

Medical Students Point to History in Pledging to Advocate for Safe, Legal Abortion

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The news as of late reflects the dystopian status of present-day healthcare. Numerous states have stripped away fundamental reproductive rights by criminalizing abortion with ruthless disregard for anyone capable of becoming pregnant. In April, our own Indiana Governor Eric Holcomb banned dilation and evacuation procedures—the most common method used during second-trimester abortion. The dilation and evacuation procedure is safe for the pregnant person, and banning it is simply a political move towards ensuring Indiana's status as an anti-choice state. States issuing such restrictions, which most endanger marginalized communities (including poor cis women of color, trans men, and non-binary people), seek to intimidate physicians who perform abortion procedures.

Recently, Alabama Governor Kay Ivey signed a near-total abortion ban (HB 314). This legislation in Alabama, in tandem with the 'heartbeat' bills signed in Iowa (SF 359), Kentucky (SB 9), and Ohio (SB 23) in the recent past, all serve as measures of making abortion illegal on the federal level. Gov. Ivey and Ohio Governor Mike DeWine signed their heartbeat bills in April, even after IA and KY's bills were struck down and temporarily blocked in federal court, respectively. Their signatures, accompanied by an anemic legal precedent at best, therefore serve to incite a series of legal battles ending at the Supreme Court level with the hope of overturning *Roe v. Wade*, according to the most recent statement made by the American Association for the History of Medicine. While *Roe v. Wade* has been regarded as immovable law for almost fifty years, the recent appointment of Brett Kavanaugh, whose own alleged history of sexual assault was brought to light during his

2018 hearing, places the ruling on shaky ground. The successful appointment of Kavanaugh not only put a person's right to speak out against unfit nominees to public office in question but also a person's right to comprehensive reproductive health care—namely, to abortion. On May 28, the current Court showed its sympathy for the anti-abortion cause by upholding the Indiana state law requiring burial or cremation of fetal remains after an abortion—again, potentially giving “conservative state legislatures confidence that restrictions may survive court challenges.”

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While this and anticipated anti-abortion rulings will bolster what little legal precedent exists to rescind *Roe v. Wade*, abortion bans are an egregious misrepresentation of constituents' opinions on abortion-related healthcare. For example, ALG Research of Planned Parenthood (2018) found that 65% of Alabamians support abortion access in cases of rape, incest, or the endangerment of the pregnant person's life. There is

no state in the United States where more than 25% of its population supports a 6-week abortion ban. Americans do not want these bans. In fact, a select group of physicians initiated the anti-abortion movement in the mid-19th century, led by Horatio Storer, who is rather ironically often cited as the father of gynecology. The crusade against abortion occurred within an extreme, sexist context and was more than just a ploy to control women at the time. Professor Leslie J. Reagan of the University of Illinois writes in her 2019 *TIME* article that something more sinister could have been at work—an agenda to promote the birth of more middle-class white babies to effectively prevent overpopulation by “foreigners,” “freedpeople,”

and people of color. This type of segregative thinking may feel antiquated, but since the 2016 election of Mr. Trump, the United States has seen a resurgence of white supremacist ideation. Today, the modern crusade against abortion capitalizes on a health care system that disproportionately bars people of color, as a group, from good health. In this sense, it is no longer about increasing the number of white babies; rather, it is about actively burdening pregnant people of color with undue risk.

And so, abortion will not stop if made illegal. Instead, a pregnant person will be forced to turn to life-threatening alternatives resulting in sepsis, infertility, or death—outcomes that prompted the Supreme Court to confirm abortion as a constitutional right in 1973. According to Professor Reagan, “Before Roe, hospitals had entire wards for patients experiencing sepsis after shoddy or self-induced abortions.

Chicago’s Cook County Hospital had 5,000 patients annually in the abortion ward — women who were bleeding, infected and sometimes dying.” This reality is made increasingly poignant in Dr. Julie Inglefinger’s piece in the *New England Journal of Medicine* about ‘Jane’ (a pseudonym), a young nurse in New York from the Virgin Islands, who is one of the thousands of women that endured a back-alley abortion only to go into sepsis and ultimately kidney failure. From then on, Jane must undergo acute dialysis at a young age. Even with dialysis as a lifeline, Jane dies from acute bleeding with a hemothorax only months after her back-alley abortion.

Dr. Inglefinger closes stating, “Five years later, Jane would not have died — abortion had become legal in the United States. Over the ensuing decades, safe and legal abortion became standard. Thus, Jane would have, like me, become a grandmother, and would probably still be working and serving others.”

The tragic stories of botched abortions predominantly affecting marginalized communities are a chapter in history to which we cannot return. As future physicians, we pledge to advocate for safe, legal abortion and to support procedures informed by evidence-based medicine as outlined in the American College of Obstetricians and Gynecologists’ 2018 statement. We oppose any action to weaken or overturn the landmark case *Roe v. Wade* and urge our readers to join us in protecting reproductive choice, and therefore healthcare.

NOTE FROM THE EDITOR:

The following are the opinions of two of the ISMA Student members. This article is published with the intent to encourage discussion. If you have an opposing viewpoint, **please send it**. We would be happy to publish it in next month’s edition. Additionally, if you have an editorial you would like to share please feel free to submit it to me at mper-rill@indymedicalsociety.org.

1 Lange K. *ACLU sues Indiana over near-ban on most common second-trimester abortion procedure*. *The Indianapolis Star* [Internet]. 2019 [cited 4 June 2019]. Available from: <https://www.indystar.com/story/news/politics/2019/04/25/aclu-sues-indiana-over-law-banning-common-second-trimester-abortion-procedure/3573597002/>

2 American Association for the History of Medicine. *Heartbeat Bill Statement – AAHM Members* [Internet]. 2019. Available from: <https://docs.google.com/document/d/1R7qnCJukA2jBdMKr-M5nXWVr19LmrBITWojoOimjsJM/edit>

3 Davies T. *Indiana fetal remains law could boost costs for abortions*. *The Washington Post* [Internet]. 2019 [cited 4 June 2019]. Available from: https://www.washingtonpost.com/national/health-science/indiana-fetal-remains-law-could-boost-costs-for-abortion/2019/05/29/03a1aa64-825c-11e9-b585-e36b16a531aa_story.html?utm_term=.6d2011b4162d

4 Aron N. *The father of American gynecology fought to criminalize abortion in the 1850s* [Internet]. *Timeline*. 2019 [cited 5 June 2019]. Available from: <https://timeline.com/horatio-storer-criminal-abortion-c433606491da>

5 *We Don’t Have to Imagine the Consequences of Abortion Bans. We Just Have to Look to the Past*. *TIME Magazine* [Internet]. 2019 [cited 5 June 2019]. Available from: <https://time.com/5589993/alabama-abortion-law-history/>

6 Ibid.

7 Inglefinger J. *A Remembrance of Life before Roe v. Wade*. *The New England Journal of Medicine* [Internet]. 2019 [cited 3 June 2019];379(8):708-709. Available from: <https://www.nejm-org.proxy.medlib.uits.iu.edu/doi/10.1056/NEJMp1809150>

8 Ibid.

9 American College of Obstetricians and Gynecologists (ACOG). *ACOG Opposes U.S. Senate Effort to Limit Abortion Access* [Internet]. 2018. Available from: <https://www.acog.org/About-ACOG/News-Room/Statements/2018/ACOG-Opposes-US-Senate-Effort-to-Limit-Abortion-Access?IsMobileSet=false>