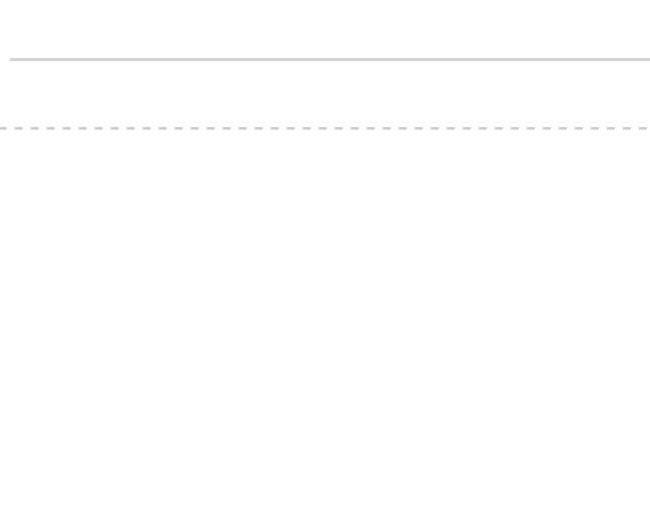


THE FUTURE OF LABOR

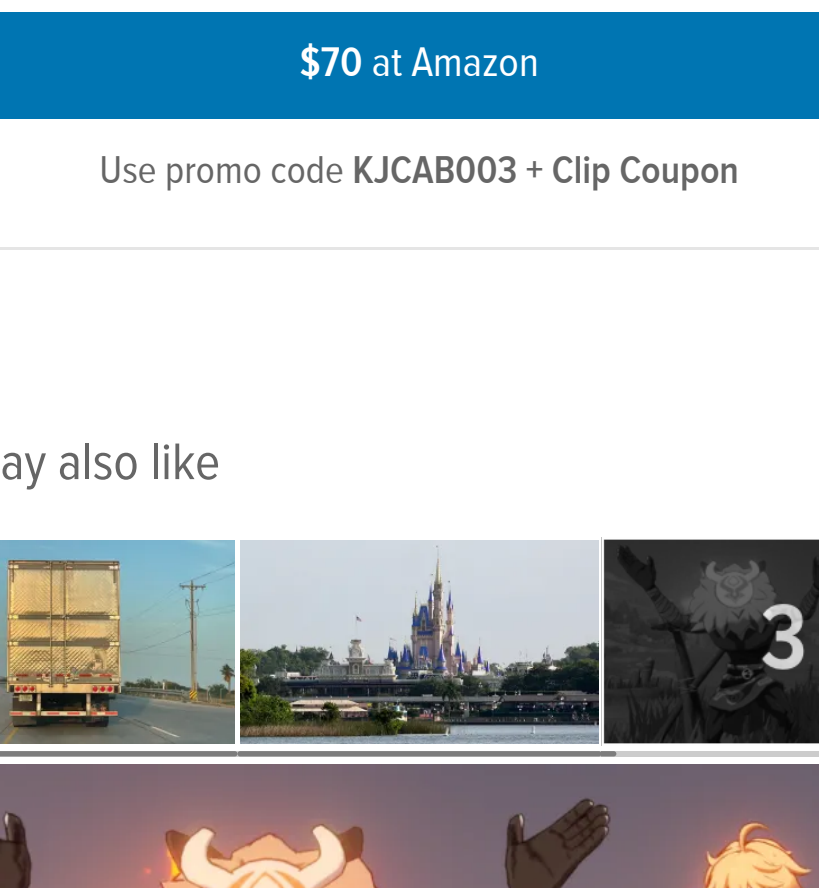
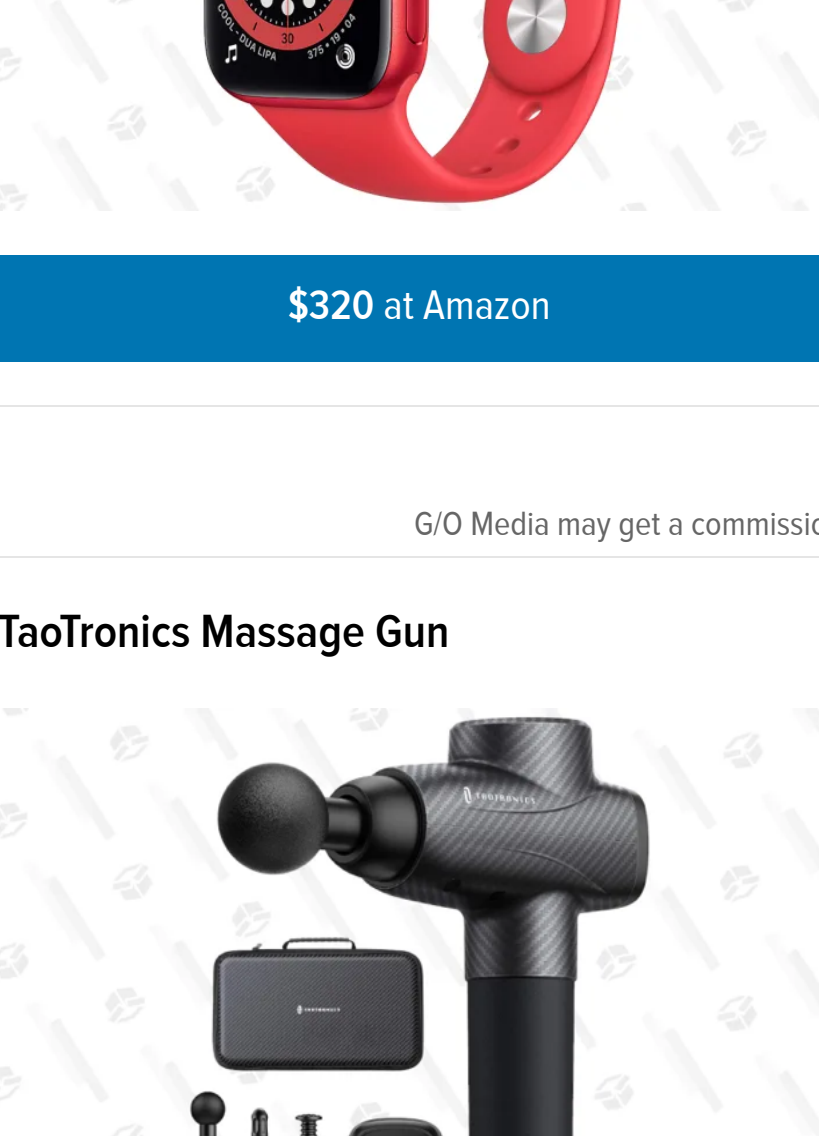
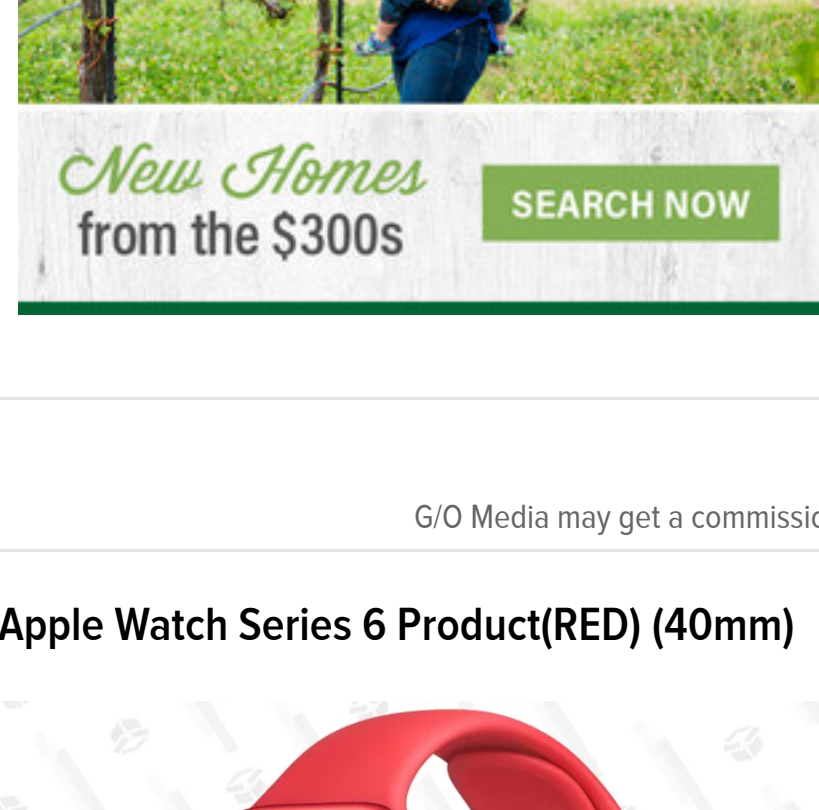
Abortion Is a Labor Issue

Caitlin Cruz
5/9/19 3:15PM

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THE FUTURE OF LABOR
What's next for work and workers



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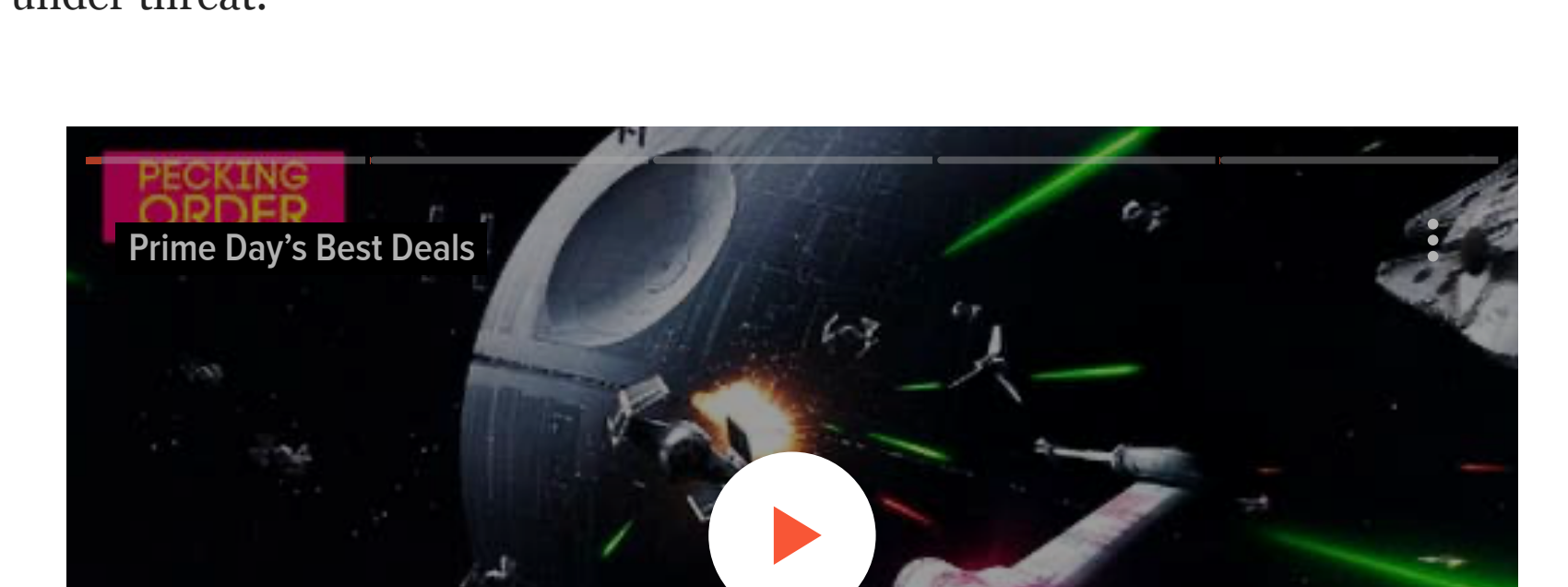
I spend a lot of time thinking about the future of my uterus—well, all uteruses, really. I am ambivalent about ever carrying a pregnancy to term, so I'm not describing the typical malaise that invades the minds of those who consider expanding their families. I spend a lot of time thinking about uteruses because I spend a lot of time thinking about abortions. Lately, I have been thinking about the labor that it takes to provide them.

Providing abortions and reproductive care deserves the same protection and respect as other aspects of healthcare, and these practitioners deserve our support. We (rightly) spend a lot of time going to bat for patients, for the idea that abortion is an acceptable choice, for our bodily autonomy. But when we talk about supporting the right to choose, we have to remember the people who help make that happen. Providing abortions is a skilled job—as of May 2019, 42 states require “a licensed physician” to perform at least some abortions—and the people who do it are doing a job that makes it possible for the rest of us to live the life we want. After all, nearly 1 in 4 women will have an abortion by 45.

The initial way to support abortion providers is to support mandatory abortion training in medical schools. In a study published in 2014, the American College of Obstetricians and Gynecologists found that [abortion training is not a universal experience](#) at medical schools, describing the amount of training opportunities as “limited.” Furthermore, the study found that only 51 percent of ob-gyn residency programs provide “routine abortion training.”

Abortion care must be taught at medical schools and residencies, and it cannot be only an “opt-in” approach where it is available but not mandatory. Not requiring abortion service being taught at medical schools has greater consequences when the medical staff enter the profession: Currently, 45 states allow healthcare professionals to refuse to provide abortions while institutions in 42 states are allowed to refuse to offer abortion care, according to Guttmacher. Only 14 states as well as the D.C. outlaw “certain specified actions” against abortion providers. Just six states and D.C. outlaw threatening reproductive staff and patients entering a clinic. This job may incite outrage among a relative few, but its practitioners still deserve safety and the knowledge that the patients they’re serving will also be safe.

The advocacy work done by [Medical Students for Choice](#), a nonprofit organization that advocates for abortion training for medical students, must be recognized and we need to do all we can to support their work and the similar goals of expanding abortion care education. “The need for qualified abortion providers has never been more urgent. Roe is hanging in the balance,” Medical Students for Choice founder [Dr. Jody Steinauer wrote](#) in the *New York Times* in August 2018. “It’s time for a national commitment to training and supporting the next generation of providers to meet the needs of patients whose rights are under threat.”



Let's Rank Star Wars Space Combat Games, From Worst To Best

The need to advocate for the training and support of a new generation of providers becomes even more important when you consider the age of many of the current ones. For instance, the National Abortion Federation found in 2008 that of their members, the majority of people who provide [first-trimester surgical abortions are overwhelmingly male](#) (62 percent) and at least 50 years old (64 percent). We must work to create the material conditions so that the next generation of providers can continue the profession. One way to diversify the ranks would be to more broadly allow other healthcare professionals to perform abortion care. In 2013, for instance, California actually expanded its abortion law by allowing “a [nurse practitioner, certified nurse midwife, or physician assistant](#)” to engage in early abortion care.

Speaking of working conditions, there were [no murders or attempted murders of abortion providers in 2017](#), according to the National Abortion Federation, which has tracked instances of harassment, protest, and violence against providers since 1977. (2018’s statistics haven’t been released yet.) Instead, the activity of anti-abortion protesters was focused on disrupting service as clinics, such as the May 2017 arrest of 11 anti-abortion protesters at a Louisville, Kentucky-abortion clinic [who were blocking the entrance](#). (The NAF still found that trespassing more than tripled at clinics while the number of death threats almost doubled in 2017.) We also saw the [first bombing attempt in recent memory at a clinic in Champaign, Illinois](#) this past November. While we’re not in the [era of hit lists and murders](#) and bombings of the 1990s, the [murder of Dr. George Tiller at his church](#) in 2009, and the [killing of three people](#) at a Planned Parenthood clinic in Colorado Springs in the November 2015, are still recent.

I’m glad more people haven’t died because they’ve chosen to do honorable work helping women and people with uteruses make the best medical choices for their lives, but it is not enough to be relieved that nobody attempted to murder a healthcare professional for doing their job in the last couple of years, or to say that the current era of hostility and violence is fortunate because it is propagated against property instead of people.

Then there is the political realm. Supporting politicians who vow to repeal the Hyde Amendment and the Helms Amendment, its international corollary, is an obvious starting point. But supporting the livelihood of the healthcare professionals that make abortion possible should be said in the next breath after a candidate details affirmative legislation to uphold the right to abortion. (One thing politicians could do is loudly back [union drives](#) by abortion providers.)

Even if the political system doesn’t always recognize that supporting Roe can only be a first step, there’s a lot you can do: Only accept a universal healthcare system that covers abortion and sexual education. Donate to abortion funds and practical care funds (they do things like drive people to appointments). Make sure clinics know you’re fighting for them. Don’t counter-protest unless a clinic specifically asks. If you’re able, be an escort. Do not let reproductive rights become a niche issue. Accept no less — not only for your own sakes, but for the people already tirelessly engaging in this important and moral work. Fight like hell for providers, so they can help us.

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DISCUSSION

Community (20) Pending Sort by: [Popular](#) [Reply](#)

sybann > Caitlin Cruz
5/9/19 3:27pm 14

Damn straight. Women who cannot control their reproduction are not equal, economically or otherwise.

And the people who help provide that freedom should be protected.

[Reply](#)

TheLostJedi > sybann
5/9/19 3:47pm 8

Restricting or Outlawing Abortion is about controlling women, full stop. It always has been.

[Reply](#)

StoneMustard > Caitlin Cruz
5/9/19 3:24pm 23

Abortion rights are human rights, full stop.

[Reply](#)

MBcock > Caitlin Cruz
5/9/19 3:25pm 4

Abortion Is a Going Into Labor Issue

FIXED

[Reply](#)

sallybanner > MBcock
5/9/19 4:08pm 4

more like trying not to go into labor because by then it's too late issue

[Reply](#)

Aneurai > MBcock
5/9/19 4:08pm 2

Shouldn't it be "Abortion Is a NOT Going Into Labor Issue"?

[Reply](#)

Tap-Dancin'-Vaudeville Penguin > MBcock
5/9/19 5:19pm 2

You really aren't funny.

[Reply](#)

500 Days of Kitten Calamari > MBcock
5/9/19 8:28pm 3

Ehh, this joke kinda sucks. Head back to the drawing board.

[Reply](#)

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dudebra > Caitlin Cruz
5/9/19 3:26pm 4

As long as the vast majority of us have to trade the largest block of our time in order to secure the necessary resources for our survival, it's called work, everything is a labor issue.

It is the common bond that joins all of the common people.

[Reply](#)

Cheese Knee II > dudebra
5/10/19 5:56pm 1

Work should not be the largest block of time.

A 40hr work week should be enough for an individual to provide all aforementioned resources for themselves.

[Reply](#)

dudebra > Cheese Knee II
5/10/19 10:12pm 2

Presently, it is not.

[Reply](#)

Rod Strickland Propane > Caitlin Cruz
5/9/19 3:26pm 1

You couldn't be more wrong Caitlin.

It clearly states in the Bible (Falwell 3:16):

"Thou shall not have/use or provide an abortion and/or contraceptives. If thou does happen to do this, they must pay their pastor 20% of their gross income for that year."

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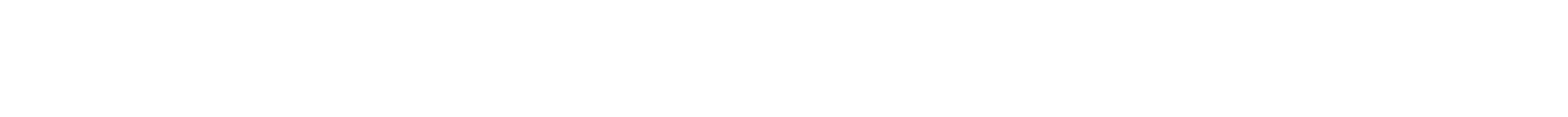
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Don't Dream, It's Over

Splinter
5/12/19 2:51PM

687 40

There is no real origin story for Splinter.

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