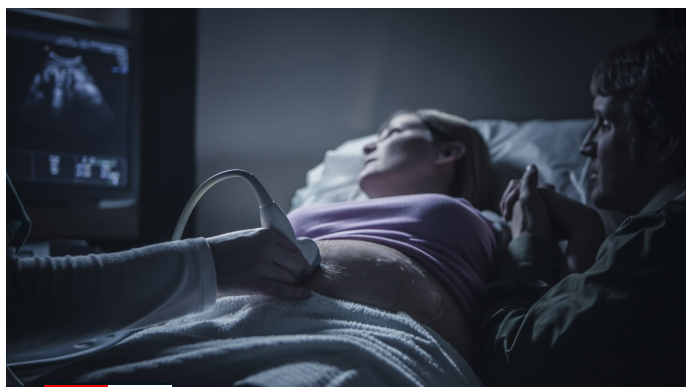


# The Medical Community's Hidden Abortion-Training War

| ROE V. WADE |

How the medical community is cutting out abortion training and isolating the very doctors that women need most.

Abigail Golden Updated Jul. 12, 2017 12:54PM ET  
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When David Eisenberg was a first-year medical student at the University of Alabama at Birmingham in 1999, his pharmacology professor mentioned a new drug that was in the process of being approved by the FDA—RU-486, the abortion pill. His professor said the pill caused breast cancer, but Eisenberg was skeptical.



“So I went to the library—this was when you went to the library and not to Google—and I looked up the research,” Eisenberg told The Daily Beast. “And I found not only the articles published in bogus journals, with poor research design, but also multiple statements from the National Cancer Institute, the

American College of OB-



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Surgeons, and other folks about the fact that abortion is not a risk factor for breast cancer...And I brought these to [the professor's] office, and he looked at me and said, 'Are you the professor? Do you want to teach the class?'"

Eisenberg was taken aback by his professor's disregard for scientific evidence. He had been getting mailings from a fledgling advocacy group called Medical Students for Choice, founded a few years before, asking him to start a local chapter of the group at his school. He had been hesitant, but the incident with his professor made up his mind.

"I thought, I was a relatively well-informed pro-choice medical student, and yet my colleagues are students who are about to be physicians eventually as well and they're not learning the truth, and on top of that they have their own baggage," he said. "At



ame time, I heard some

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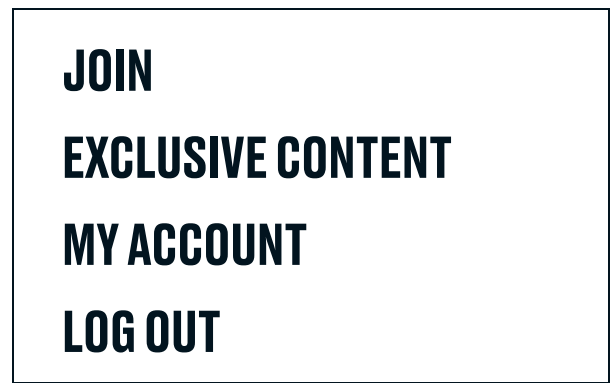
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was God's way of punishing homosexuals."

In the late 1990s, when Eisenberg was a medical student, abortion-rights activists around the country were worrying about what they called the "graying of the abortion provider." The obstetrician/gynecologists who had done their training in the sixties and seventies—who had seen the "septic tanks," wards in big city hospitals reserved for women suffering from septicemia after having illegal abortions—were beginning to retire, and those who would replace them didn't have adequate training to provide abortions. The pro-life movement of the '90s, with its clinic bombings and screaming protestors, had successfully scared away many of the medical students and residents who might otherwise have sought out training. And worryingly, 20 years after Roe vs. Wade, only 12 percent of OB-GYN



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Medical Students for Choice, founded by a student named Jody Steinauer in 1993, helped to change that.

“Medical Students for Choice started in an environment where medical students became aware of this gross lack in their education, in an environment where there were almost no available mentors,” Lois Backus, the executive director of MSFC, told *The Daily Beast*. “In the over 20 years that we’ve been here, MSFC has directly been responsible for the growth of a robust community of mentors and teachers as well as a growth in the respect with which abortion care education is viewed.”

Other players include the Ryan Residency, a national program based at UCSF that brings family planning curricula to OB-GYN residencies around the country. Since its establishment in 1999, it has helped establish abortion

ing programs at more

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the U.S. and Canada. The Family Planning Fellowship, also run out of UCSF, offers residents two years of post-graduate clinical training in pregnancy termination, contraception, and other family planning techniques. Both programs are financed by a single anonymous donor, rumored to be the Buffett Foundation.

Despite these victories, though, abortion training is still largely isolated in freestanding clinics and the relatively few OB-GYN residency programs that provide comprehensive training. Although the Accreditation Council for Graduate Medical Education—the governing body which sets nationwide rules for medical residencies—put abortion training on the curriculum for all OB-GYN programs in 1996, Congress took the unprecedented step of nullifying that decision soon afterward. To this day, program that does not

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guidelines won't lose its federal funding, and only 40 percent of OB-GYN programs in the country offer comprehensive abortion training.

"It's this cuckoo level of micromanaging," Carole Joffe, a sociologist and author of two books on the history of abortion rights, said of Congress's decision. "In theory, it's not illegal for them to do that, it's just unprecedented."

One result of the lax standards is that many residents who want to learn abortion techniques must use elective slots or do so-called "externships" at freestanding clinics, which can be hard to reach or besieged by protestors.

"The training situation in many places is still subject to abortion politics," Joffe told The Daily Beast. She tells one story of an Ohio residency

program whose partner clinic

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students who wanted abortion training had to travel an hour each way to a clinic in Detroit.

“We had one OB-GYN resident come work with us, and her hospital was affiliated with a Catholic hospital and she was getting no training in abortion whatsoever,” Debra Stulberg, a family practitioner and researcher at the University of Chicago, told The Daily Beast. “Often, having the elective time and being able to find an experience where you can get training is not the same.”

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residents can find abortion training, they're not always able to make use of those skills later on. Some private practices and hospitals have been known to make physicians sign contracts saying they won't provide abortions—even at an outside clinic—while on staff.

“The real problem facing abortion provision—besides the stuff you know about Texas and admitting privileges—is at a much quieter level,” Joffe told the Beast. “It's becoming hard for those who are trained to find places at which they can practice. From a hospital administration point of view, do you want picketers? Do you want hassles? No.”

Stulberg has observed the same thing. In 2011, she published a paper in which she found that, while 97 percent of OB-GYNs encountered patients seeking abortions, only 14 percent

ided them.



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“The tactic on the religious right to stigmatize abortion has translated beyond just making it hard for women to seek abortion,” she said.

“Hospitals, medical schools, others who you would think might be neutral or even take a pro-reproductive-health stance, often are just afraid—afraid of protests, afraid of attention. They would rather just fly beneath the radar.”

Eisenberg, now an OB-GYN at Washington University in St. Louis and a director of the St. Louis region Planned Parenthood, knows what it’s like to experience stigma and intimidation for providing abortion care.

“We tell our residents over at Planned Parenthood it’s important to walk in and out of the building in plain clothes, not scrubs, because that way the folks who stand outside don’t know that you’re a doctor or a care provider,” he told The Daily



t. “Every time I get out of

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yelled at in a way that—I can't imagine how these folks feel they're making a positive impact in anyone's life. There's just a hate and an animosity in what they say and in their voice that would be hard for me to live with."

"If these people really want to see abortions becoming less common," he added, "they should be handing out condoms."

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