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*Birth: Three Mothers, Nine Months,
and Pregnancy in America*

ACCESS

**Inside the Abortion Underground
and the Sixty-Year Battle for
Reproductive Freedom**

Rebecca Grant

AVID READER PRESS

**New York Amsterdam/Antwerp London
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Names and identifying characteristics of some individuals have been changed.

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*To the activists, who too often go unrecognized, and who carry
the weight of reproductive freedom on their shoulders*

*And to my mother, who has shaped this book
(and me) in too many ways to count*

But to live outside the law, you must be honest.
—“Absolutely Sweet Marie,” Bob Dylan, 1966

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Foreword

BROOKLYN, NEW YORK, 2015

It was a snowy December night in 2015 and I had just attended a screening of *Vessel*, a documentary about the work of Dr. Rebecca Gomperts and her organization Women on Waves. The film, by Diana Whitten, followed the crew of a Dutch ship as they conducted high-profile journeys to countries with abortion bans; transported patients from the shore to international waters, where national laws did not apply; and administered abortion pills at sea, exploiting loopholes in maritime law to thwart state attempts to control women and their bodies. The screening was held by the feminist activist group National Women's Liberation at a home in Brooklyn, and I remember the night so vividly. I was thrilled to be in the city, thrilled to be on the cusp of a new chapter in my journalism career, and although I didn't know it yet, that evening would shape the next decade of my life. All I knew at the time was that I was captivated by the story of Women on Waves and wanted to follow it.

I was far from alone in this feeling. The boat campaigns had been designed to appeal to the media, and Gomperts had garnered boatloads (pun intended) of coverage since launching her organization fifteen years before. I was a young American journalist just starting out on the abortion beat, and early exposure to Gomperts's work informed my orientation to the subject

matter. She had crafted a paradigm for abortion provision that existed beyond the law, prioritized access over rights, and aimed to put control over the process directly into abortion seekers' hands. Her approach didn't center politicians or lawyers or judges, or even doctors (although she was one). Her view was that the only opinion that mattered was that of the pregnant person, and any policy that stood in the way of their access to safe abortion care was fundamentally unjust, begging to be circumvented and challenged.

After a few years spent as a technology reporter in San Francisco, I had moved to New York to pursue a career as a freelancer, which I took as an opportunity to combine the profession I was committed to—journalism—with a cause I had always cared deeply about: feminism, and specifically reproductive rights. (I was the cool kid who dressed up as Bella Abzug for an elementary school history project.) In 2015, however, it was unclear how viable that ambition was. Travails of the media industry aside, most mainstream publications did not have dedicated reporters covering reproductive rights or health, and I encountered skepticism, from editors and elsewhere, that there was “enough” material to cover or interest in reading about it. Outside of explicitly feminist outlets or verticals, the consensus seemed to be that fears about the eventual overturning of *Roe* were hysterical and unfounded because the legal and political fate of abortion in the US was settled, and therefore not newsworthy.

Unfortunately, there was ample evidence to the contrary. No sooner had *Roe v. Wade* been decided in 1973 than the campaign to overturn it began, and a renewed offensive had commenced after anti-abortion politicians in gerrymandered districts swept state legislatures and Congress during the 2010 midterm elections, using majorities and supermajorities to pass abortion restrictions at an alarming pace and volume, and with more extreme tactics. In 2013, Texas enacted a law that shut down half of the clinics in the state; in 2014, fifteen states enacted twenty-six new abortion restrictions; in 2015, the number more than doubled, as fifty-seven new abortion restrictions passed into law. In July 2015, a group of anti-abortion wackadoos (to use the technical term) released doctored videos alleging, falsely, that Planned Parenthood trafficked in fetal body parts, leading to loud calls to “defund” the organization and introduce even stricter abortion bans. In November of that year, three people were murdered at a Planned Parenthood

clinic in Colorado by a shooter who referenced content from those videos. Also in 2015, the Supreme Court took up a case challenging the Texas law, *Whole Woman's Health v. Hellerstedt*, and Donald Trump announced his candidacy for president, identifying himself as “pro-life” and spouting anti-abortion rhetoric.

There was a profusion of abortion stories that demanded coverage, and one of my first freelance assignments was to report on the #ShoutYourAbortion movement, which was launched in 2015 after a woman named Amelia Bonow, frustrated with seeing anti-abortion talking points dominate the national narrative, wrote a Facebook post about how grateful she was for her own abortion. I wrote an article for *Vice* about the radical history of the #ShoutYourAbortion hashtag, linking it to the legacy of abortion speak-outs in the 1960s and '70s. That reporting led me to a meeting of National Women's Liberation (NWL), which connected me to the historic legacy of radical feminist groups working on abortion issues and prompted the invitation to the *Vessel* screening. A decade later, each of those threads and interests, and some of those same people, are present in this book.

Reporting the relentless bad faith attacks on abortion could be infuriating and demoralizing at times. It felt like a war of attrition, a losing battle where abortion supporters were constantly on the defensive, playing whack-a-mole to whatever arbitrary limitations lawmakers could dream up next while claiming that those same obstacles were to the benefit of women's health and safety. The political battles were being fought far away from the realities of people's lives, in halls of power where mostly men got to decide who they would allow to end pregnancies and why and when and under what circumstances. And then there was Gomperts, who had evaded even more repressive rules while also arguing that the rules were invalid, and done it with a sense of mischief, panache, and a sly grin. It felt like an antidote and a different way forward.

In the years since the fall of 2015, I have learned much more about the American abortion landscape, its history, structure, gaps, and the people and organizations who have been there all along, fighting for better access to abortion care and for a more expansive, inclusive view of what reproductive freedom looks like. I have traveled around the country and the world covering stories about restrictions to abortion access and the harms they cause, but

my particular focus, my niche within the niche, has always been the work of activists and the ways they maneuver around those restrictions. In the lead-up to the Supreme Court's 2022 ruling in *Dobbs v. Jackson Women's Health Organization*, the decision that overturned *Roe v. Wade*, I focused on the stories of activists who were keeping pathways for abortion open, regardless of the law. My years on the beat, publishing track record, and deep network of sources meant that I was well positioned to report on how folks were responding to *Dobbs* in their communities, including people who were operating underground.

Access charts sixty years of abortion history, from the days before *Roe* through the decades of constitutionally protected abortion rights in the US and the seismic impact of *Dobbs*. It is hard to overstate just how catastrophic *Dobbs* has been, and this book tells the story of how, in the face of unprecedented acts to subjugate and control half of this country's population, activist groups have stepped up and put themselves on the line to resist. Some of these groups, like abortion funds, are dedicated to legal pathways, funneling their resources and energy to helping people in states like Texas travel out-of-state for abortion care; others formed activist networks for distributing abortion pills, modern-day reflections of the underground groups from the 1960s that helped people get illegal abortions before *Roe*. All are rooted in principles of mutual aid and view abortion as a community responsibility.

This book is not a legal, political, or cultural history of abortion, nor does it center the experiences of abortion seekers or clinical providers. Those are vital perspectives and there are excellent books out there that capture those stories, which are listed in this book's bibliography. Instead, *Access* is a book about efforts to provide reproductive freedom in the face of oppressive political, social, and religious headwinds. It centers the stories of individuals and groups that have been engaged in direct action to help people get the abortions they need, sometimes outside of state and medical authority, and always in defiance of the powers that be, who believe they can control bodies that are not their own.

Part One documents the burgeoning movement of "second wave" feminist activists in the 1960s who argued loudly and unapologetically that

abortion was essential to liberation.* Without the ability to control if or when they were pregnant and without something as fundamental as autonomy over their own bodies, they proclaimed, women would never be equal or free—they would remain oppressed and kept in their place, subject to the dictates of men and the rules they enforced. They were tired of asking for permission, of contorting themselves to be deemed worthy of compassion or respect, of going to great lengths at the risk of their own health and safety to have their lives unfold as they wanted. And so, they stopped waiting for the laws to change.

After *Roe*, these underground groups pretty much disappeared in the US, disbanding or reconstituting as part of the legal abortion system, and in the subsequent decades, the mainstream reproductive rights movement directed most of its resources and energy into protecting abortion rights through politics and the courts. Faced with the rising tide of anti-abortion extremism and violence, many pro-choice organizations felt they had to be cautious, making it a priority to prevent further incursions into the existing landscape rather than fight to expand access. It was a defensive strategy, and often came at the expense of people for whom access to abortion remained a struggle, for whom abortion was a right in theory, but not in practice. Without public funding for abortion, for instance, poor women couldn't afford the procedure in clinics, and parental notification laws obstructed many young people from obtaining abortion care. The reproductive justice movement grew in response to those gaps, emphasizing through advocacy and action that relying on rights alone and the pro-choice framework—rights granted by state authority, choice only for those who could pay for it—was not enough.

Abortion access in the US has always been thoroughly tied to the clinic model, but with the arrival of abortion pills, international activists took a different tack. Medication abortion, also known as medical abortion, represented a turning point in global abortion history because it meant that illegal abortion did not equate to unsafe abortion. Abortion bans have never and will never stop people from ending pregnancies; what they do is force people

*The first wave was defined by the suffragettes who fought for the right for women to vote.

to resort to unsafe methods to end them. The World Health Organization (WHO) estimates that six out of ten unintended pregnancies (and three out of ten of all pregnancies) end in induced abortion, and of the seventy-three million induced abortions that take place worldwide each year, 45 percent are unsafe. Unsafe abortion is a leading cause of maternal death and hospitalizes millions of women every year, particularly in Asia, Africa, and Latin America. Once activists were able to acquire steady supplies of abortion pills, access to safe abortion did not have to hinge on legality, and that was revolutionary.

The term “abortion pills” encompasses two medications—mifepristone and misoprostol—which can either be taken together in a combined regimen, or misoprostol can be used on its own to end a pregnancy. For pregnancies up to twelve weeks, the World Health Organization’s recommendation for the combined regimen entails taking a 200-milligram dose (one tablet) of mifepristone orally, followed twenty-four to forty-eight hours later by 800 micrograms (four tablets) of misoprostol vaginally, sublingually (dissolved under the tongue for thirty minutes), or buccally (dissolved in the cheek for thirty minutes). Some people require additional doses of misoprostol to complete their abortions.* The combined regimen has an efficacy rate of 99.6 percent with a .4 percent risk of major complications—safer than many other medicines, like penicillin, Tylenol, and Viagra. The misoprostol-only protocol is also highly safe and effective, although not quite as effective as the combined regimen, and it can come with a higher incidence of side effects. (The World Health Organization supports this method where mifepristone is not available.) The recommended protocol for a misoprostol-only abortion is to take an 800-microgram dose, again vaginally, sublingually, or buccally, and repeat that dosage three or four times as necessary, every three hours, until the pregnancy passes—using a total of twelve to sixteen pills.

When people end their pregnancies outside of legal or medical authority, it is known as “self-managed abortion.” Without medication abortion, self-managed abortion has historically entailed risky methods like herbal

*Protocols can vary between ten and twelve weeks, and some recommend that, after ten weeks, people take an additional 800 mcg dose of misoprostol three to four hours after the first.

remedies, using implements like coat hangers, or other means that inflict self-harm, but the pills offer a safe way for people to end pregnancies outside of clinical settings, which is why the WHO has categorized them as an “Essential Medicine.” The pills have also seeded new ways for activists to facilitate access to abortion safely, effectively, discreetly, and on a person’s own terms, and in doing so, undermine the state’s capacity to control the bodies of its citizens. “Self-managed abortion has been used as a political tool to scramble the categories used to understand pregnancy and its termination . . .,” wrote scholar Sydney Calkin in her book *Abortion Pills Go Global*.

Part Two of *Access* explores how activists like Gomperts, based in the Netherlands, and Verónica Cruz Sánchez, based in Mexico, used medication abortion to redefine what abortion outside of medical and legal institutions looked like. Instead of vetting underground providers or figuring out how to provide abortions themselves, as the second wave activists had done, they leveraged the power of abortion pills to create innovative new channels for access, transform the practice of self-managed abortion, and nurture a global feminist movement that transcended borders and catalyzed political change. In 2005, Gomperts formed a sister organization to Women on Waves called Women on Web, a global telehealth platform that provided abortion consultations online and sent prescriptions for medication abortion through the mail. To date, Women on Web has supported over one hundred thousand people through its model of online abortion care. The organization was instrumental in laying groundwork for the acceptance of telemedicine abortion by mainstream medicine. It also challenged the hegemony of clinic-based care, and with it, the idea that abortions had to be closely supervised to be safe. Cruz is the founder of Las Libres, which means “the free ones,” and the originator of the “accompaniment” model—a solidarity-based practice in which activists, abortion seekers, and abortion-seekers-turned-activists share medication and provide protocol guidance and emotional support throughout the process.

When it became clear that constitutionally protected abortion was on borrowed time in the US, Gomperts, Cruz, and their teams lent their energy, expertise, infrastructure, and philosophies to help resurrect the American underground for the post-*Dobbs* world. Part Three of the book maps this transition, investigating how activists responded to the *Dobbs* decision by ensuring that no matter where someone lived or what their circumstances were,

they had options. Activists refused to accept abortion bans as the new normal and, unwilling to succumb to laws they found unjust, helped people travel across state lines for care in greater numbers than ever before, established telehealth practices, and formed community networks to distribute pills for free to people who needed them. Working aboveground, underground, and in legal gray areas, they rapidly established overlapping ecosystems for abortion access, inside, outside, and along the margins of the law.

While self-managed abortion had been present in the US during the decades of *Roe*, it had primarily functioned on a one-to-one basis—a patient in Texas visiting a pharmacy in Mexico to buy misoprostol, or a midwife visiting someone's home to perform a simple aspiration procedure, for example. What was remarkable about the pill networks that sprung up after *Dobbs* was how quickly they emerged, the scale at which they operated, and how professional they were, with pharmaceutical supply chains, mailing guidelines, and security protocols that enabled them to distribute large quantities of medication without getting caught. It's worth noting that some of my sources don't align with framing their work as "underground" because of the unsavory connotations and prefer the term "community support." In *Access*, I use both because I think the first term captures the clandestine, subversive nature of the work and the risks these activists assume in doing it. Then and now, the underground contains people united in their determination that powerful people sitting in powerful places wearing suits and robes or white coats don't get to dictate when or whether someone is pregnant. They operate on the principles of "transformative illegality," a process through which the everyday practice of violating the law precipitates change, demonstrates the "incoherence" of the law, and illuminates how things could be better.

Self-managed abortion and medication abortion are a critical resource, especially in the wake of *Dobbs*, but they are not a solution for everyone. Some people want the expertise, structure, and medical support of a licensed clinic or have a complicated pregnancy; others are justifiably afraid of the legal consequences that could fall on them were they to be caught self-managing. Some people don't have reliable internet access or a stable address for medication to be mailed to; others prefer a surgical abortion, which only takes around fifteen to twenty minutes for an early pregnancy (not including waiting and recovery time) over the multi-day, or even longer, process of ending a pregnancy with

medication. Access to pills is not a panacea, which is why the work of abortion funds remains just as crucial as ever.

Access tracks how the abortion fund movement began in the US and how it has evolved over time. Abortion funds are nonprofit community groups that help cover or subsidize the cost of abortion care in a physical clinic—which ranges from around \$500 to many thousands of dollars, depending on the person’s circumstances (later pregnancies are more expensive to treat)—and, in some cases, they cover or subsidize travel costs as well. Their work is not underground, but, in helping abortion seekers navigate around and overcome restrictions, they share similarities with how some underground networks operated before *Roe*. This book documents how abortion funds, and one fund in Texas in particular, have weathered the tumult of the recent decades. As the barriers to abortion have soared higher and higher, they have done everything they can to get clients to clinics, and without them, vast numbers of people would have been forced to bear unwanted pregnancies. In the year after the *Dobbs* decision, abortion funds across the country collectively supported 102,855 individuals seeking abortions and disbursed nearly \$37 million—an astounding sum, and a sign of how enormous the need is.

The stories in *Access* span four continents, an interwoven landscape of strategies and beliefs that cross generations and borders. The tales involve no small measure of derring-do, spy craft, sea adventures, close calls, undercover operations, smuggling, sequins, legal dramas, victories, defeats, and, above all, a deeply held conviction that all the risks are worth it for the cause. My reporting took me to places and put me in situations I never could have anticipated, from attending a “Dinner of the Damned” in Amsterdam to drinking beers in the hills of central Mexico. I snuck my way into a Polish courtroom, watched as a source packed thousands of abortion pills into a suitcase, and bought a cappuccino for a legally flexible pharmaceutical distributor in New Delhi. I dressed up for an abortion awards gala in Dallas and put on overalls for an abortion camp in the Pacific Northwest.

Abortion is undoubtedly, unquestionably a serious subject where the stakes can be life-and-death and there are countless stories of heartbreak, trauma, and harm—harm, to be clear, that stems from limitations to abortion access and not from abortion itself, which, as an abundance of evidence

shows, has a positive impact on people's lives. The activists in this book show remarkable resolve and resilience. They mostly operate outside of traditional institutions and have forged their own ways forward, and my hope is that their spirit of dissidence, of independence, of irreverence, and yes, of joy is reflected in these pages.

This, ultimately, is why I have dedicated the past ten years of my life to covering abortion, and will continue to do so for who knows how long. Because access to abortion is about control over fertility, but it's also about so much more. It's about the capacity of women and people who can get pregnant to live full lives, to be treated equally in society and under the law, to decide what's best for their bodies and futures, to have the sex they want without being punished for it, to resist gender norms, to protect their mental and physical health, to exercise agency over what happens to them, to support the families they already have and the families they want to build and to do so with dignity, and to exist in the world as free people with agency and self-determination. Of course that vision requires more than abortion access, but it also can't exist without it.

Prologue

NEW YORK CITY, 1845

Nearly two hundred years before the *Dobbs* decision and encrypted email addresses and abortion pills, long before boat campaigns and accompaniment networks and abortion funds, before “back alley” clinics and menstrual extraction and underground abortion collectives, there was Madame Restell. Hailed as the “wickedest woman in New York,” Restell was a glamorous, notorious abortion provider and businesswoman who rose to fame and fortune by helping people end pregnancies before (and after) it was a crime to do so. Like activists today, she dispensed abortifacients (drugs that induce abortions) and also performed surgical abortions out of a clinic in her home. Her track record was impressive, especially given the constraints of the time, and her services, which she openly advertised, were in high demand.

She was born Ann Trow, a working-class girl from Painswick, England, on May 6, 1812, to parents who were laborers in a woolen mill. When she was sixteen years old, after what was likely a miserable year working as a maid for a butcher’s family, she married a journeyman tailor named Henry Sommers.* Sommers, though charming, turned out to have a fondness for booze, and when he proved unable to maintain a steady income, Trow took over his

*Some sources spell his last name as “Summers.”

tailoring work to support their family. Their daughter, Caroline, was born in 1830, and the following year, the couple decided to try their luck in America.

When the family arrived in New York in 1831, competition for seamstresses was fierce. The city was teeming with women attempting to eke out an existence with their sewing skills, and Trow found it difficult to break through. Then Sommers died. The loss thrust Trow—a young widow and mother alone in a squalid, crowded, cutthroat foreign city—into a precarious situation. In the hopes of picking up a new, more lucrative skill, she found her way to the shop of a “pill compounder” in her neighborhood named Dr. William Evans. At the time, medicine and pharmaceuticals were unregulated in the US, and there were all kinds of doctors advertising all kinds of powders, tonics, and pills to cure all kinds of ailments. Trow became a kind of apprentice to Evans, and before long, she was producing and advertising her own compounds to relieve various liver, stomach, and lung complaints. One day, a customer asked if she had anything to induce an abortion.

An abortion is an intervention or action taken to end a pregnancy. Like miscarriages, which are also known as “spontaneous abortions,” they were (and remain) extremely common, and often require the same treatment. Back then, abortion was permitted before “quickening”—the point in which a pregnant person can first feel a fetus move—and the idea that a woman might choose to end an early pregnancy was widely understood and accepted. In the mid-nineteenth century, “the common law’s attitude toward pregnancy and abortion was based on an understanding of pregnancy and human development as a process rather than an absolute moment,” wrote historian Leslie Reagan. “At conception and the earliest stage of pregnancy before quickening, no one believed that a human life existed; not even the Catholic Church took this view. Rather, the popular ethic regarding abortion and common law were grounded in the female experience of their own bodies.” Ending an early pregnancy was thought of as a regulatory mechanism to “bring courses on” or “be put straight,” and it is estimated that up to 20 percent of pregnancies ended this way.

The most common means of inducing an early abortion at the time was by taking drugs, and selling and taking abortifacients was so common that Reagan discovered these transactions had garnered their own euphemism—“taking the trade.” Women could visit midwives or traditional healers to “restore” or

“bring down” the menses, and abortifacients were advertised in the popular press and sold alongside other medicines. When Trow was building her business, the abortion industry was thriving, and it was largely uncontroversial.

Medication abortion may be a modern pharmaceutical invention, but herbal methods and techniques for inducing abortions have been around since antiquity. In the Ebers Papyrus, an Egyptian medical text that dates to 1550 BCE, women were advised to insert a pessary coated in “unripe fruit of acacia, colocynth, crushed dates . . . and 6/7 a pint of honey” into their vaginas. First peoples in North America made a tea of western sagewort to end a pregnancy, and there were abortifacients listed in Chinese medical texts at least as far back as the Song dynasty. *Lysistrata*, a play by Aristophanes, mentions that young women used the plant pennyroyal to cause an abortion, and in his book *The Instructor*, Benjamin Franklin included a recipe that contained in it a prescription for “unmarry’d Women” who had a “suppression of courses.” Savin, a type of juniper, was a well-known abortifacient during colonial times, as were herbal methods like tansy, Seneca snakeroot, the seeds of Queen Anne’s lace, and cotton root, a method commonly employed by enslaved women.

Trow likely used some of these ingredients in her “preventative powders” and “Female Monthly Pills.” It’s believed her early compounds were made of an ergot of rye and cantharides, and she later worked with tansy and turpentine. For these herbal methods to work without causing harm, it was critical to get the dosage right, as too much could kill a patient but too little might not get the job done. In fact, some of the earliest abortion regulations were poison control measures aimed at curbing the circulation of dangerous concoctions, rather than stopping people from having abortions. Trow became known for her skill balancing these elements. “What’s remarkable is not so much that women flocked to her door, but that Madame Restell seems to have managed the dosage of these incredibly dangerous ingredients in such a way that her patients not only survived but became repeat customers,” wrote Jennifer Wright in her book *Madame Restell: The Life, Death, and Resurrection of Old New York’s Most Fabulous, Fearless, and Infamous Abortioneer*.

It did not take long for the pills to sell so well that she no longer needed to do seamstress work. Her brother, Joseph, who had also moved to New York, started to pitch in with pill production to help meet demand. In 1835,

Trow met a twenty-six-year-old Russian émigré, a printer and avowed atheist named Charles Lohman, and they got married the following year. Lohman, who had worked at the *New York Herald* newspaper, encouraged his new wife to advertise her wares. Together they created a sophisticated and worldly persona who they thought would attract a profitable clientele: “Madame Restell,” a female physician of French heritage who had learned the craft of formulating abortifacients from her grandmother. Her pills were prized for their “efficacy, healthiness and safety.” Her first ad ran in the *New York Sun* on March 18, 1839, and soon after, she launched a mail-order business.

Restell was far from the only person, or the only woman, to possess this knowledge. As Renee Bracey Sherman and Regina Mahone detail in their book *Liberating Abortion*, there was a wealth of knowledge about abortion within Black and Indigenous communities, but “the secrets of abortion had to be kept close” because enslavers were known to punish women for ending pregnancies, and to prevent the healing traditions from being lost. Restell was also not the only woman to publicize her business—other practitioners, like “Madame Costello” and “Mrs. Bird,” relied on euphemism in their promotions, such as “female monthly pills” or “Female Renovating Pills”—but she was more direct. Her widely circulated advertisements stated that her preventative powders were for women who didn’t want to have more children, and moreover, that limiting family size was a moral thing to do. Soon, business was booming. She moved to a better office at 160 Greenwich Street and even expanded to Philadelphia and later to Boston.

The pills and powders were not foolproof, and in the event they failed, Restell learned how to perform surgical abortions, likely from Dr. Evans, using sharpened whalebone, a material commonly used to make corsets. With this technique, she’d likely have inserted the whalebone through the cervix and into the uterus, with the goal of causing the pregnancy to miscarry. She performed the procedures in her home and then cared for patients as they passed the tissue and recuperated, giving them food and drink and monitoring their health. There were dangers to the whalebone method—the instrument could perforate a bowel or uterine artery or cause an infection, which could lead to death—but despite her having no formal medical education or training, there is little evidence of women dying in Restell’s care. In addition to abortion services, she also established a maternity home of sorts,

a place where unmarried women could stay during their pregnancies, and in some cases, she helped find homes for the babies after they were born.

Her savvy marketing, personal charms, confidence bordering on arrogance, and runaway business success turned Restell into a celebrity. Newspapers profiled her every move, lauding her beauty, her wealth, her knowledge of medical science, her ladylike manners, and her stylish flair. But as her star rose, so did the target on her back. Not everyone believed it was a good thing for women to have sex without being punished for it, and with her fame came attacks on her character. On August 17, 1839, Restell was arrested and charged for the first time (but certainly not the last) after a woman named Anne Dole purchased thirty-one pills from her and showed them to her doctor, who told her to go to the police. In 1828, New York had passed a law that classified performing an abortion before quickening as a misdemeanor and after quickening as a felony, so Restell faced a fine and jail time. Dr. Evans bailed her out of jail and she hired a lawyer named William Craft, but Dole never showed up to court and the case was dropped. Seven months later, Dole died of puerperal fever following childbirth.

The newspapers followed the story breathlessly. On one side was the *Herald*, which admired Restell and had a tendency to emphasize her “black eyes” and “raven hair.” There were vocal opponents as well, but on either side, it was clear that stories about her sold newspapers, and when another salacious, damaging claim against her emerged a couple years later, the media was there to cover every development. This time, twenty-one-year-old Ann Maria Purdy had named Restell from her deathbed as the cause of her illness. In 1839, the young woman had bought abortifacients from Restell that made her sick but did not end her pregnancy. When she returned, Restell said she could perform a surgical procedure for \$40 to \$50. Purdy pawned jewelry and had the surgery, which achieved the desired effect. Two years later, on April 28, 1841, Purdy died. The cause of death was listed as “pulmonary consumption,” which likely meant tuberculosis, but Purdy’s husband filed a complaint with the police that led to a warrant for Restell’s arrest.

She was indicted on a misdemeanor charge and spent two months incarcerated in “the Tombs,” one of New York’s most notorious jails. The Tombs was a gruesome place, but Restell managed to pass her time there in relative comfort and enjoyed a steady stream of visitors. Then on July 14, 1841, her

trial began. She was brought up on four charges, two related to providing an abortion with drugs and the other two related to providing a surgical abortion (although the newspapers seemed more focused on her elegant attire: a “black satin walking dress, white satin bonnet, of the cottage pattern and a very elegant white veil of Brussels lace”). She was found guilty of the latter, and though the charges were subsequently dropped on appeal, the decision marked the end of the era. “As far as many were concerned, after this case, she was a murderer,” Wright wrote.

Still, the conviction didn’t stop her. Restell’s services remained in demand, increasing her riches and notoriety. She was arrested many more times, and each scandal drew more attention, prompting mentions of her clothing and her carriages, which were viewed as flagrant showcases of her ill-gotten gains. In 1845, the stakes became even higher when New York passed a new law that threatened with jail time not only abortion providers but also women who sought abortions, and while that led some abortion providers to stop advertising their services, Restell continued to do so. In 1847, she was indicted for performing an abortion on a housekeeper named Maria Bodine and found guilty of a misdemeanor. She was sentenced to one year in prison on Blackwell’s Island, where she had a feather bed, a collection of books, and a closet to hang her clothes in, and received meal deliveries from a servant three times a day.

Meanwhile, an organized campaign against abortion was gaining traction in the US. Up to that point, medicine in the United States had been “sectarian,” meaning there were many different types of healthcare providers, and in addition to businesswomen like Restell, midwives were a key source of reproductive healthcare. Most midwives were immigrant and African American women who served the people in their communities, helping them end pregnancies and manage miscarriages, and attending them in childbirth. This had been the norm for generations, but in 1847, a cohort of white male physicians came together to form the American Medical Association with the goal of eliminating every other type of provider, standardizing medical practice, and consolidating their power over all forms of medicine, including reproductive healthcare. Midwives were a particular target of their ire, and the AMA actively denigrated the profession in newspapers and medical journals using misogynistic, racist, and xenophobic tropes.

Before long, the attacks on midwives and female practitioners became an

attack on abortion writ large. In 1856, a gynecologist named Horatio Storer joined the AMA and actively promoted his view that embryos were independent people and expressed his fears about the changing demographics of the country during a period of high levels of immigration, fretting that abortion posed a threat to white people by curbing population growth.* The following year, the AMA formed the Committee on Criminal Abortion and “initiated a crusade” to make abortion illegal throughout pregnancy, arguing that it was immoral and dangerous. Storer’s report on abortion was adopted by the AMA in 1859 and remained its official stance for the next century.† From 1860 through 1880, at least forty different anti-abortion statutes were written into state law and went largely unchanged until the 1960s. Some even remained on the books after *Roe v. Wade* made them moot in 1973, and they went back into effect in 2022 following the *Dobbs* decision.

Then as now, making abortion illegal did not make it go away. Even under scrutiny and threat, Restell asserted the value of safe access to abortion and that women shouldn’t be forced to bear children just because they conceived them, but she was not a moralizer or an idealogue. She was first and foremost a businesswoman and enjoyed the wealth that her business provided, becoming a fixture in the New York social scene, throwing dazzling, well-attended parties at her mansion, and living a life of “queenly splendor.”‡ In addition to her closet full of silk and lace, she was one of the top diamond owners in New York.

In the late 1850s, she purchased a plot of land at the corner of 52nd Street and Fifth Avenue, on which she planned to build a lavish Italian Renaissance mansion. The lot was unfashionably far north at the time, and she chose it in part because of an ongoing feud with Archbishop John Joseph Hughes, who aspired to relocate St. Patrick’s Cathedral to 51st Street and Fifth Avenue and build a home for himself across the street. She was not about to let that happen. The mansion, nicknamed “Madame Restell’s Asylum for Lost Children,”

*These arguments continue to be advanced by the anti-abortion movement today.

†Storer also published a book titled *Why Not? A Book for Every Woman*, which argued for abortion to be illegal in any and all circumstances, claiming it was damaging to women’s mental and physical health, and that women were delicate, simple, impulsive creatures incapable of making decisions for themselves.

‡In 1854, the mayor officiated her daughter’s wedding.

was sumptuously outfitted with marble, mahogany, and mosaics and dripped with bronze and gold, with stables for five carriages and seven horses. (Restell liked to have her carriages drawn by one jet-black horse and one white one.) On the basement level, there was a discreet sign that read "Office." People seeking Restell's services walked down three steps into a hallway and pulled a silk cord with a bell. The waiting room was furnished with couches and a Bible in a glass display case, which Restell placed there specifically to inspire visitors with confidence. (This may have been especially important given the rumors that the house was built with mortar mixed with blood.) In the office, she distributed her pharmaceutical compounds and performed procedures.

And so it went. Clients never stopped walking down those three steps, and while her name was associated with demons, devilry, depravity, moral deformity, evil spirits, monsters of iniquity, and hell's representative on earth, there was some acknowledgment that Restell helped poor and vulnerable women who were in distress. As the 1860s gave way to the 1870s, however, the tide really started to turn. In 1869, New York passed a law that made it a crime to end a pregnancy at any point. That same year, the Catholic Church declared that abortion at any point was a homicide. Then in 1871, the death of a young woman who sought an abortion—not from Restell, but from another provider, named Dr. Jacob Rosenzweig—made headlines and triggered a public outcry.

Alice Bowsby had been twenty-two years old and unmarried when she discovered she was pregnant. When she was no longer able to hide her condition, she traveled to New York City to have an abortion with Rosenzweig. Two days later, she died of peritonitis. Rosenzweig panicked, stuffed Bowsby's body into a trunk, and had the trunk taken to the Hudson Railroad Depot and placed on a train to Chicago. When the corpse began to smell, railway officials opened the trunk and discovered the body. The man who had gotten Bowsby pregnant, Walter Conklin, died by suicide when he found out what happened, while Bowsby's mother was reportedly driven mad by grief. Stories like these did not do much for the reputations of abortion providers. In 1872, New York revised its anti-abortion law and increased the penalties for breaking it, with all abortion providers found guilty facing up to twenty years in prison. Straight-laced reformers were taking charge.

None of those reformers were more straightlaced than Anthony Comstock. Comstock had grown up on a farm in Connecticut, in a deeply religious

family, and when he was ten years old, his mother died giving birth to her eighth child.* As Comstock underwent puberty, he found himself deeply distressed by the fact that he enjoyed masturbation, which at the time was widely believed to lead to insanity and illness. As a result, Comstock became obsessed with eliminating all forms of temptation, and this took a toll on his social life. As a soldier during the Civil War, he poured out his whiskey rations while expounding on why drinking was bad, which induced his fellow soldiers to cover his bed in trash. He was, by some accounts, a buzzkill and an “abject narc.”

In 1868, Comstock was working at a shop on Warren Street in New York when a coworker claimed that a risqué book had given him a sexually transmitted disease. A law banning obscene literature was in effect, but minimally enforced. Comstock, being Comstock, tracked down the publisher, bought a copy of the book, gave it to the police, and then walked the cops to the publisher’s store to arrest him. Newspapers praised Comstock’s valiance, and soon it became a regular practice—tracking down places that sold porn, buying it, and turning those proprietors in to the police. But vigilantism-as-a-hobby was expensive, and so Comstock turned for support to the YMCA, which had just established the New York Society for the Suppression of Vice. In 1872, Comstock went to Washington, D.C., to lobby for the “Act for the Suppression for Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use,” which banned sending “obscene, lewd, or lascivious” publications in the mail, including all information and materials related to contraception and abortion. The bill—known as the Comstock Act—became law on March 3, 1873. Not long after, Comstock was elevated to the position of “special agent” with the United States Post Office.

With the Comstock Act in place, Restell toned her advertisements down, but she made clear she had no intention of ceasing her operations, and Comstock set her in his sights. On a frigid January evening in 1878, Restell opened the front door of her home around 10:45 p.m. to find a man with a ginger beard and muttonchops, shivering in a black suit. It was Comstock, posing as a client and asking to speak to Madame Restell.

“Do you wish to see her professionally?” she asked, and when he nodded, she let him inside and walked him downstairs to her office. Restell and her

*Other accounts say it was her sixth or tenth.

granddaughter Carrie, who served as her apprentice, told him to take a seat, asked him some questions, and then gave him a bottle of pills with instructions inside.

“It is not infallible,” she said. “No medicine is. In nine cases out of ten, however, it is effective.” If the pills did not work, then he should bring the woman to Restell’s house for a procedure that would cost \$200 (\$6,300 today). The man handed her \$10 and left. She probably didn’t give him another thought. But then on February 11, Comstock returned with a warrant and policemen to back him up.

“You’ve brought quite a party with you,” Restell said as she opened the door.

The police searched her home, where they found one woman recovering from a procedure in a bedroom upstairs. In the time they conducted their search, two more women arrived at the door. In the basement, the police found pills and powders, but Restell argued they were standard supplies for anyone who compounded pharmaceuticals. Still, she was arrested for distributing articles used for immoral purposes.

“Where am I to go?” she asked.

“Before the judge,” Comstock said.

“With these men?” she said, in horror.

“How, then?” Comstock retorted.

“In my own carriage. It’s at the door. At least I am entitled to that courtesy.” Restell also asked if she could “take oysters,” since she hadn’t yet eaten lunch.

Once in front of the judge, Restell asked about her bail. He set the bail at \$10,000. Without hesitation, she pulled that amount in government bonds from her purse, surprising the judge, who pivoted and said she needed to put up real estate in Manhattan as security instead, and that whoever put up that security had to be publicly named. It took her grandson days to find someone, while Restell waited in the Tombs, but eventually a signatory came through and she was able to leave ahead of the trial.

In a hearing on February 23, Comstock gave his initial testimony and displayed the pills he’d confiscated from Restell’s house, but for all his efforts at showmanship, the media paid far more attention to the defendant’s fashion—her sealskin cape, her velvet hat laced with crimson, her black silk. When her turn came to speak on March 1, Restell said little. Her defense was that since Comstock did not buy the pills with the intent to cause an

abortion, no crime had been committed, and there was no way to prove the drugs she supplied could have that effect.

In March, she was indicted for the possession and sale of improper drugs and medicines. She pled not guilty. A trial date was set for early April, and a few days before, the judge would decide whether the indictment would proceed. That day, the courtroom was full and humming with anxious anticipation as the crowd waited and waited for Restell to arrive. Suddenly, her new lawyer, Orlando T. Stewart, made a dramatic entrance and an even more dramatic announcement. Madame Restell was dead.

That morning, he reported, Restell's maid Maggie McGrath had been walking to breakfast when she noticed that Restell's bathroom door was open. She thought nothing of it until an hour later, when she walked by again and saw that the door was still open. She knocked and then let herself in, where she found a naked, bloody, bloated body in the bathtub with a slash mark across the neck and diamond rings on the fingers. There was an ivory-handled carving knife at the bottom of the tub. Restell's robe and nightgown were on a chair.

The official cause of death was suicide. As the story went, Restell was so distraught about the prospect of returning to jail, presumably without the same comforts she'd been granted in previous years, and so disheartened by the turn in public opinion, that she had panicked. There were those who believed that Restell faked her own death (perhaps by escaping to Paris), but whatever happened, the era when a woman, or anyone really, could flaunt their role as an abortion provider was over.

By 1880, every state had passed criminal abortion laws. For the next eighty years, abortion in America remained largely as Comstock wanted it—underground, secret, stigmatized, and dangerous, a subject primarily discussed in whispers, if it was discussed at all. Women like Restell—openly providing access to abortion and casting it as a force for good, without asking anyone's permission to do so, and unwilling to stop even as doctors and judges and politicians and priggish postal inspectors threatened to stop her—became a thing of the past. That is, until the 1960s, when feminist activists began to argue, loudly and unapologetically, that abortion was essential to liberation. If the state was going to maintain obstacles to safe abortion access, they were going to tunnel under, clamber over, and navigate around those obstacles until they tore them down.

Part One

WITCHY WOMEN

And there's some rumors going 'round,
someone's underground.

—"Witchy Woman," The Eagles, 1972

One

SAN FRANCISCO, CALIFORNIA, 1966

At the stroke of 9 a.m. on Friday, July 29, 1966, Patricia Theresa Maginnis approached the Federal Building, a stately Renaissance Revival structure in San Francisco's Civic Center, holding a box of leaflets. It was a cool and overcast morning and a gaggle of reporters had already amassed outside, waiting for the small figure with the big box to arrive. Described by *The New York Times* as a slender and intense spinster "with the eyes of a zealot," Maginnis was striking as she marched into the crowd with a mane of tousled hair that framed her angular face.

Once inside the scrum, she began passing out yellow leaflets to the journalists and passersby that advertised "Classes in Abortion" and listed female anatomy, sterile technique, after-abortion care, methods of abortions, dangers involved, police questioning, and foreign abortion specialists as topics she would cover over the course of four Wednesday-evening sessions. The leaflets also included a list of addresses and prices for doctors who provided abortions in other countries and described in detail, complete with diagrams, two methods for self-inducing abortion. "I am attempting to show women an alternative to knitting needles, coat hangers, and household cleaning agents," Maginnis proclaimed to the bystanders, urging those around her to take the papers and pass them on. At a time when abortion was swathed in taboo,

stigma, and shame, Maginnis was making the argument that anyone who wanted one should be able to get one without having to navigate legal, political, or medical barriers, on demand, without apology or justification, for free. In distributing the leaflets, she wasn't just doing something radical—she was doing something potentially illegal, and she knew it. Section 276 of the California Penal Code stated that helping a woman have an abortion, or soliciting her to have one, was punishable by up to five years in prison. The law had largely been unchanged in California since 1850, and Maginnis believed that changing it required a test case. But in order to do that, she needed to be charged and go to court. She planned to leaflet until the authorities got sick of her, arrested her, or gave in and repealed the law.

She'd already been at it for six weeks, handing out leaflets to anyone who would take one on the streets of San Francisco and keeping the police abreast of her activities. Law enforcement, however, was wary of the attention that arresting her would bring and frustrated her ambitions by leaving her alone. When they still had not arrived at the Federal Building by 10:30 a.m. on the twenty-ninth, Gary Bentley, a member of a Channel 7 camera crew that was filming a piece about Maginnis, grew impatient and took matters into his own hands. After ensuring the camera was trained on him, Bentley announced he was placing Maginnis under citizen's arrest for violating Section 188 of the Municipal Police Code, a local ordinance that prohibited advertising abortion and lewd literature.

"What do you think of that?" he asked Maginnis.

"Excuse me, please," she said, dismissing him as she rushed after another woman to hand her a leaflet.

At last, a policeman arrived on the scene to take Maginnis into custody (emphasizing while doing so that it was Bentley, not him, who was making the arrest) and drove away with her in his car. Soon thereafter, Section 188 was found unconstitutional, and the case was thrown out, but to Maginnis, the victory felt insufficient. Her aims were higher—total repeal of the state's abortion laws. "A decade before *Roe*, with her ungainly activism, her proclivity for wearing clothes she'd found on the street, and her righteous, unquenchable rage, Maginnis helped to fundamentally reshape the abortion debate into the terms we're still using today," journalist Lili Loofbourow wrote in a profile years later. "She was the first to take a passionate, public

stance arguing that the medical stranglehold over women's reproductive lives was corrosive."

At the time Maginnis took her stand, abortion had been illegal in the US for nearly a century. Every state in the country had criminal abortion laws with exceptions only offered for procedures necessary to save or preserve the life of the mother. These were known as "therapeutic abortions," although there was not a clear definition or universal agreement on what qualified as "necessary." What one hospital considered permissible under the law, another might not, and to get approval for the procedure, patients had to go before hospital committees composed entirely of men and plead their case. It was a terrifying, alienating, and humiliating hurdle to overcome, not to mention a high one, as women had to bare their most vulnerable, intimate selves in supplication to physicians who had the power to determine their fates.

In practice, few women qualified for therapeutic abortions, and those who didn't had to resort to other measures. Women with the most resources could travel to places where abortion was legal, while the rest had to seek out underground providers or figure out a way to end the pregnancy themselves. In the best-case scenario, and only for those who could afford it, there were physicians who would quietly and capably perform the procedure as a clandestine part of their medical practice.

Until a surge in prosecutions of abortion providers during the 1940s and '50s, many physicians had operated for decades in what was essentially open secrecy, and although their numbers dwindled after the crackdowns, there was still a cluster of such doctors in every state by the mid-1960s. Many had gotten into the work after treating people who became grievously ill from botched abortions, feeling they couldn't stand by and do nothing. There were also skilled midwives, like the so-called Mrs. Vineyards, who practiced in the St. Louis area for some thirty years, providing proficient, albeit expensive, abortion care.

On the other end of the spectrum were inept and callous providers who took advantage of a desperate and vulnerable clientele, practicing in unsanitary conditions, treating clients badly, and inflicting serious, sometimes permanent damage. For women who couldn't afford a provider of any stripe, didn't know where to find one, or were too afraid or unable to visit one, there

was a long and seemingly ever-growing list of methods they tried to induce an abortion themselves: Lysol douche, glycerin douche, powdered kitchen mustard douche, hydrogen peroxide douche, potassium permanganate corrosive tablets, intrauterine installation of kerosene and vinegar, paintbrushes, curtain rods, slippery elm sticks, garden hoses, glass cocktail stirrers, ear syringes, telephone wire, copper wire, coat hangers, nut picks, pencils, cotton swabs, clothespins, knitting needles, rubber catheters, chopsticks, bicycle pumps, gramophone needles, castor oil by mouth, and turpentine. During this period, there were so many women suffering from abortion complications that hospitals had dedicated wards called Infected OB to treat them.

The consequences of unsafe abortions were ghastly, ubiquitous, and becoming impossible to ignore, and in 1961, after hearing the story of a woman forced to carry a child conceived in an assault, a freshman California assemblyman named John Knox introduced a bill that would broaden exceptions to California's abortion law. At the time, around 30 percent of the state's population identified as Catholic, and politicians, afraid of backlash from a powerful voting constituency, kept the proposal from even reaching the floor of either chamber. When a young Patricia Maginnis, still five years away from her leafletting campaign, read a newspaper article about the bill and its failure, she decided to draw up a petition of her own. She wasn't just going to let the issue, a matter of life and death, a matter of freedom, wither on the vine.

Maginnis had developed a taste for rebellion and righteous outrage over gender inequality from a young age. She was born on June 9, 1928, in Ithaca, New York, while her father, Ernest, was studying to be a veterinarian at Cornell University. After his graduation, the family moved to Okarche, Oklahoma, where Maginnis was raised during the Great Depression. Her parents were Catholic and did not believe in using birth control, and her mother, a schoolteacher, gave birth to seven children, despite warnings from doctors about the harmful effects that so many pregnancies had on her health. Maginnis grew up watching her plagued by constant pain.

During World War II, processions of soldiers traveled by the family's house, which was near a highway, and when she was fourteen, Maginnis turned a pink satin bedspread into a halter top and dashed outside to wave at a passing convoy. She didn't have time to change back into normal clothes

before she got caught, and in response, her parents promptly dispatched her to a convent school forty miles away. After high school, Maginnis ventured off into the world on her own, moving around and trying out various professional pursuits, including a stint as a nude artist's model and a job in a lab at the Bureau of Mines in the northern part of Oklahoma. After traveling to the Netherlands to visit a boyfriend she'd been writing to for years, she joined the Women's Army Corps and trained as a surgical technician. She was posted to Fort Bragg, North Carolina, where she got in trouble for taking a walk with a Black soldier and was sent off to Panama.

At her new post, Maginnis had hoped for an assignment with a surgical team, but since she was a woman, she was placed on a pediatrics and maternity ward in the army hospital. Every day, she was surrounded by patients who were suffering from complications from unsafe abortions or who had been forced to give birth, sometimes to babies with severe health needs or who would die within hours or days. The experience was traumatizing, not just for the patients, but for Maginnis as well. In a 1966 interview with the *San Francisco Examiner*, she recalled one situation when "a woman pregnant by another man and expecting her husband's return tried to abort herself [and] was hospitalized. The poor thing, who received no sympathy or understanding, became so distraught, a wire cage was placed over her bed. She was held captive like an animal. I still shudder at the memory."

After her two years in Panama, Maginnis returned to the United States and attended college at San Jose State on the GI Bill. During that time, she became pregnant, despite using contraceptive methods like a diaphragm and foam, and, like many of her peers, traveled to Mexico to have an abortion. Abortion was not legal in Mexico, but it was not too difficult to find providers practicing in towns along the border. While Maginnis was relieved to have accessed the care (and survived to tell the tale), the entire ordeal angered her. She resented being forced to travel outside the country for treatment she thought should be available everywhere, and certainly shouldn't require a passport.

About five years later, in 1959, she conceived again, and instead of returning to Mexico, she self-induced an abortion by repeatedly dilating her cervix with her fingers over the course of multiple months. This caused severe complications, and while being treated at the hospital, she received a

visit from the homicide squad. She openly admitted to giving herself an abortion and volunteered to demonstrate how she had done it if brought to court, but they declined to pursue charges.

These experiences cemented her interest in fighting for abortion rights, then a marginal cause that was just starting to gain some traction. In 1955, the first-ever national conference on abortion legalization had been held by the Planned Parenthood Federation of America in Newburgh, New York, in response to a wave of media coverage documenting the harms of unsafe abortion, and after the event, physicians started to become more vocal about calling for reforms that would grant them greater latitude to provide abortion care to their patients. Maginnis also supported the liberalization of abortion laws, but she was frustrated by discussions that prioritized the judgments of doctors over those of women and skeptical of laws that only allowed abortions in some cases, like a life-threatening illness or rape, but not in others, or which only allowed abortion when certain conditions were met.

In 1961, the same year Knox first introduced the reform bill in California, Maginnis graduated from college. She was thirty-three years old and took a job working nights as a medical technologist so her days were free to canvass in support of abortion rights. Rather than advocate for reform measures that would expand exceptions to abortion bans, which still required approval from a hospital committee, Maginnis believed it was better to do away with the approval process altogether. She was not interested in incremental change and didn't think anyone should have authority over the decision other than the woman herself. There weren't any other organizations out there spreading that message, so in 1962, she founded the Citizens Committee for Humane Abortion Laws, to advocate for the total repeal of abortion restrictions. Later, she would change the name to the Society for Humane Abortion (SHA).

Maginnis was joined on her mission by two other women, and collectively, they would become known as the "Army of Three." Rowena Gurner was petite and dark-haired, born to a Jewish family in New York, but ended up in San Francisco after riding a three-speed bicycle all the way from New York (and garnering a mention in *Sports Illustrated*). She herself had once traveled to Puerto Rico to have an abortion and learned about SHA while attending a naturist meeting. Instantly, she felt connected to its mission.

The third member of the trio was Lana Phelan. Born to a poor family in South Florida, she had left school in eighth grade to take a job at a drugstore, gotten married as a young teenager, and had her first baby soon after. It was a traumatic pregnancy and delivery, and her doctor warned that future attempts to have children might be fatal, but gave her no advice on how to prevent getting pregnant. Three months later, with an ailing infant and hardly recovered from childbirth, Phelan conceived again. Unwilling to risk her life for another child it would be a struggle to support, she learned from her coworker at a Walgreens in Tampa that there was a woman who lived in a shack in nearby Ybor City who performed abortions for \$50. That was more than three weeks' wages. Phelan scrimped and saved for months and pawned her valuables, but still did not have enough; a customer had to offer to lend her the final few dollars before she could afford the appointment.

With the payment in hand, Phelan took the streetcar to Ybor City and walked the rest of the way to the woman's home, which was scruffy and small but clean. In the back room, there was a gurney with white sheets. The provider was kind. She inserted slippery elm bark into Phelan's cervix, which absorbs water and expands, dilating the cervix and triggering contractions. "Now, go home, and in a few days, this will start you up," the provider said, when it was done. "Don't come back here, and don't tell anybody I did this."

Three days later, Phelan was running a serious fever. She white-knuckled her way through a family dinner, but started miscarrying in the bathroom at her sister-in-law's house. Bleeding, panicked, and unsure of what to do next, she stuffed her underwear with toilet paper and told the family she had to leave. It was dark and raining as she made her way back to Ybor City. When the shack finally appeared out of the gloom, it was like "the light of heaven." She knocked on the front door, and when it opened, the provider looked at her.

"I told you not to come back," she said.

Phelan responded that she had no choice. Unable to turn her away, the woman cleaned her up, stemmed the bleeding, and then swept her into a hug.

"Honey," she asked, "did you think it was so easy to be a woman?"

Phelan continued on with her life, and years later, in 1964, she and her husband were visiting San Francisco on another dark and rainy night. She spotted a bedraggled figure handing out newsletters on a street corner

outside a medical conference. Phelan took one and read the headline: “Repeal Repressive Abortion Laws.”

“My God, the only person there with a dab of sense was standing outside there in the rain,” Phelan told her husband. When she’d read through all the materials later that night, Phelan called the phone number and asked if she could help. Maginnis was on the other end of the call and welcomed her to the team.

Each member of the Army of Three had a distinct skill set and her own strengths to contribute. Maginnis was the radical and the visionary; Phelan was a poised and excellent spokesperson, with a signature necklace of pearls; and Gurner was adept at strategy, marketing, and organization—she once gave Maginnis \$20 to buy a new dress, concerned that her fondness for shabby clothing was less than helpful to the cause. (Phelan did her part as well, reminding Maginnis to brush her hair.) The three of them shouted about abortion from the rooftops, frankly sharing details of their own experiences and explaining how these had shaped their views on the subject. The tenor of their message—unapologetic, provocative, outraged, irreverent, and forthright—about the importance of safe abortion and the need to repeal all criminal abortion laws and eliminate obstacles to the procedure was something new in American politics, as was the level of visibility at which they shared it. The Society for Humane Abortion, Lili Loofbourow suggested, was “arguably the very first American organization to advocate a pro-choice position that centered the woman, instead of the legal dilemmas of the physician—specifically, her right to privacy and choice.”

In championing this perspective, the Army of Three was facing off against entrenched societal beliefs about the supposed harms and immorality of abortion and the supposed malevolence of abortion providers. It was a formidable barricade to overcome, but in 1966, a legal fight erupted in San Francisco that the activists seized as a foothold for advancing their cause. That May, the State Board of Medical Examiners had brought charges against nine San Francisco obstetricians for performing abortions that they said violated the law. The abortions in question had been performed on women whose pregnancies involved a high risk of fetal anomalies, which wasn’t considered a legal exception within California’s abortion law, but two health crises in the early 1960s—thalidomide and a measles outbreak—had

expanded public support for abortion in a wider range of circumstances, and the doctors had felt justified in their decision to proceed.

Thalidomide was a sedative synthesized in 1954 that had been prescribed to pregnant women in Europe to help with sleeping and nausea until scientists discovered that it caused severe birth defects in what has been described as the “largest man-made medical disaster in history.” The FDA had never approved the drug due to concerns about safety, but American women, including a doe-eyed children’s television host named Sherri Finkbine, were sometimes able to obtain the medication in Europe, unaware of the risks. In 1962, Finkbine was pregnant with her fifth child when her husband returned from a trip to Europe with a supply of the drug, which he said would help her sleep, and Finkbine took about three dozen doses in the early days of her pregnancy. When she was nine weeks pregnant, she read a news article about reports starting to emerge overseas about a drug that was causing babies to be born with phocomelia, a medical term that translates to “seal limbs,” and asked her doctor if she should be concerned about the contents of the pills she had taken. He wired to London for more information and then asked Finkbine to come into his office. He suggested that, given the gruesome pictures he’d seen of the effects of the drug, she should consider ending her pregnancy. Finkbine lived in Arizona, which only allowed abortion if the mother’s life was in danger, so her doctor diagnosed her as a potential suicide (a common workaround), and she scheduled a legal abortion at a nearby hospital.

The procedure would likely have proceeded without causing a stir, but a few days before her appointment, Finkbine called a local newspaper, the *Arizona Republic*, to warn people about the harmful side effects of thalidomide. She was concerned about other families, and particularly local Air National Guardsmen who had been posted to Europe and might have come home with stashes for their wives. The next day, the *Republic* ran the headline “Pill Causing Deformed Infants May Cost Woman Her Baby Here” and the lawyers at the hospital got cold feet from the publicity. A media firestorm ensued, and Finkbine was informed that her abortion had been canceled.

Finkbine, a woman of means, decided that if she couldn’t have an abortion in the US, she would travel abroad. She considered going to Japan, which denied her a visa, but then found a facility in Sweden that was willing

to treat her. Once there, she spent two weeks waiting for the Royal Swedish Medical Board to approve a therapeutic abortion at a hospital in Stockholm, dogged at every turn by reporters who were relaying the details of her journey to all of America.

After the procedure, the doctors in Sweden confirmed to Finkbine that the fetus had been missing limbs and would not have survived after birth. Finkbine believed she had made the right choice for herself and her family, but her decision was not without consequences. When she returned to the United States, she lost her job as host of the TV show *Romper Room*, having been deemed unfit to interact with children. Her family was bombarded with death threats and FBI agents had to walk her children to school because people were calling her home and threatening to cut off their arms and legs. In a Gallup poll about her decision—the first poll on abortion in the organization’s history—32 percent of respondents said they thought she made the wrong decision, but 52 percent of Americans thought it was the right thing to do.

In a way they perhaps hadn’t been before, people were encouraged to consider the subject of abortion with greater nuance and complexity, and for a two-month period in 1962 abortion was widely discussed across the country by “polite society.” In sharing what she had gone through, and being honest about the physical and emotional harms she had endured, Finkbine evoked sympathy not just for herself, but for all women in a similar position, and helped shift public opinion in a way that became pivotal in the evolution of the abortion debate.

And then there was the 1963 outbreak of German measles, also known as rubella. The disease could lead to serious birth defects if contracted by pregnant people, and although fetal anomalies were not technically an exception to the California law, hospitals had routinely provided abortions to people who contracted it—of the fifty-six abortions performed at UCSF in 1965, forty-six were for rubella. (As the hospital’s chief of gynecology Alan Margolis put it, “Anybody who had a possibility of having a deformed baby could have an abortion, it was just that simple.”) The practice was routine and uncontroversial, so when an obstetrician named John Paul Shively was charged by the California State Board of Medical Examiners in May 1966 for performing the procedure, and threatened with the loss of his medical

license, the first of nine physicians that summer, it precipitated a public outcry. More than 200 physicians across the country, including 128 deans of medical schools and every medical school dean in California, filed an *amicus curiae* brief in the state's supreme court to defend the "San Francisco Nine." They were considered victims of a "political-religious vendetta."

Seeing how the threats that thalidomide and rubella posed to maternal and fetal health had created an environment in which prominent physicians felt compelled to vocally advocate for abortion to be treated as a medical procedure—a decision between a woman and her doctor, an act of health and compassion—Maginnis, Gurner, and Phelan sensed an opportunity. In the "back alley" clinics, in the US as well as abroad, the conditions could be horrific, dangerous, and unsanitary. Patients were sometimes blindfolded, treated with dirty instruments, and sexually assaulted, and because abortion was illegal, they had little ability to protect themselves or opportunities for recourse. For years, the activists had been contacted by people looking for trustworthy abortion providers, and through word of mouth, they had managed to gather "a few names of people in Tijuana" who provided adequate abortion care. When someone reached out for help, the trio responded by writing down the contact information on a piece of paper, placing it in an envelope with no return address, and mailing it to the requester from a post-box in another town. At first, this was all done in secret, but when the Board of Medical Examiners scheduled a meeting in June 1966 to discuss the case of the nine doctors, Maginnis decided it was time to thrust the information out of the shadows.*

The morning of the meeting, Maginnis arrived at the UCSF campus at 8 a.m. in an overcoat and pumps, lugging a box of leaflets that asked: "ARE YOU PREGNANT? IS YOURS A WANTED PREGNANCY? IF NOT, WHY NOT SEE AN ABORTION SPECIALIST?" Inside was the contact information for ten abortion providers in Mexico, one in Japan, and one in Sweden, and two methods for self-inducing abortion—the first draft of what would become known as "the List of Abortion Specialists," or more simply, "the List." In interviews with reporters at UCSF that day, Maginnis declared

*Most of the doctors were found guilty of performing or helping to perform illegal abortions and punished "lightly" with one-year probations.

that abortion laws requiring a committee's authorization were discriminatory. While "respectable" women with money and contacts could gain their approval, she explained, everyone else was typically left behind. Her focus was not on what was or wasn't legal. It was on what was, or wasn't, accessible and to whom, and on presenting some options.

At the outset of the campaign, the goal had been to distribute a thousand leaflets, but when Maginnis wasn't immediately hauled off in handcuffs, she set a more ambitious threshold of fifty thousand in the weeks leading up to the July hearing. Word spread, and before long, the Society for Humane Abortion was receiving seventy-five phone calls a week and a torrent of letters from people requesting copies of the List.

The group was happy to share the information but still believed that the key to real change was through education. They were just three women in California with limited resources, and while sharing phone numbers for abortion providers was meaningful on an individual basis, they aspired to build a real political movement where people were aware of abortion as an issue, knew how to access it despite criminal abortion laws, and shared that knowledge as a means of movement-building and resistance. They started holding classes in private homes, motel rooms, church basements, and union halls, with audiences ranging from fifteen to one hundred fifty people. The workshops lasted for hours and covered a wide range of information: the specifics of abortion laws, how to calculate gestational age, how to make an appointment with a specialist from the List, what happened during the procedure, and how to respond to police questioning.

Though the Society was the first prominent activist group to promote the idea that women could do abortions for themselves, and teach them how to do it, they emphasized that those methods should be viewed as a last resort. Based in part on her own experiences, Maginnis strongly advised against self-inducing an abortion, but figured if someone was going to do it, then she wanted them to be smart about it, and offered instructions and kits with materials for sterilizing bathrooms and hands. She became a dynamic teacher, known to use an intrauterine device (IUD) as a pointer and showcase anal bacteria cultures and infected blood samples to emphasize the risks of unsafe abortion. The workshops became well known in the city and police were often in attendance—Maginnis extended the invitations

herself—but the SFPD made clear it had no plans to arrest her unless she got involved in the physical act of performing an abortion. Until then, she was only exercising her right to free speech.

By the end of 1966, SHA had taught twenty-five classes across the Bay Area and was invited to lead more throughout California, as well as in Ohio, New Mexico, and Washington, D.C. However, despite amassing two thousand names on their mailing list, the organization was still running on a shoestring budget, operating out of Maginnis's \$90-per-month San Francisco apartment and funded by a combination of donations and her salary as a lab technician. As the group's activities grew in scale and scope, Maginnis realized she needed to keep their legally risky work, like the List, separate from their political advocacy activities so one wouldn't compromise the other. In response, she created an additional organization called the Association to Repeal Abortion Laws (ARAL) to focus on legal strategy.

Under this structure, the List evolved into an annotated catalogue of vetted abortion providers—as many as sixty at any given time—in Mexico, Canada, Japan, Sweden, and elsewhere. Most abortion seekers traveled to border towns in Mexico, like Tijuana and Ciudad Juárez, and in Mexico City there was a clinic so popular with Americans it was known as *La Casa de las Gringas*. To create the directory, the Army of Three identified specialists through referrals, and went to great lengths to ensure they were safe and reliable, sorting out the trained and ethical professionals from the predators who put lives at risk.

In order to be included, candidates had to follow a twenty-point outline of minimum requirements, which encompassed physical and emotional comfort and safety. Clinics were expected to be clean, with operating rooms disinfected and equipment sterilized; the specialist was required to “scrub his hands” and clinic staff to be able to speak English in order to explain what was happening and ensure that all patients were treated with respect. The agreement relied on mutual trust—if the List directed patients to a specialist and didn't turn him (it was usually, but not always, a him) in to the police, then the specialists promised to abide by its standards. Maginnis also used her leverage to negotiate on cost. The price of an illegal abortion in Mexico was steep, ranging from \$150 to \$700 (about \$1,400 to \$6,400 in today's dollars) and had to be paid in cash. The List not only served to ensure fees

were consistent, but also advocated for specialists to provide refunds if an abortion was incomplete.

Once accepted, each specialist was given an entry on the List with information about their background and clinic, reviews, and a code number: Specialist No. 26, for instance, was a Tokyo doctor described as “a stocky, kind-faced man with very sure hands”; No. 30 was noted as a specialist in later abortions whose father had reportedly been an abortion provider in Ciudad Juárez starting in the 1940s; No. 39 operated a clean Mexicali clinic two blocks from the US border and was described as “a middle-aged Spaniard with an anxious demeanor.” The providers were given handwritten cards signed by Maginnis, and when patients arrived, they were instructed to ask to see the card, which signified that the provider was qualified and approved. The List was constantly updated as new information came in about clinics that moved or closed and new specialists who cropped up, and SHA members visited as many of the providers as they could to observe their practice in person.

As the document was formalized, a system of checks and balances developed, effectively creating what Reagan (the historian, not the president) referred to as “the first open (and illegal) abortion referral service in the United States,” an “underground feminist health agency.” The most important tool for ensuring the List was accurate, trustworthy, and up-to-date was the women who used it. When someone received a copy of the List, the materials included a feedback form, which asked questions about cleanliness, the condition of the office, if the medical instruments were sterilized, the procedure itself, how many staff members were there, any medications or IVs used, and how the patient was treated. These helped to confirm standards and incentivize good behavior—a doctor in Nogales, No. 49, for example, was praised in evaluations as “understanding” and “very kind,” someone who treated patients “very tenderly” and “very sympathetically”—and also sometimes to provide specific insight into hurdles patients might encounter with a specialist. “We have received more than 15 letters from women who went to her; all praising her highly,” Maginnis noted of doctor No. 35. “Do not believe taxi drivers who say her office is dirty and that women die there. She refuses to pay them graft. We visited her office. It is immaculate,” while the List added that No. 43 in Juárez “may act as if he doesn’t speak or understand English. Don’t believe it.”