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PARTIAL-TRUTH ABORTION

BY MARGARET CARLSON

He lied, she lied, they lied, we all lie, to ourselves and one another, in hearings and in print, at dinner and on Nightline, lest we give one inch in a war over abortion that rages on. Occasionally a lie is recanted, as happened when abortion-rights lobbyist Ron Fitzsimmons said that there are many more dilation-and-evacuation (D & E) procedures than he had admitted. With the "partial birth" abortion bill coming to the House floor this week for the second time, and with every chance of passage, even partial truth on the subject is elusive.

The truth eludes not just those on the extremes but also those in the middle. Every mother who is pro-choice knows to keep her mouth shut when the subject of late-term abortion comes up. Those of us who have been happily pregnant have pored over the pictures in A Child Is Born, amazed that a creature still months away from filling the Jenny Lind crib in the nursery is so, well, human. We know there's a life's worth of difference between a 20-week-old fetus and a 24-week-old one. A 1991 study shows that 34% of babies delivered at that point live. This puts Roe's trimester construction on a collision course with our own eyes.

But that knowledge is tamped down because the stakes are so high. To voice any doubts might jeopardize our tenuous hold on first trimester abortions and could give aid and succor to the other side, which ranges from morons who kill doctors to the rank and file who would protect zygotes. Give those people a month and

they will take nine. It will be you, your doctor and Jesse Helms at the sonogram.

Most people find the debate over D & E discomfiting for its grisly details (though, in fact, all surgical abortions are gruesome) and for what we don't know--the number of procedures and the medical circumstances. But it is also disturbing because it forces us to confront when and why these procedures happen. Most of us assume that later-term abortions are rare, indeed prohibited, except in the gravest circumstances. We're wrong.

The third-trimester exceptions permitted by the court for the "health of mother" are wide enough to allow a healthy teenager, eight months pregnant and carrying a healthy baby, to squeeze through the clinic door. Most times, the reasons for a late-term abortion are as tragic as those endured by the women Clinton introduced at his press conference when he vetoed the ban last spring. But, in addition to physical health, courts have allowed "emotional, psychological, familial" factors to be considered, as well as "the woman's age." We fool ourselves if we don't acknowledge that these exceptions have been extended to women too poor, too young, or too dysfunctional to care for a child--or obtain a timely abortion. When Clinton asks for a "health of mother" exception in the current bill, without specifying physical health, he is saying there should be no change in the status quo.

It's a terrible thing to force a 12-year-old who lives in chaos, poverty and hopelessness, with a boyfriend who has disappeared or an abusive uncle who hasn't, to have a baby. But it's a worse thing to let her abort it when she comes so late for help that the only difference between the baby's being born alive or dead is whether she gives birth in a maternity ward or a clinic. This doesn't happen often, but even one time is too many to defend.