

Women's health was a major focus of the women's liberation movement. In Chicago, there were many examples during the 1960s and 1970s

Maternity Center – which brought together white women, African American women and Latinas to try to defend the support for women to have their babies at home

Health evaluation referral service – PROVIDING EVALUATIONS FOR DOCTORS AND CLINICS FOR WOMEN

JANE --abortion services prior to legalization of abortion in Chicago -- protected

WITCH

**CARASA - Committee for Abortion Rights and Against Sterilization Abuse**

Prison work -- CWLU prison project. Where women entered Dwight Prison for Women and checked blood pressures and blood tests.

When I entered medical school in 1972, I didn't leave these ideas behind. Even though women were a minority in medical school – my school in Chicago had the highest percentage of women – 12/60 or 20% -- these experiences were part of my consciousness. These ideas came into play in what I saw at Rush—I had been part of the college students who had bought the newsprint version of

OBOS, looking at cervix in college – seeing how women were not empowered in their stays during delivery and in their access to abortion services were in sharp contrast.

Two examples of how the broader health social justice movement in Chicago reflected the ideology and concerns of the women's movement and feminism of the 1970s are 1) the effort to integrate the obstetric floors at Rush Presbyterian St Luke's Hospital in 1973-4 and 2) the struggle to provide abortions at Cook County Hospital. Discussion of these events will highlight the anti-hierarchical, anti-racist and full reproductive rights agenda of the second wave of the women's movement and how these approaches were part of the larger health rights movement.

### Integration of Obstetric Services at Rush Presbyterian St Luke's Hospital

In 1972, several nurses on the obstetric floor at Rush Presbyterian St Luke's Hospital came to a group of medical and nursing students and described how pregnant black women were placed on a separate floor from white women. In Illinois at that time, Medicaid paid a different daily rate than private insurance. Because of the different rate, the hospital *de facto* segregated black and white women on different floors after they had delivered at the hospital. It turned out that even nurses who worked at Rush who were black were not allowed on the floors where the white women delivered, even though they had insurance. The student group responded by sponsoring a month long "People's Grand Rounds" exploring issues of sexism, racism and obstetric care, culminating with a "speak-

out” where different members of the Rush community expressed their concern over this policy. Nurses gave testimony about being discriminated against, and their desire to change this policy.

Though the press picked up the story and headlined that the poor at Rush did not get the same care as the rich—nothing changed.

Then, one of the medical students in our group....

It took until 1974 for the hospital to change this policy and integrate the obstetric floors.

### Abortions at Cook County Hospital

After the 1973 legalization of abortion, Cook County Hospital became an important provider for low-income women in the Chicago area. Annually, 3,000-3,500 abortions were performed in its Voluntary Interruption of Pregnancy Clinic, including second-trimester procedures up to 20 weeks' gestation.

However in October 1980, George Dunne, the Cook County Board of Commissioners President, ordered the hospital to stop performing abortions except when the pregnancy endangered a woman's life. Dunne contended that the ban brought the hospital into compliance with a 1977 Illinois law limiting state funding for abortions and the Hyde Amendment, which severely restricted federal funding for abortions for women on Medicaid. A coalition of doctors, nurses, reproductive rights advocates fought hard to reinstate this critical service which

was available to those with insurance and resources, but not to poor women in the Chicago area. It took until 1992 for local political forces to lift the ban and for the public hospital to resume provision of this procedure. Analysis of this important health struggle will discuss the role played by women activists, racism, economics, the Catholic Church and local and federal political forces contributed to the struggle for available reproductive services