The Making of a Model: A New Kind of Counseling Service

It is important to understand that back in the spring of 1967, we did not establish the New York Clergy Consultation Service with any plans, hopes, or designs (conscious or unconscious) for expanding into what it ultimately and accidentally became—a nationwide effort involving thousands of ministers and rabbis, which today includes growing numbers of lay counselors as well as priests and at least one nun. Ignorant of the national dimensions of the problem of unwanted pregnancies, we intended to tackle the problems of an unjust law in New York State and never thought as we began that the New York CCS would be duplicated elsewhere in the country.

So it was purely accidental that the model for a counseling service situated in New York could be easily copied. The makeup of the first CCS was influenced by our lawyers and our own strategic sense of what was both possible and practical. In retrospect it is easy to recognize that simplicity was the decisive factor in the duplication that followed. An observer looking at the CCS saw no office, no staff, no board of directors, no bank account, no trustees, just a paper organization with a telephone number and an electronic telephone answering machine serving thousands of women a year. Out of our own local needs we had established a helping agency which cost practically nothing to run. Our average expenses annually for the New York CCS were around $1,800, usually offset by contributions given by Judson Church or by grateful women after their abortion. All our procedures were designed to meet our own special needs, and to our surprise these procedures became the primary basis for the spread of Clergy Consultation Services to other areas of the country.

Late in 1967 the California Committee on Therapeutic Abortion

asked Hugh Anwyl, who was then pastor of the Mt. Hollywood Congregational Church, to establish a Clergy Service in Los Angeles. Mr. Anwyl came to New York, and we shared with him our knowledge and what little experience we had already accumulated. He returned to Los Angeles where in May of 1968 the Clergy Counseling Service for Problem Pregnancies was established. With minor modifications, it was a facsimile of the New York CCS. By November, 1968, there was a CCS in New Jersey, and shortly thereafter one opened in Philadelphia.

Though we were not quite *deluged* by requests for information from clergy, we did receive queries from a substantial number, some of whom ultimately went on to develop Clergy Services in their own areas. If we were to single out the major force which led to the mushrooming of CCS groups around the country, we would have to attribute it to a growing awareness of the number of women who needed help.

As was mentioned earlier, we had no way of anticipating or calculating in advance how many women would seek us out. Because abortion was "illegal," there were no reliable statistics available on the number of procedures performed. The figure most frequently quoted by abortion reformers was one million annually, but no one knew for sure. Due to our helpless ignorance, we were not prepared for the deluge. Our files bulged with letters from desperate women across this country who were perfectly willing to come to New York merely to consult with one of our clergy, knowing full well that their abortion would be performed in some other state or country. Other women called from all over the United States to make appointments for a consultation. During our first year of existence, we agreed to see any woman who could get to New York City.

However, as time passed, it became clear that the burden of the entire country was too great for the New York CCS to carry by itself, and a way to serve those non-New York women closer to their homes needed to be found. We briefly considered telephone referral for all nonresidents but discarded that idea quickly since it would have violated our belief in the desirability and necessity for face-to-face counseling. With the passage of time and with firsthand experience we had become wedded to this principle. There was no satisfactory substitute for *seeing* the women. One simply could not gather the same information during a phone

conversation, and what we saw often affected our counseling. Fear cannot always be detected over the phone, but it is hard to miss in the eyes of a frightened young woman. Long-distance phone calls might mitigate against an extended conversation about the guilt associated with seeking an abortion, but conversation in the relaxed atmosphere of a counselor's office provided the woman with an opportunity to articulate her feelings. Most of the physical or even emotional problems that could be spotted in a moment if the woman is sitting across from you are impossible to detect over the phone. If the counselor made a referral by phone, he could not be certain of the length of a woman's pregnancy, a crucial factor in making a responsible referral; but when she came to see the counselor, she was required to bring a physician's note stating the length of her pregnancy in weeks.

This mandatory pre-counseling examination was initiated in reaction to a near tragedy some six months after we opened the New York CCS. Previously we had required only positive proof of pregnancy, and on that basis one of the young women we counseled was referred to a doctor in Puerto Rico. As a result of a variety of circumstances, including the fact that Donna was a minor whose parents could not afford the air fare to accompany her, she was taken to the doctor's office by one of our people who was visiting San Juan and checking out abortionists. Our person remained in the waiting room during the procedure. After an hour, she heard scurrying footsteps and anxious voices behind the door leading to the operating room. Also the waiting room was locked so no one could leave. Finally the doctor appeared, looking drawn, took our person aside, and said, "Well, she died." After what seemed like hours but must have only been moments, he continued, "But we saved her." Contrary to the information Donna had given us, her pregnancy was well into the fifteenth week, and she had experienced a fetal reaction to the anesthetic, so violent that her vital signs had momentarily stopped. She had been revived, but nevertheless a call was immediately placed to one of our medical advisors in New York, to whom the doctor explained what had happened and the course of treatment Donna was receiving. Our New York doctor approved, not learning until later that immediately afterwards the doctor in Puerto Rico asked whether he should try again to do the abortion since Donna was still pregnant.

Within hours of that incident, the New York CCS's tape-recorded message was modified to include the following:

> There is no charge for the consultation, but it will be necessary for women to bring along to the counselor a dated note from either an obstetrician or a gynecologist stating that you have had a pelvic examination and indicating in weeks the length of your pregnancy. No consultation will be possible without this prior examination, and the results of urine tests alone will not be acceptable.

By the following day all members of the New York CCS had been notified that no further referrals were to be made to that particular doctor in Puerto Rico. What we neither needed nor wanted was an abortionist who gambled with women's lives and would have permitted a lay person to determine whether an incomplete abortion should be repeated. It was a painfully hard way to learn.

Our final reason for rejecting telephone counseling had to do with our desire to lend the respectability of the church to the woman's decision, making personal contact with a supportive clergy counselor important. Telephone counseling clearly worked against our goals of making responsible referrals, alleviating fear and guilt, and being emotionally supportive to women.

The only other avenue that lay open to us to help women in distant places was to encourage and assist those clergy who had expressed interest in setting up a counseling service in their own states. At the same time we could actively enlist clergy in other states.

Our goal was to enable any woman to see a counselor within a reasonable distance from her home. By and large we called on friends who, like members of the New York CCS, were involved in social issues. We were lucky to have Spencer Parsons in Illinois, Harry Smith in North Carolina, and George Telford in Florida, among those who answered our call for help. Although we encouraged them to develop local Clergy Services, we never consciously put undue pressure on them. We didn't need to. That Clergy Services emerged under the leadership of these people was more a result of the pressure they began to feel as we referred local women to them for counseling. They soon discovered that they could not handle the load alone and began to enlist their colleagues' assistance.

During the summer of 1968 we were faced with a major

decision, namely, whether to establish an umbrella group to be called the "National Clergy Consultation Service on Abortion," which would then seek foundation support, or to continue along in our somewhat disorganized manner. The primary reason for establishing the National CCS was that it would provide travel funds for meetings with clergy around the country who were organizing Services and wanted detailed information about our experiences in New York. Indulging paranoia in our infancy, we never put anything on paper which could incriminate us, and consequently travel was an expensive necessity for which funds needed to be raised. Furthermore the growth of Clergy Consultation Services, especially at our urging, required that we provide them, in the beginning at least, with safe and secure medical resources which had been checked out. We hoped that as time passed and new groups were well established, they would be able to develop their own medical resources. When that happened, it would become National's function to keep an up-to-date negative list of practicing abortionists as well as a list of the doctors individual CCS's were referring to. Thus, for example, the Michigan CCS could call requesting information on a particular abortionist, and we could tell them whether he was on our negative list or whether another CCS was referring to him. If we had no information, they would then proceed to check him out. If the report came up negative, they would forget him; he would be added to our list of inferior abortionists. If another CCS was referring patients to him, it was generally understood that no referrals would be made without consulting with the CCS that had "discovered" him. This was important because often the doctor was handling as many patients as safety allowed. Another CCS referring women to him could mean that women would experience delays in getting appointments or the doctor would overburden himself, possibly providing poorer service. Having learned through trial and error that abortionists would often negotiate different arrangements with different Clergy Consultation Services so that a woman referred by the Massachusetts CCS might pay, to the same doctor, $50 or $100 more than a woman referred by the Connecticut CCS, we encouraged communication between Services hoping to avoid such situations.

Aware that bringing new Services into being would result in a brief period of dependency on the resources and experience

of the New York CCS, we decided the needs could best be met by establishing yet another paper organization, the National CCS on Abortion. With a five-thousand-dollar grant from a philanthropist, the National Service was created in November, 1968. Like its local affiliates, it had no paid staff, no officers, no bank account. The continued concern of Judson Church meant that staff was allowed to give time to this new project, and office space at the church was made available. The donor later said that he never got such a good return on so small an investment.

The following spring the first annual meeting of all Clergy Consultation Service coordinators was held at Judson. There were perhaps a dozen people present, representing Services already public and those in formation. (By 1972 we had grown so large that three regional meetings were held in place of one national get-together.) We came together that first time to hammer out a policy concerning the relationship between National CCS and local groups and the relationship of local groups to one another. At that meeting decisions and directions were determined that have not substantially changed in the intervening years. National CCS would be a loose federation of Clergy Services, each with local autonomy. While National might on occasion make recommendations, all final policy decisions would be made locally. National would be a provider and enabler, and at times a persuader, but never a dictator of policies.

One of the serious temptations that we managed to resist was to create a large institution out of the National CCS which would have a national office, full-time staff, and large budget. We received a great deal of pressure to build this kind of structure, which we perceived would become a self-perpetuating bureaucracy that would eventually have to develop rationale and increased finances for its continued existence. Since we conceived of all clergy counseling as an interim task, we were fearful of what might become an empire-building, self-serving organization whose preservation would take priority even when its existence was no longer required. The price we had to pay in order to resist that institutional seduction was for Judson Church and the New York CCS to take more of the burden. The interim lasted longer than we had foreseen, but the principle of an ad hoc, low cost, voluntary national organization paid off. Power plays, "Parkinson's law," and political fighting over control of an "empire" were avoided. No

one wanted to take over a thankless, voluntary task with heavy responsibility and few rewards.

Affiliation of local Clergy Consultation Services with National CCS was completely voluntary. All Services agreed on three requirements for affiliation, and they were essentially the same as the ground rules established by local Services. First, no Clergy Service affiliated with National would ever charge a fee for counseling and referral. In subsequent years, we discovered a handful of counselors around the country who violated this rule, and they were immediately dropped by the CCS they were working with. Several of the Clergy Services, when hard pressed financially, entertained the idea of charging a nominal fee, but none ever went beyond the point of encouraging contributions.

Second, all Clergy Services affiliated with National would provide person-to-person counseling. From time to time we would receive reports of telephone or group counseling, but as a national group we discouraged it. However, as years passed and lay counselors became a more visible part of the Clergy Services, some walk-in centers with group counseling were developed (usually in urban areas), but the vast majority of women are still seen individually.

Finally, no Clergy Service affiliated with National would have among its members any counselors who referred to non-approved resources. This rule has always been at the same time the hardest to enforce and the most important to follow. Probably every Clergy Service has had at least one member who for the best of reasons (closer, less expensive) has referred a woman to an abortionist who had not been checked out and approved. Each CCS developed its own style of dealing with wayward counselors. Allen Hinand handled one such case in Pennsylvania by calling the minister who had made an unapproved referral and asking him whether he was aware of having sent the woman to a gas station attendant who had never been anywhere near a medical school. Other Clergy Services were less inclined to direct confrontation and would simply "forget" to list the counselor's name on the tape recording which directed women to a minister or rabbi for assistance. When a member of the New York CCS violated our understanding, he was voted out of the Service by the membership.

Careful control over where women were sent was not a whimsical part of the covenant of each Clergy Service. Knowing the

credentials and skills of an abortionist before referring patients was a prerequisite; in the absence of an ongoing relationship Clergy Services had no power to deal with an incompetent physician. Both problems are best illustrated by a situation which developed in the summer of 1968. We were contacted by three young women, all of whom had gone through the New York CCS, been counseled by the same rabbi, been referred to the same unapproved resource in New Jersey, gone for their abortions, paid their $450, and were all still pregnant. Each was beyond the stage where an office abortion could safely be performed and had no further financial resources to draw upon. The counselor who had made the referrals had left New York several weeks earlier for a position in the Midwest. We immediately contacted him requesting an explanation; at the same time we investigated the doctor, to whom the women had been referred. The "doctor" turned out not to be a physician, but was instead a guy who had made a deal with an actual doctor in New Jersey to "use" his office several days a week. The counselor who had made the referral knew that the doctor was licensed but never pursued the credentials of the man who was actually doing the abortions. Evidently the women who came to us reporting incomplete abortions had been the only ones referred to this resource by our counselor.

In the absence of a relationship with the bogus physician, we had no leverage and could not, officially at least, demand that he return the money to each of these women. Occasionally a woman we had referred to an "approved" resource would have an incomplete abortion. In those instances we would simply contact the physician in question, and all monies would be refunded to the patient. Before the establishment of CCS, such refunds were unheard of, but our relationship enabled us to successfully act as advocates for women since the doctors were anxious to stay in our good graces.

This nightmarish situation was resolved in a somewhat unorthodox way after the man posing as a physician had flatly refused to return the money to these women. We chose several of the strongest looking men at Judson Church and asked them to accompany one woman to his New Jersey office where, without making any direct threats, they let him know that they were not satisfied with his refusal. During their visit the man "changed

his mind" and refunded the $450. The success of this mission was communicated to the other women who then followed the same course of nonviolent confrontation with the imposter and were similarly rewarded.

On the surface this incident may appear to have had a happy ending, but it didn't. Three women were still pregnant against their will, and as far as we know each carried her unwanted pregnancy to term. The outcome would have been different had they been referred to an approved resource.

At that first National CCS meeting, the relationship between local Clergy Services was never clearly articulated. Though it was understood that we were "all in this together" and that what threatened one Service threatened us all, a formal policy was never hammered out. Over the years there were points of conflict and disagreement between local Services as well as between local and the National Service. Yet at crucial moments, particularly when there were conflicts with the authorities, we all stuck together.

Bearing in mind that Clergy Services everywhere operated in a gray area of dubious legality, it is remarkable how few confrontations with the authorities there were. The first occurred in the spring of 1969 when the Reverend Robert W. Hare, pastor of the Congregation of Reconciliation in Cleveland, Ohio, was indicted by the commonwealth of Massachusetts on a charge of having aided and abetted a woman who obtained an illegal abortion in that state. Bob Hare had indeed counseled and referred a young woman to a doctor in Massachusetts. She drove from Cleveland to the doctor's office, was aborted, and was on her way home when she started experiencing severe cramping. Alarmed, she pulled off the highway and drove toward the first building she saw to seek assistance. In one of those strange quirks of fate, the building happened to be the headquarters of the highway patrol. Before providing her with medical assistance, the police demanded that she tell them what had happened; she did, including the names of both doctor and minister.

The commonwealth of Massachusetts, not known for its libertarian ways, proceeded to indict both doctor and minister. The doctor was able to retain one of the finest civil liberties lawyers in Massachusetts. A committee to raise funds for Bob Hare's defense was established immediately, and the support of Clergy Services around the country was enlisted. Fortunately

the case against Bob Hare was never brought to trial, setting a precedent which would later be repeated.

The only other major challenge to clergy counselors occurred early in 1970 when a member of the Illinois CCS, Rabbi Max Ticktin, after referring a woman to a doctor in Detroit, was charged by the state of Michigan with conspiracy to commit abortion. This doctor had been under surveillance for some time, and it is possible that the involvement of the Illinois CCS in this case was purely coincidental. After a period of anxiety it became clear that no prosecution would ensue, and we attribute this to the excellent work of Spencer Parsons, chairman and spokesman for the Chicago CCS, whose public statements undoubtedly increased the reluctance of the authorities to engage in open warfare with the church.

None of the other challenges by law enforcement were nationally as threatening although there were local problems around the country which certainly alarmed counselors in that area. In New York, for example, we were called to testify at a grand jury hearing in the Bronx, which followed the uncovering of an "abortion ring" that had functioned for several years. This was the first and only time any legal agency indicated even moderate interest in our existence. True to our policy of referring to physicians practicing outside New York, we had no relationship with these abortionists. However, several Clergy Services in bordering states had been referring women to them as had two ex-members of the New York CCS. We assumed the district attorney's office had heard of clergy involvement and on that basis had subpoenaed us to testify.

Initially upset and fearful, we considered closing the New York CCS until after the grand jury had heard our testimony, but Ephraim London, our ever-calm and supportive attorney, advised us against taking what we thought would be a precautionary measure. He believed and succeeded in persuading us that to close down the CCS could be construed both as an admission of guilt in the Bronx case, and, in a larger sense, an acknowledgment that our counseling and referring of women for abortions was illegal, an admission we never made during those years.

While it probably helped to reinforce our cautious and conservative image, we chose to follow our lawyer's advice by agreeing to testify with complete openness about the New York CCS. Since

others who had been subpoenaed had talked informally about refusing to cooperate and if necessary going to jail, they surely must have considered us cowards for refusing to join in the proposed martyrdom. Nevertheless, we consciously felt that it was important to avoid a confrontation in which we had no direct involvement and by staying out of jail continue to assist women.

Once again our fears were unwarranted. All the grand jury wanted to know was whether the New York CCS was "officially" involved with the doctors and whether we were profiting financially or receiving any kickbacks from abortionists in general. Our answer to both questions was no.

From then on, contact with the authorities came only at our request. In April, 1969, the New York CCS received a blackmail threat from a man claiming that his girl friend had obtained an abortion with our assistance; he warned that unless he was paid $5,000 within twenty-four hours, an official complaint would be registered against us with the New York City District Attorney's office. Advised that the CCS was a shoestring operation with limited funds, the blackmailer insisted that we get the money "from the doctors." He threatened to play "Russian Roulette" to see which of them would be exposed to the authorities if we refused to cooperate.

Unable to determine whether the blackmailer's girl friend had gone through the CCS and was actually in a position to identify and place in jeopardy any of our doctors, we agreed to cooperate with him. On the advice of our attorney, Ephraim London, we also informed the district attorney's office of the threat. They responded immediately, sending several detectives from the Racket Squad down to Judson Church. At their suggestion, we made arrangements to meet the blackmailer and deliver the money just across the street from the church. In true Grade B movie style, children's play money was purchased at the five and dime and dutifully wrapped in plain brown paper. Moody was wired for sound by the Racket Squad so that his conversation with the blackmailer could be monitored by detectives hidden in the church while the exchange was in progress. Before giving the payoff to the blackmailer, Moody asked what assurance he would have that another $5,000 would not be demanded sometime in the future. The blackmailer's response was that he was leaving the country and we would not be bothered again. Moody then handed over the

package, at which point the Racket Squad moved in and arrested him with "the goods" in hand.

This experience confirmed our belief that observing the minimal legal strictures laid down by our attorney not only protected the CCS from harassment by the authorities but also entitled us to their protection. That incident ended on a sad note when we discovered that the "blackmailer" was the troubled nephew of a prominent Christian pastor and was wanted on a drug charge in California. After talks with his girl friend and visits with the young man in prison, we dropped charges and he was extradited to California to stand trial.

Months before the New York State abortion law was repealed, Aryeh Neier, then Executive Director of the New York Civil Liberties Union, was guest speaker at a gathering of New York Chiefs of Police. In response to a question about what he would do differently if he were the Police Commissioner of New York City, Neier stated that he would begin by eliminating all arrests then being made for "victimless crimes," such as prostitution, homosexuality, and abortion. When he finished, one police chief volunteered that they were doing just that with the Clergy Consultation Service on Abortion. From then on we knew we were home free.

For a brief time in 1969 we believed perhaps mistakenly that the federal government was investigating us. Our fear resulted from a visit by the Internal Revenue Service to the then coordinator of the New Jersey CCS, Charles Straut, Jr., seeking his cooperation in apprehending abortionists who had not paid taxes on their illicit incomes. The I.R.S. wanted the CCS to provide them with the names of such physicians. However, since the attitude of the CCS in principle toward abortionists was that they were fulfilling the highest calling of their profession, Straut did not offer aid. Shortly thereafter nearly a dozen abortionists around the country were arrested; we concluded that there was some connection between those arrests and the sudden interest of the I.R.S., but we were never able to establish that fact with certainty.

Although it took some time for the Clergy Services both individually and collectively to recognize the fact, we were developing strength which enabled us to negotiate with the doctors for both better service and lower costs to patients. In our infancy we simply accepted the price established by abortionists, never

seriously questioning fairness. But within six months after the New York CCS opened, we had received many telephone solicitations and unscheduled visits from middlemen representing practicing abortionists. The solicitations usually followed the same scenario. We were told about some incredibly humane doctor who had decided to do abortions because his wife, or daughter, or sister, had been maimed or killed at the hands of an untrained, nonmedical practitioner. This personal tragedy had so changed the doctor's life that in complete disregard of his own safety and risking censure by professional colleagues, he had decided to offer his technical skills to womankind for a mere $600 per abortion. The middleman's function was to whet our interest in collaborating with this humanitarian by referring patients. In exchange we were generally offered a fifty-dollar kickback per patient "for the church." Oddly enough when we explained that we would not accept any financial remuneration but would be happy if the fee charged to women was lowered by fifty dollars, the response was negative. While middlemen would offer to set the money aside to cover abortions for indigent women whom we might refer, they were adamant about protecting and maintaining the existing price structure.

We see evidence that this trait has been carried over into the legal abortion market in New York City where certain facilities will routinely charge $25 or $50 less to patients referred by certain agencies who have arranged for a lower fee. Thus their top and public price, say $150, remains the same, and women aborted for $100 or $125 will refer a number of acquaintances over a period of time. These acquaintances have to pay the full fee of $150 because they were not "referred" by the proper agency. Such arrangements may have short-term advantages for the referral agency and *some* women, but by the same token it delays the agency's coming to grips with the problem of an inflated price structure which affects *all* people.

The middlemen we met were a breed unto themselves. Although they probably were well paid, we will never know if they fully understood the risks they were taking. The doctors whose services they were marketing functioned under pseudonyms and worked out of multiple offices, making it difficult for the authorities to catch up with them. Middlemen, on the other hand, were by the nature of their role fairly stable and consequently in greater

jeopardy of being endangered by any irate woman whose abortion turned out badly.

With one or two exceptions, the middlemen were uneducated and seemed deficient in native intelligence. Those who visited us appeared to be laborers. They shared a naïveté about our purposes, goals, and concerns, which was reflected in the kickbacks they offered; it took some time to persuade them that "no" really meant "no."

One of our favorites was from New Jersey, and he stopped by Judson Church for well over six months before taking our lack of interest seriously. A rough looking but gentle man who worked in the construction industry, he generously offered to bring us building materials which the church might need instead of giving a dollar kickback. Since one of Judson's ongoing programs was the Judson Poets' Theater, the offer of materials which might be needed for set building, although tempting, was rejected. Months after, in what appeared to be perfect innocence, he offered to place a volunteer in the church office, and he gave the impression that he was truly hurt by our unwillingness to welcome this much needed assistance. Possibly our middleman friend had no hidden motives, but we reacted as though he did, and we never saw or heard from him again.

Though the solicitations increased (continuing even today), during the so-called "illegal days" we never referred any woman to an abortionist who had sought our "business." Perhaps it was nothing more than coincidence, but over the years we worked only with people whom we had sought out and with whom we had a very businesslike relationship, and none of *them* ever offered us anything in exchange. A well-known Michigan abortionist traveled to New York with his nurse/wife to solicit our referrals. Although he was impressive and had excellent credentials, we decided not to pursue a working relationship after he made it clear that he would terminate pregnancies beyond twelve weeks in an office setting despite our insistence that such procedures could endanger patients. Arrogance and a conviction of his superior skills made him willing to perform abortions up to twenty weeks under very minimal conditions, but we wanted no part in such risky practices. Some months later we received in the mail a bank draft for $1,000 accompanied by a note from the doctor stating that it was a contribution toward the work of the CCS. The doctor probably

assumed that we would refer patients to him once we realized how profitable it could be. He must have been chagrined when we returned the check, for we never heard from him again.

Because we were puzzled by the solicitations of middlemen, one day out of curiosity we sat down and figured out that we were conducting a multimillion dollar business. The New York CCS was seeing ten thousand women a year, each of whom was paying approximately $600 for an abortion, and the role of the CCS was determining into whose pockets that $6,000,000 a year wound up. As the economic implications of our work became clear, we gradually began pressuring doctors to whom we referred patients to lower their fees and found them by and large perfectly willing to go along with our request. The advantages of regularly receiving well-screened referrals with no strings attached must have outweighed the financial loss to them.

If we found one of our doctors reluctant to go along with a reduction, we did not hesitate to threaten him with a loss of referrals. Since he was generally persuaded of our intentions, the price would be dropped. When one of our Puerto Rican doctors flatly refused to lower his fee, we had to follow through with our threat and simply channeled our counselees elsewhere for several weeks until he called and said he had changed his mind. Probably he was just testing to see if we meant what we said. Had we continued to refer patients after his refusal, it is unlikely that his price would have dropped.

As the Clergy Services expanded, particularly in the East, we sometimes found ourselves referring to the same abortionist who would charge a different price to Services in different states. Situations like this would occur when a particular CCS did not clear the doctor under consideration through National CCS before working out a referral arrangement. With some Services better at negotiating lower fees than others, there might be a discrepancy of $50 or $100 between what a Pennsylvania woman and a Massachusetts woman paid the same physician. The abortionists would rarely, if ever, let one CCS group know that he was also working with another CCS group, placing the burden of discovery on the clergy. Whenever we discovered such inequitable arrangements, we told the doctor that the fee to *all* Clergy Services would have to be the same or he would receive no referrals from any of us.

It would be misleading to assume that the wheeling and dealing with doctors was an automatic skill understood and shared equally by all Clergy Services. Sometimes when one CCS was attempting to negotiate a lower fee with a doctor whose referrals came from several Services, the negotiating Service had difficulty persuading the others that $550 was really too high a price for women to pay. Slowly and with real difficulty the clergy developed the sophistication which enabled them to see quite clearly that no matter how nice, an abortionist charging $600 or $500 or $400 per patient was still exploiting, and part of the role they needed to play with increasing frequency was that of consumer advocate.

The educational process was accelerated to some extent by an awareness that most women being served by the CCS were white and middle class. Very few low-income and ghetto women were seen by the clergy in the illegal days because it did not take long for the word to spread that the clergy could only help you if you had $500 or $600 plus travel expenses. Very few poor women could raise that kind of money, and consequently they continued to turn to midwives where possible, or in desperation they resorted to self-induced methods, which sometimes killed them. The Clergy Services, in the early days, had nothing to offer these women.

When the New York CCS examined its statistics after the first year and realized that virtually no black or Puerto Rican women were seeking our help, we concluded that we were doing something wrong—allowing the cost of an illegal abortion to remain prohibitively high. Each Clergy Service would eventually realize that in order to serve *all* women who were seeking abortions some effort would have to be made to lower the price. As that realization occurred, cooperation between local Services increased.

The change in England's abortion law provided most Clergy Services with an opportunity to negotiate for lower fees with homegrown abortionists. During the 1967–1968 period, not only were Clergy Services, wherever they existed, catering to a largely white, middle-class clientele, but we were providing assistance only for women whose pregnancies were less than twelve weeks along. After the first trimester, the only option then available was Japan, where the cost was prohibitively high ($2,000 including air fare).

Then, in April, 1968, Great Britain's Abortion Act went into effect, and London became a realistic alternative for many women with advanced pregnancies. While most found it impossible to raise $2,000 for Tokyo, many Americans were able to pull enough together to go to London. A woman eighteen weeks along needed roughly $1,000 for London. A woman with an early pregnancy needed only $800. In only a short time we saw that given a choice between an *illegal* abortion (costing $600) in Puerto Rico and a legal abortion (costing $800) in London, many women would choose the legal route despite the additional expense. The psychological and medical advantages of a legal termination were clearly worthwhile, and Clergy Services used this experience as a wedge with local practitioners who refused to drop their prices as long as there was no competition. They quickly changed their attitudes when they learned that we were sending to London women who normally would have been their patients.

Although we had followed newspaper reports of the changing British situation, we waited several months after the law went into effect before referring women to England. The delay was caused by our curiosity about the implementation of the new law, i.e., how and where abortions would be performed, what the costs would be, and whether foreigners would be welcome. Another cause for delay was the fact that we could not afford to send someone to London to check out the situation firsthand, a process which had always been a prerequisite for referral.

During May we were visited by several women in the Greenwich Village community who had traveled on their own to England, sought out doctors, and obtained abortions. After eliciting very thorough accounts of their experiences, we decided that in a "legal" situation perhaps it was not absolutely crucial to send our own observer. We began cautiously to refer women and requested that they make a follow-up, debriefing visit on their return. By July, 1970, when the New York abortion law was repealed, Clergy Services around the country were referring most of their advanced cases exclusively to one London doctor, David Sopher, a very gentle man, who served our women well. We began referral to Dr. Sopher on the basis of a report from a woman who had been aborted by another English physician. Following the procedure, she remained at the nursing home for some hours until released by the matron, never again seeing

her doctor after the operation. Resting in bed, she observed that women who had been operated on by another doctor were being examined and discharged by their physician, and she was slightly envious of the personal care they were receiving. She learned the other doctor's name, and our initial contact with Dr. Sopher was made on the basis of her recommendation. After a short time the Clergy Services settled on Dr. Sopher as our primary British doctor.

The intervening years provided us with a great deal of experience and knowledge about what happens when a previously illegal act is made legal; much of this helped in anticipating and preparing for the change in New York's law. Solicitation, for example, was something we never expected would occur. We were somewhat stunned by the first visit from a fastidiously dressed British doctor who was touring the United States to meet with all potential referral sources. He was followed by other smooth-talking, well-educated, highly qualified English gynecologists who saw legal abortion as a golden opportunity. The belief that changing laws modified behavior was immediately shattered by the appearance of English entrepreneurs.

Consequently we were not too surprised when visiting medical solicitors cast doubt on Dr. Sopher's ability or when other London abortionists wrote and told us that they *used* to be in practice with him but were now striking out on their own and would like some of our referrals. There is probably not another area of medicine where doctors have felt so free to criticize their colleagues.

Since our women had always been hijacked by cab drivers in Puerto Rico, it was no great shock when London drivers followed suit. We had to warn women in the counseling session against believing any cab driver who claimed that Dr. Sopher was on vacation, arrested, or dead. Human nature is pretty much the same around the globe.

A year after the English law changed, we finally were able to visit England and get a firsthand impression of how that law was functioning for English women as well as foreigners. The visit was precipitated in part by the death of a young woman from Cleveland who had been referred by the Clergy Service to a rarely used London doctor. The autopsy report indicated that anesthesia was responsible, and indications of negligence on the part of the anesthesiologist resulted in added pressure for

us to make an early visit. The report of this visit was prepared for all Clergy Services (then operating in ten states), and it pointed up some of the problems we would later have to confront on our own soil.

> While we knew that under National Health Service the British receive free medical treatment, we didn't know that they can only apply for treatment at a hospital in their own residential district. The consequences of this residency requirement are obvious. While many hospitals in London regularly perform abortions without any hassle at all (one National Health Service doctor we spoke to does six a day), the situation throughout the rest of the Commonwealth is less encouraging. Reports have it that no doctors or hospitals in the Midlands, for example, perform abortions under any circumstances. Since women residing outside of London are ineligible in NHS hospitals in London, they are flocking there anyway seeking to make arrangements at private nursing homes. (There is a regular Friday night train from Birmingham to London for this purpose—arrangements having been made in advance with a private physician.)
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> In London there are roughly seven nursing homes licensed to do abortions. They are owned and operated by businessmen/doctors who hire nursing staff and equip the home with operating theater, medications, etc. The owners then rent beds and nursing care to physicians who pay $100 per day per patient for use of the home's facilities. Medical standards for the homes are set by the government; they are not observed by the owners, however.
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> Based on observations at the homes we visited, the government's standards are often sacrificed to the owner's desire to keep the beds filled. At one home we were told by the Matron that there were times when the bed linen was changed three times a day (each change representing a different patient).
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> After the death of the Cleveland girl, the government started investigating the nursing homes and found, for example, that blood which might be necessary in an emergency was not kept available. The government gave the homes 30 days to correct certain flagrant violations, but the feeling is that the owners will do only the minimum required to avoid losing their licenses.
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> Because the homes are privately owned, the doctors are completely dependent on the owner's goodwill for regular use of space. This puts them in a poor bargaining position when it comes to improving, particularly, the post-operative care received by their patients. The law requires that a woman who has undergone an abortion remain in the hospital for a minimum of 24 hours afterwards. Few women are kept that long, and were the doctors to protest they would be blacklisted by the nursing home owners. The owners (also in violation of the law) admit patients to the home and then insist that one of the doctors working there operate. Despite the illegality of this situation the doctors have no choice but to cooperate.

The report went on to evaluate several English doctors, including the one who had operated on the Cleveland woman, and

it concluded with a strong recommendation that Dr. Sopher was the only one about whom we could be completely confident.

> Sopher is a warm and gentle man and our patients seem to like and trust him (while the nursing home staff dislikes his care and caution in the operating room; one matron claimed that other doctors can terminate two pregnancies in the time it takes Sopher to do one; this means $200 to them instead of $100 for the same length of time). . . . We think the CCS is lucky to have Sopher's cooperation, that we can feel confident about him medically as well as ethically, and that we should continue our relationship with him.

Because of the system under which private abortions were performed and the relatively small number of patients we referred, we never succeeded in affecting the English price structure. The average fee for a first trimester abortion was about $300, although some physicians were charging as much as $750. With patients coming from all over Europe as well as the United States, there was no way to apply collective pressure for lower fees. However, what we learned during those few years guided our later efforts in New York to have all Clergy Services in the eastern United States refer to one abortion facility, thereby making it both responsible and responsive to our concerns for quality of care and costs.

While Clergy Services made far less of an impact on the English abortion scene than on illegal American abortionists, the experience gave us a preview of both the problems and possibilities that would await us in the future when the New York State law changed.

By July 1, 1970, affiliates of the National CCS were operating in twenty states, with the heaviest concentration in the East. We began to examine possible next steps in our struggle to open up to all women the right, and the means to implement that right, to decide about abortion.