

At the Center of the Storm

In 1968,
the year
Judith



McWhorter Widdicombe began recruiting medical doctors into a conspiracy to commit repeated felonies in the state of Missouri, she was 30 years old and lived in a modestly proportioned pea-green house with her two sons and her husband, Arthur, who ran a St. Louis Post-Dispatch delivery route.

At that time Judy had three different occupations, each of which interested her deeply and made her feel useful in the world: From morning until early afternoon she cared for children, her own two sons and various children of neighbors who needed part-time baby-sitting; from early afternoon until 11 o'clock at night she worked the hospital swing shift in labor and delivery, attending to patients and supervising less experienced nurses; and one evening each week she stayed home with her

husband to answer telephone calls from people who were threatening to commit suicide.

The telephone-answering work was a volunteer job and was sometimes very difficult, but Judy liked it and worked hard at it, especially during the early months when she was first trying to accustom herself to the distraught voices on the other end of the line. She was a tall, broad-boned woman who thought of herself as forthright, perhaps tactless on occasion, but not exceptionally brave or imaginative; since childhood she had felt that she was overweight, which made her self-conscious about her appearance, although she had blue eyes and strong arms and light brown hair, which she wore back in a sprayed chignon, and her husband thought her smile was beautiful. Art was by nature shyer than Judy (their first date, by his recollection, had taken place after she marched up to him in church and invited him to a dance), and he loved listening to Judy's singing voice, which was so strong and clear that she was often invited to sing alone at weddings, or to solo for the Methodist church choir to which both Judy and Art belonged.

Before the time at which this story commences, in fact, Judy and Arthur Widdicombe had lived rather quietly and conventionally in suburban St. Louis, their attentions divided among the competing demands of work, neighbors, church and family. Their home was decorated with Early American furniture and stood one mowed lawn from the house where Art had grown up, so that Judy could walk outside and see the white lace curtains of her mother-in-law's kitchen window; there was a barbecue, and a maple tree with branches thick enough to hold a scrap-wood treehouse, and when the neighborhood children were underfoot Judy would go into her kitchen and make caramel popcorn, or chocolate chip cookies, or doughnuts she fried in a deep steel pan and then sprinkled with powdered sugar while they were still warm.

*By Cynthia Gorney
Sunday, Jan. 18, 1998*

She was a caretaker. She liked being regarded as a caretaker; Judy sometimes thought she was such a capable nurse because she had found a job that obliged her to spend her working hours ministering to people who needed her.

When her second son was born, in 1964, Judy tried to retire so she could care for her children full time, but without her nursing work she felt restless and incomplete, and after a while she reported back to the hospital, pretending the family finances were forcing her to work. But she understood that the money was a kind of excuse for something she wanted to do anyway, that she liked balancing her family life with her nursing shifts, and she also began volunteering regularly at church, where the young Rev. Ken Gottman was trying to update the youth fellowship program. By 1968, Judy was one of the Kirkwood United Methodist Church's principal youth counselors, leading Sunday discussion groups and occasional church retreats, and when Gottman decided to add a sex education course, Judy offered to help the minister look for suitable pamphlets and educational films. She placed an inquiring telephone call one day to what she had been told was the Social Health Association, but she reached instead the administrative offices of the new St. Louis telephone-counseling service called Suicide Prevention. "You're calling the wrong place," said the Suicide Prevention director, a psychologist named Gwyndolyn Harvey, after Judy explained what she was looking for. "But while I have you on the telephone, we're recruiting volunteers too."

**JUDY
WIDDICOMBE
KNEW
EXACTLY
WHAT SHE
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ON THAT
JANUARY DAY,
25 YEARS AGO,
WHEN THE**

**SUPREME
COURT
LEGALIZED
ABORTION IN
ROE V.**

And that was how Judy came to befriend Gwyn Harvey and to volunteer one evening a week for Suicide Prevention. She completed the obligatory training in crisis intervention, which Judy could see required a special delicacy and alertness when the personal contact was only by voice, and eventually during Judy's shift all St. Louis Suicide Prevention calls were routed to a special telephone on the Widdicombes' back porch. Judy could close the door to this porch, shutting out the noise from

WADE. the main part of the house. The telephone sat on a plain wood desk. The calls would begin after dinner, as the boys were being tucked away into their rooms, and when Judy heard the porch telephone ring she was always frightened at first about what she might hear when she picked up the receiver, sobbing or slow thick threats or once in a while a man declaring that he had a gun in his hand as they spoke. Judy would press the receiver to her ear and try to work with the voice on the other end – What's been happening, That sounds awful, You must feel very lonely – try to draw the person out, give him someone to talk to. Art would look in on her from time to time so that Judy could signal him when she thought he needed to use their regular telephone to make an emergency call to a psychiatrist or have the telephone company start a trace so the police could intervene, but more often Judy was able to talk the callers through their panic and persuade them to go for help themselves.

She was very good at it. She liked sitting out there on the porch at night, with their breakfast table and their squishy plaid couch and outside in the garden, beyond the screened porch windows, the shadowed bulk of the big maple tree. All of this surrounded her and made her feel embraced while Judy held the telephone receiver and led her caller carefully away from harm, just as she might do up in the hospital wards. A patient needed something, and Judy was able to give it to him directly: counsel, comfort, like medications in an IV line.

Then as the Suicide Prevention service was publicized and the telephone number passed from one social service agency to another, pregnant women began to call the number too. But the pregnant women were not suicidal – not the way the other callers were. They were direct. They would say to Judy: This is a telephone number for desperate people, right? Then fine. I am desperate. *I want an abortion.*

Sometimes they would add, as though in deference to the name before the telephone

number, as though this might produce otherwise unavailable information: If I don't get an abortion, I will kill myself.

And Judy didn't know what to say.

She was a registered nurse in the state of Missouri and she knew a very great deal about the human body and American medical procedure. She knew how to operate complicated machinery, and how to pound a dying person's chest to make a heart start beating again, and how to irrigate bowels and press a hypodermic needle into human flesh and put a tube down an unconscious person's throat. She knew how to monitor the heartbeat lines on a fetoscope during labor, how to feel for a prolapsed umbilical cord, and how to select without guidance the proper surgical clamps for controlling heavy bleeding during a Caesarean section.

But she didn't know where a pregnant woman could get an abortion.

Call your doctor, Judy said to the first of the Suicide Prevention abortion callers, feeling foolish as she said it. If their doctors had been able to get these women abortions, the women would not have been calling Suicide Prevention. Judy had never had occasion to open the Missouri statute book and read the paragraphs under Section 559, where the crime of abortion was described as "felony manslaughter," but she knew that it was illegal and that in the hospital where she worked it was also unspeakable. This was a word that no one repeated aloud, unless it was part of the medical terminology for what lay people think of as miscarriage: *Spontaneous abortion*, a chart in the obstetrics and gynecology wing of Judy's hospital might read, but that was all.

Gwyn Harvey told Judy that the other Suicide Prevention volunteers were reporting abortion callers too, that apparently the telephone number was being passed along as a last-resort resource even though nobody at Suicide Prevention had

any useful abortion information at all. At one time Gwyn had known a gynecological resident who told vivid stories about women being wheeled into the emergency room after illegal abortions, but all Gwyn remembered from these stories were the descriptions of lacerations and puncture wounds and infections and uncontrolled bleeding. She had no idea where the women had gone for their abortions, but for some months now she had been hearing about a clandestine referral service that operated from the campus of St. Louis's Washington University – a medical professor and a campus minister, Gwyn was told, who had joined forces to defy state law by directing pregnant women to competent abortionists.

"I remember it was a Sunday, and Gwyn Harvey came in, and we were going to make gumbo," Judy Widdicombe recalls. "She bounded in. I can see her coming through the door. And she said, 'Well! Guess what! We're going to start doing Problem Pregnancy Counseling.'

"And I said" – a low whistle, and a slow intake of breath – "'Oooh-kay.' And she said, 'Yep. I'm going to handle the counseling. You're going to do the medical.' "

Gwyn had gone to visit the defiant Washington University medical professor, she told Judy, and with his blessing she was setting out to create in Missouri a kind of regional underground railroad for pregnant women who wanted abortions. The model for what she had in mind already existed in other states, Gwyn explained: counselors, ministers, physicians and abortionists, all willing to ignore felony abortion laws by working together through a telephone network that would serve as each woman's initial point of contact. They needed more clergymen now, Gwyn said, and they needed sympathetic doctors. Judy was in hospitals five days a week; she must know a few gynecologists who might be approached as volunteers, who might be willing to conduct preparatory and follow-up medical examinations

even though the act of doing so was probably in itself a violation of the law.

Judy thought about what she was going to say to these doctors, and how best to say it, and within a matter of weeks she had approached Dr. Melvin Schwartz and Dr. Robert Duemler and Dr. George Wulff, who taught obstetrics and gynecology at the hospital where Judy had trained as a nurse, and who had worked the Infected OB ward at Kansas City General Hospital in 1933, and who had learned as an intern how to recognize the caustic blackened stain of a self-administered potassium permanganate douche, and who answered Judy, like the others, without hesitation: Yes.

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The Washington Post On
Sunday, Jan. 18, 1998



The West St. Louis County branch of RHS was firebombed in 1986.
(Courtesy RHS archives)

**THERE
WERE NO
TEXTBOOKS.
IN JANUARY 1973**

**THE CONCEPT
OF ELECTIVE
ABORTION
AS A
LEGITIMATE
MEDICAL** January 22, 1973, as the first reports of the Supreme Court's decisions in *Roe v. Wade* and *Doe v. Bolton* were reaching the radio and wire services, a Washington, D.C., clinic owner named Harry Levin picked up the telephone and called St. Louis to tell Judy Widdicombe the news.

It was 9:20 a.m. in Missouri, an hour earlier than in the District of Columbia, and Judy took the call at her desk in the Pregnancy Consultation Service office – they had an office now, a physical headquarters on a public street, with a conference

SERVICE table that was kept clear so that Judy could ask
WAS STILL women to lie back for a quick estimate of how far
their pregnancies had progressed. The
SO NEW headquarters looked nothing like a medical office;
it was just a small St. Louis house with the
THAT IT furniture moved out and the bedrooms redone into
counseling rooms. Armchairs and a conference
SEEMED table and a set of decorator-color telephones, that
was as much abortion equipment as Judy could
TO JUDY legally display in a state where abortion was still
illegal, and for two full years, as she studied the
THEY WERE ALL new clinics opening up in states that had dropped
or modified their criminal abortion laws during
MAKING IT UP the early 1970s, a private inventory had been
multiplying in her head: This is how I would outfit
AS THEY it, this is how I would staff it, I could do this in St.
Louis and I could do it on my own. A year earlier
WENT she had gone so far as to ask her board of directors
for a formal vote of support for the eventual
ALONG. creation of a Pregnancy Consultation Service
facility where a woman could have an abortion
instead of simply talking about it, but the board's
yes vote was nothing more than a note in a file
drawer; as long as the state abortion law remained
intact, all Judy could offer pregnant women was a
grim kind of single-purpose travel agency, and in
Missouri even that was an invitation to arrest.

Now she listened to Harry Levin, on the telephone
from Washington: The United States Supreme
Court, Levin appeared to be saying, had declared
that state criminal abortion laws violated the
constitutional right to privacy.

She made him say it again, to make sure she
understood. Every state? Judy asked.

Every state, Harry Levin said.

"Oh, my God," Judy said.

She called an emergency board meeting, and then
she announced a press conference. The St. Louis
reporters put Judy in their reaction stories. A
private abortion referral agency, Pregnancy
Consultation Service, is making plans to establish
its own clinic to provide abortion service,

according to its director, Mrs. Judith Widdicombe. She made up a date for her service's debut, March 8; she had nothing whatever to base it on, no building, no equipment, no budget, no staff. But it sounded so specific and imminent that she thought the reporters might write it into their articles. "I knew we couldn't do it," she recalls. "But I also knew we needed to hook the press. I wanted the women to know that something had happened in Washington that would affect their lives in Missouri."

She didn't examine the Supreme Court opinions, as the first typed copies began to circulate around the country, and she was not sure precisely how the Missouri criminal abortion law was now supposed to vanish from the statute books. Judy didn't read statutes and she didn't follow lawsuits; the fortunes of *Roe v. Wade* and *Doe v. Bolton* had barely caught her attention as the two cases made their way through the federal judiciary. All Judy knew was that a massive gate had suddenly lifted before her, and she intended to bolt straight through: She was going to start an abortion service, the first legal service in the largest Midwestern city south of Chicago.

But what exactly was that term supposed to mean? Abortion service. The only immutables required for an induced abortion were a pregnant woman and an abortionist. You could work an abortion service into a hospital gynecology wing; you could start up citywide abortion service by trying to persuade every gynecologist in town to keep abortion equipment in his office; you could run an efficient and far-reaching abortion service out of the back bedroom of a rental apartment (as Judy knew well, for the Pregnancy Consultation Service had made many such referrals to one particularly competent illegal operator in Chicago). There were no textbooks, in January 1973: The concept of elective abortion as a legitimate medical service was still so new that it seemed to Judy they were all making it up as they went along.

The state of New York had become the nation's real testing ground. In New York legal abortion had started up three years before *Roe v. Wade*, in the summer of 1970, with the state legislature's passionately contested adoption of the least restrictive abortion law in the United States: legal abortion through 24 weeks for anyone with the means to pay for it, no questions asked, no state residency requirement. But the New York law included no details as to how these abortions were to be obtained, and as New York medical officials and abortion activists braced for what was sure to be an invasion of pregnant women from all over the country, they had spent many weeks in heated argument about what the new abortion practice was going to look like.

At the center of the New York arguments was a single medically and philosophically loaded question: Where are we going to do this? For many years the conventional site for a proper medical abortion, in New York and every other state in the country, had been the hospital operating room. If a woman was able to work her way into the medical system – if she was one of the rare patients genuinely endangered by pregnancy, or had somehow managed to convince a hospital committee that her condition required a "therapeutic" – then she was aborted with surgical instruments, often under general anesthesia, in a procedure that required an overnight hospital stay. It was a costly and time-consuming procedure, requiring payments to physician and anesthesiologist and hospital, and it efficiently weeded out the poor; medical studies showed, to no one's surprise, that a private hospital patient was far likelier than her public hospital counterpart to be approved for a therapeutic abortion. And instrumental abortion under general anesthetic was not the easiest procedure to carry off. For the physician with sharp curette in hand, performing an instrumental abortion was a little like putting on a blindfold and then scraping out the inside of an orange: too timid a scrape, and the woman might still be pregnant when the operation was finished; too strong a scrape, and the curette

could slice into the pregnancy-softened tissue of the uterine wall.

Then in the mid-1960s, word began to spread – by rumor, by intriguing medical articles from halfway around the world, and finally by firsthand accounts from doctors who grasped at once the implications of what they had just seen – that there was an entirely different way to extract the contents of the uterus. A Los Angeles gynecologist recalls attending a national physicians' meeting in Chicago during these years and listening with astonishment as a Washington doctor regaled his colleagues with his story of completing an abortion for a Soviet diplomat's wife: The lady was suffering a miscarriage, the Washington doctor said, and as he began inserting his instruments to remove the last of the pregnancy, he was chided by the Soviet doctor who for protocol reasons had accompanied the patient to the hospital.

"So the Russian doctor was in the operating room," the Los Angeles gynecologist recalls. "And he said, 'How come you don't vacuum her?' None of us had ever heard of this vacuum machine before. I couldn't wait to get my hands on one."

The idea of emptying a pregnant uterus with a mechanically driven suction pump had not begun reaching this country's mainstream medical literature until 1967, when influential publications like *Obstetrics and Gynecology* printed the first studies of a decade of suction abortion in Eastern Europe and Asia. If the international reports were to be believed, a vacuum abortion could be completed in two minutes, without general anesthetic, and with only a remote chance of accidentally slicing through the wall of the uterus.

What that meant, if it was true, was extraordinary. It could transform the sterile medical abortion from an expensive operating-room procedure to a 10-minute in-and-out that might – at least in theory – be managed competently by any

physician with a vacuum in his office and a working knowledge of basic gynecology.

By the summer of 1970, as New York prepared for the July 1 start-up of the new state law, a few medical equipment companies were making machinery that had the potential to help redefine the entire procedure by which pregnancies were brought to an early end, rendering the hospital operating room almost completely irrelevant. The idea of promoting abortions outside hospitals was a deeply unsettling proposition in 1970, and conservative medical forces dug in their heels to fight it: The machines were too new, medical safeguards were tightest inside hospitals, it was wildly irresponsible to take in thousands of women at once without the attention and emergency backup available in established hospitals. Robert Hall, the physician who headed the New York-based Association for the Study of Abortion, had already faced catcalls from more impatient legal-abortion advocates by arguing not only for hospitals-only abortions but also for a state residency requirement, just to keep the whole enterprise manageable during its first trial year.

Hall didn't use the words "abortion mill," but he didn't need to. For a long time it had been standard practice, during the ardent debate that inevitably accompanied every state effort at rewriting criminal abortion laws, to deliver alarming predictions that loosening state laws would visit upon the region in question an onslaught of "abortion mills," a term that was never explicitly defined but was universally understood to describe brutal, unsanitary institutions in which abortions were cranked out as mechanically as new steel or crushed wheat. It was an image drawn from the illegal days, but what made it upsetting in the public discourse had less to do with legality or hygienic standards than with numbers: An abortion mill was a place that would do a lot of abortions, hundreds, perhaps thousands, and worse yet, it would do nothing else. An abortion mill would operate without the comfort of euphemism, and in every state in which this specter had been raised, it was instantly

understood to be so obviously dreadful – the idea of a single, legal, publicly identified facility that drew crowds of women solely to abort them and send them home – that the standard rebuttal was repeated reassurance to the people: Modernizing our statute will not bring abortion mills into the state. Nobody ever stood up in legislative debate to call for better abortion mills, safer abortion mills, abortion mills for the Chamber of Commerce to brag about.

But established hospitals were not going to be able to find room for the many thousands of out-of-state women evidently prepared to use New York as their legal abortion center, and individual gynecologists proved reluctant to add abortion to their regular practice – too controversial, still too much stigma attached to the label "abortionist." Thus for New York the only practical option left appeared to be clinics, specialized facilities, medical centers that were going to have to try to recast in the public eye the entire notion of the "abortion mill." In the new era of legal abortion, specialized clinics could prove themselves safer and better equipped than doctors' offices, cheaper and quicker than hospitals; the best abortion clinics might even be staffed by doctors who could take pride in calling themselves experienced abortionists.

And to a Midwestern abortion conspirator like Judy Widdicombe, directing women from her illegal-abortion state to the now-legal New York facilities a thousand miles away, the clinic system made sense. Judy had no particular reverence for hospitals or established doctors' offices; she needed volume, a place that could accommodate a whole planeload of out-of-state women at a time, and she needed fees so low that women could afford them after already laying out \$300 for the air fare to New York. In later years it would occur to Judy to wonder about the wisdom of the new segregated medical arrangement she was so eager to help refine – free-standing buildings, separated by image and geography from what was regarded as more conventional medical care – but in January 1973, on the morning the Roe v.

Wade call came from Washington, she knew exactly what she wanted for the city of St. Louis: She wanted an abortion clinic, and she wanted to build it herself.

"We needed to write the textbook," she recalls. "Then we could think about mainstreaming it."

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The Washington Post
Sunday, Jan. 18, 1998



She wrote down a name:

**WATCH ME,
JUDY
HAD BEGUN
TO SAY
TO HERSELF,
GATHERING
MOMENTUM
NOW,
PURCHASING,
ORDERING BY
TELEPHONE,
PACING OFF
THE LENGTH
AND BREADTH
OF FUTURE**

Antiabortion demonstration at the Doctors Building, which housed RHS, in 1983. (Bob Diaz/Globe-Democrat/St. Louis Mercantile Library)

Reproductive Health Services. Some of the Pregnancy Consultation Service board members were uneasy about backing Judy as director of a new clinic, but she didn't care; she knew she wasn't a doctor or some high-salaried hospital administrator, she was just a St. Louis registered nurse with a big voice and a frantic feeling about a particular thing that happened only to women, and she was going to do this. She took \$500 out of a savings account and bought stock in one of the companies that made the new vacuum machines. She got on the telephone and began calling the managers of medical buildings, asking questions, comparison shopping, looking for 3,000 square feet with satisfactory plumbing and room to expand.

She wanted it near a hospital, on a major bus line, centrally located, with an entrance big enough to allow an emergency stretcher through. She wanted it in a multistoried building, preferably up on a higher floor, and surrounded by other medical

- PROCEDURE** offices so that a woman could walk in and out without being pegged as an abortion patient.
- ROOMS.** Nobody else liked the name Reproductive Health Services; they thought it would be confused with the local Masters and Johnson enterprise called the Reproductive Biology Research Foundation, but Judy was adamant. She wanted the name to have breadth beyond abortion, to suggest the larger picture.
- WATCH ME.**

She was adamant about everything. She knew how she wanted the furniture to look, she knew she wanted running water in every procedure room, she knew she wanted volunteer counselors working side by side with paid staff. In later years people who had known Judy would shake their heads in exasperated admiration, remembering her in full streamroller mode; the complete Roe and Doe opinions had barely made it into the law libraries when Judy was hunching over her office desk with catalogues full of pictures and fine-print technical descriptions of surgical instruments and examining tables and sterilizing machines. The supply salesman working with her was 60 years old and had been handling medical equipment since 1929, but he had never encountered anyone quite like Judy; he used to say to people that she could stand up to the president of the United States and tell him to go fly a kite.

Judy worked from models, the clinics she had watched in action, picking and choosing the parts she liked. New York's Women's Services didn't charge very much for its abortions, she liked that, but the waiting room and halls were so crowded that she always felt exhausted just walking in the front door. Preterm, Harry Levin's excellent clinic in Washington, ran its business as a nonprofit and printed up useful brochures about the importance of counseling; Judy was adamant about that, too, that her clinic should run as a nonprofit community service and not as some investor's guaranteed 20 percent return. But the Preterm administrators had tried so hard to keep the clinic from looking sterile and forbidding that Judy thought some of the signals had gotten mixed: The recovery area looked like a living room,

comfortable couches and overstuffed chairs, and what did that suggest to a woman just emerging from her abortion? These were medical patients, not houseguests. It was a clinic's job to remind each woman that this was serious business, deciding to undergo an elective abortion; it was minor surgery but it was surgery nonetheless, there were physical complications sometimes, and a woman must understand how important it was to watch herself afterward if she bled too long or her temperature began to climb. Making it look warm and medical at the same time, that was the trick.

Judy had also given a good deal of thought, as she drew up the clinic's layout and staffing plans, to the question of power – to which persons were to have it and which, probably to their own discomfiture, were not. Nobody had to spell out for Judy the nature of power in a traditional medical setting: As a registered nurse she had trained in an era when nurses were instructed to leap to their feet every time a doctor walked into the lounge; and all her working life she had been first-named by doctors and ordered around by doctors and generally treated with that cordial, dense, dismissive air that doctors tended to assume in the presence of persons less glorious than themselves. On obstetrical rounds, in St. Louis hospitals where Judy worked, the doctors walked briskly along while the nurses pushed the supply carts behind them, like train station porters. The nurses were women and the doctors were men, and legalizing abortion had done nothing about that; all Judy had to do was tour the New York clinics to see how swiftly and adeptly men with medical degrees had stepped in to take over the role once held by criminal abortionists. Men owned the clinics, men worked the aspirators, and men took in most of the cash that could pile up with dizzying speed in the busiest clinics.

But the clinic Judy Widdicombe intended to build would be run by women and staffed by women: Women would handle the books, women would manage the meetings, a woman would occupy the director's office. Women would conduct the lengthy conversations with patients, counseling

them, explaining the procedure, staying close by the examining table while the abortion was underway. Men would be hired, because Judy's clinic would promise abortions by licensed gynecologists and in St. Louis most licensed gynecologists were men, but women would hire them – Judy would hire them, to be precise about it, and if their performance was unsatisfactory, Judy would fire them.

The doctor as employee, as skilled technician, as cog in a good machine, neither more nor less valuable than the women working alongside him: The personnel arrangement at Reproductive Health Services might in its own modest way prove a challenge to the established order. Certainly the doctors would be paid, and paid respectably enough to keep qualified gynecologists on the start-up staff. But they would understand at the outset that they were working for a nonprofit, for a facility that intended to invest its earnings in clinic improvements and subsidies for poor women's abortions. It was a remarkable sort of résumé that Judy had in mind, and by the end of January 1973, less than a week after the decisions in *Roe v. Wade* and *Doe v. Bolton*, she had her first active recruit.

His name was Michael Freiman. He was 44 years old that winter, an obstetrician-gynecologist with three young children and a vibrant wife with the unusual first name of Sarijane. Judy had added Michael Freiman to her roster of underground referral service doctors nearly three years earlier, after she listened to him deliver a Jewish Hospital speech titled "Be Fruitful and Multiply – But." In his speech Freiman talked about criminal abortion laws, cautiously, but with obvious disapproval, invoking an Abraham Lincoln quotation about the need to look for new solutions to old problems. Judy telephoned him after that, to tell him about the service, and over the next months they befriended each other on the phone. He called her two days after *Roe*. "Well?" Freiman demanded. "What are you going to do?"

Michael Freiman had carried with him since medical school a deep fury about criminal abortion law, and the story he would tell – the story Sarijane would tell also, because she was home the night it happened and she remembered the terrible expression on her young husband's face – was about the college student who arrived in the emergency room with something hanging from her vagina. The chief complaint was nausea, but when Freiman was called in he looked at the young woman on the examination table and felt suddenly sick himself. "That's a loop of bowel," Freiman said. He was told the young woman had used a coat hanger. When he opened her up and pulled the bowel back in, he saw that she was not even pregnant, and somehow this made him the angriest, so that when he told Sarijane about it afterward and she wondered why the young woman had not at least gone for a pregnancy test, Freiman grabbed his wife's arm with startling ferocity and told her to imagine, just for one minute, how frightened a person must be to do something like that to herself.

They met at the Freimans' house, Art and Judy and Michael and Sarijane. This was the first time Sarijane had ever seen Judy Widdicombe, a person to go with the honed alto voice on the telephone, and she was taken aback; she had expected someone more operatic-looking, more theatrical. Judy still had a big blond softness when you first looked at her, but she had developed her own way of invisibly clearing a space before her when she came into a room, and Sarijane, who was a homemaker still (a late bloomer, she would say some years later, once the children were older and she had gone to work), was not sure she had ever encountered such self-confidence in a woman who was willing to sit there in her living room and talk to her.

Judy appeared to be walking around with a full set of blueprints in her head. She had no intention of negotiating this or that aspect of Reproductive Health Services: It would be a nonprofit, she would be the director and she was as pleasant and warm as could be as she reeled in Michael

Freiman. By the end of the evening Freiman was staff to a clinic that did not yet exist, teaching physician for a procedure he did not really know how to do, and chief medical adviser in the selection and procurement of a lot of mechanical and instrumental devices he had never used: Karman cannulas and motor-driven cervical dilators and electric vacuum machines.

Together, Judy and Michael walked the streets of the St. Louis neighborhood called the West End, where Barnes and Jewish hospitals formed a massive medical complex that fanned into many private office buildings. They drove to and from the Barnes emergency room, marking distances, timing drives, imagining the practicalities of hurrying a perforation case or a cardiac arrest through the two-lane streets with the restaurants and bars lined up on either side, and finally Judy signed a lease for half the second floor of a 12-story office building exactly four-tenths of a mile from the nearest emergency room door. The central religious and administrative buildings of the Catholic archdiocese were so close by that some wondered about Judy's judgment, the cathedral was practically going to throw its great St. Louis shadow across her abortion clinic's front door, but Judy brushed them off; some of those Pregnancy Consultation Service board members didn't seem to think she could do anything right, run a clinic or name a clinic or even settle on the proper block in which to house the clinic they doubted she could run or name.

Watch me, Judy had begun to say to herself, gathering momentum now, purchasing, ordering by telephone, pacing off the length and breadth of future procedure rooms. Watch me. The medical supply salesman showed her file cabinets, supply carts, sterilizers, reclining chairs for the recovery room. Michael Freiman checked off the equipment list for each room's outfit trays: speculum, gauze, cotton-tipped applicators, sponge forceps, curettes. A registered nurse named Vivian Rosenberg helped bring in nursing candidates; Vivian had known Judy Widdicombe since the early months of the underground referral

service, when Vivian had signed on as one of the early volunteers, and the two of them had a relationship of powerful, strong-tempered loyalty despite their Mutt-and-Jeff disparity of size. Vivian was five feet tall, and when she and Judy fought, they stood glaring at each other with the top of Vivian's head barely reaching Judy's chin. Long afterward Vivian would say working alongside Judy was the best job she had ever had; she liked the way Judy nurtured and bullied at the same time.

Vivian had no problem finding nurses for Reproductive Health Services. They recruited by word of mouth; nobody was foolish enough to take out a Now Hiring Abortion Nurses advertisement with a telephone number printed right next to it. Judy was trying to manipulate as precisely as she could just what the public knew about Reproductive Health Services anyway, and she had come up with a plan of minor deception, useful for both the cultivation of certain reporters and the temporary postponement of possible opening-day unpleasantness: As Reproductive Health Services readied itself for business, Judy lied to most of the press about the start-up date.

It was a very small lie, certainly, merely a modest rearrangement of the calendar. Already it was May, and Judy was chafing with every delay; the clinic might have opened a full month earlier if Michael Freiman had not insisted on waiting for the federal court to make its formal pronouncement on the post-Roe status of Missouri's abortion law. The ruling came in early May – a three-judge panel, as expected, found the Missouri statute unconstitutional under the new guidelines of *Roe v. Wade* and *Doe v. Bolton* – and Judy answered the ensuing press calls by declaring that on the morning of Thursday, May 24, the medical staff of Reproductive Health Services would accept the clinic's first patients. But she opened on Wednesday instead. At the last possible moment Judy called one St. Louis Globe-Democrat reporter to confide that she had pushed up the opening, which meant that at 9 a.m. on the start-up date for the first legal abortion clinic in

the state of Missouri, only the presence of a lone newspaperwoman suggested that anything out of the ordinary was about to take place inside the big brick medical building at the corner of North Euclid and West Pine.

There were thunderstorms that morning, the rainy close of spring in St. Louis, and once her small medical and counseling crew had taken off raincoats, Judy insisted they put on laboratory jackets, so that all of them stood nervously in their white coats, straightening lab trays, brushing imaginary dust off counter tops, and waiting for the first patient to be led into a procedure room. Afterward nobody would remember the name or the personal circumstances of Patient No. 1; she was 10 weeks pregnant and of suitable age, young enough to be in excellent physical health but old enough to raise no eyebrows about abortions on minors, and what Vivian Rosenberg and Michael Freiman noticed in particular was that Vivian, who had agreed to assist during the day's first procedure, was having a difficult time keeping her hands from shaking as she handed Michael the instruments. Vivian kept calling Michael "Doctor," which unnerved him because until then she had always addressed him by his first name. Michael kept trying to loosen her up, tell her everything was going to be all right, but the truth was that his own wife was spending the day at Art Widdicombe's house with a lawyer's telephone number and what they hoped was enough cash to bail Michael and Judy out of jail.

The abortion went perfectly. Nobody tried to arrest them. They did seven patients that day; Michael Freiman said afterward that it must be like soloing an airplane for the first time, you keep expecting it to waver and crash but it doesn't. Judy went in and out of her office, sitting down, standing up, walking the hallways, studying the waiting-room furniture, stepping into procedure rooms to watch Michael work; she loved how everything looked, but she saw at once that the complex was too small, that she had been right to

move into a building that had more office space available across the hall.

The next day she came in early, before anyone else had arrived. She put on her laboratory coat. She looked out the window, and busied herself at her desk, and waited.

Nobody knew what to expect. There were rumors that the cathedral had augmented its May 24 morning Mass to direct prayer specifically toward the inauguration of Reproductive Health Services. There were rumors that something was supposed to happen after that, something that would start at the cathedral and make its way up the street toward 100 N. Euclid Ave., and it was not until the middle of the morning, when Judy was standing in a procedure room near a window that had been opened to let in the warming spring air, that she first heard the noise. In the beginning it was faint and faraway and she supposed she must know what it was, but she kept to what she was doing, arranging instruments and checking sterilizers and keeping herself occupied as the noise swelled slowly, growing richer and more distinct, until from inside her clinic Judy heard someone shout, in a voice that carried through the halls: "They're coming."

She went back to the window then, and looked down onto the street. They were coming up Euclid. Storm the walls was the phrase that would occur to Vivian Rosenberg many years later, remembering how they looked, hundreds of people pushing steadily up the two-lane street as though they intended to fling up grappling hooks and begin scaling the brick walls before them; she remembered also the stiffness of Judy Widdicombe's back, and the way Judy stood for a long time at her second-floor window and watched the people keep coming, spilling off the sidewalk and into the traffic lanes, massing around the corners and the parking lot two stories below. She had given them a target and they were marching upon it together, heads up, shoulder to shoulder. They were singing as they came.

Abortion Wars
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The Washington Post
Sunday, Jan. 18, 1998



Frank

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RHS director B.J. Isaacson-Jones and Judy Widdicombe at the April 9, 1989, Washington march with donor Robert Sunnen. (Courtesy RHS Archives)

Susman began his 1986 lawsuit against H.B. 1596, the Missouri abortion legislation written to tempt the Supreme Court into a direct reexamination of *Roe v. Wade*, the way he had begun so many other lawsuits over the last 15 years: He went to Judy Widdicombe and asked Reproductive Health Services to back him.

And for the first time in their long and contentious friendship – Susman, a private attorney from a busy St. Louis corporate practice, had been handling legal work for Judy and other abortion providers since the days of the Pregnancy Consultation Service – Judy thought seriously about turning him down.

Judy had never liked reading printed legislation, all the Notwithstandings and In Lieu Thereofs, but when Frank Susman brought her the summary of the final version of H.B. 1596, she listened to find out just what he was so worked up about. Even the antiabortion people who had backed it referred to this legislation as the Kitchen Sink Bill; it threw together a lot of vaguely related abortion restrictions, like the passage keeping abortion out of state-funded hospitals or the language declaring that in Missouri human life began at conception. Every one of them was irritating, Judy thought, but not one was devastating on its own. Why was Frank so convinced they had to challenge this in

court? For 13 years abortion opponents had been trying to pass legislation that defied or cut back on Roe v. Wade; the test cases had arisen from every state, but the indefatigable local right-to-life leaders had seen to it that Missouri provided more than its share, and sometimes it seemed to Judy that she was constantly using her clinic's reserves to pay for one legal challenge or another. Why was it always RHS? Couldn't somebody else carry the torch for a while?

The truth was Judy was losing her drive. She knew it and Frank knew it. At the clinic Judy was restless, distracted, overlooking things that would have consumed her attention a decade earlier. She was on so many national lists that she traveled regularly, to National Abortion and Reproductive Rights Action League meetings or National Abortion Federation symposiums or consultations in other states; international organizations had begun inviting Judy overseas to advise on birth control services in developing countries. Whenever Judy came back from these trips, it took her some weeks to readjust, and she no longer roamed the clinic halls the way she had in the beginning, straightening pictures and opening drawers to make sure all the medical instruments were in place.

She had other people to take care of that. Reproductive Health Services was an admirable clinic, everybody who knew abortion facilities said so; in the 13 years since its opening the clinic had quadrupled its size. Its counseling programs were national models. Out in the suburbs RHS ran a branch clinic now, a smaller, elegantly decorated office in West St. Louis County. Judy had pushed on with the expansion despite the misgivings of staff members who worried that the West County branch was a waste of money, but Judy was insistent: Affluent women from the suburbs also needed abortions, and RHS ought to be ready to market more strategically, to offer these women care within their own community.

So for a while there was West County to worry about—stocking it, furnishing it, rearranging

schedules to staff both clinics at once. Then that was done too, and by 1985 Judy could feel herself stiffening with routine, there at her walnut desk with the prints and posters and appreciation plaques on the wall. She was better at building things than maintaining them.

It was not that running an abortion clinic had become a placid line of work – the antiabortion people were never going to permit that to happen, as far as Judy could see. The National Abortion Federation, which Judy had envisioned at its founding as a sober professional organization dedicated to the enhancement of medical practice, now included as part of its standard information-gathering a national tally on bombing and arson attacks at abortion clinics: 11 during 1985, 25 the year before that. At every NAF meeting the clinic directors compared notes on security systems, hand-scrawled bomb threats and raspy-voiced midnight telephone calls, and Judy could never quite decide whether she found these anxious huddles comforting in their camaraderie or profoundly depressing. RHS had been using security guards for five years already, one for the downstairs lobby and one for the hallway outside the front door, and it still made Judy's shoulders sag to see the entrance to her medical facility being patrolled like a prison corridor.

She no longer saw the picketers down on North Euclid, even when she walked right past them; she had learned to glance in their direction without registering their presence in any but the most abstract and automatic way, and when the receptionist buzzed Judy's office to tell her that demonstrators had made it past the security guards and into the waiting room, Judy would swear quietly and sometimes just sit at her desk for a time before walking out to see what they were doing this time. She could attach names to most of their faces when she was obliged to do so, and when she thought it would make any difference she would address them personally, unless they were singing or praying so loudly that she would have had to shout to make herself heard. At her house she had security floodlights installed at

every corner, so that at dusk the property was automatically bathed in glaring light that must have horrified the neighbors. She tried to vary her routes to the clinic, but she knew she was too casual about it and most mornings she got into her Mazda and drove straight past Forest Park, the point-to-point route any kidnapper would have expected her to take. The telephoned clinic bomb threats no longer flustered her the way they used to; she had learned to debrief the receptionists mechanically, When did the call come, Exactly what was said, Was it a vague threat or a specific one, as in: Ten minutes from now a bomb will explode in your waiting room. The police had taught Judy how she was to clear the clinic at once when the threats were specific, get the patients off the procedure tables, send them down to the first-floor lobby in their surgical gowns, wait for the squad car and then follow the bomb-sniffing dogs through every room of the clinic, looking for anything out of the ordinary, a potted plant moved to one side, a wastepaper basket out of place. Judy had been powerfully frightened during the first few evacuations, darting this way and that, hurrying everybody along, but so far nobody had found an actual bomb; the callers were only telephone heavy-breathers and Judy had begun to loathe them in a dull and irritated sort of way, resenting the effort it took to summon any emotion about them at all.

Every few weeks another National Abortion Federation alert arrived in the mail. "On October 27 at about 3:00 a.m., the River City Women's Clinic in Baton Rouge, LA, was destroyed by fire." "On Monday, December 2, the Portland Feminist Women's Health Center in Portland, Oregon received a package bomb through the mail." "On December 25 at approximately 3:30 a.m. explosions damaged three facilities in Pensacola, Florida." The more decorous Antis hurriedly disassociated themselves from each new incident, often in injured tones that suggested how unseemly it was to have imagined any connection; one of the standard Anti responses to reporters' post-violence inquiries, Judy knew, was to suggest that clinic owners ("the financially lucrative

abortion industry," as one sit-in protester had put it, darkly, in newspaper remarks about arson reports) were setting off the bombs and fires themselves, either to collect on insurance or to build public sympathy for the clinics. Sometimes the very huffiness of the right-to-life leaders' denials made Judy snort as she read them: What did they suppose they were provoking, after a decade of encouraging their rank and file to call abortion doctors babykillers, if not a certain rogue strain of eye-for-an-eye fanaticism?

They were never going to go away; the picketers would always be out there; the clinics were never going to be secure the way a hospital or a dental building or for God's sake a veterinary clinic was secure. The Missouri Catholic Conference and Missouri Citizens for Life were going to keep restaging the annual spectacle over and over again, drafting their single-minded legislation, lining up their obedient legislators, rolling up their sleeves for the litigation that was sure to come. And as Frank Susman stood in Judy's office in April 1986, explaining one more time why he and RHS together shared the moral obligation to take the state of Missouri to court, Judy realized that she didn't want to do it anymore. She didn't want to front the legal fees, she didn't want to be accommodating for the reporters, she didn't want to gather up all her statistics and take the commuter flight to Kansas City and sit in a hard-backed witness stand chair for four hours at a time while some unctuous cross-examining lawyer made a big public show of the fact that she was a nurse and not a doctor. Couldn't they just live with H.B. 1596? Wasn't it smarter once in a while to see the Antis' legal bait for what it was – to walk away instead of risking so much?

But this law declared that in the state of Missouri human life began at conception, Frank said. Was Judy ready to walk away from that? Was Judy going to let the Antis make it unlawful for a public health nurse to tell a pregnant woman that she could end her pregnancy safely at Reproductive Health Services? A lot of people

were depending on their legal challenge, Frank argued; half the legislators had probably voted yes on the bill because they knew it would be knocked down immediately in federal court.

Still Judy was dubious. Frank back-pedaled, easing off the pressure a little; what about offering a more limited form of support? Would Judy at least allow RHS to act as a plaintiff in this case – to be formally named in the list of agencies and individuals claiming that H.B. 1596 violated their constitutional rights?

All right, Judy said. He could use the clinic's name. Some of Frank's arguments had sounded reasonable as she listened, and Judy was willing to say as much in court, if Susman needed her testimony again. He could name his case as he liked, Reproductive Health Services versus Antis or whatever. But she was not giving him the money for it. Frank was going to have to find somebody else to pay for his lawsuit.

The Supreme Court accepted Webster v. Reproductive Health Services on January 9, 1989, with a two-line announcement that was immediately dispatched to wire services across the country, and someone called Judy Widdicombe to tell her, and Judy thought at once: Oh Jesus, I dropped the ball, I never went to Jefferson City that year, I should have testified, I should have lobbied, I let that goddamn bill go through.

She was living in Washington when the court took Webster; she and Art had been divorced for 10 years now; in 1986, she had finally quit as director of RHS; and two years later she had rented out her house in St. Louis and packed all her clothing into suitcases and driven east to see what it would be like to work full time in the capital. In Washington Judy found an adequate place to live, a rental house near the National Zoo; she shared the house with a friend who worked as a lobbyist, and every weekday morning Judy got up, dressed in tailored clothing, combed and sprayed her hair into an immaculate blond cap around her head, and took the bus to the office of

Voters for Choice, the political action committee that had hired her to raise money for various campaigns around the country. Voters for Choice occupied two plain rooms in a Dupont Circle building that housed a lot of politically liberal advocacy groups, the kind of bare-bones enterprises whose young volunteers tended to show up in bluejeans and Birkenstock sandals, and Judy tried to act friendly in the building even though she knew she must look elaborately composed and faintly out of place, like someone's aunt dropping by from plusher corporate offices downtown.