

Life of Norma

'The Family Roe': Abortion rights and American dysfunction

BY TONY BARTELME
tbartelme@postandcourier.com

On a gray afternoon in 2011, I was talking with Joshua Prager about a story he'd started working on, when he turned to me and said he'd discovered something big. "But you can't tell anyone. I mean it."

He and I had become friends that year during a yearlong journalism fellowship in the Boston area. And I'd come to know that old secrets were at the heart of Prager's work.

While at The Wall Street Journal, Prager revealed that the 1951 New York Giants baseball team had stolen signs during its successful pennant bid that year. In

Q&A In another story, he'd found an unnamed

Iranian man who photographed a mass execution in 1979. And, in 2011, he was trying to solve another mystery.

This one was about Jane Roe, the plaintiff behind Roe v. Wade, the landmark U.S. Supreme Court case that established a woman's right to an abortion. Or rather, he wanted to learn about Roe's child. Jane Roe's baby had never been named.

This surprised him given Roe v. Wade's place in American history. Decided in 1973, the court's ruling launched decades of battles between pro-life and pro-choice camps, battles that will only become more pitched in the coming weeks and months.

In September, Texas banned abortions as early as six weeks into a woman's pregnancy. In a 5-4 vote, the U.S. Supreme Court temporarily allowed the Texas law to stand as legal challenges work their way through lower courts. In December, the Supreme Court will hear arguments over a Mississippi law that also limits abortions.

Soon after, the 4th U.S. Circuit Court of Appeals will hear arguments over South Carolina's "fetal heartbeat" law. Enacted earlier this year, the law requires doctors to perform an ultrasound on a woman before an abortion. Doctors who detect fetal heartbeats are barred from performing an abortion unless the woman's life is at risk.

In all these cases, Roe v. Wade hangs in the balance.

In 2011, Prager knew that Jane Roe wasn't the plaintiff's real name; it was Norma McCorvey. After the ruling, McCorvey eventually became a vocal opponent of abortion. But what happened to her baby? He'd read that McCorvey gave her baby up



Joshua Prager, author of "The Family Roe."

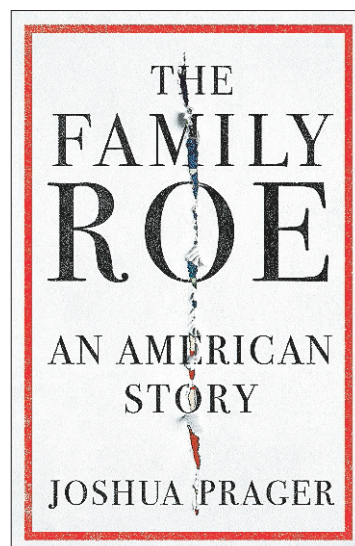
for adoption. What would the search for this baby reveal?

He'd just returned from Texas that year when he told me about a breakthrough that would shape his important new book, "The Family Roe: An American Story."

"The Family Roe" offers a brilliant and intimate look at the troubled people at the center of one of the nation's most divisive court cases. It's a story full of sex and secrets and dysfunction. At its heart is McCorvey, who Prager described as having a "borderline personality (and) a tenth-grade education."

But it's also about Baby Roe, who he eventually found, and McCorvey's two other daughters, who also were unplanned. And it's a deep exploration of the people who tried to monetize Roe v. Wade for their careers and crusades.

Eleven years after Prager swore



me to secrecy, I talked with him about what he discovered and why it's important today. (Interview was edited for brevity.)

Tony: Let's go back 10 years. I remember you were giving me

a ride home when you basically told me about the breakthrough. Where were you in the book-writing process at that point?

Joshua: I hadn't started it yet. I had just gotten the idea the year before. I was in France, writing a book about disability and identity, when I read an article in The New Yorker about gay marriage. It was by Margaret Talbot, and it mentioned Norma McCorvey, who was Jane Roe, and that she had not been able to have the abortion because the case had gone on so long. And then I started looking online and saw, yeah, no one knows who he or she is.

So I had two thoughts. One, the baby would now be about 40 years old, and I bet he or she knows who their mother was. And two, that's a very difficult thing to carry, and I bet that would be an interesting story.

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Pros, cons of virtual visits in health plans

BY JULIE APPLEBY
Kaiser Health News

At the height of the covid-19 pandemic, people often relied on telemedicine for doctor visits. Now, insurers are betting that some patients liked it enough to embrace new types of health coverage that encourages video visits — or outright insists on them.

Priority Health in Michigan, for example, offers coverage requiring online visits first for non-emergency primary care. Harvard Pilgrim Health Care, selling to employers in Connecticut, Maine and New Hampshire, has a similar plan.

"I would describe them as virtual first, a true telehealth primary care physician replacement product," said Carrie Kincaid, vice president of individual markets at Priority Health, which launched its plans in January as an addition to more traditional Affordable Care Act offerings.

The often lower-premium offerings capitalize on the new familiarity and convenience of online routine care. But skeptics see a downside: the risk of overlooking something important.

"There's a gestalt of seeing a patient and knowing something is not right, such as maybe picking up early on that they have Parkinson's," or listening to their heart and discovering a murmur, said Dr. David Anderson, a cardiologist affiliated with Stanford Health Care in Oakland, California. He said online medicine is a great tool for follow-up visits with established patients but is not optimal for an initial exam.

When enrolling in one of the new plans, patients are encouraged to select an online doctor, who then serves as the patient's first point of contact for most primary care services and can make referrals for in-person care with an in-network physician, if needed. It's possible patients never meet their online doctor in person.

Many insurers offering virtual-first plans hire outside firms to provide medical staff. The physicians may hold licenses in several states and not be located nearby. Insurers say participating online doctors can access patients' medical information and test results through the insurers' electronic medical records system or those of the third-party online staffing firm. What might prove tricky, experts warn, is transferring information from physicians, clinics or hospitals outside of an insurer's network. Sharing patient information via EMRs is challenging even for doctors operating under traditional insurance plans with in-person visits — especially moving data between different health systems or specialty practices.

The virtual-first concept was so new that Priority Health called those enrolling this year to ensure they understood how it worked. "If people were more comfortable with brick-and-mortar, they should choose other options," Kincaid said, adding that the

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2 women regret not getting COVID vaccine while pregnant



KIM CHANDLER/AP

Kyndal Nipper of Midland, Ga., who suffered a stillbirth after becoming ill with COVID-19 in her third trimester, holds an ultrasound image of the son she lost

BY KIM CHANDLER
Associated Press

PHENIX CITY, ALA. — Sometimes when she's feeding her infant daughter, Amanda Harrison is overcome with emotion and has to wipe away tears of gratitude. She is lucky to be here, holding her baby.

Harrison was 29 weeks pregnant and unvaccinated when she got sick with COVID-19 in August. Her symptoms were mild at first, but she suddenly felt like she couldn't breathe. Living in Phenix City, Alabama, she was intubated and flown to a hospital in Birmingham, where doctors delivered baby Lake two months early and put Harrison on life support.

Kyndal Nipper, who hails from outside Columbus, Georgia, had only a brief

bout with COVID-19 but a more tragic outcome. She was weeks away from giving birth in July when she lost her baby, a boy she and her husband planned to name Jack.

Now Harrison and Nipper are sharing their stories in an attempt to persuade pregnant women to get COVID-19 vaccinations to protect themselves and their babies. Their warnings come amid a sharp increase in the number of severely ill pregnant women that led to 22 pregnant women dying from COVID in August, a one-month record.

"We made a commitment that we would do anything in our power to educate and advocate for our boy, because no other family should have to go through this," Kipper said of herself and her husband.

Harrison said she will "nicely argue

to the bitter end" that pregnant women get vaccinated "because it could literally save your life."

Since the pandemic began, health officials have reported more than 125,000 cases and at least 161 deaths of pregnant women from COVID-19 in the U.S., according to the U.S. Centers for Disease Control and Prevention. And over the past several months, hospitals and doctors in virus hot spots have reported a sharp increase in the number of severely ill pregnant women.

With just 31% of pregnant women nationwide vaccinated, the CDC issued an urgent advisory on Sept. 29 recommending that they get the shots. The agency cautioned that COVID-19 in pregnancy can cause preterm birth and

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Jennifer Lewis, a physical therapist at Tideland Health Pediatric Rehabilitation Services, blows a kiss to a patient upon finishing a telemedicine visit.

Weighing the pros and cons of virtual visits in health plans

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plans have drawn 5,000 enrollees since January, a number she hopes will double next year.

Other versions of telehealth plans are available, offered by big names such as Humana, Kaiser Permanente, Oscar and UnitedHealthcare. Some emphasize but don't require that primary care starts online. Some are aimed directly at consumers. Others are sold to employers.

Oscar Virtual Care health plans, sold in several states including Texas, Florida and New York, allow patients to choose between online or in-person services.

"These are not virtual-only plans," said Marianna Spanos, an Oscar vice president and general manager of its virtual care division. "You can always opt to see a more traditional provider."

Although Kaiser Permanente uses its own in-house medical staff, most insurers rely on contracted physicians, mental health therapists and other staff members, often provided by San Francisco-based Doctor on Demand.

Doctor on Demand launched in 2013, aimed at individual consumers. Starting with a Humana contract in 2019, it has since expanded to offer staffing for several other insurers. The company, which has its own electronic medical records system, hires a range of primary care, mental health and other medical providers. Physicians must be board-certified. Pay is partly based on how many patients they see, and there is no upper limit. Some want to work part time, for example, and many work from home.

In general, virtual-first health plans may carry lower premiums or provide such financial incentives as no copays for online visits. All

boast that members can get appointments quickly, sometimes within minutes. Patients with serious problems are assisted in arranging emergency help. If online physicians determine patients need a blood test, immunization or a visit with a specialist, they refer them to a local practice, clinic or specialist within the insurer's network.

As a strategy to contain costs, think HMO 2.0.

"There's more control over the patient interaction and where they get referred," said Sabrina Corlette, a research professor and co-director of the Center on Health Insurance Reforms at Georgetown University. Still, patients should be aware that some of these plans may allow a brick-and-mortar visit only if their virtual doctor, who may have never examined them in person, deems it necessary.

Skeptics note that many circumstances demand in-person care. One recent study estimated about 66% of primary care visits required it. For example, it's impossible to check reflexes and difficult to examine tonsils for infection virtually.

Patients in some programs, including Harvard Pilgrim's, are sent kits that can include devices like blood pressure cuffs and thermometers — though at-home medical measuring devices are often not as accurate as those used in offices. Online physicians may also ask a patient to feel for swollen lymph nodes, shine a light into their throat while on camera or take other actions to help the physician diagnose a problem.

Kincaid, at Priority Health, noted that Doctor on Demand also sets protocols on children's wellness visits, which it says must be done in person.

"It's important for children's wellness visits to get accurate

height and weight measures and immunizations," Kincaid said.

When considering virtual-first plans, advocates say, patients should look closely not just at premiums but also at deductibles and copayments, which may be set at levels that discourage in-person care. Rules are varied and dizzying.

The VirtualBronze plan offered through the federal ACA marketplace in parts of Texas by Community Choice Health, for example, requires hefty patient contributions for many types of in-person visits.

Patients incur no copay for using online Doctor on Demand physicians for primary care visits or for accessing in-person preventive services as defined by the ACA, such as immunizations or cancer screenings. But for other in-person services, Community Choice's virtual plan will cost patients out-of-pocket because they pay the cost of the care until they meet an annual \$8,530 deductible.

Kaiser Permanente's Virtual Complete plan offered to large employers carries no copay for online care. Patients can opt to see an in-person doctor three times a year for primary care if they're willing to pay a copay. After those three visits, any additional in-person visits are subject to a deductible.

Plans sold through federal or state marketplaces and those offered by employers must meet the ACA's requirements. That includes a range of services, from doctor visits to hospital care.

Corlette, at Georgetown, said consumers should be wary of plans that are not ACA-compliant.

She fears the advent of plans that give patients "access to online providers, but nothing else." And that, she said, "would not be considered major medical insurance."

'The Family Roe:' Abortion rights, American dysfunction

ROE, from B1

Tony: And you talked to Norma, right?

Joshua: Yeah, I reached out to Norma, and she said she wouldn't talk unless I paid her, and I wouldn't do that. So I reached out to Norma's former partner. She'd been with a woman named Connie Gonzalez, who treated her beautifully — the only person who truly cared for her. I went to visit her in Texas, and it turned out that Norma had left her a year earlier. Connie had just had a stroke and her house was being foreclosed on and she said, "We're going to have to leave in 30 days. Norma's private papers are in the garage. Do you want them?"

They were just a jumble of papers, and I put them in garbage bags and put them out on the curb. I had parked my car down the road. I have a disability, but I ran to it. And just as I got back to the papers, a dog peed on them. I thought, "You've got to be kidding me?" I lifted the urine-soaked bags carefully into my trunk.

And later, at about three in the morning, I found what I was looking for — the date of birth for her third child (Baby Roe).

From there, I went back and found 37 girls in Dallas County (Texas) who had been born on that day. Finally, I found other information in Norma's papers that showed she'd lived in Washington State later. And with that information, I was able to find her. And that's when I told you to keep the secret and when this whole crazy adventure started.

Tony: Yeah, I thought it was interesting that you've been trying to find out other people's secrets and suddenly you've got one to keep.

Joshua: That's a great point. I've had this secret for years now, and it has been an enormous burden, a great weight, and I've hated that. So when my book came out, I felt over-all a relief of not having to keep this quiet as I can. Now, I can now report firsthand that it's not easy to keep a secret for so long.

Tony: What do you think it is about secrets that create such a psychological burden?

Joshua: They're very corrosive. What is so stressful about secrets is not just the weight, it's the act of keeping it, the constant stress of making plans to keep something quiet.

Tony: It keeps you from living in the moment.

Joshua: You're tethered to something in the past, something that's difficult.



Norma McCorvey, the woman once known as "Jane Roe" in the Roe v. Wade abortion case, is shown in her Dallas home in 2003.

Tony: Why is this story important now, nearly 50 years after the Roe v. Wade decision?

Joshua: Just as I finished the book, Roe is on the block. The Supreme Court might very well overturn Roe. There's a case out of Mississippi that goes right to the heart of the matter, right to viability.

In some ways, in 1973, (when Roe was decided), we were in a much healthier place. When the first Supreme Court Justice was confirmed after Roe, he wasn't even asked about Roe. Now, that's all they're asked about during the Senate confirmation hearings.

Roe has come to be about so many things that have nothing to do with abortion. It's first and foremost about politics and business.

Tony: When I started reading the book, one of my first thoughts was that it was like reading a John Steinbeck novel (such as "The Grapes of Wrath"). Because these characters are so freaking flawed and not particularly likeable. Norma was very troubled, and she had three daughters who also struggled.

Joshua: Yeah, that's very, very true. I wanted to be able to tell this larger story about abortion through human beings, you know, the macro through the micro. And in some ways, Norma was the link between two families: her immediate family and the American family, the tens of millions of people who are bound by the Roe decision. And I talk about how both are fractured families, and that Norma was in some ways the matriarch of both.

But Norma didn't treat people well. At all. She was very flawed. But my approach was to humanize these people, show how people get where

they get — and how America got where it got.

So, I started the book, not with Norma but where she came from. Norma's mother by all accounts started out as a pleasant woman and then became very unpleasant. She sleeps with endless numbers of men. She beats Norma because she's gay. I desperately want to show how these people end up the way they are.

Tony: Right, that helps the reader empathize with an unlikable character and keep reading. Not to geek out too much on literature, but your book also reminded me of Dostoyevsky's novel, "The Brothers Karamazov." But instead of a buffoon of a father and three sons, you have a troubled woman and three daughters.

Joshua: That's funny you mentioned, I just read that book. I was originally going to call the book, "The Sisters Roe."

Tony: One thing struck me about Norma, (who died in 2017), was how much she'd lied over the years, and how those lies were repeated, and that you had so much to sort out. When did you realize that you had to check out almost everything she had said in the past?

Joshua: When I interviewed her, I realized some of the things she'd said in the past weren't true. She was telling people that her mother kidnapped her daughter. And I talked to her mother, who was being honest when she said, "That's not true. She begged me to take the child off her hands."

... Over time I realized that she was trying to reimagine herself not as a sinner, but as a victim. She eventually did try to help me tell the truth and ended up becoming a real partner.

Tony: I remember something you once told me, a quote by A.O. Scott, the reviewer from the New York Times, about ...

Joshua: ... Yeah, blending stories about private destinies with public events ...

Tony: ... That seemed to be your North Star for this book.

Joshua: That's been my North Star for 20 years. I argue that (the United States) is basically unique in the world in terms of our abortion policies and the ongoing civil war over abortion. And I needed these private destinies to be able to write about these public events.

Reach **Tony Bartelme** at 843-937-5554. Follow him on Twitter @tbartelme.

COVID-19 and pregnancy: Women regret not getting vaccine

COVID, from B1

other adverse outcomes, and that stillbirths have been reported.

Dr. Akila Subramaniam, an assistant professor in the maternal-fetal medicine division of the University of Alabama at Birmingham, said the hospital saw a marked rise in the number of critically ill pregnant women during July and August. She said a study there found the delta variant of COVID-19 is associated with increased rates of severe disease in pregnant women and increased rates of preterm birth.

"Is it because the delta variant is just more infectious or is it because delta is more severe? I don't think we know the answer to that," Subramaniam said.

When COVID-19 vaccines became available to pregnant women in their states this spring, both Harrison, 36, and Nipper, 29, decided to wait. The shots didn't have final approval from the Food and Drug Administration and pregnant women weren't included in studies that led to emergency authorization, so initial guidance stopped short of fully recommending vaccination for them. Pfizer shots received formal approval in August.

The women live on opposite sides of the Alabama-Georgia line, an area that was hit hard by the delta variant this summer.

While Harrison had to be put on



Amanda Harrison holds her baby, Lake, outside her mother's home in Phenix City, Ala. Harrison was put on a ventilator and later life support after becoming ill with COVID-19 in her third trimester of pregnancy.

life support, Nipper's symptoms were more subtle. When she was eight months pregnant, she lost her

sense of smell and developed a fever. The symptoms went away quickly, but Jack didn't seem to be kicking

as much as he had been. She tried drinking a caffeinated beverage: Nothing. She headed to the hospital in Columbus, Georgia, for fetal monitoring where medical staff delivered the news: Baby Jack was gone.

"He was supposed to come into the world in three weeks or less," Nipper said. "And for them to tell you there's no heartbeat and there is no movement ..."

Nipper's doctor, Timothy Villegas, said testing showed the placenta itself was infected with the virus and displayed patterns of inflammation similar to the lungs of people who died of COVID-19.

The infection likely caused the baby's death by affecting its ability to get oxygen and nutrients, Villegas said. The doctor said he has since learned of similar cases from other physicians.

"We're at that point where everybody is starting to raise some red flags," he said.

In west Alabama, Dr. Cheree Melton, a family medicine physician who specializes in obstetrics and teaches at the University of Alabama, said she and her colleagues have had about a half-dozen unvaccinated patients infected with COVID-19 lose unborn children to either miscarriages or stillbirth, a problem that worsened with delta's spread.

"It's absolutely heartbreaking to

tell a mom that she will never get to hold her living child," she said. "We have had to do that very often, more so than I remember doing over the last couple of years."

Melton said she encourages every unvaccinated pregnant woman she treats to get the shots, but that many haven't. She said rumors and misinformation have been a problem.

"I get everything from, 'Well, somebody told me that it may cause me to be infertile in the future' to, 'It may harm my baby,'" she said.

Nipper said she wishes she had asked more questions about the vaccine. "Looking back, I know I did everything that I could have possibly done to give him a healthy life," she said. "The only thing I didn't do, and I'll have to carry with me, is I didn't get the vaccine."

Now home from the hospital with a healthy baby, Harrison says she feels profound gratitude — tempered with survivor's guilt.

"I cry all the time. Just little things. Feeding her or hugging my 4-year-old. Just the thought of them having to go through life without me and that's a lot of people's reality right now," Harrison said. "It was very scary and it all could have been prevented if I had gotten a vaccination."

Associated Press writer **Jay Reeves** in Tuscaloosa, Alabama, contributed to this report.