

# HONORING SAN francisco's ABORTION PIONEERS

A CELEBRATION OF PAST AND PRESENT  
MEDICAL AND PUBLIC HEALTH LEADERSHIP

In honor of the 30th anniversary of  
ROE V. WADE



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

# Acknowledgements

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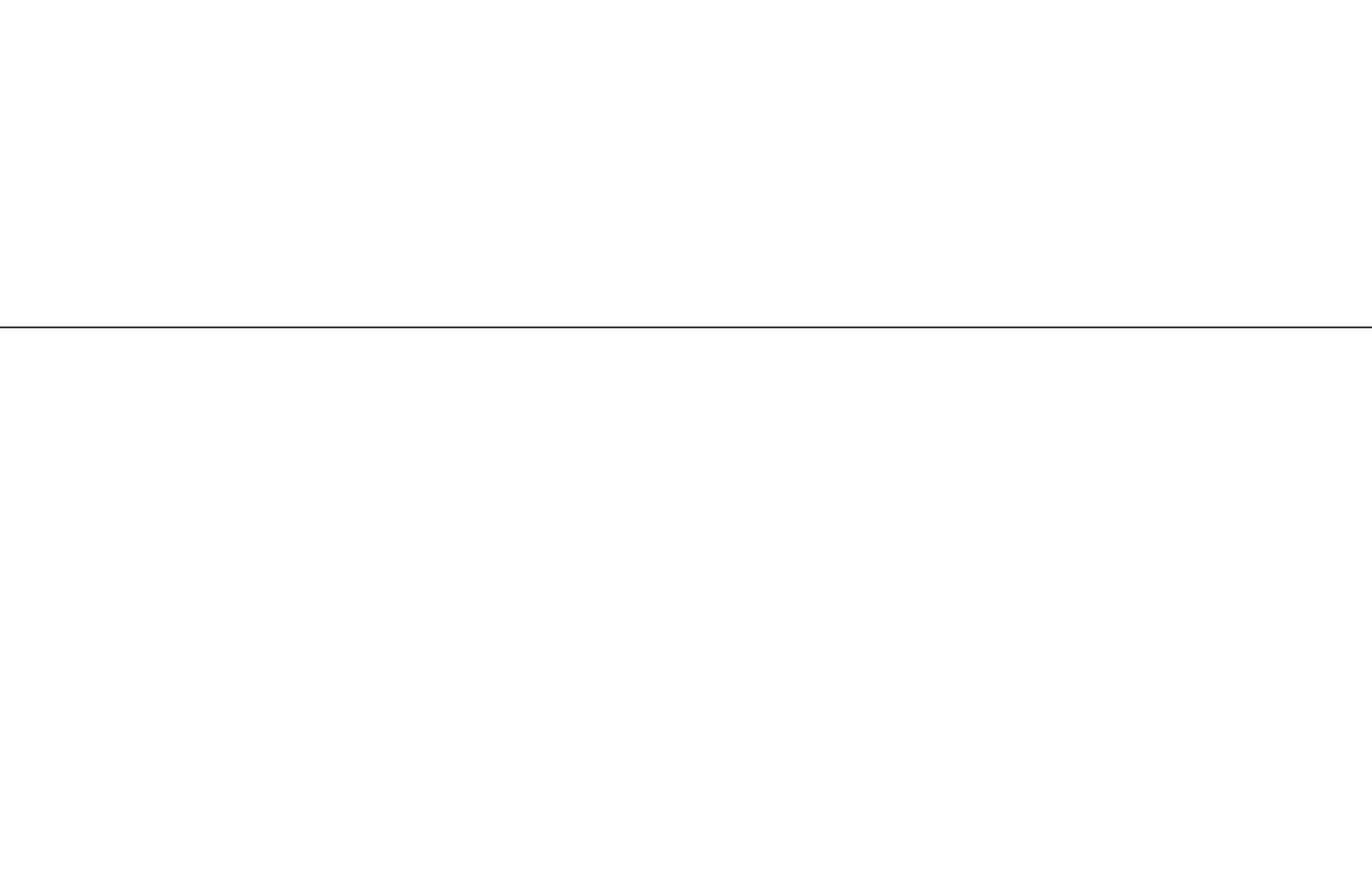
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*“The prevalence of abortion in the United States and throughout the world makes it clear that...the public issue is not whether abortions should be allowed but whether they should be safe...rather than risky and illegal, unmonitored and invisible.”*

(FS Jaffe, BL Lindheim, PR Lee, 1981)

## introduction

This commemorative publication—prepared for the occasion of the 30th anniversary of the *Roe v. Wade* Supreme Court decision—presents an overview of major events in the history of abortion in California. It is intended to highlight the crucial roles played by the medical community and by the Department of Obstetrics, Gynecology and Reproductive Sciences (Ob/Gyn) at the University of California, San Francisco (UCSF). Even though many historians and social scientists have written at length about abortion, our local history has been largely untold. Today, students and colleagues at UCSF may be entirely unaware of the challenges that their predecessors overcame. There are many examples of courage in the history of medicine and public health; this is one.

The legal right to abortion, although important, is meaningless for women without health professionals willing to provide this care. As this history describes, organized medicine has played a mixed role with regard to abortion in the US—first arguing for criminalization in the 19th century, and then calling for legalization in the 20th. Even after *Roe*, the medical profession as a whole has not lived up to its responsibilities to American women to provide this needed service. Nationally, some 86% of US counties are without an abortion provider, and as a

result many American women, including the most vulnerable, have great difficulty in obtaining an abortion. As members of the UCSF community, we can be proud of the role this institution has played in improving women's lives. The abortion-related service, research, training, and education undertaken here stand proudly in contrast to work at many other medical centers where fear of controversy has overridden public health responsibilities. This publication is intended to honor the "abortion pioneers" from UCSF who have worked so tirelessly to improve reproductive health through innovative care, research, professional education, and public service.

As you read this booklet, you will note that the work of individuals connected to UCSF has had an impact far beyond San Francisco, and has influenced abortion care and policy both nationally and internationally. From the important case of the "San Francisco Nine" in the mid-1960s, which mobilized the medical community nationally, to the pioneering work in outpatient services and innovations in abortion technique, to the first research papers on the public health consequences of legal abortion, to the founding of Medical Students for Choice—UCSF has an outstanding record of achievement in this field.



*"Through the antiabortion campaign...[p]hysicians entered a new partnership with the state and won the power to set reproductive policy ...and women lost what had been a common-law right."*

(LJ Reagan, 1997)

1821

## the era of criminalization

1958

Until the early 1800s abortion was a common and accepted practice in the United States. It was considered relatively safe according to the medical standards of the day and was provided by a variety of practitioners. The subsequent history of abortion, however, became intertwined with the history of the professionalization of medicine. Formally trained physicians sought to rid the profession of practitioners without such training, and were also anxious to replace lay midwives, who had until that time been the main source of assistance to women giving birth or seeking abortions.

In the mid-1800s, the transition to smaller family size evident among society's most affluent and influential groups contrasted with the more prolific childbearing of recent immigrants. That white, married, Protestant, middle and upper class women used abortion to space and limit the number of children they had was of particular concern. It was a commonly-held belief that the primary role and purpose of women was to have children—abortion interfered with that role. The need for social and ideological control over reproduction was used to justify a medical crusade against abortion.

The American Medical Association (AMA), founded in 1847, made outlawing abortion one of its highest priorities, arguing that abortion was both an immoral act and a medically dangerous one. Coinciding with the regulation of abortion was the standardization of medical education, which began in 1870 with the affiliation of medical schools with universities. The medical transformation was further enhanced by the 1910 Flexner Report that urged stricter state laws, stronger standards for medical education, and more rigorous examinations for certification to practice. The enactment of the Flexner Report's recommendations created a near total AMA monopoly of medical education in America.

By 1900 abortion was illegal in every state except for the rare abortions approved by physicians themselves. Rather than eliminate the use of abortion, however, the physicians' campaign against abortion, and the era of criminalization that followed, resulted in tens of thousands of hospital admissions, and in the deaths of thousands of women who resorted to unsafe, illegal abortions.

Connecticut passes the nation's first antiabortion law, prohibiting abortion after "quickening".

1821

The American Medical Association (AMA) is established and subsequently launches national drive to criminalize abortion.

1847

1850

Legislation passes in California making abortion illegal except in cases to preserve the life of the woman.



Horatio Robinson Storer, MD, chair of the AMA Committee on Criminal Abortion, wins a prize from the AMA for his essay *Why Not? A Book for Every Woman*, designed to enlighten women about the evils of abortion.

Comstock persuades United States Congress to include information about abortion and birth control in federal obscenity legislation.

1864

1866

1873

Toland Medical College is opened on Stockton Street in San Francisco. Nine years later in 1873, it becomes the Medical Department of the University of California.

*"If each woman were allowed to judge for herself in this matter, her decision upon the abstract question would be too sure to be warped by personal considerations, and those of the moment: Woman's mind is prone to depression, and, indeed, to temporary actual derangement, under the stimulus of uterine excitation..."*

(HR Storer, 1866)

SECTION 1. Chapter 11 (commencing with Section 12000) and Division 20 of the Health and Safety Code are amended to read:

CHAPTER 11. ABORTION

10. This chapter shall be known and may be cited as the Therapeutic Abortion Act.

11. A holder of the physician's and surgeon's license as defined in the Business and Professions Code shall not perform an abortion or aid or assist or attempt to perform an abortion, only if each of the following requirements are met:

(a) The abortion takes place in a hospital which is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

(b) The abortion is approved in advance by a committee of the hospital.



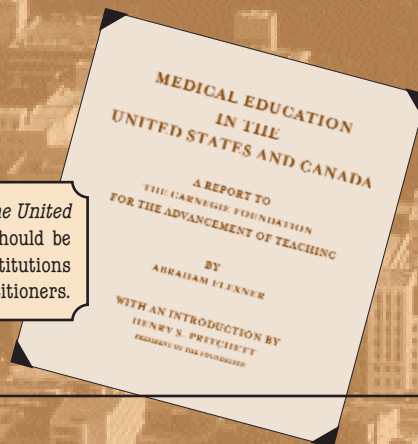


By 1900, laws in all states prohibit abortion.

1900

*The Flexner Report: Medical Education in the United States and Canada* argues that medicine should be taught within the confines of academic institutions and removed from the control of other practitioners.

1910



1955

1958

*"During this period, 'regular' physicians... sought the systematic regulation of lay competitors using the instrumentalities of the state (e.g., legislation to impose stricter training, credentialing and licensing requirements, and penalties for their violation)."*

(RP Petechesky, 1984)



The preclinical medical school instructional programs which were historically at Berkeley (anatomy, biochemistry, and physiology) become consolidated in San Francisco at Parnassus.

Construction begins on Moffitt Hospital.



UCSF takes over all clinical care at San Francisco General Hospital (SFGH).





*"The Board's action is an unconstitutional interference with the freedom of the licensed physician to prescribe and administer sound and scientific medical treatment, and with the right of the patient to benefit from the best medical care that modern science can provide."*

(Z Leavy and HH Kay, 1966)

*"We do not believe that violation of an archaic statute is unprofessional conduct, nor that it is unprofessional for a physician to conduct himself in accord with the ethics of the community, the wishes of patients, and the best medical judgment of doctors."*

(EW Overstreet, 1967)

1960

## advocating for change

1973

By the 1960s, both the medical community and the general public became increasingly frustrated with the inability of most American women to obtain a legal abortion. Physicians of that era witnessed in hospital emergency rooms the disastrous results of illegal abortion: estimates of the number of women who died each year in the years leading up to *Roe* ranged from 1,000 to 10,000, and many thousands of others suffered serious medical complications.

Moreover, doctors who did perform the few in-hospital abortions that were supposedly approved found themselves operating in a gray area, not entirely sure whether such abortions were truly legal. This ambiguity is vividly illustrated by the 1966 case of the "San Francisco Nine." A group of eminent obstetrician/gynecologists were abruptly threatened with the loss of their medical licenses because they had performed abortions for women infected with rubella during early pregnancy. This case mobilized the medical community in California and across the country to defend their colleagues. Attorneys Zad Leavy and Herma Hill Kay submitted a powerful amicus brief signed by more than 200 leaders of medical schools across the country, and a Citizen's Defense Fund was established to support the accused physicians. In 1967, California reformed its abortion law, establishing Therapeutic Abortion Committees through which doctors would

approve women's requests for abortion. In 1968, the American College of Obstetricians and Gynecologists (ACOG) endorsed abortion reform, and by 1970, the AMA changed its historic position and called for the legalization of abortion.

The 1960s simultaneously saw increased lay activism on behalf of abortion reform. Thalidomide-associated birth defects raised public consciousness about the need for legal abortion. In addition, the emerging women's movement made legal abortion one of its key demands. In San Francisco, the Society for Humane Abortion offered women advice on how to obtain abortions, as did the Clergy Consultation Service, a national group of ministers and rabbis that provided referrals to underground abortion providers.

Finally, as legal abortion seemed more and more inevitable, the pro-choice medical community began to prepare. Many physicians, including two from UCSF, gathered in Hot Springs, VA in 1968 for an international conference on abortion where they were first introduced to the vacuum aspiration method. At UCSF and Mount Zion, efforts were undertaken to make these improvements available to faculty who were performing abortions. Researchers at UCSF documented decreasing rates of abortion-related infection and complications requiring hospital admission as a result of both legalization and improved technologies.



Assembly Proposal

Law Changes Asked to Legalize More Abortions

Theodore Montgomery, MD of the state Department of Health testifies that 1/3 of all California maternal deaths in 1959 were due to illegal abortion.

By Earl C. Behrens, Political Editor  
SACRAMENTO, April 12—A bill to liberalize California's abortion law was introduced in the Assembly today.  
Assemblyman John Knox, Democrat, introduced the bill.  
Knox, Democrat, said he would introduce the bill in the Assembly today.  
California's abortion law has remained unchanged for 20 years.  
The bill would change the law to allow a woman to have an abortion if she is married and the husband has signed a statement that he consents to the procedure.  
The bill would also allow a woman to have an abortion if she is a minor and her parents have signed a statement that they consent to the procedure.  
The bill would also allow a woman to have an abortion if she is a minor and her parents have signed a statement that they consent to the procedure.

John Knox (D) introduces first bill to liberalize California abortion laws. The Bill dies in Committee.



The Society for Humane Abortion is founded in San Francisco by Patricia Maginnis, Lana Phelan, and Rowena Gerner. This group is the first to demand repeal of all abortion laws and openly provides information and education about abortion to US women.

1961

1962

1963

1965

1966

Law Enforced in Hospital Abortions

Abortion Crackdown--40 Doctors To Be Charged

At least 40 Bay Area doctors—all of them reportedly will be charged with performing illegal abortions, the state Department of Health announced today.  
The chief of obstetrics at St. Luke's Hospital and another leading San Francisco obstetrician were formally charged yesterday with arranging, performing or assisting in the performance of illegal abortions.  
The law has rarely been enforced in the past.

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Seven More Abortion Charges

By David Perlman, Science Correspondent  
Six San Francisco physicians and another now in Texas were accused of performing illegal therapeutic abortions yesterday in a series of new charges filed by the State Board of Medical Examiners.

The seven new cases, which bring to nine the number now before the board—all involve abortions that were performed with medical approval but

First therapeutic abortion is performed at SFGH to preserve the life of a woman with severe cardiac disease.

Two Coast Physicians Rebuked By Medical Board In Coast Abortions

In The New York Times  
SACRAMENTO, Calif., Oct. 24—Primary action was taken by the California Board of Medical Examiners against two physicians for performing therapeutic abortions on pregnant women who were threatened with giving birth to deformed children.

Judge Overturns

Abortion Rulings

The first charges are filed on May 21, 1966 against John Paul Shively, MD, Ob Chief, St. Luke's Hospital, and Seymour P. Smith, MD of St. Francis Memorial Hospital. Seven more charges are filed in June against Ronald Smith, MD and Alan Moss, MD from UCSF; Antonio Franzini, MD, Andrew Chigos, MD, and Maxwell V. Parker, MD from St. Luke's; and John A. Spencer, MD and Gregory Smith, MD from St. Francis.

"SF NINE CASE"

In 1966, nine San Francisco physicians are threatened with loss of their medical licenses by the State Board of Medical Examiners for performing therapeutic abortions for women exposed to rubella (German measles). This landmark event mobilizes the medical profession to advocate for abortion reform, and ultimately results in the liberalization of California's abortion law in 1967. By 1970 the State Board of Medical Examiners drops its efforts to suspend the doctors' licenses.

CITIZENS DEFENSE FUND ON THERAPEUTIC ABORTION  
3216 Geary Boulevard San Francisco, California 94118 221-5490

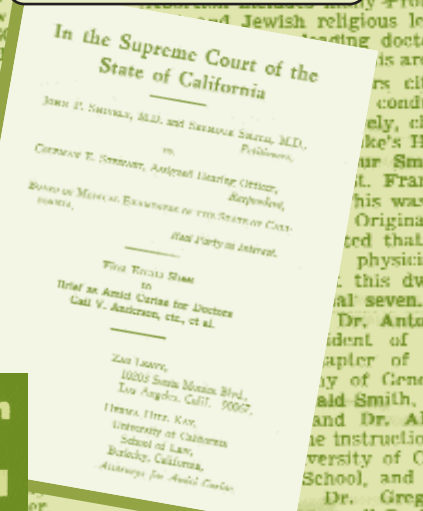


William K. Coblenz, M.D. Chauncey D. Leake, M.D.

US Supreme Court decides *Griswold v. Connecticut*, legalizing contraception for married people.

Citizen's Defense Fund on Therapeutic Abortion forms to support the nine San Francisco doctors. UC Regent William K. Coblenz, JD and UCSF Department of Pharmacology Chair Chauncey D. Leake, MD co-chair this group.

Zad Leavy, JD and Herma Hill Kay, JD author an amicus curiae brief defending the doctors. This brief is signed by more than 200 physicians across the nation, including 128 deans of medical schools and every medical school dean in the state of California.



Abortion Cases Dropped

The medical procedures involved include abortions as well as all obstetrics specialists. Dr. Parker now practices in Texas.

# Reagan Reluctantly Signs Bill Easing Abortions

# Abortion

SACRAMENTO, Calif. (UPI) — Gov. Ronald Reagan reluctantly signed a bill making California the first state in the nation to legalize abortion in cases of rape or incest, or to preserve a woman's mental or physical health.

Anthony Beilenson (D) sponsors abortion bill (SB 462) which is signed into law by Governor Ronald Reagan (R). Beilenson first proposed abortion law reform to the legislature in 1963.

The new California law legalizes abortion in cases of rape or incest, or to preserve a woman's mental or physical health. Legal abortions must be performed: within the first 20 weeks of pregnancy, in an accredited hospital of 25+ beds, only after approval by a therapeutic abortion committee of doctors. Prior to signing the bill, Governor Reagan demands the elimination of the original provision that had been approved by the state legislature permitting abortion in cases of substantial risk to the fetus.

An international conference is convened in Hot Springs, VA to exchange knowledge about the medical, legal, social, and ethical aspects of abortion. Edmund Overstreet, MD and Edwin Gold, MD from UCSF attend.

American College of Obstetricians and Gynecologists (ACOG) endorses abortion on medical grounds.

OB-GYN COLLEGE TAKES A BOLD STAND ON ABORTION

Historic action, the American College of Obstetricians and Gynecologists has taken an official position on abortion. It now endorses abortion on medical grounds for those who are far broader than the recently liberalized laws of Colorado, Georgia, and New York.

Bill Signed

1966

In response to the "SF Nine", the California Committee on Therapeutic Abortion is formed to provide public education on the problems of abortion and family welfare, and about the archaic abortion statutes which prevent proper medical care of women. Elgin Orcutt, MD, Chief of Ob/Gyn at SFGH, serves as the local liaison for the Committee.

1967

Formal Therapeutic Abortion Committees are established at Moffit Hospital, Mount Zion, and SFGH as a requirement of the new California abortion law. Each Committee is composed of at least two obstetricians, one or two psychiatrists, and a medical social worker. Previously, therapeutic abortions were approved by ad hoc hospital committees.

1968

Metal cannulas to provide abortion care are manufactured by UCSF to complement suction apparatus developed by the Mount Zion Hospital engineers.

1969

The Karman cannula is introduced, making abortions safer and less painful. Alan Margolis, MD helps to popularize this innovation by encouraging its manufacture and distribution.

**Therapeutic Abortion**

"Accumulating statistics from many recent studies suggest that one million illegal abortions occur each year in the United States and estimates indicate that 35,000 to 100,000 of these are in California...Induced abortion is the most common cause of maternal deaths in California."

(LP Fox, 1967)

announced yesterday... of the California Committee on Therapeutic Abortion... Dr. Keith P. Russell, president, said its purpose is to provide "public education on the problems of abortion and the problems of abortion form for

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UNIVERSITY OF CALIFORNIA HOSPITALS

SAN FRANCISCO, CALIFORNIA 94122

October 6, 1967

Alan Margolis, M.D.  
Associate Professor Ob.-Gyn.

Dear Doctor Margolis:

The Executive Committee of the Medical Staff of the University of California Hospitals is earnestly desirous that you serve as Chairman of the ad hoc Therapeutic Abortion Committee for the year 1967/68. The members of your committee for this term of office are listed below and each will receive a copy of this letter as notification of appointment.

Edmund Overstreet, M.D.  
Earl H. Hanson, M.D.  
Allen Goldstein, M.D.  
Parthasarathi Amini, M.D.

Attached you will find an explanation of the need for the formation of such a committee in the form of a letter from the Chairman of the Department of Obstetrics & Gynecology and a recent OB Bulletin.

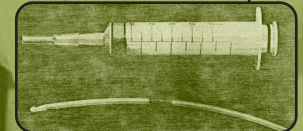
If I do not hear to the contrary within one week of this date, I will assume there is no significant objection to your acceptance of the appointment of all of the above members and yourself.

Please bear in mind that your committee is expected to report on its deliberations and actions from time to time to the Executive Committee at sessions indicated by the nature and extent of the work you accomplish.

Yours sincerely,

Malcolm S.M. Watts, M.D.  
Chief-of-Staff

MMWC:lab

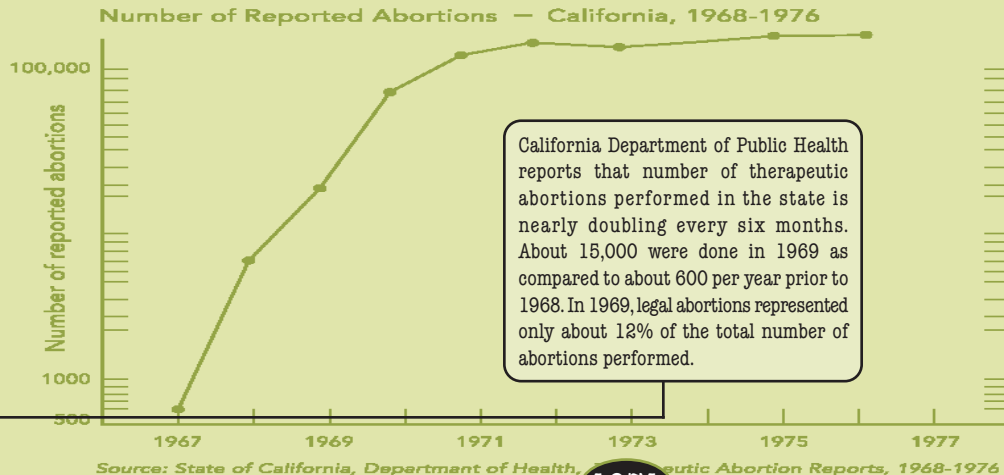




# CENTER FOR DISEASE CONTROL ABORTION SURVEILLANCE

CDC publishes first "Abortion Surveillance Report" in an attempt to present uniform statistics on hospital abortions.

AMA adopts resolution calling for a change in abortion laws across the country.



California Department of Public Health reports that number of therapeutic abortions performed in the state is nearly doubling every six months. About 15,000 were done in 1969 as compared to about 600 per year prior to 1968. In 1969, legal abortions represented only about 12% of the total number of abortions performed.

## Out-Patient Method for Abortions

By David Perlman  
Science Correspondent

Abortions can now be performed safely, efficiently and economically without confining patients in a hospital, a University of California physician reported yesterday.

Successful use of the new out-patient technique with 55 women at UC here has established that the method can be widely applied to make legal abortions available to more women, according to Dr. Alan J. Margolis.

Dr. Margolis is professor of obstetrics and gynecology at UC Medical Center in San Francisco. He and a group of colleagues reported on out-patient abortions yesterday to the American Association

3½ HOURS

In the 55 abortions performed at UC recently without hospitalization, Dr. Margolis said, the women spent an average of less than three and a half hours in the recovery room, compared with an average of 37 hours in the hospital for women treated on an in-patient basis.

All the abortions were successful, he said, and only five patients had to return to have complications treated the same proportion as among hospitalized patients.

The new technique, pioneered in Japan and Eastern Europe, involves removing the products of conception from the uterus with a suction apparatus while the patients are under anesthesia.

PATIENTS

In the UC study the patients were usually aborted within the first three months of pregnancy, and most often around the tenth or 11th week.

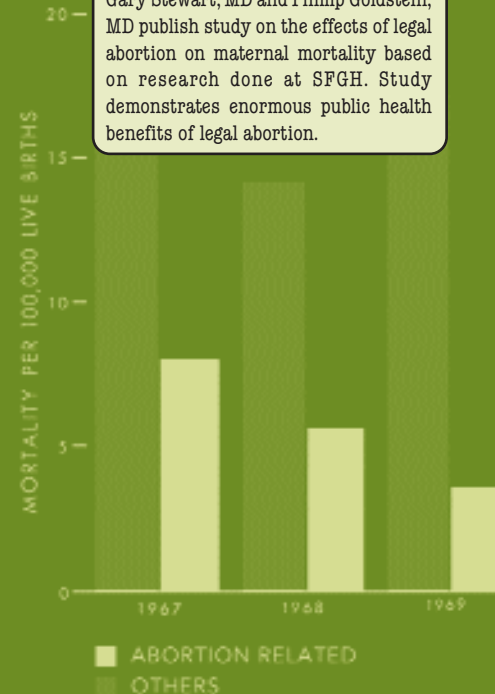
The special surgery room at UC is attached to another area equipped for full-scale operations, and specialized equipment and personnel are

1970

Alan Margolis, MD publishes findings on safety of out-patient abortion using suction apparatus. "Abortions can now be performed safely, efficiently, and economically without confining patients in a hospital."

1971

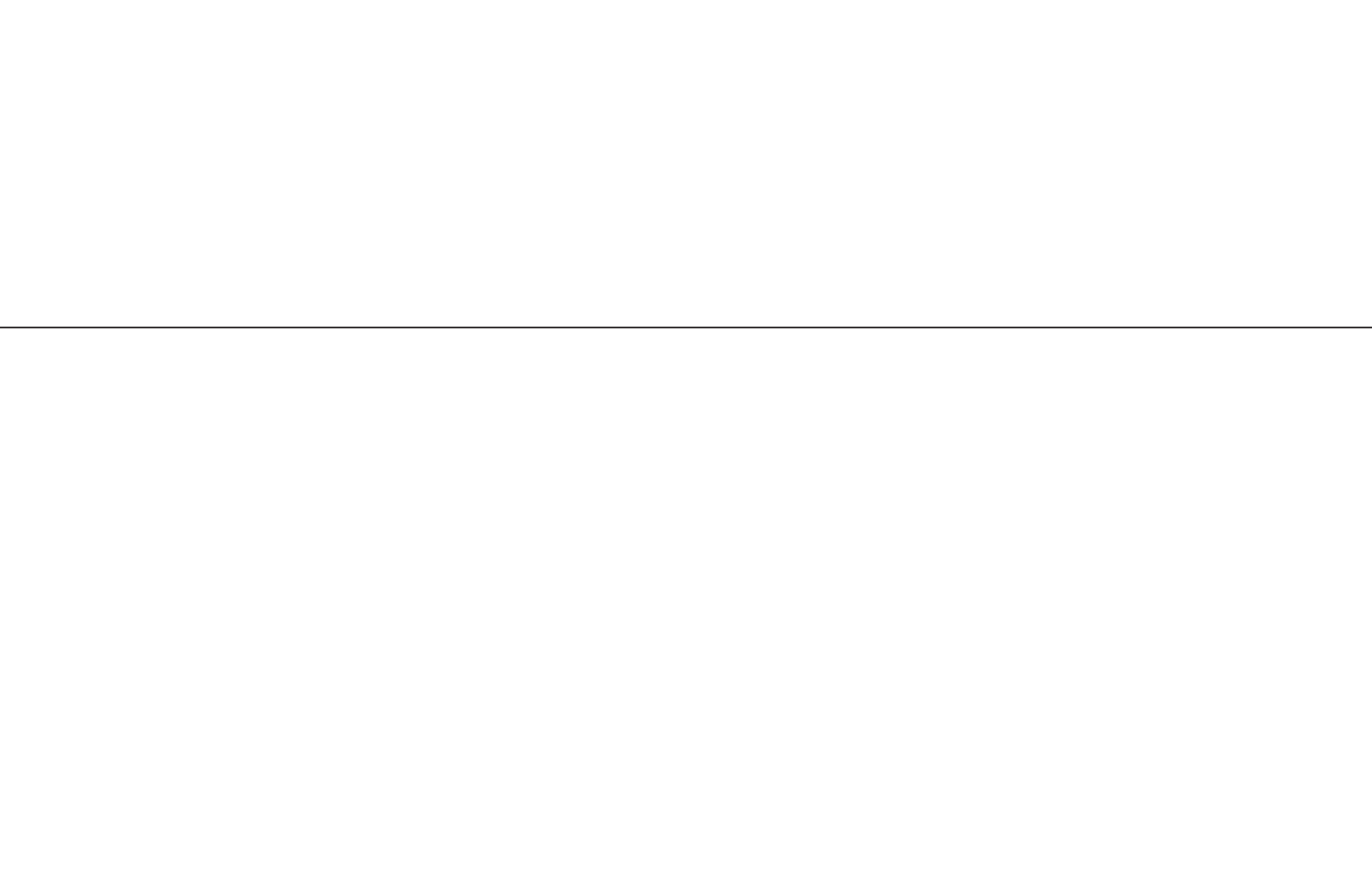
Gary Stewart, MD and Phillip Goldstein, MD publish study on the effects of legal abortion on maternal mortality based on research done at SFGH. Study demonstrates enormous public health benefits of legal abortion.



14 - advocating for change

Boston.







*"What UCSF has done, more so than any other medical institution I can think of, has been to integrate abortion into mainstream medical care. The message that this medical school gives the rest of medicine is that abortion is a normal part of women's reproductive health."*

(CE Joffe, 2002)

1976

## SAFE & LEGAL SERVICES

2003

In 1976, under the leadership of Ob/Gyn Chief Richard Sweet, MD, San Francisco General Hospital (SFGH) opened the city's first hospital clinic dedicated to providing abortion and family planning services. Directed by Jane Meier, this clinic, now called the Women's Options Center, would become a national model for the integration of residency and fellowship training with clinical care and research. To date, it remains one of the few alternatives for California women with public insurance who need abortion care later in pregnancy.

Elsewhere in the country, however, an increasingly powerful antiabortion movement was effectively chipping away at the victory symbolized by *Roe*. The Hyde Amendment, passed by Congress, prohibited the use of federal Medicaid funds for poor women's abortions. In addition, a combination of antiabortion violence and the professional stigma associated with abortion care led to a crisis in the number of abortion providers. Many residency programs stopped offering routine training in abortion; between 1982 and 1996 the number of abortion providers decreased by 30%. By 1996, 86% of all US counties were without a known abortion provider. David Grimes, MD, who would become Chief of the UCSF Ob/Gyn Department at SFGH, termed this

phenomena the "graying of the abortion provider" as younger physicians, not motivated by the memories of the ravages of illegal abortion, did not pursue abortion training.

In an effort to reverse this disturbing trend, routine resident training in abortion and family planning was initiated at SFGH by Philip Darney, MD, MSc in 1981. He also created the Fellowship in Family Planning, the first of its kind in the nation, and graduates of this program have initiated abortion services, research, and training programs at other major academic institutions. The Kenneth J. Ryan Residency Training Program, under the leadership of Uta Landy, PhD, was subsequently established to work with Ob/Gyn departments at other academic medical centers across the country to formalize abortion training.

Research at UCSF has led to advances in methods of early and late abortion. Studies on medical abortion (abortion using pharmaceutical agents) with methotrexate, mifepristone, and misoprostol have given American women choices about how their abortions are performed, and studies on surgical techniques have further increased abortion safety. Research has also demonstrated the lack of psychological sequelae of abortion.

# Restricting Abortion

**1976** THE SENATE is about to come face to face with an ill-advised and mischievous move of the House of Representatives to deny abortion funding by electing the Hyde Amendment. Congress passes Hyde Amendment banning use of Medicaid funds to provide abortions for poor women.

An amendment by Representative Henry Hyde (Rep-III.) to the appropriations bill for the Department of Health, Education and Welfare provides that "no part of the appropriations for the Department of Health, Education and Welfare may be used to pay for abortions which are encouraged by the Department of Health, Education and Welfare." This would deny the option of abortion only to low-income women who depend on Medicaid for their health care.

**1976** **1977**

National Abortion Federation (NAF) is founded. Uta Landy, PhD serves in early leadership role. She is shown here with Sarah Weddington, who argued *Roe* before the US Supreme Court in 1973.



# New U.S. Rules on Abortions for Needy

**1980** Washington HEW Secretary Joseph Califano said yesterday that the new rules on abortion funding will be effective without delay. The new rules will require a woman to identify her assailant if she was attacked and she is required to identify her assailant.

Supreme Court upholds Hyde Amendment denying Medicaid funding for abortion. Abortion can only be covered by Medicaid in cases of rape, incest, or severe and long-lasting damage to woman's physical health.

# U.S. Court Rules on Medicaid Abortions

**1981**

California state Supreme Court mandates Medi-Cal funding for abortions and restores state payments. Today (in 2002), California is 1 of 17 states left funding abortion for poor women.

# The impact of midtrimester abortion techniques on patients and staff



Richard Sweet, MD, Professor and Ob/Gyn Chief at SFGH, opens the city's first hospital clinic dedicated to providing abortion and family planning services.

Previously, abortions at SFGH were performed in the operating room of the labor and delivery ward. The new Family Planning Clinic emphasizes support and counseling and offers all aspects of care in one location. Bilingual staff ensure that Spanish and Chinese speaking women can utilize services. There is no significant opposition to the establishment of the clinic.

## The impact of midtrimester abortion techniques on patients and staff

SADJA B. GOLDSMITH, M.D.  
NANCY KALTREIDER, M.D.  
ALAN J. MARGOLIS, M.D.

Nancy Kaltreider, MD, Sadja Goldsmith (Greenwood), MD, and Alan Margolis, MD publish research paper demonstrating that midtrimester abortion by dilation and extraction (D&E) produces fewer surgical complications and less residual emotional problems in both patients and nursing staff than induced abortion. This study paves the way for a new standard of abortion care.

**1979**

The Supreme Court's 1973 ruling in the case of *Roe v. Wade* established a woman's right to choose abortion. As a result, the number of abortions increased significantly.

## Abortion Politics Private Morality and Public Policy

by Frederick S. Jaffe  
Barbara L. Lindheim  
Philip R. Lee

Philip Lee, MD, former UCSF Chancellor and two time US Assistant Secretary of Health, authors *Abortion Politics: Private Morality and Public Policy* with Frederick Jaffe and Barbara Lindheim.



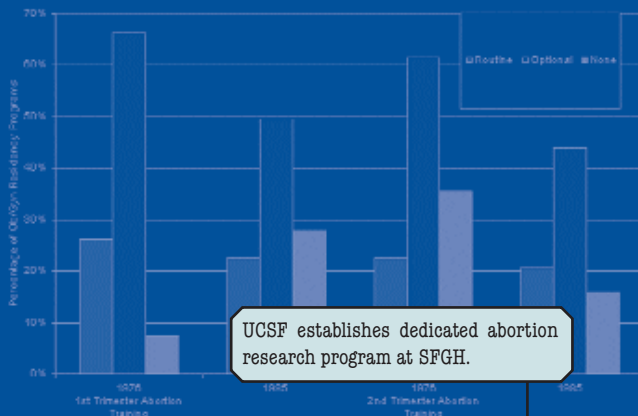
Routine resident training in abortion and family planning is initiated by Philip Darney, MD, MSc at SFGH. Today, all UCSF Ob/Gyn residents complete a dedicated six-week rotation at SFGH, learning first and second trimester abortion procedures and contraceptive management techniques. Abortion training is also available to family practice and general internal medicine residents.

## HEALTH POLICY FORUM ABORTION POLITICS AND PUBLIC POLICY

Philip R. Lee, M.D.  
Lauren B. LeRoy, C. Phil.

The Supreme Court's 1973 ruling in the case of *Roe v. Wade* established a woman's constitutional right to have an abortion. As a result, the number of abortions increased significantly. The Supreme Court's decision, "The victory," it turns out, takes does not end with its first expression in a formal policy statement (e.g., a new law, a resolution, or a set of guidelines) but rather, it is shaped by all those who disagree with the policy and are working simultaneously to change it. Such is the case with abortion policy where there are sharply divergent, indeed irreconcilable, views on the morality of abortion. Since 1973, the abortion debate has been a constant presence in the political arena.





1983

Institute for Health Policy Studies (IHPS) at UCSF establishes Center for Reproductive Health Policy Research. First co-directors are Don Minkler, MD and Claire Brindis, DrPH.



1985

# A New Drug of Choice

A study conducted at SFGH by Philip Darney, MD, MSc, Uta Landy, PhD, Sara MacPherson, and Richard Sweet, MD finds that only approximately 23% of institutions include abortion training as a routine part of residency, and 50% offer it as optional training. The 28% of residency programs that offer no abortion training represents an almost fourfold increase since 1976.

1987

### Psychological Responses After Abortion

Psychological Responses After  
NANCY E. ADLER, HENRY P. DAVID, BERNITA N. MAJER, SUZAN H. ROTH,  
NANCY F. RUSSO, GAIL E. WYATT



Nancy Adler, PhD, UCSF Professor of Psychiatry, conducts a literature review of the studies on psychological responses of US women after abortion. She finds the incidence of severe negative reaction to abortion is very low. Over the next decade Adler and colleagues would publish many more articles on the psychological aspects of abortion.

**Response Affect Abortion**

Responses after abortion (continued): ... and analyzing an unwanted pregnancy. ... from scientific studies (4) indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard to women.

[illegible]

## Medical Abortion With Oral Methotrexate and Vaginal Misoprostol

MITCHELL D. CREININ, MD  
CYNTHIA KLAISLE, RNP, M  
CATHERINE DEAN, MD



When George Bush, Sr. bans the importation of RU-486 (the abortion pill) from France, research is initiated to identify alternative drugs that can offer US women the same options as French women. At SFGH Philip Darney, MD, MSc and UCSF Family Planning Fellow Mitchell Creinin, MD undertake studies using methotrexate and misoprostol. These trials prove successful and for the interim years while the US government debates the future of RU-486 (known as mifepristone in the US), American women have a medical alternative to surgical abortion.

1990

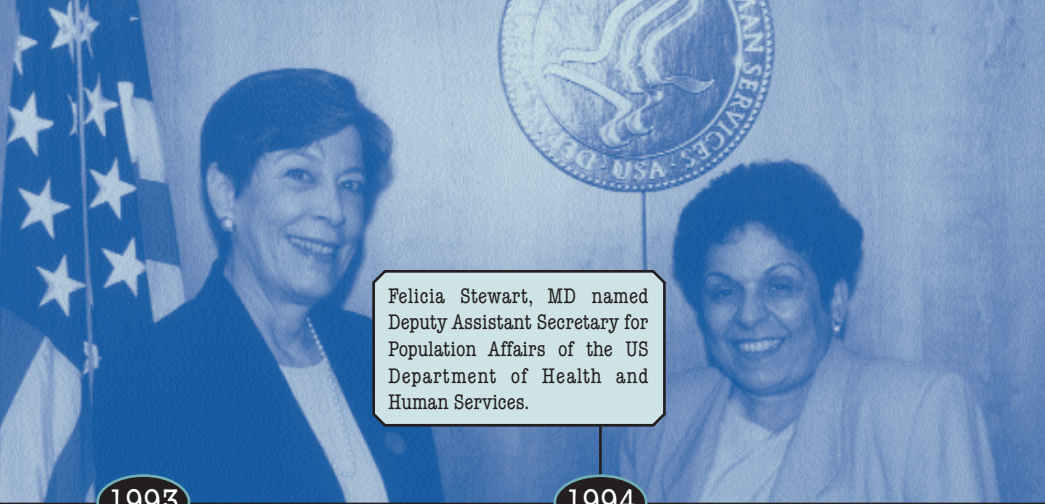
1991

1992

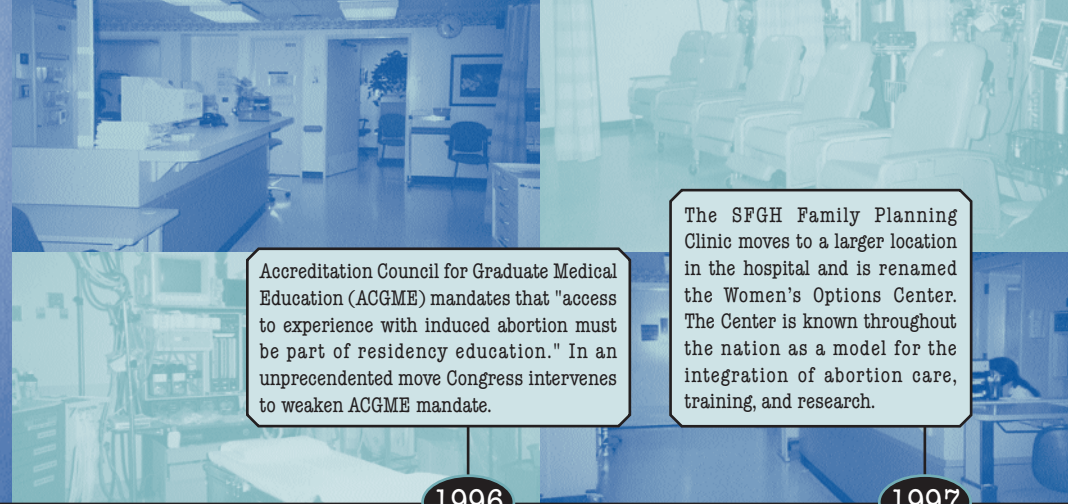
Fellowship in Family Planning is founded at UCSF. It is the only fellowship in the nation that provides the opportunity for high-level research and clinical skills in family planning and abortion. Other sites at academic institutions across the country are subsequently added.

First Fellow,  
Dilys Walker,  
MD, graduates  
in 1992.





Felicia Stewart, MD named Deputy Assistant Secretary for Population Affairs of the US Department of Health and Human Services.



Accreditation Council for Graduate Medical Education (ACGME) mandates that "access to experience with induced abortion must be part of residency education." In an unprecedented move Congress intervenes to weaken ACGME mandate.

The SFGH Family Planning Clinic moves to a larger location in the hospital and is renamed the Women's Options Center. The Center is known throughout the nation as a model for the integration of abortion care, training, and research.

1993

1994

1996

1997

David Grimes, MD named UCSF Ob/Gyn Chief at SFGH. Dr. Grimes had conducted abortion research at both the CDC and USC before coming to UCSF.

UCSF participates in clinical trials of RU-486.

Adele Clarke, PhD and Teresa Montini, PhD publish article on *The Many Faces of RU-486*.

They are still looking for women who meet the criteria to volunteer for the study.  
"It's been very, very effective," he said. "Women need to know about this. For 20 years we have had no choices," he says.  
"This is the best-kept secret in America. We still need volunteers. Call 24 hours a day — 502-0299 — we're here to help," he said.  
— S.R.

George Sawaya, MD, et al publish meta-analysis of the use of prophylaxis antibiotics at the time of abortion.

A. Eugene Washington, MD, MSc is named Chair, UCSF Dept. of Ob/Gyn.

Miriam Zeiman, MD, former UCSF Family Planning Fellow, publishes the first pharmacokinetics study of misoprostol (the second drug used in a medical abortion). Karen Meckstroth, MD, also a former Fellow, would later add to this work with a study of the pharmacokinetics of additional routes of misoprostol administration.

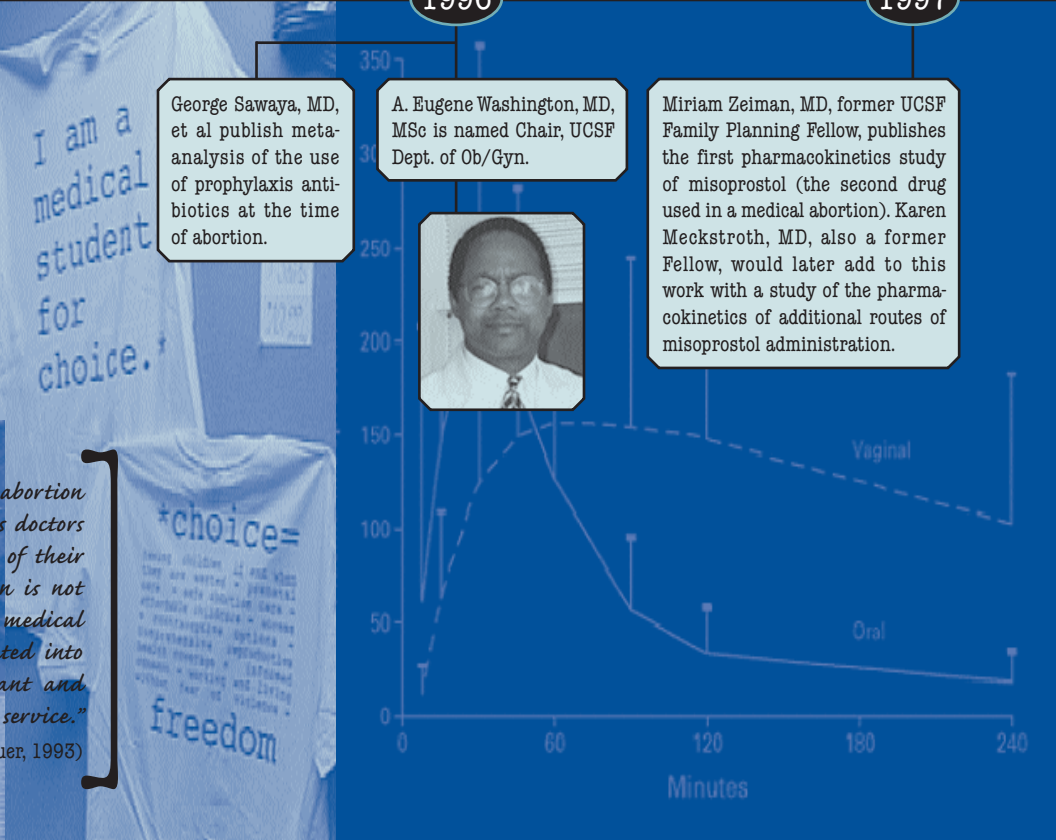


Jody Steinauer, UCSF medical student, co-founds Medical Students for Choice (MSFC). The formation of MSFC is motivated by the murder of David Gunn, MD and a mass-mailed booklet to physicians, *Bottom Feeder*, which included vulgar cartoons and ethnic jokes rewritten to target abortionists.



*"I believe that the exclusion of abortion from medical school classes gives doctors the message from the first day of their medical education that abortion is not within the realm of acceptable medical practice. It needs to be integrated into the curriculum as an important and commonly performed health care service."*

(JE Steinauer, 1993)



The Kenneth J. Ryan Residency Training Program in Abortion and Family Planning is founded by Uta Landy, PhD to provide technical and financial assistance to Ob/Gyn departments working to comply with ACGME mandates.

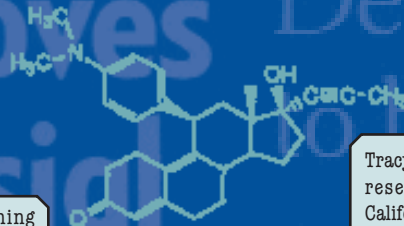
Tracy Weitz, MPA, CRHRP researcher, testifies in California legislature on new abortion law.



California implements important new pro-choice legislation. SB1301 (S. Kuehl-D) codifies that abortion is legal in California without regard to reason until the point that the fetus is viable or at any time if a woman's life is in danger. It also allows qualified mid-level professionals to provide medical abortion. AB2194 (H. Beth Jackson-D) is the first state law to mandate that all Ob/Gyn residency programs provide abortion training. AB797 (K. Shelley-D) expands privacy protections for reproductive health care providers and staff from antiabortion threats and violence. UCSF faculty and staff provide expert opinion.

FDA approves mifepristone (RU-486).

mifepristone



1998

Philip Darney, MD, MSc and Nancy Padian, PhD form the Center for Reproductive Health Research & Policy (CRHRP). Co-directors Felicia Stewart, MD and Claire Brindis, DrPH join in 1999.

UCSF hosts *Manual Vacuum Aspiration in the Prevention and Treatment of Unsafe Abortions* conference.

Lynne Bartholomew, MD and David Grimes, MD publish a metaanalysis examining the risk between abortion and breast cancer. No evidence of association is found.

1999

Laura MacIsaac, MD, former UCSF Family Planning Fellow, publishes research on the use of laminaria and misoprostol before abortion.

James Kahn, PhD, et al publish meta-analysis of efficacy of medical abortion.

Research on digoxin use in second trimester abortion published by UCSF faculty member Rebecca Jackson, MD and former UCSF Family Planning Fellow Eleanor Drey, MD.

Felicia Stewart, MD authors introductory editorial for *Journal of the Medical Women's Association's* issue supplement on medical abortion.

2000



Alisa Goldberg, MD, former UCSF Family Planning Fellow, publishes misoprostol review article in the *New England Journal of Medicine*.

2001

Cynthia Harper, PhD provides research support that women can safely use medical abortion with less medical supervision.

2002

CRHRP publication, *Early Medical Abortion: Issues for Practice*, is sent to 60,000 physicians, including all ACOG members.

Carole Joffe, PhD, author of *Doctors of Conscience: The Struggle to Provide Abortion before and after Roe v. Wade*, joins CRHRP.

Karen Meckstroth, MD opens second Women's Option Center at Mount Zion in a nationally-designated Center of Excellence in Women's Health.

2003





*“Galvanized by the Republican takeover of the Senate, opponents of abortion are preparing a major push for new abortion restrictions in the next Congress.”*

*(New York Times, Front Page, 1/3/03)*

2003

## Looking toward the future

Thirty years after the *Roe v. Wade* decision, reproductive health and especially abortion in the United States face a precarious future. With fewer than 2,000 identified abortion providers in the US, Medicaid that excludes elective abortion for low-income women (only 17 states provide state funding), and exclusion clauses in many insurance plans, access is severely limited by economics and geography for millions of women. In many areas, medical students and residents who want to be trained in abortion face institutional barriers: their programs simply find it easier to avoid the controversy. The acquisition of hospitals by religiously-affiliated organizations further limits both training and care opportunities. New legal mandates to insure training at Ob/Gyn residency programs in California and New York City, therefore, may prove to be a critical force in expanding opportunities for training.

The scientific progress documented in this history is unique in many ways. The research has required work in medical, as well as psychological, social, and policy aspects of a complex issue, and has been undertaken largely without the sources of funding that support most other fields in medicine. Without federal funding through the National Institutes of Health or the Centers for Disease Control and Prevention, researchers

have relied on a few far-sighted and committed foundations, as well as private individuals, to provide the crucial resources that have enabled them to carry out their work. Without this funding, research to support FDA approval for innovations like medical abortion would not have been possible, and advances in the safety and effectiveness of care would not have occurred. Hundreds of thousands of women have benefited because they had new options or because they did not have medical complications that are now avoidable.

Comprehensive sex education in schools, provision of contraception services, and access to safe, legal abortion, all have strong support from the public. Solid research evidence also supports the health benefits of family planning services, and access to safe, legal abortion care as effective and cost-effective public health measures. In this field, however, politics and an extremist viewpoint seem able to override science and public health.

As we celebrate the accomplishments of the UCSF abortion pioneers, we are heartened that despite these challenging times, the next generation is ready to carry on this legacy.

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- **Background image:** University Archives Photo Collection, The Library and Center for Knowledge Management, University of California, San Francisco.
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