

*See Jane Decide:
The Feminist Abortion Service Contemplates an Evolution*

Briah Fischer
Tulane University, New Orleans, Louisiana, USA



Abstract: This case study explores the evolution of the Abortion Counseling Service of Women's Liberation, better known simply as "Jane," which flourished in Chicago between 1968 and 1973. Jane began by referring women in need to practitioners performing illegal abortions, usually at exorbitant fees. Gradually, the women of Jane began taking on a greater portion of the work—which increased the safety and decreased the cost of the procedure for their clients—with the goal of being a service run for women, by women. With the expansion came increasingly complex group dynamics that ultimately forced the women to contemplate their position in the larger women's liberation movement. This study utilizes landmark court decisions, a documentary, journal articles, books and a newspaper series for the investigation of abortion as a component of the women's liberation movement. Additionally, this case demonstrates the complexity of Jane's role in the liberation movement by exploring the following question: Did the end goal of providing women with the safest, least expensive, illegal abortions justify a shift away from the feminist ideal of a collective organizational structure towards a hierarchical, power-driven organizational structure?

Introduction

An urgent knock sounded at the door. Jenny¹ opened it to find a woman clutching her stomach, her face twisted in pain. Through grimaces and short breaths, the woman quickly explained her situation: earlier that week, she had contacted Jenny's group, the Abortion Counseling Service of Women's Liberation, seeking a late-term abortion. The Service referred her to a practitioner skilled in inducing miscarriages—the best method for terminating second-term pregnancies—who initiated her labor by breaking her amniotic fluid. Jenny recognized that the woman was in the process of miscarrying her fetus and calmly led the woman out of her apartment building in Hyde Park and to another address nearby. Once inside, she found the correct apartment, knocked, and waited. A middle-aged man named Nick² answered the door and immediately led the two women through a neatly furnished living room and into a clean bedroom where fresh linens adorned the bed. Jenny and Nick explained to the frightened woman that they were going to help her through her miscarriage.

¹ Laura Kaplan used this pseudonym for one of Jane's integral members in her 1995 book *The Story of Jane: The Legendary Underground Feminist Abortion Service*.

² Kaplan's pseudonym for the man who would become Jane's primary abortion contact.

Taking what had become her usual place next to the bed, Jenny watched as Nick began using the instruments set up around the room. He began to insert the sponge forceps between the woman's legs and stopped suddenly. Looking at Jenny, he said, "Here, you hold on to the forceps" (Kaplan 1995).

In a single moment, Nick gave Jenny the opportunity to significantly alter her life as a woman in 1970s America and to enhance her role in the women's liberation movement. His suggestion also forced her to make a monumental decision for her entire organization. By taking the forceps, Jenny would transition from abortion counselor to provider, and though the Service had considered the idea, its members had not collectively decided to take on the responsibility. Could they, as women with little to no medical training, learn the techniques and gain enough experience to confidently perform safe abortions? The group's approach to handling the medical and legal implications of the role would have a profound effect on the women in need of abortions in the Chicago area. Additionally, Jenny needed to consider what the decision signified for the Service itself: if certain women had the ability to perform abortions, would the limited allocation of power negatively affect the group's ability to maintain its feminist roots as an egalitarian collective?

Jenny knew that the Service's niche within the women's liberation movement was to provide women access to safe, inexpensive, and illegal abortions, but she also knew that the group was founded upon the feminist ideal of empowering women to take control of their own bodies and lives. Was the Abortion Counseling Service of Women's Liberation willing to sacrifice its fundamental principles by evolving from counselors into providers?

Abortion Throughout History

The legal and social acceptance of terminating an unwanted pregnancy has waxed and waned throughout history. During the 18th and early-19th centuries, common law allowed abortion up until the point when a woman could feel the fetus moving inside of her, a phenomenon referred to as "quickening" (Reagan 1997). It was not until 1859 that the American Medical Association (AMA) advocated to eliminate abortion from legal medical practice. The AMA quickly became the strongest proponent of criminalizing abortion by arguing that it was both immoral and dangerous to a woman's health, especially if performed by unlicensed practitioners. While doctors publicly claimed maternal safety as their motivation for opposing abortion, an important incentive remained unspoken: criminalizing abortion would eliminate an entire sector of practitioners from health care delivery. At the time, doctors had to compete for patients with female midwives and immigrants from Eastern Europe who performed abortions without a medical license (Reagan 1997). The AMA and its physician constituency strove to capture exclusive rights to medicine by eliminating abortions as a core component of other practitioners' services. The power linked to this newfound authority generated a divide that emphasized science over experience and placed physicians, most of whom were men, in a position superior to their women patients.

The new laws did not end the practice of aborting fetuses, however. In 1888, the *Chicago Times* ran an exposé that investigated the open advertisement of abortions and found that despite criminal abortion laws, physicians and midwives were providing abortions in the homes of the women, where most medical care took place during this period of history (Reagan 1997). Not long after this data was released, the international press called attention to a predominantly French phenomenon where women carried their fetuses to term only to kill them after delivery as a means to circumvent France's abortion laws; this process, known in English as *infanticide*,

triggered emotional reactions in America and established the stigmatization of abortion as “child-killing” that persisted into the 20th century (Reagan 1997).

The arrival of the 1920s heralded a period of more liberal attitudes towards abortion throughout American society. During this decade, hospitals began compiling statistics on illegal abortions and maternal mortality in an effort to quantify the dangers of the practice (Roemer 1978). Reportedly, illegal abortions accounted for 14% of total maternal mortality in the US between 1927 and 1928 (Reagan 1997). This data prompted proponents of abortion to push for legislation that would make therapeutic abortions available to more women who sought the procedure for a variety of reasons. The economic reality of the Great Depression made it difficult for parents to support large families, which may explain why 80% of the women seeking abortions during the 1930s were married (Reagan 1997). The number of practitioners performing therapeutic abortions rose dramatically during this decade, indicating that some medical professionals were changing their stance on abortion in an effort to provide the care patients were demanding. Regardless of shifting domestic attitudes and the increasingly liberal outlook on abortion internationally, American policy makers remained firm in their refusal to revise abortion legislation (Cook and Dickens 1979).

After a decade of war during which the need for women’s participation in the workforce rose dramatically, a “domestic revival” in the 1950s pressured middle-class, white women to stay home and raise a family instead (Reagan 1997). In addition to reinstating “homemaker” as women’s expected job description, American society in the 1950s discouraged discourse on reproductive health and sex, and left women with little accurate information about their own bodies. Feelings of embarrassment and shame proliferated as women were told that intimate knowledge of their bodies was reprehensible. Thus, the divide between the medical establishment and its women patients widened.

The conservative social atmosphere of 1950s America served as a backdrop for a feminist revolution in the 1960s. The number of prospects available to women in terms of education, careers, and activism increased and marked the start of the decade. In order to take advantage of their enhanced opportunities, however, women needed to have greater control over reproduction. During this time, abortion legislation caused a divide among American women, including those that identified as feminists. While some women pushed for liberalization, the official position of the women’s liberation movement was that total repeal of abortion law was the only acceptable option; the feminists who aligned strongly with the women’s liberation movement vowed that they would not rest until women had the right to an abortion under any circumstances (Kaplan 1995).

While the women’s liberation movement fought for radical legislative change, individual women across the country were struggling to balance education and careers with unintended pregnancies. After considering the effects of adding a child to their already hectic lives, many women sought out the services of back alley abortionists, most of whom were not licensed medical professionals. A medical degree did not guarantee a positive experience, however; many abortionists performed illicit abortions under the influence of alcohol, demanded sexual favors and charged exorbitant fees for their service (Kaplan 1995). High fees or knowledge of these corrupt practices kept some women from seeking outside help upon learning they were pregnant. In desperation, some women self-induced abortions through the use of homemade instruments (such as coat hangers) and excessive amounts of alcohol and/or castor oil (Reagan 1997). Women often took these dire measures in private, as US law still prohibited most abortions and continued to stifle women’s right to control their own reproduction.

Finally, after over 50 years of strict laws that criminalized abortion, some state legislatures put change on their dockets. Policy makers began expanding the provisions for therapeutic abortions to include physical and mental health complications for the mother, fetal defects, and pregnancies resulting from rape or incest (Reagan 1997). *Griswold v. Connecticut* (1965) ruled that the government could not forbid doctors from prescribing contraceptives to married couples; this decision relied on the right to privacy guaranteed by the Constitution and set a precedent for later rulings. The justices would not decide any more cases until 1973 when the landmark *Roe v. Wade* decision would significantly alter the legal landscape surrounding therapeutic abortions for American women.

The Evolution of Jane

In 1968, as the Vietnam War raged on halfway around the world, political unrest in the United States was at an all-time high. The racially diverse, newly redeveloped Hyde Park area of Chicago served as the epicenter of intellectual and political engagement in the Midwest, largely due to the presence of the University of Chicago, which was a hotbed of protests, experimentation, and radical student activism (Kurtz and Lundy 1998). Claire³, a University of Chicago student, was particularly involved in the women's liberation movement and quickly became the point person for women's issues in the area. Previously, pregnant female students had been relying on a referral service run by local clergy, but this service could not handle the volume of women seeking its help. Women with nowhere else to turn began calling Claire to ask about obtaining an abortion. Surprised, yet compelled to help, Claire started counseling the women over the phone and provided them with contact information for abortionists operating illegally throughout the city. By 1968, Claire had a system in place where female students could call the public phone in her dormitory and ask for "Jane"; the use of this innocuous name both alerted Claire to the caller's needs and protected the woman's anonymity (Kurtz and Lundy 1998). What started as a student network on campuses across the Midwest flourished into the Abortion Counseling Service of Women's Liberation, better known simply as "Jane."

The original members of Jane organized around the belief that abortion was both a medical and a political issue. They ranged from student activists to housewives and varied in their commitment to feminist ideals but united over the belief that all women should have access to safe, inexpensive abortions (Kaplan 1995). The women of Jane continued Claire's work of referring women to abortionists and providing them with information on what to expect medically and emotionally during and after the procedure. Counselors began by providing a step-by-step tutorial of the dilation and curettage (D&C) method of abortion that the women would experience and finished with an educational piece on how, by utilizing Jane's services, each woman was participating in the women's liberation movement (Kaplan 1995). Through these educational conversations, the women of Jane attempted to supplement the paucity of medical information available to women. Eventually, the Boston Women's Health Book Collective published a manuscript that was the first of its kind: an entire book on women's health and sexuality. For many women, their abortion was also a time of firsts: the first time they had made a major decision regarding their own reproductive health, as well as the first time they had participated in a social movement.

Following feminist ideals, Jane originally formed as a collective, a structure that emphasized an egalitarian approach to authority and decision-making (Bart 1987). All of the

³ Kaplan also used this pseudonym in *The Story of Jane: The Legendary Underground Feminist Abortion Service* (1995).

women performed every task and new counselors learned from seasoned ones. The new counselors endured a long education process before they were admitted to the collective, which shaped a common political frame within Jane. This system served as a stark contrast to the existing male-dominated medical establishment by assuring that, “[they] were all partners in the crime of demanding the freedom to control [their] own bodies and [their] own childbearing,” according to one woman (Bart 1987). Ultimately, Jane defined its goal as “the liberation of women in society” and committed itself to enabling women to obtain safe, affordable abortions (*A Woman’s Decision, A Woman’s Right*, no date).

After months of working with numerous unreliable abortionists, Jane eventually sought greater control over the medical aspects of the procedures. The women began working exclusively with their most reliable contact, Nick, in the hopes that exclusivity would result in a close, trusting partnership between the entities. Nick was initially distrustful of his arrangement with Jane and feared that the police would arrest him on charges of conspiring to commit abortion (Kaplan 1995). But eventually, one woman, Jenny⁴, gained Nick’s trust and became his liaison. Jenny negotiated lower prices for each abortion in exchange for at least ten cases per week, which Nick performed when he came to Chicago on the weekends (Kaplan 1995). As Jenny solidified Jane’s relationship with Nick, the collective was able to help women transition from being the victims of forced motherhood and corrupt abortionists to being the directors of their own reproductive fates.

During most of 1970, Nick flew to Chicago from California on the weekends to perform the abortions while members of Jane spent weekdays fielding phone calls and counseling the women in need. One woman, designated as “Call-back Jane,” would return the phone calls and gather information on a woman’s length of pregnancy and financial situation before passing the data on to the woman designated as “Big Jane,” who would match the woman with one of a growing number of counselors. Most of the women held one of these temporary positions at some point, but continued to counsel women, since this was a foundation of Jane’s service. On the weekends, Jane operated out of two locations: “The Front” and “The Place” (Kaplan 1995). The Front was an apartment that served as a waiting area where women could bring their family, friends, and children to eat, watch TV, and relax while they waited for a member of Jane to drive them to another apartment for their abortion. The apartment, called The Place, was where Nick and a small Jane staff performed D&Cs in a clean, yet notably homey environment (Kurtz and Lundy 1998). Afterwards, the staff drove them back to The Front, where their supporters waited anxiously. The entire experience left most women feeling relieved and invigorated. “Jane was instrumental in making women aware of what their rights were and that they had the right to demand the service provided by Jane,” asserted Maria⁵, one of the women who received an abortion through Jane (Kurtz and Lundy 1998).

While Jane provided an atmosphere of “sisterhood” to the women they served, discontent eventually emerged within the ranks. The two-apartment operating scheme meant that while some women acted as general counselors at The Front each weekend, others worked directly with Nick at The Place and learned an increasing amount about the abortion procedure; these women also assumed more risk, as they played a more involved role in the illegal abortions. Jenny, as Nick’s closest collaborator, started sitting in on the abortions. Eventually, she discovered that Nick, who the women of Jane thought all along to be a physician willing to take

⁴ Kaplan’s pseudonym for the member who built Jane’s relationship with Nick.

⁵ Kurtz and Lundy used this pseudonym in their documentary, “Jane: An Abortion Service” (1998).

on the risk of providing his skills to women in need, did not even hold a medical degree (“Part IV” 1973). Therefore, in addition to providing illegal abortions, the collective was unwittingly supplying a medical service performed by an unlicensed individual, the act of which held legal consequences of its own. Instead of sharing this shocking bit of news with the general members of Jane however, Jenny shared her news with only one other woman, Miriam⁶; by keeping privileged information between them, the two women developed an inner-circle that made decisions for the whole service. Jenny and Miriam chose which women they took into close confidence and essentially handpicked an “insider” group that later imposed their lead on the rest of the general body. This division resulted in a subtle shift from the egalitarian ideals of the original collective towards a hierarchy where knowledge and risk granted power.

Between 1969 and 1972, the service saw a steady increase in the number of abortions it arranged each week. In the beginning, they struggled to meet Nick’s quota of ten cases per week. By 1972, however, they were counseling and setting up abortions for over 100 women on a weekly basis (Kurtz and Lundy 1998). With each abortion Nick performed, Jane helped another woman realize greater autonomy, but Jenny and Miriam were dissatisfied by the service’s reliance on a single male practitioner who did not hold a medical license. Gradually, they convinced Nick that all of Jane’s members should know that he was not a licensed physician. While some women left the service after Jenny and Miriam finally revealed Nick’s lack of medical training, others started to speculate: if Nick had successfully performed hundreds of abortions without a medical degree, what was stopping the women of Jane from doing the same? Once Nick lost his last bit of leverage, it was easy for Jenny to establish herself as an integral part of each abortion; soon, she knew the procedure well enough to anticipate each step.

When Nick presented Jenny with the opportunity to actively participate in the woman’s illegal abortion, her initial reaction was “No, I don’t want to touch anything” (Kaplan 1995). Accepting the forceps in Nick’s hand would catapult Jane into territory that only a few of the most trusted women in the organization had even considered. As she contemplated the proffered forceps, the implications of her decision raced through her mind. Performing illegal abortions without a medical license outside of a medical facility broke countless laws; legal repercussions would be severe if the police intervened. Acting as counselors provided a slight buffer, but as practitioners, it would be impossible to sidestep charges of conspiring to commit abortion (“Part V” 1973). All of the potential charges guaranteed prison time, ranging from five years to a life sentence (*Roe v. Wade* 1973).

Jenny understood that people generally regard mistakes of trained medical professionals as unfortunate incidents, but the illegal nature of Jane’s services made errors unacceptable. In addition, women often lied about how far along they were in their pregnancies, or about complications they were already experiencing, in order to secure an abortion. Moreover, abortions are painful when performed correctly; a botched procedure can result in greater pain, infection and excessive blood loss. Partially completed abortions can lead to infection, increase the risk of death and can prevent a woman from getting pregnant in the future (Kaplan 1995). As the practitioners, the women would have to take on full medical responsibility for their actions and if any complications were to arise during an abortion, the women would be forced to rely on their collective knowledge and experience to safely handle the crisis.

The risks associated with taking on the medical and legal responsibilities of performing abortions would not come without ample rewards. If members of Jane performed the procedures,

⁶ Kaplan’s pseudonym for another member of Jane.

the price of abortions could be drastically reduced, enabling the Service to help countless more women in the Chicago area. Additionally, the group would be able to extend their services beyond their current operating area by increasing the number of staff members trained to perform abortions. By making the transition from counselors to providers, Jenny saw the opportunity for Jane to fully realize its aspiration of being a service run for women, by women.

On the other hand, Jenny had been with the group from the beginning. She remembered the earliest days, when meetings took place in Claire's living room around a coffee table littered with boxes of cookies and cups of coffee; the days when it did not matter who received the credit for connecting a woman with a safe abortion, so long as the woman gained a sense of autonomy as a result. Since Jane operated as an illegal collective, formal decision-making procedure had never existed, but the unequal distribution of knowledge and risk would almost certainly lead to those in the know wielding more decision-making power. With certain members taking on the role of performing abortions and others merely continuing their counseling duties, Jane would inevitably face a restructuring of the collective into a hierarchy.

Jane's origin as a collective signified a commitment to feminist ideals and Jenny believed that a woman's ability to make reproductive decisions was essential to totally liberating women from the constraints that society had placed on them for decades. As a group, Jane's ability to independently provide safe, inexpensive abortions would have the potential to enhance the progress of the women's liberation movement in an extraordinary way. The significance of the decision weighed heavily on Jenny's mind as she contemplated the forceps in Nick's outstretched hand.

Epilogue

Jenny took the forceps. In fact, this action is used symbolically in this case study, as Jane had been inducing miscarriages for almost six months before four of the members were forced to perform an emergency D&C on a patient whose fetus was less developed than expected. The women of Jane induced and monitored miscarriages without Nick's supervision, so he was unable to step in and perform the necessary D&C on this particular day. After twenty minutes of limited conversation and intense concentration, the women completed the procedure ("Part IV" 1973). From that point forward, the women of Jane were not just counselors, drivers, or sources of information for the women they served; by taking over the role of performing D&Cs directly, they also became abortionists. The new role caused a variety of issues for the women: personally, some struggled to cope with guilt and anxiety related to the possibility that an abortion could result in illness or death of the woman they were supposed to be helping. Operationally, the women of Jane had to figure out how to obtain the necessary drugs and medical supplies as lay people without connections in the medical field. Lastly, the legal consequences of performing illegal abortions without a medical license were more serious than merely contributing to the act as counselors ("Part V" 1973).

The shift from counselors to providers also caused tension within the collective. Some of the women who did not directly perform the abortions began to feel marginalized by those who took on the risk of performing D&Cs ("Part V" 1973). Jenny's fear that Jane would shift from an egalitarian collective into a hierarchical organization became a very real prospect. The women acknowledged this possibility by creating a system that fostered each new counselor's potential to learn how to perform an abortion, and even changed titles to equalize that status associated with particular roles; anyone who played a direct role in delivering medical care, for example, was referred to as a "paramedic", instead of differentiating between abortionist, assistant or trainee ("Part V" 1973). Additionally, all women that joined Jane could become an apprentice to

an experienced paramedic after performing the role of counselor. Jane attempted to avoid the unequal distribution of power that could easily have developed within the collective by offering each woman an opportunity to participate directly in an abortion.

Jane continued to offer safe, inexpensive and illegal abortions to women from a variety of backgrounds until 1973. When the Supreme Court handed down the landmark decision in *Roe v. Wade*, which removed states' authority to restrict abortion during the first trimester of pregnancy, Jane began disbanding slowly, but the impact of its services endured (Bart 1987). Between the years of 1968 and 1973, Jane provided over 12,000 abortions to women who desperately sought its assistance (Kaplan 1995). After the collective disbanded, it destroyed most of its records in an effort to protect the women involved. Without these documents, the women of Jane took on an entirely different responsibility: telling the story of how their feminist collective changed the course of life for thousands of women by enabling them to control their own reproductive health.

References

- Abortion Counseling Service. "A Woman's Decision, A Woman's Right." <http://www.cwluherstory.org/abortiona-womans-decision-a-womans-right.html> (Accessed October 8, 2011).
- Bart, Pauline. 1987. "Seizing the Means of Reproduction: An Illegal Feminist Abortion Collective—How and Why it Worked." *Qualitative Sociology* 10: 339-357.
- Cook, Rebecca J., and Bernard M. Dickens. 1979. "A Decade of International Change in Abortion Law: 1967-1977." *American Journal of Public Health* July 68 (7). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1653985/> (October 2, 2011)
- Griswold v. Connecticut*. 1965. 381 U.S. 479. <http://caselaw.lp.findlaw.com/scripts/getcase.pl?court=us&vol=381&invol=479> (Accessed October 2, 2011).
- Kaplan, Laura. 1995. *The Story of Jane: The Legendary Underground Feminist Abortion Service*. New York: Pantheon Books.
- Kurtz, Kate & Nell Lundy (Producers and Directors). 1998. *Jane: An Abortion Service*. [Television Broadcast]. (Available from the Independent Television Service (ITVS), 51 Federal Street, Suite 401, San Francisco, CA 94107)
- "Part IV." *Hyde Park Voices*. 1973. <http://www.cwluherstory.org/part-iv.html> (Accessed October 8, 2011).
- "Part V." *Hyde Park Voices*. 1973. <http://www.cwluherstory.org/part-v.html> (Accessed October 8, 2011).
- "Part VI." *Hyde Park Voices*. 1973. <http://www.cwluherstory.org/part-v.html> (Accessed March 10, 2013).
- Reagan, Leslie J. 1997. *When Abortion Was a Crime: Women, Medicine, and Law in the United States*. Berkeley and Los Angeles, CA: University of California Press.
- Roemer, Ruth. 1978. "Equity in Abortion Services". *American Journal of Public Health* July 68 (7). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1654000/> (Accessed October 8, 2011).
- Roe v. Wade*. 1973. 410 U.S. 113. <http://caselaw.lp.findlaw.com/cgi-bin/getcase.pl?court=us&vol=410&invol=113> (Accessed October 2, 2011).
- United States v. Vuitch*. 1971. 402 U.S. 62. <http://caselaw.lp.findlaw.com/scripts/getcase.pl?navby=case&court=us&vol=402&invol=62> (Accessed October 2, 2011).

Appendix A: Discussion Questions

- What would you have done upon learning that Nick was not a licensed physician?
 - Does this turn of events change anything for the women of Jane?
- Should the women of Jane start performing abortion on their own?
 - Is it ethical to perform abortions without proper medical training/licensure?
 - What is the worst-case scenario if they perform their own abortions?
- What does deciding to perform abortions mean for the collective?
 - What is a collective?
 - How did collectives act as uniquely feminist organizational tools?
 - Is a completely egalitarian collective possible?
 - Is it desirable?
 - Would there be an inherent shift of power to the few individuals who begin performing the abortions, despite the egalitarian objectives of the collective?
 - Does this create a hierarchy?
 - What does a hierarchical structure entail for Jane?
 - Given feminism's reliance on collectives as opposed to hierarchies, if a hierarchy does result, can Jane consider themselves a feminist organization anymore?
- Is Jane's "inner circle/outer circle" model sustainable?
 - Does this place too much pressure on a small group of women?
 - Does performing abortions go beyond what should be expected of these women as volunteers?