Graphic by Adam Peck (Image: Flickr User Carl Guderian)

Meet America's Most Hated Doctors

BY **TARA CULP-RESSLER** ON MARCH 10, 2014 AT 8:00 AM

You received years of specialized training in a field that you're passionate about. You've decided to work in an area of the country where you feel you can make a difference. You have a family, and you're primarily concerned about helping other families thrive. But at every turn, the state is enacting more barriers to your professional success. Your job options are limited because you're not welcome in some American communities. And sometimes, protesters show up outside of the home you share with your children, shouting that they hate the work you do.

The politicized debate over reproductive rights is typically framed as a tug of war between life and choice, women and babies, pregnancy and abortion. Although it's no question that women's bodies have become a battleground, there are other foot soldiers in this fight who don't always enter the national conversation. The medical professionals who risk their jobs and their lives to perform legal abortions are under siege.

ThinkProgress spoke to eight individuals who either perform abortions for their patients or operate a clinic where abortions are offered. Some preferred to speak under pseudonyms, and others agreed to use their real names. They face unique challenges depending on which state they call home, but their stories all include a common thread. They want to help women — help them choose the best type of contraception, help them have healthy pregnancies, help deliver their babies, help them decide how many children to have, and help them beat cancer. They're frustrated that they're singled out, dealing with personal and professional hurdles that no other type of doctor is forced to experience.

They're also not naive about what's at stake in their daily lives.

"Let's put it this way. You probably interview other professionals for news stories all the time and you never have to worry about whether you can identify their name, or the institution where they work," Dr. David Eisenberg, a doctor practicing in St. Louis, pointed out to ThinkProgress. "It's very clear to me that the work that I do puts me at risk on many levels. I'm willing to take these risks, but it's ridiculous they exist in the first place."

Casualties in the anti-abortion war

Exactly 21 years ago, Dr. David Gunn was shot three times in the back outside of his abortion clinic in Pensacola, Florida. According to media reports, a 31-year-old abortion protestor yelled "Don't kill any more babies!" before opening fire at point-blank range. Gunn had been operating a clinic in Pensacola for just over a month before he was killed; it bore no signs advertising what type of services it provided.

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Gunn was the first doctor to become a casualty of the movement that calls itself pro-life. Since then, there have been seven more. In order to commemorate Gunn's memory, reproductive rights advocates now mark the date of his death, March 10, as the National Day of Appreciation for Abortion Providers. Activist groups encourage people to send thank you cards to the people who risk their lives to do this work, an effort that abortion opponents typically mock.

"Everyone who does the work we do can't forget the things that have happened, and the people who have been murdered and attacked," Dr. Christopher Estes, an abortion provider in Florida, told ThinkProgress. "But I don't let it stop me from doing what I do."

"There can be backlash, and there are consequences. Hopefully they're minimal — someone doesn't want to invite you to a dinner party — but they can obviously also be much more serious," Dr. Stephanie Long, a doctor from California, added.

Long noted that the people who do this work are very aware of which areas carry the highest risk. Before she moved to California, she trained and practiced in Idaho and New Mexico. There weren't necessarily robust support systems there. She knows people who stopped providing abortion care in Idaho because it was too difficult for them. After all, if you're the only abortion doctor within hundreds of miles, your clinic is on opponents' radar, and your profile will likely be raised in the anti-choice community.

"There are big barriers for those in small communities. There's a lot of fear for what someone might say to your family or your children. You're not as anonymous as you are in a big city — if you're walking into a town of 2,000, everyone knows who you are and recognizes you in the grocery store," Long explained. "There's a certain point along the path, when you're picking different jobs, you realize that if you work at certain clinics, your name will be out there. You have to decide if you're okay with that."

"For a lot of people, they don't want to deal with the hassles, they don't want to become a target, they don't want their clinic to be picketed. For most doctors, it's not an ideological issue; it's a practical issue. This work is hard," Dr. Jennifer Rojas, which is not her real name, told ThinkProgress.

Rojas prefers to remain anonymous because elevating her profile is a threat to her professional life. She practices in Texas, where a new state law is forcing dozens of abortion providers out of work because they can't comply with a regulation that requires them to obtain admitting privileges, which is essentially a superfluous partnership with a local hospital. It's hard enough to get these admitting privileges as it is, and many doctors are unsuccessful. But becoming a target of local anti-choice groups can make it even worse. That can lead certain hospitals to refuse to work with you.

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In Ohio, another state with some of the harshest abortion laws on the books, Davis is similarly wary to elevate her profile. She decided not to publicly identify herself because Ohio Right To Life, the most prominent anti-abortion group in her state, already knows who she is. Her name is on their website; they send letters to her home. "They're praying for me. I get Christmas cards. Stuff like that," she said.

Davis isn't necessarily intimidated by the abortion opponents in Ohio. But, like Rojas, she's well aware of the vast ripple effects of being targeted by the country's network of anti-choice groups. Protesters will often try to get abortion doctors evicted from their clinics, either by pressuring their landlords or by lobbying to rezone the local area. They'll implore other medical professionals to refuse to work with the doctors who provide abortion care. And they'll direct their attention to the hospitals where abortion doctors work, flooding the institutions with phone calls and letters. Davis doesn't want to invite those type of "shenanigans," as she calls them.

"They can do whatever they want to do to me. But I don't want other people who didn't choose to do this work to have to deal with this," Davis said.

A new kind of anti-abortion harassment

Merle Hoffman owns one of the oldest abortion clinics in the United States. Choices

permitted in that state but hadn't yet been legalized across the country. At this point, she's seen it all.

"I'm in my 43rd year of doing this work," Hoffman explained in an interview with ThinkProgress. "I've seen the ebb and flow over the decades — I've seen the murder of my friends, I've seen bombings and harassment, and I've personally been evicted from previous buildings because of protesters. I once had armed guards in front of my clinic for three months. Providers have had to endure every type of bullying and harassment."

Although abortion clinic violence makes the headlines less frequently than it did 20 years ago, and there have been a few pieces of legislation enacted on the state and national levels to protect clinics and staff from harassment, that doesn't mean the issue has gone away. In some ways, abortion providers are more at risk than ever before, now that state legislatures are effectively targeting them.

"Over the last 30 or 40 years since *Roe*, the different ways that abortion opponents attack safe abortion care have really changed over time," Amy Hagstrom Miller, the founder and CEO of Texas' largest independent abortion provider, Whole Woman's Health, told ThinkProgress. "In the 1980s and 1990s, there were a lot of clinic blockades and bombings. Then they started specifically targeting physicians — there were a lot of murders. Now, you've seen a change in the approach. We have this new front of anti-abortion harassment through the legislature and through the court system."

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Abortion opponents have been working to make it too difficult for doctors to provide abortion care by enacting dozens of complicated state-level restrictions that dictate how these services may be performed. Once state legislatures pass tighter restrictions, anti-choice activists can start filing complaints alleging clinics are breaking the new law and endangering their patients. Sometimes they'll conduct undercover "stings" — posing as a minor trying to get an abortion without telling her parents, or pretending to be a woman forced to have an abortion against her will

hoping to trigger the state's agencies to step in and conduct surprise inspections. It's expensive and time-consuming for clinic staff to continue refuting these false claims.

"The state is really a tool of the anti-abortion movement in this scenario," Hagstrom Miller noted. She's been personally impacted by this dynamic. Just last week, Hagstrom Miller announced that she will be forced to close two of her five clinics because she can't afford to keep them operating under Texas' restrictive new law.

Meanwhile, abortion doctors have no choice but to do their best to navigate a web of complex state restrictions, even if it goes against their best medical judgment. Many of these state laws carry harsh penalties, like thousands of dollars in penalties and decades in jail, and doctors have to protect themselves.

"Every time I perform an abortion, I have to offer the woman the ability to see or hear the heartbeat of her 'unborn human individual,' which is what the law states it must be called," Dr. Kate Davis, whose work in Ohio forces her to navigate several incredibly restrictive anti-abortion laws, told ThinkProgress. "I need to tell her the probability of this pregnancy going to term if she chooses to continue the pregnancy and doesn't have the abortion. I need to do this both verbally and in writing. From my medical point of view, this is totally unnecessary. But I'm doing it so I don't get fined, or charged with a misdemeanor or, heaven forbid, a *felony*."

Another one of Ohio's laws prevents Davis from performing later abortions, even in cases when a woman's pregnancy has gone terribly wrong and her fetus won't survive. In those cases, her hands are tied and she's forced to refer her patients to a different doctor out of state.

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"Some of the only complaints I get from patients are when I have to turn them away. When I tell them, I'm sorry, I can't help you, I know how to do the procedure and I could do it safely, but I can't," she said. "It's heartbreaking. People are begging you — as a physician, you know you can help them, but the only reason you can't is

'If I don't do it, who will?'

Considering the challenges, it's perhaps no surprise that this country faces a serious abortion provider shortage. The National Abortion Federation (NAF) estimates that the number of abortion providers in the U.S. has dropped 37 percent since 1982. The American College of Obstetricians and Gynecologists (ACOG) has warned that "the availability of abortion services is in jeopardy" because of this growing lack of available doctors. Indeed, according to one recent study, 97 percent of OB-GYNs have had patients who have come to them for an abortion — but only about 14 percent of those doctors actually knew how to perform one.

That's partly because some doctors decide they don't want to deal with the hassles from anti-choice protesters, or the risks of navigating anti-choice laws. But it's also partly because of structural barriers that exist within the medical community itself.

Many doctors don't learn enough about abortion care while they're in medical school — a 2009 study found that a third of medical schools don't talk about elective abortion at all during the first two pre-clinical years. And as an increasing number of abortion clinics are being forced to close, and as hospitals have eliminated abortion from the services they provide, students in residency are losing out on opportunities to train. For instance, the doctors training in one of the 600 Catholic-affiliated hospitals across the country are barred from doing abortions. Even if new doctors do enter the field with the knowledge and the desire to practice abortion care, it's often difficult for them to find a job that allows them to do that work.

So, when asked why they continue to do this difficult work, a common theme emerged among the abortion providers who spoke to ThinkProgress. They all said they don't really have a choice. They know they're part of a shrinking pool of people who can help women safely and legally end a pregnancy.

"Coming in as a new physician committed to reproductive rights makes it really difficult," Long, the provider who trained in rural Idaho, noted. "But it's not just a commitment in words. It has to be a commitment in actions. If I'm not going to do it, there aren't a lot of other people who will."

Davis, the anonymous doctor from Ohio, agreed. "I always knew that if I was going to be an OB-GYN, I would be obligated to provide abortions. The field is dwindling, and the providers we have are graying. If I don't do it, who's going to do it?"

"As I saw the increasing restrictions on abortion care, well, I came to this from a point of social justice. Since I have the skills to do this, then why wouldn't I do it? Being in a state like Texas, where access is such a huge issue, it's become 90 percent of what I do by default," Rojas explained. "There aren't that many people to do it. I couldn't imagine leaving this, no matter how hard it is, because every day I see these women and I think — where else would they go?"

Luckily, there's some slow progress emerging in this area. Over the past two decades, abortion rights advocates have been laying the groundwork to begin reversing the doctor shortage. The national Ryan Program, which was founded in 1999 and now has dozens of locations at medical schools across the country, is a central part of that effort. It provides critical financial support for OB-GYN departments, and helps them integrate abortion into the rest of family planning training. And local chapters of Medical Students For Choice are supporting individuals who want to become abortion providers.

A new wave of instructors is helping contribute to this shift, too. Doctors like Estes and Eisenberg, who have transitioned into academia and are committed to teaching their students about abortion services as simply another part of reproductive health care, are changing medical schools from the inside.

"People like me are taking on academic roles and roles in medical education. We're making sure that students receive appropriate education about family planning care and abortion," Estes, who works at an institution in Florida that's home to a Ryan Program, noted. "I've been fortunate enough to wind up in a situation where I do an awful lot of teaching and I have some control over the curriculum. I put abortion back in, where it belongs. At the very least, students get to see the truth about it, and not have it hidden away like something we should all be ashamed of."

Brave enough to speak out

Ultimately, abortion providers are caught in somewhat of a Catch-22. In order to preserve their professional and personal safety, they're often reluctant to speak publicly about their work. But being forced into silence isn't a great option, either. That ends up having larger consequences for society's overall approach to issues of abortion rights, and prevents some of the experts in this space from being able to advocate for their work.

Dr. Gretchen Stuart, an abortion provider in North Carolina who was one of the lead plaintiffs in a successful lawsuit against the state's forced ultrasound law, pointed out that even the doctors who feel very strongly about wanting to help change restrictive laws are hampered by the threat of potential consequences.

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"Personal safety was certainly a consideration when I decided to be the lead plaintiff in the lawsuit. Fortunately, I haven't had any problems," she told ThinkProgress. "But you can see that this has a profound impact on the willingness of abortion providers to speak out on behalf of themselves and their patients."

"We're sometimes the quietest when we need to be the most vocal," Dr. Stephanie Long agreed.

Ultimately, the stigma and shame around abortion will persist unless more of the people who have personal experiences with it feel safe enough to share those stories.

"When people ask, what can I do? Well, here's what you can do. You can help remove the shame, and help women come out of the closet about the fact that they've had an abortion," Merle Hoffman, the CEO of Choices, said. "The biggest weapon in the other side's arsenal is shame and stigma. The first step is to normalize this."

"I keep myself 'out' about my career and what I do, because if we all hide away and don't talk about it, this stigma won't get any better," Estes explained. "We need to be

That's the biggest takeaway that the abortion providers who agreed to be interviewed for this story wanted to communicate. They're not on some sort of evil crusade to harm women. They're not interested in taking advantage of their patients or talk them into ending a pregnancy. In fact, since most of them are OB-GYNs who provide the full spectrum of women's health care, they emphasized that caring for pregnant women and delivering babies is one of the greatest joys of their work. They simply don't see that as separate from helping women exercise their reproductive freedom in other ways, like having a safe abortion.

"The other side tries to vilify doctors and make us into these horrible people," Dr. Kate Davis said, noting that abortion opponents are sometimes surprised that she seems so nice. "We're just like anyone else. We're just trying to take care of our patients."

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