

STATEMENT SUBMITTED FOR THE RECORD BY VICKI SAPORTA, PRESIDENT & CEO,
NATIONAL ABORTION FEDERATION

**Statement of Vicki Saporta, President and CEO
National Abortion Federation
Submitted to the House Judiciary Committee
Subcommittee on the Constitution
March 2, 2006**

The National Abortion Federation (NAF) is the professional association of abortion providers in North America. NAF's mission is to ensure that abortion remains safe, legal, and accessible. NAF's members include physicians, advanced practice clinicians, nurses, counselors, administrators, and other medical professionals at more than 400 facilities in the United States and Canada. NAF members are recognized experts in abortion care and include non-profit and private clinics, women's health centers, Planned Parenthood facilities, hospitals, and private physicians' offices, as well as nationally and internationally recognized researchers, clinicians, and educators at major universities and teaching hospitals. Together, they care for more than half the women who choose abortion each year in the United States.

NAF welcomes the opportunity to submit comments on the "Scope and Myths of *Roe v. Wade*." Although witnesses on both sides of the issue will undoubtedly discuss the legal framework of *Roe v. Wade*, no hearing on this topic can be complete without looking at the conditions women faced before the Supreme Court decided this landmark case more than thirty years ago. Several NAF member providers have first-hand experience with the devastating health consequences of illegal abortion before *Roe*. They were there when *Roe* was decided and they have been there since, on the front lines everyday, protecting women's health and saving women's lives despite the harassment, threats, and violence they face on a regular basis. Here are some of their reflections on their experiences before *Roe*:

Dr. Curtis Boyd, MD, Albuquerque, New Mexico

As a physician it never occurred to me to do an abortion. I didn't know how. But as I continued to work with the church groups and to refer women out of the U.S. for abortions, those desperate women kept pleading, "But, Doctor, can't *you* do something?" At first, the answer was obvious. Of course not. In their desperation, I'm sure that those women had no idea what they were asking of me. I would risk my medical license, my entire career, my young families' well-being, and my own freedom, if I performed an illegal abortion. Ultimately, I risked all those things which I held dear because I could no longer live with the knowledge that I could do something and I was choosing not to.

Many of the doctors of conscience who have provided abortions though the years were moved to do so by the horrors of botched illegal abortions. I saw those ill and sometimes dying women in my medical training too. I was moved by their plight. But that was not what drove me to risk my career and sometimes my life. I was moved by the certain knowledge that women's lives could be ruined when they could not abort a pregnancy.¹

Dr. Eugene Glick, MD, MPH, San Francisco, California

"I think the image that I retain was that of a 31-year-old Mexican-American woman who died of endotoxic shock with her husband and four or five children around," he says. "And that scene is in my mind and has been in my mind coming back all the time. I see the bed, I see the kids crying and I see the husband crying."²

Dr. Mildred Hanson, MD, Minneapolis, Minnesota

¹ Dr. Curtis Boyd. Sermon Given to the Universalist Unitarian Church of Peoria, Illinois. Sunday, September 20, 1992.

² Felicia R. Lee, "Think Tank; Doctors who Performed Abortions Before *Roe v. Wade*," *The New York Times*, October 4, 2003, Section B, Page 9.

As the head of a hospital committee on abortion and sterilization in the 1960's, Dr. Mildred Hanson coached women through an elaborate system to prove that an unwanted pregnancy threatened their life or mental health. But one day she received a frantic call from a young woman seeking her help, and without a name or number all she could do was familiarize her with the process and ask her to call back.

She never called back. "I later learned that she committed suicide by jumping out of a 17th-story window," said Dr. Hanson, now 81, her voice breaking. "To this day, I feel responsible for her death."³

Dr. Hanson also recalls an earlier incident in 1935 when a woman died from a septic abortion, orphaning six children. That memory is still engrained in her head to this day.

It is estimated that if *Roe v. Wade* is overturned and the issue returns to the states, as many as twenty states would ban abortion immediately and as many as ten more could follow. Only about twenty states would keep abortion safe and legal. But the bans would not end abortion in those states. Instead, they would mean that women may once again have to risk their lives, health and fertility in order to terminate an unwanted pregnancy.

Currently, abortion is one of the safest medical procedures provided in the United States and an essential part of the continuum of women's reproductive health care. But that has not always been the case. Between the 1880s and 1973, abortion was illegal in all or most states, and countless women died or experienced serious medical problems as a result. Women often made desperate and dangerous attempts to induce their own abortions or resorted to untrained practitioners who performed back-alley abortions with primitive instruments or in unsanitary

³ *Id.*

conditions. Women streamed into emergency rooms with serious complications -- perforations of the uterus, retained placentas, severe bleeding, cervical wounds, rampant infections, poisoning, shock, and gangrene that resulted in sterility or even death in many cases.

In 1973 the Supreme Court struck down state laws that criminalized abortion in the landmark decision *Roe v. Wade*. Doctors working in hospital emergency rooms and obstetrical/gynecological units before that time knew about the medical harm that women suffered as a result of self-induced and back-alley abortions. Today, many of these doctors are retiring and generations of Americans are too young to remember the devastating consequences of limiting access to safe and legal abortion.

Since 1973, despite the Supreme Court's protection of safe and legal abortion, access to abortion has been severely eroded. The most recent survey found that 87% of all U.S. counties have no identifiable abortion provider. In non-metropolitan areas, the figure rises to 97%. As a result, many women must travel long distances to obtain abortion care.

Distance is not the only barrier women face. Many other factors have contributed to the current crisis in abortion access, including a shortage of trained abortion providers; state laws that make getting an abortion needlessly onerous; restrictions on public funding for low-income women; and fewer hospitals providing abortion services.

Unfortunately at the same time the Supreme Court has consistently upheld the principal holding of *Roe*, it has also contributed to *Roe*'s erosion by allowing states to impose restrictions that limit access to abortion. With the loss of Justice O'Connor and a shift on the Supreme Court, states are now attempting a frontal assault on *Roe*. There is too much at stake to allow attacks on the

well-established, fundamental right to safely choose abortion. It is critical to the lives and health of millions of women that the protections of *Roe* be upheld and not weakened further. On behalf of the members of the National Abortion Federation and the women they care for, I appreciate this opportunity to submit testimony on the critical importance of *Roe v. Wade*.