# SELF HELP AS SPATIAL PRACTICE: CALIFORNIA'S FEMINIST WOMEN'S HEALTH CENTERS

M.C. OVERHOLT

Overholt, M.C. "Self Help as Spatial Practice: California's Feminist Women's Health Centers." In *In the Daylight of Our Existence: Architectural History and the Promise of Queer Theory,* edited by S.E. Eisterer. Zurich: gta Verlag, 2025, 89–139. https://doi.org/10.54872/gta/4821-04

I am not afraid of love. I am not afraid of my whole self asking your whole self to join me in liberation. I am not afraid of love.

I am not afraid of difference. I have dreamt of you seamlessly weaving together, loving the places you reflect each other, and touching the differences that define you with admiration. You are the kind of beauty that is fierceness in pain, in laughter, in survival. What I mean to say is, we are too precious to turn away from one another. Too precious to think we can leave our work to our respective movements. Because the warriors, the people, who straddle the borders of fear know that we were never enemies. We were always kindred. We were always each other's gravity and air. Because when the fire comes, it comes to burn us all and your seeds blow over our fences and take root in our soil.

This is a love letter for RJ activists who are too afraid to publicly incorporate a queer politic into their work. A love letter for queer people who are complicit in reproductive oppression every day. A love letter for the heteronormativity and sexism that exists within the reproductive justice movement and the racism and misogyny that exists within the LGBT and queer movement. A love letter for our fears which seek to strangle us every day through criminalization, silence, and isolation. A love letter for repeating our histories.

This is for those of us who know that building intentional families, intentional community, intentional love, genders, and bodies can never be separated from justice; can never be separated from healing, from truth—and will always be transformative. This is for our desires lying down together outside of oppression, outside of ownership, outside of abuse.

This is a love letter for those who have come before us and never stopped pushing their way into the conversation, the family, the agenda. This is a love letter for those who will come after us and look back with pride and strength at how we wrestled our fears and hate to the ground and didn't stop until our bodies were whole, our children were free, and our land could breathe.

This is my love, out in the open, reaching a hand to you, asking you to join me in our liberation.

Mia Mingus, "How We Want the Queer and Reproductive Justice Movements to Love Us Back ..." [1]

1 Mia Mingus, "How We Want the Queer and Reproductive Justice Movements to Love Us Back ...," in Loretta Ross et al., eds. *Radical Reproductive Justice: Foundation, Theory, Practice, Critique* (The Feminist Press, 2017), 422.

## INTRA-ACTING WITH/IN THE CLINIC

On April 7, 1971, feminist activist Carol Downer mounted a table at Everywoman's Bookstore in Los Angeles and performed a pelvic self-examination in front of a group of two dozen women. Moving beyond the narrower, mainstream agendas of feminist groups like the National Organization for Women (NOW), Downer shifted her attention to the body as a site of political action. With the help of a speculum, Carol Hanisch's now infamous adage "the personal is political" manifested itself in Downer's performance.[2] In turn, the bookstore, a space of literary self-education, transformed into a space that could also support corporeal self-examination. This moment, which occurred two years before the United States Supreme Court decision in *Roe v. Wade* federally protected the right to receive abortions, also serves as one of the multiple origin points for the self-help women's health movement.[3] In the years that followed this event, Downer would team up with Lorraine Rothman and other feminist activists to develop their vision of a feminist healthcare system free from government control and the patriarchal machinations of private industry. Radically self-determined, feminist health centers, they believed, were necessary if women were to ever obtain abortions or address other reproductive health needs freely.

1 Lorraine Rothman (right) and Gloria Steinem (left) give a menstrual extraction demonstration with the Del-Em, Los Angeles. Photograph: Bettye Lane, 1972

2 Carol Hanisch, "The Personal Is Political," in Barbara A. Crow, ed., *Radical Feminism: A Documentary Reader* (NYU Press, 2000), 113–16, here 113.

3 *Roe v. Wade* was a landmark case tried in the Supreme Court of the United States in 1973. The court ruled in favor of the defendant, "Jane Roe" (Norma McCorvey), stating that women

While the feminist health movement required political organizing and social exchange, it also uniquely featured a commitment to the built environment as a medium for activism. The self-help clinic became a site of feminist spatial practice, where technological and architectural design processes were reimagined through, and alongside, the political aspirations of self-professed "wild-eyed" feminist radicals "crusading for women's liberation."[4] This essay outlines a design history of the Federation of Feminist Women's Health Centers (FFWHC)—a national organization of independently run feminist clinics that operated from the 1970s to the 1990s—paying close attention to the way in which activist-clinicians transformed everyday objects and buildings into feminist technologies and spaces. Founded by Rothman and Downer in 1972, the Los Angeles Feminist Women's Health Center (FWHC) was the first in a series of clinics in the FFWHC, with subsequent FWHCs operating in the California cities of Chico, Concord, Oakland, Redding, Sacramento, San Diego, Santa Ana, and Santa Rosa, as well as in Tallahassee, Florida; Detroit, Michigan; and Atlanta, Georgia.[5] Though each clinic varied in its program and architectural characteristics, the spaces were by and large designed to facilitate self-help practices promoting women's health education, DIY pelvic examinations, the self-management of menstruation, and abortions performed in small group settings. In the year leading up to and the many years following *Roe v. Wade*, women who staffed these FWHCs organized to provide safe abortions across the country.

Women's health activists in the 1970s were confronted with the urgent work of administering abortions and women's health services, but they were also preoccupied with the environment of the clinic. In the early days of the feminist health movement, contesting the spatial and material dimensions of the existing "medical maze" was not the stated primary objective of feminist clinicians.[6] However, the project of reimagining the clinic became central to the feminist health imaginary as women sought to occupy and transform existing buildings into multifunctional feminist spaces. Much in the way that Downer embarked on her journey as a women's health activist in a feminist bookstore, early feminist health and abortion collectives most often commenced their work in nonclinical settings. The Women's Abortion Project in New York City, for instance, operated its abortion referral and counseling service in the Women's Liberation Center on 36 West 22nd Street, a women's community center that hosted other feminist organizations, including Older Women's Liberation, the Lesbian Switchboard, and the Lesbian Feminist Liberation.[7] Likewise, founding members of the Los Angeles FWHC started

had a constitutional right to receive an abortion without excessive government interference.

4 Carol Downer, "Covert Sex Discrimination against Women as Medical Patients," address to the American Psychological Association conference, Honolulu, September 5, 1972.

5 Though the FFWHC has dissolved, three FWHCs remain active in California under the moniker Women's Health Specialists of California, as does the FWHC in Atlanta.

6 Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women*, 2nd ed. (Simon and Schuster, 1979), 11.

7 *Women's Liberation Center Newsletter*, December 1970, in Kalamazoo College Digital Archive, http://hdl.handle.net/10920/28061.

2 FWHC clinicians and advocates, *Monthly Extract Magazine,* March/April 1974

their work in a lesbian community center in midtown Los Angeles, rather than an existing clinical space. What distinguished FWHC activists from other feminist health activists in the United States, such as the members of the prominent Boston Women's Health Book Collective, was their commitment to finding stable brick-and-mortar locations for their clinics. Yet in doing so, they never fully abandoned the aesthetic and material ethos of the feminist bookstores, cafes, and community centers—institutions recognizable for their nonhierarchical approach to organizing space and bringing together many distinct programmatic functions under the same roof.

Never merely a backdrop for feminist-clinicians' work, the FWHCs were in themselves articulations of a feminist politic. Rather than reading self-help clinics as incidental, spatial milieus surrounding a political movement, this essay argues that these health centers should be understood as testing grounds for a material manifestation of feminist modes of collective living and working. The relationship between feminist lay-clinicians and their material environments may be best understood through Karen Barad's neologism *intra-action*, a term she defines as

> the mutual constitution of entangled agencies. That is, in contrast to the usual "interaction," which assumes that there are separate individual agencies that precede their interaction, the notion of intra-action recognizes that distinct agencies do not precede, but rather emerge through, their intra-action. It is important to note that the

3 Everyday work at the FWHCs, 1970s and 1980s

4 Everyday work at the FWHCs, 1970s and 1980s

> "distinct" agencies are only distinct in a relational, not an absolute, sense, that is, agencies are only distinct in relation to their mutual entanglement; they don't exist as individual elements.[8]

Though Barad developed the term *intra-action* in the intellectual ecologies of her own fields of practice—quantum physics and feminist philosophy—she offers architects and designers a radical framework for reconceptualizing design practice. Understood through the process of intra-action, FWHC activist-clinicians, their political ideals, and their environmental realities should not be seen as distinct in the absolute sense. Rather they existed in and were enacted synchronously. These activists understood that which the clinic contained—technologies, bodies, space—to exist in messy relationality rather than a strict, ordered hierarchy. All matter mattered in the reimagination of health practices.

Clinics provided some of the same gynecological services as hospitals, but their design was often markedly different. FWHCs were always in a state of flux, aggregating, handing out, and disposing of couches, speculums, bacteria, mason jars, informational pamphlets, and menstrual blood. While hospitals coded the relationship between doctors and patients, FWHC architecture comprised bodies, gadgets, and space coming into being together. Activists saw the reorganization of space as complementary to the reconceptualization of their political agendas, and, likewise, buildings offered health workers new potential for their activism. Due to the FWHCs' innate resistance to formal modes of architectural representation, this essay relies on piecing together episodic photographs taken on disposable cameras, pamphlet illustrations, home movies, and firsthand accounts to capture the messy, "generated and generative" processes of making self-help spaces and technologies.[9] The frequent assessment of such evidence as marginal within architectural discourses has, of course, a gendered subtext. This spatial history of the FWHCs is thus as invested in broadening our collective notions of the archive as it is in expanding our notions of architecture.

The FFWHC's historical arc has yet to be cohesively chronicled by historians of feminism and medicine, though historian Michelle Murphy has skillfully examined the social and technoscientific history of the Los Angeles FWHC, attending more closely to the way in which self-help practices became "entangled with larger biopolitical conjunctures" of the time.[10] The present essay does not attempt a broad historical overview and therefore cannot account for the historical specificities of each clinic within the FFWHC. Instead, it focuses on the foundational years of these clinics.

8 Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning* (Duke University Press, 2007), 33.

9 Barad, *Meeting the Universe Halfway,* 137.

10 Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Duke University Press, 2012), 8. While the present essay focuses on the spaces of the clinics and the design of technologies within those clinics, Murphy attends more closely to feminist health workers' social practices—including the social technology of the Consciousness Raising Group.

5 Feminist Women's Health Center (FWHC) medical equipment

Feminist health activism in the early 1970s was radical not only because of its occasional illegality but because it argued for an unequivocal break with the existing medical establishment. As women rejected the standards, methods, and practices of institutionalized gynecology, they also rejected the design of the spaces—hospitals, private clinics—in which this form of gynecological practice occurred. At its conclusion, the essay shifts its focus to the Chico FWHC and the Redding FWHC in the mid-1980s to early 1990s, a period when antiabortion sentiments gained traction among Pres-

ident Ronald Reagan's so-called Moral Majority.[11] At this latter moment, feminist sentiments about health and space shifted as FWHC clinics and clinicians found themselves, quite literally, in extremist antiabortion activists' line of fire.[12]

## THE GREAT YOGURT CONSPIRACY

The FWHC in Los Angeles, and the self-help movement at large, emerged in reaction to the proliferation of U.S. federal and state-sponsored family planning services for women. Though this government funding increased the availability of various forms of birth control, allowing many women to more effectively manage their reproductive health, it also led to what historian Murphy calls a "'gold rush' of cheap, mass-produced hormonal pharmaceuticals" and faulty contraceptive devices.[13] In addition to funding pharmaceutical and medical device research and development, the federal government increased the availability of subsidized sterilization procedures in mainland U.S. and Puerto Rican hospitals, for which medical centers targeted primarily Black, Latinx, and Indigenous women as recipients. With one of the densest aggregations of family planning services in the United States, Los Angeles was both a stronghold of state-sponsored control over women's bodies and a fertile ground for feminist countercultural health activism.[14]

Against the grain of state-sponsored population control, feminist self-helpers claimed autonomy over their own bodies and reproductive health, founding self-help clinics as new sites of alternative medical practice. These feminist self-help clinics existed in a milieu of insurgent health centers in Central and Southern California, including the Black Panther Party's Alprentice "Bunchy" Carter Free Medical Clinic in Los Angeles and the United Farm Workers' health clinics, including their primary clinic in Delano.[15] The former addressed, among other things, sickle cell disease, a disease particularly afflicting African American communities, and the latter primarily addressed

11 The Moral Majority was a conservative political organization founded in 1979 by Baptist minister Jerry Falwell, Sr. The coalition's mostly Christian members promoted traditional family values, prayer in school, and Christian conservative politicians like Reagan, while advocating against abortion rights, LGBTQ+ rights, and the Equal Rights Amendment.

12 Throughout this essay, I have elected to use the term *antiabortion* rather than *pro-life* to describe activists fighting to limit or fully terminate women's access to abortions. The term *pro-life* holds deep contradictions—claiming to be in favor of the advancement of life in general, while in actuality it defends the life of an unborn child and actively infringes upon the rights of childbearing people. The term *antiabortion*, I believe, is more specific and reflective of the stance that pro-life activists have taken over the past half century.

13 Murphy, *Seizing the Means of Reproduction* (see note 10), 54.

14 Joy Dryfoos, "Planning Family Planning in Eight Metropolitan Areas," *Family Planning Perspectives* 3, no. 1 (January 1971), 11–15, here 12, https://doi.org/10.2307/2133951.

15 The United Farm Workers' primary clinic in Delano closed in 1972, and was replaced by a new clinic in Arroyo Camp on the outskirts of Delano. See Beatrix Hoffman, "'¡Viva La Clinica!': The United Farm Workers' Fight for Medical Care," *Bulletin of the History of Medicine* 93, no. 4 (Winter 2019), 518–49, here 523.

6 FWHC clinician Marilyn Skerbeck in front of the clinic front door in Los Angeles

the health needs of Latinx migrant workers in the region. While each of these institutions attended to the needs of specific populations—the FWHCs to the needs of women, the Panther clinics to the needs of African American community members, and the United Farm Worker's clinic to the needs of the Latinx community—they rarely engaged in formal modes of communication with one another, leaving gaps in care for women of color, queer women, and members of other gender minority groups who required and demanded more intersectional approaches to healthcare.[16] Many members of these marginalized groups in Southern California sought to address the particular medical injustices they confronted through legal and political activism. Latinx feminists in the Comisión Femenil, the Chicana Welfare Rights Organization, and the Chicana Rights Project, for instance, resisted the prevailing medical system on legal grounds in the 1974 *Madrigal v. Quilligan* case

16 In *Body and Soul*, Alondra Nelson adds critical nuance to this point about the communication and cross-over between the Black Panther Party's People's Free Medical Centers and feminist self-help circles. Nelson quotes former Los Angeles–area Black Panther Norma Armor's recollections of adopting feminist self-help techniques extensively. In her conversation with Nelson, Armor recalls completing pap smears among other Black women and Panthers and even quotes the common feminist adages "Know your body, know thyself. Own your own speculum. Do your own examinations." See Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (University of Minnesota Press, 2013), 89. In contrast, there is little evidence that clinicians in the FWHCs integrated Black Panther health practices—like sickle cell disease testing—into their daily clinical practice.

by suing the Los Angeles County Medical Center for sterilizing Mexican, immigrant women either without their consent or through coerced consent.[17] Though the case was ultimately ruled in favor of the defendant doctors at Los Angeles County Medical Center, activists involved in *Madrigal v. Quilligan*—among them Gloria Molina, the Los Angeles chapter president of the Comisión Femenil—were successful in bringing public attention to the issue of racialized sterilization. Molina and her colleagues also convinced the U.S. Department of Health, Education, and Welfare to mandate a seventy-two-hour wait period between consenting to and receiving a sterilization procedure, a measure intended to prevent doctors from coercing women to consent to sterilization while in labor and delivery.[18]

As Latinx feminists in Los Angeles fought their battle against sterilization in the courts during the early 1970s, members of the Los Angeles FWHC also found themselves in a legal conflict with the state of California. After nine months of surveilling the FWHC at 746 South Crenshaw Boulevard, ten police entered the clinic on September 20, 1972, to commence a "gynecological treasure hunt"—gathering everything from speculums, syringes, cannulas, and birth control pills to a pie tin, a measuring cup, and a carton of strawberry yogurt.[19] Based on the police findings, FWHC employee Colleen Wilson was charged with eleven offenses relating to the practice of gynecology without a medical license, ultimately pleading guilty and paying a 250 dollar fine as well as serving two years of probation.[20] Downer, the cofounder of the center, was charged with only two counts. First, she had assisted a woman in viewing her own cervix; second, she had recommended the application of yogurt to the vaginal wall for the treatment of a yeast infection. In the following months, while Downer fought the charges in court, feminist writer Stephanie Caruana facetiously termed the event the "great yogurt conspiracy" in the feminist zine *Off Our Backs*, a phrase that captured the feminist perspective of the case as an orchestrated hoax.[21]

Though construed by government-appointed Special Investigator John Urso as an infringement on professionalized medical practice, Downer's recommendation of yogurt as a remedy for a yeast infection echoed a common exercise of at-home self-care—the use of lactobacillus as an antidote to candida yeast overgrowth was just one of the many ways women across the United States used what was immediately available to them to manage their vaginal microbiome and reproductive health. Herbal remedies, vaginal

17 Elena R. Gutiérrez, "Policing 'Pregnant Pilgrims': Situating the Sterilization Abuse of Mexican-Origin Women in Los Angeles County," in Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, eds., *Women, Health, and Nation: Canada and the United States since 1945* (McGill-Queen's University Press, 2003), 391–94. The Chicana Rights Project was started in 1974 as part of the Mexican American Legal Defense and Educational Fund, a civil rights organization founded in Texas in 1968.

18 Gutiérrez, "Policing 'Pregnant Pilgrims,'" 392–94.

19 Stephanie Caruana, "great yogurt conspiracy," *Off Our Backs* 3, no. 5 (1973), 7, https://www.jstor.org/stable/25771711.

20 Caruana, "great yogurt conspiracy," 7. Unless otherwise noted, all monetary figures are expressed in U.S. dollars.

21 Caruana, "great yogurt conspiracy," 7.

sponges, douches, pessaries, and other methods of vaginal self-care had long been passed down from generation to generation of American women; these traditions were particularly strong among immigrant communities, African American communities, and other populations with decreased access to institutionalized medical care.[22] But the underlying assumption of the trial was based on physiological property, reinscribing the woman's body as the object of professionalized gynecological study, thereby subject to the jurisdiction of state-enforced medical control. Under the discretion of the state, the domestic and medical domains of influence were to remain separate, a distinction that echoed the long-standing, patriarchal bifurcation of private and public spheres. The prosecutorial rhetoric of the proceedings was fueled by similarly binary questions lurking beneath the surface of the case: was yogurt a drug or a home remedy? Was Downer, or any lay-clinician for that matter, a friend giving another woman advice or a quack doctor? Were these clinics community centers or medical facilities?

In court reports, the clinic building was a particular curiosity, cast as an ambiguous space hiding illegal activity behind its shuttered facade. One prosecution witness, Sharon Dalton, opened her testimony with a distinctly spatial description of her trip to the Los Angeles FWHC:

> I entered 1027 South Crenshaw Blvd., L.A. at approx. 12:15 p.m. this day, April 28, 1972. The walls were covered with posters relating to the women's liberation movement. ... There was a girl sitting behind the desk in the second room talking to two other young teenagers. She asked if she could help me and I said I wanted information about a pregnancy test. She sent me into a room in the back of the building. ... There were numerous medical instruments, and rubber gloves setting [sic] around.[23]

Similarly, in her observations of the Los Angeles FWHC, policewoman Carol Chouinard foregrounded observations about the clinic interior, linking self-help practices with their spaces:

> Two students volunteered to be "gang pelvic-ed." ... Both girls laid on the rug in the front room, with paper towels under their buttocks. ... Then [name redacted] put the glove on and proceeded to crawl across the rug to the girl who she was about to examine, placing her clean plastic glove on the rug.[24]

For both Dalton and Chouinard, illicit activities were entangled with illicit environments—spaces that transgressed categorical boundaries established by the law. Buildings in which feminist literature coexisted with medical instruments, rugs replaced medical examination tables, and plastic gloves

22 Judy Wajcman, *Feminism Confronts Technology* (Polity Press, 1991), 75.
23 Caruana, "great yogurt conspiracy" (see note 19), 7.
24 Caruana, "great yogurt conspiracy," 7; redaction in the original.

mingled with textile fibers proved to be more than just bewildering to FWHC opponents; they posed a threat to the status quo of the medical establishment. Chouinard's use of the term *gang pelvic-ed* draws intentional connections to the more common term *gang raped*, marking how an intimate act of communal self-examination taking place on the comfort of a soft rug was also misrepresented by police as, at worst, an act of corporal violence and, at best, an unsanitary act in which the doctor's "clean plastic glove" was sullied by the woman administering the pelvic exam.[25] Rather than seeing the mutualistic relationship between women and women, as well as women and space, in the clinic for what it was—an intimate manifestation of care—Chouinard portrayed it as something to be exposed, confronted, and terminated. However this very hybridity, this blurring of distinctions between bodies and bodies, bodies and space, fueled the development of the FWHCs both as political projects and spatial experiments. In subsequent years, Downer and her colleagues would continue to design spaces that operated somewhere between clinics, education centers, living rooms, and campaign headquarters.

Originally called Self-Help Clinic One, a reference to its status as the first explicitly feminist health clinic in the country, the Los Angeles FWHC was strategically sited at the nexus of radical feminist and lesbian feminist activism in Los Angeles's midtown neighborhood. Downer worked in midtown at the Crenshaw Women's Center (CWC), an informal gathering space founded in January 1970. The center hosted a collection of feminist events and happenings—theater performances, film screenings, abortion and contraceptive counseling, and vocational instruction were all commonplace. Located at 1027 South Crenshaw Boulevard, the CWC occupied one half of a 1,200-square-foot duplex, the other half belonging to a woman who recommended the space to the group. A short eight months after its opening, around fifteen hundred women were affiliated with the CWC, coming to the space independently or as members of groups like the Women's Liberation School or the Anti-Rape Squad.[26] In March of the following year, Downer participated in the center's newly formed steering committee and began running clinical services out of its back room with the help of Rothman.[27] The two women also ran the Women's Abortion Referral Service (WARS) on Tuesdays in the CWC's front room. During this time they would counsel and prepare women to receive legal, therapeutic abortions—abortions due to potentially dangerous preexisting health conditions of the patient—at the nearby San Vicente Hospital.[28]

25 Caruana, "great yogurt conspiracy," 7.

26 Daphne Spain, *Constructive Feminism: Women's Spaces and Women's Rights in the American City* (Cornell University Press, 2016), 61.

27 In addition to demonstrating pelvic self-examinations and teaching women how to assess the health of their vagina and cervix, Rothman, Downer, and feminists at the CWC made two-minute pregnancy tests available to women. At-home pregnancy tests did not become widely available in pharmacies across the United States until the late 1970s, so the ability to test for pregnancy outside a hospital or medical clinic was novel during the early days of the CWC.

28 Therapeutic abortions are categorized as abortions completed because the pregnant individual has a dangerous or potentially dangerous health condition, whereas elective abortions

7 Two women perform a pelvic self-examination at an FWHC, May 1974

8 Los Angeles FWHC on South Crenshaw Boulevard, formerly the Crenshaw Women's Center, circa 1972

The Crenshaw Women's Center was particularly important to lesbian feminists living in midtown Los Angeles who ran a suicide prevention hotline for lesbians from the center and hosted a weekly dance on Saturday nights called "Sisters Coffeehouse."[29] It also served as a rare space where queer and straight women could engage in open conversation, the sort of exchange that had become increasingly difficult as homophobia took root in liberal feminist organizations like NOW during the late 1960s.[30] This ongoing dialogue was epitomized by a conference cohosted by the CWC and Gay Women's Liberation on February 20, 1972. Titled "Sexual Politics: A Workshop between Gay and Straight Women," the event brought together around one hundred gay, bisexual, and straight women to discuss their sexual experiences, preconceptions of one another, and to develop "sisterly" bonds.[31]

Yet the Crenshaw Women's Center represented just one site in an emerging geography of lesbian spaces in Los Angeles, including the Daughters of Bilitis Center at 852 Cherokee Avenue, the Gay Community Services Center's Liberation House at 1168 N. Edgemont Street, and the Gay Women's Services Center (GWSC) at 1168 Glendale Boulevard. In February 1971, Peace Corps and Civil Rights movement veteran Del Whan split off from the CWC to found the GWSC, the first incorporated social agency exclusively for lesbians in the United States.[32] Whan belonged to a cohort of lesbians who believed in the importance of creating a separate space of organizing and community for lesbians—away from the homophobia they too often encountered in mainstream feminist spaces and the sexism they faced within male-dominated homophile movements.

Despite these political and spatial divides, a strong community of lesbian feminists remained at the CWC until its closing in 1972. After the CWC's tenure concluded, Downer and Rothman founded the first independent operating space for the Los Angeles FWHC two blocks south on S. Crenshaw Boulevard. However, in short time, the two women were able to move back into the (now empty) former CWC building at 1027 S. Crenshaw Blvd, this time occupying both sides of the duplex building.[33] Staff members at the Los Angeles FWHC continued to work in collaboration with lesbian feminist organizations, even training individuals involved in the founding of the

are completed at a pregnant individual's request, regardless of preexisting health conditions. Therapeutic abortions were legalized in California in 1967, six years before the United States Supreme Court's decision in *Roe v. Wade* protected women's liberty to choose to have an abortion without excessive government restriction. Also see Spain, *Constructive Feminism* (see note 26), 123.

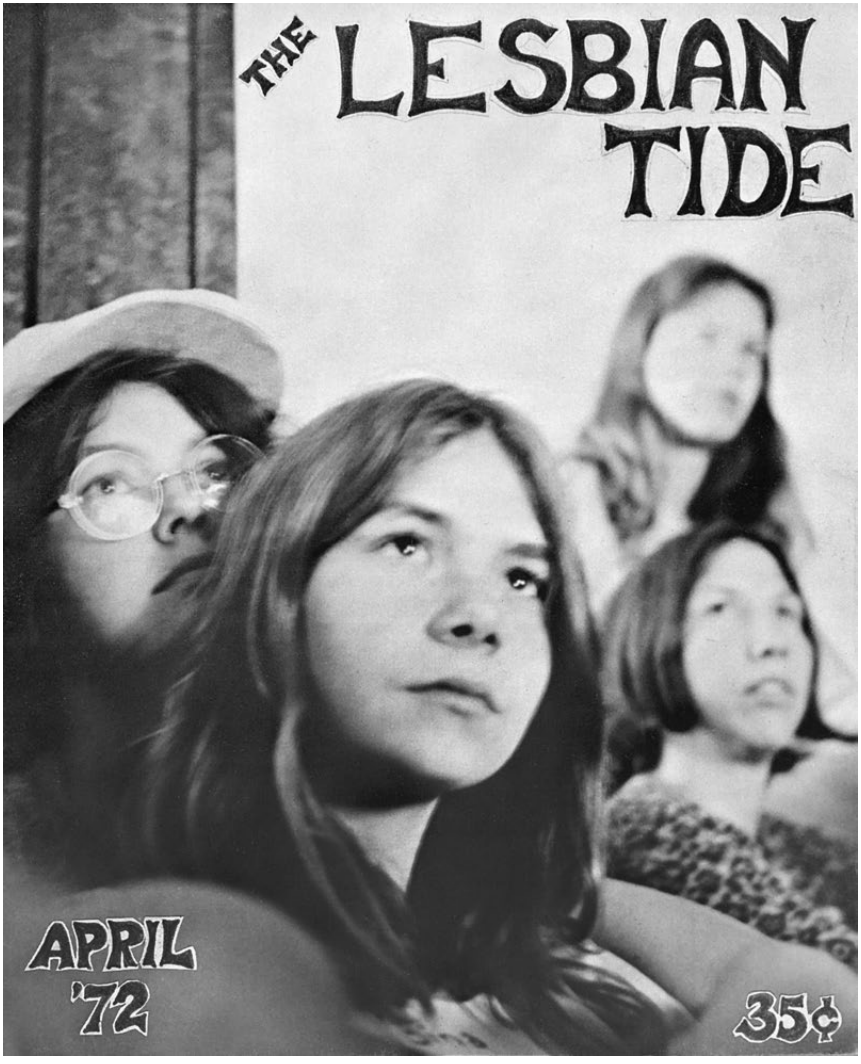
29 Jeanne Cordova et al., "Calendar," *The Lesbian Tide*, April 1972, 30.

30 NOW leader Betty Friedan spoke out against lesbian activism within the feminist movement, claiming that lesbians' political agendas distracted from NOW's mission to achieve social and economic equality for women. In a NOW meeting, Friedan called lesbian feminist activists a "lavender menace," a phrase that lesbian feminist agitators appropriated and used to refer to themselves in the 1970s.

31 "Sexual Politics: A Workshop between Gay and Straight Women," *Everywoman* 1, no. 4 (1971), 13, https://www.jstor.org/stable/community.28036110.

32 Lillian Faderman and Stuart Timmons, *Gay L.A.: A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians* (University of California Press, 2009), 170.

33 Spain, *Constructive Feminism* (see note 26), 111–13.




9 *The Lesbian Tide*, April 1972, cover. The magazine advertised a lesbian costume party at Sisters Coffeehouse 1027 S. Crenshaw Blvd, Los Angeles, the subsequent home of the Los Angeles FWHC

world's first lesbian health clinic at the Gay Community Services Center.[34] Yet the change in mission at 1027 S. Crenshaw Blvd meant less time for lesbian-centered social events (one of the focuses of the CWC) and more

34 Mina Meyer, board member of the Gay Community Services Center (GCSC), founded the world's first lesbian clinic in 1972. The clinic was the second at the Gay Community Services Center, the first serving primarily gay men with venereal disease. In addition to serving lesbians' gynecological needs, the clinic was also a resource for gay women struggling with alcoholism. In fact, the clinic was awarded a $1 million grant from the National Institute for Alcohol Abuse and Alcoholism to create a recovery program for lesbians. See Faderman and Timmons, *Gay L.A.* (see note 32), 201–2.

attention to self-help health practices, driving many lesbian feminists to seek out social space in other queer community centers and institutions in Los Angeles.

In addition to sharing constituents with the former CWC, the Los Angeles FWHC adopted the CWC organizers' dynamic approach to interior design—furnishing the space at little expense and encouraging a communal spirit of working, living, and making clinical space together. Beanbags, couches, and chairs crowded most rooms to facilitate meetings and events. In the former bedroom was a library filled with feminist newsletters, pamphlets, and books from around the continent—a mimeograph machine was often used to reproduce and circulate those documents. Activists embraced the ambiguity of the former CWC, what Downer calls its "flowing quality," often simultaneously holding more serious discussions about women's health in one room and a celebration in another.[35] The new Los Angeles FWHC, as historian Daphne Spain writes, "was a structure transformed into a symbol of women's liberation through the action of its founders, the materials they assembled, and the women who visited."[36]

As the women of the Los Angeles FWHC settled into a new location on 1112 S. Crenshaw Blvd. in 1974 and early clinics in the FFWHC formed around the country, the first few including the Orange County FWHC, Oakland FWHC, and Chico FWHC, self-help became both a philosophical ideal and a design principle for activist-clinicians. Self-help as theory and praxis, as Murphy describes, placed a unique "emphasis on the epistemic authority of experience," attempting to disrupt the circulation of ignorance regarding women's bodies through physical encounter.[37] This pursuit of self-knowledge was symbolized by the speculum, which feminists had redesigned to better facilitate self-examination, placing the handle upright for an ergonomic grip and attaching a mirror to render a woman's cervix observable to her. Despite the fact that the cultivation of individual, situated knowledge was central to the feminist health movement, self-help clinics were fundamentally collective projects. Women practicing cervical self-examination, menstrual extraction—the process of passing a menstrual period through vacuum aspiration—or other self-help practices, did so in what were called "friendship groups" either at home or in an FWHC, alternatively referred to as the "participatory clinic."[38] Breaking the cycle of ignorance was an iterative social and material practice. Much in the way that feminists used the commonplace mimeograph machine to produce copies of feminist literature and extend their print run, they also used the small self-help group as an engine for expanding the reach of feminist health practices.

35 Carol Downer, interviewed by Michelle Moravec, 1988, audio interview #3 in "The Sixties: Los Angeles Area Social Movements/Activists, Virtual Oral/Aural History Archive, California State University Long Beach." http://hdl.handle.net/10211.3/215265.

36 Spain, *Constructive Feminism* (see note 26), 57–59.

37 Michelle Murphy, "Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-Help Movement," *Feminist Studies* 30, no. 1 (2004), 115–47, here 118, https://www.jstor.org/stable/3178561.

38 Jennifer Nelson, *More Than Medicine: A History of the Feminist Women's Health*

10 Everyday work at the FWHCs, 1970s and 1980s

While regaining collective knowledge of women's anatomy was central to the project of feminist health, so, too, was the physical, tactile experience of making alternative technologies and spaces. In 1971, the Boston Women's Health Book Collective published their groundbreaking book *Our Bodies, Ourselves*, selling 225,000 copies in the first two years of publication with the New England Free Press and many more after its republication by Simon and Schuster in 1973.[39] The book, a fixture in FWHCs across the country, emphasizes the importance of the physical processes of self-help in its opening statement, invoking the possibility of "reclaiming activity through the production of tangible objects." Reflections on this claim by a member of the Boston Women's Health Book Collective are quoted in the book:

> I thought that girls did not have to be physically strong. They could do everything they needed with their heads. The fact is that some mental work involves a back-up of physical strength. For example, engineers

*Movement* (NYU Press, 2015), 108.

39 Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (University of Chicago Press, 2010), 17.

> and architects can become more experienced in their trades if they are physically able and have the strength and stamina to build machines and structures. I now feel that all desirable qualities and abilities are neither male nor female, but rather human, and I am trying to get the most out of my body, mind, and feelings.[40]

Though the writers and readers of *Our Bodies, Ourselves* interpreted this suggestion of reclaiming physical strength in many ways, FWHCs became one testing ground for the practice of building "machines and structures."[41]

## DESIGNING MACHINES

Beginning in the mid-twentieth century, the American medical field saw a dramatic proliferation of contraceptive technologies. Birth control pills had been American women's contraceptive of choice since Margaret Sanger opened her Brooklyn birth control clinic in 1916, but by the late 1960s the landscape of medical device production had shifted toward intrauterine devices (IUDs). At the terminus of 1970, over three million American women had been fitted with an IUD.[42] For some American women the IUD presented an opportunity to forgo the daily chore of taking the birth control pill or curtail its often-unwelcome side effects. Yet the story of the IUD is fundamentally wrapped up in the history of racist, state-sponsored eugenics, beginning in the 1930s and reaching new heights in the 1960s and 1970s. During the early 1960s, the U.S. Population Council began promoting the IUD domestically as a "simple, inexpensive, and reliable permanent contraceptive."[43] Internally, the council called the IUD suitable for use by "unmotivated," working-class women and women of color, whom it deemed incapable of keeping up with the pill.[44] In 1965, the United States Agency for International Development initiated funding to family planning projects in the so-called Third World, and by 1974 some 7.5 million women internationally were being provided with free contraception as part of the U.S. government's efforts to slow population growth in so-called developing countries.[45] Both domestically and internationally, women of color and low-income women were disproportionately targeted as recipients of free or low-cost contraceptive devices and sterilizing procedures.

Public funding for contraception was bolstered by a sprint to produce new contraceptive technologies in the private sector. Invented by Hugh

40 Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women* (Simon and Schuster, 1973), 9.

41 Boston Women's Health Book Collective, *Our Bodies, Ourselves,* 9.

42 Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (Hill and Wang, 2001), 268.

43 Tone, *Devices and Desires,* 265. Tone quotes the Population Council, *Annual Report for 1962 & 1963* (Population Council, 1963).

44 Tone, *Devices and Desires* (see note 42), 265.

45 Tone, *Devices and Desires,* 266.

Davis, the Dalkon Shield represented one such technological advancement—ending, nevertheless, in spectacular failure. The device, which was brought to market in 1971, promised better protection against pregnancy and greater comfort for the user. But by 1974, A.H. Robins, the company manufacturing the Dalkon Shield, had received at least four hundred thousand complaints about the product. In addition to the immense pain of the placement and removal procedures, causing many women to pass out, the Dalkon Shield significantly increased the risk of uterine infection and perforation of the uterine wall.[46] Though lawsuits quickly ensued and word spread of the Dalkon Shield's ominous side effects, the device was not recalled from the market until thirteen years later in 1984.

Amid this biopolitical climate of state-sponsored and profit-driven advancement of contraceptive technologies, radical feminists like Shulamith Firestone, author of *The Dialectic of Sex* (1970), called for the co-optation of scientific advancement into feminist circles. Firestone and her colleagues asserted that the feminist project necessitated the development of effective reproductive technologies, "in order to free women from the 'tyranny of reproduction' which dictated the nature of women's oppression."[47] But while the medical sector focused on the advancement of contraceptive technologies, FWHC cofounder Rothman turned instead to improving abortion technologies, inventing the Del-Em in 1971 (see Intertext). A technological device created for the purposes of menstrual extraction, the Del-Em served the double function of menses control, the passing of a menstrual period in a single sitting, and early stage abortion.[48] Menstrual extraction was designed as a modification of the more common abortion method dilation and curettage (D&C), in which the cervix is dilated and a curette is used to remove uterine tissue. The latter procedure was used by physicians in states where early stage abortion had been legalized prior to the 1973 *Roe v. Wade* decision, which federally protected abortion rights.[49] One such physician, Franz Koomey, hosted Rothman and Downer in his Washington clinic to observe and practice the procedure, which the two women ultimately deemed to be too intrusive and too painful to adopt in full.[50] Unlike D&C, menstrual

46 Tone, *Devices and Desires,* 279–80.

47 Wajcman, *Feminism Confronts Technology* (see note 22), 56.

48 In her article "Menstrual Extraction, Abortion, and the Political Context of Feminist Self-Help," historian Denise Copelton notes that eight weeks of pregnancy was considered the threshold for the safe use of menstrual extraction as an abortive procedure. This said, some groups operated on different timelines. See Denise Copelton, "Menstrual Extraction, Abortion, and the Political Context of Feminist Self-Help," in Marcia Texler Segal, Vasilikie Demos, and Jennie Jacobs Kronenfeld, eds., *Gender Perspectives on Reproduction and Sexuality*, Advances in Gender Research 8 (Emerald Group Publishing, 2004), 129–64.

49 Prior to *Roe v. Wade*, therapeutic abortion was conditionally legal in twenty states. Therapeutic abortion, though conditionally defined differently across states, was defined in California under the Therapeutic Abortion Act of 1967 as an abortion completed under circumstances where there is "(1) substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother; [or] (2) the pregnancy resulted from rape or incest." See Brian Pendleton, "The California Therapeutic Abortion Act: An Analysis," in *Hastings Law Journal* 19, no. 1, 242–55, here 245.

50 Rebecca Chalker and Carol Downer, *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* (Four Walls Eight Windows, 1992), 117.

extraction would use suction rather than scraping, a gentle approach that could be more safely completed both by paramedics and lay people.

Abortion via suction was not Rothman's medical invention, though Rothman and other feminist paramedics were the first to popularize its use in the United States. The first clinical study was completed in China and published in the *Chinese Journal of Obstetrics and Gynecology* in 1958, recording around two hundred cases of abortion via vacuum aspiration at the Ti Lan Qian district hospital and another one hundred at a handful of other public hospitals. In their findings, Yuantai Wu and Xianzhen Wu concluded that the procedure, as compared to more common abortion procedures like D&C, incurred less risk of perforating the uterus and caused the patient less pain and discomfort.[51] Almost a decade later, British obstetrician Dorothea Kerslake introduced the Chinese doctors' abortion procedure to her community in Newcastle and published an article in the U.S. journal *Obstetrics and Gynecology*, marking vacuum aspiration's entry into the U.S. clinical imaginary.[52]

While the many medical benefits of abortion via vacuum aspiration were central to feminist clinicians' choice to adopt and modify the practice, they were even more inspired by the procedure's relative simplicity, speed, and infrequent need for anesthetics. The vacuum aspirator, which created necessary pressure to complete the procedure, was, however, too expensive a machine for American feminist clinicians to purchase or popularize. Rothman's Del-Em was a simplified, cheaper, reproducible cousin of the vacuum aspirator, and menstrual extraction a more accessible procedure. Rothman was committed to the notion that menstrual extraction was "not a medical treatment—but a home health-care technique," insisting that unlicensed women should be able to practice it outside a hospital setting.[53] In a 1990 interview, she reflected on the process of menstrual extraction, likening it to cleaning a kitchen:

> If you've ever lived in a kitchen that has covings, the linoleum [that] goes up the side of the wall, underneath the cabinets. ... You can't see what's in the coving, but you know you've got to get in there and scrub it out. And after a while you know the shape of it. That's exactly what it seemed like to me. After a while you just know the configurations of uteruses.[54]

As easy to learn as housekeeping, menstrual extraction was designed to be

51 Yuantai Wu and Xianzhen Wu, "A Report of 300 Cases Using Vacuum Aspiration for the Termination of Pregnancy," trans. Joyce W. Leong and Roger V. Short, BMJ.com [website no longer available], ca. June 12, 2008.

52 Dorothea Kerslake and Donn Casey, "Abortion Induced by Means of the Uterine Aspirator," *Obstetrics & Gynecology* 30, no. 1 (1967): 35-45.

53 Chalker and Downer, *Woman's Book of Choices* (see note 50), 113.

54 Lorraine Rothman, interviewed by Carol Dyer, "The Sixties: Los Angeles Area Social Movements/Activists," March 31, 1990, in Virtual Oral/Aural History Archive, California State University Long Beach.

accessible, first and foremost, to housewives, working women, and young feminists.

On December 6, 1971, Rothman filed a patent application with the U.S. Patent and Trademark Office for a "Method for Withdrawing Menstrual Fluid," or menstrual extraction. In the document, she claimed the Del-Em as a device "whereby substantially all of the menstrual fluid incident to a normal monthly 'period' may be removed in a small fraction of an hour" (fig. 11).[55] Abortion, however, was not mentioned. The patent's carefully selected wording and imagery signified the dual, inner and outer, ambitions that feminist clinicians espoused regarding menstrual extraction. Externally, the Del-Em was portrayed as an innocuous device used to manage menstrual cramps and bleeding. In its carefully constructed narrative, Rothman's patent depicted the Del-Em as a categorizable, knowable apparatus, able to be approved and filed away by the U.S. Patent and Trademark Office without raising suspicion. Whereas within feminist circles, the Del-Em symbolized a sweeping reclamation of control over women's reproductive capacities, as well as the expansion of self-help praxis. "We are totally unconcerned with the question of whether or not a certain menstrual extraction would be classified as an abortion," Downer clarified in a 1972 speech:

> We simply want to control our bodies, to regulate our reproduction at whatever point we are in our reproductive cycle, or to relieve menstrual cramps, or to insure [sic] that a menstrual period will not spoil a vacation or venture. It is the male mind that is fascinated with the question of whether or not a given menstrual extraction is an abortion and whether or not his precious sperm will be interrupted in its journey to manhood.[56]

As a technological device, the Del-Em was not designed to classify, or render perceivable and regulatable, stages of women's reproductive cycle but rather to return to women unconditional control over their bodies and their reproductive labor.

The illustrations included in the patent also obscure the political intentions behind the device, calling attention instead to its material thicknesses, points of connection, and functional performance. Save for one enlarged, isometric view of the tail of the cannula, the patent renders the Del-Em in section—showing the inner workings of the suction-producing device and receptacle (fig. 12). In one patent figure, the uterus is rendered in section as well, bringing it into the same plane of graphic expression as the rest of the device—an amalgam of lines and poché. What was, in popular culture, discursively imagined as the site of life and death was recast as a material extension of a biotechnical apparatus, a system component rather than a site of political confrontation.

55 Lorraine Rothman, Method for Withdrawing Menstrual Fluid, U.S. Patent 3,828,781, filed December 6, 1971, and issued August 13, 1974.

56 Downer, "Covert Sex Discrimination" (see note 4), 4.

**United States Patent** [19]
**Rothman**

[11] **3,828,781**
[45] **Aug. 13, 1974**

[54] **METHOD FOR WITHDRAWING MENSTRUAL FLUID**

[76] Inventor: **Evelyn Lorraine Rothman,** 2460 E. Balfour Ave., Fullerton, Calif. 92631

[22] Filed: **Dec. 6, 1971**

[21] Appl. No.: **205,144**

[52] **U.S. Cl.** ..... **128/278**
[51] **Int. Cl.** ..... **A61m 1/00**
[58] **Field of Search** ..... 128/273–278, 128/218, 221, 2 B, 350

[56] **References Cited**
UNITED STATES PATENTS

| | | | |
|---|---|---|---|
| 986,263 | 3/1911 | Bevill | 128/276 |
| 1,520,795 | 12/1924 | Barr | 128/274 |
| 2,421,959 | 6/1947 | Norris | 128/278 |
| 3,230,949 | 1/1966 | Rodriguez-Olleros | 128/2 B |
| 3,506,010 | 4/1970 | Murr | 128/276 |
| 3,542,024 | 11/1970 | Burke | 128/221 |
| 3,542,031 | 11/1970 | Taylor | 128/276 |
| 3,636,940 | 1/1972 | Gravlee | 128/278 |
| 3,661,144 | 5/1972 | Jensen et al. | 128/276 |

FOREIGN PATENTS OR APPLICATIONS

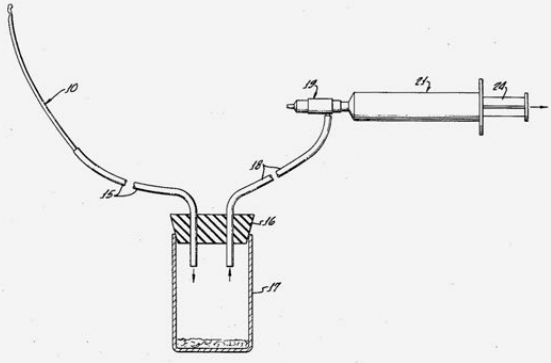
| | | | |
|---|---|---|---|
| 1,496,026 | 8/1967 | France | 128/221 |

*Primary Examiner*—Charles F. Rosenbaum
*Attorney, Agent, or Firm*—Richard L. Gausewitz

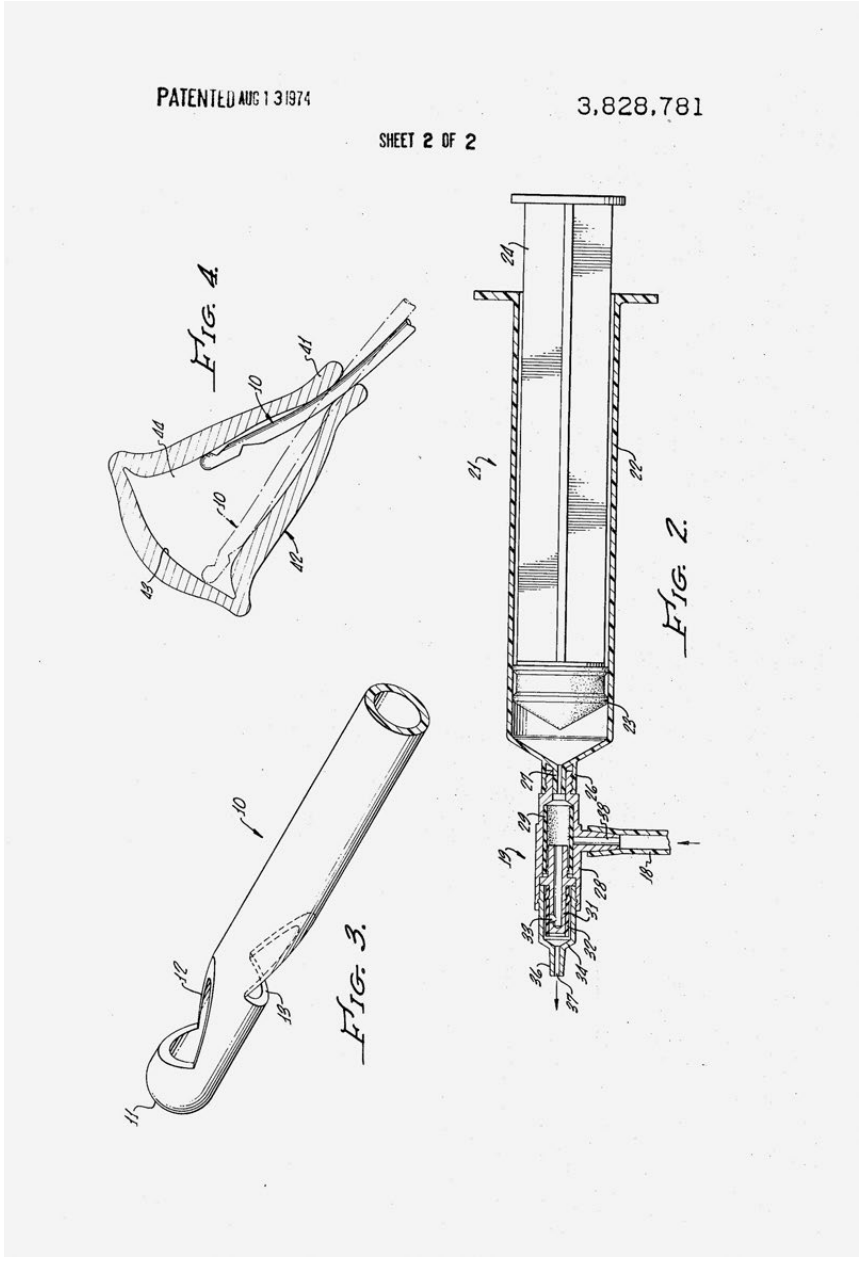
[57] **ABSTRACT**

A method and apparatus whereby substantially all of the menstrual fluid incident to a normal monthly "period" may be removed in a small fraction of an hour. A simple plastic syringe is employed in combination with a valve to create a suction pump incapable of injecting air into the uterus. Such pump and an associated receptacle are connected to a semirigid plastic cannula having an outer diameter of about 4 mm, and such cannula is inserted through the undilated cervix. The cannula fits snugly into the cervical lumen so that the applied suction draws fluid out of the uterus. The menstrual extraction procedure is performed at the time when the normal monthly period starts, or is estimated to start.

**6 Claims, 4 Drawing Figures**




11 Patent 3,828,78 for Lorraine Rothman's "Method for Withdrawing Menstrual Fluid," filed December 6, 1971, issued August 13, 1974, page 1




12 Patent 3,828,78 for Lorraine Rothman's "Method for Withdrawing Menstrual Fluid," filed December 6, 1971, issued August 13, 1974, page 3

13 A demonstration of a "Del-Em," a device for menstrual extraction invented by Lorraine Rothman, hosted at an FWHC

Within literature circulated by the FFWHC and its allies, the Del-Em was visualized with a different graphic approach that suggested it was not a discrete technology but rather a system of parts capable of materializing in many permutations. In 1979, the Speculum Press/Self-Health Circle published feminist medical illustrator Suzann Gage's book *When Birth Control Fails: How to Abort Ourselves Safely*, which includes to-scale drawings of the Del-Em and a brief set of instructions explaining the components of the device.[57] Two years later, the FFWHC republished Gage's illustrations in its

57 Suzann Gage, *When Birth Control Fails: How to Abort Ourselves Safely* (Speculum Press/Self-Health Circle, Inc, 1979). Gage's book *When Birth Control Fails* was made at the request of feminist sociologist Barbara Ehrenreich, who hoped that the manual could be distributed to imprisoned women in Chile. Under Augusto Pinochet's military dictatorship, many of the women who "disappeared" were sent to prison, where they faced sexual assault, rape, and resulting unwanted pregnancies. *When Birth Control Fails* was made to aid Chilean women, but it was never translated into Spanish and thus never reached its intended audience. Gage's book reflects the broader feminist ambitions of disseminating self-help theory and praxis around the world. By 1981, *When*

book *A New View of a Woman's Body: A Fully Illustrated Guide* (1981), omitting some of the supplementary commentary on its composition.[58] Unlike the patent figures, the illustrations in these books portray the Del-Em in its suggested configuration, along with the complementary, everyday materials useful in completing ME: gloves, tissues, lubricating jelly, and a towel.

Such illustrations rendered the Del-Em more accessible to feminist self-help groups around the country; however, a subsequent publication, *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* (1992), made menstrual extraction truly accessible. With Rothman's permission, the book's authors, Downer and Rebecca Chalker republished Gage's illustrations alongside a list of all the supplies necessary to fashion a Del-Em: a canning jar, rubber stopper, tubing, cannulas, syringe, two-way bypass valve, lubricating jelly, a stirring device, razor blade, and cutting board. The detail with which these parts are described exceeds that of *When Birth Control Fails*, as do the extensive, thirteen-step instructions on the Del-Em's procurement, assembly, and use. According to the authors of *A Woman's Book of Choices*, Del-Em components like the canning jar could be found at "most large supermarkets and grocery stores" that sell "jelly-making equipment," the tubing could be purchased from "local science stores … and tropical fish stores," the stirring devices could be simple "toothpicks or coffee stirring sticks," and the cannulas, in a pinch, could be fashioned from more readily accessible 4-millimeter tubing by "using an Exacto knife or single-edged razor blade and sealing one end with a heat source, such as an iron or light bulb."[59] In an alchemical move, everyday consumer items were melded together to radically increase women's control over their own bodies.

The making of the Del-Em was critical to both the expansion of the FFWHC platform and to the development of a radical, feminist design pedagogy. It featured a commitment to "intra-acting" with the material world, where "making do" meant allowing the unexpected potentials embedded in everyday objects to come to the fore. It reconceptualized "makeshift" spatial processes as practices of shifting existing surroundings to obtain new outcomes. Further, the Del-Em drew from quotidian objects to enable exceptional acts. In doing so, it proved that women had both the resources and capacity to collectively manage their health outside a hospital setting and to ensure the well-being of women who may have otherwise sought dangerous, life-threatening abortions. As Downer claimed in her address to the American Psychological Association in Hawaii, "abortions are so simple, they are downright dull; vaginal infections are diagnosed with a microscope;

*Birth Control Fails* was being distributed in around fifteen countries, according to an article written in *Mother Jones* in April 1981. Suzann Gage, "Self-Abortion Controversy," *Mother Jones* (April 1981), 8.

58 The first published illustration of the Del-Em, drawn by Gage, circulated in a feminist quarterly magazine called *Quest: A Feminist Quarterly* in 1978 and featured the same components as the patent in a hypersimplified, elevational view. (The article is reproduced in the intertext at the end of this essay.) Lorraine Rothman, "Menstrual Extraction," *Quest: A Feminist Quarterly* 4, no. 3 (Summer 1978), 44–48, here 46; see also Fed of Fem [Federation of Feminist Women's Health Centers], *A New View of a Woman's Body: A Fully Illustrated Guide* (Simon and Schuster, 1981).

59 Chalker and Downer, *Woman's Book of Choices* (see note 50), 248–51.

pap smears are easier to do than setting our hair; fitting a diaphragm is less complicated than stuffing a turkey."[60]

## DESIGNING STRUCTURES

In addition to seeing the rise of the feminist self-help movement, the early 1970s gave way to a shifting discourse on the politics of architectural practice. From 1968–1971, the *Whole Earth Catalog* (*WEC*) circulated among the New Left, propagating DIY approaches to learning about, making, and inhabiting buildings. The expressed interest of the catalog's publisher, Stewart Brand (as much a media entrepreneur as a political radical) and its contributors in reinstating the agency of the public was echoed by several well-known architects of the time. Among their ranks were Alison Smithson, who, from 1973 to 1975, wrote a collection of essays advocating for "collective design"; Charles Jencks, whose 1972 book *Adhocism: The Case for Improvisation* promoted an emergent form of "direct action" in service of "shaping the local environment toward desired ends"; and Charles W. Moore, who started an annual student-led building project at the Yale School of Architecture in 1967.[61] These designers espoused postmodern rejections of the formality and perceived elitism of the preceding modernist architectural movement, embracing the notions of complexity and contradiction explored by their contemporaries Denise Scott Brown and Robert Venturi.[62]

Self-help and self-build pedagogies were celebrated on theoretical terms in academic circles, but it was hippies living in rent-free agrarian settlements, lesbians residing in rural separatist communities, and a small cohort of international architects working under the rubric of an emerging self-help housing movement who tested the limits of these insurgent architectural practices on the ground. In the late 1960s and early 1970s the Open Land movement, or back-to-the-land movement, gained a heightened degree of cultural purchase as anxieties about the environmental outfall of capitalist development waxed in popular leftist discourse. At Wheeler Ranch in Sonoma County, for instance, founder Bill Wheeler deprivatized a large swath of land, inviting all people (mainly likeminded hippies came) to dwell and build on the land free of charge. Wheeler Ranch had a relatively small permanent population, reaching a maximum of two hundred individuals, but a greater sum visited the site over the duration of its existence from 1968 to 1973, and even more heard tell of it in New Left media.[63] Whereas feminist clinicians rarely, if ever, built their health centers from

60 Downer, "Covert Sex Discrimination" (see note 4), 4.

61 M. Christine Boyer, *Not Quite Architecture: Writing around Alison and Peter Smithson* (MIT Press, 2017), 272–90; Charles Jencks, *Adhocism: The Case for Improvisation* (MIT Press, 2013 [1972]), 15.

62 Robert Venturi, *Complexity and Contradiction in Architecture* (Harry N. Abrams, 2002).

63 Hugh Gardner, *The Children of Prosperity: Thirteen Modern American Communes* (St. Martin's Press, 1978), 145.

the ground up, Open Land communards designed and erected their own homes and shared spaces. These were simple edifices, often with dirt floors and minimal insulation. When rain poured into a living space through holes in the roof, inhabitants celebrated it as evidence of their closeness to the natural world.[64]

The assumed, impending doom of ecological collapse did more to animate the communards' embrace of unplugged rural living than a desire for social mutualism. Sara Davidson, a journalist who visited the ranch in the early 1970s, recalls that its population was more of a "loose community of individuals" than a true commune.[65] Outside of developing "highly ritualized child-birthing practices," communards—at the Wheeler Ranch as well as other Open Land settlements—did little to challenge prevailing gender hierarchies.[66] A "double standard" was enforced at the Wheeler Ranch, Davidson observed upon her visit, "the man can roam but the woman must be faithful … when a new girl arrives, she is pounced upon, claimed, and made the subject of wide gossip."[67] So-called wimmin's lands—lesbian-feminist land trusts and rural settlements—were founded in opposition to the prevailing sexism present in Open Land communities. From the mid-1970s through the 1980s, at least eight women-only communes existed in Southern Oregon, with many more in California and elsewhere in the country. Among them were WomanShare, Rainbow's End, OWL Farm, Cabbage Lane, Rootworks, Golden Women's Land, and T'ai Farm—the last apparently being the first lesbian, back-to-the-land settlement in the country.[68] These sites were fundamentally spaces of mutual care, but they also produced a spirit of near-absolute separatism. Men were not allowed on wimmin's lands, and children assigned male at birth were often accepted as residents only until they reached puberty (if at all). Also, like many lesbian feminists of the 1970s, some women living off the land, though not all, espoused anti-transgender sentiments.[69]

While lesbian land dwellers, who called themselves "land-dykes," shared some of the same customs and interests as hippie communards—a propensity for drug use, flouting mainstream personal hygiene standards, and occasional nudity—they were not a "loose" group of individuals living independently on collectively held land but a group of women living commu-

64 *Open Land: A Manifesto* (Wheeler Ranch Defense Fund, ca. 1969).

65 Sara Davidson, "Hippie Families on Open Land," in Rosabeth Moss Kanter, ed., *Communes: Creating and Managing the Collective Life* (Harper and Row, 1973), 334–50, here 340.

66 Felicity Scott, *Outlaw Territories: Environments of Insecurity / Architectures of Counterinsurgency* (Zone Books, 2016), 97.

67 Davidson, "Hippie Families on Open Land" (see note 65), 341.

68 Sasha Archibald, "On Wimmin's Land," *Places Journal*, February 2021, n.p., https://placesjournal.org/article/on-wimmins-land-the-heartland-of-lesbian-separatism/.

69 For instance, Archibald, "On Wimmin's Land," refers to anti-trans sentiment on lesbian rural communes. In urban lesbian feminist movements of the era, such rhetoric was also common. The leader of Lesbian Feminist Liberation, Jean O'Leary, called trans women "impersonators" at the 1973 Liberation Day Rally in New York City's Washington Square Park, stating, "When men impersonate women, for reasons of entertainment or profit, they insult women." See Jean O'Leary, "Lesbian Feminist Liberation Speech at the 1973 Pride Rally," June 24, 1973, New York City, MP4, CT Trans History and Archives, https://www.youtube.com/watch?v=bdF-ATVdJbc.

nally on the land. This heightened degree of mutuality was observable in the women's full-consensus approach to decision-making but also in the way they created and maintained architectural projects on site. "As builders," historian Sasha Archibald observes, "the women learned as they went, and taught each other."[70] Rootworks residents Ruth Mountaingrove and Jean Mountaingrove also recall the centrality of design and construction to maintaining their communal approaches to living:

> The building of the barn [at Rootworks] was a big scarey [sic] project for us who had only done a little remodeling and carpenter-helping … But we did well; the barn, called Natalie Barney, is a good building to work and meet in. We are used to her imperfections, and are very grateful for all the shelter she gives to our magazines, photographs, and meetings.[71]

While the separatist disposition and rural habitation patterns of self-proclaimed land-dykes differed from the more urban, pragmatic attitude of feminist clinicians, the two factions similarly valued the political possibilities embedded in reimagining the built environment, whether residential spaces or clinical spaces.

At the same time that lesbian feminists and radicals on the left tested self-help methodologies in the rural United States, an international cohort of architects founded the self-help housing movement, putting DIY architectural theories into practice on a global scale. John F. C. Turner was one such architect, championing new approaches to housing both in his writing, most notably in an essay titled "Housing as a Verb," and in his early community-based design practice in Peru. For Turner and his interlocutors, self-help housing was as much about a value system as it was a construction process. It represented a method for gauging the "impact of housing activity on the lives of the housed" and improving upon living conditions through grassroots construction processes.[72] In most cases, a handful of families cooperatively organized, delegated specialized skill acquisition and construction tasks, and completed projects over a six-month- to one-year-long period. Instead of acting as a master builder, the architect assumed the role of logistical coordinator; the design of the house was based on the value system established by the dwellers, rather than that of the architect. German architect Walter Segal was another prominent advocate of self-help housing but promoted it primarily in middle- and working-class communities in the United Kingdom. For Segal, self-help housing manifested itself as a tabulated methodology

70 Archibald, "On Wimmin's Land," n.p.

71 Ruth Mountaingrove and Jean Mountaingrove, "Rootworks," in Joyce Cheney, ed., *Lesbian Land* (Minneapolis: Word Weavers, 1985), 125–28, here 126. "Natalie Barney" is a reference to the lesbian American playwright Natalie Clifford Barney, who hosted a well-known lesbian literary salon in Paris for much of her life. She was born in 1876 and died in 1972, right about the time that wimmin's lands started to take shape in Oregon and California.

72 John F. C. Turner and R. Fichter, *Freedom to Build: Dweller Control of the Housing Process* (Macmillan, 1972), 153.

for construction, a self-build sequence he called "the Segal Method." In following his simple, nineteen-phase construction handbook, residents could "participate in a significant way in the housing process and enjoy the sense of satisfaction and achievement that can follow."[73]

In line with the self-help practices of feminist clinicians, architects like Turner, Segal, and their non-professionalized peers imagined self-help as an "attitude of mind rather than a system of construction."[74] Although both practices developed among distinct cohorts—one a group of feminist activists in Los Angeles, the other a group of largely male, Western architects—they shared an interest in reclaiming autonomous, community-based control over daily life and the environments that nourished it. Across these various and divergent movements—Open Land, wimmin's lands, self-help housing, and feminist self-help health—self help signified a repudiation of government and corporate control in favor of self governance and collective sociopolitical organization, a process that required the crafting of "protocols" that could "change, move between sites, and be tailored to particular needs," as Murphy aptly describes.[75] Whether this refusal resulted in a newfound reliance on the land—true in the case of both hippie and lesbian communards—or a renewed investment in the power of people—true in the case of all the aforementioned movements but especially so in the self-help housing and feminist self-help health movements—self help was broadly imagined as a generative, world-making practice.

Nevertheless, dissimilarities between the feminist self-help health movement and these three other self-help or self-build movements abounded. Vis-à-vis back-to-the-land settlement types, the FWHCs maintained a commitment to urban life, choosing to work within (and to subvert) the parameters of the existing built environment rather than building fully anew on rural ground.[76] As such, acts of interior reorganization and improvisation were uniquely central to the execution of FWHC spatial practice. Of course, expanded understandings of kinship at the FWHCs more closely resembled the form of care present on wimmin's lands than on hippie Open Land. Both feminist groups made considered efforts to "work on relationships" and experiment with ways of relating to one another that exceeded the confining logic of the heteronormative family.[77] Yet even these two women-led groups occupied distinct corners of the growing American feminist movement. While lesbian communards in Southern Oregon and

73 Jon Broome, "The Segal Method: Walter Segal's Approach," *Architects' Journal* 184, no. 45 (1986), 33.

74 Broome, "Segal Method," 36.

75 Murphy, *Seizing the Means of Reproduction* (see note 10), 30.

76 This decision was not at all unprecedented in feminist and queer activism of the era. The early 1970s also saw the founding of many women's community centers and queer community centers, as well as urban communal housing projects in both movements. For more on gay, urban, communal domesticity, see Stephen Vider, "'The Ultimate Extension of Gay Community': Communal Living and Gay Liberation in the 1970s," *Gender and History* 27, no. 3 (November 2015), 865–81, https://doi.org/10.1111/1468-0424.12167; Stephen Vider, *The Queerness of Home: Gender, Sexuality, and the Politics of Domesticity after World War II* (University of Chicago Press, 2021).

77 Zana and Hannah Blue Heron, "Golden," in *Lesbian Land* (see note 71), 50.

Northern California chose a life of isolationism, FWHC practitioners were, by necessity, more ingrained in cities and their social and political networks. Women staffed the FWHCs, but men played important roles in the clinic as lawyers and referring gynecologists. The expanded understanding of feminist community at the FWHC was born out of an ethos of pragmatism necessary for addressing women's urgent health concerns. Neither absolute, gender-based separatism nor rural retreat were viable strategies in the eyes of feminist healthcare workers.[78]

The self-help spatial practice present in FWHCs was also unique from that of the burgeoning self-help housing movement in several ways. While the latter, a global movement, focused largely on the single-family home, FWHC clinicians were singularly interested in the participatory clinic as a site of architectural intervention. This, in turn, implied a vastly different constituency of lay designers. Whereas Segal proposed that a home would be built by a nuclear family and Turner a grouping of families, FWHCs were created by a collection of women held together in kinship by their political beliefs. Self-help housing architects altered dwellers' relationships to their homes by inviting them to participate in the envisioning and building process, but they also incidentally reinscribed heteropatriarchal norms—first by centering single-family dwelling typologies rather than considering other collective dwelling typologies; and second, by refusing to entirely relinquish their position of patriarchal authority as architects overseeing and directing the process of building (this was particularly the case for Segal). By contrast, feminist clinicians sought to destabilize heteropatriarchal understandings of kinship and community through the process of reconstructing the relationship between architectural environments and the body. "Sisterhood" was forged not through biological or genealogical relations but by practicing feminist healthcare together and designing feminist clinics.[79]

FWHC architecture privileged rapid construction, cost efficiency, and flexibility. But beyond the realm of the architectural, the spatial practice of these activist-clinicians broadly mirrored the design principles deployed in the making of popular self-help literature of the time, including the McGill Students' Society *Birth Control Committee's Handbook*; Ehrenreich and Deirdre English's books *Complaints and Disorders: The Sexual Politics of Sickness* and *Witches, Midwives, and Nurses: A History of Women Healers*; as well as *Our Bodies, Ourselves: A Book By and For Women*, originally distributed in 1970 under the self-published title *Women and Their Bodies: A Course*.[80]

78 Neither was decision-making by full consensus considered a viable strategy by feminist clinicians in the way that it was by so-called land-dykes. In a pamphlet Downer published in 1976 titled *What Makes the Feminist Women's Health Center 'Feminist'?*, Downer insists that FWHCs cannot have an "absence of hierarchy" because absolute nonhierarchy "is not practical."

79 "Sexual Politics" (see note 31), 13.

80 The McGill Students' Society *Birth Control Committee's Handbook*, originally self-published in 1968, was republished four years later and distributed more widely by the Montreal Health Press/Les Preses de la santé de Montréal under the title *Birth Control Handbook*. See Donna Cherniak and Alan Feingold, *Birth Control Handbook* (Montreal Health Press, 1972); Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (Feminist Press, 1973); Barbara Ehrenreich, *Witches, Midwives, and Nurses: A History of Women Healers*

Feminist health pamphlets were most often printed on newsprint, staple bound, and included hand-written additions. *Women and Their Bodies: A Course*, for example, featured a combination of handwriting and typewriting, emphasizing the personal nature of the medical information within. Likewise, FWHCs operated resourcefully, occupying whatever space was available—whether residential, office space, or former clinical space—on extremely tight, inconsistent budgets, all while maintaining a material identity that aligned with their mission of empowerment and personal care. Part of this identity came from the continual practice of collecting furniture from local homes; instead of hospital beds, women read, ate, and performed gynecological examinations on couches. In a blurring of the domestic, the political, and the clinical, the former living rooms of the Los Angeles FWHC, in its multiple occupations of South Crenshaw Boulevard, were often used for pelvic self-examinations, public education sessions, and clinic staff meetings.

FWHC organizers were also preoccupied with circulation patterns in the clinic. In preparation for an early expansion of the Los Angeles FWHC on Crenshaw Boulevard, Downer and Lorraine traveled to New York City to tour abortion clinics. One of their observations about these facilities was the fact that they were organized in a manner resembling an assembly line. Visitors would arrive and sit in the waiting room, progress to the examination room for their procedures, and exit out the clinic's back door. This layout, Downer and Rothman felt, added to the dangerous mystique of the procedure, as patients were unable to see or speak to women post-operation. In response, the Los Angeles FWHC established a cyclical pattern of movement throughout space. Women entered and exited using the same door, sometimes lingering to discuss their experiences, enjoying cheese and crackers provided by the clinicians. This new approach to interior circulation "empowered women to ask questions, observe how other women were doing, and support each other," and it was reproduced in several early California FWHCs.[81]

The implementation of novel circulation strategies was also part of a broader interest in mediating the relationship between bodies and buildings. Tackable walls were common in early FWHC interiors, rendering the interior elevations of these spaces dynamic and reactive. The texture of these surfaces was formed by a document bricolage: community rules, shopping lists, key chains, and anatomical diagrams populated walls in nonhierarchical stratification. When combined with the thick curtains and closed blinds that were typical privacy measures in FWHCs, this dense, lateral piling up of surface-hung documents formed a protective enclosure—a "container" designed to nurture the "dynamic co-evolution" of women and the spaces they occupied. This layer of protection allowed for what cultural theorist Zoë Sofoulis calls *potential space*, "an imaginative space between inner and outer worlds … work space(s) for discovery and invention."[82] Walls were

(Glass Mountain Pamphlets, 1973); Boston Women's Health Book Collective, *Our Bodies, Ourselves* (Simon and Schuster, 1973).

81 Spain, *Constructive Feminism* (see note 26), 123.

82 Zoë Sofia, "Container Technologies," *Hypatia* 15, no. 2 (2000), 181–201, here 182–85,

14 At work in one of the Los Angeles FWHC, circa 1970s

the first layer of this zone of possibility, serving as both barriers from the outside world and mediums for creative accumulation and coeducation in the practice of self-help.

An attention to surface in feminist practice at large was further underscored in the installation and performance project *Womanhouse*, which took over an empty Los Angeles mansion in 1972 to explore the relationship between women and domestic space. The project was designed by twenty-one students associated with the Feminist Art Program at the California Institute of the Arts, as well as the program's directors Judy Chicago and Miriam Schapiro. For Schapiro, *Womanhouse* addressed the following pedagogical questions: "What would happen … if we created a home in which we pleased no one but ourselves? … what if each woman were to develop her own dreams and fantasies in one room of that home?"[83] After the group of women mended the dilapidated building, rooms were divided

https://doi.org/10.1111/j.1527-2001.2000.tb00322.x.

83 Miriam Schapiro, "The Education of Women as Artists: Project Womanhouse," *Art Journal* 31, no. 3 (1972), 268–70, here 268.

15 Susan Frazier, Vicki Hodgetts and Robin Weltsch, *Nurturant Kitchen* (detail), in the exhibition *Womanhouse*, Los Angeles, 1972

up among the artists and used as platforms for individual and small-group projects. Among its most memorable spaces was the "Nurturant Kitchen" designed by Susan Frazier, Vicki Hodgetts, and Robin Weltsch, in which walls were laden with over-easy eggs and detached female breasts. Here, the wall became a critique of the woman as nurturer as well as a site of appropriation, blending the intersection between architecture, body, and everyday life. Such an approach, used for artistic expression in the case of Womanhouse, was expanded into an operative mode of spatial practice at the FWHC. The clinic, and its many services and surfaces, acted as a site of creative, spatial appropriation—allowing its tenants to subvert material manifestations of medical power to seditious, political ends.

## CLINICS IN THE LINE OF FIRE

While the promising "potential space" of the clinic interior facilitated the exploration of redesigned circulation patterns, hybridized spatial programming, and new relationships between bodily and architectural surfaces, the clinic's thickening facade also corresponded with the rising necessity of self defense against antiabortion activists. As the FFWHCs expanded across the country in the 1980s and 1990s, and unaffiliated women's health centers found footing in countless other cities, so, too, did assaults on these buildings and those who worked in them.[84] These attacks were led by an array of antiabortion activist groups, most often Christian extremists, including the infamous organization Operation Rescue. Led by Randall Terry, Operation Rescue was founded in 1986 with a slogan that matched its combative disposition: "If you believe abortion is murder, act like it's murder."[85] Borrowing blockading tactics from various New Left movements of the 1970s, Operation Rescue members were among the many antiabortion activists who undertook intimidating campaigns of direct action across the country.[86] Though at times these organizations intentionally appropriated the language of nonviolent protest employed in the Civil Rights movement—during the 1988 Democratic National Convention in Atlanta, for example, where more than 134 Operation Rescue demonstrators were arrested without resistance—their protests often culminated more violently in arson attacks, clinic bombings, and other scare tactics.[87]

Alongside the many disruptive antiabortion antics focused directly at health center staff and visitors, the clinic building itself also became the target of violence. One of the first episodes of architectural violence at an FWHC was an arson attack in Los Angeles in 1985 that reduced much of the building interior to rubble. In the same year, antiabortion activists hung a dead neighborhood cat from the Los Angeles clinic's front door.[88] During the late 1980s and early 1990s, the Redding FWHC was subjected to four arson attacks, the Santa Rosa FWHC was held hostage by antiabortion protesters for eight hours, and the Chico FWHC fought a decade of legal battles to protect patients from picketer harassment. In 1992, two Molotov

84 This violence continues to plague abortion clinics today. Since 1977, at least 11 murders, 42 bombings, and 188 arsons have targeted abortion clinics and their medical staff. See National Abortion Federation, *2018 Violence and Disruption Statistics* (National Abortion Federation, 2018), https://prochoice.org/wp-content/uploads/2018-Anti-Abortion-Violence-and-Disruption.jpg.

85 Janet Hadley, *Abortion: Between Freedom and Necessity* (Temple University Press, 1996), 163.

86 L.A. Kaufmann, *Direct Action: Protest and the Reinvention of American Radicalism* (Verso, 2017), 89.

87 "Abortion Foes Jailed in Atlanta," *New York Times*, July 30, 1988, 30, https://www.nytimes.com/1988/07/30/us/abortion-foes-jailed-in-atlanta.html.

88 This event was noted in the FWHC's February 1985 newsletter. In the same document, other violent antiabortion incidents are mentioned, including one in which a group of men threw a plastic bag at the clinic which held a plastic doll with a coat hanger around its neck. Protesters also frequently vandalized clinic exteriors with threatening messages. See "Foul Violence," *Feminist Women's Health Center Newsletter* (February 1986), 1–2, here 2.

cocktails were launched at the Sacramento FWHC, damaging the clinic and neighboring office units. In total, some 585 incidents of vandalism, 29 bombings, 124 arson attacks, and 80 butyric acid attacks plagued abortion clinics nationwide in the seventeen years following 1977.[89] Though it reached its most extreme expression at the sites of feminist clinics, such anti-feminist violence was common in the last two-and-a-half decades of the twentieth century. Lesbian back-to-the-land settlements in Oregon, California, and elsewhere in the country were also increasingly vulnerable to extremist interlopers who wreaked havoc on their architecture. In one reported instance, a group of extremists spray-painted a swastika on a commune building facade.[90]

16 An FWHC worker and their dog outside the Redding clinic after an arson attack, posing with a clinic sign charred by fire, circa late 1980s/early 1990s

Feminist clinicians had little luck soliciting government protection for their health centers during Reagan's presidency. In a 1984 interview with the *Washington Times*, Reagan's FBI Director William H. Webster refuted popular demands that antiabortion violence should be categorized as an act of terrorism, which the FBI itself defined as "the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population or any segment thereof, in furtherance of political or social objectives."[91] Claiming that antiabortion violence fell outside of

89 National Abortion Federation, *NAF Violence and Disruption Statistics: Incidents of Violence and Disruption against Abortion Providers* (National Abortion Federation, 2014).

90 Archibald, "On Wimmin's Land" (see note 68).

91 S. Taylor, Jr., "When Is a Terrorist Not Necessarily a Terrorist," *New York Times*,

this protocol because it was not caused by a "definable group or activity," nor directed specifically toward a government agency, Webster slighted his own department's definition of terrorism, justifying his decision to deny feminist health workers federal aid.[92] Left to fend for themselves, FWHC clinicians took on new design projects to protect their fellow health workers and patients—reinforcing the facade as a barrier from the outside world. In Redding, a fence was constructed inside the portico of the clinic, protecting the building frontage and forcing patients to park in the more secure backyard (fig. 17). In Chico, a free-standing facade stood proud of the Victorian, single-family home the clinic inhabited, giving it a more banal aesthetic while concealing apertures into the patient consultation rooms (fig. 18). Such architectural projects would stand in for protective policy until 1994, when recently elected President Bill Clinton signed the Freedom of Access to Clinical Entrances (FACE) Act, which made many antiabortion tactics—such as physical obstruction and intimidation at abortion clinic thresholds—illegal.[93]

17 A fence running through the portico of the Redding FWHC

If in the early 1970s feminist-clinicians focused on imagining feminist, technoscientific futures and new modes of coworking and living, in the 1980s and 1990s their main task was to defend and salvage what little was left of the participatory clinic. Ironically, in the early days of the FFWHC,

December 12, 1984, A28, https://www.nytimes.com/1984/12/12/us/when-is-a-terrorist-not-necessarily-a-terrorist.html.

92 "Terrorist Bombings Decline; Abortion Attacks Excluded," *Washington Times*, December 12, 1984, 14.

93 In the wake of the overturning of *Roe v. Wade* in June 2022, the FACE Act applies only in states where it is legal to operate an abortion clinic; therefore, its protective cover for abortion has been significantly weakened.

18 An exterior facade addition at the Chico FWHC

feminist self-helpers often remarked that the participatory clinic was "not a place" but "any group of women getting together to share experiences and learn about their bodies through direct action."[94] While aspects of this statement were always true, particularly as it relates to the mobility and reproducibility of the participatory clinic, this essay argues that such a claim falls short of capturing the palpable material and spatial footprint of these feminist clinics. But even for FFWHC clinicians, the fact that self-help health centers were situated, brick-and-mortar locations became undeniable by the 1980s, as they were subjected to bombings, arson, and other physical attacks.

Even though more drastic facade reinforcement projects were begun in the 1980s, notions of privacy and self-preservation had influenced the design of the participatory clinic since its conception. At the clinic, window shades were almost always drawn, doors often locked, and the entry points relocated to the back of the building. These tactics were not just practical but symbolic, emphasizing "the 'revolutionary' politics" of self-help practices "by foregrounding the need for secrecy."[95] The FWHCs borrowed their language of secrecy from feminist predecessors like Jane, an underground collective of women in Chicago that performed around eleven thousand illegal abortions for women prior to the *Roe v. Wade* decision.[96] Founded in 1969, Jane members started their work by referring women to underground abortion

94 Quoted in Murphy, *Seizing the Means of Reproduction* (see note 10), 25.
95 Murphy, *Seizing the Means of Reproduction,* 48.
96 *Jane: Documents from Chicago's Clandestine Abortion Service 1968–1973* (Firestarter Press, 2004), 2.

providers but quickly took matters into their own hands, hiring an abortionist who taught the collective members—mostly white, working-class women from the affiliated Chicago Women's Liberation Union—how to complete D&C abortions themselves. The group functioned under the lingual facade of a coded naming system: "Jane" was the pseudonym taken on by all women operating the phones, "the Front" was a gathering place where women congregated before receiving an abortion, and "the Place" was the space, typically an apartment, in which the procedure was carried out.[97] Throughout Jane's spatial network, privacy was necessary for the subversive reclamation of power and subsequently became a hallmark value of radical feminism. Countercultural conduct, network members believed, necessitated the creation and maintenance of strong borders.

Indeed, privacy was necessary in the case of Jane's operations and even to a significant extent unavoidable in the case of the FFWHC's operations. Yet the notion of privacy was, and continues to be, a double-edged sword within the historical arc of American feminist politics. On the one hand, the logic of privacy has been mobilized to protect women's reproductive rights, including the right to abortion—hence the common phrase "my body my choice."[98] On the other hand, when feminists like those staffing the FWHCs touted privacy, they also, intentionally or not, endorsed its henchmen, the "private sphere" and "privatization" in the process of creating a spatial and political enclosure. In the case of the former, the circumscription of the "private sphere" in relation to the so-called public sphere has enabled the primitive accumulation of women and their labor power—an example of which includes the persistence of unwaged housework.[99] Meanwhile, privatization represents another, albeit related, mode of capitalist accumulation: the privatization of space, from the enclosure of nature to urban commons.[100] Despite the fact that feminist self-help clinicians were not asking private industry to take back the reigns of women's health by the

97 Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (Pantheon Books, 1995), 92.

98 *Roe v. Wade* was upheld on the basis of women's right to privacy. Although the term *privacy* is not found anywhere in the U.S. Constitution, it has often been inferred from the Fourteenth Amendment's protection of "personal liberty." For this reason, *Roe v. Wade* has often been regarded, by liberals and conservatives alike, as an unstable legal decision. This instability was confirmed in the overturning of *Roe v. Wade* on June 24, 2022, with the *Dobbs v. Jackson Women's Health Organization* decision eliminating a federal right to abortion.

99 The Wages for Housework campaign was founded in 1972 by Silvia Federici, Selma James, and Mariarosa Dalla Costa to demand payment for women's social reproductive labor in the home. In calling for wages, these socialist feminists' end goal was not just to "enter capitalist relations" but to "break capital's plan for women" as unpaid laborers, thereby accelerating the collapse of capital by making it economically impossible for it to reproduce itself. Wages for Housework contested not only capitalism at large but also its division of public and private spheres to enforce the division of waged and unwaged labor. Though the FWHC was not a part of the larger socialist feminist movement, many feminists involved in the project would have been aware of the Wages for Housework campaign and its implicit critique of the private sphere/privacy. For more information on Wages for Housework, see Silvia Federici, *Wages against Housework* (Power of Women Collective; Falling Wall Press, 1975).

100 See Silvia Federici, *Re-enchanting the World: Feminism and the Politics of the Commons* (PM Press, 2019).

1980s, nor were they intentionally valorizing the separation of public and private spheres, their dangerous flirtation with values like privacy points to the ways in which liberal feminism has been entangled with contradictory forces—particularly capitalism and patriarchy—from its conception and to an even greater degree by the 1980s and 1990s.

On the ground, practices like drawing the shades and locking the doors of the participatory clinic also had real implications on who was included in the making of the participatory clinic and who was excluded. Though the self-proclaimed "six white housewives" who founded the FFWHC did not describe their movement as a specifically *white* feminist project, vis-à-vis contemporaneous, Black feminist and Latinx feminist health movements, the majority of its participants were in fact white, middle- and working-class women. In their attempts to make a "color-blind" organization, gendered analyses of health superseded analyses of racial inequalities in the medical system.[101] While it is true that feminists who participated in the FFWHC often gave presentations on the issue of sterilization in their nationwide education tours, an issue of critical importance to women of color health activists, their occasional unwillingness to directly confront issues of race and racism in their own clinics led to an omission of care for many health issues facing Black, Latinx, and Indigenous women. These included uterine fibroids, lupus, sickle cell disease, as well as certain legal and political issues, like women's childbirth rights in prison.[102] As the horizons of the FFWHC waned in the late 1980s and 1990s, organizations including, but not limited to, the National Black Women's Health Project (renamed the Black Women's Health Imperative in 2002), Sistersong, and the Native American Women's Health Education Resource Center coalesced to take on these health concerns.

In describing a historical moment in the 1990s where many American queer radicals abandoned the streets for the safety of the university, philosopher Holly Lewis points out that the "paradox of this militant retreat into self-care and safe spaces at once individualized struggle and created a clear inner-outer protective barrier between the oppressed and their op-

101 For a more in-depth analysis of the emergence of colorblindness discourse in the United States and its implication for the maintenance of white supremacy, see George Lipsitz, "The Sounds of Silence: How Race Neutrality Preserve White Supremacy," in Kimberlé Williams Crenshaw, Luke Charles Harris, Daniel Martinez HoSang, and George Lipsitz, eds., *Seeing Race Again: Counteracting Colorblindness across the Disciplines* (University of California Press, 2019), 23–51.

102 For more information on sterilization of U.S. minority women, see Brianna Theobald, *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century* (University of North Carolina Press, 2019); Dorothy E. Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (Pantheon Books, 1997); Joanna Schoen, "Between Choice and Coercion: Women and the Politics of Sterilization in North Carolina, 1929–1975," *Journal of Women's History* 13, no. 1 (2001): 132–56; Gutiérrez,"Policing 'Pregnant Pilgrims'" (see note 17). For more on imprisoned mothers' reproductive rights, see Robin Levi and Ayelet Waldman, *Inside This Place, Not of It: Narratives from Women's Prison* (McSweeney's Books, 2011). For more information on Black feminist imperatives for women's health, see Beverly Smith, "Black Women's Health: Notes for a Course," in *But Some of Us Are Brave: Black Women's Studies*, ed. Gloria T. Hull, Patricia Bell Scott, and Barbara Smith, 103–14 (Feminist Press, 1982).

pressors."[103] Though Lewis describes a different political occasion than the one represented in this essay, her point is translatable here: in protecting themselves against antiabortion and anti-feminist activists, FWHC clinicians isolated themselves from their adversaries but also from potential co-conspirators; namely, women of color and queer feminists. In turn, they also inadvertently stymied the potential for some of the most useful, subversive spatial practices established in the participatory clinic to gain traction more broadly. These practices advocated for, and continue to suggest, the radical potential of disordering existing space and adopting a form of feminist ad hocism centered on meeting material, corporeal, and spatial needs. At its best, self-help spatial practice at FWHCs allowed for a generative blurring of distinctions: between menstrual regulation and abortion, clinical space and residential space, architects and feminists, activism and architectural practice.

## NO BLUEPRINTS

As it existed at the FWHCs, self-help was a social, material, and spatial practice that implicated itself in many spheres of action. Politically, stakeholders in the participatory clinic sought to contest the malfeasance of the U.S. healthcare system by reconfiguring both intimate and institutional relationships: from women's understandings of their own bodies, to their connections with one another, to their (dis)connection with the broader medical system. To counteract the prevailing system of medical care, feminist health workers developed new social and spatial protocols for reproductive care, highlighting the importance of practicing procedures such as pelvic self-examinations and menstrual extraction in small-group settings. Stakeholders in the participatory clinic were interested in "intra-acting" with the nonhuman material world—from the scale of lactic acid bacteria, to the speculum, to the clinic building itself. Guided by self-help's pedagogical stake in learning-while-doing, feminist-clinicians transformed quotidian objects and buildings into explicitly feminist technologies and spaces. The nourishing of "potential space" at the participatory clinic—the space "where inner and outer worlds" were "negotiated in the course of discovery/invention"—inspired the design of the Del-Em and the development of the participatory clinic.[104] In turn, feminist clinicians succeeded in making abortions safer and more accessible, even in the face of growing antiabortion activism in the 1980s and 1990s. But they were not without shortcomings, chief among them their decision to center abortion above a range of other health issues that concerned women of color, queer women, and members of other gender minority groups.

FWHC spatial practitioners were not interested in the extravagance or

103 Holly Lewis, *The Politics of Everybody: Feminism, Queer Theory, and Marxism* (Zed Books, 2016), 211.

104 Sofia, "Container Technologies" (see note 82), 189.

the violence of demolishing the material world and building anew but rather in more modest tactics like shifting, reorganizing, and reconceptualizing existing environments. Seemingly small alterations like the reorientation of circulation throughout a building, the repurposing of existing space into clinical space, and appropriation of wall space for feminist literature and imagery, were leveraged toward the development of a counterhegemonic, feminist politics. Understood from this perspective, feminist self-help spatial practices at the FWHCs operated not only as critiques of state-controlled and privatized medicine but can be read as appraisals of architectural hubris. Even the self-help architect Segal, who professed a commitment to deprofessionalized, communal construction processes, was guilty of attempting to reinstate a didactic, singular approach to architectural design—the Segal Method, a new universal. To go looking for such a design mandate in this brief history of the FWHCs would be a mistake. This essay proposes no blueprint for a feminist approach to architectural practice, nor a "do-it-yourself feminist architecture kit," to quote members of the UK-based feminist design co-operative Matrix.[105] Rather, what feminist, self-help spatial practice offers us is a different political imperative for space-making, one that emphasizes the importance of nourishing spaces of feminist resistance, sites that allow us to imagine alternative modes of inhabiting the material world.

105 Matrix, *Making Space: Women and the Man Made Environment* (Pluto Press, 1984), 8.

## INTERTEXT

Intertext: Lorraine Rothman, “Menstrual Extraction Procedures,” *Quest: A Feminist Quarterly* 4, no. 3, Summer 1978, 44–48

Background: Smith College Special Collections, Women’s Health Specialists of California records, Sophia Smith Collection, SSC-MS-00790, Box 14

# Menstrual Extraction

*graphics by Suzanne Gage*

## PROCEDURES

By LORRAINE ROTHMAN

Menstrual Extraction is a procedure developed by the Los Angeles Self Help Clinic women in 1971 which gently removes the contents of the uterus by suction on or about the first day of menstruation. It is not a medical procedure performed by a physician as a service to women who request an abortion, and it is not a do-it-yourself abortion technique. Menstrual extraction is a home health care procedure developed by Self Help Clinic women who saw its potential for regaining control over our reproductive lives.

### Early History

The development of menstrual extraction resulted from our participation as feminists in the national abortion reform movement. We found that we were supporting actions that did not help women as much as they helped particular individuals. We promoted an illegal abortion clinic in Los Angeles opened by Dr. John Gwynn in 1970. After the clinic was raided in 1970, we picketed the courthouse for the two men and three women who had been arrested. The publicity about the clinic focussed on the charisma and heroism of the men, rather than on the issue of a women's right to abortion.

Early in 1971 our group decided to learn to do abortions and to open an underground, woman-controlled abortion clinic. We had observed less traumatic methods such as suction using a small diameter plastic cannula, and we saw that this method was not only more gentle and safe, but it could be learned by laypersons.

We also recognized that it was important to be more informed about each procedure that is performed on a woman's body so that we could have a better basis for referring women to safe, competent health care facilities.

We abandoned the plan for an underground abortion clinic, however, because in the fall of 1971, hospitals in Los Angeles were expanding their abortion programs, liberally inter-


Copyright Feminist Women's Health Center 1978

preting the 1967 Therapeutic Abortion Act.

### Menstrual Extraction Concept

We saw the possibilities of using the non-traumatic method for reasons other than early abortion. We had practiced on one another during our menstrual periods and we learned that introducing a four millimeter cannula into the os of the cervix caused very little pain so that it was unnecessary to use any anesthetic. We learned that simple sterile techniques were sufficient, since there was no breaking of the skin or scraping of tissue. We also learned that it was possible to extract the major portion, or all, of the typical menstrual period. This usually brought immediate cessation of the cramps and other uncomfortable menstrual symptoms. We decided to name this procedure *menstrual extraction.*

### Materials and Methods

It was evident that women did not have equipment to do menstrual extraction, nor any way to get and safely use what was available. Vacuum aspirators are expensive, large and cumbersome, and produce much more vacuum than is necessary. We had practiced with a portable device used by Harvey Karman, and were impressed with its simplicity (the plastic cannula attached directly to a plastic syringe). We found it difficult to manipulate, however, and it had the potential to accidentally reverse the suction, thus allowing menstrual fluid and possibly air into the uterus. We were concerned about potential complications that might result from reversing the suction. As a member of the Los Angeles Self Help Clinic, I saw that we needed a simple and inexpensively-made device, which had built-in safety features. I invented the Del-Em to suit the group's needs. Vacuum is created in a small bottle which is attached to a small cannula that is inserted into the cervical os. An automatic valve attachment controls the direction of the air flow and locks in the pressure, eliminating any possibility of pushing menstrual fluid or air back into the uterus.

The Del-Em's safety features are particularly important because of the constraints under which we operate. Opportunities to learn the procedure are dependent on a member of the group having her menstrual period. In spreading the technology to other communities, we are limited by the short time in which we can visit others or in which other women can visit us.

Menstrual extraction occurs either at the woman's home or at the group's meeting place. A woman will usually choose to have an extraction on or about the first day her period is expected. However, some women have extractions as much as two weeks beyond the expected date of menstruation.

Three women are the key people involved with extractions: the woman who is to have the extraction (she sometimes controls the vacuum pressure), a woman who observes the equipment for proper functioning, and a woman who inserts and moves the cannula. At times, other group members particpate in order to learn the procedure.

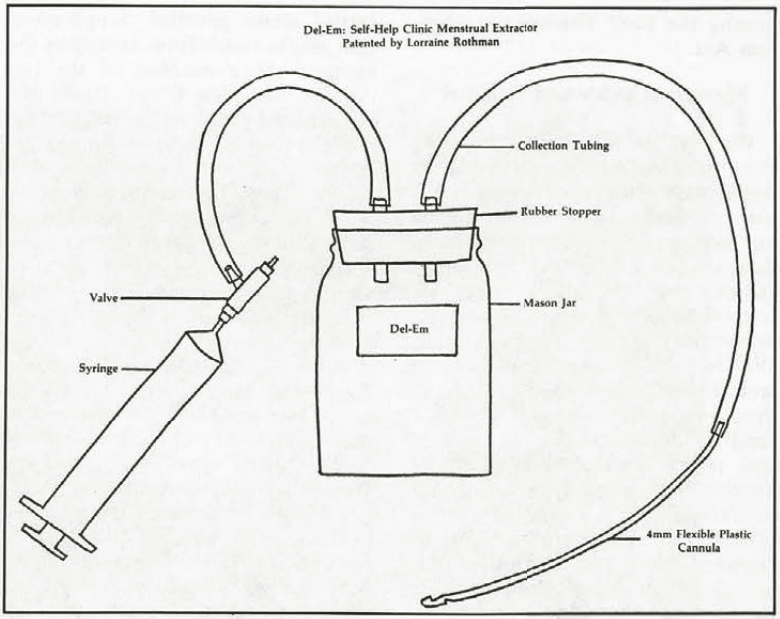



*illustration by Suzanne Gage*

After the woman who is to have the extraction places herself comfortably on a table or bed, other women in the group perform a pelvic examination to determine the size, location, and characteristics of the woman's pelvic organs. Certain signs are watched for, such as advanced pregnancy, infection, or other problems. Because the group has frequent opportunities at regular meetings to become familiar with one another, a basis for comparison has been established so that any contraindications are more easily recognized.

The woman inserts her own speculum, examines her own cervix and talks with the group; has others in the group look at her cervix; and then decides whether or not she wants to have the extraction. She talks about her past experiences and purposes for extracting her period, such as relief of menstrual pain. If she suspects she is pregnant, she will discuss her subjective signs and these signs will be evaluated in light of her previous experiences with pregnancies, amount and frequency of exposure to sperm, and her fertility at the time of exposure.

The Del-Em consists of a plastic 50-cubic-centimeter syringe that has a valve on the end. The valve prevents air from being injected into the uterus. The syringe is pumped until it becomes difficult to pull the plunger. Air is removed from the bottle in this way creating a vacuum.

The cannula is carefully inserted through the undilated cervical os. Often, the inner cervical muscle can be felt against the cannula. If the slender flexible cannula bends, forceps can be attached to the middle of the cannula giving it more stability. Sometimes a stabilizer is attached to the cervix so that the uterus does not move with the movement of the cannula.

The woman who is having the extraction will tell the other women when she feels the cannula touching the back wall of her uterus. She will continue to relate what she is experiencing as the cannula is moved back and forth making sure, however, that it remains fully inserted. The menstrual material appears within the cannula after a short time.

The cannula is moved within the uterus until either no more menstrual material comes out or the woman having the extraction says she wants to stop. The tubing attached to the cannula is clamped off to avoid any unnecessary discomfort of suction as the cannula is removed through the cervical canal.

## Results

Most women who do menstrual extraction do not experience excessive discomfort. Women experience different degrees of cramping during the extraction. Sometimes, women can feel strong cramping when the cannula is inserted through the cervical canal. Most women feel strong cramping at the end of the extraction as the uterus contracts. Menstrual extraction discomfort or pain is seldom as severe or intense as the discomfort or pain from abortions that are done by electrically powered suction machines.

Daily phone contact is the common follow-up method until the group meets again. Infections, which in our experience have been rare, are recognized by a rise in temperature to 100.5% F. or more for 8 or more hours. Pain or cramping in the lower abdomen may be felt as well. It is important that if an infection occurs, the woman receives antibiotic treatment.

Sometimes a woman may have strong cramping in the couple of days following the extraction and pass clots or retained tissue. We have found that passing of the clots or tissue can be aided by gently massaging or pressing the lower abdomen and uterus.

If the woman believes she may have been pregnant, the group will pour the uterine contents into a shallow pan looking for *chorionic villi**. They are yellowish with branch-like structures and are quite different from menstrual fluid. If there were no signs of a pregnancy, the extracted material will be studied in order to better understand the composition of menstrual fluid.

We are often asked about complications, such as uterine perforations, hemorrhage, infection, retained tissue, cervical incompetence, uterine prolapse and air embolism. These questions arise out of confusion of menstrual extraction

**Webster's defines these as "highly vascular embryonic" membranes that are associated with "the formation of the placenta."* (Webster's Third World International Dictionary, *G. and C. Merriam Co., Springfield, Massachusetts, 1966.*)

with abortion techniques performed by physicians. People incorrectly assume that we use dilators, large rigid cannulas and curettes.

Most women who have access to legal, reasonably priced abortions have chosen to do menstrual extraction only if they were part of an ongoing group and had done menstrual extraction previously, have missed their periods by a few days, and, because of their familiarity and knowledge, were reasonably sure that no contraindications existed.

*Lorraine Rothman, an activist in the women's health movement, is currently a member of a book-writing team at the Feminist Women's Health Center in Los Angeles which is writing a self-help women's health book. As a member of the first self-help clinic organized by Carol Downer in 1971, she invented and patented the Del-Em menstrual extraction kit.*

# POLITICS

By LAURA PUNNETT

That the medical profession is neither aware of, nor accountable to, women's needs and interests as we perceive them has been well demonstrated by feminists in recent years. Mary Daly has written: "Under patriarchy, 'method' has wiped out women's questions so totally that even women have not been able to hear and formulate our own questions to meet our own experiences."[1] Frequently, women's concerns about our health and well-being — what are lesbians' health needs; what is the difference between menopause and normal aging of the human (female) body — are "nonquestions" in the medical system of knowledge. Other problems, such as menstrual cramps and irregular periods, are either dismissed as psychosomatic or used as the reason for experimentation with various drugs and procedures on us but without our knowledge or consent.

Feminists are recognizing that physicians cannot or will not correct these faults simply in response to our goodfaith requests, and that we must struggle for active control over the information and technology that pertains to our ability to care for our bodies in the way we feel is best. The self help movement is one way in which women have begun to take direct and immediate control over some of these basic skills.

Through this type of work we develop our abilities in two directions: we increase our concrete "medical" skills and information; and we gain in self-confidence and ability to act from our own power. When we are not limited by dependence on a (male/professional) authority from an external source, we are able to better use our resources and to use them in more creative ways. In contrast to patriarchal medicine, self help is a positive experience for women, affirming our experiences, our bodies, and our