

Testimony of

Dr. Ken Edelin

Associate Dean
Boston University of Medicine
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Abortions in America Before and After Roe v. Wade

It was 1966 and I was a third year medical student attending Meharry Medical College in Nashville, Tennessee.

Meharry and its hospital, Hubbard, were located in the

poorest section of segregated Nashville. Some of the patients who came to the hospital lived in the surrounding neighborhood, often one room wooden shacks, with no indoor

plumbing and with sewage running in ditches outside of the houses. There were few sidewalks, and most of these patients came to the hospital on foot. But Hubbard Hospital

didn't just take care of poor Black Nashville. Hubbard Hospital was for all Black Nashvillians, because Black patients were not allowed to go to the white hospitals. Rich and poor alike came to Hubbard Hospital. What they had in common was that they were sick and they were Black. It was their hospital.

As a third year student I worked in the Ob/Gyn clinic taking care of women and their reproductive health care needs.

The birth control pill had been on the market for six years and women came to the clinic seeking it. The issue of birth control, especially in a

southern city like Nashville, was still controversial, but at Hubbard and Meharry the patients got what they wanted and needed. The Pill was a liberating chapter in our

history. The fear of pregnancy nearly disappeared for some women who took the pill - nearly, but not completely.

I was on call, sleeping in the hospital when I was summoned downstairs to the emergency room by the Ob/Gyn resident to help with a patient. She was a seventeen year

old Black high school student whose reddish-black mahogany colored skin contrasted with the starkness of the white of the sheets which covered the stretcher that she was

lying on. Her body was swollen, and her fingers, toes and the tip of her nose were a dusky bluish-purple color. She was semi-conscious. She responded to pain as I attempted

to start an I.V. Otherwise she could not be aroused. Her blood pressure was low, her heart was racing and her skin was hot to the touch. The resident called Dr. Carr Treherne, the attending physician on duty that night.

Dr. Treherne was one of the busiest and best Ob/Gyns in Nashville. He examined the young woman and knew immediately what the problem was. She had fallen prey to a poorly performed abortion. When the Black women of Nashville -rich or poor - found

themselves pregnant and did not want to be they sought out one of the physician abortionists who practiced in the city. But if they could not afford the hundreds of dollars that it would cost, they turned to the poorly trained and sometimes untrained abortionists.

Sometimes the abortionists were nurses or nurses' aids who had access to surgical

equipment. Sometimes there was no medical equipment. Sometimes the abortionists were scam artists who took advantage of and money from the desperate women who were

pregnant and did not want to be. Women who survived tell stories of humiliation and exploitation. They tell stories of being raped as part of the price of the abortion they were

going to have. These women tell stories of being directed to stand on isolated street corners at midnight waiting for a car, and being blindfolded as they drove off to go to the place where the abortion was to take place. They describe empty apartments in

abandoned buildings, with a single bare light bulb hanging down from the ceiling, dimly lighting a newspaper covered kitchen table. With no anesthesia and no antisepsis,

instruments or rubber catheters were inserted into the vagina and blindly guided into the cervix, the opening which leads to the womb. If a woman, in her desperation, could not find anyone to perform the abortion she would attempt to do it herself. Sticks were used.

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Knitting needles were used. Crochet hooks were used. Straightened coat hangers were used. Sometimes strong douches made up of Lysol and water, Green soap and water or alcohol and water, were injected into their wombs by pressing the nozzle of the douche up against their cervix. When nothing worked, sometimes they committed suicide.

On this night this desperate young girl's life was slipping away and Dr. Treherne knew that the only chance that he could save her would be by removing the nidus of infection - her pregnant, infected uterus. He had the resident prepare the patient for surgery and I scrubbed with them.

As the incision was made in the girl's abdomen, fluid oozed from her tissues.

Once he opened the abdominal cavity pus and the foulest of odors escaped into the room.

He held her uterus gently in his hands, and it, like her fingers and toes, had a bluish discoloration and was like mush. On the back side of her uterus was a gaping hole and floating free in her abdomen was a red rubber catheter, one of the favorite instruments of abortionists. The catheter had been threaded through her cervix and into her womb and her vagina had been packed with gauze to keep the catheter in place. The catheter had punctured her uterus and the bacteria carried with it caused an overwhelming infection.

The infection seeped into her abdomen and from there spread throughout her body. She was septic - her body, blood stream and all of her organs were infected. She was near death. The decision to perform a hysterectomy was the only decision Dr. Treherne could make because it was the source of the infection that pervaded and invaded her body.

Because the tissues of her uterus were so infected they were extremely fragile, and putting in the stitches needed to tie off the blood vessels was like putting stitches into wet tissue paper. With great care and skill he was able to finish the surgery and remove her

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infected uterus along with the dead fetus and placenta it contained. The image that is seared into my mind is that young girl lying in a bed in the recovery room with tubes and drains emerging from every orifice. Dr. Treherne sat at her bedside holding her hand. It was the only thing left for him to do. Her life slipped away and she died.

Women have been trying to control their fertility for almost as long as they have been on this earth. The first recorded successful abortion occurred 4000 years ago. Some women abort and others give birth. When women are determined to end an unwanted pregnancy only their imaginations, desperation and money limit the means that they will use to end that pregnancy.

Women, having had their bodies and lives partially liberated by The Pill in 1960, relearned the tactics and methods used by their foremothers to legalize birth control and employed by the civil rights and anti-war movements. Women took to the streets for better reproductive health care. Betty Friedan called on all American women to celebrate the 50th anniversary of women's suffrage by striking for free child care and abortion upon request. Abortion! That dark secret of America was lobbed into the public arena and the reverberations spread out across the country. Hawaii felt the tremors and was first in the country to enact a liberal abortion law. Women marched and other states followed. The American Medical Association came out in favor of legal abortion by stating that it was a decision between a woman and her doctor while the Vatican and its American Bishops said that it was always homicide even when the woman's life was threatened. In the United States Senate Bob Packwood rose to introduce a national abortion rights bill, and the U.S. Supreme Court finally agreed to hear two abortion cases which would eventually change the entire country.

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I graduated from medical school in 1967 and served as a general medical officer in the United States Air Force assigned to a Base in England. Upon completing my tour of duty I entered the residency training program in Obstetrics and Gynecology at Boston City Hospital.

As a first year resident in training at City Hospital I was permitted and often encouraged to perform abortions. When I first arrived at City Hospital in 1971 women could have abortions if it could be documented that continuation of the pregnancy would be detrimental to their physical or mental health. If that was the case and if The Abortion

and Sterilization Committee - The Committee - approved their request then the abortion could be carried out. For our patients it was humiliating to have to justify the reasons for wanting an abortion and to have that reason be judged by a committee. It was also time consuming. Sometimes the approval process would take so long that what started out being a first trimester abortion would progress into the second trimester.

We figured out a way to speed up the approval process. We got several psychiatry residents to agree to see our patients on an emergency basis when they came in requesting abortions. The residents would quickly write out a consultation that would state that "continuation of the pregnancy would be detrimental to the woman's mental health." This allowed us to get her case before The Committee sooner, which meant that more of the terminations could occur in the first trimester, when the procedure was easier for us and safer for our patients.

Before Roe many women from Boston went to New York, which had liberalized their abortion laws several years before. Unfortunately, Black women could not scrape together the money to travel to New York and pay for their abortions. A few did, but if

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they had complications when they returned to Boston, they would come to City Hospital and we would have to "clean up somebody else's mess." Most Boston poor and Black women did not have the option to go to New York. They came to City Hospital for their terminations. During those early years there were just a few of us who were willing to perform abortions. I felt strongly that this was a procedure that we should provide to the women who relied on City Hospital for their health care. I understood the fear and desperation that they felt.

No one made performing the abortions easy. There were a couple of nurses, a scrub tech, and an anesthesiologist who would volunteer to help us, but all the other department staff - doctors and nurses - did not want to be involved in providing abortions for the women who came to City Hospital. For the resident staff there was little training value in providing abortions. Therefore abortions had to be scheduled after the regular operating room cases were completed. The few of us who did perform them often did so in the afternoons and on Saturday mornings, with a reduced operating crew of volunteers. I wrote to the hospital administration and asked them to establish an ambulatory abortion unit for first - trimester abortions so that the service we were providing could be carried out under better conditions for the patients. They refused my request.

Half way through my second year of residency, on January 22, 1973, the Supreme Court of the United States declared that American women had a legal right to abortions. Their ruling in Roe v. Wade stated simply that women had a right to privacy and during the first 12 weeks of a pregnancy she could terminate a pregnancy and the state could not prevent her from doing so. During the second trimester the state could intervene only to

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say where the abortion could take place so as to protect the health and safety of women. During the last third of pregnancy, which is the time at which the fetus becomes increasingly viable and able to live outside of the womb of the woman, even with the help of respirators and other machines, the state might have an interest in the potential for life of the fetus, and may regulate the performance of the abortion. However, women still had the right to terminate the pregnancy, even in the third trimester.

The Roe decision hit like a bombshell. It threw out all restrictive laws against abortion in every state in the country. There were now no laws against abortion in Massachusetts. Women were now free to make the decision about terminating a pregnancy in private and in safety. With Roe illegal abortionists were driven out of business, and clinics opened up to provide women with the choice to terminate their unwanted pregnancies. The clinics were staffed by sympathetic and well trained physicians and nurses who were good at what they did. Doctors stopped going to jail and women stopped dying. But doctors began dying. Those opposed to abortion began to target doctors, first with intimidation and then with death.

Shortly after Roe was handed down I was invited to speak about the impact of the decision at a medical student conference which was being held in Boston. The Student

National Medical Association, which I had help found while a medical student at Meharry in 1966, was holding a meeting in Boston and wanted to have a debate about abortion. The other person they invited was opposed to abortion and was a founding member of every right-to-life organization in Massachusetts.

In preparing for the debate I knew that my presentation would have to be based upon facts that particularly addressed how this Supreme Court decision would impact the

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lives of women, especially poor and Black women, their health and their options in life. My search of the medical literature confirmed my own experiences. It confirmed that women had been seeking to terminate unwanted pregnancies for almost as long as women have been on this earth. It confirmed what I knew, that women would put their health and lives on the line to terminate an unwanted pregnancy. It confirmed what I suspected, that the women who suffered most when abortion was illegal were poor and Black women. They were the ones who hemorrhaged, who became infected, and who had hysterectomies as a last resort life saving measure, and it was Black women who died in disproportionate numbers from poorly performed, illegal abortions. My own personal feelings and experiences were legitimized hundreds of times over by the cases cited in the medical and scientific literature.

During the debate my argument was about women's lives. It was about women making choices about their lives. My goal was to describe the human tragedy of the women who were hurt by illegal abortions.

It was an argument in images and words. Neither of us would yield. I focused on the rights of women, the horrors of illegal abortions, especially as they injured poor and Black women and the determination of women throughout the ages to terminate those pregnancies that they did not want, even if it meant putting their own lives and health at risk. After that debate, I vowed that I would never again debate "right-to lifers". Their position was too absolute and too rigid. They cared little for the lives of women, which as a gynecologist, was what I cared about most. For them things were black and white. For me, there were always shades of gray or café au lait.

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At City Hospital we began the struggle to make our abortion service a part of the other services provided by the Ob/Gyn department, but we met resistance at every turn. With the help of the nursing administration, however, we were able to open a second trimester abortion unit, and were able to perform two saline infusions per week. There were nurses who volunteered to work in the unit, who stayed with the women during the entire procedure, comforting them, supporting them and teaching them. They taught them about their bodies, about relationships with men and about contraception. It was their goal to keep women from having to come back to the unit again. It was their goal to empower women to take control of their lives.

Performing abortions has never been easy for any doctor I know. Those of us who decided to perform abortions, whether legal or illegal, did so because we felt that the choice should be up to the woman who was pregnant. During the days of illegal abortions, women died and doctors were imprisoned. Some doctors became wealthy performing abortions. So did some non-doctors. During those days, however, many women, especially poor women were humiliated, abused, maimed and were killed by their procedures, either done by someone else or self-induced.

Those of us who provided abortions understood through our life's experiences that life is not just, yes or no, black or white, up or down, right or wrong, life or not life, death or not death. In these difficult dilemmas I believe that the decision to have or not have an abortion should be left up to the individual woman, and to let her arrive at that decision by any way she chooses.

I also believe that physicians should not be forced to perform abortions. Those of us who perform abortions recognize, as do our patients, that we are not only terminating

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the pregnancy but the life of the embryo or fetus which is a part of the pregnancy. We respect, however, and give great weight to the intelligence and decision making abilities of our patients whereas those who oppose abortion do not.

Who are we to judge and put a value on the decision that a woman makes because she may have severe diabetes, severe kidney diseases, cancer, poverty or too many other children at home?

There have been many attempts to overturn Roe v. Wade and none of them have been successful. Our congress and state legislatures have successfully restricted a woman's right to choose in many instances, but they have not been able to overturn Roe. That, however, might happen. Roe survives because of a one-vote majority on the Supreme Court. If that majority is changed with the appointment of new Supreme Court justices, then women and physicians will be forced back to the days of illegal abortions. The potential for injury and death is too difficult to contemplate. But the potential for injury and death is too real for us not to contemplate it. We must not let that happen. We must not go back!

Kenneth C. Edelin, M.D.