

# Reflections of a Provider Before and Since *Roe*: From the Voices of Choice Archive

*Voices of Choice: Physicians Who Provided Abortions Prior to Roe v. Wade is a multimedia project documenting the experiences of U.S. physicians who provided illegal and legal abortions before Roe v. Wade. It was created by Physicians for Reproductive Choice and Health, the only national not-for-profit organization led by and for prochoice physicians, which provides medical education and advocacy programs for thousands of physicians around the country.*

*Presented here are excerpts from an interview with Mildred S. Hanson, one of 18 physicians whose perspectives were recorded for Voices of Choice. Dr. Hanson began providing abortions in the late 1960s and continues to do so today at age 79. For 30 years, she served as the medical director for Planned Parenthood of Minnesota and South Dakota. Today she directs her own clinic in Minnesota. Her patients include women from North Dakota, South Dakota, Iowa and Wisconsin, where abortion providers are scarce.*

—Erica Pelletreau

Physicians for Reproductive Choice and Health

## **Unintended Pregnancy Before *Roe*: “None of the Options... Were Good”**

“[Abortion] wasn’t something that was talked about [in the late 1950s and early 1960s]. The only abortions that occurred were illegal ones, which were clandestine and surreptitious. I presume the only time that anyone would learn that an abortion had occurred was when someone died.

“In rural America, there really were no [good] options for women [with] an unwanted pregnancy. If the woman was married, she just had the child, and they somehow managed to scrape along...work hard and make the best of it. If the woman was unmarried, she quickly married the person....‘Having to get married’ was a...common expression.

“Many places had homes for unwed mothers. And these young girls would go away and have a child and place it for adoption....[In addition, there were] many orphanages...overseen by physicians who performed abortions in those orphanages. Some of the girls, who came when the pregnancy was too advanced [to be aborted], gave birth, and the child remained in the orphanage awaiting adoption. None of the options that were open to women...with an unintended pregnancy were good.”

## **The Doctor’s Dilemma: “Abortion Was Absolutely Not a Part Of the Practice of Medicine”**

“Abortion was strictly illegal, and [you] would not only face, of course, incarceration, but loss of your reputation. So the general attitude was that abortion was absolutely not a part

of the practice of medicine, and ‘abortionist’ was a dirty word. There were a few doctors who provided safe abortions,...but for the most part, it was a hidden, kitchen-table sort of thing.

“In the pre-*Roe v. Wade* days, I never did an abortion illegally....At that time, I was divorced and supporting four children; there’s no way I could lose my license, and no way I could go to prison. So even though I did a lot of abortions in the pre-*Roe v. Wade* days, I went through the paperwork of formalizing that arrangement, so that I had my paperwork according to the law.

“[As residents, physicians] were never trained specifically to treat a botched abortion. But we were trained to treat incomplete spontaneous abortions....Women who came in with an incomplete abortion had to have their uterus emptied...[by] D&C. If we had a person with a fever who we knew [had had] a botched abortion, we were trained in how to treat that patient: intensive antibiotics, blood when necessary,...emptying the uterus and so forth. We saw plenty of incomplete, botched abortions, and we had to know how to treat those women.

“The curious thing was [that we could tell when women had had] induced illegal abortions. But oftentimes, the women would not tell you what happened. They would claim it was a spontaneous abortion. Very, very rarely would they say that they had gone to an abortionist. But we knew....And, yes, we treated many of them....And in the three years...[of my residency at Minneapolis General Hospital], we never lost a patient from a septic abortion.”

## **Avoiding Ties to Illegal Providers: “I Didn’t Want to Taint Myself”**

“Believe me, when a woman went to an illegal abortionist, she was so glad to find somebody. Sometimes she did it with the company of one person, a very trusted friend; sometimes all alone; and sometimes even without the knowledge of her husband, if she had a husband.

“I found myself becoming angry that women had to go through this—that women had to accept an unwanted pregnancy, have the child [and then] keep the child or place it for adoption, or put [their] life on the line and seek an illegal abortion. And it was extremely expensive: Illegal abortions were thousands of dollars....[But] many women, learning they had an unwanted pregnancy, were just frantic to find an abortionist. And of course, the more they paid, the more likely it was that the person would be more experienced and that they would have fewer complications.

“I never referred a patient to an illegal abortionist. I couldn’t have done that, because I feared that she would

receive poor care and that something would happen to her or that she would die....Also, I didn't want to taint myself by referring to an illegal abortionist. I never knew even [a particular abortionist] who referred many of his complications to me, but he knew that I would take care of these complications. And I'm sure that that experience was duplicated in every major city in the United States, where there were illegal abortionists.

"Many of the women who had complications from illegal abortions...would just show up at the emergency room with either bleeding or fever. After a while, the nurses in the emergency room knew who would care for these patients. The people identified me at my hospital as someone who would see these women.

"When the abortion provider learned that his patient had had a complication, he would [ask her]...who treated [her]. Once the abortion provider had the name of a doctor who would see abortion complications, he would refer his future cases directly to that doctor. Word traveled really fast, and the abortion provider was just happy to have somebody who would [see his patients]. I was very careful. I never wanted to have any business relationship with the abortion provider. I didn't want to know who he was.

"I was never questioned by the hospital, because as far as the hospital was concerned, it was all right to treat an abortion complication, someone who was dying from a botched abortion. But...you would have been interrogated and lost your [hospital] privileges if you had done a clean, safe, legal abortion on that same woman instead of letting her go to the illegal abortionist. And once you were blackballed by one hospital—let me tell you—you were not going to get on the staff of another hospital. [So] you had to just be very, very careful."

### **How the System Worked: "It Was a Big Charade"**

"In the late 60s,...we were doing some abortions: legal abortions that had to go through the sterilization and abortion committee.\* We had to document that the pregnancy would be a threat to the woman's...life....If she had hypertension or tuberculosis or kidney failure, you could document that the pregnancy would be a threat to her life. But you had to find two doctors who would agree to state it in writing.

"[So] we would do a health history and see if there was something wrong that we could pick up. Did she have a heart murmur? Could we find a physical reason why she might qualify as a person who was at risk of death for carrying a pregnancy to term? Failing to find anything wrong—and most young healthy women don't have that much wrong with their heart or their liver or their lungs—we would look at how distraught she was. Was she distraught? Oh, yes, she was distraught. Had she had crying spells? Yes, she'd had crying spells. Had she thought of suicide?

"It was a big charade. It really was. It was a way of getting around the legal obstacles that prevailed at the time. But the process that we were able to utilize to accomplish abortion [through] the early 70s, pre-*Roe v. Wade*, surely wouldn't have flown in the 30s....I wasn't practicing med-

icine then, of course, but you [could] look at old...hospital records. And you saw deaths from illegal abortion, but you certainly didn't see any legal abortions performed in hospitals—under any guise.

"When you look at the days when I was in my residency, if [women] came in with a little bit of bleeding [early in pregnancy], there was no way that we could take them to the operating room and empty their uterus. However, later on [in pregnancy] when a patient came in with bleeding, and she was in the process of aborting, we could take her to the operating room for surgical completion of incomplete spontaneous abortion. So, was that a way that we got around the law? Yes.

"In fact, when we had someone who had an unwanted pregnancy, the woman would pray that she would have a miscarriage. And if a woman started to bleed, we could not even...bring her in and do a D&C or empty her uterus, because the pregnancy might still be viable....You could lose your operating privileges, for example, if you even emptied the uterus of someone who was bleeding, unless she had already passed some afterbirth. If she'd already passed some afterbirth, you could prove then that [the abortion] was incomplete, and you could go ahead and do a D&C....And, believe me, the tissue committee† at the hospital would look at the records of your D&Cs, and if you had done a D&C on someone with an early pregnancy, there would be a lot of explaining to do.

"We didn't have ultrasound in those days, so we weren't able to look into [the patient's] uterus....So that was, shall we say, an excuse that we could [use to] get her into the operating room and surgically empty her uterus. Those of us who were really strongly prochoice, we performed abortions where we stretched the law or stretched the hospital regulations....[One way was through] the sterilization and abortion committee. All the hospitals had one or another version of it. And another way...was sometimes a woman would go to an illegal abortionist just to get some bleeding started. And then she would come in to see us, and she's bleeding, and we would go ahead and do a surgical completion of an incomplete spontaneous abortion."

### **Frustrations with the Law: "It Just Didn't Make Sense"**

"I was frustrated that there was such an easy thing to do that was within our grasp technically, and yet we were denying it to women, and women were dying because of it. It

\*Hospital sterilization and abortion committees began in the mid-1940s. They provided a legal avenue for women to access safe abortions. A committee would review cases when women wanted either to receive an abortion or to undergo sterilization. Not all committees adhered to the same standards for approval of the request. Generally, the committee would allow the abortion if two or more physicians testified in writing that the woman's life would be in jeopardy if the pregnancy continued. In some instances, the threat of suicide would be considered a danger to the woman's life and would warrant the approval of an abortion; in others, it would not.

†A hospital's tissue committee analyzes tissue specimen obtained during surgical procedures. Before abortion was legalized, if the committee found traces of a healthy pregnancy while analyzing tissue from a D&C, the physician who had performed the procedure would face an investigation. Penalties could include termination of hospital employment, loss of license or a prison sentence.

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seemed so unconscionable that we, as doctors, were allowing this to happen, when there clearly was an easy, efficient, cost-effective, safe procedure to terminate unwanted pregnancies. Instead, we were putting women through all this trauma, putting their lives on the line and making them endure unwanted pregnancies. It just didn't make sense.

"If you saw the distress of the women who wanted abortions and saw the morbidity and mortality rates [from] illegal abortion and the number of unwanted pregnancies, it was obvious that something needed to be done. No amount of proselytizing or theorizing about the sanctity of unborn life was going to change that reality.

"I challenged myself: Is this right? Is this ethical? Is this Christian? Is this appropriate? Am I demeaning myself? Do I want to do abortions? There's a lot of personal soul-searching. It's not an easy decision that a physician makes to...be an abortion provider. It's something that we [do], through our own personal soul-searching, over and over again.

"Abortion is a part of medical care, and people who seek abortions are every bit as ethical, as Christian—as godlike, if you will—as those who don't have abortions. And I really believe that with all my heart. And the people who do abortions are every bit as ethical and as kind and loving and godlike as those who think abortion is wrong. I say that with every conviction I have. Abortion clearly has improved women's health, no matter how you look at it."

#### **Lessons for Today: "Doctors Must Realize What It Was Like"**

"I worry that these people who've never seen the horror of illegal abortion are going to allow abortion to once again become illegal—or if not illegal, very difficult to get. We have to let young women and men know the tragedy and the horror of illegal abortion....And young doctors especially must realize what it was like when abortion was illegal. And we need more doctors, even though they may not be providing abortions themselves, to be prochoice in their thinking and to allow abortion to become a part of total medical care.

"When that kind of thinking becomes a part of our mission, then we will see the stigma removed. I think that people will no longer shun doing abortions because they fear the ostracism of their peers. We have to change our thinking about abortion and make it a part of mainstream medical care.

"We have seen a diminution in maternal mortality with the advent of legal abortion. Fewer mothers die in childbirth today than did prior to *Roe v. Wade*. Now, that's due to other things, as well: availability of blood, antibiotics, ventilation techniques. But abortion itself has saved mothers' lives, because doctors recognize when women have serious health problems and recommend an abortion because of the threat to their life and health.

"When you talk about the abortion deaths that occurred in pre-*Roe v. Wade* days, young people today don't believe it. Young doctors today do not believe it. We have to let doctors—all health care professionals—and voters know of the tragedy of illegal abortion and the tragedy of [abortion-related] deaths. [Abortion-related] deaths among young women were not always young single girls having their first pregnancy. It was very often the woman who had three or four children, more children than she could already handle.

"Mothers' lives were lost in the days of illegal abortion. We just cannot let that happen again. We've got to educate people that abortion is an important part of medical care."

#### **Vowing to Remain Committed: "Why Do We Never Want To Return to Those Days...?"**

"Why do we never want to return to those days before 1973? We saw women who were desperate to terminate an unwanted pregnancy, who would resort to whatever it took to end that unwanted pregnancy, and sometimes they actually put their life on the line. They went to illegal abortionists. They bled to death. They died of infection, or they did self-mutilation procedures in an attempt to end the pregnancy: coat hangers in the uterus, slippery elm in the uterus, potassium permanganate in their vagina—anything they could think of....These women were left as reproductive cripples: Many of them needed hysterectomies, many of them were left with pelvic abscesses, left with infertility, so that at a time in their life when they wanted children, they were unable to have those children. Unwanted pregnancy—unwanted parenthood—clearly is bad for society, and it is bad for the woman who endures it.

"If *Roe v. Wade* were repealed, I think I'd go right on doing abortions. It isn't like it was years ago....when I had responsibilities to my children. I think I'd go right on doing abortions.

"And I would frankly just wait for them to come and get me, because I would want to demonstrate that this is a detriment to the health of women. We've already shown that safe, legal abortion has improved the health of American women. Our experience since *Roe v. Wade* has convinced us so strongly of the need for safe, legal abortion. I feel more strongly about it now than I did in the days before *Roe v. Wade*. These days, I would go right on doing it. I would wait for the cops to come and take me. Absolutely. Absolutely."

#### **Acknowledgments**

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