the reform plan, wanted, the authors say, "to send welfare recipients the message that welfare must be temporary, not a way of life." Other elements of the plan included a requirement that recipients meet with social workers to formulate a "family plan" to improve their situation through education, work experience, or marriage, and an increase in the amount of schooling and child care offered to the women.

Bryant's message got through, Goertzel and Young contend. Between 1992 and '94, births to AFDC mothers in the state fell by four percent—twice the rate of decline among all New Jersey women. In 10 New Jersey cities where the "welfare culture" is strongest, births to women receiving AFDC dropped much more, by an average of about nine percent. In the largest city, Newark, where half of the children belong to families receiving AFDC benefits, births to AFDC mothers fell 10 percent; in Camden, such births plummeted by 21 percent. State officials, meanwhile, have found no increase in abortions.

Ironically, the authors point out, the welfare advocates' attacks apparently helped to get the message of change across even before the reforms were fully implemented. Many inner-city women probably saw the reform package as more punitive than it really was. Governor Christine Todd Whitman's subsequent proposal for a strict five-year lifetime limit on AFDC benefits, as well as the recent federal action ending AFDC as an entitlement, have also undoubtedly had an impact. "Women are no longer certain that AFDC will be there to support them," conclude the authors, and this has been affecting their decisions.

Risky Abortions

"Legal but Not Safe" by Candace C. Crandall, in *The Women's Quarterly* (Summer 1996), 2111 Wilson Blvd., Ste. 550, Arlington, Va. 22201–3057.

With the 1973 Supreme Court ruling in *Roe* v. *Wade*, abortion became legal throughout the nation, and that, many believed, also meant that it would be safe. Women would no longer have to venture down back alleys to obtain an abortion; now, abortion would be safe and cheap. Unfortunately, argues Crandall, a free-lance writer who says she sympathizes with the abortion rights movement, *Roe v. Wade* did not put an end to unsafe abortions.

Some 550,000 deaths that might have been abortion-related—out of 27 million legal abortions induced between 1972 and 1990—were reported to the federal Centers for Disease Control and Prevention (CDC). But officials there, Crandall says, suspect that the actual number of such deaths is much higher. Serious infection and other potentially life-threatening complications have occurred in some 250,000 women undergoing legal abortions since 1972, according to the CDC.

The clinics responsible for most of these deaths and complications "are not the pristine establishments where Radcliffe girls might go for a weekend abortion," Crandall notes, but operations "that advertise in Spanish-language newspapers and neighborhood weeklies, pay kickbacks to sleazy phone referral services, and lure women through the doorway with names that echo the political lingua franca—'choice,' and 'reproductive health.'" These "abortion mills," she says, prey upon poor and uneducated women, disproportionately black and Hispanic, who do not know how to find a good clinic or how to take legal action against medical malpractice.

Most abortion providers are reasonably competent, Crandall believes, but that was true even before *Roe* v. *Wade*, "when Planned Parenthood estimated that nine out of 10 illegal abortions were being performed by qualified physicians." The fact that they were often breaking the law kept the number of abortions low (as few as 200,000 annually by some estimates), she points out, and also "effectively discouraged most [physicians] from taking unnecessary risks with their patients. Legalization removed these constraints."

To keep abortion costs low today, Crandall says, "abortion providers and abortion rights activists resist health regulation that would require emergency care equipment and better trained clinic personnel." Federal and state governments, she believes, need to crack down on abortion malpractice. Data on abortion-related deaths and injuries must be systematically gathered, and medical care standards to ensure "a reasonably safe outcome" must be established and enforced.