



Published by Palgrave Macmillan, 2006

EDITOR'S CHOICE

Surprising Allies:

The Struggle Over Birth Control and Abortion in 1960s Massachusetts

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Editor's Introduction: *In this issue, HJM is proud to offer a second Editor's Choice Award that also highlights the 100th anniversary of the passage of the Nineteenth Amendment by the Massachusetts state legislature. Our first Editor's Choice emphasized the campaign for women's suffrage in Massachusetts, which historians refer to as "first-wave feminism." Our second selection focuses on women's rights activism during the "second wave" of feminism in the 1960s and '70s.*

In Creating Choice: A Community Responds to the Need for Abortion and Birth Control, 1961-1973 (NY: Palgrave MacMillan, 2006), David Cline focuses on activism in the Pioneer Valley. He brings together over two dozen oral interviews that he conducted with clergy, health care providers, and feminist activists who worked together in an unlikely alliance to provide both birth control

and abortion services. Despite its progressive image today, Massachusetts was among the last states to legalize birth control—first for married women (1966) and later for unmarried women (1972)—and only after two major Supreme Court decisions had been issued.

The commonwealth's powerful Catholic heritage had stymied earlier referendum campaigns in the 1940s to repeal state laws that prohibited doctors from prescribing birth control for married couples. In both 1942 and 1948, Boston's powerful Archbishop Richard Cushing (1895–1970) led a public campaign against a ballot question designed to repeal the state's ban on contraception. From newspaper ads to the pulpit and radio, Catholic leaders in 1948 argued that birth control was "still against God's law." According to historian Seth Meehan, Cushing defined contraception at the time as "anti-social and anti-patriotic, as well as absolutely immoral." Despite a spirited campaign by the state's Planned Parenthood Association, including a controversial speaking tour by Margaret Sanger, the ballot question was rejected by 57% of voters in 1948.¹ Cushing had won, but victory came at a cost. "Deployment of the Church's political muscle" offended non-Catholics in and out of the commonwealth, according to historian Leslie Tentler.² By the mid-1960s, however, even the Catholic Church, under then-Cardinal Cushing, had adopted a more conciliatory tone and worked behind the scenes with local legislators to support a repeal bill signed in August, 1966.³

*Ironically, it was a Catholic researcher at Harvard University, Dr. John Rock, who had pioneered the development of the birth control pill. According to Meehan, "he believed the pill represented a natural form of birth control in line with the Church-approved rhythm method." Rock proposed that "women's normal cyclical secretions of progesterone established a pre- and post-menstrual 'safe period'," and the pill only "elongated that safe period." In 1963, Rock published an influential book titled *The Time Has Come: A Catholic Doctor's Proposals to End the Battle over Birth Control*, which had a direct impact on the debate within his state."⁴*

*In *Creating Choice: A Community Responds to the Need for Abortion and Birth Control, 1961-1973*, David P. Cline offers a deeply compelling collection of oral history interviews that weave together another hitherto untold story of birth control and abortion activists in a unique locale. As historian Rickie Solinger notes:*

David Cline has assembled an amazingly rich repository of testimonies chronicling a community's efforts to facilitate reproductive autonomy at a time when the state prohibited such activities. This work is a major contribution to the project of preserving and disseminating

*the histories of activism, feminism, and reproductive politics in the United States.*²⁵

Although published in 2006, this account is not well known and remains highly relevant to contemporary politics. Rather than reprint an excerpt from the book, the Historical Journal of Massachusetts is publishing an article that represents a condensed version of the complete work in order to better tell the “whole story.” This overview omits the oral history interviews with each participant, which are the basis for most of the chapters in Creating Choice. This version was originally published as a chapter in a bilingual German-English collection, Gender Relations and Birth Control in the Age of the Pill, edited by Lutz Niethammer and Silke Satjukow (Gottingen, Germany: Wallstein Press, 2015). It has been edited slightly. David P. Cline is an Associate Professor of History and the Digital Humanities at San Diego State University. He specializes in twentieth-century U.S. social movements, oral history, and digital and public history.

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Why wouldn't she stop bleeding? They had done the procedure correctly, hadn't they? It had hurt her terribly and seemed to go okay, but now Nancy just wouldn't stop bleeding and so she turned to her boyfriend, William. “Bill,” she must have said, “we've got to go to the hospital.” And so they hustled to his car and sped along the roads of Western Massachusetts in the waning sunlit hours of September 10, 1970.

Nancy Kierzek was just twenty-one years old and a community college student when she realized she was pregnant. Her boyfriend, William Day, was a senior at the University of Massachusetts at Amherst (UMass) majoring in microbiology. They were both young college students with their whole lives ahead of them and couldn't imagine having and raising a child at this point. Nancy was three months pregnant and would start showing soon; they knew they had to do something now. William had taken basic anatomy classes at UMass and had been studying the limited materials he could find on performing an abortion. And they didn't know where else to turn.

One of the crude methods practiced in the illegal abortion underground was the insertion of a catheter, a hollow tube, into the uterus. Trying to reject the foreign body, the uterus would contract and expel the fetus along with the catheter. William had access to catheters at the science labs at school, but not to an operating room or any kind of anesthesia. His apartment would serve as an operating theater. Nancy gritted her teeth against the pain, and

William did his best with the unfamiliar instruments, but something went terribly wrong. He must have inserted the catheter too deeply or at the wrong angle, for he unwittingly punctured the uterus and Nancy began to bleed.

Panicked, William Day hustled Nancy to the car, jumped into the driver's seat, and sped through the streets of Holyoke, Massachusetts, to nearby Holyoke Hospital. After medical staff wheeled Nancy away, Day waited anxiously in the hall. It was there that Holyoke police arrested him around 7:30 in the evening. As was required at the time in cases of suspected illegal abortion, emergency room personnel had notified the authorities.⁶ Day was already in custody when Kierzek died, some six hours after she reached the hospital. He was charged with performing an "abortion resulting in death" and "attempting to procure a miscarriage, with death resulting," and held in jail on \$10,000 bail pending trial.⁷

The case of Nancy Kierzek's death and William Day's arrest provoked a strong public response and galvanized local people in Western Massachusetts. From a number of discreet but connected groups—and often with the tacit or direct support of community leaders like pastors and university presidents—they came to work together toward the common goal of providing women with access to legal birth control and abortion. The Kierzek death revealed a network of advocates for women's health: birth control and abortion information providers, counselors, and those willing to risk making illegal referrals to abortion providers. These networks were composed of local health professionals, clergy members, feminist activists, and professional community and health educators. They brought with them differing pasts and motivations, but all of them provided information about, or access to, methods of birth control and abortion.

Historian Linda Gordon has argued regarding the 1973 *Roe v. Wade* decision which legalized abortion that the legislators and the Supreme Court responded to "pressure for abortion legalization from two groups: professionals, particularly physicians, and feminists."⁸ I argue here for the addition of two more categories, clergy members and a group I call the "Connectors," professional community and health organizers who united the other groups and laid the foundations for the development of birth control and abortion clinics that would open in the area following legalization. In most cases, the Connectors were women who were both feminists and working largely outside of the professional health care system to create access and reform; their roles overlapped with those of the clergy, the health care providers, and the women from feminist collectives.

As we shall see, each group responded in its own way to Nancy Kierzek's death, bringing its own distinct culture and commitment to the individual

and collective work. All of these groups worked in defiance of the law, sometimes in secret, but often surprisingly openly. Although each group mainly worked in isolation from each other, they also shared information, worked toward common goals, and came together around key events in ways that often bridged the differences in their ideologies and approach to reproductive issues.

This is the story, then, of the deep and varied community networks that defied local and national laws to assure provision of abortion and birth control options in the years prior to *Roe v. Wade*. By focusing on one region in Massachusetts, where birth control was illegal longer than nearly anywhere else in the U.S., we are able to see patterns of behavior that repeated themselves across the United States in city after city, town after town. In the pages that follow, I offer an introduction to the unique community of the Pioneer Valley of Massachusetts, a brief background on the legal history of abortion and birth control as it impacted Massachusetts, and then explorations of each of the key constituent groups that together made up the network that one participant referred to as “an amazing web.”⁹

BIRTH CONTROL AND ABORTION IN MASSACHUSETTS

Holyoke, where Day was arrested that night in 1970, is a small industrial city in a picturesque area of Western Massachusetts known as the Pioneer Valley. “The Valley,” as it is commonly known, is about two hours west of Boston and four hours northwest of New York City. The Valley also encompasses the larger city of Springfield and the college towns of Northampton and Amherst, home to the elite colleges Smith, Mount Holyoke, and Amherst, and to the University of Massachusetts at Amherst, known as UMass, the flagship campus of the University of Massachusetts system.

By the time of Kierzek’s death, thousands of women living in the Pioneer Valley had already confronted the lack of access to legal birth control and abortion. Married women could not obtain legal birth control until August 1966 when, along with Connecticut, Massachusetts became the last state in the country to legalize contraception for married women.

Massachusetts and the Pioneer Valley were battlegrounds in the fight to legalize birth control for unmarried women as well. The nationally-known reproductive health activist Bill Baird, arrested in 1968 for publicly giving birth control to an unmarried student in Boston, was a frequent visitor to Amherst and UMass. There, he staged a public demonstration on April 11, 1968 that the UMass Student Senate supported with a unanimous motion backing Baird’s fight against “antiquated” state birth control



1965 Griswold v. Connecticut

Estelle Griswold (left), executive director of New Haven's Planned Parenthood Clinic (PPLC), and Ernest Jahncke, president of the Parenthood League of Connecticut, shown flashing a victory sign after the U.S. Supreme Court overturned Connecticut's law denying married couples the right to purchase birth control (June 7, 1965).

In 1960, the FDA approved the first oral contraceptive, making safe, effective birth control available—but not in Connecticut or Massachusetts. In 1961 Estelle Griswold and C. Lee Buxton, Chair of Yale Medical School's Dept. of Obstetrics and Gynecology, challenged the law. In a deliberate act of civil disobedience, they opened a clinic and immediately received numerous requests from married women seeking birth control. Detectives also showed up and a few days later authorities shut down the clinic. Griswold and Buxton were arrested and later convicted and fined \$100 each. The Connecticut Supreme Court upheld their convictions. They then appealed to the U.S. Supreme Court and won.



1972 Eisenstadt v. Baird

In a related act of civil disobedience, in 1967 William (“Bill”) Baird, who worked for a birth-control manufacturer, deliberately broke state law that barred the distribution of contraception to unmarried people. In front of a crowd of 2,000 at Boston University, he handed a condom and contraceptive foam to a 19-year-old, unmarried student during a speech. Police from the Vice Squad rushed the stage. He was charged with a felony and spent several months in jail. Under Massachusetts law on “Crimes against chastity,” contraceptives could only be distributed by registered doctors or pharmacists, and only to married persons. The U.S. Supreme Court overturned the law in its 1972 decision.

The 7-2 majority opinion was written by Justice Brennan, who famously wrote: “If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.” Baird remained a lifelong reproductive rights activist. He is the only private person to have two Supreme Court cases in his name, both dealing with the right to privacy.

Ironically, on the same day that the Supreme Court decision was handed down, March 22, 1972, the U.S. Senate passed the Equal Rights Amendment to the U.S. Constitution, designed to ban discrimination based on sex. The E.R.A. was sent to the states for ratification, but it fell short of the three-fourths approval needed.

laws.¹⁰ But it was not until 1972, when the appeal of Baird's Boston legal case, *Eisenstadt v. Baird*, was finally decided by the Supreme Court, that birth control was at last legal for all women regardless of marital status. At the time of Nancy Kierzek's death, however, legal birth control for single women like her was still more than a year and a half away.

Abortion remained illegal in Massachusetts until the 1973 *Roe v. Wade* decision, although individual states, led by New York in 1970, had begun to legalize provision. This was the culmination of a long history of changing mores and laws regarding abortion practice in the U.S., even before its independence. Colonial Common Law stipulated that fetal movement, which typically occurs sometime between the fifteenth and twentieth week and is known as quickening, was the point when a human life was formed. Before quickening occurred, women were thought to simply have a "blockage" of their normal menstruation, and it was legally permissible to remove the blockage through the use of poisons or herbal cures. The first U.S. law against abortion before quickening was passed in Connecticut in 1821 and only outlawed certain abortifacients, abortive agents. The first laws to forbid abortion after quickening were passed in Connecticut and New York between 1828 and 1830, although they appeared to have very little impact in stemming the practice. Stricter laws banning abortion after quickening were passed throughout the country from 1860 to 1880.¹¹ The penultimate legislation was the Comstock Act of 1873, suppressing "trade in and circulation of obscene literature and articles of immoral use." The Comstock Act also outlawed the use of artificial contraception as "obscene," thereby making illegal both the act of abortion and the sale and advertising of both contraception and abortifacients.¹²

Many individual states passed their own Comstock laws, and Massachusetts' version, "Crimes Against Chastity, Morality, Decency and Good Order," was adopted in 1879.¹³ It specifically linked contraception and abortion, and defined as a criminal "anyone who sells, lends, gives away, exhibits, or offers to sell, lend, or give away any instrument or other article intended to be used for self-abuse, or any drug, medicine, instrument, or article whatever for the prevention of conception or for causing unlawful abortion." The law further prohibited any advertising or giving of advice related to birth control and abortion. Punishment included a minimum fine of \$100 or a maximum prison sentence of five years.

1950s-60s: ABORTION COMES "OUT OF THE SHADOWS"

However, most anti-abortion laws contained an exception for abortions performed to save the life of the mother. Performed under a variety of circumstances, these collectively came to be known as therapeutic abortions and included cases when the mother had a serious heart condition or a life-threatening disease like tuberculosis or rubella, or if she had a psychiatric disorder that would prevent her from delivering or caring for the child.¹⁴

The medical practice of therapeutic abortions actually grew through the first half of the twentieth century, with the most growth in those performed for psychiatric reasons. By 1947, abortions for psychiatric health made up twenty percent of all therapeutic abortions. The woman need not be a mental patient; all that was required was two letters from psychiatrists. In actual practice, this meant that patients with the resources could essentially buy such proof from unscrupulous psychiatrists. One counselor in Massachusetts recalled a psychiatrist who never even spoke to his patients, he just indicated where to put the check as he signed their letters.¹⁵ Historian Leslie Reagan observes that during the roughly twenty-year period from 1943 to 1962, 91% of therapeutic abortions in New York City were performed on white women who, she implies, could better afford them.¹⁶

By the late 1950s, not only was abortion being practiced in large numbers, it was beginning to come out of the shadows. The Planned Parenthood organization, in various guises, had been fighting for the legalization of birth control in Massachusetts since 1916, and in 1958 its medical director, Mary Calederone, broke the silence on abortion as well in *Abortion in the United States*. Basing her work in part on sexologist Alfred Kinsey's findings that abortion was far more common than previously thought, she forthrightly concluded that having an abortion did not make one morally weak.

Dr. Alan Guttmacher, another reproductive health advocate and researcher, pushed the discussion of both birth control and abortion further in the books *Babies By Choice or By Chance* in 1959 and *The Case For Legalized Abortion Now* in 1967. The Boston Women's Health Collective's publication of *Our Bodies, Ourselves* in 1970 further revolutionized access to information about a range of women's health issues, including abortion and birth control.

Despite the slowly changing cultural climate, abortion remained a difficult and risky choice, but one that was nonetheless frequently made; estimates of the number of women across the United States who picked the harrowing and sometimes fatal choice of seeking an illegal abortion during the late 1960s and early 1970s range from 200,000 to one million annually. Wealthier women with private doctors often could receive a discrete abortion

at the doctor's office or a referral to another safe practitioner. But the majority of women had to resort to an underground network of abortion referrals and to practitioners who were often untrained, and sometimes unsanitary and unscrupulous. Despite the dire predictions of some politicians, legalizing birth control did not stimulate greater use of birth control, nor did the *Roe v. Wade* decision create a massive increase in the number of abortions sought or performed. The rate of birth control use and abortion provision remained relatively static after legalization. The legislatures and judiciary simply confirmed a social reality.

In the Pioneer Valley, women faced their pregnancies within a unique community whose demographics reflected a largely Catholic heritage mixed with—and sometimes challenged by—the progressive influence of the University of Massachusetts and the colleges. Immigrants from French-speaking Canada, Ireland, and Poland came to work in the region's textile and paper mills at the turn of the century, setting much of the cultural and religious tone of the area. During the 1960s and 1970s, increasing numbers of immigrants from Puerto Rico were recruited to take over many of the mill jobs, and increased the local dominance of the Catholic Church. As the home of two of the nation's premier women's colleges—Mount Holyoke and Smith—and, beginning in the 1970s, increasingly identified as a “lesbian-friendly” environment, the Pioneer Valley proved to be fertile soil for the development of “second wave” feminism and political activism. So it was within this broader climate, in combination with the more unique social and legislative environment of Massachusetts and the Pioneer Valley, that local women faced a daunting search for birth control and abortion. However, they were not as alone as they may have felt. A network was forming.

HEALTH CARE PROFESSIONALS

When Nancy Kierzek died in the fall of 1970 as the result of an attempted amateur abortion, Dr. Robert Gage, director of the UMass Health Services, responded in an editorial in the student newspaper, *The Massachusetts Daily Collegian*. Gage wrote:

The tragic death of a coed from a nearby school as the aftermath of an attempted abortion . . . once again focused the attention of much of the University community on the problems of abortion. Each time the discussion is intensified there is hope that a few more adults will have ventured from the comfort of their cherished moral strongholds and may have even dared to

share with students the bold search for a code of action which is more closely related to reality and a legal framework which meets today's needs.¹⁷

Gage knew of what he wrote. He was willing, in 1970, to call for changes in the abortion laws and in the meantime point women toward appropriate counselors and possible doctors. But his primary fight for many years had been to provide women with more accessible birth control options while contraception remained illegal for them. Gage and other Pioneer Valley physicians responded to their patients' requests for birth control in a variety of ways. Dr. Merritt Garland, Jr., who began practicing in the northern Valley town of Greenfield in 1953, reports he never saw any moral conflict posed by recommending birth control. He also found a clever way around the law. Since it was illegal to prescribe diaphragms but not to sell them, he would measure a woman for the device, write the measurements on desk stationary rather than on a prescription pad, and have the woman take this "note" to the pharmacy. That way she got properly fitting contraception but he had not technically "prescribed" it.¹⁸

Gage had practiced in the 1940s and 1950s, first as a country doctor in Pennsylvania and then in private practice in Amherst, and believed that women should not be denied access to family planning methods. He heard similar concerns about birth control from the female students at the university when he began directing student health provision there in 1960. But the Student Health Services building, housed in a former stables compound, did not provide much in the way of private exam rooms; students were seen in curtained partitions in one common room. "With a room like this with five other people and they can all hear," Gage recalled, "you can't talk with a person just because they're behind a curtain, to explain and what not. And there was no place where you could be private and examine somebody to fit a diaphragm." In Gage's opinion, the need for services was acute. He cites one potent example:

We had another student who came down to the Health Service, [and] we had to [rush] over to the hospital, and of course she barely got there before she delivered. And I had to call her mother in the middle of the night and say, 'I have interesting news for you. Your daughter just had a baby.' ... This was in the late spring, and she said, 'You know, when she was home for Christmas I wondered about that.' And this is so vivid in my recollection. . . . I said, 'Didn't you ask her about it?' '[And the

mother replied,] well, you know, there are some things you don't talk to your daughter about.' And I thought, My God. It makes the tears come to think that . . . what else do people talk about? What could be more crucial than an understanding between a mother and her daughter?¹⁹

When the new Health Center building opened in 1961, Gage and his staff could now see students in private exam rooms. Not long after starting at UMass, he began fitting diaphragms for students. He talked openly with his staff about the decision, and each was told that they were under no obligation to provide the service if they had a moral or other objection.²⁰ Several of his colleagues, including the two female physicians on staff, did not agree to participate.²¹ But most of the doctors shared Gage's views and willingness to risk breaking the law, and "after a while, it became a substantial part of the business."²²

University funding for the Health Center also increased dramatically, and Gage was given the chance to hire a new staff—a doctor a year for eight years.²³ He hired mostly young, progressive doctors like himself. Gage sought and received the support of the top university administrators for his efforts to provide information on and access to birth control at the university. By the late 1960s, explaining and dispensing birth control had become such a major time commitment for the UHS doctors that Gage hired Jane Zapka as the Health Services' first Public Health Educator. Gage and Zapka developed what came to be known informally as the Family Planning Clinic at UHS.

At first, Zapka would meet one-on-one with students to discuss contraception before sending them on to a physician.²⁴ She soon established a system whereby students who were interested in contraception had to first meet with her in a group session. Group sessions were conducted either at UHS or in dormitories, sorority houses, or other locations on campus and students who "passed" one of these clinics were eligible to make an appointment with a doctor. The doctors, who could now spend less time on the educational part of the process, would focus on the medical aspect of the procedure.

Before Zapka and Gage put their system into place, there was no control over which doctor a student would see when she made an appointment; she sometimes ended up seeing one who was less than sympathetic. One student who visited the health services around 1967 seeking contraception was asked to sign a form promising that she would be married within the year.

The UHS could not legally prescribe contraception for married women until August 1966 and for unmarried women until March 1972. Since most

college students were not married, the majority of the contraception that the Health Services provided at the time was done so in violation of state law. As Gage remembers, "The ice was very thin. Matter of fact, you wondered if there was any ice at all." The university administration, however, tacitly supported the program. Gage's direct supervisor, the University's Dean of Students, met with University President John Lederle at some time in the mid-1960s, and reported back that the president's point of view was "if Bob Gage says it's all right, it's all right with me." That was all it took, and it was the blessing Gage needed to continue his work "openly if not blatantly. We didn't have a neon sign up there: 'Contraceptives!' People could acknowledge it or turn their head aside on campus however they wanted."²⁵

One instance where it would have been difficult to turn one's head rather than confront issues of sexuality was in the case of an unplanned pregnancy. The University Health Services surveyed pregnant students during 1968 to 1969, and reported that 350 students, or between 5 and 6% of the female student body, became pregnant that year.²⁶ Forty percent of the surveyed students said they did not use contraception because they simply "took a chance." Twenty percent said they were using the rhythm method. Others reported that a condom had failed or been misused, that they had perhaps been "unsafe" because they were interested in getting pregnant, or had been under the influence of alcohol or narcotics and hadn't been "fully in control of their actions."

More pertinent to this inquiry are the answers the students gave to survey questions about how they would proceed with their pregnancy. During their first interview, 28 students, or 51%, said they would carry the pregnancy to term, 40% indicating they planned to get married, and 11% indicating they would put the baby up for adoption. Twenty percent of students were undecided about their course of action or otherwise did not indicate it. Twenty-nine percent of students initially indicated they would seek an abortion. The authors of the survey noted that "it is our unverified impression that the number of patients who obtain an abortion is substantially higher than indicated by these figures." So upwards of 30%, perhaps as many as half of the 350 students who became pregnant during the 1968-1969 school year, sought an illegal abortion.²⁷ According to statistics gathered by clergy counselors on campus, the numbers were actually even higher, perhaps around 25% of the female student body, or roughly 750 women from just this one college campus seeking illegal abortions in a single year.

The potentially tragic results of illegal abortion were dramatically illustrated for the UMass and Pioneer Valley communities with the death of Nancy Kierzek and the arrest of William Day, prompting Gage to write his letter

to the student paper. The abortion laws would eventually be changed, Gage predicted, but in the meantime outreach, education, and counseling needed to be provided “to recognize the needs of those among us who are troubled and to meet those needs effectively with resources which are available.” Gage suggested that the young student’s death might have been prevented had any one of three options been presented to her: encouragement that a young marriage would not be overly stigmatized, information on increasingly available therapeutic abortions in Massachusetts, or the availability of legal abortion in nearby New York State. “At some time in the future,” Gage wrote, “abortion services will be more readily and openly available; in the meantime, there are adults in the University community who can be trusted and are eager to be helpful in finding answers to problems.”²⁸

The staff of the University Health Services under Bob Gage was willing to do what they could to find “answers to problems” as long as those answers fell short of breaking the laws against providing abortions and openly giving referrals to abortion providers. It seems unlikely that they gave referrals, even in secret, given the risk to the university. Dr. Gage remembers that, “as I recall, our position had to be: it’s very unfortunate but there is nothing we can do. We are a state institution and this is going a little too far. We can defend contraception unequivocally.” And while Bob Gage officially drew the line at contraception, he and some other Health Services staff, including those working as public health educators and mental health counselors, were willing to steer pregnant students to other resources where an abortion referral might be made. One of the resources that was indicated by university staff was the recently established Clergy Consultation Service on Abortion.²⁹

CLERGY CONSULTATION SERVICE (CCS): NATIONAL AND LOCAL CONNECTIONS

Dr. Gage was not the only one to write a letter to the editor of the *Daily Collegian* about the death of Nancy Kierzek. Reverend Ronald Hardy of the campus’ United Christian Foundation, wrote on September 22, 1970:

The death of the Holyoke coed from an attempted abortion has hit this office in a very hard way. I share with Dr. Gage of the University Health Services feelings of both remorse and some guilt. But each tragic experience is an opportunity to learn about life and love and concern, and to flee death, ignorance, distrust, and oppression. Abortions for women should be free and available at the request of any woman. But until they are, some of us work

to provide both counselling [sic] and referral services to women with problem pregnancies. Along with the Health Services, we solicit your trust and confidence. Clergy Consultation Service is a nationwide movement and . . . referrals are available for in state care or clinic care in New York City where laws have recently changed. We also are able to discuss with you all the options including marriage and adoption.³⁰

Not long after this letter was published, Hardy made a presentation about the Clergy Consultation Service on Abortion to Dr. Gage's Health Services staff. In a memo he distributed to them, Hardy provided an overview of the history of CCS, included descriptions of the major referral options used by the service, and suggested that more information on referrals was available from Dr. Gage.³¹ This memo demonstrates in obvious language the ideological—and actual—cooperation between the University Health Services and CCS on matters of abortion. Indeed, there are few written materials at all to document CCS activities, due to the fact that participants were instructed not to write anything down. This was one in a series of steps taken in order to avoid implication in case the clergy members were criminally investigated for making referrals to abortion providers.

CCS activities were to be conducted openly but cautiously; although the clergy were willing to break the law, they did not mean to make it easy for lawyers to document their activity and convict them. These “rules” regarding CCS activities in Western Massachusetts were adapted directly from the strategies of the original Clergy Consultation Service chapter, founded in New York City in 1968.³²

The Clergy Consultation Service on Abortion was born out of the convictions and related efforts of two men, Lawrence Lader and Howard Moody. Lader was a New York writer who came to prominence in 1955 with his book *Margaret Sanger and the Fight for Birth Control*. Ten years later, increasingly convinced that the denial of legal abortion was “a flagrant and brutal abuse of personal liberty,” he published “The Scandal of Abortion Laws” in *The New York Times Magazine*.³³ A year later, in November 1966, his newly published book *Abortion* was excerpted in *Reader's Digest*.³⁴ In its concluding chapter, Lader wrote: “Nothing is stronger than the moral power of an idea once it has come of age. . . . If men and women are going to break U.S. abortion laws at least a million times a year, let them declare their freedom boldly.”³⁵

Soon after his writings on abortion were published, Lader began to receive hundreds of inquiries from female readers who believed he could help them

CLERGYMEN OFFER ABORTION ADVICE

**21 Ministers and Rabbis
Form New Group—Will
Propose Alternatives**

By EDWARD B. FISKE

Twenty-one Protestant ministers and rabbis in New York City have announced the establishment of a Clergymen's Consultation Service on Abortion to assist women seeking abortions.

The Rev. Howard R. Moody, spokesman for the group, said that its services, which begin

Front Page, New York Times, May 22, 1967

find a sympathetic doctor.³⁶ He answered the women, providing the names of a few doctors he thought reputable whom he had encountered during his research.³⁷ "Abortion referrals, it seemed to me, were the most valid symbol of resistance," Lader wrote in his second book on the subject, *Abortion II*, in 1973. Referrals, Lader maintained, saved women's lives by steering them to competent practitioners, and also "drew women into the movement, and provided a constant affirmation that the laws were wrong and could only be righted when enough people stepped forward to challenge them."³⁸

Through 1966 and 1967, Lader was answering an average of a dozen referral requests daily, each time violating the New York state law that defined what he was doing as "Conspiracy to Commit Abortion." What Lader was doing in public had been going on in private for years. An informal network

of friends, neighbors, and family passed along information quietly to women in need of an abortion. California abortion activists Patricia Maginnis and Lana Phelan captured the feeling of the pre-legalization networks well: “Everyone in town of childbearing age and over has either had an abortion or knows someone intimately who has.” But going through this network was far from easy emotionally or psychologically. “Like the famous search for the left-handed monkey wrench, this is a social game and you must go through all the hoops while everyone snickers around you.”³⁹

In September of 1966, Larry Lader attempted to end the snickering during a lunch meeting with three clergymen—Howard Moody, a Baptist minister from Judson Memorial Church in New York’s Greenwich Village, and Episcopal priests John Krumm from New York City and Lester Kingsolving from San Francisco. Lader wrote in *Abortion II* that he bluntly told them that day: “Start with the women. Organize the clergy to refer women to qualified doctors.”⁴⁰ Reverend Moody, a long-time activist in city and national politics who had cut his teeth on Tammany Hall reform and then moved on to join the Civil Rights fight in the South, welcomed the challenge and quickly got to work. On May 27, 1967, a front-page article in the *New York Times* announced the establishment of the Clergy Consultation Service on Abortion.⁴¹

The announcement followed eight months of preparation by Moody and a group of twenty-five clergy colleagues representing most denominations other than Catholic.⁴² The clergy met with lawyers to assess their legal risks and with doctors and counselors who gave them a basic tutorial in female anatomy and abortion procedures. They established connections with less than a dozen abortion providers they would work with—all of these were outside New York state and most were located in Puerto Rico or Japan—and set up a method of monitoring them. And they arranged the basic daily procedure for CCS referrals: Clergy members would meet privately with each woman at their own offices and, during a counseling session, provide the referral; counseling sessions would last from 10 minutes to one hour; and the referrals were to be given orally.

One counselor who worked with one of the Massachusetts chapters later in the development of CCS attributes the lack of written records to two primary reasons: “Things weren’t written down because there was paranoia or real concern because of the legality issue and also people who were working around these issues worked in sort of trusted connections and were accustomed to being able to do business on a word. So the notion of a paper [trail] wasn’t a part of the culture.”⁴³

PIONEER VALLEY CCS CHAPTERS

The idea of CCS quickly spread throughout the country as satellite chapters were formed by friends of Moody and those who knew him through the informal network of activist clergy previously or simultaneously involved in other social change movements. By the time of the *Roe v. Wade* decision, there were approximately 40 loosely affiliated chapters and around 2,000 associated clergy. CCS operated very publicly. The clergy had agreed that if they were arrested, they would argue that they were “answerable to a higher law” than any the government might impose. Nationally, CCS estimated that in the six years they operated, they had made 100,000 referrals to abortion providers. The two Pioneer Valley chapters averaged about 400 to 600 referrals annually during the busiest years, so a total of about 3,000 referrals is a safe estimate. By the end of CCS activities in 1973, nationally only two clergy members had been arrested for their abortion referral work, and neither of these cases were prosecuted.

One of the first ministers to respond to the call in Massachusetts was the noted theologian Harvey Cox, then a young professor at Harvard Divinity School. Cox in turn called up his friend and former Yale Divinity School classmate Reverend Richard “Dick” Unsworth, chaplain at Smith College in Northampton, who agreed to start a chapter in Western Massachusetts in 1968. Unsworth, who had earlier done some research and writing on abortion with reproductive rights activist Dr. Alan Guttmacher, was well informed about the issues and had been paying attention to the work Moody was doing in New York.

Aside from the professional work that Unsworth had done with Guttmacher and sociologist Millicent McIntosh, he had personally experienced the deaths of several Smith College students. One young woman had committed suicide on the college grounds, apparently in anguish over her unplanned pregnancy. Another incident occurred in 1960 and concerned a visiting student from Ghana with whom Unsworth had grown quite close. The student became pregnant, and she and her boyfriend from MIT felt they had no option but to turn to a “back alley” abortion. She died as the result of the infection that followed. Unsworth conducted her funeral and a year later paid a personal visit to her parents in Ghana.

A third incident involved a young married Amherst woman for whom, due to a severe medical condition, the birth of a child would most likely mean death. This pregnancy has an obvious parallel to the very public 1962 Sheri Finkbine case, which had a major effect on both legislation and popular opinion of abortion nationally. Finkbine, a 29-year-old mother of four and a

TV personality on the Arizona version of the franchised children's television show *Romper Room*, had been prescribed a tranquilizer to calm her nerves during her fifth pregnancy. When she discovered that the tranquilizer contained Thalidomide, a medication linked to severe birth defects, she was scheduled for a therapeutic abortion. However, when she told her story to a local newspaper, the Arizona courts stepped in and denied her access to the procedure. She eventually obtained an abortion in Sweden.⁴⁴

These cases had a strong impact on Unsworth's sense of commitment, which he employed along with situational ethics to explain his resolve and approach:

If I were being prosecuted, I would say, now how would the law make the distinction that I have to make between conditions and motives? I think I'm in a peculiar position to make those distinctions. I try to make them conscientiously and I try to make them against a sound ethical backdrop. But it is . . . a matter of conscience. I would not tell somebody who was seeking an abortion for whatever reason that I simply wouldn't talk to them. I just would not do that.⁴⁵

Unsworth characterizes his CCS chapter as a "spin-off of Howard Moody's effort," but no formal relationship existed between New York and Western Massachusetts. Unsworth was in frequent touch with Moody but was largely on his own when he began trying to put together a service in the area in 1968. He began by calling on those fellow clergy he knew through other social change efforts and while a couple of ministers turned him down, most whom he approached signed on for the project. He started with three ministers and rabbis in Northampton and another three in the Amherst area. And then there were the ministers of the United Christian Foundation (UCF) at UMass, who had come to the abortion issue through their own unique organizational history and eagerly signed on for the service.

The United Christian Foundation was an independent multi-denominational religious group that had begun in 1923 to promote Christianity and provide services from the six major Protestant denominations to UMass students. It changed names several times over the years and became independent of UMass in the 1960s, although the university provided office space. The organization was receptive to Unsworth's entreaty, although they elected to create their own independent CCS chapter. UCF ministers began offering problem pregnancy counseling services around 1969; that year UCF had a staff of three ministers and a part-time administrative assistant. The

UMass CCS group saw students at their offices in Hampshire House, while Unsworth and his colleagues continued to see community women at their churches or synagogues.⁴⁶ To give some idea of the volume of counseling CCS did, one minister reported that during the month of December 1969, he had 41 appointments with 26 women. Multiply that number by the nine or so clergy members in the service, and one has some idea of the overall volume of activity.

The history of the UMass CCS group is unique from that of many other CCS chapters in that laypeople as well as clergy became involved in the problem pregnancy counseling. Elaine Fraser was hired by UCF as a part-time administrative assistant in the winter of 1968 and became a key player in reproductive counseling both at UCF and later at the University Health Services. According to Fraser, the UCF clergy were just beginning to do problem pregnancy counseling when she was hired and they felt that a woman should be involved in the process. By the spring of 1970, she had been hired full-time at UCF, half of that time devoted solely to counseling. This was to influence the rest of her career in counseling, which would span some 24 years and was marked by a deep commitment to both women and children. She recalled why the work was so important to her:

I felt it was important not only for the women, but for the potential children. I just think that being an unwanted child would be the most awful fate in the world. And I think that the cruelest thing that can happen to a child is child abuse. And parents that are saddled with unwanted children, there is abuse, whether it's physical or mental.⁴⁷

A part-time administrative assistant, Ruth Fessenden, was hired in October to cover the office duties. Soon she too found herself involved in CCS activities. At first she was just greeting clients and putting them at ease. Though she had been told about the CCS activities during her job interview, she recorded in a staff report in March 1971 that "one surprising aspect of the job has been the diplomacy required in handling many situations, especially CCS. It is important to make the people feel comfortable, but still the necessary business has to be done." Before long, Fessenden too was doing counseling.⁴⁸

Fraser and Fessenden, in doing counseling, perhaps put themselves and the organization at greater risk than the clergy members who could fall back on the 'higher law' defense. While Fraser maintained that her counseling sessions at CCS involved options education only and that she always left

the actual referral itself to the clergy, Fessenden recounts that she did both counseling and referrals on her own.⁴⁹ During 1971, her office counseled 225 women and by September of that year, Elaine Fraser and Ruth Fessenden, neither of them members of the clergy, now did all the counseling.⁵⁰ Fessenden recalled what it was like:

Typically the appointment book included anywhere from two to six women per day. And this was very steady traffic. Women were really doing options counseling – they came to a session really at the beginning of a process of thinking about what their decision might be. In other instances, women had made that decision and were looking for referral information. Even in the instances when they had made a decision, then the options counseling piece was covered again just to see if there was more material that one wanted to talk about or another opportunity to think through what was happening here. So it felt like it was a very affirmative model in terms of [the] ability and right to choose. Referrals were made directly to the facilities that were providing services and the conversation included planning around transportation, around finances, all of the practical logistics that people needed to grapple with to get themselves to wherever they needed to go.⁵¹

The CCS counselors always used the terms “problem pregnancy counseling” or “options counseling” to stress that abortion wasn’t the only path to take. The counselors worked closely with Children’s Aid and Family Services in Northampton to find aid for single mothers or to set up adoptions. They also provided referrals to groups that offered aid as an encouragement to women to carry a pregnancy to term rather than abort. Fessenden recalls that UCF worked closely with groups “that were in fact anti-choice groups in the area who were...very strong in terms of support for single mothers at the time.” These groups, which included Catholic Charities (and was followed ten years later by Birthright and others), provided single mothers with housing, baby clothes and furniture, and other aid. “Our focus was really on the women who needed services as distinct from a particular position,” Fessenden said. “And similarly for adoptions, ...we had connections in the area...and happily, since it was a clergy setting, if what people really wanted to do was get married, then that process could be facilitated as well. So, this was definitely a super market.”⁵²

Other than the exchange of editorials between Ron Hardy and Dr. Gage, and the visit by Hardy to Health Services soon thereafter, it is difficult to

establish a pattern of communication between the doctors and clergy. That is not the case, however, for their female staffs. Elaine Fraser reported that she got all of her medical information and some of her counseling tips from the UHS nurses and, later, from Jane Zapka. And Zapka recalls that she and Fraser were in touch several times a week to talk about the referrals they were doing and that they each referred clients to the other. Fraser sent students to UHS for pregnancy testing, and Zapka in turn sent students to CCS for options counseling, further evidence of the intricate network developing to serve those in search of birth control and abortion options.⁵³

FEMINIST COUNSELORS AND THE “CONNECTORS”

Nancy Kierzek’s death brought the clergy into closer contact with the medical community and it also brought into the network a third group: local members of feminist consciousness raising groups whose goals were to create safe spaces in which women could share concerns, frustrations, and information about the burgeoning women’s movement. Since not all women knew about the clergy counselors or were comfortable confiding in religious clerics, feminist groups organized to fill this gap. Amherst Women’s Liberation’s Abortion and Birth Control Group and Springfield Women’s Health both came out of feminist consciousness-raising groups.

Amherst Women’s Liberation began meeting around 1969, focusing at first on reading Betty Friedan’s *The Feminine Mystique* and sharing feelings and information. But the death of Nancy Kierzek and arrest of William Day prompted the members into a flurry of phone calls that within a day resulted in the formation of a sub-committee known as the ABC group, for Abortion and Birth Control, to work on these issues.⁵⁴ They began counseling women out of their homes in 1970, and by 1971 organized and opened the Valley Women’s Center, a drop-in center in nearby Northampton.

Although some of the women involved in the center were trained nurses or social workers, most were not; they were a group of feminist women committed to making, as one of them later recalled, “abortion no longer a secret.” One of the ways they spread the word was through stickers they had printed which bore the question, “Problem Pregnancy?,” and the phone number for the Northampton clinic. They pasted these stickers up throughout the area; stalls in public restrooms were favorite targets.

From 1970 to 1973 the women from the ABC group and the Valley Women’s Center counseled about 800 pregnant women, and still they felt they were barely serving a tiny percentage of those who needed information or services.⁵⁵ As one of the members wrote in 1972: “We have met in this

work many women who are our neighbors, our sisters, our doubles. There is no line between ‘them’ and ‘us.’ Any woman is liable to the disaster of unwanted pregnancy; to the violence of rape; to the sterility from undiagnosed gonorrhea; to blood clots from the pill; to perforation of the uterus by an IUD. We see the lucky ones.”⁵⁶

A similar organization, Springfield Women’s Health, also developed from a consciousness-raising group and later started an education and referral center. The women of this collective, who also lived together and shared other interests and work in the larger women’s movement, ran their referral clinic from 1970 to 1973. As one member later recalled, they had “processed just about everything about being a woman in those days. We all kind of came to the sense that we needed to do something. We didn’t want to just talk. We wanted to do.”⁵⁷ This group not only made referrals, but also helped to arrange for payments in the case of indigent women and often provided transportation to clinics in New York.”⁵⁸

Similar to the women who worked with the Clergy Consultation Service, the women of these collectives did not have the backing of a major organization or the higher law defense of the clergy. By providing abortion referrals they were clearly and knowingly breaking the law, a choice they felt they had to make, but which brought with it stress and sometimes paranoia. Members of the groups relate incidents in which they believed an FBI infiltrator had been sent into their midst, though no proof ever materialized.

One member of the Springfield collective later recalled ferrying women out of state for abortions in New York:

I remember this heightened sense [of it being]...like an Underground Railroad kind of thing. You know, worried about if the car breaks down and we get stopped, and what’s going to happen, and ‘here’s the story we’re going to tell.’ And I don’t remember it being that tense when we first started, but that may have also been [because] we were all so young, [feeling] so invulnerable.⁵⁹

A final group of feminist health advocates in the Valley came not out of the women’s movement’s consciousness raising groups, but from the public sector and community organizing. Because of their unique ability to identify the disparate pieces of the extant network and unite them, I have come to refer to them as the Connectors. Among the small group of effective connectors, uniting the clergy, medical, and feminist groups, was Leslie Laurie, who arrived in the Pioneer Valley in the summer of 1971 from the Philadelphia

area, where she had been Education Coordinator for one of the country's largest Planned Parenthood affiliates. She also held a degree in community organizing from Columbia University. Laurie set up a one-woman office in Springfield as the Western Massachusetts regional representative for Planned Parenthood. She had previously worked with CCS clergy in Philadelphia, so she quickly became involved in Western Massachusetts CCS activities within a week of coming to town.⁶⁰

Astounded by the lack of family planning services in Western Massachusetts, Laurie worked over the next two years with existing organizations to add health clinics, stimulate new programs, and apply for grants. By 1973, she had developed twelve family planning clinics. Like others in the Pioneer Valley, Laurie saw birth control and abortion as two linked reproductive health care issues. In addition to her work organizing family planning programs, Laurie also put her community organizer training to use in uniting those in the Pioneer Valley working on abortion referrals. In 1971, she formed what became the Western New England Counselors' Cooperative (WNECC) as a place to exchange information about providers and techniques. Laurie's health clinics, the Amherst and Springfield-based feminist counseling groups, and both CCS chapters all joined. Laurie recalled serving as a kind of go-between, attempting to manage a certain amount of friction between the feminist counselors and the clergy.⁶¹

The WNECC also used its mass referral power to legal clinics in New York State, and later in Massachusetts, to negotiate free and reduced rate abortions for women in financial need. While Leslie Laurie was the initial fire beneath the engine of the health clinics and the cooperative, she was joined by a large group of coworkers and allies. In July of 1973, several organizations shed their separate identities and merged into a new organization, the Family Planning Council of Western Massachusetts, which Laurie was hired to head and which she led, under its new name of Tapestry Health, for over forty years.

1970 PUBLIC FORUM

But it was a moment three years earlier when these links first started to coalesce and form a growingly powerful and visible social force. The evening of Thursday, November 19, 1970 witnessed the convergence of the various groups concerned with and involved in trying to change access to abortion in Western Massachusetts. Held in the aftermath of the tragic death of 21 year-old Nancy Kierzek, a standing-room only public forum, sponsored by the Amherst Women's Liberation Group, featured speakers that included

women who had received illegal abortions, a doctor from the University Health Services and university social worker, a member of the Clergy Consultation Service, and feminist abortion counselors. They spoke to the various difficulties they had survived and the constraints – legal, social, cultural, moral – under which they labored. Dr. Robert Chitum spoke about how anti-abortion legislation prevented him “from giving the best possible medical advice.” Reverend Sam Johnson said that “oftentimes...abortion is the only moral decision a woman can make. Consider how many lives may be destroyed by the advent of an unwanted fetus?” Social worker Tim Purdee spoke about the correlation between unwanted children and child abuse. And then the women rose to speak.⁶²

The first to speak out was a married woman who had contracted German measles (posing a risk of miscarriage and serious birth defects) from her daughter while she was pregnant with a second child. After nine weeks and refusals by numerous doctors, she finally managed to procure a therapeutic abortion, but only after her doctor made the woman, and her husband, write an essay entitled “Why I Want an Abortion.” Next, a Smith College student recounted her experience of becoming pregnant and then seeking a CCS referral to a doctor in Montreal. Her parents and her clergy were understanding, the doctor was professional, and the abortion went smoothly. What shocked her, though, was the “parochial” reaction of her Smith schoolmates. Most of her fellow classmates, she said, lived in a dream world in which they somehow thought or pretended that “making love” could not possibly result in a problem pregnancy.

“Birth control may not be spontaneous,” said the third speaker, a member of Amherst Women’s Liberation’s ABC group, “but neither is sitting in your room waiting for your period.” Her story was typical of those women forced to go to a back alley abortionist. She and her husband had decided that they did not want a second child, but could not find a legitimate doctor to perform the procedure. So she’d been picked up on a Chicago street corner, blindfolded, and aborted on a table in the abortionist’s child’s bedroom before being driven, groggy and confused, back into Chicago.

In the question and answer period that followed the panel’s remarks, a woman in the audience stood up and testified that her abortion had given her “a new chance to live.” The next morning, November 20, 1970, the Northampton newspaper, *The Daily Hampshire Gazette*, ran a five-column story on the forum with a headline borrowed from that phrase: “Abortion: A New Chance to Live.”⁶³ That the local paper in a small New England town carried such a headline is testament to the impact of local people taking on difficult political and social issues.

A few months later, another headline appeared in the local papers, although this one was much smaller. It announced that William Day had been found guilty of the charges against him and was sentenced to five to seven years in Walpole State Prison. The sentence, however, was suspended and commuted to five years of probation.⁶⁴

CONCLUSION

In the years that followed, the network revealed at the November 1970 public forum continued to grow and strengthen and evolve. The CCS chapter at UMass continued its counseling services through the first few months of legal abortion in Massachusetts. Available statistics indicate that CCS referrals resulted in 53 local abortions during April, May, and June 1973. In July 1973, Elaine Fraser was hired as a counselor in the Mental Health division of the University Health Services and left the United Christian Foundation, which then ceased offering its Clergy Consultation program. It didn't need to, as Fraser was now doing pregnancy consultations and abortion referrals from the student health center.

This was just one of the many links between the personnel and organizations in the abortion and birth control network that had once operated in shadowed isolation. Over time, members of these once very separate spheres – health care, the church, and feminist activism – had begun to interact as they worked toward common goals: CCS counselors helped to train many of the feminist group counselors and shared with them their educational materials and lists of abortion providers; university social workers advised clergy; a feminist birth control clinic organizer served on the Clergy Consultation board; the Amherst Women's Liberation group conducted public forums, speak-outs, and educational outreach programs in the residence halls, work which they recognized could only be done because "Dr. Gage paved the way;" feminist groups worked closely with local obstetricians and gynecologists who were providing aftercare for women returning from legal out-of-state abortions; and after the 1973 *Roe v. Wade* decision, some of the same providers hired a number of the feminist counselors, who had previously done the work illegally, to create their pre- and post-abortion counseling programs at newly legal clinics.⁶⁵

These disparate groups had encouraged each other's efforts and occasionally worked together or shared individual members, creating along the way an amazing, and surprising "web" of community activists motivated by different factors but all working toward similar goals of providing safe and legal birth control and abortion services.

HJM

Notes

1. See Seth Meehan, "Catholics and Contraception: Boston, 1965," blog post at <https://campaignstops.blogs.nytimes.com/2012/03/15/catholics-and-contraception-boston-1965> (accessed 2/12/2019). See Meehan's full article "From Patriotism to Pluralism: How Catholics Initiated the Repeal of Birth Control Restrictions in Massachusetts," *Catholic Historical Review* 96, no. 3 (July, 2010), 470-498. Meehan argues in the 1960s Cardinal Cushing, in an act of "great statesmanship," took "center stage in a prominent public debate over access to contraception."
2. Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (Ithaca, NY: Cornell University Press, 2004), 170.
3. "Cardinal Relaxes Anti-Birth Law Stand" read one *Boston Globe* headline.
4. Seth Meehan, "From Patriotism to Pluralism," 482. On April 25, 1966, the Massachusetts House voted in favor of House Bill 2965 by 138 to 80 (seemingly still controversial with only a 63% majority). The Senate followed on May 3 and Governor Volpe signed it into law on May 10.
5. Dr. Rickie Solinger, author of many award-winning books on reproductive rights, including *Wake Up Little Susie: Single Pregnancy and Race before Roe v. Wade*, *The Abortionist: A Woman Against the Law*, and *Welfare in the U.S., Pregnancy and Power: A Short History of Reproductive Politics in America*, cited on the publisher's website.
6. Although in cases of suspected illegal abortion, emergency room personnel were required by law to report the crime, in actual practice, this was rarely done and rarely enforced, as both hospital personnel and police officers tended to look the other way.
7. "Easthampton Woman Dies, Student Held," *Daily Hampshire Gazette*, September 11, 1970; "Holyoke Man is Held in Miscarriage Case," *Daily Hampshire Gazette*, September 11, 1970; "Abortion Death Case Bail Set," *Boston Herald*, September 22, 1970.
8. Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: University of Illinois Press, 2002), 299.
9. Ruth Fessenden interview with David Cline, March 12, 2002. Valley Women's History Collective Collection, W.E.B. Du Bois Library, University of Massachusetts at Amherst, Amherst, Massachusetts.
10. "Baird, Students Test Birth Control Law," *UMass Daily Collegian*, April 11, 1968, 1.
11. James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (New York: Oxford University Press, 1978), 15, 26-27; Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 13.
12. Leslie Reagan, *When Abortion Was a Crime: Women, Medicine and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 13.

13. Revised 1953. <http://malegislature.gov/Laws/GeneralLaws/PartIV/TitleI/Chapter272>. Accessed September 18, 2014.
14. Reagan, 201.
15. Nanette J. Davis, *From Crime to Choice: The Transformation of Abortion in America* (Westport, CT: Greenwood Press, 1985), 66. Elaine Fraser interview with Judi Fonsh, October 17, 1999, VWHC Collection.
16. Reagan, 205.
17. *Massachusetts Daily Collegian*, September 16, 1970.
18. Dr. Merritt F. Garland, Jr. interview with David Cline, June 12, 2004, VWHC Collection.
19. Dr. Robert Gage interview with David Cline, February 19, 2002, VWHC Collection.
20. Gage interview, VWHC Collection; Dr. Jane Zapka interview with David Cline, April 6, 2002, VWHC Collection.
21. Zapka interview, VWHC Collection.
22. Gage interview, VWHC Collection.
23. Ibid.
24. From Ruth Fessenden interview with David Cline, March 12, 2002, VWHC Collection.
25. Gage interview, VWHC Collection.
26. Lawrence Siddall, Michael A. Cann and Robert W. Gage, "Report of a Preliminary Study of Pregnancy on the University Campus," *Journal of the American College Health Association* 19, no. 2 (December 1970): 111.
27. Siddall, Cann, and Gage, 112-113.
28. Robert Gage, "Abortion Law Tragedy," *The Massachusetts Daily Collegian*, September 16, 1970.
29. Lawrence Siddall. "The Pregnant College Girl," *Journal of NAWDC*, Winter 1971: 87.
30. Ron Hardy. "Try Harder," *The Massachusetts Daily Collegian*, September 22, 1970.
31. Undated memo written sometime between July 1 and November 6, 1970.
32. Arlene Carmen and Howard Moody, *Abortion Counseling and Social Change: From Illegal Act to Medical Practice* (Pennsylvania: Judson Press, 1973).
33. Lawrence Lader, *Abortion II: Making the Revolution* (Boston: Beacon Press, 1973).
34. Lawrence Lader, "Let's Speak Out on Abortion," *Reader's Digest*, November 1966.
35. Lawrence Lader, *Abortion* (New York: The Bobbs-Merrill Company, 1966), 175. Other estimates of the number of illegal abortions during this period run between 200,000 and 1.5 million annually, so Lader's figure of one million is quite possible.
36. Joshua Wolff, "Ministers of a Higher Law: The Story of the Clergy Consultation Service on Abortion," unpublished honor's thesis, Amherst College Archives, 37.
37. Lader, *Abortion II*, 28.
38. Ibid.
39. Patricia Therese Maginnis and Lana Clarke Phelan, *The Abortion Handbook for Responsible Women* (North Hollywood: Contact Books, 1969), 62.

40. Lader, *Abortion II*.
41. *New York Times*, May 27, 1967, 1.
42. For more on the Clergy Consultation Services, see Carmen and Moody.
43. Ruth Fessenden interview, VWHC Collection.
44. Sherri Finkbine, "The Lesser of Two Evils," in Alan F. Guttmacher, *The Case for Legalized Abortion Now* (Berkeley: Diablo Press, 1967), 15-25.
45. Unsworth Interview, VWHC Collection.
46. Unsworth Interview. VWHC Collection.
47. Elaine Fraser, pre-interview transcript, VWHC Collection.
48. Ruth Fessenden staff report, March 1971, United Ministers in Higher Education Collection, Du Bois Library, University of Massachusetts, Amherst.
49. Fessenden Interview, VWHC Collection.
50. Figure taken from an unfunded grant proposal to the University. Box 4, "Abortion," United Christian Foundation Collection, Du Bois Archive, University of Massachusetts, Amherst.
51. Fessenden Interview, VWHC Collection.
52. Fessenden Interview, VWHC Collection.
53. Fraser Interview, Zapka Interview, VWHC Collection.
54. Valley Women's Liberation (Pat Green, Robin Dizard, Lorna Peterson, Jeanie Jones, and Judi Fonsh) Interview with Susan Tracy, June 29, 1999, VWHC Collection.
55. Valley Women's Liberation Interview, VWHC Collection.
56. Britt Guttman, "Pregnancy in the Valley," a report of the Valley Women's Center Pregnancy Counseling Service, February 1, 1972, Valley Women's Center papers, Sophia Smith Collection, Smith College, Northampton, Massachusetts.
57. David Cline, *Creating Choice: A Community Responds to the Need for Abortion and Birth Control, 1961-1973* (New York: Palgrave Macmillan, 2006), 187.
58. Springfield Women's Health (Alice Zaft, Betty Wright, Mary Doe, Ann Meeropol, and Sherri Oake) Interview with Joyce Berkman and Susan Tracy, December 1, 1999, VWHC Collection.
59. Springfield Women's Health Interview, VWHC Collection.
60. Fraser pre-interview, VWHC archives.
61. Leslie Laurie interview with Kris Woll, March 22, 2002, VWHC Collection.
62. "Abortion: A New Chance to Live," *Daily Hampshire Gazette*, November 20, 1970, 12.
63. Ibid.
64. "Student Admits Abortion," *Springfield Union*, January 30, 1971.
65. Valley Women's Liberation Interview, VWHC Collection.