

OUR ISSUES

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## Sadja Greenwood, MD

Sadja Greenwood, MD, has been active in women's health for the duration of her career. She has published numerous articles and spoken widely on a wide range of reproductive health issues, including menopause, adolescent reproductive health, contraception and early abortion. During the pre-Roe era, Dr. Greenwood was a leading advocate in changing abortion laws. In addition to providing abortions legally at her attending hospital, Dr. Greenwood referred countless women to places where they could obtain safe abortions.

The summer of love was amazing. In that summer, 1967, almost 100,000 young people with flowers in their hair came to the Haight Ashbury District in San Francisco. It was a wild, almost medieval scene in the area around Haight Street, with most people in costume and some leaning out of windows, sometimes dangling little purses down for passersby to put money in. People smoking marijuana on the streets, singing and dancing.

There were lots of beads, long hair, and bare feet. And a young woman might wear a granny dress or have made her skirt out of an Indian bedspread and she might have a little pipe in her pocket for her marijuana and a little pouch. She might be wearing rings on all her fingers and she would speak a certain kind of language that teenagers spoke in those days. They would say things like, "Right now, it's a love trip, but I don't know what it will be tomorrow." It was the beginning of the hippie era in San Francisco.

From my perspective as a physician, there was a great need for someone to work with drug overdoses, unwanted pregnancy, urinary tract infections, and various types of communicable disease. It was so obvious that starting around the age of 13, 14, 15, young girls were having sex and were completely unprotected from the point of view of birth control and sexually transmitted diseases. They desperately needed the healthcare community to do something about it.

I ran four Planned Parenthood teenage health clinics that were in different sites in the city. One of the ways that we advertised was with little stickers that we put on the back of the stalls in public bathrooms. And we had the clinic decorated with Indian bedspreads on the ceiling and photography that the teens had taken on the walls. And people would bring their art pieces to

decorate the clinic. Sometimes, 80, 90, even 100 people would come by in an afternoon, and we just pledged to ourselves that we would see everyone.

It was colorful and people very rapidly changed into this mode of dressing in costumes, being frequently on drugs, and having that kind of psychedelic component to their lives that was completely non-linear and just really different. And in order to work with these young women, you had to really try to get into that mode of thinking yourself. It was a time of artistic creativity as well as disorganization and circular or sideways thinking.

We decided to abandon the idea of making appointments because that didn't work. Teenagers didn't have access to phones and wouldn't make appointments. They just needed to drop in. Things were not organized and linear in those days. So we decided to run these drop-in clinics and to advertise them.

Young guys came with the young women and we had a free-flowing educational session that went on all afternoon run by nurses and sex educators. They talked about contraception, sexually transmitted disease, abortion, and all aspects of sexuality. And then, one by one, the doctors would see the patients. We had about three or four doctors and we worked as fast as we could but it was quite lengthy. We tried to show them how to protect themselves against sexually transmitted disease and against unwanted pregnancy.

When we got a positive pregnancy test, we would sit down and counsel them and tell them what their options were. From 1967 on, their abortion option was to try to go through a Hospital Committee. Of course, we talked to them about adoption, which was still big in those days, or having the baby, and we tried to be impartial in our counseling so they could choose what was the best option for them.

I suppose it was the more organized people that actually got themselves to see a doctor or came to a family planning clinic. I remember one woman who came in with a little pearl revolver for a pregnancy test and it came back positive. She knew she was pregnant. And I remember sitting there with her and her saying, "I'm going to shoot myself, if I can't get an abortion." It made a big impression on me.

The lack of freedom to direct your life that was implied was absolutely infuriating, and people would say if men got pregnant abortion would be a sacrament. It was all wrapped up with women's subordination in our society and the lack of fundamental freedoms to direct your own life that these restrictive laws had implied and were continuing to imply.

I worked in the delivery room at the University of California, San Francisco during some of that time. And at least 50% of the women delivering there were giving their babies up for adoption. It was just person after person, and they would be 14, 15, 16 through their early 20s. It was a tragedy in their young lives because most of them were in their teens and it was a tragedy giving up their baby. Imagine how conflicting that is and I knew that abortion wasn't available but I knew it was safe and could be done and yet we weren't availing ourselves of it, because we were just so enamored of compulsory pregnancy for women.

Every time I did an abortion, I just felt it was really important to make this a safe and good experience for the woman. It might sound funny to some people that abortion could be a good experience, but it can be, if it's an unwanted pregnancy. The experience of being able to go beyond it, to have an abortion and get on with your life is just as important as having the baby if it's a wanted pregnancy.

I think the most important argument for legal abortion is that abortion has always existed in every human society. It's not a question of whether we should have abortion or we shouldn't have it. It's a question of whether it's going to be legal, safe and provided in a medically safe manner or whether it's going to be illegal, unsafe and dangerous.

-Edited transcript from Voices of Choice