

# Surfacing the Unspeakable

Unless one remembers the climate of opinion in those "dark days" of women's unliberation, one cannot easily understand the aura of silence and ignorance that hung over the subject of abortion. It is even more difficult to appreciate the lengthy discussion we had on how to announce what the clergy were about to do, publicly and officially.

We recognized that one of the risks connected with what we were about to do, given the uncertainty of its legality, was that the press in their need to get a story, and perhaps to put someone on the hot seat, could be in direct conflict with our own goals. Experience in other areas of social involvement had taught us that if all of us were allowed to speak on this delicate matter it was more likely that the CCS would be exposed in an unfavorable light. The media, even if sympathetic, could, by incorrectly stating our purpose or using the wrong language, state our case in an unhelpful way. Possibly we were overly sensitive about public relations, and perhaps this is why we were considered by others in the movement to be conservative. However, we believed that what we needed was the sympathy of the general public, who, even while feeling that abortion was wrong, were happy to see women, who were going that route anyway, receive assistance from a group of responsible people. We wanted to take with us in this venture as much public support as we could, even if it was only silent support. So the light in which this organization came to the attention of the public was, we believed, tremendously important for its future.

The clergy spent long sessions discussing just how we would publicly surface the CCS. One of the traditional ways this is done is by holding a press conference. After examining this alternative, we decided against it because to hold a press conference on an issue as delicate as abortion was at that time could have been

devastating. One determined, antagonistic reporter can make any group look very bad if he wants to. Since we could not possibly know in advance which reporter would be sent by which newspaper or television station, we were unwilling to risk being questioned by one who was anti-abortion.

Another way to "go public" is to gradually leak the news in a variety of places—a radio show here, a television show there, an item in a newspaper story. After consideration we rejected that alternative because it was what our legal advisors had cautioned us against, namely, the appearance of being an underground, somewhat secret organization. To have leaked our existence bit by bit would have created the impression that we had something to hide. So it was decided that we would announce our existence by way of an exclusive story given to Edward B. Fiske, religion editor of the *New York Times*. On May 22, 1967, a front-page story headlined "Clergymen Offer Abortion Advice: 21 Ministers and Rabbis Form New Group—Will Propose Alternatives" appeared.

Though Fiske was never present at any of our discussions of what we wanted to accomplish in the first public announcement of the CCS, his article was a superb media interpretation of our aims and goals. Long after, we credited that opening announcement as responsible for setting the tone for the CCS. It made our actions acceptable to many people who otherwise might have thought this to be the work of wild-eyed radicals breaking the law.

At the present time it does not seem very radical that twenty-one ministers and rabbis were going to establish a counseling service for the sole purpose of advising women with problem pregnancies, but in the late sixties such an activity was quite a departure from the traditional roles clergy were usually seen as playing. We were very apprehensive about the reaction this announcement might bring from both the public at large and the law enforcement agencies. We had considered raising the question of our "legality" with the local district attorney's office, prior to opening, but our legal counsel advised us against doing anything of the sort. Ephraim London felt that any premature contact with law enforcement would ultimately be to our disadvantage, and so no contact was made.

Instead we decided to be absolutely open about our aims, intentions, and goals, stating those as explicitly as we could in order to mitigate against any appearance of an underground or illicit

activity. We also interpreted our actions so that they would be seen as an extension of our pastoral responsibility toward this need of women, which was more prevalent than any of us had imagined.

Our apprehension concerning the police was confirmed a few days after the CCS opened when we found that our phones at the church were being tapped. It was not the electronic answering service that was being tapped but the regular telephones of Judson Memorial Church. We tended to take this report very seriously because the tip came from the police department itself. As a direct result of this report we never discussed any CCS business of consequence on the church lines; instead we made all important calls from a pay phone some blocks away from the church. In order to deal with incoming calls from the clergy (in the beginning we ran to the public phone and called the clergy counselor back), we developed a cryptic language based on abbreviations and associations which most lay people, and we hoped the wiretappers, would not understand. Of course, as time passed, our paranoia decreased, and we became emboldened to the point where on occasion we would actually mention one of our "abortionists" by name on the church phones.

Another concern we faced in the beginning was just what the response of women would be. This concern was quickly dissipated as the phones rang incessantly that first week, and we began to see the outline of the dimensions of the issue that was there in our society. Far more women responded to our offer of advice and counsel than we ever dreamed were out there in our city. Calls were coming from every state in the Union, and women were willing to travel great distances just for a counseling session and information.

Before opening the Service we had reached a decision regarding our own anticipated paranoia concerning the women who would come to us for counseling. We agreed that we would have to strike a balance between occasional suspicion and irresponsible laxity. Feeling fairly sure that it would be hard to detect a "ringer" or police plant who came to see us, it would have been a real disservice to expose *all* counselees to *our* fear at a time when they were having to cope with their own anxiety about going through a criminalizing process. Our problems would have become part of their burden. So we decided not to insist that women tell us their true names; even when we had our doubts, we would not ask to

see any identification. Obviously this practice meant that a police-woman seeking evidence for the authorities to prosecute the CCS could go through the Service and be referred like anyone else. As far as we know, since we never had any legal trouble, this never happened.

But we did have close and unsettling calls from time to time. Lyle Guttu, one of our clergy, told us of a couple he had counseled who had returned to thank him after the wife's abortion was finished. The man was so grateful that he wanted Pastor Guttu to feel free to call him if he could ever be of help in his line of work. Asked what his line of work was, he replied that he was a captain in the New York City Police Department. So we did have our dealings with the police, but usually it was in the context of helping them. As part of the general population, their wives, daughters, and friends would from time to time need help like anyone else.

Seeing the evidence of this overwhelming problem, in the second week of our existence we put out a call to the allied professions, particularly doctors and psychiatrists, to come forward and help us in this work that we were doing. In our statement we said, "This one long parade of mental anguish and physical suffering is but symbolic of the immeasurable number of human beings that are in dire need of even the kind of limited help which this service can give. This social problem is like an iceberg. Great chunks of human pain and desperation are all beneath the surface. It can only be met by doctors and psychiatrists who courageously step forward to help reinterpret the law so as to bring light and hope to the thousands of people who suffer—usually in quiet, and sometimes in death—the miseries and heartbreak of backstreet abortions."

We very quickly learned that the medical profession was not really concerned about helping with this problem. We had had intimations of this in our first week of counseling. Woman after woman told us that when she thought she might be pregnant she went immediately to her gynecologist for help only to receive a most callous and almost indifferent response. Some of these women had been under the care of the same gynecologist for five, ten, or fifteen years, and they were rightfully shocked when their own physicians abruptly ended the discussion with the statement that they could not help in any way.

Despite the negative reports which we received from some of the

women we had counseled that first week of our existence, we issued our call to the medical profession on the assumption that like any profession or group, there would be some who would respond to a call for help. But there were none. Not only were physicians unwilling to assist the clergy who were, after all, dealing with what was clearly a medical problem, but many in the medical profession also put obstacles in our way as we attempted to do a responsible job. One of the few demands we made on the women seeking our assistance was that they bring to their consultation with the clergy a dated note from their doctor indicating that they had received both a pelvic examination and pregnancy test and were so many weeks of gestation. In order to make a responsible referral, it was essential that the rabbi or minister have this crucial information. If the doctors would provide us with this information, we felt we would be on some sort of firm ground in fulfilling our professional counseling task. It seemed a small enough request to make of the medical profession, especially since it was their patients we were going to help. However, most doctors refused even this minimal assistance to their patients, fearing perhaps that to do so would somehow incriminate them or give them reputations as doctors who would refer women for "illegal" abortions. This refusal to give a note did not come from every doctor, but from a clear majority. In time, we developed a form letter which we sent to physicians who had refused to provide a patient with the necessary note. Incredible as it may seem, our letter began with an explanation of why the clergy required the pregnancy note in the first place. Here is an excerpt from that letter:

First, it was found that women's memories were often unreliable, and the length of pregnancy, as I'm sure you understand, determines what options are available to her. The second reason we require the internal examination and note is that we assume doctors will make their patients aware of any unusual medical problems that may exist which would make termination difficult or unsafe.

What we have discovered, to our shock and regret, is that physicians who are very willing to refer their patients to us as well as see them post-operatively refuse for reasons we fail to understand to provide them with a note that they would willingly write for an employer or a school. We are quite willing to continue handling problem pregnancies until doctors themselves are ready to deal effectively with what is, after all, a medical problem. However, we are upset when physicians refuse to cooperate in such a small way and we fail to see any possible harm that could come to a doctor. As a

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the laws regarding abortion; so, within the body of this very conservative paper, there was an incredible defense of the case for *repeal* of the abortion law as opposed to the popular *compromise* of a reform law supported by the American Law Institute. To have a Roman Catholic theologian of Drinan's stature writing an incredibly convincing argument for *repeal* as over against *reform* was a real boost in the battle ahead. In that paper Drinan said, among other arguments:

Abortion on request—or an absence of law with respect to abortion—has at least the merit of not involving the law and society in the business of selecting those persons whose lives may be legally terminated. A system of permitting abortion on request has the undeniable virtue of neutralizing the law so that while the law does not forbid abortion, it does not on the other hand sanction it—even on presumably restructured basis. [The law] neither concedes nor denies the individuals the right to abort their unborn children. It leaves the area unregulated in the same way that the law abstains from regulating many areas of conduct where moral issues are involved.

It was surely the influence of men like Father Drinan, John Courtney Murray, and Cardinal Cushing that softened the Catholic reaction to the opening of the CCS. Progress was real because less than twenty years prior to that time Margaret Sanger had been barred from speaking in the First Congregational Church in Holyoke, Massachusetts, on the threat of economic reprisal by the Roman Catholic Church to lay members of that Protestant church.

This was the first indication we had of the unspoken acceptance of abortion itself and the widespread tolerance for women seeking to undergo the procedure. While abortion, at that time, was not ordinarily a topic of conversation, we sensed a very broad concern for the welfare of women. Since it was understood that women were going to get abortions, the only valid question became where and under what conditions. If someone, in this case the clergy, was trying to be responsible in relationship to this problem by helping women find at least a modicum of dignity and decent medical care, that person was to be applauded and not denigrated.

The fact that the counselors were clergy was not an unimportant aspect of public acceptance. One of the many letters we received that first week stated simply, "I don't believe in God, but each time I read about courageous efforts by men of the cloth to put human values above dogma or antiquated laws, I realize that there is an

essential unity among men on earth.” It is difficult now to believe that someone would refer to the clergy efforts as “courageous” for simply counseling a woman in need. However, to realize certain risks were involved, one needs to recall that the New York law in 1967 read that one could receive a one-thousand-dollar fine and up to one year in prison for aiding and abetting a woman in attaining an abortion. The clergy felt that they were doing what was required of them. However, some of our counselors joined without the consent of their congregations and were later reprimanded for their involvement.

Most letters, however, were much like the one from a public health nurse who considered the CCS, “. . . an ingenious idea. You are offering a much needed humanitarian service.” Her letter was to prove prophetic, for it concluded by suggesting, “Perhaps your action will serve as a demonstration for the rest of the country.” One of the very few critical letters expressed the view: “The most horrendous thing about abortion is that the life being destroyed has no right to defend itself. . . . Perhaps you would have us throw out the Ten Commandments simply because they are difficult for some people to obey.” This was a forerunner of the argument later refined by the Catholic Church which claimed in no uncertain terms that abortion is murder.

One of the earliest practical problems with which we needed to cope was how to find those doctors who were willing to perform “illegal” abortions. Without those resources we were of no value to women. When the CCS opened, we were able to refer to one or two to whom several of us had individually sent patients over the years. However, we did obtain from the women who sought us out leads about other abortionists whose names were unfamiliar to us. Often a woman came merely to find out what we knew about a doctor whose name had been passed along to her, whether the doctor was qualified and still in practice. If we had no information in our files on a particular “physician,” we would actively check him out, developing as time passed an almost routine procedure.

The first fact we needed to determine was whether or not the name we had was that of a real person or whether it was an assumed name. We never pursued any abortionist operating under an assumed name since there was no foolproof way to check on the medical license of a “physician” operating under a pseudonym. One of the strictures laid down by our attorneys at the outset was

that patients be referred by the CCS only to licensed physicians, preferably gynecologists, and so the checking of credentials was absolutely necessary.

While we would have preferred qualified gynecologists, our norm in those days was a licensed physician with experience. Given a choice between a gynecologist who had never performed an abortion and an ordinary physician who had, we usually preferred the physician with demonstrated skill. Long before there was talk of paraprofessionals performing abortions, we realized that a physician who over the years had performed hundreds of D & C's was often better qualified than a gynecologist who performed perhaps one therapeutic D & C a year in his hospital.

On one occasion that we know of we were duped into believing someone was a licensed physician, having been assured of this fact by his famous colleague. Since the women we referred to these doctors had no postoperative complications, we had no reason to doubt his credentials. Not until the police arrested both of them in Washington, D.C., did we learn that he was a totally untrained Mexican national, with a lot of talent!

Once we established that a reputed abortionist was in fact a physician living and practicing openly in a community, we would make contact.

Posing as a pregnant woman, one of our staff would make a phone call to the physician and set up an appointment, using pre-arranged code words if necessary. The staff member would keep the appointment, maintaining the illusion of a woman with an unwanted pregnancy. However, often times we did not get beyond the front door because the doctor's office was either located in a badly rundown area or because the entryway was obviously filthy. Our visual impression was often decisive, believing as we did that a woman should not have to put up with unsanitary or unsafe conditions. One memorable visit made to a well-known New Jersey abortionist (fee: \$600) was a dead end because his abortion office was situated in a house in the heart of a slum area. In his filthy waiting room, packed with about thirty prospective patients, chipped paint was falling from the ceiling onto a floor which appeared not to have been washed in weeks. Upon leaving, one could not help but notice the black Cadillac with MD license plates parked in front of the house. Later we learned and verified that he had an elegant office for his regular patients

in another community. Many of the abortionists we knew of did not seem to plow back any of their profits into their illicit practices.

If the neighborhood and waiting room were acceptable, the staff member would, still posing as a pregnant patient, actually see the doctor and explain the fabricated situation. She maintained the deception with the doctor long enough to get an impression of his manner with patients first (was he warm and friendly, or cool, gruff, and condescending?) and then to elicit from him a description of the medical procedure he used in performing abortions as well as the fee being charged. If his personality was pleasing and the technique was one which our medical advisors considered acceptable (they were adamantly against "packing" as well as the use of general anesthesia in an office setting), the staff member would reveal the "patient's" true identity and produce a note from the CCS authorizing her to speak on the organization's behalf.

Our opposition to the "packing" procedure was inflexible. This technique requires the insertion of some materials into the uterus, and theoretically, at least, within twenty-four hours the patient should have a spontaneous abortion. Aside from the fact that it was undependable (i.e., did not always work), the danger of infection was too great for us to recommend names of practitioners of that technique. The fear of general anesthesia came from our medical advisors' belief that it should always be administered under hospital conditions. One of our advisors often said that if a member of his own family were scheduled for surgery, the credentials he would check most carefully would be those of the anesthesiologist. On that basis we used only doctors who gave local anesthetics and we chose physicians who used no anesthesia over ones who used general anesthesia in an office setting.

Only once did we meet an abortionist who had heard of the Clergy Service and was not anxious to receive our referrals. A well-known Philadelphia abortionist literally threw us out of his office after being told of our CCS connection and shouted as he slammed the door in our face, "The clergy are big trouble!"

All other abortionists were perfectly willing to work out a relationship with the CCS that protected both themselves and the patients and for which a fair fee was established. A fair fee in 1967 was \$600; in 1970 when we disbanded, it was \$300; in 1972 under a liberal abortion law in New York it was \$125. Information about this new contact was then reported back to

the clergy, who in consultation with our medical advisors, would decide whether or not to monitor the physician.

Our monitoring technique was simple and dependable since the patients themselves did it for us. When a new doctor was tentatively "approved," only one member of the CCS was authorized to make referrals to him. That minister or rabbi would urge every woman who saw the doctor to report back, either in person or by mail, any discrepancies between what she had been told to expect and what actually occurred. Was the medical and psychological treatment satisfactory? Was she charged the price told her by the clergy? Monitoring on a limited basis meant that the doctor could not tell us one thing and do something entirely different to the patient without running the risk of losing our goodwill. After three or four weeks, if we received consistently satisfactory reports from the women, information about this new "resource" would be shared with all of the other members of the CCS.

From that point on the monitoring would be done by all the clergy, who during all the "illegal" years requested every woman to let us know when she returned how things had gone and that she was OK. A surprisingly high percentage (40 percent) of all counselees did recontact their counselor after the abortion, providing us with a steady stream of information about the doctors we were using. As soon as we discovered a serious complication, repeated reports of mistreatment or overcharges, we would drop the doctor without giving him any advance warning.

Lest anyone assume that this was harsh treatment of a humanitarian operating outside the law and risking incarceration in order to help desperate women, consider the advantage to the doctors of working with the Clergy Service. The clergy were able to do for them something which had not been done before, namely, refer to them a steady volume of patients who had been examined, screened, and counseled in advance. This meant that only patients without medical contraindications were referred; also these patients arrived with a certain sophistication about and understanding of what was in store for them, having had their fears allayed and a detailed explanation of the medical procedure provided by their clergy-counselor. Contrast this clientele with that ordinarily seen by most "illegal" abortionists—women who knew nothing about what they were about to go through, women whose fear and

anxiety often made it impossible to perform the abortion—and the benefits of working with us become clear.

One of the greatest advantages to the abortionists was a reduction in their own fear of being exposed or turned in by a patient. Having gone through the CCS meant there was less risk that the woman was a police operative and this factor made the doctors feel more secure.

Under these circumstances we had no hesitation about dropping a doctor who blatantly violated our understanding. Usually within several days the doctor would be on the phone wondering why we had stopped sending patients. If our only complaints had to do with overcharging, we would usually give him another chance if he promised to stand by the agreed-upon fee.

The doctor with whom we had the longest relationship (two years) was also the source of much grief. Working with him in his Puerto Rican office was a lab technician who ran tests on patients prior to the abortion. For this service there was a separate charge of \$10. The doctor's fee was at first \$500 and then at our request dropped to \$400 and finally \$350. While we never had complaints about the doctor overcharging our women, we would periodically receive reports that the technician was charging patients anywhere up to \$30. At the start of our relationship we would cut the doctor off from referrals; he would call, and we would explain the problem; the technician's fee would drop back to \$10. Later on we would just call the doctor and ask him to deal with the technician.

In speculating about why we were more tolerant of the weaknesses in this situation, the only explanation we could give was that he was one of the few abortionists who dealt with us in a purely professional manner. He never attempted to ingratiate himself with us nor did he ever hint that he would "like to make a contribution to the church," which so many of the others had offered to do, an offer we always refused. On our last visit to San Juan, we accidentally learned that our favorite doctor was the proud owner of a string of race horses worth almost a million dollars. Think of the churches we might have built!

After the first weeks, media curiosity about the CCS mushroomed. While we were always open about counseling and referring, we refused to provide the media with the more intimate details of our organization. It was our belief that we had an obligation to

protect the anonymity of two sources: the women who were going through abortions and the doctors who were performing them illegally. Both the women and the doctors would have been placed in jeopardy if we had enabled the press to give them any publicity at all. This created from the earliest days a clear conflict between the aggressive reporter who wanted to get a story and the clergy who in order to serve women responsibly needed to protect both doctors and counselees.

Probably because we were uncooperative, a reporter from the *New York Post* posed as a pregnant woman and came to us for counseling. She intended to do an exposé of the CCS, not with any intention of hurting us but rather in order to give us wider exposure. This occurred during the first few weeks of our existence, long before we believed the CCS well enough established to withstand the pressures that might be brought by our opponents who could use her article as evidence of our "illegal" activity. After learning of the story from a friend, we decided to do all we could to have it suppressed. With that goal in mind we asked a friend to intercede with the publisher of the *Post*. The inner counsels of that newspaper finally decided that the story would be detrimental to what the clergy were trying to do and so it was killed. We were very grateful to the *New York Post* and hoped that it viewed the situation as the workings of a responsible newspaper rather than the suppression of freedom of the press.

Although we felt that story would have harmed us, it is an illustration of the way in which people wanted to help. There were always persons who advised us to get lots of publicity, but we usually shunned this advice. We had decided very early in the game that our primary function was the counseling of women and remembered our lawyer's warning: "You won't be able to help women if you're in jail."

Our unwillingness to risk overexposure by giving stories to the press, appearing on radio and television, accompanying women going for abortions, etc., eventually caused us to be labeled "conservatives" by allies in the struggle. Nevertheless, it was our conviction that if we could weather the early storms and problems we might encounter as we entered this uncharted area without tarnishing the image of the clergy as professional counselors, our success would be in the best interest of women seeking help.