

REPRODUCTIVE RIGHTS & HEALTH

## "SHE'S NOT FREE": DOCTORS REFLECT ON A PRE-ROE WORLD

"At the end of my career, they're trying to change it back to what it used to be...I never, ever in my wildest dreams thought that we would be facing what we face now [in 2018]."

- Dr. Carmel Cohen <sup>1</sup>

### Abortion in a Pre-Roe Era

Women have – and will – always need access to abortion, regardless of the legality of the procedure. Pre-Roe, the illegality of abortion meant that many women, desperate to end their pregnancies, would pursue illegal abortion, often by unsafe means. As recently as the 1940s, more than 1,000 women died each year in the United States from unsafe abortion. Women of color and women living in poverty with little or no access to safe abortion care were disproportionately impacted.

Reports from the pre-Roe era paint a bleak picture. Unsafe abortion was the most common reason for admission to hospital gynecology services. Every large hospital had a "septic abortion ward."<sup>2</sup> One hospital noted that it had private rooms so that women could be alone with their families while they died, and those beds were always full.<sup>3</sup> Methods that hospitals reported women used to induce abortion included: coat hangers, knitting needles, turpentine, bleach, acid, sticks, ball-point pens, chicken bones, and trauma (caused by actions like jumping from the top of the stairs or roof).<sup>4</sup>

Many women suffered and died needlessly before abortion was legalized in the United States. These are some of the stories of those women from the physicians who cared for them.

"As a resident, you rotated through the city hospital. There was a ward on it that just had patients who were post-abortion or got really sick from illegal abortions. Usually once every week, once every two weeks, somebody died. That made a tremendous impression on me. I saw some of the sickest people I have ever seen in my life. Any day you'd go in you'd see between twenty and thirty women who were super sick. And then a lot of them died."

- Dr. Anthony Ward <sup>5</sup>

In describing his residency training pre-Roe, Dr. P. said, "I went to two funerals of two women that had illegal abortions. One rolled into our emergency room with a couple feet of intestines coming out of her vagina, and the other died under our care whose sister tried to abort her with knitting needles."

- Dr. P <sup>6</sup>

"As a medical student in the early '60s, I was regularly taking care of women who were suffering and dying from the complications of illegal abortions. There was a woman who had been turned down for an abortion at a nearby hospital. She went home and shot herself in the uterus and then drove herself back to the hospital."

- Dr. Warren Hern <sup>7</sup>

"I cared for women suffering from complications of illegal abortion as a young physician in training. One afternoon, my hospital's emergency room paged me to see a gynecology patient with a temperature of 106° Fahrenheit. I presumed the reported fever was a mistake. Regrettably, it was not. The flushed woman with a racing pulse was indeed that hot. During the pelvic examination, I found a red rubber catheter protruding from her cervix, the opening to her uterus. She reported with embarrassment that a dietitian in her hometown had inserted the catheter to cause an abortion."



Dr. Mildred Hanson first began providing abortion in the early 1960s. “I was frustrated that there was such an easy thing to do that was within our grasp technically, and yet we were denying it to women, and women were dying because of it...If you saw the distress of the women who wanted abortions and saw the morbidity and mortality rates [from] illegal abortion and the number of unwanted pregnancies, it was obvious that something needed to be done...Why do we never want to return to those days before 1973? We saw women who were desperate to terminate an unwanted pregnancy, who would resort to whatever it took to end that unwanted pregnancy, and sometimes they actually put their life on the line. They went to illegal abortionists. They bled to death. They died of infection, or they did self-mutilation procedures in an attempt to end the pregnancy: coat hangers in the uterus, slippery elm in the uterus, potassium permanganate in their vagina—anything they could think of... Many of them needed hysterectomies, many of them were left with pelvic abscesses, left with infertility, so that at a time in their life when they wanted children, they were unable to have those children.”

-Dr. Mildred Hanson <sup>9</sup>

“As an older physician, I was in training while abortions were outlawed. *Roe v. Wade* had not yet been decided. Quite a number of women sought to have abortions by whichever means were available. Many were performed by “back-alley” practitioners, often with disastrous results. I personally tried to care for two women who appeared in extremis at Pennsylvania hospitals where I was in training. Both had suffered from a perforated uterus and peritonitis, and died within hours of arrival. They both had children at home who then became motherless.”

-Dr. Walter Gamble <sup>10</sup>

“When I was 20 I had an illegal abortion in New York City. Thankfully, my father used his connections so I went to a doctor’s office and had it done by an ob-gyn. I really saw the gap between people that had means and people that didn’t. I got mine in a safe, sterile doctor’s office, and other women weren’t as lucky. Later, when I was in medical school, I saw a woman die of an illegal abortion. It’s something I still think about to this day.”

-Dr. Sadjia Greenwood <sup>11</sup>

“I was a resident on a 30-bed surgical ward in a large city before *Roe v. Wade*. During my two-month rotation, I took care of five women admitted with bacterial peritonitis resulting from a self-induced abortion attempt. I remember a 15-year-old girl who responded to my “why?” question by explaining that she was threatened with losing her opportunity to complete her education, marry a nice man and raise a family when she was financially secure. She died. Another had three children and a husband with a low

income. They visited her every day. One of their children had cerebral palsy and needed expensive care, which they could not afford if they had another child. She died. One of the other three also died.”

-Dr. Robert Ashman <sup>12</sup>

“The familiar symbol of illegal abortion is the infamous “coat hanger” — which may be the symbol, but is in no way a myth. In my years in New York, several women arrived with a hanger still in place. Whoever put it in — perhaps the patient herself — found it trapped in the cervix and could not remove it...However, not simply coat hangers were used. Almost any implement you can imagine had been and was used to start an abortion — darning needles, crochet hooks, cut-glass salt shakers, soda bottles, sometimes intact, sometimes with the top broken off. Another method that I did not encounter, but heard about from colleagues in other hospitals, was a soap solution forced through the cervical canal with a syringe. This could cause almost immediate death if a bubble in the solution entered a blood vessel and was transported to the heart. The worst case I saw, and one I hope no one else will ever have to face, was that of a nurse who was admitted with what looked like a partly delivered umbilical cord. Yet as soon as we examined her, we realized that what we thought was the cord was in fact part of her intestine, which had been hooked and torn by whatever implement had been used in the abortion. It took six hours of surgery to remove the infected uterus and ovaries and repair the part of the bowel that was still functional.”

-Dr. Waldo Fielding <sup>13</sup>

### **What did *Roe* mean for women and abortion access?**

In 1973, the Supreme Court decided the landmark case *Roe v. Wade*. The Court applied the core constitutional principle of privacy and liberty to a woman’s ability to terminate a pregnancy, holding that the constitutional right to privacy includes a woman’s right to decide whether to have an abortion.<sup>14</sup> The decision was monumental for women’s bodily autonomy, their ability to achieve equality, and their access to safe, legal abortion care. Many physicians who provided abortion pre- and post-*Roe* chose to do so in order to ensure that women could access safe abortion and, as a result, truly achieve those rights.

“[Many women told me pre-*Roe*], ‘If we’re going to be equal in society, then we have to be able to control our reproduction. We have to be able to choose if and when we’re going to have children and how many. We don’t have that. We’re at the whim of the pregnancies that come along.’...For women, [*Roe*] was a huge deal...When a woman becomes pregnant, and someone else is going to impose their decision, she’s not free.”

-Dr. Curtis Boyd <sup>15</sup>



“*Roe* happened while I was in college. As a very young woman myself, it seemed that if women couldn’t have control over whether or not they were going to be pregnant or have children, they couldn’t proceed with much else. So I decided to go to medical school to do gynecology, contraception, and abortion.”

- Dr. Wendy Chavkin <sup>16</sup>

Immediately after *Roe*, abortion access began to improve dramatically. Hospital wards for septic abortion closed and abortion clinics opened. Complication rates went down dramatically,<sup>17</sup> and many women had access to abortion in their state for the first time. Following the legalization of abortion in *Roe*, by the 1980s and 1990s, 90 percent of women who had abortions received their care in the state in which they lived.<sup>18</sup> More women were able to access abortion as early as they wanted to, which meant that within a decade of *Roe*, only about ten percent of abortions occurred after the first trimester, compared to nearly a quarter in 1970.

### **What would overturning or gutting *Roe* mean for women today?**

Like the pre-*Roe* days, overturning or gutting *Roe* would likely mean a patchwork of state laws or even a nationwide ban on abortion, resulting in some women having access to abortion and others not. That access would be largely dependent on one’s zip code and income. Based on current access in states with restrictive anti-abortion laws and the pre-*Roe* era, we know that some women would have to travel a great distance to a legal abortion provider, and for many, paying for the procedure, hotels, food, transportation, and childcare would make it unaffordable.<sup>20</sup> Complication rates of abortion could also rise again, as women lose access to safe abortion, and those that are able to access abortion would likely need to travel great distances, compromising their follow-up care and increasing the cost of care. These barriers to access would disproportionately affect women of color and women struggling to make ends meet.

Cautionary words from a physician that cared for women pre-*Roe* sum it up best:

“I just want people to realize that it’s not a question of whether abortion is legalized or not, it’s a question of whether women are going to have one that’s medically safe or terribly unsafe. Every society that we know of, there have been abortions. Women are just as desperate not to have children as they are to have children.”

- Dr. Sadjia Greenwood <sup>21</sup>



- 1 Julia Jacobs, *Remembering an Era Before Roe, When New York had the 'Most Liberal' Abortion Law*, NY TIMES (July 19, 2018), <https://www.nytimes.com/2018/07/19/us/politics/new-york-abortion-roe-wade-nyt.html>.
- 2 Dr. David Grimes, *Every Third Woman in America* 8 (2014).
- 3 *See id.* at 9.
- 4 *See id.* at 11-13 (2014) (citing Fried Polgar, *The bad old days: clandestine abortions among the poor in New York City before liberalization of the abortion law*, 8 FAM. PLAN. PERSP. 129-134 (1992).
- 5 David Cohen and Krysten Connon, *Living in the Crosshairs: The Untold Stories of Anti-Abortion Terrorism* 279 (2015).
- 6 *Id.* at 279.
- 7 Alex Ronan, *The First Legal Abortion Providers Tell Their Stories*, THE CUT (Oct. 13, 2015), <https://www.thecut.com/2015/10/first-legal-abortionists-tell-their-stories.html>.
- 8 Grimes, *supra* note 2, at 13.
- 9 Erica Pelletreau, *Reflections of a Provider Before and Since Roe: From the Voices of Choice Archive*, 35 GUTTMACHER INST. 34-36 (2003), <https://www.guttmacher.org/journals/psrh/2003/01/reflections-provider-and-roe-voices-choice-archive>.
- 10 Dr. Walter Gamble, Letter to the Editor, *Doctor Has Seen the Worst of Pre Roe v. Wade Complications*, BOSTON GLOBE (July 2, 2018), <https://www.bostonglobe.com/opinion/letters/2018/07/01/doctor-has-seen-worst-pre-roe-wade-complications/1uqTxDHoIEAstt5LDXlRnL/story.html>.
- 11 Alex Ronan, *The First Legal Abortion Providers Tell Their Stories*, THE CUT (Oct. 13, 2015), <https://www.thecut.com/2015/10/first-legal-abortionists-tell-their-stories.html>.
- 12 Dr. Robert Ashman, Letter to the Editor, *I Treated Women Who Died Before Roe v. Wade*, DES MOINES REG. (Feb. 14, 2018), <https://www.desmoinesregister.com/story/opinion/readers/2018/02/14/treated-women-who-died-before-roe-v-wade/333911002/>.
- 13 Dr. Waldo Fielding, *Repairing the Damage Pre-Roe*, NY TIMES (June 3, 2008), <https://www.nytimes.com/2008/06/03/health/views/03essa.html>.
- 14 *See Roe v. Wade*, 410 U.S. 113 (1973).
- 15 Telephone Interview with Dr. Curtis Boyd (July 24, 2018); Ronan, *supra* note 7.
- 16 Ronan, *supra* note 7.
- 17 Telephone Interview with Dr. Curtis Boyd (July 24, 2018).
- 18 *See* Grimes, *supra* note 2, at 15 (citing Fried Polgar, *The bad old days: clandestine abortions among the poor in New York City before liberalization of the abortion law*, 8 FAM. PLAN. PERSP. 129-134 (1992).
- 19 *See id.*
- 20 Telephone Interview with Dr. Curtis Boyd (July 24, 2018).
- 21 Ronan, *supra* note 7.

