



*Free to
Choose*

A Women's Guide to
Reproductive Freedom



I may be arrested, I may be tried and thrown into jail, but I never will be silent; I never will acquiesce or submit to authority, nor will I make peace with a system which degrades woman to a mere incubator and which fattens on her innocent victims. I now and here declare war upon this system and shall not rest until the path has been cleared for a free motherhood and a healthy, joyous, and happy childhood.

—EMMA GOLDMAN

A Question of Access

EBERHARDT PRESS IS PLEASED to print the second edition of *Free to Choose*. We received mostly positive feedback on the first edition and a few thoughtful critiques that are deeply appreciated.

Part of our intention in putting this pamphlet together is to aid the discussion around the issue of abortion access in a anti-state context. It bears repeating that we should never allow laws or governments to dictate the profoundly personal and life altering decisions we make around abortion, birth control or bringing a child into the world.

It is also our intention to better equip ourselves and our comrades with the knowledge and tools for making safe and empowered choices in our bedrooms and in the world we live in. I firmly believe that it is ultimately a woman's decision to do what she will with her body. It is important to keep in mind that decisions are made within the context of the world a woman lives in, her community, family and lovers.

There is a complex web of social relationships that create the oppression

of women. This includes the family, church, capitalism and the state, to name a few. The knowledge we share and the ways we use it can be seen as tools for unravelling this web of oppression.

I emphasize the necessity for access to abortion and not for legality. The reason for this distinction is a matter of control. The state may grant or withdraw a woman's "right" to have a legal abortion. The state may shut down clinics and imprison abortion providers. Criminalization has always made getting safe abortions more difficult. However, no state has ever stopped women from having abortions.

It is up to women to make sure we never go back to the bad old days of back alley abortions. We should not allow ourselves, our sisters, mothers or friends to end up uneducated, ill-equipped or desperate. We are responsible for our bodies, our choices and our lives.

I have also included stories where women teach themselves safe and effective ways to end a pregnancy. When we examine our history, we

find examples of women's groups, who, like Jane and other anonymous groups, were unwilling to wait for abortion to be a legally granted "right." "Let's just stop the frustration and humiliation of trying to persuade the powers that be to legalize abortion. Let's just take back the technology, the tools, the skills, and whatever else we need..." stated a woman who helped form one such group in the 1970s. It truly is humiliating to ask the state for control over one's own body. We need not lobby, we need not beg, nor demand our "rights" to be granted to us.

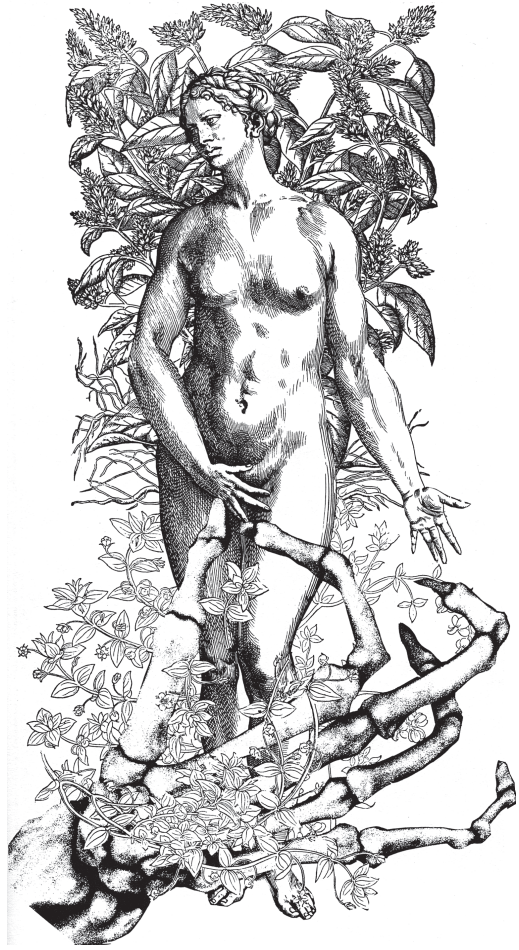
From traditional herbs to end or prevent pregnancy to underground abortion services, women have always defended and exercised our ability to choose. The knowledge exists for women to exercise their reproductive freedoms in safe and empowering ways. The time has come to take it back.

This brief introduction is meant to be educational. I hope that it can be a starting point for further exploration and discussion. I encourage people to review the recommended books at the end of this pamphlet. Let's support one another, learn from our mistakes and remember our history.

love and solidarity,

Esther Eberhardt

NOTE: The following may be triggering if you have experienced sexual abuse or have had a difficult abortion experience.



*To know our history
is to begin to see how to
take up struggle again.*



Let's not go back

BECAUSE OF SIGNIFICANT ADVANCES in abortion technology and the widespread availability of legal abortion, many people have forgotten what life was like when abortion was illegal. Dr. Jerry Hulka, Professor of Obstetrics and Gynecology at the University of North Carolina School of Medicine, describes what he saw on an ongoing basis as an intern, a resident, and then as an attending physician, in hospitals in Pittsburgh from 1957 to 1967. "In one hospital, we had a special ward that was always filled with women who had infections and perforations from illegal abortions," he says. Dr. Hulka often assisted Dr. Sam Barr, a senior physician on the staff, with these cases. Dr. Barr ultimately wrote a book about the need for abortion reform, in which he recalled one unforgettable case:

I'LL NEVER FORGET ONE PATIENT; SHE was 32 years old and the mother of two children. She was admitted through the emergency room [and] wouldn't say anything except that she thought she ought to get help as soon as possible... Her symptoms were relatively mild. Her pelvis was moderately tender and her uterus was only slightly enlarged, but

she did have a positive pregnancy test. There was one other finding: a small puncture point with a little bit of bleeding at the entrance of her uterus.... I suspected that either she had tried to abort herself, or someone else had done it to her. When I checked on her a little later, I had to press the point of asking her what had happened because she had visibly weakened.

"I had to do it," she said. "I went to this lady who put a coat hanger up in me. She told me not to panic, but if there was some real problem, don't say anything but go to the emergency room. I figured that blood coming out whenever I went to the bathroom was a problem and I got real scared."

With luck, I thought, the worst diagnosis would be that this woman's bladder had been perforated. That would not be pleasant, but hopefully there wasn't any major systemic problem. I started massive antibiotic treatment immediately, beginning with several transfusions to replace the blood she had lost... [but] three hours later I learned I was wrong... First, the laboratory reported that preliminary studies indicated an infection with gas gangrene. Then, the nurse on the floor

So She had old days.

said that the patient looked just awful she wasn't bleeding much but she had a lot of difficulty breathing. I ran to the floor and found her slipping rapidly into heart failure. The professor who headed our program came in to assist, but everything that 20 skilled people could contribute did not help. The gangrene bacteria were destroying her red blood cells. That vital fluid was turning into little more than red water! Her heart couldn't handle it and her body was dying.... The last thing I remember her saying to me was, "I know you tried. Figure some way to tell my kids. They won't understand at all. Tell them for me somehow. I don't want them to think me bad." She lost consciousness and then, a little bit later, just before dawn, she died.

DR. HULKA WAS ONE OF THE DOCTORS who tried to help this woman. He vividly remembers her pain and her death, and says that similar cases occurred on a daily basis because of repressive abortion laws. "Women and doctors have forgotten about these deaths," he says. "Unless something is done quickly to stem the tide of regressive legislation, we are going to start seeing such

unnecessary deaths again." The nameless woman in the above story left two children, perhaps quite young ones, who had to face life without the love and protection of their mother. We will never know how her children fared in life, but we do know that losing a mother is perhaps the most devastating psychological event children can face, and putting them at a severe disadvantage growing up.

HOLLY, WHO IS NOW IN HER EARLY seventies, and raised three children of her own, lost her mother to a self-induced abortion in 1922.

When my older sister was seven, I was five, and my baby sister was two, we lived with our parents in one big room in Pittsburgh. When our mother, who was 28 years old at the time, got pregnant for the fourth time, there simply wasn't room for another child, so our dad went to the drugstore and got some medicine. I don't know what it was, but she took it. Later, she started hemorrhaging so he took her to the hospital. She lived for a few days, but one night, Dad came home and was crying and said that our mother was dead. I remember seeing her laid out in the living



room of my aunt's house. We just couldn't understand why it had happened. In the months after her death, our father drank heavily and had a hard time holding down a job. There was no money, so he sent us to an orphanage. The building was on the top of a high hill, and every day for seven years, my sisters and I looked down the hill, waiting for Dad to come visit us. He came, but only about every six months.

DURING THE 1960S, DR. ALEX BRICKLER, an African-American gynecologist in Tallahassee, Florida, took care of numerous young women at the student health service at Florida A&M University, which was at the time Florida's only public university for African-American students. Dr. Brickler remembers how difficult those times were for doctors

in smaller communities, yet how common abortion was:

IT WAS AN OPEN SECRET WHO DID abortions in town. There was even a doctor who had his own hospital where he did abortions, but the laws were very threatening, and we were at risk if we even referred patients to him. In any event, the results weren't necessarily good. At the time, the favored method of abortion was inserting a catheter; a thin rubber tube, into the uterus to precipitate a miscarriage. That was almost a formal invitation to an infection, and I treated many. I particularly remember several young undergraduates who came in with massive infections. These young women, 18 or 19 years old, were poised on the threshold of life. They had everything ahead of them — their lives, their careers,

their families, but we simply couldn't save them.

IN THE DAYS BEFORE ABORTION WAS legal, many doctors undertook enormous personal and professional risks to do abortions. Dr. Ruth Barnett, a Portland, Oregon, naturopath, was one of them. Barnett learned to do abortions while she was secretary for a female gynecologist in Portland, and later, as a receptionist for Dr. George Watts, a prominent gynecologist who also did abortions in Portland. "Soon I was interviewing patients, preparing them for surgery, sterilizing the instruments and keeping them in order... After a time, [Dr. Watts] began instructing me in the painstaking details of his technique." Dr. Watts encouraged Barnett to go to chiropractic school in order to become licensed, which she did, and later he lent her money to buy a rival practice down the hall from his own office.

Dr. Watts moved to Los Angeles and became a partner in an ambitious chain of clinics that not only did abortions but trained other doctors to do them as well. The chain spread all over the West Coast, but since the profits were technically illegal, eventually its partners ran afoul of the Internal Revenue Service. All of the clinics were busted, and Barnett, now Dr. Barnett watched in horror as her benefactor, and other doctors and nurses he worked with, were tried and sent to San Quentin Penitentiary.

Dr. Barnett herself was arrested

four times during the 1950s and 1960s, and was finally convicted and sent to prison when she was 70 years old and ill with cancer. In her autobiography, *They Weep On My Doorstep*, Dr. Barnett, reviews her gutsy, unconventional career and provides a revealing glimpse into the lives of underground abortionists and the plight of the women they served. After her second arrest in the early 1950s, she stood in her clinic, which was about to be closed, and reminisced about one particular patient.

"She was only 15, slightly built, blue-eyed, blond and innocent, with immature breasts poking small rounded points into her sweater. She seemed numb as I questioned her. She said she had been raped. 'Who raped you?' I asked. 'My father. He was drunk.' 'When?' 'Maybe seven months ago.' Examination corroborated her statement. She had been pregnant too long. When I said that an abortion would be impossible, she asked, almost tonelessly, 'What can I do?' 'Nothing,' I said. 'You'll have to have the child.' 'My own father's baby?' I could only nod. My throat was too choked for speech. She arose, went to the door; stood there a moment, turned toward me as though she were going to say something further. But she said nothing. She was weeping. She shook her head once and left. The next morning the police fished her body from the Willamette River."

Dr. Barnett's career spanned almost 50 years, from 1918 until her final conviction and imprisonment

in 1966. During that time she performed more than 40,000 abortions, not only for the women of Portland and its environs, but for women from San Francisco, Seattle, Boise, Salt Lake City, and other West Coast towns. In addition, she notes, “A great many cases came from a prominent Catholic gynecologist who would tell women who insisted on an abortion to ‘go to the Broadway Building and ask for Dr. Ruth.’”

DEATH WASN'T THE ONLY CONSEQUENCE of poorly done illegal abortions. Uterine infections frequently resulted in lifelong pain or infertility, as it did for Janice, a Boston schoolteacher, whose life was dramatically changed one night on her kitchen table:

“In the early 1950s, we already had three children, and I was planning to go back to teaching so we could build an addition to our home. When I found out I was pregnant, my husband and I were both very upset because, if I didn't go back to work we wouldn't have the money for the construction. I didn't know what to do, but a friend of my husband's said that he knew someone who could ‘take care of things.’ I had heard stories about ‘kitchen table’ abortions and initially refused, but after a week of arguments, I agreed to have an abortion. On Friday night, after the children had been put to bed, a woman who my husband's friend said was a nurse came to the house. I drank a lot of sherry beforehand and don't remember much about the abortion, except that it did in-

deed take place on the kitchen table. During the night I began having severe pelvic pains, but was too embarrassed to call my own gynecologist. He was very thorough and also very conservative, and I thought he might ask too many questions, so I went to a doctor recommended by a friend. He said that I must have had a ‘puncture,’ and would have to have a hysterectomy. During the surgery, he also removed part of my bowel, saying later that it had been damaged as well. My recovery from the surgery took a long time, and afterward I developed chronic pelvic pain. I complained so much that my doctor finally did an exploratory operation and found that I had ‘adhesions,’ [a sort of fibrous, internal scar tissue] around my bowel as a result of the first surgery. A second surgery removed part of my small intestine, leaving me with chronic digestive difficulties and a very limited diet. Up until the night of my abortion I was a healthy person. Afterward, I became a medical case — always in pain, always in the hospital for something.”

Janice's case never made headlines, yet her life was profoundly changed, both by her abortion and by her hysterectomy, which may or may not have been necessary by today's medical standards. But she was lucky. She got medical help, and did not bleed to death, as many women did, in their bathrooms, in shabby hotel rooms, or in hospitals, where even the best of medical help often came too late.

The Abortion Handbook

THE U.S. ABORTION REFORM MOVEMENT was fueled by the work of a number of highly visible activists who published pamphlets, organized demonstrations, established abortion referral services, taught classes on abortion, and worked through the courts to normalize and legalize abortion. The work of these activists was supported by a legion of unsung heroes: doctors who risked their licenses to provide women with safe procedures; therapists, social workers, and clergy who risked their livelihoods making reliable referrals; and the friends, family members, and occasionally strangers who supported women through days of pain, fear, and uncertainty that all too often followed surreptitious abortions.

But waiting for the courts to respond was like waiting for Samuel Beckett's eternally truant Godot. He was always anticipated, but no one seemed to know the precise hour of his arrival. So, while activists pressed ahead on various fronts in the late 1960s, a few women working at the grassroots level decided to take things into their own hands. Lana Clarke Phelan, a Long Beach, California, housewife, Pat Maginnis, a medical technician from San Francisco, and Rowena Gurner, a Bay Area activist, who became known as "the Army of Three," were among the most resolute of these activists.

"We were working all the time, traveling and lecturing," Lana remembers. "But it was like pushing on fog. Just when you thought you had made some progress, things just collapsed before your eyes." Pat and Rowena taught classes about abortion in the San Francisco Bay area, and openly courted arrests. To their dismay, they found that the police were reluctant to make arrests, because they didn't want to provide opportunities to challenge existing laws. Feeling very frustrated, Pat began writing down information from the classes on self-abortion and showed it to Lana.

"I thought it was too technical," says Lana. "It assumed a lot of information on the part of the reader. I thought it should be more practical." Lana took over the book, hammering it out on her portable typewriter every night. "I tried to keep it light, while tears were running down my face," Lana says. "I was so angry at all the authority men had, and they were not using it in our best interests." She finished a draft in six weeks and took it to two gynecologists who said, "Get that book in print!" Lana quickly found a publisher who "came to the house with a contract and didn't leave any of his money behind when he left with the contract signed." But money didn't matter to Lana as much as getting the book in print. And *The Abortion Handbook*³, published in 1969, quickly became an underground classic. Lana estimates that it went through



five printings, selling over 50,000 copies. “Once I even saw copies of it on a newsstand in Penn Station in New York City, so I knew it had gotten around,” she remarks.

The Abortion Handbook is surely one of the most creative, irreverent, and subversive documents of American feminism. In a voice that is at the same time empathetic, militant, and provocative, it coun-

sels women to give their doctors “a large piece of your mind for his gross neglect of your health, and his sworn medical duty, in forcing you into underground or self-abortion paths.” *The Abortion Handbook* speaks directly to women, exhorting them to take control of their lives before they lose them. Sadly, the bulk of the information it contains is all too relevant today.

"This is Jane from Women's Liberation"

ONE OF THE MOST WIDELY KNOWN examples of women taking things into their own hands was Jane, the now legendary group of women that took over an abortion referral service in Chicago, turned it into a booming abortion business, and ultimately, learned to do the abortions themselves.

From 1964 until 1968, Heather Booth, one of the founders of the Chicago women's liberation movement, and some of her friends, ran an ad hoc abortion referral service out of Heather's dormitory room at the University of Chicago. One day, Heather called some women together, talked about the politics of abortion, trained them to counsel, handed over her contact sheets, and left. "I was ready to move on," she says.

"That was the real beginning of Jane," says a woman we'll call Leslie, a long-time member of the group. Right away, the women in the group

decided that the system they had inherited needed improvement.

"We got the calls, then turned the women's names over to abortionists, and didn't have any contact again until after the procedure. They came back alive. That's about all we knew," Leslie recalls. "They waited on street corners to be picked up then were blindfolded. It must have been so

scary. From the beginning, we tried to make the experience different. We explained what it was going to be like, how it was going to feel, what the basic m.o. was." Leslie remembers receiving counseling calls at her home. "When you said, 'This is Jane from Women's Liberation,' you could

hear an audible sigh of relief."

The first thing that needed improvement was the price: The abortions were expensive — from \$600 to \$1,000 — and that was out of the reach of many poor women. So the group decided to attempt to gain



Menstrual extraction is a practice maintained by a small cadre of women who believe in the importance of self-empowerment.





*We realized that if he could do abortions
and wasn't a doctor, then we could
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some control over the price by cutting a deal with one of their doctors. The deal worked. In return for volume, he lowered the price to about \$500. Then, in late 1970, at the end of the second year of the Service (as Jane was also called), the group found out that the man, like many others who did illegal abortions, was not a doctor. The revelation created an enormous philosophical crisis among the group. Some women felt betrayed. Others left. Others felt liberated.

“That was when we realized that if he could do abortions and wasn’t a doctor, then we could learn to do them ourselves,” Leslie says. Still, nothing happened for a while. Finally, one of the women in the group pressured the abortionist to share his skills.

“He was reluctant at first,” Leslie recalls, “but then he agreed. A few other women learned from him, and by the fall of 1971, we were doing all of the abortions ourselves. Mostly we learned in stages, first

by assisting — up to and including dilation — and then doing more, as each of us became more comfortable with the procedure.

“Doing the abortions ourselves had enormous advantages,” Leslie continues. “We dropped the price to \$100 or whatever the woman could pay. The average was about \$40.” By this time the group was doing 20 to 30 abortions a day, three days a week, and continued to use the standard D&C procedure they had learned from their abortionist for women who were up to 14 weeks from their last menstrual periods.

“We always had to be on our toes. Anything could happen—and it did,” Leslie confesses. “Often we improvised. For example, hemorrhages could often be dealt with on the spot by applying ice or giving ergotrate (a drug used to help the uterus contract).” When emergencies occurred, they drove the woman to the hospital emergency ward.

“We took women to the door, but it was too dangerous to the group

for anyone to go in with them, so we just helped them get their stories straight and told them to call us when they got home. ‘Act dumb,’ we told them. ‘That’s what doctors expect from women.’”

Jane had a policy of never turning away any woman who wanted to terminate her pregnancy, as long as the counselors felt that she wouldn’t be too upset by the procedure. But like doctors of that era, they didn’t have the technology to do late second trimester abortions.

“If women were too far along, we just induced a miscarriage by breaking the waters,” Leslie recalls. Afterward, women whose miscarriages had been induced went home and waited, an ordeal which, Leslie notes, “often took incredible bravery.” She remembers one teenager who called in every half hour while her father slept in the next room, asking in a whisper, “What do I do now?”

Considering the volume of business that passed through the Service, it is astonishing that the bust didn’t come sooner.

“In the early days, a number of our clients were policemen’s wives, girlfriends, or daughters,” Leslie says. “After a while, we began to feel sort of protected.” One treasured anecdote about the hands-off attitude of the police describes an incident that took place in the predominantly white Lincoln Park neighborhood: “The entrance to the building where the abortions were being done was on a side street, and a young African-American woman was walking

up and down the street, looking in vain for the address. She was surprised when a police car pulled up beside her, and the policeman pointed out the entrance on a side street nearby.”

The bust occurred in May 1972. A relative of a woman who was scheduled for an abortion didn’t feel comfortable with the arrangements and called the police. “Two homicide detectives came in looking for ‘the money and the man,’” Leslie remembers. “‘He just jumped out the window,’ somebody said. That was a great joke, since we were in a high rise.” In all, seven women were arrested. Some members dropped out in fear, but two weeks later, Jane was back in business. In the meantime, the group got women appointments at clinics they knew of in New York and Washington. “We called in all the feminist chips in town and collected plane fare for those who couldn’t afford it,” Leslie says. “Women were going to get their abortions no matter what.”

Jane operated until April of 1973, three months after the *Roe v. Wade* decision, by which time several legal clinics had opened in Chicago. Afterward, some of the group stayed together and with other women founded the Emma Goldman Women’s Health Center, named after the famous anarchist who was one of the earliest advocates of birth control in the United States. The Emma Goldman operated until the mid-1980s on the north side of Chicago.

Menstrual Extraction

A NOTE TO THE READER

All home health-care procedures, including menstrual extraction, can, under some circumstances, carry certain risks, even if performed correctly. The information in this pamphlet is intended to be for the education of the reader, but does not constitute an adequate set of instructions. Indeed, the central message of the chapters on menstrual extraction is that women without specialized medical backgrounds can learn to perform it. But their training must involve working with a group over a period of time, learning directly about women's reproductive anatomy and function; it must include self-education, utilizing medical texts and journals; it must include independent research into abortion availability in the immediate area and beyond; it must include locating medical personnel to provide consultation and assistance; it must involve a group of women who are committed to in-depth discussion of the struggle for women's reproductive freedom and periodic reassessment of the group's goals; and it must include, if at all possible, personal observation of clinical abortion, to become adequately acquainted with the differences and similarities between menstrual extraction and clinical procedures. Benefit : risk assessments will vary, situation by situation. The authors have attempted to explain which risks, although statistically low, might possibly be encountered by a group or an individual, and which other risks are quite rare, but can be very serious when they do occur. The reader must then evaluate the risks and the benefits, depending on the situation in which she finds herself, in order to make an informed decision.

The Development of Menstrual Extraction

MENSTRUALEXTRACTION(ME) was developed as a technique to help women maintain control over their menstrual cycles, and hence, over their reproductive lives. On or about the day that a woman expects her menstrual period, the contents of the uterus are gently suctioned out, lightening and greatly shortening the expected period. If an egg has been fertilized within the preceding weeks, it will be suctioned out as well. Dealing as it does with normal bodily functions, ME is not a medical treatment — but a home health-care technique, similar in many ways to self-catheterization, at-home bladder instillations, and other health-maintenance routines.

The tabloids and the electronic media have labeled menstrual extraction “self-abortion” or “do-it-yourself abortion,” but these terms are misleading. First of all, due to the location of the uterus, it is virtually impossible for a woman to do ME on herself. To do the procedure safely and correctly, a woman needs the help of one or more women who are trained and experienced in ME. In this sense, it is no more appropriate to label ME “self-abortion” than it is to call home birth “self-birth.” Lorraine Rothman, one of the developers of ME, explains that the name menstrual extraction was chosen “because it is a very literal description of the process.”

In 1970, Carol Downer, a housewife and mother of six young children, was working on the abortion committee of the Los Angeles chapter of the National Organization for Women (NOW). “One woman in the group was working in an illegal abortion clinic in Santa Monica,” Carol recalls. “She had figured out that abortion wasn’t as difficult as it was made out to be, and suggested that we do abortions ourselves.”

One day Carol went to the clinic with that woman and the woman’s daughter, who was going to have an IUD inserted. Suddenly Carol found herself in the procedure room, where the younger woman was already on the examination table with a speculum in place. “I got a glimpse of her cervix and was completely bowled over,” Carol remembers. “It was such a shock to see how simple and accessible our anatomy is. At that moment, everything clicked for me. I had read *The Abortion Handbook*, and realized that if women just had some basic information about their bodies, they could take care of themselves and wouldn’t have to depend on back alley abortionists.”

Carol and a small group of activists organized an event billed as a “Self-Help Clinic” at Everywoman’s Bookstore in Venice Beach on April 7, 1971. “To us, ‘self-help’ meant taking control of our bodies and our health care,” she says.

Lorraine Rothman, a public school teacher in Orange County, just south of Los Angeles, and herself

the mother of four, recalls the first Self-Help Clinic meeting vividly. “I had read an article in *Everywoman’s Newspaper* that made it sound like women in L.A. were doing abortions. I thought, ‘Of course. What did women do before they had doctors? It can’t be that hard. Let’s just stop the frustration and humiliation of trying to persuade the powers that be to legalize abortion. Let’s just take back the technology, the tools, the skills, and whatever else we need.’”

In the weeks before the first Self-Help Clinic, Carol and a few other women from the group had visited an underground abortion clinic run by Harvey Karman in Santa Monica. Karman, who the group later found out was not a medical doctor, was one of the most active proponents of a new, non-traumatic suction abortion technique that made use of a flexible plastic cannula (a thin tube about the size of a soda straw that can be inserted into the uterus) and a hand-held syringe used to create suction and to collect the uterine contents. Proponents of this technique generally eschewed the use of a curette, a razor-sharp, spoon-like instrument used for D&Cs. At the first Self-Help Clinic meeting, about 30 women sat in a circle on the floor. When Carol’s turn came to speak, she said she had something special she wanted to share with the group. She climbed up on a desk, inserted a plastic speculum into her vagina, and demonstrated to the amazed onlookers how ac-

cessible a woman’s cervix (the neck of the uterus that protrudes into the vagina) was. “After that, the discussion took a different turn,” Lorraine remembers. “We talked about taking charge of our own health care.”

One woman had brought a cannula and a large plastic syringe (minus the needle) from Karman’s abortion clinic and showed it to the group. Lorraine immediately felt that the device had two obvious weaknesses. “For one thing, there was no mechanism to prevent air from being accidentally pumped back into the uterus — which was one of the big scary things about illegal abortion,” she says. “For another, the uterine contents passed directly through the cannula into the syringe. If the syringe got full, the cannula would have to be removed, so that the syringe could be emptied. This was clumsy to handle and caused additional discomfort for the woman. I thought there must be a better way.”

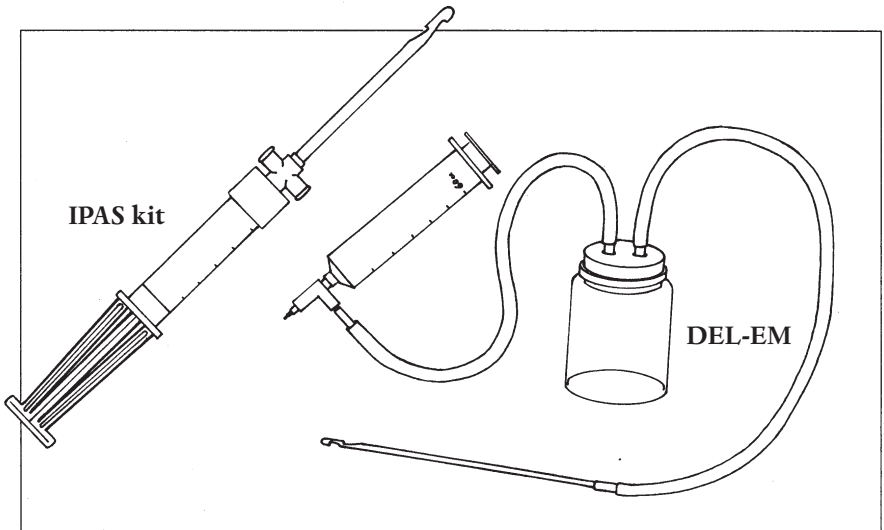
Lorraine took the apparatus home and spent the next week haunting hardware stores, grocery stores, chemistry labs and aquarium shops. She brought her version of the device to the next Self-Help Clinic meeting. This modified device consisted of a cannula and a large (50 or 60cc) syringe for pumping suction, but Lorraine’s version had two tubes, one leading from the cannula into a collection jar, and the other leading from the syringe into the jar. When pumped, the syringe created a vacuum inside

the jar, and the contents of the uterus were sucked into the jar, instead of into the syringe. An automatic two-way bypass valve, which Lorraine located in a scientific mail order catalog, prevents air from being pumped back into the uterus.³ She dubbed the device "Del-Em."

"We were on that device like ducks on a June bug," Carol remembers. "Word about this new technique got around very quickly. We were learning to estimate the size of a pregnant and non-pregnant uterus, and got a lot of practice. But for women who were in fact pregnant, we were getting too many incomplete abortions and we wanted to know more." Carol

had heard about Dr. Franz Koomey, the doctor in Washington state who had led the fight to legalize abortion there and who used paramedics in his clinics. "I mentioned Koomey to Lorraine one evening, and she just said, 'Let's go!'" Without so much as doing the laundry, the two took off the next morning in the Rothman family station wagon for the Pacific Northwest. "I just told my husband that I would need the car for a couple of weeks. I was afraid if I asked he might say no." Lorraine remembers with a laugh.

Carol and Lorraine worked in Koomey's clinic for several days observing abortions. "Dr. Koomey



The DEL-EM and a kit used for menstrual regulation in developing countries, made by the International Projects Assistance Service (IPAS). The major difference is that the DEL-EM collects the uterine contents in a jar, while it goes directly into the syringe in the IPAS kit. Both kits have a two-way bypass valve to prevent air from entering the uterus. For information, write to IPAS at 300 Market St., Suite 200, Chapel Hill, NC, 27516 or call 800-334-8446.

had a well deserved reputation as an activist, but we were shocked that he still used curettes and large, stiff cannulas which required that the cervix be dilated a lot before they could be inserted.” Carol says. “Women were given no anesthetic, and, consequently, had a lot of pain.” (Unanesthetized procedures were a prominent hallmark of illegal abortions, because women were usually required to leave the premises quickly, and to do so, they had to be mobile.)

One day, Koomey invited Carol and Lorraine to do procedures under his supervision. They found the D&C procedure without anesthetic excessively brutal. “At the end of the day, we had a lot of experience, but we were more convinced than ever that the suction procedure was the way to go.” Lorraine says.

Menstrual extraction made its public debut at the National Organization for Women conference in Santa Monica in August, 1971. The conference organizers thought that the concept was too shocking and refused to grant the group exhibit space. Undeterred, the West Coast Sisters, as they were now known, put up leaflets announcing demonstrations of the procedure in their hotel room.

“Women flocked in,” Lorraine reports. “The first day we packed in twenty or more at a time for demonstrations. The next day they were lined up in the hallway. We did demonstrations all day until we were exhausted.” Women left the

ME marathon with plastic speculums in little brown bags, and the Self-Help group acquired a national mailing list. From the list, Carol and Lorraine put together a national tour. Traveling by bus and selling speculums transported in boxes marked “toys,” they hit 23 cities in six weeks, spreading the word about self-examination, menstrual extraction and self-empowerment.

Lolly Hirsch, a housewife and mother of five from Stamford, Connecticut, was one of the women who attended a menstrual extraction demonstration at the Santa Monica NOW conference. Lolly and her daughter Jeanne immediately saw the implications of menstrual extraction. “The self-empowerment aspects were just so phenomenal,” Jeanne observes. “My mother and I, and later, my sisters, were definitely committed.” In the next 10 years, Lolly and Jeanne started a number of self-help groups in the Stamford area, got on the college lecture circuit, and began publishing a newsletter, wryly entitled *The Monthly Extract: An Irregular Periodical*.

“Ultimately, several women we met on the tour migrated to Los Angeles, and joined the struggle,” Carol Downer recalls. “They all shared our vision of wanting to change women’s lives, and they had the will and the wits to do it.” The group, which had lost some original members and gained some new ones, founded the Women’s Abortion Referral Service with the highly appropriate acronym of WARS.

They made an arrangement with a doctor who worked at a hospital where a staff psychiatrist rubberstamped “applications” WARS brought in and the abortions were done quite openly.

Then, suddenly, on January 22, 1973, after more than two years of internal rancor, indecision, and equivocation, the United States Supreme Court announced its decision in the case of *Roe v. Wade*.

“That abruptly changed everything,” Carol says. “We borrowed some money, hired a doctor, and opened a clinic.” In March of 1973, WARS became the Women’s Choice Clinic of the Los Angeles Feminist Women’s Health Center. In July, Lorraine opened a sister clinic in Santa Ana, near her home in Orange County. Other Feminist Women’s Health Centers opened in the next two or three years in Chico and San Diego, California, Portland, Oregon, Tallahassee, Florida, and Atlanta, and later, Yakima, Washington, ultimately forming the Federation of Feminist Women’s Health Centers.

For the time being, which right then seemed like forever, Carol, Lorraine, and their cohorts focused their attention on managing legal abortion clinics and working on a broad range of reproductive health concerns — safe second trimester abortions, woman-centered childbirth, the cervical cap, and many others — at the local, state, and national levels. Menstrual extraction went on the back burner. Women

still learned the technique and a small number of them, perhaps as many as a thousand at any one time, maintained their skills, “just in case.”

After *Roe v. Wade* legalized abortion, providers sprung up nationwide, and by the mid-1970s, about 75% of U.S. counties had an identifiable abortion provider. Because of the widespread availability of abortion, doctors assumed that there was no longer any need for women to be concerned about taking care of themselves, and were sometimes critical of the continuing interest in menstrual extraction, especially since there were no studies on its safety and effectiveness.

To counter this criticism, Carol and Lorraine contacted various research organizations in search of funding for a study. The one expression of interest came from Dr. Christopher Tietze, the preeminent expert on abortion and contraception at the Population Council, a social policy organization funded by the Rockefeller family. “Dr. Tietze was quite intrigued by ME and our experience with it, and encouraged us to submit a proposal,” Carol recalls. “We did submit one, but the Foundation declined to fund it on the grounds that it did not fund ‘direct services.’” Menstrual extraction became a practice maintained by a small cadre of women who worked tirelessly for legal abortion, but who continued to believe in the enduring importance of self-empowerment.

When Birth Control Fails

In early 1977, when the Allende regime was overthrown in Chile, a group of prominent women's health activists, which included feminist author Barbara Ehrenreich, Sally Guttmacher, a well-known women's health advocate and professor of Health Education at New York University, and the late Bobbye Ortiz, a long-time Associate Editor of *The Monthly Review*, formed Action for Women In Chile (WIC) out of concern for the conditions in prisons for women political prisoners. This group began working with a Chilean group that had asked for information on abortion. The Chilean women were particularly interested in finding self-help techniques that might be useful for women political prisoners who were raped in prison. Ehrenreich passed their request on to Carol Downer and her coworkers. "We were aware of the drastic measures that women sometimes resort to in order to control their lives. We also knew that with sufficient information, women had safely and successfully aborted themselves," says Suzann Gage, a health worker in the Los Angeles clinic and illustrator of the Center's books on women's health care. "I was inspired to put that information in visual form so it could be understood by any woman, regardless of what language she spoke."

Suzann spoke with women who had done menstrual extraction, and with others who were familiar with herbs and other techniques of pregnancy termination. She also mined

the pages of *The Abortion Handbook* for information on self-help techniques. After working all day in the clinic, Suzann stayed up nights drawing and writing explanatory text. When it was finished, with illustrations was staple-bound in an easily reproducible format and transmitted to the women at WIC, who then forwarded it to their contacts in Chile.

"This book was deliberately very bare bones," Suzann recalls. "It was intended only for women who were committed self-helpers. And yet at the same time, we wanted to preserve this information for women who had no other options open to them."

Over the years, and in various formats, this information has made its way to women throughout the world in Chile, Mexico, Nicaragua, most European countries, Australia, New Zealand, Japan and Iran. In 1979, the copy was typeset and published by Speculum Press as *When Birth Control Fails*. The book quickly became an underground classic, and enjoyed a brief revival after the Webster decision in 1989, but is now out of print.

Other Uses For Menstrual Extraction

The early proponents of menstrual extraction gained valuable information about their own bodies and menstrual cycles, information that was otherwise only available, if it existed at all, in abstruse medical texts.

They found that they could shorten and significantly diminish a normal heavy period, which could be a boon to female athletes, travelers, campers, revolutionaries — any woman to whom a long or heavy period might pose a substantial inconvenience. They also found that when employed on a regular basis, menstrual extraction could be used as birth control, similar to an IUD, to prevent the implantation of a fertilized egg about two weeks after fertilization. In short, they found that being able to safely extract the contents of the uterus provided a measure of reproductive control that few women had even dreamed of.

Val, a massage therapist, combined menstrual extraction with fertility awareness for several years.

Fertility awareness employs the observation of cervical secretions, basal body temperature, and a host of bodily signs to pinpoint ovulation. Knowing the precise time of ovulation can be useful in avoiding pregnancy, by abstaining from intercourse until about 24 hours after ovulation. Fertility awareness can also be useful in enhancing the chances of getting pregnant, by identifying the fertile time and coordinating it with intercourse or donor insemination. My periods were always somewhat irregular, coming anywhere from 27 to 35 days. Fertility awareness gave me much more information about and control over my cycle than I ever dreamed possible, but there were still times when I just couldn't tell

when I had ovulated. Because of the variability of my cycle, I spent a lot of time in suspense, wondering if my period was ever going to come. After I began doing menstrual extraction, if my period didn't come by day 35, I would call my self-help group and have an extraction. Once it turned out that I was pregnant, but the extraction still felt so normal — as normal as getting my period when I wanted it.

MENSTRUAL EXTRACTION CLEARLY HAS a variety of uses, and consequently, has significant implications for women's health. The next section reveals how this simple technique has been adapted on a global scale to save the lives of many women.

Menstrual Regulation In the Developing World

At the same time that menstrual extraction was developing in California, international family planning activists began using a nearly identical method of fertility control in developing countries. The technique has had a variety of names: "minisuction," "menstrual induction," and "menstrual aspiration." However, the term most widely used today is menstrual regulation (MR). Like menstrual extraction, the procedure is often done without a laboratory test to confirm pregnancy. MR can also be used for teaching women about their anatomy and fertility, diagnosing uterine cancer, menstrual disorders, and

infertility, and for completing self-induced or incomplete abortions.

One distinctive difference between the practices of menstrual regulation and menstrual extraction is in the equipment used. The DEL-EM used in menstrual extraction is individually assembled (you can make this yourself), while the kit used in menstrual regulation is commercially produced and marketed⁴. With this kit, the uterine contents are suctioned directly through the cannula into a syringe, while with the Del-Em, the contents are suctioned through the cannula and a plastic tube about two feet long into a collection jar.

Early on, it became clear to medical professionals and family planning experts that paramedics and lay people with even minimal education could learn to use hand-generated suction devices safely and effectively. Today, training in most countries typically lasts from one to three weeks, occasionally longer, and is done on both a formal basis, including classroom lectures, demonstrations, and supervised practice; and on an informal basis, often consisting of demonstrations only. Trainees may observe from 10 to 20 procedures before beginning hands on training, and then do up to 20 procedures under supervision before doing them on their own.

Because of the lack of qualified trainers, and the demand for MR services, trainees sometimes begin doing unsupervised procedures without much hands-on instruction, but this is not recommended.

In developing countries where health education and contraception are not widely available, women who fear they may be pregnant often seek

to induce miscarriages with sticks, wires or other instruments, by drinking toxic substances, or by douching with harmful concoctions. In Nicaragua, for example, women commonly use wire from telephone cables to induce miscarriages.

Others resort to poorly trained abortionists who often use stiff, unsterile instruments. As a result, at least 200,000 women die each year,⁵ and many more are left infertile or with lifelong health problems. In addition, hundreds of thousands of children are left motherless or with a mother who may be too ill or disabled to provide for them adequately.

Many doctors who do menstrual regulation may use anesthesia, but in some clinics, the only anesthesia that is used is the comforting hand and soothing voice of a counselor. Zarina, a counselor at a women's clinic in Bangladesh, reports that most of the women who seek MR have already endured childbirth; most say the discomfort from the procedure is quite



*When used properly,
these techniques are
safer than childbirth.*



tolerable, even without anesthesia. In practice, menstrual regulation is performed up to eight to 10 weeks from the last period, but in many countries, the procedure is also done up to 12 weeks from the last menstrual period. There are no reliable statistics on the rate of incomplete procedures in Bangladesh or other countries where MR is in use, but the rate of incompletes appears to be low, according to Zarina because "most women in these countries usually don't come in until they are eight to ten weeks from their last period, when it is easier to determine, by examining the tissue, whether or not an implantation has been missed." Menstrual regulation is practiced throughout Latin America, Asia, in many African countries, and on a limited basis in the Middle East.

In every setting in which this technique has become accessible, the complication rate for self-induced and poorly done abortions has been dramatically reduced. In Indonesia, for example, one study found that the rate of septic abortion was 80% higher in areas in which menstrual regulation (in this case, suction curettage) was not available, but that where MR was available, wards formerly reserved for cases of septic abortion were no longer necessary.⁶ Clearly, if menstrual regulation were employed more widely, the health of many women — and the lives of many others — would be saved.

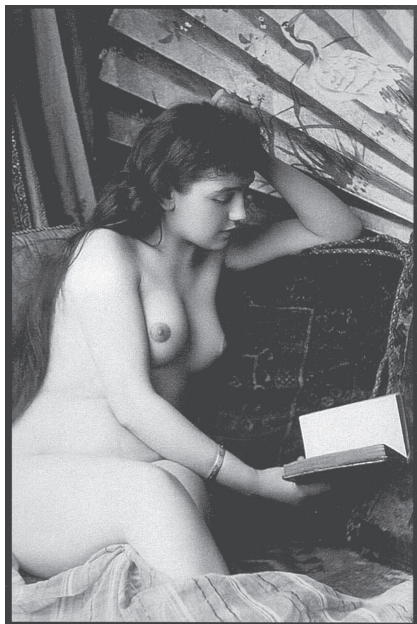
IN AN ERA THAT IS HOSTILE TO reproductive freedom, menstrual extraction and other home health-

care techniques are profoundly relevant. Women may consciously choose to use menstrual extraction or to take herbs for fertility control for a variety of reasons. When used properly, these techniques are far safer than childbirth, and can put an end to the makeshift methods that desperate women have often used to prevent unwanted pregnancies.

NOTES

- (1) *Today, this problem would probably be recognized as disseminated intravascular coagulation (DIC), in which the blood loses its ability to clot. For more information on this rare but serious complication read A Book of Women's Choices pages 233-234.*
- (2) *If air is accidentally pumped into the uterus, it will probably pass through the egg tubes into the abdominal cavity, causing gas-like discomfort or pain. If any air accidentally enters the blood stream this can result in a fatal air embolism.*
- (3) *L.C. Phelan and P.T. Maginnis, The Abortion Handbook (North Hollywood, CA; Contact Books, 1969).*
- (4) *This device is manufactured by International Projects Assistance Service (IPAS), P.O. Box 100, Carrboro, NC 27510, (800) 334-8446*
- (5) *R. Barnett, as told to D. Baker, They Weep on my Doorstep, Beaverton, OR; Halo Publishers, 1969 p. 74*
- (6) *F.A. Moeloek, et al., "The Relation Between Menstrual Regulation service and the Incidence of Septic Abortions in Indonesia," p.2 Available from the International Women's Health Coalition, 24 East 21st Street New York, NY 10010.*

For More Information



A Book of Women's Choices

Chronicles the history of menstrual extraction, the currently accepted standard of ME practice, and accounts of actual ME procedures, including detailed information on how they are performed. This book also discusses abortion in general and RU-486. This book is out of print but can be obtained from used bookstores or websites.

A New View of a Woman's Body

This is an excellent resource for women's health and has a very in-depth section on ME. Published by the Federation of Feminist Women's Health Centers. This book is widely available.

The Story of Jane

Written by Laura Kaplan, a long-time member of the Service, the legendary underground abortion service, available from University of Chicago Press.

“Women have always been healers. They were unlicensed doctors and anatomists of western history. They were abortionists, nurses and counselors. They were pharmacists cultivating herbs and exchanging the secrets of their uses. They were midwives, travelling from home to home and village to village. For centuries, women were doctors without degrees, barred from books and lectures. Learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called wise women by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright.

*To know our history is to begin to see how to
take up the struggle again.”*

—Barbara Ehrenreich and Deirdre English,
Witches, Midwives and Nurses, a pamphlet published in 1973

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