

Issue no 25 Spring 1982



Right to Choose

a women's health action magazine

THE WEEKEND

Foetus rights case fails

High Court refuses appeal by association

By MARISA F. MORSE-WALKER

THE NATIONAL

LABOR PARTY

Abortion move expected to be defeated

SENIOR members of the Labor Party believe that they have the numbers to defeat a move at next month's national conference to end the party's conscience vote on abortion.

The abortion issue is seen as potentially the most divisive and toxic in the party's agenda.

By GEOFF KITNEY

Nile to make fresh bid to outlaw abortions

By PAUL ELLERCAMP

Rev Fred Nile is planning to introduce a private bill in the Legislative Council in a fresh attempt to outlaw abortions in NSW.

Mr Nile will attempt initially to put into the Crimes Act an amendment covering the principle that human life begins at conception and should receive the normal protection of the law from that moment.

A second stage, which he hopes to introduce into Parliament later, would deal with ways of enforcing this protection.

A protracted controversy in Federal Parliament when opponents of abortion tried to include it in human rights legislation two years ago.

Mr Nile said it was also similar to an amendment proposed to the US Constitution.

Section 82 of the Crimes Act provides jail terms of 10 years for people who procure abortions unlawfully.

The definition of abortion is that given in the Supreme Court case of *R v Heatherbrae*.

In the ruling, the High Court held that an abortion claim is only valid if it is made by the woman herself.

ABORTION GROUP GETS BIG BOOST

By MARTIN BRIDGMAN

A STATE abortion-rights group has received a big boost from a new source of money. The 'Right to Choose' group has received a \$10,000 grant from the NSW Government, which will be used to fund a series of public information campaigns.



WOMEN OPPOSE VISIT BY MORALS CRUSADER

By STEVE HARROCK

An American morals crusader who...

DEFEND ABORTION! FIGHT RIGHT WING ATTACKS
WOMEN'S ABORTION ACTION CAMPAIGN



Right to Choose July 82

THE COLLECTIVE

The collective who worked on this issue were: Jane Beckman, Meredith Brownhill, Anita Byrnes, Robyn Davies, Margaret Kirkby, Vicki Potempa, Angela Rome, Jeanne Rudd, Karin Vesik and Marian.



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We appreciate receiving your articles, letters and news items.

When sending in material:

1. Type, if possible, double-spaced, one side of paper only, and with your name on copy as well as an accompanying letter.
2. A stamped, self-addressed envelope with your work would help us to get back to you.

Right to Choose collective retains editorial control. Alterations will be discussed with the author.

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ADVERTISE
HEALTH SERVICES,
MAGAZINES and GOODS
HOWEVER, ADS SHOULD BE
NON-SEXIST, NON-RACIST
NON-AGEIST AND
NON-CLASSIST

WAAC, - 62 Regent Street,
Chippendale

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EDITORIAL

Yes, this issue is a little late - forgive us please for the delay but the last five months have been very hectic. Early in the year, Fred Nile appeared on *60 Minutes* and announced his intention to introduce anti-abortion legislation into NSW Parliament. We will, of course, oppose this in every way possible. You can help by writing to your local State member and to all members of the Upper House or by sending in one of our "anit-Nile Bill" postcards (20 cents each). We will be lobbying parliamentarians and will hold a public meeting when Nile introduces the Bill. "Informed sources" tell us also that a Federal parliamentarian plans to try again to remove health insurance benefits for abortion.

While we were still reacting to Nile's plans, *60 Minutes* presented a second abortion program hosted by their token woman, Jana Wendt - for our analysis of that piece of callous sensationalism see page 4.

In March, Kevin Stewart, Minister for Youth and Community Services, attempted to use his position as guardian of the State's wards to prevent a fifteen-year old woman from obtaining the abortion she wanted (see page 3).

Nile's proposed legislation and the increase in moral repression generally have lead to the formation of a number of new campaigns and coalitions which WAAC has supported. The Campaign Against Repression staged successful protests in May against Jerry Falwell, the visiting leader of the U.S. Moral Majority (see page 2). Two other new groups were launched in May and June. "Toleration" is a broad anti-repression group, while the "Right to Choose Coalition" is specifically concerned with the issues of abortion and fertility control. We believe that the abortion issue must be fought on every level and while WAAC will always be a women-only group with broader feminist aims, we are not opposed to working with other non-feminist groups and individuals when we share specific aims.

The chronicle continues.....In July, the national Australian Labor Party conference sold women out again by voting (55 to 44) to maintain the parliamentarians conscience vote on abortion instead of adopting a pro-choice party policy.

Finally, on the 7th of August, we will be celebrating our 10th anniversary! We wholeheartedly thank all of you who have supported us over the years and as long as women are denied reproductive freedom WAAC will continue.

Some of the cartoons in this issue come from "*Mercy it's the revolution and I'm in my bathrobe*" by Nicole Hollander.

LETTERS

Dear Sisters,

Recently some Right to Life literature came in my letterbox. It was their usual propaganda to evoke guilt and horror through lies and distortions about pregnancy and termination.

I wrote to their box number and told them that their literature had convinced me to work actively against them in whatever way I can.

Therefore I would like to join WAAC. Could you let me know if there are any current members of WAAC in Wollongong and I will arrange a meeting with them. Do you have any suggestions for activities we could get started on? When you reply please tell me the cost of joining and how WAAC is organised, etc.

*in sisterhood,
M. Magee*

Dear WAAC,

My husband and I read your letter of January with dismay. The self-righteous, dried-up people of the Right to Life, Women who Want to be Women and evidently, Aid Life movements, raise the question, whose life?

We believe that the life of the woman, her husband and her existing children must come first and that the unborn child could be born into an unhappy, desperate situation, if this is not considered.

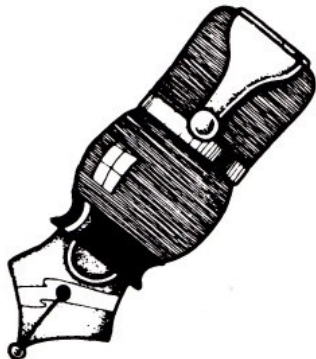
The sad thing is that very many of these bigoted people claim to be Christians. We do not, but we do care for our fellow human beings and feel that these people (once again) make a mockery of religion.

The prospect of the Moral Majority gaining impetus here is frightening, and yet the mere fact that Fred Nile

was elected to Parliament reinforces its' possibility.

Enclosed is a donation to help fight these moral *minorities!* so that women have control over their own bodies.

*Sincerely,
WAAC supporters*



Right to Choose 1

Holy Roller not a hit!

Falwell visit

Conservative calls to halt the breakdown of the family and to oppose the erosion of moral values in society have met with increasingly vocal support in the last few years. The result has been the formation of myriad right-wing organisations determined to restore the "moral fibre" of the past, and in so doing stamp on the rights of women, gays and other so-called 'minorities'.

Organisations such as the Right to Life, Festival of Light and the Moral Majority attempt to curb, through the structures of ethics and religion, those forces most threatening to the maintenance of the family (and therefore society), e.g. women's and homosexual rights.

Basic feminist demands for safe abortion and reliable contraception are threatening because they serve to break the link between sex and social role. It is not surprising then that the 'new right' rallies around the issue of abortion, seizing upon it for blatantly political purposes. Even a superficial analysis makes abundantly clear the real thrust behind the pro-life facade.

WHOSE TRUTH?

In an attempt to stir the issue further in Australia, Moral Majority leader and renowned misogynist Rev. Jerry Falwell, made a visit here at the invitation of Accelerated Christian Education and the Word of Life Movement (both U.S.-based fundamentalist organisations).

The visit, despite Fred Nile's joyous reception, was a resounding failure. Falwell was met everywhere with organised opposition. Demonstrators burst into the National Press Club while he was giving an address; and protestors made their presence felt outside State Parliament House where a luncheon had been arranged for him by Nile.

Most memorable, however, was the Reverend's rally on "God, Truth and Country" at Ryde Civic Centre on May 23rd. About 500 demonstrators

chanting loudly outside, easily outnumbered the congregation within. While protestors listened to various speakers and were entertained by the Gay Liberation Quire and the Sisters of Perpetual Indulgence (an order of gay, male nuns), Falwell was telling the sparsely filled hall that those outside were "kooks" who had been "brought in from America to protest against him"!!!

CAMPAIGN AGAINST REPRESSION

The impetus behind opposition to the Falwell visit was the Campaign Against Repression (CAR), established in Sydney in March of this year. Composed of a diversity of groups such as Women's Abortion Action Campaign, Gay Solidarity and members of the NSW Teachers' Federation. CAR's aim is "to oppose the encroachment of the Christian right on progressive reforms and democratic rights." Although initial focus has been centred on Falwell's visit it is an ongoing campaign.

The name Moral Majority has been registered by CAR and stickers produced with slogans like: "Moral Majority Demands Gay Rights," "Moral Majority Supports Women's Right to Choose," Moral Majority Loves Lesbians", etc. Fred Nile was reportedly "upset" and "confused" by the stickers.

No doubt he was also "upset" by Falwell's reception in Australia - it just goes to show, the new right may have God on their side but they're no more a majority than women are a minority.

Karin Veski

MORAL MAJORITY
(REG)
supports the demand
GET YOUR LAWS
OFF OUR BODIES



US POLITICIANS SHY AWAY FROM SENSITIVE ABORTION ISSUE

A Senate Judiciary Committee which had scheduled debate on Senator O.G. Hatch's "Human Life Federalism Amendment" on February, 1982 abruptly cancelled its meeting. A poll taken in January demonstrated that the Hatch bill, giving Congress and the states power to restrict or prohibit abortion by simple majority, was opposed by 75% of respondents.

At the same time *Time* magazine reported that it is likely that Congress will avoid acting on anti-abortion legislation this year, an election year. No one is eager to run for re-election with a recorded vote one way or the other on such a controversial issue.

ABORTION OR

POLITICAL SCHEMING?

The refusal by the NSW Minister for Youth and Community Services, Kevin Stewart, to approve an abortion for a ward of the state under his care was much cause for concern for the pro-choice movement in April this year.

In the early stages of the case it was unclear as to whether the Levine ruling which makes abortion legal in NSW, was going to be challenged. However, following intervention by 'heavies' within the State apparatus, Stewart agreed to not raise the Levine ruling. Stewart's case to support his refusal of the abortion centred on the arguments that it was too late to perform an abortion and that it was not now possible to perform an abortion without doing so illegally.

The woman, aged 15, was 12-13 weeks pregnant. She was living in an institution for emotionally disturbed children and there was a history of genetic deformity in the family. Her mother, her maternal grandmother, the superintendent of the home she was in, a psychiatrist and social workers at the home were all in support of an abortion. More importantly, the woman herself wished to have an abortion and actually had made some symbolic "attempts" to terminate the pregnancy (punching herself in the stomach saying "I want it out").

Justice Helsham held against both of Stewart's arguments and posed his ruling in favour of the abortion by drawing a distinction between Mr. Stewart's actions as a minister under the Child Welfare Act and his actions as a guardian of a State ward.

Helsham's decision in effect says that a decision of the minister, when he/she acts as minister in relation to a child - such as in determining custody cases or deciding in which institution a child should be placed - is not to be disturbed by the court.

But where the minister's action is that of a guardian he/she is in no different position from any other guardian of a State ward: the court can review

the conduct of the minister as guardian and make orders if necessary in the interests of the child.

With that point being established Helsham simply declared that the pregnancy could be terminated.

A more important legal implication of the Helsham ruling is that it gives tacit Supreme Court support for the Levine ruling, as Justice Helsham ruled in this case on the basis of the validity of the Levine ruling. To quote from his ruling: *"I have reached the conclusion that if an abortion can now be lawfully performed, that is to say, within the parameters of the legal requirements laid down in R. v. Wald (supra) then it is essential in this child's best interests that it be done."* (R. v. Wald is the Levine ruling.) It will be important for feminists to maintain their watch on any cases in the future to see how Justice Helsham's ruling is used by the legal profession.

IMPOSITION OF CHURCH VIEWS ON THE STATE

One of the most significant aspects of the case was Kevin Stewart's unashamed attempt to impose his own personal views (Stewart is a Catholic and a prominent member of the Right to Life Association) upon his Ministry, despite the precedent by the former NSW Minister for Youth and Community Services, Mr. Jackson, to allow abortions for State wards, despite the weight of medical evidence in favour of the abortion and despite the woman's own wishes.

Many in the legal profession were incensed that a Minister could attempt to impose what is essentially a Church view on the State. Such actions by a Minister confirm one's cynicism regarding the accountability of Ministers. Precisely what power does the electorate have to prevent a Minister conducting his/her duties according to their own personal views rather than the views held by the

majority of the population? It was fortunate for this woman that her family had sought legal advice. If they had not.....

RESPONSE OF ANTI-ABORTION MOVEMENT TO THE CASE

The response of the anti-abortionists can be described as nothing more than ghoulish in the extreme. From the placards outside the court with slogans such as "Save our Kim", (anti-abortion protestors outside the court chose to name the foetus, "Kim"), to the offer by the Brothers of God to "buy the guardianship" of the foetus from the State government, the case was dogged each day by the anti-abortion groups in a manner designed to evoke emotional responses and to deny the woman control of her body. The offer to buy the foetus couldn't have been a more explicit expression of women's role as the anti-abortionists see it.

SPLIT IN ANTI-ABORTION MOVEMENT

An interesting development following the ruling by Justice Helsham has been the split in the anti-abortion forces as to interpretations and analysis of the case. The more extreme "Aid Life" group led by Brother Patrick Darcey (of daily demonstrations outside the Preterm abortion clinic in Surry Hills fame - see *Right to Choose* issue 24) argues that Helsham's ruling and Mr. Stewart's compliance with it make them clearly accessories to a felony in terms of Sections 82 and 83 of the Crimes Act of NSW. (See article *Abortion and the Law* elsewhere in this issue for explanation of Sections 82 and 83.)

Darcey calls for the immediate removal of Helsham from the bench and the resignation of Mr. Stewart. In relation to Mr. Stewart, Darcey goes in to some detail as to Stewart's re-

Cont'd on page 26.

Right to Choose 3

TOKEN WOMAN: TOKEN DEBATE



Jana Wendt

A lot of women are angry about the 60 Minutes programme on abortion shown in Sydney in April. In the first programme the Rev. Fred Nile M.L.C. was allowed a large segment of time to publicly present his private members bill which, if introduced and made law would outlaw abortion in NSW. Nile already has a large amount of media access with his Sunday night radio programme on 2GB and a column in the *Sunday Telegraph*. It was this media access that bumped Nile into parliament last year. Since becoming an M.L.C. Nile has been threatening to stop abortion in NSW, this bill will be his first attempt.

It has been said that the Rev. Nile made it into the Legislative Assembly on the "donkey" vote but, it seems that he made it onto the 60 Minutes programme by being "controversial". Controversial enough to fit in with the rest of the 60 Minutes shock-horror presentation of issues. The programme format consisted of the Rev. Nile being interviewed by George Negus and passing judgement on the interviews with women who had had abortions.

The first woman interviewed who had an abortion had been raped. She talked about how she felt about being raped and having it result in a pregnancy. In reply to this interview Nile said that women don't get pregnant after being raped. Apparently Nile suggests that conception is a scared

event guided by god and god would not allow a pregnancy to occur after a rape because it was an act of violence. This train of thought ignores basic biology whereby if an ovum and a sperm fertilise a pregnancy results, no matter whether the woman is consenting or not. With this idea there is the hint that the woman is lying about the rape because the act resulted in pregnancy. Compounding this Nile said that the woman should not have had an abortion because abortion is surgical rape. Nile has twisted feminist criticism of the way gynaecology can mistreat women. He uses a way of thinking about women's reproductive health that would give women more control over their bodies to deny women that control.

The second interview was with an eleven-year old incest victim. The girl and her mother talked of how she would have been unable to continue school if the pregnancy had continued. Nile, commenting on this young woman's plight, said that she will be psychologically scarred for life by the abortion and would have been better off if she had carried the pregnancy to term and presumably had the child adopted. Apart from the fact that it is not medically advisable for an eleven year old to carry a pregnancy to term it would have been a great psychological distress to carry a child that would be a constant reminder of the trauma the woman has already gone through.

The other woman interviewed had been pregnant with a child that would have been born with a terminal genetic disease. This woman who already had several children had decided that she could not cope with a handicapped child and had an abortion. Again Nile said that this woman should not have had an abortion.

George Negus went on to ask Nile if he would allow an abortion if the mother's life were in danger if the pregnancy continued. Nile replied that he would not necessarily save the

mother as it would depend on the circumstances. When asked if he had to choose between his wife dying and her having an abortion Nile replied that he would save his wife. This incidentally coincided with his wife's wishes who was heard in the background to say "I want to live". Apparently, whether a woman would live or die in childbirth would all depend on whether Nile considered her worthy enough. Unmarried, poor, black, and migrant women would most likely be counted out.

These two men discussing abortion is indicative of the way women's lives are dictated by men. Nile on the one hand telling women what they should do with their bodies and Negus and the 60 Minutes machine manipulating the issue for the controversy it generates.

As Nile stated on the programme he would deny any woman an abortion no matter what the circumstances. Women who had had abortions and were the victims of rape, incest and a woman who would have borne a severely handicapped child were told by Nile that they should have taken their pregnancies to term, no matter what these women said about the situation. The women presented in the programme were in what 60 Minutes considered dire enough circumstances for them to be allowed an abortion. The situation was set up whereby Nile would be shown as a "ratbag". All Fred Nile's comments may be brushed aside as the rantings of the lunatic fringe. But what remains is the mode of thinking where someone will pass judgement on whether a woman deserves an abortion.

There was apparently an unprecedented response to this programme with complaints that the sensational presentation of abortion left unconsidered the situation of women in ordinary circumstances. This

prompted 60 Minutes to produce a follow-up programme to put forward the other side of the argument.

So much for balanced impartial reporting as Jana Wendt introduces the programme by telling us we are about to hear the other side of the abortion story. The stories of women who haven't been raped or fear the birth of a handicapped child, but women who have abortions for more "selfish" reasons! These women's reasons for abortion can, Jana Wendt says, be considered "skimpy and thin, for them, it is not a question of life or death but a question of lifestyle or convenience."

"but it makes good television..."

(Says 60 Minutes)

Women interviewed then gave reasons why they had an abortion. A 19-year old woman said she didn't feel she was ready to have a child yet. Another woman said that a child would have been a disaster for her career. Other reasons given were that the woman felt she would have made a bad mother, she wasn't interested in children, and inability to cope as she already had one child to support on a supporting mother's benefit.

Kathy, 27 years old and single had an abortion two years ago told how she became pregnant. She became pregnant after starting a new relationship with a man and "became carried away with passion." Thinking that she could get away without using contraception she became pregnant within two weeks of starting the relationship. Asked if she considered having the child Kathy replied "yes, I feel that every woman who becomes pregnant considers having the child. But circumstances made it difficult." Her relationship with the man was unstable and Kathy felt she was unable to expect any financial or emotional support from him.

Wendt then asked "You are a healthy woman and there is no psychological bar to you having a child. Why didn't you?" Kathy replied "that's the way I present today but maybe I would not be psychologically healthy if I had had a child I didn't want a couple of years ago."

Barbara, 34-years old, was introduced as a "career woman" and told how if she continued the pregnancy she ".....would have been a socially isolated woman at home with a baby

and little support from relatives or friends that could be relied upon." Her two other children would have received less care and attention and she would have had to give up her senior government job. Barbara commented on how men's lives are affected by children, "Men leave home at 8 in the morning, go to work, come home, give the baby a kiss and a juggle on their knee then say 'thank you dear take it off to bed now', have a good nights sleep, then go back to their job. They don't have to take a couple of years off to raise a child."

Apparently these women's actions are "cases of clear cut self-interest."

The way Jana Wendt and 60 Minutes purport to see the abortion issue is that it is not a "black and white issue" as some people do, with those who believe on the one extreme "that it is every woman's absolute right to have a child or abort it", and on the other "those who believe all life is scared including that in the womb".

The ideology underlying their questions is, however, not "moderate" but anti-woman as exemplified by this question put to the Medical Superintendent of the Preterm abortion clinic, "Do you, as an abortionist, worry about cases of clear cut self-interest where a woman is financially well off, has no psychological problems, is healthy, is married, has a sound family background and says I want an abortion?" Apart from the reaction of this doctor to being called an abortionist, that question shows up the bias of the programme. A traditional view of women's role in society that sees childbearing as women's ultimate function in life. It is alright to have a career, a job, to pursue studies but as soon as a woman becomes pregnant she must drop everything and follow her biological destiny no matter how it affects the rest of her life. As Barbara put it so well, no one expects a man to let children interfere with his life. This view sets up the situation where some one would have to judge, as this doctor was asked to, who deserves an abortion. Surely the only person to decide is the woman herself as she is the one who must cope with the situation.

The criteria for judging who deserves an abortion also extended

into the area of moralising over a woman's sexual activity and use of contraception. It seems unlikely that a woman who had "a brief sexual encounter" or was "carried away with passion" would get an abortion if Jana Wendt had her say. As one of the interviewed women put it "the world is having sex. The decision to have sex is different from the decision to have a child."

The doctor from Preterm was asked whether she worried about a woman who had not used contraception asking for an abortion. The doctor replied that she didn't feel it was her place to judge in a case of use or non-

use of contraception, women came to see her about their unwanted pregnancies. The fact that contraception use does have its problems was mentioned. Kathy felt that abortion is a necessary back-up to failed contraception and that one abortion in a couple of years may be less harmful to her body than using an IUD. Barbara also brought up the question of men's responsibility in contraception. Her partner said that he was sterile, she used no contraception and became pregnant. In general women are expected to take responsibility for contraception with men escaping the onus of unwanted pregnancy.

Although Peter Meakin, 60 Minutes production supervisor, insists the show did not sensationalise the issue, many disagree. The cynical use of those women who cared enough about this emotional and vital issue to tell their stories to the camera can only be abhorred. In future, 60 Minutes will have difficulty finding women willing to be abused in the interests of television ratings!

The programme *Every Woman's Right* purported to be the other side (i.e. the pro-abortion) side of the story. Instead, its presentation and format and the long-term implications of these provide evidence of the impact of right-wing women's groups in attempting to relocate the debate around abortion (see article by Penny O'Donnell elsewhere in this issue for details of the activities of the right-wing group Women Who Want to be

Cont'd on page 27.

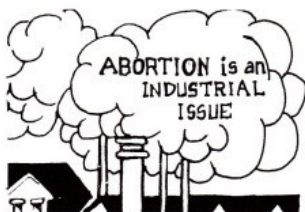
A SHORT HISTORY OF CATHOLIC POPES ON THE SUBJECT OF ABORTION

- 314 A.D. Ten years penance prescribed for abortion.
- 10th century: Abortion said to be punishable by excommunication for murdering the soul of the foetus.
- 1140 Pope Gratian announces that "He is not a murderer who brings about an abortion before the soul is in the body" i.e. 40 days after conception for the body of a male, and 80 days for the body of a female.
- 1234 Pope Gregory IX upheld Pope Gratian's ruling.
- 1588 Pope Sixtus V announced that church and secular penalties should be the same for abortion and murder.
- 1591 Pope Gregory XVI reversed Sixtus V's ruling and abolished all penalties for abortion except for those after the prescribed limits.
- 1869 Pope Pius IX decrees the ensoulment of the foetus begins at conception.
- 1972 Pope Paul VI says that the foetus has a right to life from the moment of conception and that a woman has no right to abortion, even to save her own life.
- 1982 The present Pope supports this position.

DOES GOD CHANGE HIS MIND TOO?



6 Right to Choose



RESULTS OF UNION PLEBISCITE

A national plebiscite on abortion conducted within the Administrative and Clerical Officer's Association (ACOA) at the end of last year proved disappointing with respect to union policy on the issue. Following the adoption of a policy recognising abortion as an industrial issue and supporting a woman's right to control her fertility by abortion, some right-wing members circulated a petition calling for a plebiscite on the issue (see *Right to Choose* issue 24). The vote was held in December.

NSW was the only state where a majority of ACOA members supported retention of the policy favouring abortion. Nationally the vote was 60:40 against having a policy. While the money spent on the plebiscite (\$30,000) did not break the union as was feared, a union representative said he thought the issue had been divisive within the union.

As supporters of abortion policies for unions we must look at why this particular question mobilised so much support from right-wing elements in ACOA. On balance, however, unions as organisations in the forefront of changing policies relating to women at work, provide a politicised forum and a means both for making people think about abortion as a woman's right and implementing that decision. The ACTU adopted abortion as a woman's right to choose in 1980; we need to show unions that they can do the same!

Laurie White

INDIA

The Dongria Kondhas tribe of Orissa India is said to have been using a contraceptive made of roots and herbs for many years. It is given to the girls of the tribe when they reach puberty. It protects them from pregnancy during the dating period when the adolescents have long sexual relationships. The roots and herbs are not only extremely effective but the effect can be reversed after marriage when the girls eat another root to have a child. Within the Dongria system of medicine the roots and herbs are known only to the headman who provides them as required and passes the knowledge on to successive headmen.

U.S.A.

12% of the men and 5% of the women in a survey of 1000 Americans apparently think women should try to stay away from other people during their periods. Over half those interviewed said that women should hide the fact they're menstruating while they're at work. The survey was carried out by Tampax. The results presumably suit them fine....

(Info from *Spare Rib* issue 116, March 1982)

BRITAIN

A report by War on Want just published documents nearly 1700 examples of marketing practices in Britain for infant feeding products - particularly formula milk - that violate a World Health Organisation code. There is still a widespread use of posters, leaflets, booklets, direct advertising, free samples and gifts to persuade mothers to bottle feed instead of breast feeding. War on Want has been active on the issue since it published its report on marketing malpractice in Third World countries, *The Baby Killer*, eight years ago.

(Info from *Spare Rib*, issue 116, March 1982)

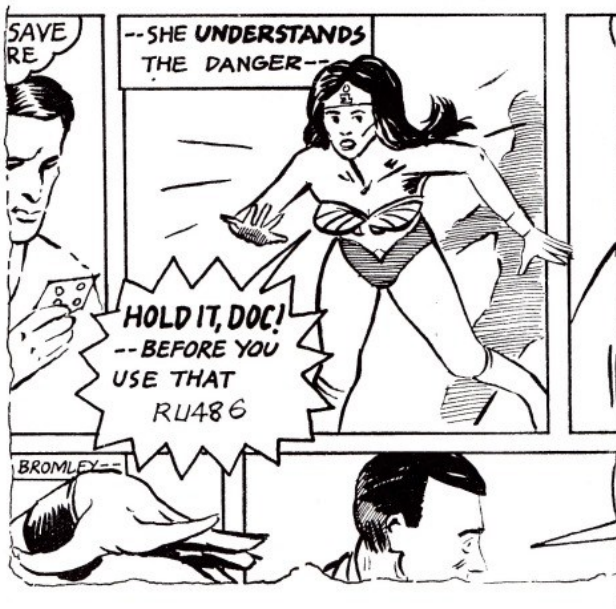
FLASHES

ANTI-PROGESTERONE PILL- GOOD THINGS GOING FOR IT?

A new birth control pill that women could take for only four days of each monthly cycle has been developed by a French biochemist, Professor Etienne-Emile Baulieu. The substance used in the pill is an anti-progesterone steroid called RU486. It works by 'jamming' the protein receptor through which the cells of the uterus absorb progesterone (the hormone which is needed to sustain a pregnancy). If a fertilised egg has been implanted it is dislodged, producing the bleeding of a natural spontaneous abortion. If the woman was not pregnant, use of the pill assures a normal period.

The new pill has undergone successful trials on both pregnant and non-pregnant volunteers. It offers women

the possibility of bringing on their own menstruation at a regular date, and also terminating a pregnancy without the physical and emotional trauma of an abortion. So far it is claimed to act only on a small number of target cells, and in a reversible way, and since it needs to be taken for such a short time, some may feel it does offer new hope for the future. However, this is just another form of hormonal interference and, like the Pill and Depo Provera, it is unlikely to be the wondrous 'solution' to our contraceptive dilemma. The long term effects of this new drug will not be known till long after many women have been exposed to it and women will again be the guinea pigs in the search for the 'technological fix'.



MINISTER FOR WHOSE AFFAIRS?

The new Federal Minister for Home Affairs, Mr. McVeigh, has stated that he is 'totally opposed to abortion' even if persuasive and reasoned argument were put forward. Write to the Prime Minister, Mr. Fraser, protesting that a Minister whose views on abortion are so inflexible has been given a portfolio involving women; and urge that McVeigh be replaced as soon as possible.

(Info from *Freedom to Choose*, newsletter of the Victorian Right to Choose Coalition, June, 1982)



GOOD NEWS FROM SOUTH OF THE BORDER

The new Victorian Health Minister, the Hon. Tom Roper, has decided to withdraw the \$150,000 which the previous government had granted to the Right to Lifers for their 'pregnancy support' programme.

(Info from *Freedom to Choose*, newsletter of the Victorian Right to Choose Coalition, June, 1982)

FRANCE:

The French Ministry for the Rights of Women has been busy implementing regulations to extend women's rights since it was created in its present form by the Mitterand Government. In the area of abortion rights, women are now able to claim the cost of an abortion on the national health insurance scheme.

Nine Thai women had cancer ... None of them took Depo Provera: Therefore, Depo Provera is safe.

This is science?

It is late autumn 1978. A green-and-white bus wends its way through the paddies and outlying villages beyond Chiang Mai, a provincial capital in northern Thailand. The countryside is lush with tropical fruits and flowers; ear-splitting Suzuki motorcycles scream past ancient Buddhist shrines and ornate temples with curved orange roofs.

As the hot sun rises, a small group of Thai women moves slowly on the trails winding beneath a moist canopy of trees. Along the way they meet other women wearing worn work-shirts, sarongs and brightly coloured headcloths. Four hours later they arrive at a roadside village where hundreds of other women are already gathered around the bus, waiting for a medical team to set up shop and inject them with Depo-Provera.

On command, the Thai women, who are regular users of Depo-Provera, roll up their sleeves and tighten their expressions. Shots are dispensed rapidly - about one a minute - and women are sent home to their families barren for three to six months.

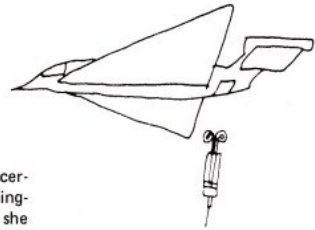
Women who have not yet begun receiving the shot are hustled into a semi-circle for a short lecture on Depo-Provera, according to health worker Mingfong Ho. Most of it concerns the cost of the contraceptive, its three-month cycle and its effectiveness. Little is said about possible side effects. Weight gain and hair loss are mentioned in passing.

What about the possibility of cervical, uterine or breast cancer, Mingfong quietly asks the nurse. Does she ever mention that? The nurse lifts one eyebrow. "Cervical cancer? Most of these women will die of malaria, cholera, dysentery or even in childbirth long before they get cervical cancer." She smiles at Mingfong before turning back to her injections. "This is not America, you know."

MEANWHILE IN AMERICA.....

In Chapel Hill, North Carolina, not too many weeks after the Thai women received their injections, Dr. Malcolm Potts signs a document entitled "Depo Provera and Cancer of the Human Endometrium." Potts is concerned about reports of new experimental findings that could doom Depo-Provera, a contraceptive he has championed for a decade.

Malcolm Potts, the father of three children, is a Cambridge-educated scientist who has written more than a hundred technical papers and four books about reproduction, birth control and family planning. By some he is considered brilliant. Others find him one of the most obsessed supporters of population control. As medical director of the International Planned Parenthood Federation (IPPF) between 1969 and 1978, he was responsible for the distribution of millions of shots of Depo-Provera to nations such



as Thailand, Kenya, Sri Lanka, Botswana, Tanzania, Zaire and Jamaica. Now he is the executive director of the International Fertility Research Program (IFRP) and is leading the worldwide crusade to save Depo-Provera.

The IFRP has come to represent the union between U.S. foreign policy objectives and the corporate drive to expand contraceptive markets overseas. Successive administrations have identified overpopulation as a serious threat to U.S. security and commercial interests and to the maintaining of our supply of critical raw materials. A recent State Department white paper blames overpopulation for the social unrest in countries as disparate as Vietnam and Iran. The paper concludes: "Our interests in many of these countries include - in addition to our traditional concern for human welfare and dignity - such geopolitical factors as strategic location, provision of military basis of support and supply of oil and other critical materials."

Depo-Provera, a long-lasting injectable contraceptive, is rapidly surpassing the pill in popularity with family-planning programs around the world. An estimated ten million women have already used "the shot", which causes sterility for from three to six months depending on the dose. In 1978, the United States Food and Drug Administration (FDA) refused to approve Depo-Provera for use as a contraceptive primarily because in laboratory tests it caused malignant breast nodules on beagle dogs.

In addition to cancer, the FDA was also troubled by the risk of side effects to children born to women inadvertently injected with Depo while they were pregnant. Such side-effects may include congenital heart defects, abnormal development of the penis or vagina and the possibility of genital cancers later in life. Users themselves frequently suffered irregular menstrual bleeding disturbances, sometimes referred to in medical journals as "menstrual chaos."

But American population-control zealots at home and abroad claim Depo-Provera is safe - even ideal for use by breast-feeding mothers.

Through elaborate export arrangements, public and private population-control organisations manage to deliver Depo to clinics in more than 80 countries around the world, despite the fact that the FDA forbids U.S. pharmaceutical companies from exporting products banned for domestic consumption. Depo-Provera is a product of the Upjohn company of Kalamazoo, Michigan, which manufactures the drug in Canada and Belgium to avoid the export ban (see "The Corporate Crime of the Century," *Mother Jones*, November 1979).

Controversy has swirled around Depo-Provera since its contraceptive properties were discovered in the early 1960's (it was originally developed and is still effective as a palliative for uterine cancer).

As side effects appeared and animal tests produced alarming results - first on beagle dogs and later on rhesus monkeys - the opposition to Depo-Provera escalated. Congressional hearings have been held, suits have been filed and the FDA has issued its ban against Depo's use as a contraceptive, which Upjohn and domestic population controllers continue to challenge.

This, then, is the latest chapter in a 20-year struggle over whether or not Depo-Provera should be used *anywhere* as a contraceptive. It is more precisely the story of how two avid supporters of Depo-Provera attempt to validate a highly controversial birth-control technique by producing a clearly unscientific study on women in Thailand.

By some government and IFRP officials, population control is seen almost as a weapon. For example, Dr. Stephen Mumford, the head of IFRP's "Voluntary Sterilisation Program," insists in his book *Population Growth Control* that the U.S. Department of Defence is the only American or world organisation capable of intervening to control world population.

During the past ten years the IFRP has become increasingly involved in finding experimental test subjects overseas. According to Potts, the IFRP "is funded by U.S. AID (Agency for International Development) and is devoted to shortening the time between the development of new fertility-control technology and its use in family planning." In addition to the \$31 million the IFRP has received from AID and other government agencies to date, it is also generously supported by private population-control organisations like the International Planned Parenthood Federation and contraceptive manufacturers, including the Upjohn company.

What Malcolm Potts learned in December 1978 was the alarming results of autopsies on two rhesus monkeys that had been injected with Depo-Provera. The autopsies revealed endometrial carcinoma - cancer of the uterine lining. The monkeys, two out of ten in the study, had routinely been



sacrificed at the end of FDA-required animal safety tests. Reportedly, not a single case of endometrial cancer had ever been found in rhesus monkeys prior to these experiments, despite the large number of these animals that have been used in medical experiments.

Malcolm Potts knew bad news when he heard it, but he was not about to abandon his support for Depo-Provera. The report he signed contained the plan for counteracting

the negative impact of the primate cancers.

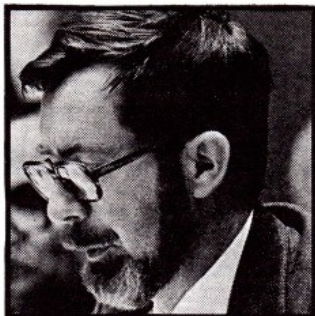
Less than a year earlier, the FDA had viewed Depo-Provera as "posing a substantial threat to potential users" because beagle dogs treated with the hormone showed an "increased incidence of mammary carcinoma." The decision to test Depo on monkeys resulted from the established toxicological principle that drugs must be tested on two or more species. Deter-

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Right to Choose 9

mination of safety was to be based on "the least favourable result in any one of the species." Now that a second species - and more importantly, a primate - had shown cancer, it seemed obvious that Depo-Provera could be a serious threat to women.

Potts is unconvinced by these studies. He insists that Depo must be given to millions of women over the course of decades before its carcinogenic effects can be judged. "We are not going to know whether Depo-Provera is safe," he explains, "until a large number of women use it for a very long time.....You cannot prove a drug is safe until you use it." When asked for how long, Potts replied, "I would say at least two decades. You could even make the argument that it would be two generations, as in the case of cancer of the vagina, which appears to develop in female babies born to women who had hormones in pregnancy. We are not going to be totally confident about the equation of risks and benefits for about 30 years. It is really that sort of time scale."



Malcolm Potts

As concern mounted in Washington and New York and in Third World capitals, population-control specialists at the U.N. World Health Organisation (WHO) attempted to smother the doubts about Depo. Potts was aware of these efforts and wrote in an unpublished report, "WHO seems to be accumulating arguments rather similar to those that were used in the case of the beagles, that the monkey data should not be applied to women."

these people, whom I have come to know and love since childhood."

He has much compassion for Thai women and is articulate about it. "If one has never seen a pale, attractive young woman, crazed with high fever and septicemia, rapidly fade away and die before one's very eyes, as I have, because of a botched up criminal abortion, or if one has never seen a mother of five, purple and gasping her last, in the throes of air hunger, because a few hours earlier a granny midwife had stomped on her pregnant uterus until the thin wall of the uterus burst open; and the woman, now haemorrhaging from the ruptured uterus, has been brought to the hospital too late - all because the mental, emotional, physical and economic burden of adding yet another baby to the family has simply been just too much for her and her day-labourer husband to face up to. If one has not personally seen piteous cases like these (and suicides due to the shame or economic crisis of an unwanted pregnancy), then one has not seen *life as it really is* for most of the world's poor."

From a sample of nine women came a conclusion that affected the lives of millions of women: "Depo-Provera should be continued."

Despite his insistence on the primacy of massive human experimentation, Potts had nonetheless claimed, before the monkey experiments showed signs of cancers, "that the absence of tumors in monkeys is comforting." However, when the malignant tumors appeared, Potts' comfort and composure disappeared. He must have known that once the news of monkey cancers reached the public, an anti-Depo avalanche could crush the program.

He was almost right. The family-planning world was stunned by the news. Philippine representatives, for example, informed the United Nations Fund for Population Activities that their government intended to stop its Depo program completely. In Washington, D.C., the final report from the House Committee on Population called the findings "disturbing".

While less-imaginative colleagues at the World Health Organisation and elsewhere searched for ways to dismiss the validity of the new findings. Potts veered off in a more creative direction. He understood the reasoning behind giving high doses of a drug to a few monkeys: such a technique highlights a lower risk that might apply to very large numbers of women. To trump those studies, a study on women would have to be produced. The document he signed outlined both his reasoning and his plan.

MISSIONARY TRAIL

Dr. Edwin McDaniel springs from a tradition of medical missionaries. Born in Michigan, he moved to Thailand as a child with his missionary parents. His son is a medical missionary. Ed McDaniel has spent 33 years "trying my best to save the lives of

For the first 15 years of his practice at the McCormick Hospital in Chiang Mai, McDaniel concentrated on "curing disease, with a minor 'sideline' of certain public health measures." These included malaria prevention and immunisation against diphtheria, whooping cough, tetanus, typhoid and polio.

Later he took over the Department of Obstetrics and Midwifery, because "no other doctor wanted it." McDaniel recognised that to see women safely through their pregnancies and deliveries was not enough. "I came to realise that to give complete obstetrical care (and, indirectly, whole-family welfare) to our women, we had to also help them to have children *when and in the numbers that they really wanted!*"

According to McDaniel, the birth-control methods available at the time

were unsuitable for the area. His patients were embarrassed to be fitted by a male doctor. Condoms proved expensive and were associated with prostitution. A month's supply of contraceptive pills cost the equivalent of a week's wages for a local day-labourer.

would, he believed, confirm Depo's safety once and for all.

IFRP documents show that Potts anticipated from the start that a human study performed in Chiang Mai would show no link between Depo-Provera and endometrial cancer. But he also knew that, at best, the find-

ings would only provide a weak assurance that Depo-Provera was not the cause of carcinoma of the endometrium." Nonetheless, it appears Potts felt the research was justified on the grounds that it could be used "by those in favour of continued use of Depo" to show that the monkey cancers were "not relevant to the human situation."

appended, although it is suspected that many (perhaps more) of the women are beyond reproductive years." Contrary to this reasonable expectation, Potts and McDaniel learned that most of the cancer victims were young enough to have been injected. An IFRP report prepared upon Potts'

Despite tumors in dogs and monkeys, McDaniel believes Depo is "...one of the safest, most remarkable drugs to come on the world scene."

In the summer of 1963, on home leave in the United States, McDaniel learned about the IUD. He viewed the new contraceptive as "a possible panacea." The initial response in Thailand to the IUD was phenomenal. But soon the well-known IUD-associated complications appeared - expulsions, pelvic pain, infections, uterine perforations and septic abortions.

Faced with an overwhelming problem but inadequate tools, McDaniel was in search of a technical breakthrough. In April 1965, three years before the dog and monkey experiments began, a friend gave him a small supply of Depo-Provera. McDaniel was so impressed that by the end of the year he made Depo a standard family-planning option for women in Thailand.

Now, more than 15 years and nearly one million injections later, despite the formation of tumors in dogs and monkeys and an FDA ban on Depo as a contraceptive, the missionary doctor has no regrets. He believes Depo-Provera is "one of the safest and most remarkable drugs to come upon the world scene in recent years."

With this in mind, Potts travelled to Chiang Mai on February 17, 1979, to confer with McDaniel about setting up the study. Prior to his journey, Potts had received figures showing that 60 Thai women had been hospitalised in Chiang Mai with endometrial cancer between 1973 and 1978. In a telegram to McDaniel sent on January 4, 1979, Potts inquired about the women's ages. He knew that endometrial cancer primarily strikes older women and he thought that the cases would probably follow this statistical pattern. If the women were too old to have used Depo-Provera, they would not be good subjects for the study. Potts wrote, "The usefulness of sixty cases is assessed in the table

return says that "the number of relatively young women with the disease is notable, and the IFRP and colleagues in Chiang Mai feel there is an obligation to check whether women with the disease have used Depo-Provera. This should be done without delay."

Considering their admitted obligation, their sense of urgency and their solvency, it is difficult to understand why Potts and McDaniel never did determine how many of the original 60 cancer patients had used Depo-Provera. This was acknowledged to be a simple task. An unpublished IFRP report even states that "at a minimum, it is both necessary and relatively easy to check how many, if any, women in the group have had Depo-Provera."

But the study *never* determined how many of the women were injected; and the alarming information about the young age of many of the cancer victims was not revealed.

Obviously, the study was a survey of all hospital admissions for proven endometrial cancer in Chiang Mai and neighbouring Lumphoon provinces over

MISSING CASES

Malcolm Potts knew and admired Ed McDaniel. He was particularly pleased with McDaniel's enthusiasm for Depo. Furthermore, he felt that Chiang Mai, where 100,000 women (more than half of the female population) had used Depo-Provera, was an ideal place to perform a human epidemiological study - a study that



Cont'd on page 23.

INTERNATIONAL

DISTURBING THIRD WORLD TRIALS

Recent reports in the international medical press present some interesting and disturbing reading on new contraceptives. The magazine *Contraception* reports on the testing of vaginal rings which, inserted in the vagina, release oestrogen hormones over a six month period. The chemicals thus released are apparently less dangerous to the liver than when taken orally, and women suffer less from headaches and nausea. Vaginal rings were reportedly quite popular when tested on women in the Third World, possibly because it was a method easy to hide from macho-minded husbands. Another study used women in Mexico City to test levels of spermicide in intravaginal contraceptive sponges. Occurrence of many pregnancies with 10% of spermicide per dry sponge weight led researchers to increase spermicide to 30%. Women in the West must realise that our Third World sisters are being used by drug companies and 'bio-engineers' or population control specialists to test drugs which could not be trialed in Western countries because of stringent food and drug laws. These new contraceptives will then be sold in the West for high prices or used for population control in poor countries where women are often not given enough information or choice when they are induced to accept contraceptives which may be dangerous to their health.

CRITICISM OF US AID BAN ON FUNDING FOR THIRD WORLD ABORTIONS

A study carried out for the State Department by a Harvard University researcher, Nick Eberstadt, recommends lifting a "hypocritical" ban on the use of US aid money for abortions in Third World nations. Because the law discourages abortions, "it imposes needless suffering on poor women in poor countries". Most Third World abortions are performed under unsanitary conditions and by unqualified personnel and are the leading cause of death for women between the ages of 15 and 35.

ABORTION STUDY IN THE PHILIPPINES

A study of 286 women who had abortions and 106 providers of those abortions provides interesting insight into attitudes of women of the most devoutly Catholic and fastest growing country (population-wise) in Asia. The majority of these country women, from four regions, were married with (on average) three children. Over one quarter had more than one abortion. The majority of the people providing abortion had no modern medical background but were midwives or traditional healers. They used insertion of catheters and abdominal massage to induce abortion. Three quarters of the abortions were performed in the first trimester of pregnancy. After the abortion about 60% of the women began or continued using family planning methods. However, contraception is not favoured in the Philippines, officially anyway, and the government is notable for its lack of a population policy.

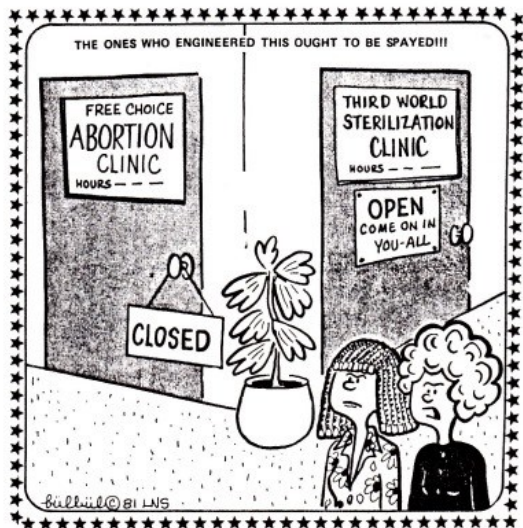
CHINA

China now has a one-child law but all reports indicate that many women disregard the restriction and get pregnant a second or even a third time. The reason is that it is difficult to change fundamental Chinese convictions about the desirability of sons and dependence on children for security in old-age. China's population growth rate reached a low of 1.17% in 1979 but has started to climb again.

FRANCE

From next September abortion will be covered by the National health insurance scheme in France. It will be possible to recover 70% of the cost of the operation. Madame Yvette Roudy, the French Minister for Women's Rights, hopes to be able to extend women's rights to abortion beyond the current restriction of 16 weeks but fears that this will be blocked by the Catholic Church. About 250,000 abortions are carried out in France each year but until now only 10,000 - 15,000 have been covered by the health service.

More International news on page 22.



WOMEN WHO WANT

TO BE ?

Women Who Want to be Women (WWWW) presented Malcolm Fraser with a cake recently. It was inscribed "To the men in the House from the women in the home", a gift to celebrate WWWW's invitation to the annual pre-budget talks in Canberra. Each year, lobby groups are brought together to consult with the Prime Minister about future policy. While these talks are of limited influence, an invitation is seen as a sign of status in lobbying circles. WWWW's inclusion this year is a clear sign that this small group which flaunts a fluttering femininity, has become a political force of consequence in Australia today.

Women who Want to be Women was established in Melbourne in March 1979 by a group of women who split from the right-wing Women's Action Alliance (WAA). The group represented a new direction for organised anti-feminist action. WAA had been content to remain a low-profile organisation, mobilising conservative, suburban women around demands for a Home-maker's Allowance. Their strategy was to appear as a broad-based, non-sectional lobby group, like WEL. To promote this image they left such controversial issues as abortion to the Right to Life.

With the defeat of the Lusher motion in March, 1979, a small group within WAA believed the time had come to go on the offensive: about abortion primarily, but also about traditional women's roles in general. WWWW was formed, inspired by an American group of the same name. Using such texts as Arianna Stassinopoulou's *Female Woman*, WWWW was to be "a christian oriented, consciousness raising group, with the aim of enhancing the status of uniquely female roles."

In a deluge of pink paper, WWWW launched a publicity campaign to bring pregnancy, lactation and child-rearing into the public forum of women's issues; as the only legitimate area of women's concern. Motherhood was to be the new political issue - abortion law reform was taking from women their unique function in society, they argued. The 'right to life' of the

'unborn child' was the woman's right to fulfill her biological destiny. A right which carried the responsibility to fulfill that destiny.

This glorification of motherhood was stated in opposition to feminism. WWWW argued that women were increasingly in need of protection from the 'social engineering' of the government. Feminist pressure to introduce such things as anti-discrimination legislation, elimination of sexism campaigns, the National Women's Advisory Council and other consultative groups was described by WWWW as dangerous. In the guise of equality, these programs fostered the creation of 'sex neutral persons'.



'Social engineering' extended to the impact of technological change. The advent of test-tube babies and the potential to breed children independent of the womb, were seen by WWWW as threatening the function that makes women unique. That assures her status in the community.

The key issue was therefore the 'right to life' of 'unborn children'. Reproducing feminist concern about abortion, WWWW sought to relocate the debate. Abortion, they argued, presents a moral dilemma which involves a decision for all people. It transcends feminist demands that women must control their bodies. In this way, WWWW set out to marginalise feminist politics, by making their concerns moral (and by implication meta-political) questions. This strategy was as much a conciliatory gesture to men, allowing them a place in this kind of debate, as it was a direct attack on the women's movement.

From the outset, WWWW has focused on two major targets: the education system and the legislative process. In 1980, they had several significant victories:

- 1) the introduction of the 'Unborn Child Protection Act' into the Queensland parliament, which was only narrowly defeated;
- 2) the withdrawal, at the last moment, of anti-discrimination legislation covering Commonwealth employees;
- 3) official representation to the non-government forum at the U.N. Mid-decade for Women Conference in Copenhagen.

They have also lobbied extensively against the elimination of sexism programs in schools. Their strategy is to oppose non-sexist resources and curricula material such as "Role your Own" kits and *If I was a Lady* while at the same time promoting material that detailed the biological basis of sex-role behaviour - for example, *Male and Female Brains are Different* and *How schools discriminate against Boys*. They are also vehemently opposed to all sex education courses which do not have a strong christian orientation.

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This campaign has been particularly strong in Victoria, with some success in 1981.

This year, WWWW has been given access to the government's policy-making process at the Budget level. The Women's Welfare Issues Consultative Committee didn't receive the same honour - they were an early victim of the Razor Gang. So, what kind of advice is WWWW offering the Liberal government about women?

First, the cake. This home-baked present was also a symbol to remind the government of "the enormous contribution women make to the survival and well-being of the nation through their childbearing, rearing and home-making", work which is not recognised in estimates of the G.D.P. Before you start thinking that WWWW is concerned to raise the domestic labour debate in Canberra, let us go on to their analysis of the present state of the economy, and their recommendations for action.

Their submission to Fraser relies heavily on the latest work of Reagan advisor, George Gilder, *Wealth and Poverty*, for theoretical guidance. The argument goes that there exists a new class of poor in Australia - the divorced, deserted, separated and single mothers and their children. This has been caused by the breakdown of the traditional family: "To remove the male provider from a culture - as is happening in our social security system - perpetuates poverty."

The poor cost money.

They have to be provided with pensions.

This diverts revenue away from those in 'real' need: the aged, disabled.

Pensions encourage irresponsibility - people can leave marriages in the belief that the government will provide for them.

Who is to blame?

Those who don't manage their relationships or finances responsibly.

The philosophy is now a familiar one. It is the philosophy of the New Right, so termed to represent the recent reformulation of a coherent, conservative perspective on matters of political economy. Some of its key features are the need to reduce taxation and government spending, and to reduce government intervention in the economy.

Restoration of the traditional family structures is seen as essential.

An analogy is made between the crisis of Western economies, and that facing the traditional family. Those crises are as much moral as anything else; fundamental economic problems can be reduced to questions of morality, and solutions posed in terms of moral choices for both the family and the state.

For example, the problem of the new class of poor, mentioned above. WWWW argue that the reason for this is that the Supporting Parents Benefit is considered a "fact of life". They argue: "The ordinary taxpayer who manages his finances and relationships responsibly may not be entitled to speculate on the morality of other people's personal relationships, but he (sic) is entitled to wonder about the morality of the fact that financially he is left holding the baby, and at the morality of the government which has introduced an amendment to the Family Law Act which would provide for "Mail Order Divorce..."

Recourse to morality gives WWWW (and the New Right in general) a new and all-encompassing political yardstick. Moral standards can be invoked as the most important criterion for policy-making to solve the present crisis. These standards are posed as both eternal/natural, and at the same time absent, in need of restatement. In this case, the scenario goes:

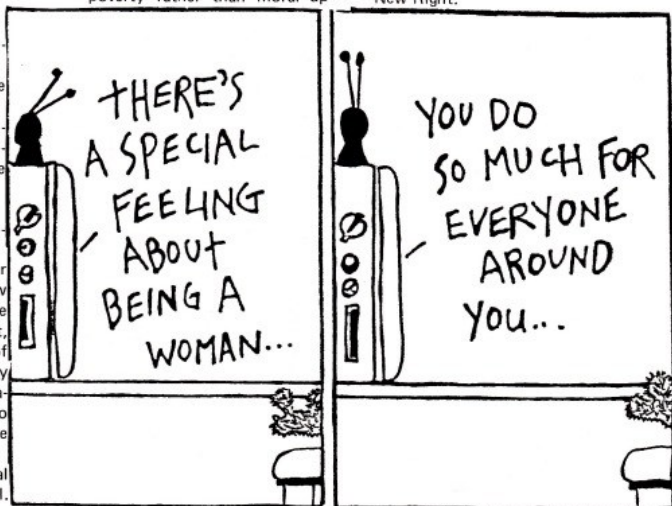
distinguish the real or deserving poor from those who **choose** poverty rather than moral up-

rightness, i.e. those who give up their commitment to marriage;

- refuse to subsidise the morally lax through taxation, as a question of moral principle;
- argue that if resources were not being diverted to these people, the real economic problems could be solved;
- finally, claim as a legitimate right, concessions for those who are morally upright, and while not part of the problem, are making sacrifices to help solve it. That is, married women who "forgo the prospect of a second family income because they **choose** to care for their children and not dump them in tax-payer funded creches."

In a remarkable convoluted, WWWW have relocated the proper area for government policy - benefits to **married** women, who don't overload the welfare system, and who don't add to the unemployment problem by entering the job market. Never mind the logic, it's an astonishing feat, to begin with the new class of poor and to find solutions to their poverty in concessions to the middle-class.

A detailed look at WWWW's recommendations demands some attention, because the group presents a coherent statement of demands for tax relief, less government spending, and return of welfare services to the private sector - characteristic of the New Right.



Recommendations of WWW

Income sharing between spouses as a means of enhancing the status of wives as equal partners in marriage.

This proposal involves dividing the income of single-income families for taxation purposes; the spouse (wife) does **not** get half the income to spend - the idea is to decrease the husbands tax burden. The wife's status presumably is enhanced by the fact that she provides added disposable income to the family budget.

Abolition of paid maternity leave in favour of a baby bonus for all mothers.

The suggested bonus is \$100, funded from the maternity leave pay women in the Public Service receive. They argue this "redistribution" will help all women with the expenses incurred in childbirth.

Maintenance from non-custodial parents to be extracted in the same way as income tax payments.

Sounds like an effective means of solving the problem? The reasoning goes: "The term 'single parent' is a misnomer - parthenogenesis or 'virgin birth' is a rare occurrence, and there has been no properly authenticated case in the last 1982 years". Broken families need to be 'encouraged' to

mend fences and provide care for the dependents.

Child care allowances to be means tested and given to those who use services rather than those who provide them.

Why? "Child care is primarily a parental responsibility." Parents shouldn't be encouraged, by the existence of state-funded creches (?), to abandon that responsibility. Pay the user, free child-care will disappear and children will be looked after "properly"!!

Family allowance to be increased and indexed and taxed in the hands of the recipients.

"Family allowances are important in balancing the family budget - they are used to buy children's clothes and for special expenses - and they are critically necessary to women whose husbands have total control over management of the family finances." But so that they are not abused, tax them (after increasing them by 50%, and indexing them from then).

Finally, the Government should provide incentives for stabilisation and growth of the traditional family and stop subsidising agencies that ridicule it.

"As our recommendations will cost money, we suggest alternative areas where government expenditure can be cut."

1. Elimination of government funding for abortions and for Family Planning Associations affiliated with the International Planned Parenthood Federation, the U.N. Fund for Population Activities and for World Health Organisation programmes on abortion and birth control in developing countries.
2. Elimination of all projects designed to coerce married women into entering the paid workforce....Government-funded projects aimed at belittling the role of wife, mother and homemaker, and at making married women dissatisfied if they do not have "careers" (their italics), should be eliminated, e.g. the National Women's Advisory Council, and programs for the elimination of sexism in education.
3. Government expenditure on sex education should be eliminated. Sex education is counter-productive in terms of reducing the incidence of V.D., abortion, out-of-wedlock births, teenage pregnancy, etc.



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Babette Francis, spokesperson for Women Who Want to be Women.

WWWW have come a long way in their three years of existence. From their initial stand on abortion they have developed an elaborate offensive against any government support for feminist projects; in fact any projects which define women in other than their traditional roles of housewife and mother.

WWWW claim several thousand members, nationwide. They portray themselves as the voice of the 'silent majority' of Australian mums. They use various devices to promote the image of a broad-based, popular movement: claim to be part of the women's movement, have a national organisation with regional links, and maintain a high media profile. They are, however, a small band of highly organised women, drawing on immense resources. Significantly, their meetings are held only in individual homes, and their spokespeople are the three or four women who are the driving force behind the group.

But they have gained a disproportionate influence over government policy, in a political climate that is increasingly conservative. The reason can be found in their strategic claim to be part of the women's movement, while attacking everything to do with it. It can also be found in the willingness of the government to give credibility as their women's advisory group. The two factors merge. WWWW offers the government the opportunity to withdraw from its commitment to women's projects, even as it claims to be responding to the demands of women themselves. In a sense, the government is being provided with a ready-made excuse by which to justify what it would probably do anyway. The question is, of course, why these women are prepared to play such a role?

Penny O'Donnell

BROTHER DARCEY

A PUBLIC NUISANCE

Local resident of Surry Hills, Margaret Morris, getting sick of having to cross the road to avoid Brother Patrick Darcey and his cohorts demonstrating outside the Preterm clinic each day has drafted a petition for local residents and workers to sign.

The petition concentrates on the behaviour of the demonstrators rather than the actual question of abortion, drawing attention to the public nuisance being created by Darcey and the harassment local residents, clinic workers and clients are subjected to each day.

The emphasis of the petition is on the style of demonstration not the fact that they are demonstrating. As Margaret Morris says: "everyone has the right to protest against something they disagree with, but when it becomes harassment then it becomes a different matter."

Margaret decided one day to draft the petition when she noticed that it wasn't only herself but many other residents who crossed the road to avoid Darcey and his "rent-a-crowd".

It particularly incensed her when she noticed that an old woman was almost run over when she was crossing back over Cooper Street after crossing over to avoid Darcey.

Margaret has collected over 500 signatures for the petition, including that of Fred Miller, the Federal member for Bligh. As she explained the petition to local shopkeepers, people overhearing her conversation would queue up to sign the petition. And, in fact, quite a few Catholics have signed the petition stating that they themselves are opposed to abortion but they feel disgusted with the way Darcey and his friends behave toward clinic workers and clients.

Margaret is concerned that the City Council, which has been presented with the petition will bury the matter, if they had their way. If you are a resident of the City area please write letters of support for the petition to your aldermen. Send letters to your ward alderman c/o City Council offices, Sydney. You can phone Sydney 20263 to find out who your ward alderman is.



NEW ZEALAND - National Women's Health Conference

There will be a national women's health conference this year in Auckland, NZ on the 17th, 18th and 19th of September. Judy Norsigian from the Boston Women's Health Collective, who produce the Boston Women's Health Packet, and also the book *Our Bodies, Our Selves*, will be a speaker at the conference. Registration is \$15 for the whole conference. A number of Sydney feminists are hoping to attend and WAAC is hoping to invite Judy Norsigian to extend her trip to Australia for a speaking tour.

We have a copy in our office of the proposed conference agenda and the statement of principles by the collective organising the conference (the statement of principles is well worth reading). Please write to us at

62 Regent Street, Chippendale, NSW 2008 for a copy of the agenda or phone us on our meeting night - Wednesdays 6.30 p.m. to 9.30 p.m.



The daughter of a faithful friend of WAAC, Josephine Conway, in Newcastle, discovered much to her and our surprise recently when sending a parcel to her brother in the United States that "articles for the prevention of conception or procurement of abortion, and literature relating thereto" are amongst the list of items prohibited from being sent to the US. So much for the land of the free!

MEDICAL INTERVENTION IN HUMAN REPRODUCTION:

Looking with a woman's eyes

by Rebecca Albury

Many of the most well-known medical interventions of the past two decades have been in the area of human reproduction. They follow a century or more of an increasing public acceptance of an ideology of technical innovation and scientific development in the name of progress combined with a campaign, of growing dimensions, to displace the control of human reproduction from pregnant women and their associates to medical professionals. The effects of these interventions on the lives of women are seldom the same as the claims advanced by medical professionals and publicists to justify the use of untried drugs and risky surgical procedures. Discussion of these effects and their contradictory consequences for women need not be couched in terms of a hypothetical future when all reproduction involves major technological intervention; the recent past provides too many examples that cannot be ignored - science fiction is not just in the future.

Conception, pregnancy and birth, once viewed as stages in the biological and social process of women's lives, have become a series of medical events that provide opportunities for technical virtuosity by experts. This change has increased the risks of intervention in the lives of every woman by denying the power and knowledge of women in the reproductive process, forcing them to seek advice from medical experts while ensuring they have no means for judging the consequences of following that advice or whether it is good in their situation. The medical profession has taken the power to define the 'best' course of conception, contraception, pregnancy and birth. Certain medically backed assumptions about female sexuality and the equation of woman with mother lie beneath most of the medi-

cal interventions in human reproduction (see: Ehrenreich and English: 1979; Rich: 1976; Albury: 1981).

Assumptions about the proper course of pregnancy have resulted in several drug induced medical disasters in the past thirty years. Diethylstilbestrol (DES) was given to women in early pregnancy to prevent threatened miscarriage or other complications of pregnancy even though the research results were at best inconclusive and at the worst against the use of the drug. Since 1966 an increasing number of daughters and sons of women treated with DES have developed either cancer or areas of atypical cells in their vaginas or scrotums, penises and testicles, many showing symptoms as

young as twelve. These children suffer and sometimes die because doctors wanted to ensure a particular outcome for pregnant women under their supervision. The search for children at risk has been hampered by the refusal of some doctors to reveal medical records even to the women whose treatment was recorded. DES is still used as a 'morning-after-pill' to prevent the implantation of a possible conception, often without a discussion of the need to consider abortion as a back-up if the drug fails to prevent pregnancy. DES is also added to animal feed to increase muscle development; the possible effects on milk or egg production are not publicised, if they are known - even vegetarians may be receiving a

Cont'd next page.

MEDICAL NEWS



RESEARCHERS IN AUSTRALIA SAY THAT IT WILL SOON BE POSSIBLE FOR MEN TO BEAR CHILDREN.



AN EMBRYO FERTILIZED IN A LAB COULD BE IMPLANTED AND WE COULD DELIVER BY CESAREAN SECTION.



NATURALLY AS SOON AS MEN BECOME INVOLVED IN THE PREGNANCY BUSINESS, WE WILL MAKE IT MORE EFFICIENT.



WE CAN PROBABLY DO THE WHOLE DEAL IN 5 OR 6 MONTHS.

MEDICAL INTERVENTION *cont'd.*

continuing dose of a dangerous drug. (Seaman and Seaman: 1978)

The horror of the use of the untested drug thalidomide on pregnant women is common knowledge. Many women in early pregnancy experience changes in body chemistry that make it difficult to maintain their non-pregnant activities, nausea and sleepiness being two of the most common. Instead of encouraging pregnant women to alter their activities to accommodate the major physical and chemical changes doctors prescribe drugs to mask the symptoms; thalidomide for nausea and the empty stomach quasi-sens usually called 'morning sickness'. Anti-nausea drugs are still being prescribed in an attempt to 'cure' a part of the process of pregnancy. Debendox has only now been investigated after years of questions by women and feminist health workers.

The developing techniques of prenatal surgery seem to continue the tradition that views the pregnant woman as a carrier of the foetus rather than a person in her own right. For each foetus that is operated on a woman undergoes major abdominal surgery with a general anaesthetic at a period of her life when other surgery would be postponed because of the additional stress of surgery on her already stressed body. The effects on the pregnant woman are notably absent from reports of the benefits of prenatal surgery.

Contraceptive drugs and devices have been developed on the basis of several assumptions about female sexuality. The most obvious is the unquestioned acceptance of a narrowly defined practice of heterosexuality in which a man ejaculates in a woman's

occur. (Rakusen: 1981) In addition Depo is administered to women who have very little choice about their lives anyway - blacks, non-English speakers, state wards, psychiatric patients, mentally retarded women and girls - though some middle class white women have also been given the drug following the birth of a baby they planned to breast feed (no one knows the effects of Depo Provera at every feed for months). The drug is not approved for contraceptive use in Australia but it is often prescribed when the doctor thinks that no other method will work. There are no guidelines for what makes a proper attempt to teach other methods of contraception. Anecdotal evidence suggests that few doctors even suggested the use of barrier methods (condom or diaphragm and spermicide) to clients before prescribing Depo

Potentially dangerous drugs and devices are administered to healthy women to prevent conception while allowing men immediate access to vaginas.

For more and more women labour is being induced or augmented with drugs to make it fit the medical profession's model of labour. For the past century an increasing amount of drugs has been used to make birth more like a surgical event in the control of doctors, but justified in terms of comfort for the woman. In many cases women have insufficient muscular control to push during the expulsive stage of labour and the doctor's muscles deliver the baby with instruments. The increasing use of foetal monitors for uncomplicated deliveries can be correlated with the increase in caesarian sections justified on the grounds of foetal distress (the monitors may cause some distress). The medical takeover of childbirth is sufficiently complete that during the demonstrations that followed the closing of the birth centre at Crown Street Hospital in Sydney, a spokesman for the General Practitioners Society could say that women were mistaken when they claimed that childbirth was a natural process.

vagina. The high technology methods of contraception act in ways that prevent conception by altering a woman's body all day every day, not just during sexual intercourse. They also perpetuate the ideal of spontaneous, uninterrupted passion. Most couples whether married or single conduct a sexual relationship under conditions that are very far from this ideal, with only their method of birth control to suggest the potential for spontaneous hedonism. It is ironic that while high technology methods of contraception separate procreation from sexual expression they reinforce a sexual practice that is necessary only for procreation.

The logical next step from the pill and IUD has been injectable contraception; Depo-Provera is the most well-known. With the other two methods a woman can stop using the drug or device if the side effects are unbearable; once the injection is administered the woman has no choice but to endure whatever reactions

Provera, very few explained the experimental status of the drug. The monopoly of knowledge by doctors coupled with the paternalism of most practitioners raises grave questions about the success of attempts to protect women by requiring 'informed consent' before the use of a drug or surgical procedure.

Potentially dangerous drugs and devices are administered to healthy women to prevent conception while allowing men immediate access to vaginas. As a social practice this is problematic in industrial societies where there is follow-up medical treatment available for side effects; in agricultural, nomadic or newly developing industrial societies it is a practice that smells of racism and imperialism as well as sexism. No records were kept so no one knows how many of the increasing number of Thai women developing breast and uterine cancer received Depo Provera ten or fifteen years ago. (Minkin: 1981) No statistics have been accumulated to tell how many women died or were made sterile following the insertion of unsterile Dalkon Shield IUD's dumped

MEDICAL INTERVENTION cont'd.

into the population control programmes following the banning of their use in the United States. (Ehrenreich, Dowie and Minkin: 1979) Methods of contraception publicised in countries like Australia as a means of giving fertility control to women are used in other countries to refuse women that control - giving birth is also a reproductive choice.

The social practices surrounding the techniques of artificial insemination, in vitro fertilisation (so-called test tube babies) and abortion are also related to the assumptions that inform all medical intervention in human reproduction. Only married women are admitted to AI programmes. They are required to undergo exhaustive and expensive tests to demonstrate their potential fertility before the simple insemination procedure. (Hanmer and Allen: 1980) Women in the in vitro fertilisation programmes must also be married. Women are defined by their place in the family, as mothers. If through her individual circumstances a woman who is married cannot become a mother and thus fulfil the definition of womanhood, the medical profession has a technical solution. The desire for maternity overshadows all other considerations and healthy women are willing to undergo a series of medical interventions. There is very little social support for working through the grief and pain of infertility in a culture in which childless women are suspect. There are few possibilities for women or men to develop deep and ongoing relationships with children they do not own (in terms of legal rights and duties). So far the discussion of the new techniques have ignored questions about the structure of society.

...science fiction is not just in the future.

The strong opposition to abortion as a recognised method of birth control whether as a primary method or a back-up for safe barrier methods of contraception not only reinforces the continuing use of more dangerous high technology contraceptives, but reveals the suspicion of childlessness in women. A woman planning to abort a pregnancy is going against the definition that woman is mother. She is refusing to be loyal to the 'family sys-

tem' either by living with a man and having a baby or by having a baby and giving it to a married couple (adoption). The very existence of unwanted pregnancy casts serious doubts on the notions of female sexuality that call for self control from women except on occasions when conception is desired. All states in Australia regulate abortion by giving the legal decision making power to doctors; sometimes hospital boards add extra mechanisms of control over women in the form of medical panels, interviews with social workers, requirements of permission from husbands or parents, or quotas. The variety of positions in opposition to abortion on a woman's demand rest on moral definitions of responsibility and selfishness. Whatever the particular framework for talking about responsibility or unselfishness, definitions are set without reference to the life experience of women, but serve to maintain a system of power relations in which women are subordinated, sometimes by religious morality, sometimes by the public interest. The assumptions of conventional morality combine with the assumptions about the social role of women and general acceptance of the knowledge and power of the medical profession to exert enormous control over the lives of women through control of female bodies in human reproduction.

The future of medical intervention in the lives of women is likely to be an extension of the past, rather than a new direction. As women concerned with discovering and developing the power of women we must be very wary of claims that some new technique is 'in the interests of women'.

Questions of why, and who says need to be answered so we can see where the power to control reproduction rests.

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ABORTION & the LAW

The proposed anti-abortion legislation by the Rev. Fred Nile is the most recent in the long series of threats to abortion which surface from time to time. Women in NSW experience a contradictory situation in which abortion is apparently legal, and is easily obtainable under good conditions, particularly in Sydney, but in which the right to abortion is frequently under attack. Women in other parts of Australia do not have the same free access. It is important to understand the legal background to abortion in order to know how the anti-abortion movement can mount its attacks, and to have a clearer idea of how to fight them.

Abortion in Australia is a matter for state legislation, and the laws in all the states, except South Australia and the Northern Territory, are based on the English "Offences Against the Person" Act of 1861. In NSW there are two statutes concerning abortion, Section 83 of the Crimes Act states:

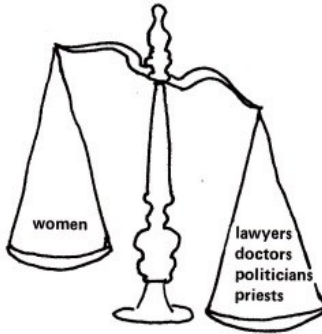
"Whosoever, being a woman with child, unlawfully uses an instrument or any means with intent to procure her miscarriage, shall be liable to penal servitude for ten years".

Section 84 talks about abortion by a person other than the pregnant woman herself, and refers to the use of drugs and other noxious things.

In theory, laws can be changed to adjust to current social attitudes, and one way this can happen is through case law. In NSW in 1971, while acquitting some doctors charged with performing illegal abortions, Judge Levine defined the situations in which abortion is lawful. The doctor must honestly believe that the abortion is necessary to preserve the woman from serious danger to her life, or physical or mental health. The effects of economic or social stresses on the woman can be considered. Only one doctor's opinion is necessary and abortions do not have to be performed in hospitals.

In Victoria a similar ruling was handed down by Judge Menhennitt in 1969, and abortions are available fairly easily in both states, particularly in the big cities. In NSW and Victoria

20 Right to Choose



women can go to free standing clinics to obtain abortions. These clinics vary in quality and size. Some give little personal attention, and are operated basically for profit; but some, including the two Sydney feminist-run clinics, are non-profit organisations which provide information, support and non-judgemental attitudes. The woman can choose whether she wants to have local or general anaesthetic and usually only has to stay at the clinic for a few hours. The doctors at the clinics are experienced at doing abortions which is probably a factor in the lower complication rates which the clinics have, compared to hospitals.

Most hospitals have quotas limiting how many abortions they will perform. The woman often has to visit the hospital twice, and there is frequently a delay of about a week before she actually has the abortion. Some hospitals have their own regulations about performing abortions, such as requiring the assessment of a psychiatrist. The woman may come into contact with staff who are judgemental or anti-abortion.

The experience of abortion can vary, even in the States in which it is reasonably available. However, because the statutes have no definition of "unlawful", and because the Levine ruling does not describe on what grounds a doctor is to decide about a woman's situation (except that it should be reasonable), it is possible for the doctor to use the woman's assessment of her own situation as the main basis of his or her decision to perform

the abortion. This in practical terms comes very close to a woman's right to choose.

In Queensland the only abortion clinic, in Brisbane, has been investigated by the police, who did not prosecute because they did not think they would get a conviction, as the Queensland law is open to a similar interpretation to that of NSW and Victoria. The ACT comes under NSW legislation in this matter, but the "Termination of Pregnancy Ordinance" of 1978 stops abortions being carried out anywhere but in a public hospital. There are no public outpatient gynaecology clinics, and in practice the ordinance restricts the availability of abortion and causes many women to travel to Sydney. The legal situation in Western Australia and Tasmania is similar to that of NSW and Queensland but the availability of abortion is much more limited.

The NSW and Victorian judgements have set legal precedents, but they don't change the law itself, and they can be overturned by subsequent judgements in higher courts. The appeal to the Supreme Court by George Smart, the only person convicted of performing an illegal abortion in NSW since 1971, could have resulted in a redefinition of the Levine ruling at a higher level, but it was dropped by Smart when he was de-registered.

The other method of changing the law is through State legislature. In S.A. and the N.T. the abortion laws have been "reformed" through acts of parliament. The S.A. law allows abortion on two grounds:

- risk to the life or physical or mental health of the woman;
- risk of the child being born seriously handicapped by mental or physical abnormalities.

Abortion in SA must be performed in a hospital, and requires the opinion of two doctors. The woman must be under 28 weeks pregnant and resident in SA for two months. The NT legislation is similar but more restrictive. The doctor performing the abortion

ABORTION AND THE LAW *cont'd.*

must be a gynaecologist or an obstetrician, and must act on two other medical opinions, and the woman must be under 14 weeks pregnant, except in an emergency. Although these statutes on abortion sound better than those in NSW, women in these states have to undergo more uncertainty and delay in finding the required number of medical opinions and a hospital which will take them.

As well as legislative attempts to "reform" or "liberalise" the law, there have been several attempts to make it harsher. The Harrold Bill, which was defeated in NSW in 1976 was one, the Queensland Pregnancy Termination Bill in 1980 was another, and Nile's proposed legislation is the latest. Nile's stand is totally anti-abortion, and his bill will not allow it to occur under any circumstances. This is too extreme to be acceptable to public opinion, as many state parliamentarians are aware.

The public outcry over the Queensland Bill was overwhelming and surveys like the 1980 *Women's Weekly* "Voice of the Australian Woman",

which covered over 30,000 women show that only about 6% oppose abortion in all circumstances. State parliamentarians, treading a fine line between public opinion and the increasing strength of right wing policies in all parties in NSW are likely to follow the pattern of the Queensland Bill and alter a harsh bill by amendments.

The amendments will seem like a huge improvement after Nile's Bill. They could also very easily sound like an improvement on the existing law, in the same way that the South Australian law does, but they are very unlikely to really improve the current situation, as they will not be based on the concept of a woman's right to choose. The only legislative change which would be consistent with this concept is repeal of the laws, leaving an abortion with no more legal regulation than an appendectomy or any other medical procedure.

Any law which defines the situation under which abortion is lawful or unlawful is open to interpretation

which can be more or less strict. Only the fact that the current law happens to be open to any interpretation leaves us with a fairly acceptable situation for the present.

Repeal remains our constant goal, but if, as seems likely, it is impossible to achieve this in the current political situation, it is important to realise that access to abortion is better under the Levine ruling than anything more strictly defined no matter how broad and reasonable the definitions may sound.

Repeal of the law would be a confirmation of a woman's right to choose an abortion, and would put us in a much stronger position to fight future attacks on abortion rights. It is essential that these points are made again and again during the campaign, and that no "middle-of-the-road" amendments are even considered. The right to free choice remains tenuous for women in Australia, it is important that we do not lose the ground we have had to fight so hard to gain.

Prostaglandins

Prostaglandins are already being used extensively to induce labour during childbirth and for inducing second trimester abortions. They are available in different forms - intramuscular injections, intra- and extra-amniotic injections, in gel form to be applied to the cervix, and in pessaries to be inserted into the vagina. Their use in second trimester abortions has been largely abandoned in NSW because of the severe pain and nausea caused by the drug, particularly when other simpler (non-labour inducing) methods are available.

Some of the research being done is aimed at using prostaglandins to slowly dilate the cervix prior to vacuum aspiration abortion.

Perhaps the most exciting and yet the most controversial form of prostaglandins are the vaginal pessaries. Research on these by the World Health Organisation should be completed by 1984. They could then become available to induce early abortion (up to approximately 8-10 weeks) either as an out-patient procedure or for the woman to administer herself.

as an Abortion Method

If it is true that women could use this method themselves, current laws on abortion may be out-of-date overnight and attitudes to abortion would have to change dramatically. Methods women can use themselves have great political importance as this is the only way restrictive laws and anti-abortion doctors' power can be eliminated completely.

The few research papers available contain positive reports and indicate only minor difficulties. But the research is far from woman-centred. What of the abortion experience for the woman herself? How painful is it? How long does it take? What about adequate follow-up and what if there are complications and she is not near enough to medical support? Known side-effects are vomiting and diarrhoea, and it is possible that one in four women would need to have a dilatation and curette to remove tissues retained after an early prostaglandin abortion.

The World Health Organisation welcomes the pessaries as valuable for use in Third World countries, but the implications could be the same as for Depo-Provera - whatever the drawbacks for the individual woman prove to be, the method becomes a substitute for anything better because of lack of resources.

Perhaps if we monitor what is being discovered about prostaglandin pessaries carefully, it won't take such a long time to learn what, if anything is wrong with them and fewer women will have to pay the price of the discovery.



INTERNATIONAL

ABORTION VICTORY FOR SPANISH WOMEN

On Monday March 16th this year, Marge, a member of the British National Abortion Campaign (NAC) went to Bilbao in the Basque region of Spain as a witness in the trial of eleven women and one man for illegal abortion. Here is a summary of her report:

"The trial opened for the third time on March 16th in the Audiencia Provincial in Bilbao. It had begun in 1976. Attempts to continue the trial in 1979 and 1981 had failed because of strong protests both in Spain and internationally. The abortions for which the 12 people had been arrested took place ten years ago. Julia Garcia, a 48-year-old woman from one of the poorest neighbourhoods in Bilbao, was accused of performing abortions on her friends and relations, nine of whom were subsequently arrested. All the women lived in poor housing, often in one room, with several children. Some of them had attempted to obtain contraception but had been unable to because of the influence of the Catholic Church. Some of the women charged were: Antonia, 38, a labourer with several children, the eldest of whom had lung trouble because of their damp flat - she said Julia had not charged her for the abortion; Juana had had children who had internal bleeding - both were still ill; and Anunciacion, who was ill herself, and had given birth to four children, two of whom had died.

Despite increasing democratisation in other parts of Spain, the Basque country is run as a police state. In this atmosphere the trial for illegal abortion was highly political. The courtroom was open to the public and journalists for the first time.

On the day of the trial the courtroom quickly filled with lawyers and journalists, but mostly with women who supported the accused. Outside in the square 300 to 400 protesters chanted slogans and sang songs all day. First the twelve accused were called to speak, and were questioned by the defence lawyers. Then the prosecutor could question them. He was vicious



and insulting to all of them, especially to Julia Garcia. Julia said she understood very little of what he was saying. One of the women broke down under the prosecutor's questioning and had to leave the courtroom. Two doctors also testified to the illnesses the women suffered, saying that the abortions were the lesser of two evils.

In the afternoon different witnesses were called. The prosecutor changed tactics and tried to denigrate our statements. A witness from the Family Planning Movement in Paris said that many Spanish women sought abortions in France but legally they were required to live three months in France beforehand. I spoke next from NAC and ICASC (the International Contraception, Abortion and Sterilisation Campaign) and said 95,000 women had come to London for abortions since 1970 and 3,000 went to Holland each year. They had to spend up to five hundred pounds for airfare, hotel and clinic. When abortion was illegal, women without money could only go to other women or abort themselves. Powerful evidence given by the next witness, a social worker in Bilbao, provoked a stir in the courtroom. She had recently done a study of 2,400 women who had abortions. 80% had tried to abort themselves beforehand. She said that doctors she knew told women to go to the feminists if they wanted abortions. The prosecutor tried to stop her speaking and everyone began shouting at him. The police restored quiet and made some people leave the courtroom. Finally, the husbands of some of the women were called and said that they agreed with their wives' actions in those circumstances.

The prosecution had asked for a sentence of 60 years for Julia Garcia and fines of £50 on the others."

The Verdict

The verdict was handed down in the last week of March. It was a great victory for the cause of abortion law reform in Spain. The judge called Spain's abortion law "selective in as far as it depends on the economic circumstances of the subject". He also pointed out that contraception was illegal when the women allegedly had abortions; although birth control sales were legalised in 1978, contraceptives are still difficult to obtain.

The trial received a lot of publicity. More than 1500 prominent feminists and liberals signed a petition saying that they had had abortions or helped others obtain them. There were photos and stories for days afterwards. However, legislative reform seems distant. The Prime Minister, backed by the Church and groups such as the right-wing New Force Party who organised an anti-abortion demonstration the day after the verdict, has vowed that abortion will not be legalised in his term of office.

The next confrontation in Spain over abortion rights is the trial of perhaps as many as 80 women who had abortions at a Seville clinic called 'Los Naranjos'. This is a more serious challenge to the abortion law than the 'at-home' abortions of the Bilbao trial. If you would like to support Spanish women's rights to abortion, write to:

Ministero de Justicia,
San Bernardo 45
Madrid 8 SPAIN



Nine Thai women had cancer...

Cont'd from page 11.

a five-year period. However, Potts and McDaniel examined only a carefully selected fraction of the diagnosed cases.

Here is how they systematically disqualified the cases they chose not to examine.

First, 11 of the 60 cases simply disappeared. Only 49 cases of endometrial cancer occurred in the area between 1974 and 1978 according to the study, despite initial reports.

Minus 11 cases.

Potts and McDaniel then eliminated 12 subjects with so-called presumptive diagnoses, whose hospital records indicated treatment for endometrial cancer but for whom no pathology reports were obtained.

Minus 23 cases.

Another ten cases were discarded as "disproven by negative pathology reports." A careful reading of the text shows that rather than being disproven, these pathology reports simply had not arrived at the medical room in time for the study. (If the researchers had waited to obtain these records, it would have more than doubled the number of subjects ultimately studied.)

Minus 33 cases.

Next removed were 11 cases involving women who came from other provinces to be treated for cancer in the Chiang Mai-area hospitals. The rationale for dropping these cases was that Depo had not been used widely in other Thai provinces. The doctors provided no information about these women, who may have been migrant workers or may have lived in Chiang Mai. In either case they might have been exposed to Depo.

Minus 44 cases.

Of the 16 remaining subjects, four were eliminated because they were over 60 and were therefore too old to have used Depo-Provera; another because she had never married or borne children and was therefore unlikely to have practiced birth control; a sixth because she had given a false address; and a final one because she had moved far away from her original home. The reasons seem fairly legitimate for eliminating these seven cases from the study.

Minus 51 cases.

Of the cases of endometrial cancer originally reported, only nine were

scrutinised. Of these nine cases, Potts and McDaniel found that none had used Depo-Provera. They obtained this information through nurse interviews or by registered mail. Only four of the nine were still alive, and family members provided information on the five dead subjects.

From this sample of nine Thai women came a conclusion that has had an impact on the lives of millions of women throughout the world. "Widespread and long-term use of DMPA (Depo-Provera) can and should be continued." In addition, the study concluded that "the data on monkeys given very large doses of Depo-Provera for ten years should not apply to women given normal doses of DMPA for prolonged periods."

DEPO ABUSE

The Chiang Mai study, or at least the conclusion of the study, cleared the way for expanded Depo-Provera use. Indonesia, Thailand and other Third World nations confidently stepped up their programs. And private population-control groups like the International Planned Parenthood Federation and the population council continued their worldwide promotion and use of the Depo-Provera injection as the preferred birth-control method.

Accompanying the expanded use of Depo since the Potts-McDaniel study - and perhaps more significant than it - has been the torrent of abuse surrounding the distribution of Depo. At a Cambodian refugee camp in Khao I Dang, Thailand, for example, women who agreed to take the drug were given a chicken - a powerful inducement in a camp where refugees are fed about four ounces of meat a week. And the International Committee of the Red Cross (ICRC) reported that at the Kamput refugee camp the injections were simply compulsory. According to Dr. N.J. Willmott, medical co-ordinator at Kamput for the ICRC, in a letter dated February 14, 1980, "Depo-Provera is given to women intending marriage as a prerequisite to marriage."

Women in many Third World countries are reluctant to complain about contraceptive side effects. Prior to Depo-Provera use, when the intra-uterine device was the contraceptive of choice, the Indonesian army would force women to submit to IUD insertions by male doctors, despite the

☆☆☆☆☆☆☆☆☆☆
☆☆ LIMP LIBIDOS ☆☆

☆☆ Depo-Provera is a contraceptive for women, but it also virtually eliminates the sperm count in men. The sperm count of men who received small doses of Depo over several months approached zero. Loss of fertility lasted about 90 days. ☆☆

☆☆ For years many women have complained that the burden of birth control falls unfairly on females. So why hasn't Depo been nailed as a method that males could partake in? The principal objection to the use of Depo-Provera as a male contraceptive has to do with the loss of libido. ☆☆

☆☆ The resulting loss of sexual drive has motivated correctional officials to use Depo-Provera in behaviour modification programs "to quell sexual cravings." According to Dr. John Money of Johns Hopkins, male sexual offenders treated with Depo-Provera "feel more calm and less tense." Dr. Pierre Gagne reported in the *American Journal of Psychiatry* that 40 men responded to Depo-Provera within three weeks with diminished frequency of sexual fantasies and arousal, decreased desire for deviant sexual behaviour and increased control over sexual urges. ☆☆

☆☆ Loss of libido is a more-than-understandable reason for men to resist taking the shot. But, according to the evidence, Depo-Provera can have the same effect on women. Indonesian women complained of loss of sexual drive with Depo, and staff at the Los Angeles-based Institute on the Study of Medical Ethics state that among the most common complaints by American women using Depo have been mental depression and loss of libido. ☆☆

☆☆☆☆☆☆☆☆☆☆

women's religious and personal objections. An AID evaluation report comments: "Government is feared and obeyed, but not resisted - not even in the subtle form of complaints of physical discomfort that might be expected from IUD acceptors."

In Bangladesh an army officer quoted in the English language *Bangladesh Observer* stated that "legal and other measures for fertility control must be pre-imposed to coerce (villagers) to take involuntary birth-control measures." One of the most prevalent forms of coercion is to dangle food in front of women whose families are desperately hungry. British journalist Joseph Hanlon gave the following eyewitness account from Bangladesh: "The big AID sponsors, especially the World Bank, are putting considerable pressure on Bangladesh to show quick

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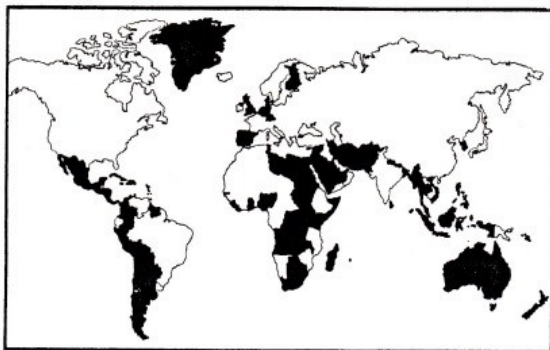
Nine Thai women had cancer... cont'd.
results in its family-planning program. In practice, that means sterilisation and injection, which can be done with little involvement of the women themselves and without setting up a proper family-planning and maternal health service.

"Women are under pressure to participate. For example, in many areas of Bangladesh, those who are sterilised or on injectables receive six kilograms of wheat a month, plus oil, powdered milk and fish meal. These 'rewards' are taken from the U.N. World Food Program's 'Vulnerable Group Feeding Program', which is supposed to go to mothers of small children without condition. But part of the international co-operation at a local level is that somehow no one ever officially tells World Food Program Headquarters in Rome that the rules are being bent."

The reader should not be left with the impression that women accept Depo-Provera only under coercion. Many welcome it as a highly effective birth-control method, which it is. Long before Depo, the demand existed for contraception by poverty-stricken women who sought greater control of their maternal destinies. The Depo program is objectionable because women are told that the injection is safe - despite the evidence to the contrary.

Nor should the impression be left that everyone in the family-planning movement accepts the Potts-McDaniel conclusion and remains loyal to Depo-Provera. Dr. Colin McCord, for example, while he was a U.N. technical advisor, informed the Bangladesh government that the current Depo campaign could be disastrous in more ways than one. "I know that Depo-Provera is popular and effective," he says, "but the dropout rates are high, and I don't think the small increment in fertility control that will result from the use of this drug justifies the possibility that we might be responsible for an epidemic of uterine cancer 10 to 20 years from now. Such an epidemic would be a disaster not only for the women involved, but also for the credibility of population-control programs."

But perhaps the most devastating news to Depo enthusiasts was contained in a "confidential" WHO report released after the Potts-McDaniel study. The report says that "there has been a



Availability of Depo-Provera

Western hemisphere: Antigua, Argentina, Barbados, Bolivia, Chile, Costa Rica, Cuba, Curacao, Cyprus, Dominican Republic, El Salvador, Greenland, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Nicaragua, Peru, St. Kitts-Nevis, St. Lucia, St. Vincent, Surinam, Trinidad & Tobago. **Middle East and Africa:** Angola, Afghanistan, Bahrain, Botswana, Egypt, Gambia, Ghana, Iraq, Iran, Jordan, Kuwait, Kenya, Lebanon, Libya, Liberia, Lesotho, Malawi, Malagasy Republic, Mauritius, Nigeria, Saudi Arabia, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Syrian Arab Republic, Swaziland, Tunisia, Uganda, United Arab Emirates, Yemen Arab Republic, Zaire, Zambia. **Far East, South Asia and Pacific:** Australia, Bangladesh, Burma, Hong Kong, Indonesia, Fiji, Korea (South), Malaysia (incl. Sabah & Sarawak), Nepal, New Zealand, Philippines, Pakistan, Singapore, Sri Lanka, Solomon Islands, Thailand, Vietnam. **Europe:** Belgium, Denmark, Finland, German Federal Republic, Great Britain, Luxembourg, Netherlands, Portugal, Spain.

marked increase in admission for cancer of the cervix and breast" in Chiang Mai. WHO officials, grasping for an explanation that defends Depo, attribute the escalation to increased hospital utilisation and cancer screening. The report does not say how many of the cancer victims had used Depo-Provera. It seems obvious, though, that if cervical and breast cancer are increasing in an area where 56 percent of the women are using or have used Depo, the drug is not yet above suspicion.

THE NEWEST TECHNIQUE

The Depo-Provera controversy is only one of many issues in a much larger crisis facing women, whose bodies have become the battleground in the war against population explosion.

Today Depo-Provera is the focal point because it is, for population-control practitioners, the simplest, most effective technology - one shot every three to six months brings almost 100 percent results.

But Depo is only a single step in the modern development of increasingly bizarre birth-control technologies. What's next?

The latest development is called "Silastic implantation." A Silastic implant is a solid time-release substance placed under the skin by a large-gauge needle. The implant gradually releases synthetic progesterone into a woman's bloodstream and can effectively create infertility for from three to five years.

There has been no long-term animal studies on this new device. In the summer of 1980, the WHO became involved in experiments testing Silastic implants - on the women of Chiang Mai province, Thailand.

by Stephen Minkin

Stephen Minkin is associated with the National Women's Health Network.

(Reprinted from *Mother Jones* November, 1981.)

Depo Provera: Trialed on N.Z. Women

The Australian Federation of Family Planning Associations has asked permission from the Australian Drug Evaluation Committee to conduct trials of Depo Provera in this country. The Anti-Depo Campaign is totally opposed to these trials which would give the Family Planning seal of approval to this "overkill" drug.

Similar trials to those proposed for Australia have been in progress in New Zealand for two years. We were pleased to have a visit in January from Sue Neal, a leading activist in the NZ Campaign against Depo Provera, who gave us the following report on what these "trials" really mean.

Report from Sue Neal

The manufacturers, Upjohn, are concerned to have Depo Provera approved for use in the USA. This is so that they can market it through American aid to developing countries. This would be a tremendous money spinner. The World Health Organisation is more concerned with population control than with the health of the women and their breastfed children in developing nations, such that Depo Provera can be, and is, used as a subtle form of population control by an elite group of professionals who consider target groups of women as being 'unfit'. In order to respectabilise the drug, Upjohn has marketed Depo Provera throughout New Zealand since 1968. At present they are funding a so called 'comprehensive contraceptive study'. It is supposed to be unbiased and reputable. Yet this 'comprehensive' study is only of Depo Provera, the combined pill, IUD and natural methods (rhythm). They have completely left out barrier methods. The study is a five year one and will not show up long term effects such as cancers, sterility and the effect on breastfed infants at puberty. The study is a farce for all the aspects

which it will not look at.....just as the recent whitewash of Depo Provera by Fraser and Weisberg (*Medical Journal, Australia, 24/1/81*) presents a flattering and carefully worded review of the scientific information to hand. It is worth reading for all the questions which it **does not** answer, especially those relating to the question of hormones in breastmilk and the lack of in depth and long term research.

In a magazine article, I once referred to the women users of Depo Provera as 'guinea pigs' - Upjohn countered with the suggestion that they were 'pioneers'. Their P.R. machine is extensive and clever.

The Campaign against Depo in New Zealand was chiefly motivated by the cries of desperate victims of this drug who receive no recognition of their complaints from their medical advisors or health authorities. There is no freedom of information act in N.Z. and no organised health consumer lobby. Media and our ombudsman are reluctant to take up health issues as the very powerful and conservative medical profession protect their own interests and hide behind an arrogant insistence on their right to make final medical judgement on our need for contraceptives and information on those contraceptives.

Many N.Z. doctors are not happy about Depo usage - they have to treat the end results of course! However, most F.P.A. staffers (including nurses) happily distribute it especially to Polynesian and Maori women and socially disadvantaged women and girls. As the makers of the drug are pushing Depo for use by the middle class breast-feeding mothers, we suspect that they plan to break into the middle class market this way. Side effects can be masked by medical expectation of newly delivered and breast-feeding women - post natal de-

pression, weight gain, emotionalism, etc.

The latest insult came when one of our members attended a health workers course on contraception run by F.P.A. They were told that F.P.A. is to take a 'low profile' on contraceptive side effects from now on. This is because publicity of contraceptive side effects means that more and more women are presenting with side effects and hassling their doctors for more information and alternatives. So rather than listening to the women, the doctors are saying that the women are sitting around dreaming up symptoms.

It is a shame that women consumers don't have Public Relations staff and advertising budgets like the big drug companies.

To complicate matters more for the New Zealand woman, our abortion law is restrictive and it is not easy or pleasant for a woman to get an abortion if she cannot afford an unplanned pregnancy. A lot of women are too frightened of the higher risk of pregnancy to use a barrier method of contraception and are drawn towards methods with a very low failure rate.

New Zealand women are being manipulated by powerful groups - the professionals - the drug companies - the World Health Organisation who are condoning faulty trials on our women - our racist and classist health department and the moral rights groups who are very well organised and funded. The only resource we have is woman-power and we need more of it to fight this anti-woman drug.

For more information contact the Campaign against Depo Provera, 12 Hayward Road, Papatoetoe, Auckland, New Zealand.

Sue Neal, January 1982

Right to Choose 25

ABORTION..... OR POLITICAL SCHEMING? *Cont'd from page 3.*

responsibility for the outcome of the case: "As for the position of Mr. Stewart, I do not feel that he can evade a measure of responsibility for the outcome of this case. Whilst Mr. Stewart may have satisfied his own conscience now because he has acted on 'superior orders', from a Supreme Court Judge, and has acquiesced in the commission of the abortion, he is definitely still legally accountable for any criminal act. (This principle of law was affirmed in the Nuremberg War Crimes Trials, and forms a recognised part of our own body of law.) Furthermore, Mr. Stewart cannot really claim to bear no responsibility for the Courts illegal action, since he deliberately withheld submission regarding the inherent illegality of abortion."

The Right to Life Association on the other hand, in the June issue of its newsletter *Pro-Life News* says that

The proper Court to re-examine the Levine and Menhennit rulings is the High Court of Australia, but not in the urgent atmosphere of an injunction case.

Let us continue to support politicians who courageously support the unborn. It is easy to criticise, but in the case of Kevin Stewart, I believe the criticism to be unfair and partisan." (This appears to have been written by the editor of the *Pro-Life News*, T.K. Colman.)

The difference in analysis and interpretation relates to the fundamentalist vs. Catholic sections of the anti-abortion movement. Whilst they can agree on policy they would diverge when it comes to strategy and tactics.

ABORTION AND LEADERSHIP BATTLES

The stand which Stewart took in this case cannot be seen as an uncomplicated anti-abortion move but

possible leaders in NSW are people like Kevin Stewart and Barry Unsworth. Stewart has now, following the case with the State ward, secured for himself the "credentials" necessary to maintain support for himself as "good leadership material" from the Catholic block in the ALP. These internal party developments do not augur well for women in NSW in the 1980's.



UNPLANNED PREGNANCY - NEW PAMPHLET FROM WOMEN'S ADVISORY COUNCIL

The NSW Women's Advisory Council has just produced a new pamphlet called *Unplanned Pregnancy* - the latest in its series which includes pamphlets on sexual assault, occupational health and the divorce laws. *Unplanned Pregnancy* outlines the options and services available to a woman faced with an unplanned pregnancy - which, as the writers rightly point out, is not necessarily an unwanted pregnancy. It is an extremely comprehensive pamphlet, giving information on where to go for pregnancy tests, counselling, abortion, childbirth education, adoption services and legal advice. However, in its attempt to be 'unbiased', it has included a few services whose value to women has been questioned - notably the profit-making PSI clinic, and the Pregnancy Help service which is already advertised in a very misleading way (on public transport) since it refuses help or counselling to women wanting abortions. The best thing about this concise little pamphlet is that it is being widely distributed around the state, giving many NSW women access to the information they need.

Copies of the booklet are available free from:
NSW Women's Advisory Council,
8th Floor,
151 Macquarie Street,
SYDNEY, NSW 2000
Phone: (02) 27-9541

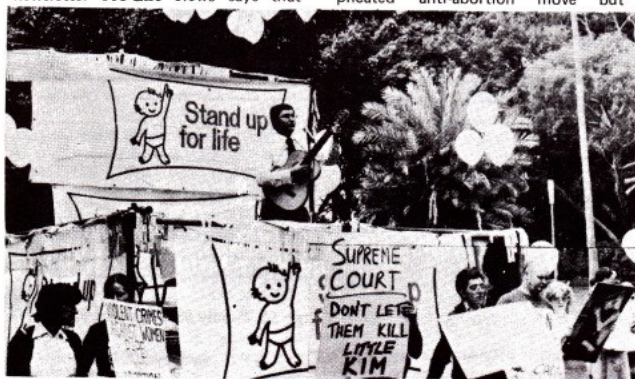


Photo from June '82 issue of *Pro-Life News*, journal of the NSW Right to Life Association - it depicts a rally organised by the Right to Life Association in support of Kevin Stewart's stand in the State ward case.

"the stand taken by Kevin Stewart is magnificent and deserves our fullest praise. Kevin and his late great brother, Frank Stewart, epitomise what we call pro-life politicians.

It is therefore disturbing when one reads comments by fellow pro-lifers attacking Kevin Stewart for not challenging the Levine ruling. Having carefully read Helsham's judgement, I am thankful that the correctness of the Levine ruling was not argued before him. If it had been, I am convinced that Justice Helsham would have upheld it or liberalised the law even more.

should, rather, be seen in the context of internal ALP politics.

The main factor is its relation to Stewart's moves to secure a reasonable position for himself within the ALP for the looming state leadership battle once Wran moves on to Canberra. Wran is expected to leave State politics and go onto Federal politics either late this year or early in 1983.

The Right to Life Association and the right-wing ALP machine in NSW have been courting each other over the past 12 to 18 months as part of the NSW ALP faction fighting. Once Wran goes to the Federal sphere the

TOKEN WOMAN: TOKEN DEBATE

Cont'd from page 5.

Women). These groups argue that the issue of abortion is a moral question which involves a decision for ALL people, i.e. not just the woman. They argue that it transcends feminist demands that women must control their bodies. The recent article in the *National Times* by Berwyn Lewis entitled *Men and Abortion* (NT June 13 to 19, 1982) illustrates this point also.

Below is a copy of the letter we received in reply to our letter of protest over the 60 Minutes programme, *Every Woman's Right*, presented by Jana Wendt.

Dear Ms. Byrnes,

Thanks for your letter in which you complain about bias in Jana Wendt's story on abortion.

My experience is that the charge of bias comes most frequently from people who have very strong, unshakable opinions on an issue from one side or another. Thus, theirs is the only fair, logical approach to an issue. Anyone who opposes that, or even raises certain questions about it, must therefore be acting through some ulterior motive.

We believe that Ms. Wendt raised a legitimate question - one asked by many fair-minded Australians: is it possible that some women treat the matters of contraception and abortion too lightly considering the social, political and economic impact of their actions on the community as a whole?

If it is the desire of your group to try to keep that kind of question from ever being raised in the media, by boycotting certain reporters and programmes, then perhaps you should rethink your attitude on what is bias and what isn't.

Cordially yours,
Gerald Stone,
Executive Producer

(WAAC asks Gerald Stone is it possible that some men treat the matters of contraception and abortion too lightly considering the social, political and economic impact of their actions on the community as a whole? WAAC also asks is it possible that the producers of 60 Minutes manipulate "issues" for the sake of television ratings?)

The danger of programmes such as the 60 Minutes presentation and the *National Times* article is that they set the ground for a change in public opinion - a change away from abortion being essentially a decision by the woman to it being monitored and granted (by medicos, by lawyers, by someone, anyone other than the woman) according to whether her situation is such that she "deserves" the right to an abortion (as was the underlying ideology in the Nile 60 Minutes programme).

And it was no accident that it was a male who presented the Nile programme (male vs. male: the one asserting these women "deserve" an abortion, the other playing the role of the lunatic fringe); and that a woman presented the "other side of the coin". She took the viewers through a look at "those who believe abortion is every woman's right no matter how frivolous (!) the reason may seem". Ten out of ten to Jana Wendt for playing the "God's police" role.

Feminists need to keep a close watch on such developments and to raise our criticisms loud and clear so to prevent such a change in opinion being promoted. Laws such as those which prevail in New Zealand may not be that far away if the media keep up their barrage against a woman's right to control her own body.

IRISH WOMEN OFFER SUPPORT

A group of Irish women living in London have come together to start a support service for Irish women coming to England for abortions. Over 10,000 women come over every year. They are often extremely distressed and have no-one to share their crisis with. It is a lonely and harrowing experience.

The Irish Women's Support group say, "As Irish women who have had a similar cultural and religious background, we feel we are in the best position to offer both emotional and practical support." They are holding a teach-in for Irish women who are interested in helping with accommodation, transport and organising a rota.

The group also needs money!

Write to *Irish Women's Support Group*, c/o 1 Elgin Avenue, London W9.

(From *Spare Rib*, issue 113, Dec. '81)



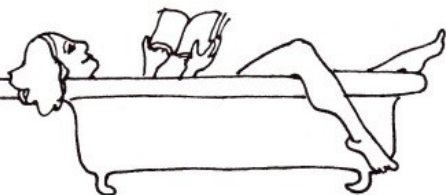
WOMEN MOBILISING AGAINST IRISH REFERENDUM

Women's groups, including the Irish Women's Right to Choose group, are spearheading a rising tide of protest against a referendum on abortion which the Irish Premier, Charles Haughey, has promised to hold before the end of the year.

The referendum, which is sponsored by the Society for the Protection of the Unborn Child (SPUC) and organisations of Catholic doctors and nurses, aims to write into the Irish constitution an amendment "guaranteeing the right to life of the foetus from the moment of conception". Abortion is illegal in Ireland and all major political parties have pledged to keep it that way. However, official statistics show that 3,500 Irish women go to Britain for abortions each year and the real figure might be three times that.

The power of the Catholic Church in Ireland is so great that so far opposition to the proposed referendum has been very muted; politicians are really afraid of the Irish press which is particularly given to stories about "slaughter of innocents", etc. Now a coalition of feminist and radical groups has formed to mobilise public opinion against holding the referendum at all. They argue that the referendum is unnecessary, expensive (£800,000), sectarian and politically opportunist. Compared to the resources (people and money) available to SPUC, the Anti-Amendment Campaign has few. However, it is now gathering support from all quarters, especially from prominent people who will lend their names to the campaign, and is also in need of funds.

Book Reviews



Church, State and New Zealand Education consists of papers presented by Mr. Colin McGeorge, Senior Lecturer in Education in the University of Canterbury and Professor Iban Snook of Massey University, to a seminar organised by the Committee for the Defence of Secular Education, and held in September, 1981.

The papers cover a history of the church and state in New Zealand education, religion in state schools, and the Integration Act and its aftermath.

Available at \$2.00 from WONAAC or from the Committee for the Defence of Secular Education, P.O. Box 17-081, Wellington.

(Reprinted from the Feb/Mar. '82 issue of the *WONAAC Newsletter*, magazine of the Women's National Abortion Action Campaign in Wellington, New Zealand.)

Ill Conceived: Law and Abortion Practice in New Zealand by Jocelyn Brooks, Kitty Tims, Lyn Dawson, Yvonne Hirst, May McIntosh, Esther-Mary Penhale, Louise Routledge, Marjorie Trim.

"*Ill Conceived*" is an excellent book. It covers the history of public interest in abortion from the turn of the century with a detailed account of the last twelve years of intense activity. The results of the passing of the Contraception, Sterilisation and Abortion Act are well documented. In addition it covers the Maori and Pakeha experience of fertility control - abortion, contraception, infanticide, baby-farming, adoption, sex education and the domestic purposes benefit (the equivalent of Australia's supporting mother's benefit). But it is not just a basic reference book; it provides

a damning indictment of society's attitude to women. It shows how fertility control or the lack of it makes us vulnerable so that social pressures can force us to take actions against our own interests. Last century keeping an illegitimate child led to prostitution; today adoption and the domestic purposes benefit can have tragic results. Baby-farmer Minnie Dean murdered her charges. Today child abuse is linked with poverty and family stress from unwanted pregnancy. But politicians and the public enquiries they have set up, have simply

ignored women. We are still held in such low esteem that the right to make a decision about abortion is withheld and even the argument that women are the proper people to make that decision is held to be extreme.

Ill Conceived is available from bookshops and Kirlian Books, Box 5054, Dunedin at \$9.25 a copy and 90 cents for postage.

(Reprinted from the Feb/Mar '82 issue of the *WONAAC Newsletter*, magazine of the Women's National Abortion Action Campaign in Wellington, New Zealand.)



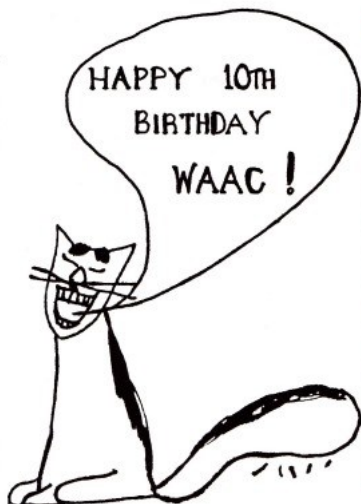
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You can order 5 or more copies for sale or return from us at Women's Liberation House, 62 Regent Street, Chippendale, 2008.

You can also order *Right to Choose* in bulk for one-off conferences, meetings or fairs. Again, write to the above address. Alternative bookshops and healthfood shops who are off the beaten track also use this service, so if you know of one which might sell *Right to Choose* ask them to contact us, as it's a good way to get *Right to Choose* on sale in more isolated areas.



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The Women's Centre,
 3 Lobelia Street,
 O'Connor, ACT - phone: 47-8070

Brisbane

Women's Pregnancy Control/WAAC,
 Focal Point Arcade,
 Brunswick Street,
 Fortitude Valley, QLD phone: 52-1444

Adelaide

Women's Liberation Centre,
 1 Union Street,
 Adelaide, SA phone: 223-1005

Perth

Abortion Information Service - phone: 384-2425

Hobart

Phone Information Service - phone: 23-6547

Darwin

Women's Centre
 42 McLachlan Street,
 Darwin, NT phone: 81-4148

Melbourne

Women's Liberation House/WAAC,
 113-115 Rosslyn Street,
 West Melbourne, VIC

Sydney

Bessie Smyth Clinic - phone: 764-4885
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 62 Regent Street,
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