

Voices of Choice

Physicians Who Provided Abortions Before Roe v. Wade

Discussion Guide

Updated 7 November 2007

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INTRODUCTION

Physicians for Reproductive Choice and Health (PRCH) was created to fulfill a critical need. Physicians have traditionally been missing in the debate over personal choice, family planning, abortion, teenage pregnancy, and sexuality education issues. Yet physicians are intimately involved in evaluating and providing credible information on reproductive health issues as part of their daily professional responsibilities. PRCH provides peer support as well as education and training for physicians to be at the forefront of the public debate on issues facing their patients.

Our mission is to enable physicians to become more active and visible in support of universal reproductive health. We believe that all people should have the knowledge, equal access to quality services, and freedom of choice to make their own reproductive health care decisions. We serve as the *pro-choice voice* in the medical community and the *physician voice* in the women's health community, providing a bridge between the two constituencies.

Founded by a small committee of concerned physicians in New York City in 1992, among them medical school professors, scientists, and service providers, PRCH has become a valued resource providing information, education, and public policy advice for its physician and non-physician members. Our members believe that physicians have the right to practice medicine in the best interests of their patients without political interference.

Since it was staffed in 1995, PRCH has worked to recruit doctors and inject their voices and experiences into the debate about appropriate reproductive medical care for women and men in their reproductive years. PRCH is the only national, not-for-profit organization mobilizing pro-choice physicians who want to engage in educating and advocating for access to abortion and contraception services. We know that doctors -- not politicians -- have the expertise to help their patients make decisions about reproductive health.

PRCH is headquartered in New York, with a satellite project in San Francisco. Four program departments respond to our members' and the public's need for information and services: Public Policy, Communications, Medical Education, and Community Organizing. For more information about PRCH or to become a member, visit www.prch.org or call 646.649.9914.

Voices of Choice

Voices of Choice: Physicians Who Provided Abortions Before Roe v. Wade, is a video that documents the experiences of physicians involved in abortion care and reform prior to the landmark Supreme Court *Roe v. Wade* decision in 1973. *Voices of Choice* preserves the legacy of older physicians who witnessed the effects of illegal abortion. Their testimony is essential to document the horror of illegal abortion and the social and historical ramifications of a time when health care providers worked to save women who suffered needlessly. *Voices of Choice* brings us the past so that we may better understand the present and, more importantly, prepare for the future.

Along with this educational video and discussion guide, the *Voices of Choice* project includes unedited videotapes and transcripts of more than 20 interviews that are preserved in the Columbia University Oral History Research Office and a book of interviews and archival photographs.

FACILITATOR

Role of the Facilitator

The facilitator has several important roles:

- Move the conversation along.
 - An important aspect of this is keeping track of time.
 - Promote the exchange of views rather than conflict.
- Ensure that all voices are heard.
- Provide a review of the discussion at the end.

Preparation for the Viewing and Discussion

- Watch the video and read the discussion guide.
- Think about how you would like to structure the discussion.
- Decide how much time to allocate to each section.
- Make sure you have enough copies of the guide and any other materials you want to distribute.

On the day of the discussion

- Get to the room early and make sure the DVD/VCR/projector is working.
- Set up chairs so everyone can see the TV.
- Greet guests and explain the format.

During the discussion

- Take notes so you can provide a wrap up.

After the discussion

- If possible, invite the group to continue the discussion informally for 15 to 30 minutes.

PLAN

Setting:

Home, classroom, office, auditorium.

Size of Group:

The best size is 10 to 15 people. If the group is larger, view the video together, split into smaller groups for discussions, and come together for the Closing.

When everyone is settled, the facilitator begins the session by:

- Introducing herself/himself.
- Briefly describing PRCH and Voices of Choice (see page 2).
- Explaining the format:
 - We will watch the video (about 25 minutes).
 - We will then have a discussion (estimate the time available).
- Acknowledge that abortion is a difficult issue so it is important that the discussion be respectful. The ground rules are:
 - One person speaks at a time.
 - The facilitator will recognize each speaker.

Solicit other ideas from the group.

Show the video.

After the video, give everyone a chance to share his or her immediate reaction.

Describe the topics (pages 5 to 8) and ask the group which topic they would like to discuss first. Cover as many of these topics as desired/possible within the allocated time.

Be sure to allow time for the Closing, particularly “What’s Next?,” in which the group develops joint and individual plans to take action.

TOPICS

Before you begin, please note that Facts About Abortion (pages 10-12) is a resource for questions that may come up during the discussion. Profiles (pages 12-13) provides brief biographical information about the people featured in the video.

PROVIDERS

- Did these doctors and advocates look and sound like you expected?
- What were your preconceptions?
- What are your observations now?

All of these doctors have searing memories – a college student killing herself, a dying mother surrounded by her family– that have sustained their commitment to providing abortions over many difficult years.

- Can doctors be motivated to provide abortions without these harrowing experiences?
- How?

Dr. Miks talked about the need for new, younger providers.

- What can be done to encourage doctors to provide abortions?

Dr. Boyd described feeling that he had to provide abortions because no one else would.

Dr. Glick said that once you decided to provide abortions, it was hard to control because there was such a demand for services.

- Is this paradox of patient demand and professional isolation still true today?

ACCESS

Dr. Miks is a “circuit provider” who flies his own airplane to provide abortions in two states. Ms. Welsh works in four states and hasn’t had help from a local doctor in more than 20 years.

- How did access to abortion become so limited?
- What can be done to increase access?
- What keeps physicians from providing abortions?
- What can doctors do to support physicians who provide abortions?
- What can *you* do to support physicians in your community who provide this necessary service?

THE DOCTOR-PATIENT RELATIONSHIP

Dr. Glick said, “I felt good about the fact that I could help someone who was really hurting . . . you’re dealing with someone who is telling you about their aspirations and troubles and dreams and hopes.”

- Who is the doctor’s patient—the woman or the embryo?
- Would you want the law to restrict the options your doctor could offer you?

Dr. Hanson said, “It just didn’t make sense that we were withholding a safe, legal procedure that could have eliminated all this heartache and trauma and threat to their lives.” These physicians were willing to accept tremendous responsibility because their patients were so desperate.

- How much can doctors be expected to suffer for their patients?
- How can doctors be helped to meet the needs of their patients?
- Can you imagine the struggle of physicians who had to treat patients for abortion complications and then call the police? How would you feel if you had to make such a choice?
- How can politically active physicians help their colleagues who provide abortions?
- How can physicians help reframe abortion and contraception as a medical rather than political issue?
- Would you be comfortable if your physician was politically active?
- Do you know if your doctors – all of them, not just ob/gyns – are pro-choice? How could you find out? Would it matter to you if they were not pro-choice?

HARASSMENT, DANGER, AND ISOLATION

Dr. Boyd said, “Every patient I saw had the potential not only to take away my medical license, but also put me in prison.”

- Is it right or fair to ask a doctor to do something illegal?

Dr. Tiller has survived attempted murder and arson, and deals with continuous protest.

- What other professions involve such job-related danger?
- How are those professions (e.g., police officers) regarded by society?
- How are abortion providers regarded by society?
- Why are abortion providers subjected to such harassment and isolation?
- Is it acceptable that doctors must endure this harassment in order to provide a legal, safe procedure?
- How could abortion providers be supported and valued?
- What is the role of the state in protecting physicians?
- What is the role of the community?
- What can *you* do to support and value abortion providers in your community?

INCOME AND STATUS

When abortion was illegal, Dr. Rust and Ms. Avery describe how low-income women became pregnant more often and had less access to safe abortions. At the same time, wealthy women could afford relatively safe abortions in the US and in other countries.

- Do women today with financial means have better choices if they have an unintended pregnancy?
- If *Roe v. Wade* were overturned, would women at all income levels be affected equally?

ABORTION AND CONTRACEPTION

Dr. Glick recalled that he “wasn’t particularly sympathetic toward women having abortions” at first because he thought they should have done a better job of using contraception.

- What was your initial view of abortion?
- Has that changed over time? How?
- Would improved access to contraception reduce the need for abortion?

Dr. Hanson said that for women with unintended pregnancies, “none of the options were good.”

- How has that changed?

Women went to incredible lengths to end their pregnancies.

- Why were they so desperate?
- Do you have stories to share about women in the pre-*Roe* era?

WHAT DIFFERENCE HAS *ROE V. WADE* MADE?

Dr. Boyd described hearing about the Supreme Court decision in his office, “I just felt this great sense of relief ...of course, little did I know what was to come.”

- What did he mean?
- How have things changed?
- How have things remained the same?

THE COMING CRISIS

“Doctors have no clue how things were” before *Roe v. Wade*, said Dr. Miks. Ms. Welsh believes “this really is a crisis.”

- Is this true?
- If access is so limited now when the procedure is legal, what will happen if *Roe v. Wade* is overturned?

Dr. Singh said, “I think there is hope in young people.”

- Do you agree with this? Why or why not?

THE COMING CRISIS continued

The video closes with the statement: “It’s important to teach young people what it was like before *Roe v. Wade* so we will never again go back to those days.” Yet current efforts of the Bush Administration and Congress may lead us back to abortion being illegal. President Bush was successful in confirming two Supreme Court justices who upset the balance of the court against the precedent of *Roe v. Wade*. The recent decision on the Federal Abortion Ban, ruling constitutional a ban on so-called “partial birth abortion,” has begun the assault on medicine and could jeopardize a physician’s ability to practice sound medicine.

- Is it possible we will go back to “those days”?
- What would happen if we did?

MORALITY

PRCH Chair Emeritus Dr. Seymour Romney often points out, “There are people of conscience on both sides of the abortion issue.”

- Why is the abortion debate so divisive?
- How can common ground be reached?

The women and men profiled in the video clearly struggled to do the right thing and continued to evaluate their choices from a moral and ethical point of view.

- Did this surprise you?
- What would you have done if you were in their shoes?

RELIGION AND MEDICINE

Dr. Boyd got involved with the underground abortion movement through his church. Reverend Moody talked about the Clergy Consultation Service’s decision to help women “find safe and secure abortion.”

- Does this surprise you?
- What is the role of the clergy in the contemporary abortion debate?
- Do you think the role of the clergy would change if *Roe v. Wade* were overturned?

The recent trend toward the merger of religious and non-religious hospitals has decreased access to abortion services.

- What scenario might lead religious groups to support increased access?

CLOSING

WRAP UP

The facilitator should provide a brief and objective overview of the discussion.

WHAT'S NEXT?

The facilitator should invite the group to discuss what they could do individually and collectively to respond to the issues the video raises.

Some suggestions:

- Strategize about other groups that might be interested in viewing and discussing the video.
- Host a viewing in your home or office.
- Join PRCH and other pro-choice organizations in order to stay informed.
- Do further research into the questions of choice and access.
- Ask your physicians if they are pro-choice. If they are, thank them.
- Find out who the abortion providers are in your area and send them letters of support.
- Write your state and national representatives expressing your views.
- Follow judicial nominations and express your support for maintaining a woman's right to choose.
- Contact area medical schools and encourage them to provide training in complete reproductive health care, including contraception and abortion.
- Contact your insurance company to inquire about reproductive health care policies, such as reimbursement for contraception and coverage for abortion.
- Track hospital mergers in your area and promote the continuation and extension of complete reproductive health care, including abortion services.
- Explore other suggestions that emerged during the group discussion.

RESOURCES

FACTS ABOUT ABORTION

Abortion in the US

Each year, about 1.3 million pregnancies are terminated by abortion. The abortion rate has declined steadily over time, especially since 1990. The decline is attributed to use of long-acting hormonal contraceptives, lower teen pregnancy rates, and increased use of emergency contraception. The US abortion rate is higher than most Western industrialized countries but lower than Eastern Europe and developing countries.

Who

- Women having abortions are predominantly single, low-income, and in their 20s. In 2001, 21 of every 1,000 women between the ages of 15 and 45 had an abortion. Each year, at least 10-15,000 abortions occur among women whose pregnancies resulted from rape or incest.

Where

- Most abortions are performed in abortion clinics. Many women have to travel more than 50 miles to obtain an abortion.

When

- 90 percent of abortions occur in the first trimester.

Why

- Half of all pregnancies are unintended; half of these end in legal abortion. Most women have multiple reasons for choosing to have an abortion. A survey of 1,900 women found that lack of economic support and not being ready for parenthood were the most common reasons.

How

- Abortion is one of the safest and most common surgical procedures.
- An abortion costs \$300-\$500 during the first trimester.

Importance of *Roe v. Wade*

In 1973, the Supreme Court determined that the constitutional right to privacy “is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy.” At that time, two-thirds of the states had outlawed abortion except to save a woman’s life. *Roe v. Wade* made these laws unconstitutional. This decision also provided the basis for subsequent Supreme Court rulings that upheld a woman’s right to abortion.

Impact of Legalization

- In 1973, only 38 percent of abortions were performed at or before eight weeks of pregnancy. Today, more than half are performed within nine weeks and 90 percent within 12 weeks.
- In 1965, illegal abortion accounted for nearly 17 percent of pregnancy-related deaths. The current death rate from abortion is 0.6 per 100,000 procedures.
- Criminalizing abortions does not eliminate the procedure, it just makes it unsafe. In countries where abortion is illegal or restricted, abortion mortality rates are hundreds of

times higher than in countries where it is legal. Most unsafe abortions occur in countries where the practice is illegal.

Threats to Access

A physician's decision about whether to provide abortions has become increasingly complex. Despite the *Roe v. Wade* ruling, developments in Congress, state legislatures, the medical profession, and the health care industry have restricted abortion access.

Provider Shortage

- In 2000, 87 percent of US counties had **no** abortion providers.
- There has been a sharp decrease in the number of hospitals where abortions are performed and in the number of physicians who do a small number of abortions in their offices. This decline accelerated between 1992 and 1996.
- Anti-choice violence and harassment are significant factors for physicians deciding not to provide abortions. More than 2,400 acts of violence – including murder, kidnapping, assault, bombing, arson, and death threats– have been perpetrated against providers since 1977.

Lack of Training

- Only 46 percent of ob/gyn residency programs provide training in first-trimester abortions.
- More than half the ob/gyns who report ever performing an abortion are age 50 or older.

State Laws

- Laws requiring parental notification, state-directed counseling, and/or limitations on insurance coverage delay abortions and increase the difficulty of providing services.

Marginalization of Abortion

- Many of the difficulties in providing and obtaining abortion services would be eliminated if abortion were integrated with other health services for women.

Hospital Mergers

- From 1990 to 2000, there were 159 mergers between Catholic and non-Catholic hospitals.
- Catholic-run hospitals, health maintenance organizations, and other health care entities follow the *Ethical and Religious Directives for Catholic Health Care Services*, a set of 70 rules for Catholic health care providers. The *Directives* forbid a variety of health care services including contraception, tubal ligation, vasectomy, assisted reproductive technologies, select end-of-life treatment, and genetic counseling. Implementation and enforcement of the *Directives* is at the discretion of local bishops, whose authority trumps patients, physicians, insurance providers, and elected officials.

Legislation

- Introduced in 2002, the Abortion Non-Discrimination Act (HR-4691) would enable any health care entity – including hospitals, physicians, and insurance companies—to withhold counseling, referrals, or abortion services (and possibly other services like birth control and emergency contraception) for any reason. The Act could enable insurance companies and hospitals – rather than physicians – to decide about abortions, prescriptions, referrals, and even discussions about birth control.

Sources: *An Overview of Abortion in the US* (PRCH and Alan Guttmacher Institute), *Roe v. Wade: Its History and Impact* (Planned Parenthood Federation of America), and *Medical and Social Health Benefits Since Abortion Was Made Legal in the US* (Planned Parenthood Federation of America).

PROFILES

The following are brief biographies of the men and women featured in the video.

Ms. Bylye Avery, a life long activist, founded the National Black Women’s Health Project. Prior to *Roe v. Wade*, Ms. Avery was a leader in the underground abortion referral network where she lived in Jacksonville, Florida. She currently splits her time between New York City and Provincetown, Massachusetts.

Dr. Curtis Boyd is currently in private practice, specializing in abortion services. During the 1960s, Dr. Boyd provided thousands of illegal abortions to women at his office in Athens, Texas, and later in Dallas. In the field of abortion technology, Dr. Boyd has a national reputation for his contributions in the areas of pain management, reduction of surgical risks, second-trimester abortion methods, and the establishment of guidelines and standards for abortion facilities.

Dr. Eugene Glick serves on the staff of West End Women’s Medical Group in Reno, Nevada, where he was Medical Director from 1978 to 1992. He is also a consultant, educator, and medical-legal expert. Dr. Glick is the author of the medical text *Surgical Abortion*, which was published in 1998, as well as numerous other papers. For several years during the sixties, Dr. Glick performed a select number of illegal abortions.

Dr. Mildred Hanson saw the aftermath of illegal abortion as a young gynecologist in the years before *Roe v. Wade*. She has been a pro-choice activist during her professional career. Dr. Hanson spent 30 years as Medical Director of Planned Parenthood of Minnesota and South Dakota, while providing first and second trimester abortions at her own clinic, caring for women from Minnesota, Wisconsin, North Dakota, and South Dakota. Prior to *Roe v. Wade*, Dr. Hanson provided abortions within the hospital system.

Dr. George Miks is on the staff of both the Women’s Health Center in Duluth, Minnesota and the Red River Women’s Clinic in Fargo, North Dakota. He is Clinical Associate Professor Emeritus in the Department of Family Practice and Community Health at the University of Minnesota School of Medicine, and Adjunct Clinical Assistant Professor in Obstetrics and Gynecology at the University of North Dakota School of Medicine. Known as a “circuit provider,” Dr. Miks regularly flies his private plane to rural areas in Minnesota and North Dakota, where he performs much needed abortions.

Reverend Howard Moody is known as the Harriet Tubman of the abortion rights movement. He created an extensive network of clergy members and abortion providers in the years prior to *Roe v. Wade*. As a minister of Judson Memorial Church in New York City, Reverend Moody helped found the Clergy Consultation Service on Abortion in 1967. This network eventually grew to approximately 1,400 ministers and rabbis throughout the country.

Dr. Irving Rust was former medical director of the HUB, a Planned Parenthood clinic in the Bronx, New York. Prior to *Roe v. Wade*, Dr. Rust was active in bringing about abortion reform. He was also the lead plaintiff in *Rust v. Sullivan*, a Supreme Court case that addressed the right of doctors in federally financed establishments to talk about abortion with their patients. Though Dr. Rust lost the case by a 5-4 decision, President Bill Clinton reversed this policy on his second day in office. Dr. Rust died September 7, 2001, at the age of 71.

Dr. Devika Singh received her MD and MPH from the University of Rochester School of Medicine and Dentistry in 2003. She served as President of Medical Students for Choice for the 2002-2003 term. She is currently a resident in internal medicine in Seattle, Washington. Dr. Singh is an abortion provider.

Dr. George Tiller is one of the few physicians in the country who performs late-term terminations, carrying on the legacy of his father, who provided illegal abortions. Although he has been shot, his clinic has been bombed, and he has been protected by a federal marshal for more than two years, Dr. Tiller continues to provide abortion services. He is a Board Member of Physicians for Reproductive Choice and Health.

Ms. Tina Welsh has been an activist in the reproductive rights movement since 1970. In the early 1970s, Ms. Welsh took part in the underground transportation of women to states where abortion was legal and set up abortion referral clinics in Northeastern Minnesota. Along with Dr. Jane Hodgson, Ms. Welsh was responsible for founding the Women's Health Center in 1981 and currently serves as its executive director. Ms. Welsh has been involved in class-action lawsuits related to reproductive health, and has testified locally and federally on issues of abortion law and access.

FOR MORE INFORMATION

Physicians for Reproductive Choice and Health has created a variety of educational materials (print, slide and lecture, Powerpoint, downloadable) to provide information about reproductive health, particularly abortion and contraception. For more information about these materials, or to find out how you can get involved, contact PRCH by mail (55 West 39th Street, Suite 1001, New York, NY 10018), phone (646.366.1890), email (info@prch.org), or visit our website (www.prch.org).