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Interviewee: Joan McCracken
Interviewer: Erin Cunniff
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Project: Montana Feminist History Oral History Collection

Erin Cunniff: —the Montana Feminist History Project, working with Joan McCracken in Billings, Montana on October 28th. Should she say something?

Joan McCracken: I'm Joan McCracken, and I'm going to participate in this project.

EC: Joan, could you tell us how you got involved with the feminist activism and working with women?

JM: Sure. I really did not even know those terms when I started my work with family planning. It was something I never even thought of in those terms. I am a nurse, and so it was much more an approach to health care, providing options for women, but the word feminism did not come until very much later.

EC: When did you start working with health care and women?

JM: Well, my background is nursing. I graduated with a degree in nursing in 1958. (I) married shortly after I finished, and was teaching nursing. My husband was a physician with the Indian Health Service. Our first few years we lived in Eskimo villages, and on Indian reservations, and I did little health care but was involved in community in many other ways.

EC: And did you start to notice that women weren't getting proper health care attention?

JM: I probably did not notice that women were not getting a full range of options in health care 'til I moved to Billings, and had our fifth child here. There were few obstetricians, and I was very naïve. I was in my – ninth month of pregnancy, and went around and of interviewed who I was going to have deliver me. I think I was surprised that even at that time physicians had very definite opinions about anesthesia, family planning methods, that they held to regardless of what the patient wished.

I think it's important to know that in those days medicine was very paternalistic. Patients, whether they were men or women didn't ask questions, that was thought to be, oh almost rude for lack of a better word. But you did not question your physician, if he said take these pills, you'd never said 'what is the name of them, what are the side effects, do I have other options?' That was not done. So, in those days many, many physicians chose for their patients what they thought was best, without asking a whole lot of questions of the patient about how their regime would be accomplished in that patient's life.

After I had my last child in Billings, I taught at a nursing school, which is no longer in existence. It was a Catholic school and it was told in no uncertain terms that we would not be teaching anything about contraception, anything absolutely—abortion was illegal so that word was not even mentioned. I did that for a year and then the school closed.

I remember one morning in the newspaper there was an article about the Congress thinking about devoting some funds to family planning for poor people. The newspaper here in Billings interviewed several people about they thought about that. One minister said, 'women should not have to use family planning, they should have to use self-control.' I said to my husband that morning, 'I cannot believe someone would say that.' My husband said 'why don't you do something about it?' It was like—something I never even thought about doing, but I went and talked to, at that time it was a local OEO project, the Office of Economic Opportunity. And went and visited them and they did have some local (tape unintelligible).

It only took about three or four days to realize it wasn't just teaching. Women had to have access. At that time there was no health department – no organized health department like we have now. There were school health nurses and there was a county health officer, but they did not provide direct services. If women wanted something, they would go to a private physician, and many felt they couldn't, because they owed money, or because they knew the physician had opinions that were not conducive to their lifestyle. So it was, 'Well, we've got to set up a clinic.' Again, I cannot begin to tell you when I look back on it, how naïve we were. You know, it was like…you don't need much for a clinic. We'd go to some drug salesmen and get some samples, had a little office. The equipment itself was very sparse, and we only were open one evening a week. We got several physicians who volunteered their time. The first was an orthopedist, who had had some experience doing women's health care when he was in the service. We just kind of parlayed one physician into getting two and three and four. At that time women would have to come for two visits. I would get their history, do the education, and then the evening they were scheduled, they would have an examination, and we would give them birth control pills, or whatever else they wished.

Birth control pills in the early days were a little bit suspect. No one knew quite how they worked. There was always that concern. Well, "Maybe they did cause cancer." So we had a lot to overcome in helping women understand how they worked, that they did not cause cancer. One of the things that I would really like you to know – the whole association with cancer was probably driven by what we did ourselves.

Congress had given some money for family planning, and I'm not sure if you understand, because I certainly didn't for many years, how that works. Congress passes a bill saying so many dollars can be used for family planning. Then the bill is sent to some office. This office was in Health – it was HEW at that time. Somebody in their wisdom thought, 'You know, these women probably need pap smears. They probably aren't getting as good of health care, and so before they can get family planning, they are going to have to have pap smears.' So we would say to women, 'You have to have a pap smear,' which was for detection of cancer. Then they would

have to have a yearly pap smear for detection of cancer. Women really thought, and naturally so, that there was some correlation. We know now, of course, have known for many, many years, there was no correlation whatsoever to their pap smear and birth control pills. But this went on for years and years, so of course that correlation was made.

That first year I can remember in my mind we saw a hundred and forty-three women. I probably knew every one of them, their dates of their periods, when they needed what, and so forth. We did home visits. We did a lot of talking, a lot of teaching, and of course they want to know about their daughters, and menstrual periods, and there, there was just this whole area that was not talked about. I think it is hard to believe today, when every magazine you open talks openly about some sexual matter, some reproductive matter, some women's health care, even satisfactory health, sexual health, orgasm. I want to tell you, those words were not mentioned when we started in 1969.

EC: That's amazing, because you know I was raised – I knew what my period was when I was about five. I knew how my body worked.

JM: Women didn't in those days. They may have had a class in school, but it was hit or miss. And it was like a one hour class, and if you weren't there that day, and of course no one asked a question, you know? It was because if you asked questions, that meant you knew, and there was something kind of dirty about you. We have overcome a lot.

EC: Did you know about this sort of stuff before you went to nursing school? Did you know about your body and how it worked?

JM: I probably didn't know until…You know, knowing about it in a text book…

EC: Yeah.

JM: When we were in nursing school, we learned about, you know, ovaries, the uterus…I don't even think we ever talked about vagina. I don't think I ever even heard the word clitoris, and it was entirely separate. Probably a whole semester separate than the male reproductive tract. I mean, those two were not talked about. We never talked to patients about birth control. Never. Birth control was certainly never mentioned until after you'd had a baby.

EC: Oh, really?

JM: I remember when…I was in nursing school, 1958, and many of us got married right after we graduated. I mean, that was kind of the thing to do. We went to college probably to learn something, but also to find a husband. I was very surprised recently when I mentioned to somebody about the MRS degree, and they said, 'What was that?' Well, we all knew. We went to school to get a BS and an MRS, which means you were there to find a husband. If you wanted to get birth control, which was limited in those days to a diaphragm basically – if you wanted to

get a diaphragm before you got married, you had to bring your application for a marriage license to the doctor. Nobody was ever able to get birth control unless you were getting married, or were married. And so, it, it wasn't talked about like it is today. It's…you know, I'm not even sure how many women talked to their husbands, potential husbands about, 'I'm going to go to get my diaphragm.' I mean it was…such a private issue.

EC: So was this clinic that first started – was that Planned Parenthood or was that an earlier…?

JM: It started out – it was just going to be family planning as part of the O.E.O. project, which in Billings was a Community Action Program. It wasn't until, oh, a few weeks later, maybe months, that somebody talked about 'You know, we need, we ought to get medical insurance.' And it's like, 'Well, how do you get that?' And then somebody said, 'You know, I think there is an, a national organization that probably would provide that.' So we did contact Planned Parenthood.

EC: And then what – and then they started supporting you, or…?

JM: Oh, it was never – Planned Parenthood does not support financially a, a clinic, a community. It's quite the opposite. The community must pay Planned Parenthood for, for many things. For technical assistance, for being able to bulk purchase medical supplies, birth control pills, malpractice insurance.

EC: Education?

JM: Absolutely.

EC: So when Planned – what year did Planned Parenthood start here?
JM: It started here in Billings in 19…January 1970. In Missoula, Planned Parenthood was part of the Health Department in '69. Within a few months of each other we started.

EC: Okay. And…how did the community react to that?

JM: I think the community at first didn't even know. It did not really know that there was anything they should be aware of. I think if anybody said anything, it was probably a few of the physicians who thought we were taking their business from them, until it was demonstrated that most of the people who were coming to us were low-income, and probably weren't paying the physicians anyway. I think that the community as a whole assumed that we were just following what the physicians were doing, but for low-income people. I think it was just kind of a gradual finding out, learning that we, may be serving teenagers, that we were serving people who aren't married. But it was never just a public outcry in those days.

EC: Wait, when that stuff started to come out, was there more reaction to it?

JM: I think when it started coming out….there wasn't so much the huge outcry as "somebody needs to do something about it because that's illegal". 'And of course it wasn't illegal. There's a lot of ….there's a lot of errors in belief of what is legal and illegal. Of course it was, you know, no one can serve a minor without their parents' consent. So a lot of the – there was no laws on the books, and so it was really only after the fact that certain laws came onto the books. And I think it was rationally done. If young people were afraid to come, they wouldn't be getting treated for sexually transmitted diseases. They wouldn't be getting some good health care early in a pregnancy.

EC: Were the doctors that would work with you, were they progressive doctors or did they sort of have to learn?

JM: Oh, I – as far as learning about birth control, I think most all physicians felt they knew how to do a pelvic exam, and it wasn't that many – there were only a couple different birth control pills. So it wasn't like it is today, with a whole lot of different things to consider. When we first started there were no I.U.D.'s. It was mostly birth control pills and diaphragms.

EC: Were they judgmental at all (unintelligible)?

JM: No, because they really – they had – the only contact they had with the women was really doing a pelvic exam. The woman had decided what she wanted. She was educated, and so, no. They were not judgmental.

EC: And it was the nurses that did most of the educating?

JM: Oh, nurses or volunteers. There were no nurses.
EC: Okay, so now how would you say that it's sort of changed from when it started to…?

JM: Oh, there's lots of changes. First of all, there's so many other methods of birth control from which a patient could choose, a woman can choose. Second, a lot of women who are not low-income come to Planned Parenthood, come to any of the family planning clinics because they know they get very excellent education. Someone's going to take time with them, they can ask questions without feeling they're being rushed. I think those are some of the changes. And of course Planned Parenthood has gotten to be very large with all sorts of clinics. One of our biggest goals is access, in making sure everybody has affordable birth control in Montana.

EC: So you, you can tell me what are some of the programs you have going on now? Family planning, birth control, abortion?

JM: I think…Certainly our belief – and so programs are always kind of belief-driven – our belief is that women, given enough information, are going to make good choices for themselves. So education I think is a keystone. Education also is not just…talking and giving facts. It is also by raising questions, helping a woman to think through, 'Oh, I hadn't thought about that yet,' such

as if a woman comes in and says, 'I know I want birth control pills.' And asking such questions as, 'What do you know about them? What is your lifestyle?' That, and 'Are you aware that you need to take them the same time everyday?' And 'Will your life – is your lifestyle kind of fitted toward that?'

You know for a woman who is very, very busy, who works shifts, who sleeps at different times, because one – one week she works nights, and another she works days…It's hard to remember to take the pills. When she realizes that, she might say, 'I never thought about that. What else is there?' A woman who doesn't have a cooperative partner, who's not going to wait until she inserts a diaphragm and so forth, a diaphragm may not be good for her. Maybe it needs to be an I.U.D., because it's there all the time, her partner is going to insist upon intercourse without waiting, she needs to be thinking about some of those things.

EC: Okay, so I want to ask you about how Planned Parenthood as you said started in about 1970 and at that time abortion was illegal?

JM: Absolutely.

EC: And what was the (unintelligible)?

JM: Let's just talk a little bit about abortion and the legality of it. It is a state by state decision to make rules about abortion. So although abortion was illegal in Montana, until *Roe v. Wade*, which said no state may make a law about abortion during the first trimester and only under certain conditions in the second trimester. Abortion was legal in the state of Washington and in the state of New York. So women who were well to do, or somehow could get there, could get an abortion if they went to Washington or New York. Now of course, that is for a woman who was sophisticated, had money, knew how to travel, and so forth. And there was kind of at that time an underground. Where it was really a group of ministers, who would help women travel, stay in their homes, and so forth. So although it was illegal in Montana, they could travel to Washington, which was the closest.

EC: Were you or other people that worked at the Planned Parenthood educated on abortion, how it worked at that time?

JM: Not at first at all, because I think it wasn't until…oh, several, two or three years after we started Planned Parenthood that it was like we could talk about it legally. That you could give that information legally. There were certainly women who came to us for birth control who'd said they'd had an abortion. At first that was almost shocking, because it was so, so behind closed doors.

EC: I was talking with a woman in Minnesota, and she told me that they – well, (unintelligible) they started the pregnancy referral service, because they, they pretty much educated themselves, helped women find safe abortions across state lines. Did you have anything like

that, or were you aware of any thing like that that you could direct women to for safer abortions?

JM: We did. It was this pregnancy consulting – it was called I think the Clergy Counseling Service. So we would give a woman the number and the clergy would handle that.

EC: When abortion became legal, how did that change the health care at Planned Parenthood?

JM: Well, it certainly didn't change overnight. The Blue Mountain Clinic in Montana was the first clinic that was an abortion clinic. I think we just thought that was going to solve everything. Women could travel to Missoula. Well, until women came to us and said, 'I can't get to Missoula. I don't have the time.' Or if it was a young person, 'You know, I can't be gone overnight.' All those sorts of things. And I can remember the board meeting when our board – and we had a wonderful board who really grappled with that and said, 'Listen. We should do this here. You know, it is not enough just to say, 'Go away. Go here. Go there.' We should provide this service here.' And so we kind of bit the bullet and did provide that service.

EC: And did you – did you work with those women at Blue Mountain at all? Did they help educate you, or was it the Planned Parenthood?

JM: It was through Planned Parenthood.

EC: Had Planned – Planned Parenthood must have had some other…

JM: They did have some other abortion clinics.

EC: So when, when you started doing abortions, what was the community reaction?

JM: Our board decided that we would certainly start an abortion clinic and get it going without making a lot of to do about it, announcing it to the public. We had enough patients that just came through our clinics. It wasn't like we needed to advertise to get patients. So, at first it was not a problem at all.

EC: It was just word of mouth (unintelligible)?

JM: I think physicians in the community were glad to have a place to refer their patients to.

EC: Were there physicians at that time that were – oh, I'm sure there were – that were anti-abortion?

JM: Oh, of course there were. But I think though, rather than have criticism about it, they just didn't refer their patients to us. I think that, again, they didn't know probably we were doing abortions. And women are very wise. Women know if the physician, their—

[End of Side A]

[Side B]

EC: —the women may know, they won't ask their physicians. Did you get a lot of women that had physicians, could afford to go to physicians, but their physicians were against abortion, or not very liberal with birth control, that would come see you?

JM: Absolutely. And we even had physicians who would send their patients to us for birth control.

EC: What sort of opposition did you face in the community or in the medical community in setting up an organization like this?

JM: You know, I may again be very naïve. I did not think we had any opposition at first. I think that we were down on Montana Avenue. I think the kind of opinion leaders in the community never thought it would go, would ever be big, would ever be important. So, in the beginning we did not have opposition, and at the same time we didn't have a lot of support. I wasn't like people said, 'Hey, I like that idea. I want to give you some money.' So raising money was hard. And I can remember the first time we got a check for a hundred dollars I was astounded. I said, 'That was a major donor. If we ever have another hundred dollar donor, I will just. . .' I was just really amazed that someone gave us that much money.

EC: I'm sure Planned Parenthood has expanded a lot. How much have your programs progressed or changed over the last thirty years?

JM: I think some of the things have changed. When we first started nationally Planned Parenthood was called, Planned Parenthood World Population. It wasn't until many years later that that name was changed to Planned Parenthood Federation of America. World population was a kind of a big thing in the sixties…that we had too many people and so forth. I think it was later on that Planned Parenthood could be seen as almost racist. Because when we looked at the countries where there was this over population, it was where there were people of color. And it was really then that Nationally Planned Parenthood said, 'What we have got to do is educate people about what is healthy for them. Support women so that they know they have options, and it was changed to Planned Parenthood Federation of America. So we too, in our education never talked about population as we once did. We were once the ones who were always called into schools to talk about over population, never ever now.

We are asked to talk about methods of birth control, AIDS prevention, of course we did not have AIDS then, so that is a change. The type of sexually transmitted diseases has changed. We hardly ever have a case of gonorrhea now, Chlamydia was not heard of back then and now it's just the flipside.

EC: Now it's, geez what's the herpes statistics?

JM: Herpes is a, like again, that is something we did not see much of. It was not talked of.

EC: Do you see people getting treated more now for STD's, or being more open with it than…?

JM: Much more open with it. We will have women now come to us and say, 'I have a new partner and I want to be checked.' And in those days, we used to do – check every woman for gonorrhea, every woman. But that was all. And we had a very low rate of return, of positivity. And as I say, now gonorrhea's almost been eradicated in Montana.

EC: How has abortion changed over the last thirty years?

JM: Well, even in our clinic alone, I'll tell you how it's changed. We used to have five counselors on our staff. And every woman – it was thought, it was a very heavy duty lengthy decision-making, multi-visits to make that decision. Women would come and we'd do a – a pregnancy test. It would be positive, and they could hardly say the words. Because they felt that they shouldn't. So it's like, 'I don't know what I want to do.' So we would say, 'We do have counselors you can talk to.' So they might make several visits to a counselor, sorting it all out, helping them feel okay about their decision. Now we have women that come. Before they even walk in the door, they will call and they say, 'I want an abortion.' They know about abortion. They have friends who've had abortion. They've had mothers who've had an abortion. So they know, even before sometimes they're sure they're pregnant, 'I want an abortion.' Now the question is, 'Do you know you are pregnant?' or 'How do you know you are pregnant?' So that's, that's really changed a lot.

EC: Right. The Missoula phone, when you call Planned Parenthood says 'If you want an abortion, press this number.' So it's just…

JM: Right. It is much more matter of fact. It is a much more – just one more option for a woman.

EC: Do you – has procedure changed at all?

JM: The procedure itself, used to be thought it had to be done in a hospital. Now it is certainly – technology and so forth has made abortion very, very safe, surgical abortion. Now we have medical abortion, where a woman can take some pills and several days later she will expel the contents of her uterus, in her home. Many women like that because they feel they are in full control. No one else is doing something to them. They are managing their own life, even to that point.

EC: When you first started working in this area, did you come across any, or many women who had illegal abortions or health problems from illegal abortions?

JM: We had some women who had illegal abortions. Some women had had bad infections, probably could not have another pregnancy. We heard those stories of a friend, or an aunt, or someone who had died. Abortion was still thought to be this very, very high risk procedure, because of knowing those sorts of things. In those days, the people who were performing abortions, when it was illegal in Montana, I think they were still doing the best they could. They were trying to help someone out over a bad situation, and were doing the best they could.

EC: Do you see that too in health in general, women's health? I'm sure it's improved, just things that people do like, you know, cysts or fibroids in your ovaries, uterine cancer detection, that toxic shock, you know, what have you. Have you seen a, a change or more awareness in that?

JM: Oh, of course. And of course women are seeking alternative health care. We used to ask on our histories - you know, in medicine, what you ask a person about their medical history changes as times change. Like when we first started, we asked every patient if they'd had a positive – 'Have, have you ever had a positive tuberculosis test?' Because tuberculosis was out there. Now we never ask that. Now we do ask about, 'Are you taking any other prescribed medications, or alternative medicine? We're seeing a lot more women are doing that. They are going to lots of other kind of health care practitioners, and we need to know those things.

EC: We were talking earlier about how sex is very out in the open, and different aspects of women's bodies more talked about, but do you still see a lot of women that are uneducated about their body, or properly educated about their body?
JM: Properly educated is more like that because still so many people hear about what they want to know from a friend, you know whether it's a nine year old asking another nine year old, or a twelve year old asking another twelve year old. It's kind of like the game of telephone. They – it gets changed a little bit. So properly educated, yes.

EC: And is that something that you have to combat a lot when you're – or have you had to combat a lot in your, in working in educating women?

JM: Of course. Of course. And women still – because of a lot of advertisement – still are not comfortable with their genitalia. You know, why would there be feminine deodorants unless it had a bad odor to your genitalia? Why would you have certain things…? And one of the things we do in an examination is we ask the woman, 'Have you ever seen…Have you ever seen what your vagina looks like? Have you ever seen your cervix?' And we have a mirror, and we show them. We use positive terms, like healthy and pink, and normal, and let people really see – let women really see what they look like.

EC: See, I was never asked that, and this is, you know, it was the Nineties, and one day somebody told me, 'You should have been asked this when you were eighteen,' you know, or whatever. So I think that even though things have changed – and I also had male doctors when I was younger too. I don't know if that has anything to do with it, but things…

JM: I don't know whether it's so much male as female, but it also can be time. These things take time, and I think you have to think it's important enough to take the time.

EC: Yeah. (unintelligible) Alternative health care – do you…come across or have you come across that a lot working with women, women who want alternative health care?

JM: More and more.

EC: More and more?

JM: Yes.

EC: When you first started, was it…?

JM: Not even heard of.

EC: Midwifery was illegal then wasn't it?

JM: Well, I don't think of midwifery as alternative.

EC: Oh.

JM: But the midwifery, midwifery was thought to be only like to be down in Kentucky were people were so poor, and there was no doctor. So, it was very, very, small area of health care.

EC: And then alternative medicine was unheard of?

JM: Alternative medicine was truly, truly you know forty years ago thought to be quackery.

EC: And now does Planned Parenthood offer education in that too, or do they just refer?

JM: I would say different Planned Parenthoods do different things according to the region that they are in. I think you need to know how much medical insurance drives the practice of what you do. If medical insurers says, and I'm talking about malpractice insurance, says it only covers tried and true, and replicated studies and so forth, that is what you follow. So if a women comes and says, I am going to an alternative health care practitioner to find out, I need help with my cramps and stuff. I don't think anyone at Planned Parenthood would say, 'Oh, my gosh don't go there.' But, I don't think we would refer someone there either.

EC: Does Planned Parenthood deal with a lot of insurance? Or is it mostly, paid for privately?

JM: A lot of people have private insurance.

EC: So, do you feel that it has been less influenced by, by huge things as health care providers, insurance providers?

JM: You know, I want to make sure we are talking about the same thing here. There is insurance to get to health care. Then we are talking about malpractice insurance. Now, people who have health care insurance can usually go anywhere they want to go and then it is paid for. Their services are paid for by their health insurance or by part of the health insurance. What I was saying about we would not refer to an alternative care, it's because our malpractice insurance would not cover that.

EC: But has that been something that in the healthcare industry you've had to battle against? Is the general consensus on something as right or wrong, and you sort of have to either battle it or just go along with it?

JM: Oh…I would say most health insurances, although they may not pay for the full amount are starting to become more readily available for preventive things like birth control pills, pap smears, mammography. Because if they can catch it early, it's going to save them money.

EC: Looking back over your experience with health care, what do you think are some of the most major accomplishments that you've been a part of?

JM: I personally, or just in my day?

EC: Both.

JM: Well, I think in my day the biggest, the biggest thing that has happened was truly oral contraception. Oh man, what a leap forward that was for women. You know, that any kind – the kind of contraception today is just wonderful. I think that women can postpone a pregnancy until they're ready. It isn't just after I've had some babies, not wanting to just have some more, but postponing a pregnancy. I think that concept is terrific. I think women becoming more comfortable with their sexuality is wonderful. And as I say all those things, I have this little niggling inside that makes me very, very worried because women have really been lead to believe they can have it all, and I'm not sure it can be – I am not sure that women can say, 'I want a career. I want to get well-established in my career. Then I'll have a family.' They find themselves in their late-thirties, early forties, then they may have a bit of problem getting pregnant. They don't have that many years to try to figure that out and get the help they need. So I find that worrisome. I suppose as a grandmother, a mother of children, and a grandmother, it, it does worry me some. I'm not just sure that the women who feel they can have all – I don't know if they can or not.

EC: What do you think in retrospect would you do differently or would you wish it was done differently? If anything?

JM: I'm not sure I would have done anything differently. I mean there's a hundred different careers I wish I had had. But then if I compare it to, 'Well that means you wouldn't have been a nurse, you wouldn't have done that,' no I wouldn't have, there's nothing I would have done differently. I just wish I had many more lives to live.

EC: Yeah.

JM: So I could have had—

EC: So you could do some—

JM: I could have been a nurse, and I could have been a ballet dancer, or whatever.

EC: For the future women in health care, working in health care, just being women and needing health care, is there any sort of advice you'd pass on from your past experiences, your present knowledge?

JM: I really like that women are participating in their health care, participating in the decision making. I think that is just wonderful. That are questioning, they are being able to say, 'Yeah, I want a second opinion. I want – or I want to know the pros and cons of everything you're telling me.' I love that. I think an intelligent patient or client is a joy to work with. Now of course, we have people coming who say, 'Listen, I have gone on the net.' They have, they know a hundred more things more than some of us had ever even thought about. Love it!

EC: Oh, it's excellent. Speaking of that, has, has things like Internet, faster technology, faster passing of knowledge imp- well, I know it's improved, but affected greatly the work that you do in the health care industry?

JM: Oh, I think so. You know, there can not be one article in the paper, or one something on the internet about …you know, it can even be phrased like, 'Perhaps X, Y, Z has an influence on women's A,B,C' that we don't get hundreds of calls. Women are reading, they are questioning, and they want to know that. I think this latest thing about whether hormonal replacement therapy is good for women or not – that has just turned things around greatly.

EC: That's excellent. So is there anything else that you want to add, that you can think of.

JM: No, I think Montana is a difficult state to provide health care because we would like to have a clinic in every little community, which is not possible because there's just not enough people. We do have a program that we started several years ago called Planned Parenthood Without Walls, so that women can get at least contraception no matter where they live. I like that a lot. That's something I'm very, very proud of. But Montana has lots and lots of little towns very, very far apart.

EC: Have you had experience working in any other towns outside of Montana, any other places?

JM: Outside of Montana? No, not really. Other than when we lived in Alaska.

EC: So, is Montana progressive compared to other states with their health care?

JM: I think that, I think Montana, people in Montana are very, very fortunate. I think the quality of health care here is excellent. I can not begin to tell you how excellent it is. If people can get to the places where health care is delivered, they can not get better care than it is delivered here. But, we live far apart.

EC: Yeah.

JM: That makes it very difficult.
EC: Okay, well that's it I think. That's all the questions I have for you.

JM: Okay.

EC: Thank you very much for your time, and if you think of anything else, let us know.

[End of Interview]

Post Script: The conversation below follows official interview.

JM: ….if you had missed one period, but you hadn't missed two periods, so you just had this late period that they would do a menstrual extraction. Which is they would do this – they would not do a pregnancy test. And I mean, it was just like, 'Are we all into denial? I'm not doing an abortion. You're not having an abortion. You're just late, and so I'm going to do a menstrual extraction. Unbelievable, when you look back on it.

EC: Did they really believe that it was a—

JM: I don't think they wanted to even go there. I think they wanted to plead that probably the woman was just late. Could be she was pregnant, but no, we aren't even gonna find out cause we aren't going to do a pregnancy test. We're just gonna do a menstrual extraction.

EC: So was it the same procedure as—

JM: Sure.

EC: —like a suck, the sucking method? Wow! Was that any doctor or just certain doctors?

JM: Oh, no, no, no. Just certain doctors that you would know that you could go to for a menstrual extraction. And so even – and the way I think we found out about it was we would ask women if they had had you know, 'Have you had a pregnancy? Have you had a miscarriage? Have you had an abortion?' And you know, there's a – was a certain kind of pregnancy history. And abortion could either be – of course, in the beginning it was all spontaneous abortion. And then you started asking a little bit about therapeutic abortion. And then some woman would say, and then 'Have you ever had any other surgery?' 'I don't think it was surgery. It was a menstrual extraction.' Well, what was it? You know, so then we had to make some calls to find out about this. And so it was very definitely there were some physicians providing that.

EC: Which is probably safer than underground?

JM: Well, it was very, very early.

EC: Yeah.

JM: And as I say, they didn't have to deal with any of the political aspects about 'Am I doing abortions, or am I not doing abortions?' Nor did a woman ever have to say, 'I had an abortion.' You know, it wasn't – it, it was a very kind of peculiar, a very peculiar.

EC: That's weird because was Billings a big city back then.

JM: In 1967, when we moved here Great Falls was the largest city in the state.

EC: Oh really.

JM: And within a year or so Billings became the larger city.

EC: And it was still that kind of?

JM: We're still talking 60-70,000, or something like that.

EC: And it still stayed conservative, sort of closed—eyes closed.

JM: I think there was a lot of things that stayed conservative.

EC: Do you think it still conservative now?

JM: More conservative than Missoula, for sure. Yeah, I think it's conservative.

EC: Is there-Is there still kind of a I don't-see-it-so-I-don't-know-it's-going-on mentality when it comes to stuff like that?

JM: I think there's a lot of people in Billings, well not just a lot of people, but there is a lot of things, that if it's not right in their face, their backyard, their family, they can really (unintelligible) it.

EC: Do you think that makes things easier or more difficult?

JM: It depends on what economic level you work at. If your family is intact and you have enough resources to pay your bills and so forth, I think you can't do a lot of denying, but I don't know if that's just Billings.

EC: Yeah, you see, it's weird because my experience with here is Missoula, so you have a Blue Mountain Clinic, you have Planned Parenthood, you have a bunch of women's organizations. And then if you want to, and what we are doing here is to give access to what went on to start all this stuff. Which was teaching women about their bodies, and understanding about how the medical aspect of women's health has progressed and so I think that's how I've envisioned stuff to be, but in other—most places around here it's not like that.

JM: Are we off now?

EC: Yeah.

[End of Interview]