

A TIMELINE OF ABORTION AND MAINSTREAM MEDICINE:

The Struggle for Acceptance

Women have always needed, and sought, abortions. Yet, historically, mainstream medical institutions have avoided incorporating abortion care into everyday health care, marginalizing abortion providers, and pushing access out of reach for many.

I.

pre-1820s:

ERA OF NON-REGULATION

Abortion is largely unregulated in the United States and practitioners openly advertise their services in newspapers.

II.

1821 - 1873

ERA OF CRIMINALIZATION

Starting in the 19th century, states begin to gradually regulate abortion for a variety of reasons: to protect women from unsafe procedures; to keep up reproduction among white women of Northern and Western European backgrounds; and to support “scientifically” trained doctors in asserting control over women’s reproductive health care, thereby driving out midwives and others who had been major sources of abortion provision.

1821 Connecticut becomes the first state to pass a law regulating abortion, as part of an omnibus criminal reform bill.

1847 The American Medical Association (AMA) is founded and makes the criminalization of abortion one of its highest priorities. This is to ensure that only “regular” or “scientifically” trained doctors are allowed to perform abortions, but no other health care providers of that era.

1871 The AMA Committee on Criminal Abortion issues a report castigating the selfishness and “unnaturalness” of women who seek abortions.

III.

1873 - 1973

ERA OF ILLEGALITY

In response to criminalization, the market for illegal abortion flourishes. Millions of abortions are provided by a variety of practitioners, including the notorious “back alley butchers” and lesser-known “doctors of conscience.”

1955 Experts estimate that anywhere from 200,000 to 1.2 million abortions take place each year in the U.S.

1962 Experts estimate that about 5,000 deaths occur each year due to illegal abortions.

1966 Nine physicians affiliated with University of California, San Francisco (UCSF) hospitals are threatened with prosecution because they have been providing abortions for women with rubella, a condition known to cause birth defects. This threat backfires as academic medical leaders come to the defense of the “San Francisco Nine” and call for more liberal abortion laws.

1970 The AMA reverses its historic position and calls for the legalization of abortion, a move spurred by physicians’ experiences of the deaths and injuries caused by illegal abortion as well as the frustrations of dealing with the uncertain legal consequences of abortion provision.

1971 Dr. Jane Hodgson of St. Paul, Minnesota becomes the only physician in the U.S. to be convicted for performing an abortion in a hospital, for a woman with rubella. The conviction was overturned after the *Roe v. Wade* decision and Dr. Hodgson went on to provide abortion in Minnesota into her 80s.

IV.

1973 - present

ERA OF LEGALIZATION & MARGINALIZATION

Since 1973, abortion struggles to be normalized as a health care service and treated like other branches of the health care system.

1973 The Supreme Court legalizes abortion in the *Roe v. Wade* decision.

1973 In an early indication of Congressional willingness to regulate abortion, the U.S. Senate overwhelmingly passes the Church Amendments, which permits individual clinicians and hospitals to opt out of performing abortions.

1976 Congress passes the Hyde Amendment, which forbids the use of public funds to pay for abortions except under extremely limited circumstances, effectively prohibiting federal abortion coverage for women enrolled in Medicare and Medicaid, Native American women, U.S. servicewomen and veterans, women in the Peace Corps, female federal employees, and women in immigration detention facilities and prisons.

1973 and beyond Immediately after the *Roe* decision, medical institutions sideline abortion: routine training for OB/GYN residents omits abortion training; most hospitals fail to establish abortion services; private practitioners resist providing abortions; and academic medicine shuns abortion providers for prestigious appointments. Most of the responsibility for abortion care falls to freestanding clinics and a minority of doctors, who offer excellent care but remain separate from the rest of medical community.

2007 The Supreme Court case *Gonzales v. Carhart* upholds a Congressional ban on a rarely used method of second-trimester abortion despite providers’ arguments that it is the safest method in certain situations.

2010 The midterm elections, which see significant Republican gains in state legislatures, lead to hundreds of new laws regulating abortion.

2019 Ohio legislators introduce a measure that could result in the death penalty for providers (and abortion recipients) in certain situations.

V.

1970s - present

ERA OF VIOLENCE & INTIMIDATION OF ABORTION PROVIDERS

Since the *Roe* decision, abortion providers have been subjected to acts of violence and intimidation, including murders, fire-bombings, anthrax scares, and stalking, that other health care providers do not face.

1976 The first abortion clinic arson takes place in Oregon, followed by the first clinic bombing two years later in Ohio.

1982 Dr. Hector Zevallos, an Illinois abortion provider, and his wife are kidnapped and held for three days by a group calling itself The Army of God.

1986 Operation Rescue is founded; the anti-choice group begins large-scale sieges and blockades at abortion clinics.

1993 Dr. David Gunn, an abortion provider, is murdered in Florida. He is the first of 11 people to be killed by anti-abortion extremists.

2016 The National Abortion Federation (NAF) reports a significant increase in violent incidents immediately after the election of Donald Trump and Mike Pence.

VI.

1977 - present

ERA OF PROACTIVE STEPS ^{BY THE} ABORTION PROVIDER COMMUNITY

The abortion-providing community takes steps to promote the legitimacy of abortion as a normal part of reproductive health care.

1977 The National Abortion Federation (NAF) is founded and becomes the leading organization of abortion providers.

1990 NAF and the American College of Obstetricians and Gynecologists (ACOG) convene a symposium to address the shortage of abortion providers, and to endorse advanced practice clinicians (nurse practitioners, physician assistants, and midwives) as providers of first-trimester abortion care.

1991 The Fellowship in Family Planning, which includes advanced training in abortion provision and research, originates at UCSF and grows to 31 sites at medical schools across the country.

1999 The Ryan Residency Program in Abortion and Family Planning is founded at UCSF, providing funding and technical support for abortion training at 100 OB/GYN programs in the U.S.

2005 The Society of Family Planning (SFP) is formed, which brings together abortion providers and social scientists in academic settings and publishes the journal *Contraception*.

2020 In the wake of COVID-19 and cancellation of elective and non-urgent procedures, ACOG, SFP, and other mainstream medical institutions issue a joint statement that abortion is essential health care and should not be canceled or delayed, saying that “the consequences of being unable to obtain an abortion profoundly impact a person’s life, health, and well-being.”

For too long, the stigma, controversy, and occasional violence associated with abortion has kept it out of mainstream medicine. Despite being sidelined, abortion providers have continued to give quality care to people. However, abortion needs to become an acceptable part of everyday health care in order for Americans to live their healthiest, fullest lives.

Portraits based on providers from the Ryan Residency Program and Medical Students for Choice

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