Reproductive Rights Activism in the Post-*Roe* Era

Since the US Supreme Court decision legalizing abortion (*Roe v Wade*), there has been a constant and broad attack on all aspects of women's reproductive and parenting rights. The consequences have been devastating, especially for women whose race, age, legal, or economic status makes them targets of discrimination.

At the same time, these threats have galvanized activism. There has been tremendous growth in the number of organizations and coalitions working to protect abortion rights, as well as advocating a broader reproductive rights, health, and justice agenda.

This article describes the major activist trends in this period, focusing primarily on those that have been less visible. Documenting activist history allows us to draw inspiration and important lessons for the future. (*Am J Public Health.* 2013;103:10–14. doi:10.2105/AJPH.2012.301125)

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TRUST BLACK WOMEN[1] successfully challenged a racist billboard campaign depicting women of color as the most dangerous threat to their children[2] and mobilized to defeat proposed legislation that restricted abortion based on the race of the fetus.[3] Amid massive protests, the Susan G. Komen Foundation[4] was forced to rescind its decision not to fund screenings for breast cancer at Planned Parenthood clinics. Contraception coverage was preserved under the Affordable Care Act. Thousands of women without economic means have been able to obtain an abortion with financial assistance from grassroots abortion funds that are part of The National Network of Abortion Funds.

This snapshot of recent activist victories for reproductive rights reflects a powerful breadth of activity. It demonstrates that countering antiabortion initiatives continues to shape reproductive rights advocacy. Since *Roe v Wade*,[5] those dedicated to recriminalizing abortion have waged a multifront, sometimes violent, battle. There have been direct legal challenges to *Roe* itself, but the major strategy has been to restrict the availability of abortion. Forty years later, opponents have severely curtailed a woman's options through the passage of hundreds of laws and policies; the appointments of antiabortion justices and judges; campaigns that stigmatize abortion, women, and those who provide care; and criminal attacks on providers and clinics. As a result, the legal right to abortion stands, but obtaining a safe and legal abortion is not an option for many women.

These attacks on abortion rights have been in the forefront of a broad conservative agenda, targeting all aspects of women's reproductive and parenting rights. The consequences have been devastating, especially for women whose race, age, legal, or economic status makes them targets of discrimination. At the same time, these threats have galvanized activism. Since *Roe,* there has been tremendous growth in the number of organizations and coalitions[6] working to protect abortion rights, and advocating a broader reproductive rights, health, and justice agenda.[7] This article describes the major activist trends in this period, focusing primarily on those that have been less visible. Documenting activist history allows us to draw inspiration and important lessons for the future.

PRO-CHOICE DEFENSE OF *ROE*

Immediately following *Roe,* the antiabortion movement gained momentum. It became part of the burgeoning New Right, which, with the election of President Reagan, consolidated its power. At the same time, abortion rights advocacy declined. Thinking that the question of legalization had been settled, activists hoped they could shift attention to making abortion services affordable and accessible, and to other women's rights issues. The movement that had framed abortion rights in the broader context of women's liberation had fragmented, and there was diminishing activism at the grassroots level. In the 1980s, when a visible abortion rights movement did re-emerge on the national scene, it was on the defensive and responded by narrowing its vision and conservatizing its language.

Mainstream abortion rights organizations dedicated themselves to defending *Roe v Wade* under the rubric of "choice."[8] They appealed to the privacy right that was at the core of the Supreme Court decision. They did not prioritize the threats to access, and deliberately moved away from talking about women's rights, sexuality, and abortion. These were strategic decisions, taken with the belief that this approach would appeal to the broadest constituency of voters.[9] Until recently, this limited notion of "choice" has remained the dominant framing for abortion rights advocacy.

Since legalization, mainstream pro-choice groups have been the voice of the movement in Congress and to the general public. Their strategies have focused on holding on to the rights secured by *Roe*, concentrating their efforts on the legislative arena and on messaging. Although the legal right to abortion has been preserved, the movement has been ineffective in stopping the ongoing attacks and erosion of access. In fact, polls show a decline in support for abortion rights. Currently, there is general agreement within the movement about the need to reframe abortion rights and reproductive choice, but no agreement on the frame itself.

Simultaneously, throughout the post-*Roe* period, there have been other approaches. Women of color and their allies have advocated placing the rights and needs of women of color and low-income women at the center of a broad reproductive rights agenda. Other advocates have focused primarily on expanding abortion access. Providing reproductive health services, including abortion, has been an important approach, predating *Roe,* as has monitoring and changing health policy.

PRIORITIZING WOMEN OF COLOR IN THE AGENDA

The reproductive lives of women of color have been shaped by a long history of abuses.[10] These experiences are central to the ways in which women of color think about reproductive rights. In their activism, they have kept a dual focus on racial and reproductive justice, and have worked to integrate the two. For women of color, *Roe* was a victory to be viewed with caution:

> Bitter experience has taught the Black woman that the administration of justice in this country is not color blind. We must be ever vigilant that what appears on the surface to be a step forward, does not in fact become yet another fetter or method of enslavement.[11]

Indeed, women of color sustained the first major blow to abortion access after *Roe,* when, in 1976, Congress passed the Hyde Amendment banning federal Medicaid funding for abortion.[12] A majority of the states followed suit, and poor women, disproportionately women of color, saw their abortion rights evaporate. The subsequent failure of mainstream pro-choice groups to marshal a large-scale response to Hyde was a second blow. However inadvertently, the choice movement had sent a message that the choices of women of color and low-income women were not its priorities. This charge was compounded by the fact that some leading pro-choice organizations did not support efforts to pass federal guidelines to prevent sterilization abuse.[13]

Beginning in the 1980s, women of color formed their own organizations and coalitions to advocate the reproductive rights and health needs of women in their communities. The National Black Women's Health Project (1984)[14] was the catalyst for others[15] that emerged at the grassroots and national levels. These organizations articulated new definitions of reproductive rights that affirm each woman's right to make her own reproductive decisions. They placed the right to have a child, the right not to, and the right to parent one's existing children on an equal footing and stressed that legal rights alone are not adequate. Women must have the resources necessary to turn their rights into realities. Thus, access to health, education, and employment all become part of the reproductive rights agenda, and an individual woman's rights and health were linked to that of her community.

In 2005, Asian Communities for Reproductive Justice expanded this perspective with its definition of reproductive justice:

> the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women's human rights.[16]

This crucial paradigm shift locates women's autonomy and self-determination in human rights, rather than in individual choice or privacy. SisterSong Women of Color Reproductive Justice Collective has been a leader in further development of this analysis and approach.[17]

Women demonstrate in support of abortion rights and the passage of the Freedom of Choice Act during a 1992 rally in Washington, DC. Photograph by Owen Franken. Printed with permission of Corbis.

REPRODUCTIVE RIGHTS POLITICS

Many activists who had been involved in the civil rights and women's liberation movements of the 1960s and 1970s were also mobilized by the passage of the Hyde Amendment.[18] These activists shared the agenda and understanding of reproductive rights put forward by women of color. They formed new organizations[19] to resist Hyde and to reject the population-control politics that were present not only in public policy, but also within the pro-choice movement. By adopting the language of reproductive rights, they signaled their broader vision and distinguished themselves from pro-choice politics. Feminism and sexuality were in the foreground of their activism and analysis, which included raising the visibility of lesbian, gay, bisexual, transgender, and queer politics.[20]

Reproductive rights activists also differed from the mainstream choice movement over how best to build a large movement. They saw the need for grassroots activism, public education, organizing demonstrations, and disseminating radical analyses. Instead of targeting existing voters, they sought to draw in new constituencies who did not find choice and the mainstream political approach appealing.

THE WOMAN'S HEALTH APPROACH

A woman's health movement had also developed in the 1960s to address the discrimination and disempowerment women faced in medical settings.[21] It too was focused on the lack of affordable and women-centered care for women from marginalized populations. Central to this approach was the belief that giving women the ability to get the care they need and deserve was about

empowerment. A primary strategy was to ensure that women have knowledge about their bodies, especially in the areas of reproduction and sexuality. Women's health activists challenged the top-down model of service provision and demanded acknowledgment and respect for women's expertise. They worked to change the medical establishment and also created alternative institutions. The Jane Collective, a group of trained lay women who provided abortions before *Roe,*[22] put these tenets into practice.

For some activists, the post-*Roe* attacks on abortion further underscored the need for women to take control of abortion care. The Federation of Feminist Women's Health Centers continued, as it had before *Roe,* to teach self-examinations and menstrual extraction.[23] Feminist Women's Health Centers provided a model of women-centered care. The Our Bodies Ourselves Collective, started in 1969, provides updated knowledge through wide dissemination and frequent updating of their book.[24] Along with other groups, they also focused on monitoring and changing health policy.[25] Successes in this area include federal guidelines for sterilization, packaging that provides women with better information about the risks of the birth control pill, and raised awareness about the potential dangers of estrogen replacement therapy and the risk of toxic shock from tampons.[26]

A FOCUS ON ABORTION ACCESS

After the election of President Clinton, who openly claimed to be pro-choice, the attacks on abortion access escalated, including the murders of practitioners and clinic workers, and ongoing criminal assaults on abortion services. In response, for the first time since *Roe,* the focus of abortion rights activism shifted to access. Groups who had been advocating to prioritize access were joined by new organizations working to address all aspects of the problem including supporting providers and increasing their numbers, countering Targeted Regulation of Abortion Providers laws, advocating for integration of abortion into medical and nursing school curricula, providing direct financial assistance to women needing abortions, and advocating restoring public funding of abortion.

THE FUTURE

In addition to continuing the work described previously, there are other priorities that cut across the different trends.

Youth-Focused Advocacy and Leadership

There is a generational divide within the movement. For younger women, abortion is only one of many issues that define their reproductive lives. This divide has also extended to influence and power within the movement. Younger women were counted on to swell the numbers at demonstrations but not called to the decision-making tables.

Several organizations[27] have been created to build the leadership of young women and bring their issues to the foreground. These groups have been promoting youth leadership throughout the movement.

Safe, Legal Abortion as a Public Health Issue

It is ironic that the fact that maternal morbidity and mortality from legal abortion is so low obscures its importance as a public health issue.[28] Recent debates excluding abortion and contraceptive coverage from the Affordable Care Act highlight the need to recapture this ground. Public health professionals have played a historic role in this battle. After *Roe,* the American Public Health Association was among only a handful of national medical organizations to affirm its support for legal abortion.[29] Continuing to promote advocacy in the health professions is a crucial activist strategy.

The public health field has also been a clear voice for evidence-based public policy. Over the years, the antiabortion movement has increasingly moved away from grounding its claims in established science. Instead, it uses its own religiously based scientific "experts" to support claims that abortion causes breast cancer; that teaching abstinence is the only effective form of sexuality education; that women who have abortions suffer from "Post Abortion Syndrome," a form of posttraumatic stress disorder; and that rape-induced pregnancies are rare. Organizations dedicated to producing legitimate research and analysis and dispelling myths that masquerade as science play a critical role.[30] Activists rely heavily on this work and will continue to do so.

Combating Silence and Stigma

The antiabortion movement has been trying to show that it cares about women, not just fetuses. However, contempt and distrust for women is a recurrent theme. When Rush Limbaugh called law-school student Sandra Fluke a "slut"[31] because she advocated the inclusion of contraceptive coverage in the Affordable Care Act, he revealed the misogyny that has pervaded the Right's attack on women's reproductive rights and sexuality.[32]

Countering the demonization of women—especially those who are poor, young, and of color—must be an ongoing priority for the reproductive justice movement. Women telling their own stories has been one of the most powerful strategies.[33] How abortion and reproductive rights are framed is also relevant. Many of the leading advocacy voices in Congress and in the public continue to talk about abortion in ways that perpetuate stigma. Arguing that abortions should be rare, that prevention is the most important goal, and that banning public funding is a policy set in stone all imply that abortion is a necessary evil. Alternative framings of abortion as a matter of justice, human rights, survival, and public health provide positive ways of inspiring future activism.

CONCLUSIONS

The ongoing threats to reproductive rights are wide-ranging. Within the reproductive rights movement there continues to be a lack of agreement over priorities and strategies, which weakens the ability both to withstand the attacks and to be proactive. Nonetheless, I think there are reasons for optimism about the future. There is a greater diversity of organizations and leadership, as well as more strategic convergence than at any other time since *Roe.* There is widespread acknowledgment that while abortion rights have been in the forefront, the conservative agenda is challenging all aspects of women's human rights and the ability to control their lives. And there is agreement

about the need to counter these activities with new ways of framing, advocating, and collaborating.

Important efforts are under way that provide models for working together across organizations. For example, advocates for low-income women and women of color have come together to create and implement a long-term plan for prioritizing affordability of abortion care for those who have been denied access[34]; there is a strong network dedicated to supporting new and diverse leadership and to drawing in new constituencies[35]; and a new effort is underway to foster greater collaboration and long-term strategizing.[36] Most important, Reproductive Justice, a trend led by women of color and their allies and younger women, has breathed new life into the movement and is becoming the dominant framework. Placing reproductive rights in the struggle for social justice and human rights has global resonance and it is a compelling, expansive, and inclusive vision for US activists. ■

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Endnotes

1. Trust Black Women is a partnership of organizations founded in 2010 by SisterSong and other women-of-color–led organizations.

2. Nearly 200 billboards were displayed in New York, NY, Atlanta, GA, Jacksonville, FL, Austin, TX, and Los Angeles, CA, some targeting African American women with the message: "The most dangerous place for an African American is in the womb." Similar billboards targeted Latinas. Disguised as expressions of concern for communities of color, these campaigns conflate abortion and genocide and scapegoat women of color. Although it is true that African American women and Latinas have disproportionately higher rates of abortion than White women, such campaigns distract us from looking at the real causes, which include lack of access to high-quality and culturally appropriate reproductive health care. S. Seth and M. Redmond, "Billboards, women of color, and politics," http://nwhn.org/newsletter/node/1402 (accessed September 4, 2012).

3. In 2010, a bill was proposed in Georgia to ban "race selection" abortions, a term invented by the antiabortion movement. Ultimately the race provision was dropped and it became a bill banning sex-selection abortions. Like the billboards, this legislation purported to be antiracist. The antiabortion movement has long sought to exploit racial divisions in the abortion rights movement, and to claim for itself the mantle of civil rights. PRENDA bills—Pre-Natal Non-Discrimination Acts—are part of that strategy. A bill was also introduced at the national level. For more information see "Race, gender and abortion: how reproductive justice activists won in Georgia" (SisterSong Policy Report, 2012), http://www.scribd.com/doc/52934613/SisterSong-Race-Gender-Policy-Report (accessed September 9, 2012).

4. After 5 years of funding, in February 2012, the Susan G. Komen Foundation for the Cure announced that it would no longer fund breast examinations at Planned Parenthood clinics. Although the stated reason was that Planned Parenthood Federation of America was under investigation, it was widely believed that the real reason was opposition to abortion within Komen's national leadership. The outcry against this decision was swift and massive, spreading quickly through social networking sites. The Komen Foundation was criticized for politicizing women's health, and many people threatened to stop supporting the foundation. In response, the Komen Foundation rescinded its decision.

5. *Roe v. Wade*, 410 U.S. 113 (1973), the 1973 US Supreme Court decision legalizing abortion.

6. In addition to the ongoing work of advocacy organizations, there have been several mass mobilizations in the face of the most high-profile threats to abortion rights. Examples of those threats include the 1981 efforts to add a human life amendment to the federal constitution, the murders of eight people involved in abortion care, and widespread blockades of clinics.

7. Although I could not include them all, I acknowledge and appreciate the wide range of groups working on all aspects of reproductive rights, health, and justice. This includes legal, medical, and political advocacy organizations and individuals who are providing abortion care and support for abortion providers, and those providing direct financial assistance to women in need of an abortion. Women-of-color–led organizations have taken the lead in intersectional advocacy, advancing a broad agenda and working on a wide range of issues. See J. Silliman et al., *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge, MA: South End Press, 2004).

8. The National Abortion Rights Action League (now NARAL Pro-Choice America) and Planned Parenthood were the largest and most well-known organizations associated with this trend.

9. Their strategy was to win over libertarian voters who were both anti-welfare and anti–government restrictions and thus split the conservatives. For more on this see W. Saletan, *Bearing Right: How Conservatives Won the Abortion War* (Berkeley, CA: University of California Press, 2003), 108–135.

10. Women of color have different histories of reproductive oppression. For example, prioritizing the killing of women and children was part of a strategy to conquer and destroy Native Americans. During slavery, African American women faced rape, forced childbearing, and the destruction of their families. More recently, the right of women of color and low-income women to have children has been undermined through punitive policies such as welfare reform, and coercive sterilization and the criminalization of their pregnancies. See Lyn M. Paltrow, "Roe v Wade and the New Jane Crow: Reproductive Rights in the Age of Mass Incarceration," *American Journal of Public Health*, 102, no. 1 (2013); 17–21.

11. National Council of Negro Women, *Black Woman's Voice*, II (2), Jan/Feb 1973, quoted in J. Silliman, et al., *Undivided Rights*, 5.

12. The Hyde Amendment was attached to the FY1977 Departments of Labor and Health, Education, and Welfare Appropriation Act, P.L. 94-439. As originally offered by Representative Hyde, the proposal would have prohibited the funding of all abortions. A compromise amendment was eventually agreed to, providing that "None of the funds contained in this act shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term." In subsequent years, Hyde Amendments were sometimes reworded to include exceptions for rape and incest or long-lasting physical health damage to the mother. However, from the 97th Congress until recently the language has been identical to the original enactment, allowing only an exception to preserve the life of the mother. In 1993, during the first year of the Clinton Administration, coverage under the Hyde Amendment was expanded to again include cases of rape and incest. Available at: http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/IB95095452005.pdf (accessed November 3, 2012).

13. In the 1970s, activists proposed and lobbied for guidelines to regulate sterilization in New York City (1973) and in 1979, the federal Department of Health, Education, and Welfare adopted federal guidelines. Planned Parenthood, Zero Population Growth (now Population Connection), and the Association for Voluntary Sterilization were among the pro-choice groups who opposed the guidelines. Some of the opposition was based on a population-control perspective whereas others objected on grounds that the guidelines interfered with an individual woman's choice, were unnecessary and paternalistic, and interfered with the doctor–patient relationship. See S. Davis, ed, *Women Under Attack* (Boston, MA: South End Press pamphlet no. 7, 1988), 29; and E. R. Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin, TX: University of Texas Press, 2008), 104–105. Throughout this period, the federal government continued to pay for sterilizations for poor women, but not for abortions.

14. In 2003, the National Black Women's Health Project changed its name to the National Black Women's Health Imperative.

15. For more information on the history of women-of-color–led organizations, see J. Silliman et al., *Undivided Rights*.

16. SisterSong Women of Color Reproductive Justice Collective, "What is RJ?" http://www.sistersong.net/index.php?option=com_content&view=article&id=141&Itemid=81 (accessed September 4, 2012).

17. The concept of Reproductive Justice initially emerged at a Black women's caucus in 1994. Merging reproductive rights and social and reproductive justice brought to the US movement human rights concepts that were used by international activists at the International

Conference on Population and Development in Cairo.

18. For more on the reproductive rights movement, see S. Staggenborg, *The Pro-Choice Movement: Organization and Activism in the Abortion Conflict* (New York, NY, and Oxford, England: Oxford University Press, 1991), 81–93.

19. The Committee for Abortion Rights and Against Sterilization Abuse (CARASA) was one of the first and largest of these groups and a cofounder of the Reproductive Rights National Network. CARASA worked with the Committee to End Sterilization Abuse to publicize the abuses and successfully advocated for guidelines to protect women.

20. Although lesbians played major roles in many reproductive rights organizations, they were often not out within these groups nor was the connection between reproductive rights and sexual liberation made explicit.

21. For a history of this movement, see S. Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1869–1990* (New Brunswick, NJ: Rutgers University Press, 2002).

22. Between 1969 and 1973, Jane performed 11 000 safe, underground, women-centered abortions. For the history of Jane, see L. Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (New York, NY: Pantheon Books, 1995).

23. Promoting menstrual extraction, a method that could be used to induce an abortion and practiced outside a traditional medical setting, was also seen as a way to influence the political debate over abortion. There would be little point in imposing limits if women could ignore them and act on their own. See G. Kolata, "A New Tactic, Do-It-Yourself Abortions Taught, " http://www.democraticunderground.com/1002318583 (accessed September 4, 2012).

24. First published in 1977, *Our Bodies, Ourselves* has sold millions of copies and was included in the Boston Public Library's list of the top-100 most influential books of the century.

25. In the 1970s, other groups active in this area included the Committee to End Sterilization Abuse, the Coalition for the Medical Rights of Women, and the National Women's Health Network, which continues to be an important women's health advocacy group.

26. The National Women's Health Network, Raising Women's Voices, the National Latina Institute for Reproductive Health, the National Black Women's Health Imperative, and the National Asian and Pacific American Women's Forum have all been active in championing the concerns of women of color and low-income women in the debate over national health care reform.

27. Organizations dedicated to advancing youth issues and leadership include Choice USA, Third Wave, Young Women's Empowerment Project, the Civil Liberties and Public Policy Program at Hampshire College, Advocates for Youth, and the Feminist Majority Foundation.

28. R. Solinger, *Abortion Wars: A Half Century of Struggle, 1950–2000* (Berkeley, CA, Los Angeles, CA, and London, England: University of California Press, 1998), 348.

29. Since 1967, the American Public Health Association (APHA) has recognized the importance of women's access to safe abortion services in the United States as a public health issue (APHA Policy Statement 89-01,1 2003-14,2 68-033). In subsequent policy statements it has called for federal funding for abortion services (APHA Policy Statement 76-26,4 77-31,5 78-406), increased training (APHA Policy Statement 79-07,7 96-088), and safeguarding abortion as a reproductive choice (APHA Policy Statement 89-01,12003-142). Available at: http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1354 (accessed September 5, 2012).

30. The Guttmacher Institute and Ibis Reproductive Health are two of the leading organizations doing this work.

31. September 2012, Georgetown law student Sandra Fluke was not allowed to speak to an all-male panel Congressional panel. Subsequently, she was invited to testify at a hearing convened by Congressional Democrats.

32. August 2012, Todd Akin, a Republican running for Senate in Missouri, said in a television interview: "If it's a legitimate rape, the female body has ways to try to shut that whole thing down," http://www.cbsnews.com/8301-250_162-57496087/mo-rep-todd-akin-rape-rarely-leads-to-pregnancy(accessed September 5, 2012). Akin's remarks echo the 1976 debate over Hyde. During the floor debate in Congress, Silvio Conte opposed an exception for rape and pushed to have the language of "forced rape," arguing that, without that stipulation, "any woman who wants an abortion under Medicaid could go in and say, 'I'm raped,'and there could be a lot of perjury." Frederucj S. Jaffe, Barbara L. Lindheim, Philip R. Lee, *Abortion Politics: Private Morality and Public Policy* (New York, NY: McGraw Hill, 1981), 139.

33. The first Speakout was held in New York City in 1969 when the state legislature was considering abortion law reform. Since that time, feminists have used this format as an important political tool, publishing collections of women's stories and organizing Speakouts. Reproductive rights advocates have also developed Web sites that provide women with the opportunity to speak about their abortion experiences in their own words including http://www.womenonwaves.org/en/page/977/break-the-silence; http://www.imnotsorry.net; http://exhaleprovoice.org; http://www.yourbackline.org/about.html; and http://www.ourtruths.org/home.html (all accessed September 10, 2012),

34. Spearheaded by the National Network of Abortion Funds and the National Latina Institute for Reproductive Health, many organizations are part of this effort.

35. The New Leadership Networking Initiative, a project of the Civil Liberties and Public Policy Program at Hampshire College, has more than 300 organizational members.

36. The CoreAlign Initiative is based at University of California at San Francisco. Information is available at: http://www.generations-ahead.org/mission-and-strategies (accessed September 12, 2012).

It Is Time to Integrate Abortion Into Primary Care

The *Roe v Wade* decision made safe abortion available but did not change the reality that more than 1 million women face an unwanted pregnancy every year. Forty years after *Roe v Wade*, the procedure is not accessible to many US women.

The politics of abortion have led to a plethora of laws that create enormous barriers to abortion access, particularly for young, rural, and low-income women. Family medicine physicians and advanced practice clinicians are qualified to provide abortion care.

To realize the promise of *Roe v Wade*, first-trimester abortion must be integrated into primary care and public health professionals and advocates must work to remove barriers to the provision of abortion within primary care settings. (*Am J Public Health*. 2013;103:14–16. doi:10.2105/AJPH.2012.301119)

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THE 1973 *ROE V WADE* decision[1] removed many legal obstacles to abortion and was a public health watershed. The availability of safe abortion services led to dramatically decreased rates of maternal morbidity and mortality in the United States,[2] as in most countries that have removed legal impediments to abortion care.

According to the most recent available data, approximately 1.2 million women obtain safe, legal abortions from skilled clinicians in the United States every year.[3] The political debate over abortion has largely ignored the public health fact that the *Roe v Wade* decision did not create or change the need for abortion; legalization simply made abortion safe. Maternal death from unsafe abortion in the United States became a negligible statistic after 1973. Abortion is now one of the safest medical