hangover on top of the flu. Pregnancy, she soon learned, was "not what they make it out to be. It's definitely not been blissful." And being in such a new relationship, she felt she was not ready to be a mother.

And though she will try to minimize it, Clara warns Daria that there could be pain—something she knows from personal experience.

Clara comes into the operating room to talk to Daria and walks her through the process of vacuum aspiration: First, she'll administer a local anesthetic to numb the cervix; then use a series of dilators, or increasingly thick rods, to stretch open the cervix; and finally, insert into the uterus a tube that is attached to a pump which suctions out the pregnancy. The whole process will take less than 10 minutes, Clara explains. And though she will try to minimize it, she warns Daria that there could be pain—something she knows from personal experience.

During New Mexico's 2011 legislative session, several bills aiming to impose additional regulations on women seeking abortions failed to make it out of committee.

Clara never married. Her schedule makes it hard to be social, but it's been that way since she went back to school at 39. Before that, "in my previous life," she says, she went out in New York City almost every night, to clubs or readings or performance art.

Medical school, a residency, and a fellowship in family planning, all in the Northeast, put a stop to all that. Then she began to travel for work: a stint on a reservation in the Midwest, a tour with Doctors Without Borders in Africa, a year in England. She applied to work on some reservations in New Mexico, but she couldn't perform abortions because Indian Health Service is federally funded. (The Hyde Amendment, a 1976 provision on Medicaid, bars federal funds from being used for abortions.) Instead, she returned to Africa, where she spent six years as a family doctor.

Clara never had children, but in 1974, at the age of 18, she had an abortion. She was an undergraduate philosophy major at a Northeastern Ivy League college. Like many of the patients she sees today, she was on

birth control—it just wasn't very effective. She wasn't ready to have a baby, and she didn't think having an abortion was a big deal.

"I felt fine when I walked in the room, laid down, and then all of a sudden I had pain that I didn't know was possible," Clara says. Now aware of the mechanics of the procedure, she believes that the suction catheter that removes the pregnancy touched the wall of her uterus. "Labor pain starts slowly and goes on and on and on. This is much shorter. You feel absolutely fine, and then you suddenly feel attacked by this person between your legs."

Today, talking to her patients before the procedure, Clara will sometimes draw from her own experience. "Even if I don't say anything, I remember how it felt, and while I'm doing the procedure, I'm trying to avoid that pain."

Clara is still friends with her boyfriend of the time. When they get together, they talk about how old their child would have been. "That person would be 35," she says. "It always occurs to me."

The same year that Clara had an abortion, Stephen Imbarrato's girlfriend did, too. Eighteen months after Roe v Wade legalized abortion, he had been living with a woman who became pregnant and, he says, he encouraged her to terminate the pregnancy. "I was away from my faith," Imbarrato says. "It wasn't until after the fact that we realized what we did." He found out, years later, that his girlfriend had been pregnant with twins.

Today, Imbarrato is a Catholic priest and the head of [Project Defending Life](#), New Mexico's umbrella organization for anti-abortion Catholic ministries. He tells his story easily, as if there were nothing surprising about the fact that one of the most vocal leaders of the anti-abortion movement in the state had once chosen abortion, or that he has an adopted son and four grandchildren. "I'm a pretty unique priest," he says, in a New Jersey accent unfaded after a decade in the Southwest. "I'm a grandpa priest."

Imbarrato is an open book about his past and his journey to becoming an anti-abortion spokesperson. He became reacquainted with Catholicism in the early '80s and gradually began telling his personal abortion story at schools and churches with the anti-abortion group LifeNet.



Abortion protests have intensified in Albuquerque, where conflict outside one of the state's few abortion clinics turned physical in July.

“That led me to the front of these abortion centers, telling these moms my story to save their babies,” Imbarrato says. As the leader of PDL, he has established a ministry next door to Albuquerque’s Planned Parenthood, where he organizes vigils every day in the hope of convincing women to walk away from the clinic.

“We consider New Mexico the abortion capital of the Southwest,” Imbarrato says.

His efforts include “raising awareness,” actions outside of clinics that, “objectively, people would call protests.” His team, made up of **two former interns from Operation Rescue**, recently publicized several 911 calls placed by abortion clinics over a 30-month time frame. Three weeks ago, the group met with Gov. Susana Martinez.

“We consider New Mexico the abortion capital of the Southwest,” Imbarrato says. “The liberal administrations in this state have not focused in on this issue to the extent that other states have, particularly our surrounding states.” About one-third of all cars Imbarrato sees pulling into Planned Parenthood come from out of state, indicating that New Mexico is a haven for abortion-seekers in the region.

Americans United for Life’s annual “Life List” ranks New Mexico the 38th least anti-abortion state in the country, based on a dearth of laws restricting abortion. “From our perspective, you want to be number one through five, so we’re not doing well,” Imbarrato says. “Basically, it’s open territory.”

In September, a US House of Representatives committee began investigating Planned Parenthood due to “questions about...its compliance with federal restrictions on the funding of abortion.” US Rep. Martin Heinrich, D-NM, condemned the investigation.

But Imbarrato believes New Mexico can change, as new measures come to the Legislature, and as he reaches women and doctors, one by one, as they walk from their cars into the clinic and back. “When I have the opportunity to talk to an abortion doctor, I have 10 or 15 seconds, and I say, ‘Hey, doc, when you put your head down on the pillow tonight, you know the truth,’” Imbarrato says.

“In Texas, which has **very restrictive laws**, a lot of doctors have decided it’s not worth doing business there,” he says. “It’s going to be a combination of many things that closes the abortion mills here. The people in the abortion industry have their salvation at risk.”

Once, Clara was at the clinic in the South with a patient who ended up miscarrying before the abortion. The patient was relieved. She said to Clara, “You know, I was praying and praying and praying for that.”

Clara replied, “You know what? You should tell those people outside,” motioning toward the protesters, “that it really did work.”



Anti-abortion protesters gather outside another Albuquerque clinic, Southwestern Women's Options.

Clara thought all clinics would be just like the Midwestern Planned Parenthood, so she had no reservations about taking a second job at another clinic in the Deep South last fall. But she quickly discovered that her two workdays were very different. The first time she drove up to the front gates of the clinic, around 20 protesters were waiting for her, many of them holding cell phones, the cameras aimed at her and ready to shoot.

They wanted her face. They shouted; they sang hymns; but mainly, they wanted to get a good look at Clara, immortalize the image in digital form, and post it on anti-abortion websites like Operation Rescue. Since this clinic didn't provide Clara with a ride past the protesters, she couldn't take her eyes off the road by hiding her face in her turtleneck as she drove past.

By Thanksgiving weekend of 2010, Clara hatched a plan. During a stay at a family home in a Northeastern coastal village, she decided to come up with a disguise before returning to work in the South. Unfortunately, it was the off-season; the Halloween stock at the area's only costume purveyor was stashed away in favor of plastic Santas and, this being a beach town, swimsuits.

"Do you have any Halloween masks?" Clara asked the store clerk desperately. She needed something that would hide her long hair, and something with big enough eyeholes that she could see while driving.

Clara tried on a few options before narrowing them down. At first, she considered wrapping herself in a burka, which hid her hair without obstructing her eyes. But something about dressing in others' cultural garb made her hesitant. Next, she slipped on a Sarah Palin mask, but quickly nixed the idea. "I don't want to promote Sarah Palin in any way," she says.

At last, the clerk handed her a flaccid, pale man's face with deep-set eyes and a receding curly red hairline. It was Larry from The Three Stooges. Clara tucked her mane into her coat and then slipped the mask over her head.

She looked in the mirror and didn't see herself at all. For a comedian, Larry is awfully creepy, she thought.

A week later, Clara was back in the South, only that time, as she drove past the protesters into the lot, she looked them right in the eyes. **One by one, their cell phones snapped photos of Larry Fine.**

It's the end of a recent workday in the South. As Clara, mask-clad, walks out to her car, she hears something unexpected from one of the protesters.

"God doesn't have that much patience, Dr. Taylor."

They know her name.

Luckily, the mask doesn't betray the shock on her face. She tries to ignore it, but she can't shake the dread. "To have someone say your name—oh, it gave me the willies," she says.

Back in the perceived safety of her hotel room, the landline rings. On the other end of the line, Clara hears a man's voice. "How many babies did you kill today, Dr. Taylor?"

Stunned, she hangs up. Immediately her cell phone rings; the caller ID is blocked. She says "hello" and nothing else. The man speaks in a measured tone about praying for the doctor's salvation, about watching and waiting for her to make a mistake, about her medical licenses not just in that state, but throughout the country.

Clara says nothing, but she doesn't hang up, either. She just listens, both curious and speechless. After her lack of response, the caller finally hangs up. He calls back, but Clara just lets it go to voicemail, where he repeats his warning.

Burned out from the constant travel, she gave her notice to the clinic in the South a month earlier. Now that the protesters know who she is, she is relieved to go.

Clara felt guilty that the search for a new doctor would be hard on the clinic, but for once in her career, she decided to put herself first. And she knew she'd have no trouble finding work if she needed it.

"The laws are making local doctors less likely to do abortions," Clara says. "A lot of doctors say it's not worth it, it's too much trouble. I don't think there'll be a problem finding jobs for people like me, because there are fewer people wanting to do it. It's not like there's people lining up to fly in."

On Clara's last visit to the South, while performing an ultrasound, a patient asks her, "What's it like for a doctor doing this? Is it hard? Is it sad?"

It's something no patient has ever asked her before. She thinks about the many hours she's spent in the air, about the fear she felt the night the protesters called her. Then she responds. "This is not the most interesting thing to do in medicine, and if there were a lot of people doing it, it's probably not what I would do," she confesses. "But somebody has to do it. I'm trained; I'm competent; and women need it."

As ultrasonic waves bounce off the pregnancy that Clara will soon terminate, the patient simply replies, "I hear ya."