

**Before *Roe*: The University of Michigan’s Task Force for Problem Pregnancy Counseling**  
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*Introduction*

On June 24, 2022, the Supreme Court released its long-awaited decision in the case *Dobbs v. Jackson Women’s Health Organization*. Within hours, the University of Michigan responded to the ruling with a message from interim President Mary Sue Coleman and a statement from the leadership of Michigan Medicine. Together, these administrative officials expressed unequivocal support for abortion access and the continuing of abortion education and care within the Michigan Medicine system.<sup>1</sup> The University of Michigan had been preparing for *Roe v. Wade* to be overturned since the May leak of Justice Alito’s draft opinion. By the end of May, President Coleman and Marschall S. Runge, Dean of the Medical School, convened a task force to address the potential impact on the University were Michigan’s 1931 abortion ban to go into effect.<sup>2</sup> This task force brought together concerned parties across campus, including leadership, faculty, and staff from the Medical School, University Health Service, University General Counsel, School of Information, Institute for Research on Women and Gender (IRWG), Library Health Sciences, and the Psychology and Women’s and Gender Studies departments.

Since the leak of the draft opinion, the legal status of Michigan’s abortion ban has become uncertain. In 1973, the Michigan Supreme Court found the ban to be unconstitutional, bound by the US Supreme Court’s decision in *Roe*. The statute, however, remains on Michigan’s lawbooks, within its penal code. The law instructs prosecutors:

Any person who shall wilfully administer to any pregnant woman any medicine, drug, substance or thing whatever, or shall employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve the life of such woman, shall be guilty of a felony.<sup>3</sup>

In mid-May, the Michigan Court of Claims blocked enforcement of the ban by granting a preliminary injunction to Planned Parenthood.<sup>4</sup> On August 1, 2022, the Michigan Court of Appeals ruled that the preliminary injunction did not apply to local county prosecutors. Hours later, the Oakland County Circuit Court granted the Michigan Department of the Attorney General a temporary restraining order prohibiting thirteen county prosecutors from enforcing the

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<sup>1</sup> “Access to Abortion Care,” University of Michigan Public Affairs, June 24, 2022, <https://publicaffairs.vpcomm.umich.edu/access-to-abortion-care/>.

<sup>2</sup> Mary Masson, “University creates task force to focus on abortion access,” *The University Record*, May 25, 2022, <https://record.umich.edu/articles/university-creates-task-force-to-focus-on-abortion-access/>

<sup>3</sup> Mich. Penal Code § 750.14 (1931).

<sup>4</sup> Paul Egan and Dave Boucher, “Michigan Court of Claims judge grants injunction against 1931 abortion law,” *The Detroit Free Press*, May 17, 2022, <https://www.freep.com/story/news/local/michigan/2022/05/17/michigan-abortion-law-1931-roe-wade/9808882002/>.

ban.<sup>5</sup> Governor Gretchen Whitmer has called for the Michigan Supreme Court to provide new guidance as to the ultimate constitutionality of the abortion ban.<sup>6</sup> Outside of the courts, a group called Reproductive Freedom for All has gathered more than 800,000 signatures to ensure a place on the November 8, 2022 ballot for a state constitutional amendment affirming abortion rights (which, if passed, would go into effect 45 days later on December 23, 2022). In the coming months, the University will need to continue to respond to new developments in the state's laws on abortion while remaining conscious of the needs of the university community, Michigan Medicine, and the vulnerable communities the University serves.

There is precedent for this moment in the late sixties and early seventies when the University supported students, faculty, and staff seeking abortion care before it was legal in the state. This research report will explore the University of Michigan's first task force on abortion access, the Task Force for Problem Pregnancy Counseling, formed in 1969. The Task Force established problem pregnancy counseling and abortion referral services within the University, connecting women with abortion clinics in legal states and coordinating their travel and care. The Task Force had a diverse membership, representing local Ann Arbor social services, women's groups, medical clinics, and professional and counseling staff from across the University. The effort was led by advocates within the University's Office of Religious Affairs and guided by a national network of clergy members committed to abortion access for all. Counselors associated with the Task Force would go on to refer thousands of university community members for abortions in New York State, ensuring them legal, affordable, and safe care. Within the history of the Task Force for Problem Pregnancy Counseling, there are many resonant lessons for the University of Michigan's administrators and campus community, as well as critical reminders of the interconnection and interdependency of the University and its neighbors.

### *The Task Force on Problem Pregnancy Counseling and the Clergy Consultation Movement*

The University of Michigan Task Force on Problem Pregnancy Counseling, perhaps surprisingly, found its origins in New York City. In 1967, more than twenty New York City clergy representing diverse Protestant denominations and branches of the Jewish faith came together to form the Clergy Consultation Service on Abortion (CCS). Abortion was illegal in New York State, with exceptions only made for "medically-necessary" therapeutic abortions, provided by doctors with the approval of hospital review boards. The clergy were united by their liberal beliefs; many had previously worked together in the fight for school integration in New York City or as part of the Civil Rights Movement in the South. They saw the legal bifurcation between therapeutic and criminal abortion as a driver of and expression of racial and class inequality. To the clergy, the difference between therapeutic and criminal abortions was analogous to "the difference between rich and poor, white and black, the privileged and the

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<sup>5</sup> "Judge Maintains Temporary Order to Stop Prosecution of Abortion Care," *State of Michigan Office of the Governor*, August 3, 2022, <https://www.michigan.gov/ag/news/press-releases/2022/08/03/judge-maintains-temporary-order-to-stop-prosecution-of-abortion-care>.

<sup>6</sup> "Whitmer Urges Immediate Consideration of Abortion Lawsuit," *State of Michigan Office of the Governor*, June 27, 2022, <https://www.michigan.gov/whitmer/news/press-releases/2022/06/27/whitmer-urges-immediate-consideration-of-abortion-lawsuit>.

underprivileged, married and single.”<sup>7</sup> Poor women and women of color in New York state were left vulnerable to unclean, exploitative abortion providers and unsafe self-induced abortions. At the time of its founding, the Clergy Consultation Service on Abortion cited that in 1965, 94% of abortion deaths in New York City occurred among black and Puerto Rican women.<sup>8</sup>

The clergy were determined to make information about abortion and access to safe, affordable care available to all who might need it. The Clergy Consultation Service would be a counseling and referral network, designed to connect women with abortion providers vetted by the service, for prices negotiated by the clergy. The clergy felt called to this work, in part because of the role their religious institutions had played in restricting access to abortion. In 1973, reflecting on the beginnings of the clergy consultation movement, founder and spokesman, Rev. Howard Moody wrote:

Those of us clergy in New York City who had gathered together at the Washington Square Methodist Church in the early spring of 1967 did so out of some strong convictions that leadership for the reform of that heartless and inequitable law should come from those of us who preached justice without demanding it and admonished mercy without giving it. It seemed to us only right that the counseling, encouragement, and assistance which women needed under this unjust law should come from that institution, the Christian church, so responsible for the origins and perpetuation of that law.<sup>9</sup>

Here, Moody speaks to the critical work of the CCS beyond the impact of its direct services. By allying themselves with women seeking abortions, the clergy lent the moral credibility of their institutions to the decisions made by the women. They complicated the narrative of religious opposition to abortion at a time when legislators were seriously considering reform in the state. In the meantime, the clergy were uniquely positioned to break the law. As they sent women to receive abortions from doctors operating illegally, they guarded themselves against police inquiry and legal consequences with the good faith claim that their work represented acts of conscience. The clergy held themselves accountable to a higher law than that of New York State.

The clergy were supported in their organizing with legal advice from Aryeh Neier, Executive Director of the New York chapter of the American Civil Liberties Union (ACLU), and constitutional law specialist Ephraim London. The two men advised the clergy on how to conduct their referral system and how to publicize the availability of their work. They instructed the clergy to send women out-of-state for care, decreasing the chance of prosecution for the clergy and the women by ensuring any case brought would have diverse jurisdictions. The CCS was a paper organization. The group had no office, no staff, no board, and no trustees; it had only a phone line directing callers to individual clergy. Despite these stringent measures, the lawyers encouraged the clergy to be cautiously open about their work to show that they did not believe they had anything to hide.

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<sup>7</sup> Arleen Carmen and Howard Moody, *Abortion Counseling and Social Change* (Valley Forge, PA: Judson Press, 1973), 13.

<sup>8</sup> *Ibid.*, 30.

<sup>9</sup> *Ibid.*, 19.

The CCS would come out to the world with a May 1967 *New York Times* article, “Clergymen Offer Abortion Advice: 21 Ministers and Rabbis Form New Group—Will Propose Alternatives.”<sup>10</sup> In the article and through their work, the CCS uplifted the plight of women seeking abortions. Around the country, clergy listened and followed the CCS’s lead. In 1967, the California Committee on Therapeutic Abortion founded a referral system for the city of Los Angeles, sending ministers to New York to study alongside the original CCS. By 1968, there were counseling groups in the neighboring states of New Jersey and Pennsylvania. In 1969, the Michigan Clergy for Problem Pregnancy Counseling would begin referral work. By February 1971, Rev. Alden Hathaway, chairman of the Michigan Clergy for Problem Pregnancy Counseling and a pastor at Christ Church Cranbrook in Bloomfield Hills, cited the service as having referred almost 15,000 women for abortions in 1970 alone.<sup>11</sup>

When the clergy consultation movement came to Michigan, Episcopal priest Rev. Bob Hauert would take on the role of coordinator for the Ann Arbor area, leading ten clergy members. Hauert’s politics echoed those of the liberal-minded clergy out east. He was active in local efforts against the Vietnam War and supportive of the Black Action Movement (BAM) at the University of Michigan. He was also the Program Director for the University of Michigan’s Office of Religious Affairs. There, along with Leonard “Len” Scott, the Office of Religious Affairs’ counseling director, he brought together counselors, clinics, and community organizations across the University and Ann Arbor to formally organize the University’s Task Force on Problem Pregnancy Counseling. The Task Force provided similar services to the New York CCS, following many of their policies and best practices. Bringing the work of the clergy consultation movement to the University was fully consistent with Hauert’s philosophy on abortion. To Hauert, abortion was a community health problem that needed to be treated seriously for the betterment of women’s lives and the community’s wellbeing.<sup>12</sup>

### *Abortion in New York and the Legality of Michigan Abortion Referrals*

The referrals to abortion clinics provided by the problem pregnancy counselors at the University of Michigan were made possible by New York’s legalization of abortion in July of 1970. By 1880, every state in the country legally restricted or criminalized abortion, following a national campaign by the American Medical Association.<sup>13</sup> Between 1967 and 1970, California, Hawaii, Alaska, and New York became the first states to reform their abortion laws.<sup>14</sup> Notably, New York’s reform law excluded any residency requirement, making it the most progressive amongst the liberalizing states. New York City quickly became the nation’s most popular destination for abortions, much more convenient for travelers from the Midwest than going to California, London, or Tokyo. A new era of abortion access had started. *Her-self*, Ann Arbor’s feminist magazine, reported how it was possible to travel by plane to New York in the morning,

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<sup>10</sup> Edward Fiske, “Clergymen Offer Abortion Advice,” *The New York Times*, May 22, 1967.

<sup>11</sup> Leonard Scott, “Possible guidelines for problem pregnancy counseling,” *Pastoral Psychology* 23, no. 5 (May 1972): 41-42.

<sup>12</sup> Fran Stair, “Clergy’s Referrals Act as Safeguard,” *The Ann Arbor News*, August 10, 1970.

<sup>13</sup> Carole Joffe, Tracy Weitz, and Clare Stacey, “Uneasy allies: pro-choice physicians, feminist health activists and the struggle for abortion rights,” *Sociology of Health & Illness* 26, no. 6 (2004): 777.

<sup>14</sup> Rachel Benson Gold, “Lessons from Before Roe: Will Past be Prologue?” *Guttmacher Institute*, March 1, 2003, <https://www.guttmacher.org/gpr/2003/03/lessons-roe-will-past-be-prologue#box>.

receive an abortion, and make it home to Michigan in time for work the next day. The author, an abortion counselor herself, would remark, “At one time the concept of abortion was surrounded by an aura of grease and grime, of canvassing the poorer sections of town verbally on your hands and knees, looking for the proverbial little old lady with her knitting needle. Face it, ladies: that time is gone forever.”<sup>15</sup> The opportunity to access legal abortion and the assurance of safety and dignity that came with that care reassured both patients and the counselors referring them.

The problem pregnancy counselors began referring women to New York immediately upon legalization, based on legal guidance provided for the Michigan Clergy by the law firm Dykema, Wheat, Spencer, Goodnow & Trigg in 1969. Dykema, a Detroit-based law firm, was known at the time for representing the state of Michigan in court. Their attorney, Lloyd M. Semple, advised Rev. Gary Gruber of Grosse Pointe Memorial Church in a legal memo that the clergy’s counseling was wholly legal if they limited their referral work to practices in states where abortion was legal.<sup>16</sup> The First Amendment protected the private conversations of counselors and doctors with their patients. While New York’s reform bill had not yet passed at the time of Semple’s writing, his memo reflects an expectation that in the coming years Michigan and other states like it would reform their criminal bans on abortion. It reflects upon the new precedent of the 1964 case, *Griswold v. Connecticut*, which legalized contraception for married couples. To Semple, *Griswold* invalidated the state’s control of abortion access for married couples, rendering Michigan’s abortion ban unconstitutional.<sup>17</sup>

The University of Michigan’s Office of Religious Affairs used Semple’s memo to convince high-level administrators to support their New York abortion referral program. In 1971, Robert Knauss, the Vice President for Student Services, sent Semple’s memo to the University attorney Roderick Daane. Daane concurred with Semple’s legal analysis and added some guidance on the possibility of malpractice lawsuits. Daane bowed out from further engagement with the counseling, identifying “the principal problem with this activity currently being political rather than legal.”<sup>18</sup> From there on out, the University defended the legality of the program to critics, the Regents, and the press.

### *The Work of the Task Force for Problem Pregnancy Counseling*

An essential component of the University’s abortion referral services was the vetting of doctors and abortion clinics. In October of 1971, Richard Murray, a gynecologist with the University Health Service, and Len Scott, representing the Office of Religious Affairs, visited Women’s Service and the Eastern Women’s Center to evaluate their safety for referring students. Women’s Service was founded in 1970 as The Center for Reproductive and Sexual Health. Its founding doctor, Hale Harvey, came to New York upon the passage of abortion reform to work

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<sup>15</sup> Andrea B. Way, “Any woman can,” *her-self* (Ann Arbor), September 1972.

<sup>16</sup> Letter from Lloyd Semple to Rev. Gary Gruber, July 7, 1969, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>17</sup> *Ibid.*

<sup>18</sup> Memo: Problem Pregnancy Counseling to Len Scott from Robert Knauss, July 16, 1971, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

with the CCS. In Women's Service's first month, clergy counselors referred seven hundred women to them. The Eastern Women's Center was modeled closely after Women's Service. Scott and Murray completed comprehensive evaluations of both clinics, paying close attention to the quality of the waiting rooms, laboratories, and counseling services, as well as their operative and emergency admissions procedures. The men concluded that "until legal situations change in the state of Michigan, we recommend that women seeking an abortion be referred to New York City for a medically safe and psychologically guided abortion."<sup>19</sup> Since Women's Service had more experience with first trimester abortions, they expressed a preference towards working with the clinic without reservations. However, the Eastern Women's Center had more capacity to provide abortions for pregnancies advanced to twelve weeks or beyond. The Task Force ultimately created a "Pilot Program" with the Eastern Women's Center to provide women in their second trimesters with abortions, in conjunction with Madison Avenue Hospital. This program allowed women referred by the University or the Task Force's community organizations affordable access to procedures that were hard to come by and generally more expensive.<sup>20</sup>

The groups affiliated with the Task Force would share information and resources about counseling care, along with the logistical information required for referrals. One highly circulated resource was a handout authored by Len Scott titled "Some Notes on Problem Pregnancy Counseling," which provided guidance on how to engage women and their partners in conversations about unwanted or problem pregnancies.<sup>21</sup> While the abortion referral work was key to the mission of the Task Force, they took equally seriously the quality of their counseling care. By 1972, University counselors were meeting with 300-400 women experiencing problem pregnancies each year.<sup>22</sup> Scott and his associates saw each of these women as individuals, capable of making rational, informed, and moral decisions about their health, pregnancies, and futures. He described:

Some women are single, some are married. Some come alone, some with their husbands or boyfriends. They range from undergraduates to faculty and staff. Our approach to counseling is to raise various dimensions of the given problem and provide information and facts appropriate to various alternatives for solution. We assume the moral integrity of the people we see and view ourselves as aids to their own decision-making process for which they take responsibility.<sup>23</sup>

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<sup>19</sup> Report on Visitation of Women's Service (WS) and Eastern Women's Center (EWC), April 1972, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>20</sup> Ibid., Appendix.

<sup>21</sup> Articles on Helping: Compiled from Guide Files and from Ann Arbor 24 hour phone services' training packets, September 1972, 93849 Bimu 2, box 3, Topical Files – 76-GUIDE, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>22</sup> Leonard, "Possible guidelines for problem pregnancy counseling," 41.

<sup>23</sup> Response from Leonard Scott to Dr. Thomas Quinn, January 20, 1971, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

Scott would develop his philosophy and counseling practice quickly, formally publishing an article “Possible guidelines for problem pregnancy counseling” in *Pastoral Psychology* in 1972. Scott identified the goals of problem pregnancy counseling as twofold: first, to identify where the woman was in her decision process and then, to help her move forward through “empathic reflection and clarification of the full range of concerns in the counselee.”<sup>24</sup> Scott was attentive to the tone that counselors often struck in these sensitive conversations, warning others against moralizing or being too quick to just provide logistical and medical information. The University’s counseling was different from the counseling available at abortion clinics or even from the sometimes single-minded clergy consultation services. Scott did not assume a particular outcome for his counselees, focusing instead on helping his counselees to reconcile and come to accept their own choices.

There was substantial enthusiasm on campus and amongst the University’s counseling staff for the Task Force’s work. On September 28, 1970, Len Scott wrote to Dave Patch, director of the University’s information and counseling hotline, 76-GUIDE, to update him on new counselors joining the program. Scott and Hauert had recently visited the staff of the University’s Counseling Division to discuss their programming. That day, all twenty members of the Counseling Division staff volunteered to provide problem pregnancy counseling.<sup>25</sup> Soon, the Counseling Division, Office of Religious Affairs, University Health Service, Mental Health Clinic, and the Student Activities/Services Counseling Office all provided counseling and guided students to referrals. Students could access care from any of these departments by calling 76-GUIDE. University counselors collaborated on the Task Force with community partners, clinics, and other counseling and referral services. By 1972, the Task Force included community representation from the Free People’s Clinic, Women’s Crisis Center, Planned Parenthood, Child and Family Services, Social Services, and the Crisis Walk-in Center, as well as other university departments, like the Housing Office and the Women’s Advocate Office.<sup>26</sup> *The Michigan Daily* described the coordinated counseling services as “like a corporation with different branches, separate but coordinated.” When publicizing the University’s problem pregnancy counseling, it was customary for the Task Force to include information for off-campus counseling and referral resources, like the Women’s Liberation Abortion Counseling Service.<sup>27</sup> In turn, publications like *her-self*, unaffiliated with the university, advertised the contact information for Bob Hauert at the Office of Religious Affairs.<sup>28</sup>

Women who underwent problem pregnancy counseling and chose abortion were provided with information on the procedure they would receive and travel instructions for the clinic to which they were referred. They were required to receive a pregnancy test and a doctor’s note,

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<sup>24</sup> Leonard, “Possible guidelines for problem pregnancy counseling,” 43.

<sup>25</sup> Memo: Problem Pregnancy and Abortion Counseling to Dave Patch from Leonard Scott, September 28, 1970, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>26</sup> Memo: Task Force Meeting on October 5 from Leonard Scott to Barbaraterry Kurtz, September 27, 1972, 87356 Bimu C550 2, box 3, Problem Pregnancy Task Force, Women’s Advocate Office (University of Michigan), Bentley Historical Library, Ann Arbor, MI.

<sup>27</sup> Bob Hauert, “Help for a Profit: Legalized Abortion Goes Commercial,” *The Michigan Daily*, November 5, 1970.

<sup>28</sup> “Services,” *her-self* (Ann Arbor), November 1972.

most often from the University Health Service. The counselors and the Task Force did not explicitly provide any financial support or assistance beyond this. Traditionally, to ensure the legality of clergy consultation services, money for abortions did not pass through the organizations. University counselors may have helped guide undergraduate and graduate students to other sources of financial aid for abortion care. In 1972, Len Scott prepared a handout for the problem pregnancy and abortion counselors at the University to supplement a December 1971 packet he had prepared for the Task Force. The supplement included a page on “University Financial Aid (for emergency medical loans).” Scott wrote that the Office of Financial Aid would consider requests from enrolled students for emergency short-term loans to cover unexpected medical expenses. While he did not explicitly state that these loans could cover abortion care, he suggested that the loans were “generally easily approved” and could amount to “several hundred dollars.”<sup>29</sup> Students could apply for these loans by meeting with a financial aid counselor. Scott listed out the financial aid counselors’ names, genders, and races, providing problem pregnancy counselors the information they would need to prepare their counselees.

Scott attentively tracked changes in pricing at each clinic the Task Force referred to. In 1971, at Eastern Women’s Center, a vacuum aspiration, the procedure most common for pregnancies at less than twelve weeks gestation, was 150 dollars (approximately 1090 dollars today). At Park East Hospital, a facility better equipped for pregnancies past twelve weeks, services began at 300 dollars (2,100 dollars today). Aware that these costs could be prohibitive, the handout instructed counselors that under special circumstances the 300-dollar price could be lowered because the “Michigan Clergy Counseling Service has negotiating power with Park East Hospital.”<sup>30</sup> A similar arrangement was available at Women’s Service, where the total price of an abortion was 125 dollars (910 dollars). Scott noted that at Women’s Service if the cost was prohibitive, the woman should call Len Scott or Bob Hauert for a possible adjustment of the fee.<sup>31</sup> The prices at clinics recommended by the clergy consultation service and the Michigan Task Force were much lower than in other hospitals around the city, where the starting price sometimes began at closer to 575 dollars (4,100 dollars), an amount more similar to what women had paid for illegal abortions in the state before legalization. Women’s Service provided many women abortions for 25 dollars (180 dollars). Its founder, Dr. Harvey, had hoped to provide free care, but the New York CCS believed strongly that no woman should ever receive a free abortion. They insisted that free abortion would insult women’s dignity and self-respect.<sup>32</sup>

### *University Response and Program Publicity*

With the legality of the program determined and the counseling providers procured, the next step for the Task Force would be to ensure that their services were widely known and easily accessible. Beginning in the fall of 1970, the University included information on problem

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<sup>29</sup> Memo: Some updating on abortion referrals, Mary 22, 1972, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>30</sup> Memo: Updating abortion referral information; counseling guidelines, December 1, 1971, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>31</sup> Ibid.

<sup>32</sup> Carmen and Moody, *Abortion Counseling and Social Change*, 77.



pregnancy counseling in advertisements for the 76-GUIDE hotline, counseling handbooks, and during first-year orientation events. This openness quickly led to backlash from more conservative alumni. In September 1970, a disgruntled alum, Dr. Thomas Quinn, wrote to University President Robben Fleming. Quinn had recently attended his twin sons' first-year orientation where a physician from the University Health Service discussed pregnancy testing for students, the availability of contraception, and the existence of problem pregnancy counseling and abortion referral on campus. Quinn was disturbed by the numbers of students seeking pregnancy tests (the numbers shared that day included married students) and that a "Ministers' Association" was facilitating abortion access.<sup>33</sup> He blamed this "feticide" on the loosening of the University's parietal rules, allowing for more interaction between men and women in the dormitories. He was also particularly incensed by advertisements for abortion referral agencies appearing in the *Michigan Daily*. While many other alumni wrote to the administration about birth control and abortion, Quinn's letter is of particular significance because of the response he got from the University. While originally addressed to Fleming and the University Regents, Quinn's letter received replies from Robert Knauss, the Vice President of Student Services, Dr. Robert Anderson, the now-disgraced director of the University Health Service, and Len Scott, the coordinator of the Task Force on Problem Pregnancy Counseling. As they coordinated their letters to Quinn, these individuals were required to articulate together the University's philosophy on its problem pregnancy counseling and abortion referral care.

Knauss was the first to respond. He provided context for the relaxing of the parietal rules. He cited a figure that more than 40% of students lived off campus. It would be moot to hold those remaining on campus within an in loco parentis relationship with the University when the option to live without those restrictions was popular and available. Knauss emphasized that the students living in the dormitories had access to counseling and education programs meant to lower the incidences of problem pregnancy and unprotected sex. Knauss wrote clearly about the problem pregnancy counselors, "Our counselors are available to the students as a student service and to provide them with information and services that are needed. No particular point of view or approach is forced on any student."<sup>34</sup> Knauss affirmed Quinn's response to the advertisements for private, for-profit abortion agencies in the *Michigan Daily*, expressing that University administrators and counseling staff shared his concern. Knauss presented the University's problem pregnancy counseling and abortion referral service as a safer option for students than the for-profit agencies advertised in the *Michigan Daily*.

As New York opened its doors to people seeking abortions, it created a new market for exploitative, overpriced abortion clinics, physicians, and referral agencies. The Abortion Information Agency, Inc. ran frequent ads in the *Michigan Daily* during the early months of New York's abortion reform.<sup>35</sup> Other groups ran ads alongside them; Len Scott would count more than thirteen different groups running advertisements in the *Daily* in November and December of

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<sup>33</sup> Letter to Robben W. Fleming from Dr. Thomas Quinn, September 24, 1970, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>34</sup> Letter to Dr. Thomas Quinn from Robert Knauss, November 11, 1970, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>35</sup> "Abortion Counseling, Information and Referral Services," *The Michigan Daily*, October 27, 1970.

1970 alone.<sup>36</sup> The Task Force found these providers, run as money-making enterprises, to be of low quality. It would become a new part of their mission to warn students of their risks and to provide “reputable and professionally competent alternatives.”<sup>37</sup> Bob Hauert would write an article for the *Michigan Daily*, “Help for a Profit: Legalized Abortion Goes Commercial,” specifically calling out the Abortion Information Agency. In the article, he exposes how the agency’s cooperating physicians used unnecessary general anesthesia and hospital stays to rationalize inflating their prices, pointing students to the value of University care and affiliated clinics.

The advertisements in the *Michigan Daily* inspired increased public messaging from the Task Force. The Office of Religious Affairs ran public service announcements on WCBN, the university radio station. They began, “In light of commercial advertisements for abortion facilities currently appearing in the *Michigan Daily*, the University community should be made aware of assistance on this campus for women who find themselves confronted with a pregnancy that has become a problem.”<sup>38</sup> In February of 1971, the Task Force would report on a campaign they had undertaken to further spread the word. Information on the University’s services for pregnant students was continuously shared over WCBN and through articles in *Campus Comments* and the *Michigan Daily*. The Student Services Counseling Office and Office of Religious Affairs printed 150 posters and distributed them across the dormitories in coordination with the building directors in the Housing Office. Part of the message shared around campus was a reprint of Len Scott’s first response to Thomas Quinn, making clear to all the philosophy and rationale behind the provided services.<sup>39</sup> Scott would write to Quinn twice to emphasize the responsibility of the University to its students. In his more frustrated second letter, Scott wrote:

It would be a mistake to withhold good counsel and information from those who need it, because to do so presently removes these persons from all guidance whatsoever. Presently, women in Michigan have virtually no abortion resources in Michigan. If they are decided about an abortion they in fact need the assistance of physicians and counselors to find their way to a facility which will provide them medical and psychological care comparable to any other medical procedure.<sup>40</sup>

As the Task Force worked to respond to the exploitative commercial interests preying upon Michigan students, they addressed a continuing gap in access for university community members and Southeast Michiganders. Their work would continue to serve these constituencies as

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<sup>36</sup> Response from Leonard Scott to Dr. Thomas Quinn, Vice President for Student Affairs (University of Michigan) Records.

<sup>37</sup> Letter to Dr. Thomas Quinn from Robert Knauss, Vice President for Student Affairs (University of Michigan) Records.

<sup>38</sup> WCBN Public Service Announcement, December 7, 1970, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>39</sup> Problem Pregnancy Counseling Advertisement Update, February 15, 1971, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>40</sup> Second Letter from Leonard Scott to Dr. Thomas Quinn, May 3, 1971, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

Michigan moved towards legalization and the creation of its own local market for abortion services.

### *After Roe*

On January 23, 1973, the front page of the *Michigan Daily* declared, “Nationwide Abortion made Legal in Surprise Supreme Court Ruling.”<sup>41</sup> In a 7-2 ruling, the Supreme Court ruled that states could not prevent a woman from having an abortion in the first three months of pregnancy, invalidating Michigan’s 1931 abortion ban. The *Michigan Daily* senior editors exhaled, “It took too long, too much pain and too much money. But on a cold, rainy day in Ann Arbor, we could only feel a great sense of happiness and relief.”<sup>42</sup> As students celebrated, administrators at the University reflected that the change in law was unlikely to change university policy. Dr. J. Robert Willson, the chairman of Michigan Medicine’s Department of Obstetrics and Gynecology and a vocal advocate for the expansion of therapeutic abortion, shared with the *Michigan Daily* that the University of Michigan hospital did not have the resources to provide routine abortion care. Willson had previously hoped to create a family planning clinic in the old University Motel. The University Regents rejected his plan, disinterested in leasing university property for any purpose. Dr. Robert Anderson, the director of the University Health Service, echoed that University Health Service also lacked the capacity to provide abortion care for students, sharing, “I would like to see the student needs handled in the community.”<sup>43</sup>

Seeking abortion care in Southeast Michigan following the *Roe* continued to be an unsure process. The Michigan Clergy counseling network shut down its services. The Task Force remained active. The Task Force knew from the rise of exploitative, for-profit clinics and agencies in New York that abortion referral care would have to continue in Michigan to ensure that women would have access to safe, affordable, and sensitive care. In March of 1973, less than two months after *Roe*, teams from the University of Michigan began visiting abortion clinics in Southeast Michigan to evaluate their safety for student, faculty, and staff referrals. For the first two visits, the teams consisted of Len Scott, Lois Levinson, a counselor with the Mental Health Clinic, Dr. Sima Teodorovic, a Health Service gynecologist, Rev. Richard Griffith, and a handful of graduate students from the School of Public Health. The teams would tour the facilities, review the guidelines for abortion facilities provided by the Michigan Department of Health, join counseling groups or counseling sessions with patients, and observe actual abortion procedures. After the visits, the teams would prepare evaluations and recommendations, intended to benefit both the referring counselors at the University and the clinics themselves. The team observed that the Women’s Medical Center in Detroit was serving too many women each day, causing delays in the process that increased the anxiety of patients. They ultimately approved the clinic, reflecting, “WMC has been offering an adequate abortion service at a time when few other

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<sup>41</sup> “Nationwide Abortion made Legal in Surprise Supreme Court Ruling,” *The Michigan Daily*, January 23, 1973.

<sup>42</sup> Michigan Daily Senior Editors, “Abortion reform at last,” *The Michigan Daily*, January 23, 1973.

<sup>43</sup> Jan Benedetti, “Supreme Court ruling seen as victory for abortion backers,” *The Michigan Daily*, January 23, 1973.

clinics could be recommended.”<sup>44</sup> At Women’s Health Services, also in Detroit, the team had concerns about the competency of the counselors, sensing that they were ill-equipped to start meaningful conversations with their counselees. They ultimately concluded, “patient care seems to be the primary concern of all of the staff members.”<sup>45</sup> University staff would continue to evaluate clinics until 1978 when the University evaluated the Washtenaw County League for Planned Parenthood and the OB-GYN offices of Sima Teodorovic M.D. and Zorka Basta, M.D., highly recommending both locations for student care.<sup>46</sup>

### *Conclusion*

The services provided by the University of Michigan Task Force for Problem Pregnancy Counseling were made possible by university administrators who were unafraid to support efforts to provide proven, reputable care in an unstable, rapidly changing landscape for reproductive rights and abortion access. This is one of many critical lessons for the University in the post-*Dobbs*, post-*Roe* moment. As pressingly, the history of the Task Force also shows how the University of Michigan can work in partnership with community organizations and networks across the country. While this research report features many hardworking individuals, it also tells the stories of organizations building off each other, sharing resources, and uplifting each other’s work. This collaboration shows in the outcome of the Task Force’s organizing. While attending to the needs of the University’s students, faculty, and staff, the Task Force for Problem Pregnancy Counseling ultimately encouraged safer, more sensitive care for all residents of Southeast Michigan by improving counseling practices, providing educational information, and evaluating clinic care. In their organizing and their story, there is much still to learn as the university community comes together again to envision how our resources, ingenuity, and empathy can extend beyond the walls of campus or the city limits of Ann Arbor.

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<sup>44</sup> Women’s Medical Center Evaluation and Recommendations, March 2, 1973, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>45</sup> Women’s Health Services Evaluation and Recommendations, March 24, 1973, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

<sup>46</sup> Evaluation of abortion services of the Washtenaw County League for Planned Parenthood and of the OB-GYN offices of Sima Teodorovic, M.D. and Zorka Basta, M.D., October 20, 1978, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

## Appendix

**PREGNANT,  
—NEED HELP?**

**Problem Pregnancy and Abortion Counseling** is now available through:

**WOMEN'S LIBERATION ABORTION COUNSELING.** Call 663-2363 and ask to speak with a counselor.

**CLERGY CONSULTATION SERVICE.** Call 764-7442 and ask about problem pregnancy counseling.

**UNIVERSITY COUNSELING SERVICES.** Call 76GUIDE for direction to the appropriate counselors.

**Pregnancies** can be terminated very safely before the 10th week on an outpatient basis in properly equipped clinics for no more than \$200.

**Contraceptive** information properly used can prevent nearly 100% of unwanted pregnancies. This information is now available to anyone who needs it.

**ABORTION COUNSELING, INFORMATION  
AND REFERRAL SERVICES**

Abortions up to **24** weeks of pregnancy are now legal in New York State. There are no residency restrictions at cooperating hospitals and clinics. Only the consent of the patient and the performing physician is **required**.

If you think you are pregnant, **consult your** doctor. Don't delay. Early abortions are simpler and safer.

If you need information or professional assistance, including immediate registration into available hospitals and clinics, telephone:

**THE ABORTION INFORMATION AGENCY, INC.**  
160 WEST 86th STREET  
NEW YORK, N. Y. 10024

212 - 873 - 6650  
8 A.M. TO 10 P.M.  
SEVEN DAYS A WEEK

Figure 1. (top) "Advertisement for the University of Michigan's Problem Pregnancy Counseling," *The Michigan Daily*, November 24, 1970.

<https://digital.bentley.umich.edu/midaily/mdp.39015071754423/719>.

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Figure 2. (bottom) "Advertisement for The Abortion Information Agency, Inc.," *The Michigan Daily*, October 27, 1970. <https://digital.bentley.umich.edu/midaily/mdp.39015071754423/483>.

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# ANY WOMAN CAN



—Andrea B. Way

So! You've just found out that you're pregnant! Suppose that you're one of the happy minority — one of those who can easily support and love a much-wanted child. You should still see your doctor.

But suppose you're really in no position to have a kid? You have no money. You have no room. You just can't quit your job yet. You hate kids. You have a problem, yes; but you no longer have a dire crisis on your hands.

Pregnancy is something that can never be faced with total objectivity. You can have the child, and give it up for adoption. Most women who take their pregnancy to its natural termination find that within the last couple of months, biopsychological changes that occur in their bodies make it impossible for them to give up the child, and this should be taken into consideration when making the decision.

If, on the other hand, you're against polluting the world with unwanted kids, and you feel that if you cannot love the child, cannot trust an agency to find it love and care, you must consider the possibility of abortion.

At one time the concept of abortion was surrounded by an aura of grease and grime, of canvassing the poorer sections of town verbally on your hands and knees, looking for the proverbial little old lady with her knitting needle. Face it, ladies: that time is gone forever.

The Women's Crisis Center of Ann Arbor furnishes constant service of Problem Pregnancy Counselors. These people are equipped to help you make all the arrangements for a legal abortion, in which you need neither sacrifice your pride, or your life.

The very terrifying concept of flying all the way to New York for an operation can be somewhat offset by knowing exactly what will go on when you get there. The clinics that the Women's Crisis Center use for referrals handle it in the best way we have encountered.

When the woman lands in New York, she is met by a counselor, who takes her to the clinic's private bus. She and perhaps a dozen other women are scheduled to arrive at the same time. Sometimes the very harassed counselor can be a bit abrupt; she doesn't mean that, but it's hard not to take it to heart, since it's the first contact you have with the clinic and its people.

After a short ride through the constant rush hour of Manhattan, you are escorted into the clinic, which is on two floors of a downtown office building. The reception area is small, and the registration is reminiscent of getting your first social security card. The other women are from all parts of the United States, and it's almost invariable that, no matter how uptight you are, you will strike up several conversations. This helps a great deal; you can trade fears and hunches, especially since, unless you've consulted a good counselor, at this point, you really don't know what's going to happen to you.

When all the paper work is completed, the group is ushered upstairs. The clinic itself is a very pleasant place, armed to the teeth with dozens of very qualified counselors and nurses. The entire atmosphere of the place is very woman-oriented. There is no sign of the horrible, meat-shop, materialistic professionalism that you feared. It's psychological effect is one of businesslike action on a situation that must be changed.

There is some rather important information to be gotten from the people at the clinics, and don't let it slip by you. Although the entire affair is not nearly the terrifying adventure it once was, I'm sure that you will not want to do it again if you can help it. The counselors and doctors at the clinics have vast supplies of information on contraception, and will insert IUD's at the time of the abortion, as well as giving you prescriptions for birth control pills. It's just plain foolish to go through all that, and then take no precaution to keep it from happening again.

It is quite possible to leave for New York in the morning of one day, have your abortion, and get home the same day in the evening. If you want to be cool, you can go to work the next day, and no one will ever believe from your unshakable cool that you've been half way across the continent the day before, and done all you have. For most women, there's a substantial advantage in doing it that way.

In any case, the post-operative recovery is nothing more than being careful and following the doctor's orders.



If you get nothing else from this article, please get this: if you think you might be pregnant do nothing until you've talked to someone who is either a doctor or a counselor. Don't pay a fee to a rip-off joint; don't go to a "friend" in Detroit who might do a fast number on you. Get informed, and get the right kind of help without losing any time. The earlier you do something about it, the easier it will be on everyone.

The first procedures that you're subjected to are blood and urine tests. Each woman must have them prior to any kind of surgery in almost any state, and New York is no exception. They will not operate if they find any discrepancy with the report your doctor has given them about the condition of your health, so don't try to fudge it.

When you've completed the tests, you are assigned to a counselor who takes you into a tiny room with models of birth control devices, and the lecture begins. She'll tell you absolutely everything that will happen to you, so there is no doubt or uncertainty in your mind. She'll explain the structure of your reproductive system, as if you weren't already intimately acquainted with it and many women are not. Step by step, she'll explain the operative procedure, the vacuum aspiration abortion, to you.

You then proceed to dressing rooms, where you prepare for the abortion. This is the only step where you are not in the company and constant attention of a counselor. For the rest of the time you are there, you will be personally escorted, informed, and consoled by one of the clinic's professional counselors. She'll hold your hand all the way through the procedure, should you want her to.

Before the procedure begins, the doctor will examine you. The examination can put you through a few changes. Although it is rare, it does happen sometimes that a woman will be told by her doctor here that she is only a few weeks pregnant, and will get there and be examined only to be told that she is over 12 weeks along, and there is nothing they can do for her.

If this is the case, you will be referred to another clinic, where they do the kind of operations necessary to abort an advanced pregnancy. You'll have to go to the hospital, and stay from overnight to three days, depending upon how far along you are. In most cases where there's been a mistaken diagnosis by the first doctor, you will not be so far along that you have to stay more than overnight.

If, after you are examined, they agree to do the work there at the clinic, you will undergo a brief (about three minutes) procedure, for which you will be given a local anesthetic. The operation, although not painful, can be rather uncomfortable, and many women are frightened. Since the single most important factor in controlling pain is controlling tension, you will make yourself a great deal more comfortable if you can fully prepare yourself psychologically for what's going to happen to you. The only way to do this is to be well-informed; if you are fully familiar with exactly what's happening, then you won't fear a thing, and the whole procedure will be a lot easier for everyone.

Following the operation, they will ask you to wait for about an hour in the recovery room. Since you haven't had anything to eat for quite awhile now, and you've probably exhausted yourself with tension, they serve you orange juice and cookies, or some other primitive sustenance, and will debrief you on the post-abortion self-care.

In the case where you are too advanced for the clinic to do the work itself, and you are referred to the hospital, you will be examined, probably several more times. If you are less than 20 weeks they will probably do a D&C (dilation and curettage) which is little more than a manual version of the vacuum aspiration method. For this you get put to sleep, and then you don't have to worry about anything at all. They do it all for you, including wait on you hand and foot in the hospital, which can actually be rather refreshing — especially when you wake up and find that you are no longer pregnant.

If you are over the designated limit for performing D&C's, they will do a saline procedure, which is really an induced delivery of the immature fetus. It is quite involved, and should be avoided. It requires two more days and about two hundred more dollars than any other method, except having the baby.

If you are interested in learning more specific information about any of these procedures, which are glossed over here for brevity's sake, you can call the Women's Crisis Center, 761-WISE, and ask for my number, or ask to talk to any of the other Problem Pregnancy Counselors working there. We are always happy to inform and help anyone.

Write now for a sample copy!

## THE SPOKESWOMAN

Clip coupon and mail to: *The Spokeswoman*, 5404 South Shore Drive, Chicago, Ill., 60615.

please send complimentary copy  
 enclosed is \$7 for a one-year subscription  
 please send my friend a sample copy  
 please send my friend a one-year subscription

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_

Do you know how to make your local newspaper stop sexigrating their job ads? How to start a child care center? You know if you are a subscriber to *The Spokeswoman*. This national newsletter covers the important developments affecting women every month — from the legislature to the job. Although it is based on a sophisticated newsgathering system, it costs only \$7 a year for you (institutional subscriptions are \$12). And *The Spokeswoman* is owned and operated by women.

Figure 3. Andrea B. Way, "Any woman can," *her-self* (Ann Arbor), September 1972, 07186 Aa 2, Her-self, Bentley Historical Library, Ann Arbor, MI.

September, 1972

Task Force on Problem Pregnancy Counseling

Leonard Scott, chairperson, Religious Affairs	764-7442
Barbaraterry Kurtz, Women's Advocate Office, Michigan Union	763-4186
Lois Levinson, Mental Health Clinic, 207 Fletcher St.	764-8314
Marty Rathbun, M.D., Health Service, 207 Fletcher St.	764-8335
Kathy Okun, (Free People's Clinic) 3210 S. Quad	764-7609
Rick Rosen, (Housing) Stockwell, 1343 N. University	764-1192
John Krienke, Counseling Center, 1007 E. Huron	764-9466
Carol Newberry (Women's Crisis Center) 557 S. 7th	761-WISE
Mary Krell, Express, 313 N. First St.	662-1121
Marie Gilson, Planned Parenthood, 313 N. First St.	663-3306
Bob Hauert, (Ann Arbor Clergy) ORA	764-7442
Susan Erlich, Child and Family Services, 2390 Huron Parkway	971-6520
Dave Patch, Counseling Services, Michigan Union	764-8437
David Youngs, M.D., L2110 Women's Hospital	764-8123
Carol Joseph (Women's Crisis Center)	home 662-5831 work 764-0503
Bob Lees, Counseling Services, Michigan Union	764-8437
Shannon Moorman, Counseling Services, Michigan Union	764-8437
Helen Epps, Crisis Walk-in Center, 208 N. 4th	761-9834
Liz Redhage, Social Services Dept., 120 Catherine St.	769-8700

Figure 4. Memo: Task Force Meeting on October 5 from Leonard Scott to Barbaraterry Kurtz, September 27, 1972, 87356 Bimu C550 2, box 3, Problem Pregnancy Task Force, Women's Advocate Office, Bentley Historical Library, Ann Arbor, MI.

104  
2/28/72

University Financial Aid  
(for emergency medical loans)

The Office of Financial Aid will consider requests from currently enrolled students for emergency short-term loans (such as for unexpected medical expenses). These loans are generally easily approved and the money is available within a day or two in amounts up to several hundred dollars. The repayment conditions are worked out individually with each applicant.

To apply for a loan, students may walk in to the Office of Financial Aid and ask to see a financial aid counselor. On a walk-in basis the student would most likely have an interview with one of the following:

Ron Brooks (<sup>black</sup> ~~white~~ male)  
Paulette Stallworth (black woman)  
Sarita Engstrom (white woman)  
Skip Tatum (white male)

On an appointment basis, the student may ask to see any one of the following financial aid staff:

Annie Jones (black woman)  
Beverly Tucker (black woman)  
Jan Chapin (white woman)

Office hours: 9-5 p.m. 2011 Student Activities Bldg. 763-2151

(Prepared by Len Scott,  
Office of Religious Affairs)

Figure 5. Memo: Some updating on abortion referrals, Mary 22, 1972, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.



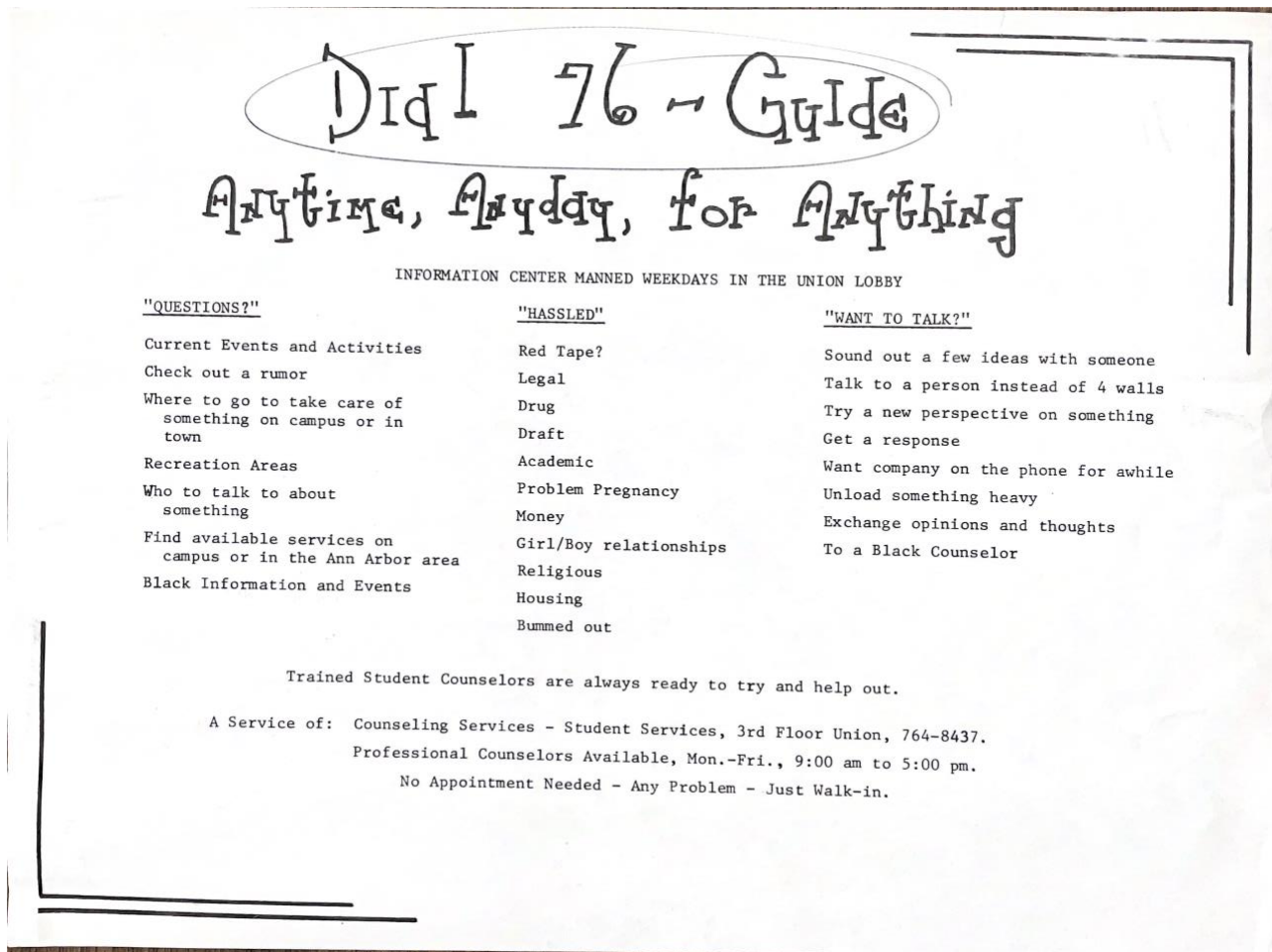


Figure 6. 76-Guide Poster, n.d., 93849 Bimu 2, box 3, Topical Files - 76-Guide, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.



**The Office of Special Services and Programs**  
3rd floor • Michigan Union • 764-7442

The Office of Special Services and Programs is people who facilitate and encourage students to represent their views, effect change, work through, with, and at times against administrative units within the University, and plan and develop special interest and community projects.

Within the office, three centers continue to operate:

The **International Center** provides a wide range of services and information to foreign students including the areas of financial aid, housing, admissions, and social and cultural activities. The director of this center is also coordinator for foreign students with the responsibility of seeing that other divisions within OSS and the University are meeting the needs of this constituency. A board of foreign students determines policies for the International Center.

The **Project Community** provides an important means for students and the community to understand and work with each other. About 400 students take part in at least 1 of 14 projects. These programs now include opportunities to work directly in schools, preschool projects, college, correctional, and mental health facilities.

The **Office of Religious Affairs (ORA)** performs a counseling and co-curricular educational function. It assists individuals in their religious and ethical growth and works with people of many different and no denominations; its personnel and other resources are focused on a variety of religious, ethical, and value-oriented issues. ORA also sponsors or participates in many educational programs and conferences on such topics as the Indochina War, Black religious experience, psychedelic drugs and religion, problem pregnancy counseling, homosexuality, and women's liberation.

**calendar key**

There will also be a series of blues, rock, and folk concerts this year, but the dates were not yet set when this booklet went to press.

FB	—Football
BB	—Basketball
CAPITAL	—Home games
Power	—Power Theatre
Hill	—Hill Auditorium
Rkm	—Rackham Auditorium
Trb	—Trueblood Auditorium
Mdn	—Mendelssohn Theatre

Names standing alone are birthdates

2

Figure 7. The University of Michigan Office of Student Services Poor Student's Almanac, 0715 Bimu 2, box 40, Counseling Services, Assorted University Publications (University of Michigan), Bentley Historical Library, Ann Arbor, MI.

December 7, 1970

Notes on Problem Pregnancy Counseling  
(submitted to WCBN for a public service announcement)

In the light of commercial advertisements for abortion facilities currently appearing in the Michigan Daily, the University community should be made aware of assistance on the campus for women who find themselves confronted with a pregnancy that has become a problem.

Women should know that there are counselors in the University counseling facilities who will assist them in a careful consideration of the situation. A pregnancy that is unwanted raises some very important questions. In the event that an abortion is sought, care is taken to prepare her for that experience and aid is given to locate a legal, medically safe facility for treatment. One clinic in particular in New York City receives referrals from University counselors.

The key to preventing an unwanted pregnancy is an intelligent contraceptive program. Call 76-GUIDE for information on problem pregnancy and abortion counseling, or for counselors who will discuss contraception and other aspects of human sexuality.

The number again is 76-GUIDE.

*Sponsored by:*  
*The Office of Religious Affairs, and*  
*Services*  
*The Student Activities Counseling*  
*Office.*

Figure 8. WCBN Public Service Announcement, December 7, 1970, 93849 Bimu 2, box 3, Topical Files – Problem Pregnancy Counseling, Counseling Service (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.

## HELP FOR A PROFIT

# Legalized abortion goes commercial

By **BOB HAUERT**  
Daily Guest Writer

On July 1, 1970, New York state changed its laws governing abortions. Now, women in New York may have an abortion on request up to the 24th week of pregnancy if the operation is done in a certified clinic or hospital by a licensed physician.

But while this makes New York's law the most liberal in the nation, clean, safe abortions are still unavailable to many New York women because of the expense involved and the shortage of certified facilities to meet the demand. For them, the situation has changed little.

In the past, when the abortionist was considered the pariah of the medical profession, he charged \$300-\$500 for an abortion, and was considered an "extortionist." Now that abortion

is legal, doctors who consider themselves reputable are still charging \$300-500; hospitals where they work charge an additional \$300-400. But now, the price is "reasonable."

Around the profit-making doctors and hospitals have sprung up an entire abortion "industry." Clinics and agencies specializing in helping women get an abortion—at a profit, of course.

Recently an ad for one of these agencies — The Abortion Information Agency, Inc. — appeared in *The Daily*. The AIA Inc. is only one such agency — certainly not the worst, perhaps one of the best, given current medical practice. In the past, the agency has arranged packaged travel-hotel-abortion tours to England and Japan, (where legal abortions have been available for some time) for a \$10 registration fee with subsequent payments, up to

\$500-600 dollars plus travel, wired in advance.

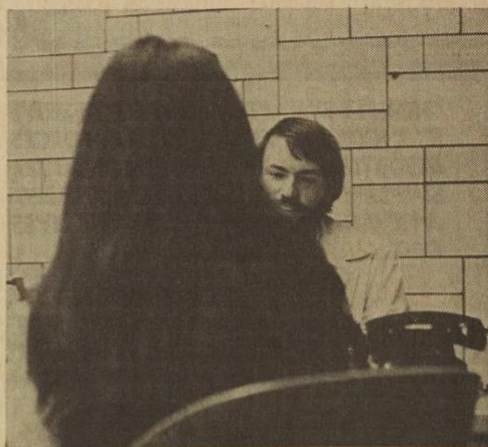
Many New York hospitals and doctors are operating within restrictions tighter than the liberal law requires. The effect of this is that many abortion cases are referred to private (health care for profit) hospitals which reap financial benefit as high-class commercial abortion mills while the indigent or temporarily poor young woman (who most certainly can't afford not to have an abortion) is still ill-served.

One hospital has been widely advertising in a very discreet and complimentary way through personal letters to respected professional colleagues around the country. They graciously propose to charge the patient an all inclusive hospital fee of \$325 (including the anesthetists fee and care for 24 hours or even a little longer if necessary). They would add to this the Ob/Gyn fee of \$250 making a total of \$575.

Thus, while hospitals are now operating within the letter of the law, i.e., performing competent abortions for profit to women who can afford it, they are certainly not carrying out the spirit of that law. Abortions are still not available to all women.

This is a tragedy, because abortions during the first 12 weeks can be done very safely on an out-patient basis, with no hospitalization required. This eliminates one large cost immediately. With new procedures, medical skill and proper preparation, a woman needs to be at an outpatient clinic no more than 2 hours to receive a safe, clean abortion, recuperate, and be on her way again with no ill effects. Such clinics can easily be maintained and staffed for a cost of no more than \$100-200 per patient.

One such clinic administered by Dr. Hale Harvey, Director of the Women's Medical Group in New York City. It operates in cooperation with the National Clergy Consultation Service office and accepts referrals from clergy and other interested professionals. This clinic charg-



es up to \$200 depending on ability to pay and offers comprehensive care and concern for the pregnant woman.

The method of abortion used at the clinic is suction curettage — the safest, most modern method known. The entire procedure is explained carefully to the patient — first by a young woman assistant who will be with the patient for the entire time she is at the clinic and then by the doctor as the operation takes place.

All of the staff at the clinic have been carefully screened and trained and most of the assistants have had abortions themselves and are able to be particularly helpful as the patients comes to understand herself and her experience. Relatives or friends waiting receive reassuring printed information explaining the procedure and can join the woman in the recovery room.

**HERE AT THE** University, the Office of Religious Affairs has worked to develop and coordinate among various counseling agencies on campus a responsible approach to women who make the decision for an abortion. Personal counsel is available to women who seek assist-

ance in the decision-making process when faced with a problem pregnancy.

Should a woman make the decision to have an abortion assistance is available to prepare her for the experience and to find a legal facility. Professionals at nearly all of the Counseling services at the University are now available to the University community for problem pregnancy and abortion counseling. The Health Service assists with medical care and advice.

● For information about Women's Liberation Abortion Counseling Service, call 663-2363 and ask to speak with a counselor.

● For information about Clergy Consultation Services, call 764-7442 and ask for Problem Pregnancy Counseling.

● For information about which University agencies are available for specific counseling, call 76-GUIDE.

(Bob Hauert is program director of the Office of Religious Affairs.)

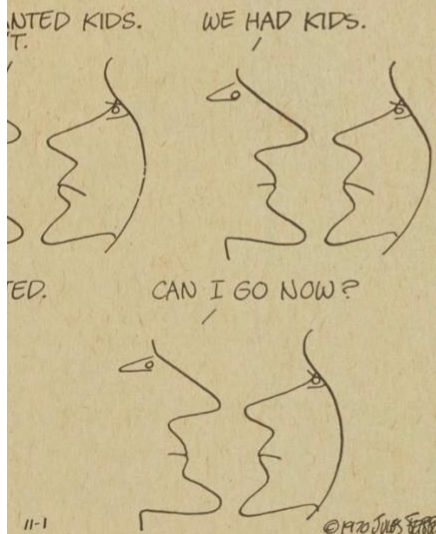


Figure 9. Bob Hauert, "Help for a Profit: Legalized Abortion Goes Commercial," *The Michigan Daily*, November 5, 1970. <https://digital.bentley.umich.edu/midaily/mdp.39015071754423/556>. Copyrighted material of *The Michigan Daily*, used under fair use assertion.

THE UNIVERSITY OF MICHIGAN



OFFICE OF RELIGIOUS AFFAIRS  
2282 STUDENT ACTIVITIES BUILDING  
TELEPHONE: 313-764-7442  
ANN ARBOR, MICHIGAN, 48104

May 3, 1971

Thomas W. Quinn, M.D.  
Ravenswood Hospital Medical Center  
1931 West Wilson Avenue  
Chicago, Illinois 60640

Dear Dr. Quinn:

I do owe you an apology for not responding quickly to your last letter to me. It is true that I have been so busy in the last few months that all of my correspondence has fallen behind, but as I examine my slowness in responding to you I am struck with an entirely different reason for my failure to write. I find I cannot answer some of your questions. For example your question, "I fail to see how any human can decide against human life, especially for socioeconomic reasons" can only be answered by one who is making such a decision. I personally would agree with you that a life -- at least a potential life -- is taken every time there is an abortion. But only those women and couples who are directly involved can answer the embryological, religious and ethical questions you raise. I could report to you what I observe as some of the motivation and reasons the persons I see have about such a decision, but then I feel put in the place of "defending" their thinking when they should be doing that themselves. I wish you could be in direct conversation with the persons who want an abortion. They must speak for themselves.

Secondly, I have felt that my own concerns are not so very different from your own. I have noticed that some of the questions which I raise in a typical counseling interview are similar to your own. I see my role as a counselor to help women and couples examine just what they are doing. For those who are considering an abortion, I ask how they feel about the pregnancy, what their responsibilities are toward the fetus, what their physician thinks, what their religion says about their situation, what their beliefs are about abortion, whether they feel they have a choice about the matter, etc. Questions such as these force a woman or a couple to consider rather carefully the full ramifications of their actions. I have thought that your own thinking would go along with this approach to counseling.

So I have wondered whether your objections have been directed at the counselors here at the University or at the women and couples who in fact do sometimes want an abortion as a solution to an unwanted pregnancy.

A good counselor will work very hard at helping a person look at all the implications of his or her thinking and feeling and acting. A counselor might even give his own personal point of view if asked for it, and recognizing its limitations. But a good counselor cannot

Page two

Impose his own point of view on the counselee and must in fact be tolerant and even accepting when a counselee's point of view is different from his own. I am certain that my colleagues in psychology, psychiatry, social work, medicine, and religion would accept this understanding of the role of a counselor. I feel that you would too. We can counsel and advise, but we cannot impose. Nor do we finally, as counselors, take responsibility for what the counselee finally does.

We can, of course, withhold services. The counselors on this campus could either refuse to counsel women about a problem pregnancy, or, having counseled them and sometimes faced with a woman who wants an abortion, the counselors could refuse to help them find a safe, legal facility. They could let them fend for themselves. In my opinion this would be irresponsible action. It would be a mistake to withhold good counsel and information from those who need it, because to do so presently removes these persons from all guidance whatsoever. Presently, women in Michigan have virtually no abortion resources in Michigan. If they are decided about an abortion they in fact need the assistance of physicians and counselors to find their way to a facility which will provide them medical and psychological care comparable to any other medical procedure. If Michigan should reform its abortion law (a reform bill has passed the Senate and is now in committee in the House) and the matter can be returned to the woman and her physician, the need for a referral system may drop out completely and counselors will only be utilized for the decision-making process.

Underlying much of my own point of view is the assumption that the decision whether or not to have an abortion rests with the woman or the couple involved. They are the ones who must reckon with the fact that they are taking a life. And they are the ones who must decide about their own lives. I believe that as a rule they can decide responsibly about their situation. Persons such as you and I can raise questions and facts for them to consider and guide them as best we can, but only they can determine what they must do. And I suppose as long as some of the public wants abortion, and as long as physicians will provide abortion, abortion will remain a reality even for those of us who cannot approve of it on any grounds. But even those who choose abortion nevertheless are thinking human beings who deserve our professional concern.

Sincerely yours,

*Leonard Scott*

Leonard Scott,  
Counseling Director

LS:mb

cc: Regent Gertrude Huebner  
Vice President Robert Knauss

Figure 10. Second Letter from Leonard Scott to Dr. Thomas Quinn, May 3, 1971, 87290 Bimu B7 2, box 21, Topical Files - Task Force on Problem Pregnancy, Vice President for Student Affairs (University of Michigan) Records, Bentley Historical Library, Ann Arbor, MI.