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NEWSLETTER

OCTOBER - SEPTEMBER 1985

A tilted rectangular graphic with a thick black border and a white center. The text inside is in a bold, sans-serif font and reads: 'DANGER' followed by 'You are now entering post-referendum Ireland'. The graphic is tilted at an angle, and the bottom right corner has a textured, stippled appearance.

DANGER
You are now
entering post-
referendum
Ireland

SPUC

ON THE ATTACK!

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This issue was produced with help from Claire, Michelle, Leonora and Peter

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SIGNED ARTICLES DO NOT NECESSARILY REPRESENT NAC'S VIEWS

EDITORIAL

Cabinet reshuffles are not normally of interest to NAC, but Mrs Thatcher's recent changes mean that a Government which is no friend to women's health needs has now become an active enemy. The new Health Minister, Barney Hayhoe, is a Roman Catholic who supported Enoch Powell's Unborn Children (Protection) Bill and who has a general reputation for being 'hard' on social issues. Given that the Warnock Report is, by common agreement, one of the most thorny issues that the Health Ministry will have to deal with in the coming Parliamentary session, it seems strange that Mrs Thatcher should select a Minister who is not even in agreement with her on such a key issue (Mrs Thatcher is reported to have opposed the Powell Bill and to be generally in agreement with the Warnock Report). Anyone can close a few hospitals or oppose pay rises in the Health Service. It takes someone whose heart is in it to oppose the back-benches when their blood is up and can we rely on Mr Hayhoe to do that when he has to steer a Government-backed bill allowing research on embryos for the first 14 days? Or is the Government going to ditch the whole idea and leave the matter to the chancy lucky-dip of the Private Members' Ballot?

And what about abortion? We can be sure that Mr Hayhoe will not reverse the directive of his predecessor Mr Kenneth Clarke to clinics and doctors undertaking late (24 week plus) abortions to cease doing so or risk losing their licences; in fact, he may well try and extend this in some way, perhaps by reducing the time-limit still further, as LIFE and SPUC want. As a Catholic, Mr Hayhoe cannot be relied upon to support our dwindling NHS facilities for family planning, much less abortion (where our Datafile shows a continuing increase in the proportion of non-NHS abortions). If the DHSS loses its appeal in the case brought by Mrs Victoria Gillick, is Mr Hayhoe likely to bring in a Bill to allow doctors lawfully to help under 16s without parental consent? He is much more likely to initiate prosecutions for those doctors who continue to defy the Courts and to back those Family Practitioner Committees who want to stop payments for contraception to doctors who do not specify parental consent.

We thought the last year was busy. The period after our 1985 Conference looks like being one of the most active NAC has ever faced. We want to get on with our campaigning for improved laws and facilities, but yet again we will be fighting rear-guard actions to stay in the same place. For anti-abortion MPs who win a place in the Private Members' Ballot, the only problem will be which of a whole range of issues should they take up. For us, we pledge that whatever horrors they come up with, we will be there, fighting yet again. How effective we can be depends, as ever, on the amount of support, financial and otherwise that you can give us. NAC is at its strongest and most united for many years. But if we are adequately to defend women's rights, we need to be stronger still.

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ireland

Recently, the Irish Society for the Protection of the Unborn Child took out an injunction against the Well Women Clinic and Open Line Counselling to prevent them helping women to get abortions in England. This article, by Chrissie Oldfield of the National Union of Students (woman's officer), gives the background and explains the situation

Before 1979, there was open access to contraception. Following a case brought by a Ms McGee for the right to contraception, anyone could buy, sell or import contraceptives - in theory.

1979

Charles Haughey, Fine Fail Minister of Health, introduced the Family Planning Act. This restricted the sale of contraceptives. Pharmacists and chemists were allowed to sell contraceptives only on production of a medical prescription from a registered medical practitioner. However, to obtain such a prescription the medical practitioner must have formed the opinion that the person seeking the prescription requires the contraceptive for *bona fide* family reasons. This is usually interpreted on the basis that the person is married.

Doctors and pharmacists could still refuse on personal and moral grounds to provide contraceptives.

Women's access to contraceptives and the availability of contraceptive advice and counselling was already difficult to obtain in most parts of Ireland. The passing of this Act made it even more restricted on the grounds of marital status, financial status and geographical location. These factors together with ignorance, prevent people from obtaining contraceptives or contraceptive counselling. Contraceptives in Ireland are very expensive to buy - the cost includes the visit to the medical practitioner as well as the prescription charge, and even for a packet of condoms this could be as high as IR £12. Women are further restricted as they are still at the mercy of their doctor's personal views - and in most cases the doctor will be male and therefore likely to be less sympathetic. Women are also restricted as most married women are financially dependent on their husbands and would be unable to buy contraceptives either because of the high cost, especially in low income families, or because of the lack of their own personal independence. Arguably it is these women who are most in need of contraceptive advice and counselling.

There is also a great difference in attitudes across the 26 counties. Only in the big cities like Dublin and Cork would information on contraception be likely even to be available. Most women, especially in remote villages, would not even be aware that they had a right to contraceptives and counselling.

1982

This saw the return of Fine Gael and Labour Coalition. (This is still in power.)

1983 - AMENDMENT TO THE CONSTITUTION RELATING TO ABORTION

In 1981 SPUC and PLAC (Pro-Life Amendment Campaign) launched a campaign to lobby for a constitutional referendum guaranteeing the right to life of the unborn. The Campaign was well organised and gained a lot of support. The Campaign was undertaken, it was claimed, in order to prevent the Courts declaring the 1861 Act unconstitutional. (The 1861 Offences Against the Persons Act made abortion illegal under any circumstances and punishable by a maximum sentence of life imprisonment.)

The Campaign was successful. The referendum on the amendment to the Constitution was held in September 1983. It was extremely important both in terms of a change to the country's constitution and as an opportunity for the people to express their opinion. Although the amendment was carried there was not an overwhelming turnout. (only 53% of the electorate voted.) In actual fact, although carried, 64% of the electorate did not vote in favour of it (either because they did not vote or they consciously voted against it).

The amendment to Eire's Constitution now reads:

The State acknowledges the right to life of the Unborn and with due regard to the equal right of life to the mother guarantees in its laws to respect and as far as practicable by its laws to defend and vindicate that right.

This change has serious consequences. Lawyers opposed to the amendment at the time it was introduced said it would bring confus-

ion into the law and create a legal mine-field. Doctors also expressed concern about the medical health of the mother. They point out that the amendment could mean:

1. Abortion in the case of ectopic pregnancies and cancer of the body could be prohibited.
2. Doctors who treat women suffering from high blood pressure, severe kidney disease or toxæmia by terminating the pregnancy could be prevented from doing so.
3. Women suffering from cancer who are being treated with cell-destroying drugs or radiation might not be treated whilst they are pregnant on the grounds that such treatment could seriously damage or kill the fetus.
4. Various types of contraceptives, including the IUD, the Pill and morning after birth control could/would be banned.
5. Irish women could be prevented from leaving the country to have an abortion.

Official statistics show that 3,700 Irish women - i.e. 10 a day - had abortion in Britain in 1983. However, the true figure is likely to be higher as many women give addresses in Britain. The passing of this amendment won't stop some women, especially rich women, still travelling overseas independently to obtain abortions and contraceptives.

1985

The Health and Family Planning Act was introduced. This allowed for the sale of non-medical contraceptives ie sheaths or spermicides to those over 18.

Although this can be seen as a step in the right direction, the Act certainly does not go far enough and still leaves many ambiguous areas. Supporters of contraception are still campaigning to improve the situation and are arguing for contraceptive advice to everyone over 16, with no geographical restrictions and no financial means-testing and for proper training for the medical profession in contraceptive advice and counselling.

THE CURRENT SITUATION

The position regarding contraceptive and abortion rights in Ireland is still extremely restricted and confusing.

Arguably, although the Family Planning Act has slightly improved access to contraceptives, their availability is still limited.

The FPA relates only to non-medical contraceptives. If a woman wanted to use an IUD or take the pill, the 1979 Act would apply and she would be at the mercy of her doctor's personal and moral view. Legally, unmarried women would be refused medical contraceptives, and in actual fact all women would be dependent on their doctor's position as to whether s/he would pursue the *bona fide* Family line of argument.

Added to this, women's ignorance of their right to contraceptive counselling, and the availability of contraceptives and the cost of contraceptives are still overriding factors which limit the use of contraception in Ireland.

Furthermore, the FPA was greeted with great hostility not least from the highly influential clergy. Cardinal O'Fiach said he was deeply concerned about the Government's proposals to make contraceptives freely available to teenagers. This he said would facilitate and encourage pre-marital sexual intercourse. In reality, however, no contraceptives will be available to anyone under 18.

SPUC

Incredibly, since the passing of the Amendment to the Constitution in 1983, another campaign has been launched by SPUC to further limit women's rights to access to information and choice on fertility control. Well Women and Family Planning Clinics have been picketed since 1983 on the debatable grounds that they advocate abortion.

A legal campaign is now going before the Courts to stop women's access to non-directive pregnancy counselling. SPUC have applied to the High Court to outlaw such counselling under the new amendment. The two organisations named in the injunction are the Dublin Well Women Centre and Open Line Counselling.

If the injunction is granted it will effectively make it impossible for anyone in the 26 Counties to provide information to women with unplanned pregnancies on all the options including abortion, open to them. SPUC is structuring its statement of case in such a way that non-directive pregnancy counselling, referral and information are all under attack. They further claim that access to this information is undermining the 'Public Morality' of the country!

Effectively, in taking this action, SPUC is not only attacking the clinics on the grounds that they advocate abortion and are to all intents and purposes simply abortion referral agencies, but it is attacking all family planning services. Any advice, counselling,

or information on contraception is now under threat as a result of this action.

This current action by SPUC also contradicts statements made by themselves and PLAC during the amendment campaign, at the time of the referendum in 1983, when they consistently denied that there would be any repercussions against family planning services. They stated then that they did not wish to affect pregnancy counselling or women's access to legal abortions in another country.

The application for the injunction was made after two women members of SPUC went to one of the centres for counselling and were referred to a clinic in England.

The Well Woman Centre is now taking legal advice so they can decide on the best strategy to pursue to resist the ruling. The case is not expected to come before the Courts until October when they return after the summer recess. In the meantime the injunction means that all pregnancy counselling and abortion referrals are stopped.

An action group to fight the injunction and to defend women's rights to information has now been established. They want as much support and publicity for their case as possible. They are fighting to defend woman's rights and to defend the limited facilities which are all Irish women presently have. The campaign is based on:

1. The right of Irish women to agencies which provide non-directive pregnancy counselling which is independent of Church and State.
2. The right of agencies and individuals to provide information to women with unplanned pregnancies on all options including abortion.
3. The right to refer women to jurisdiction where abortion is legal where these services are unavailable in Ireland.

The continued fight for women's rights in Ireland is essential. The struggle for Irish women to control their own fertility is not just a case of defending those existing gains against the backlash of a powerful and highly organised establishment force. It is also important that the position of women in Ireland is discussed and understood.

The current injunction must be successfully fought - otherwise the gains women have fought for will disappear and women's overall position will regress. Although the present level of family planning facilities can be criticised and should be improved, they nevertheless offer some help and essential services in Ireland which is now in danger of being lost.

If you want to help, send cheques to NAC with a note to say that they are for the Irish campaign. We will send the money on.

Defend Women's Right To Information

The Society for the Protection of the Unborn Child (SPUC) have recently launched a legal campaign to stop women's access to non-directive pregnancy counselling. SPUC have applied to the High Court for an injunction to outlaw such counselling under the eighth amendment.

While all organisations are named in the injunction, Open Line Counselling (OLC) and The Dublin Well Woman Centre (DWWC) are the only ones in the 26 Counties to provide information to women with unplanned pregnancies on all the options, including abortion, open to them.

THIS IS SPUC'S LATEST ATTACK ON OUR RIGHT TO INFORMATION AND CHOICE

Many women have used the services provided by Open Line and the Well Woman Centre to reach decisions on unwanted pregnancies. If an injunction is granted in July 22, these women may no longer have a right to such information.

This move on SPUC's part contradicts statements made by supporters of the amendment prior to the Referendum of 1983 when it was stated that the amendment could not affect pregnancy counselling nor could it stop women's access to abortion in Britain.

WHAT YOU CAN DO

- * Come to a support meeting Monday, July 14th, 8.00pm, Junior Chamber House, Trinity College.
 - * Attend the High Court hearing Monday July 22nd at 10.30 (Time Change)
 - * Ad Hoc Action Committee (House 6, Trinity College, Dublin 2)
- Contact: Libby



STOP SPUC

The Society for the Protection of the Unborn Child (SPUC) have launched yet another attack on the rights of women.

Through the courts, they are trying to stop the Well Woman Centres and Open Line Counselling from providing a non-directive pregnancy counselling service. These are the only agencies which give information on all the options including abortion, open to women faced with an unwanted or unplanned pregnancy. A court hearing will be held on September 11th, at which SPUC will be attempting to have these services shut down.

Unwanted and unplanned pregnancies are a fact of Irish life, often with tragic results. SPUC's latest offensive against women will do nothing to change this. SPUC cannot be allowed to deny us access to a fully comprehensive pregnancy counselling service. They are on the offensive and the answer is: IT IS ESSENTIAL THAT WE FIGHT BACK!

It is not one battle in the ongoing fight against SPUC's attempts to deny rights and freedom.

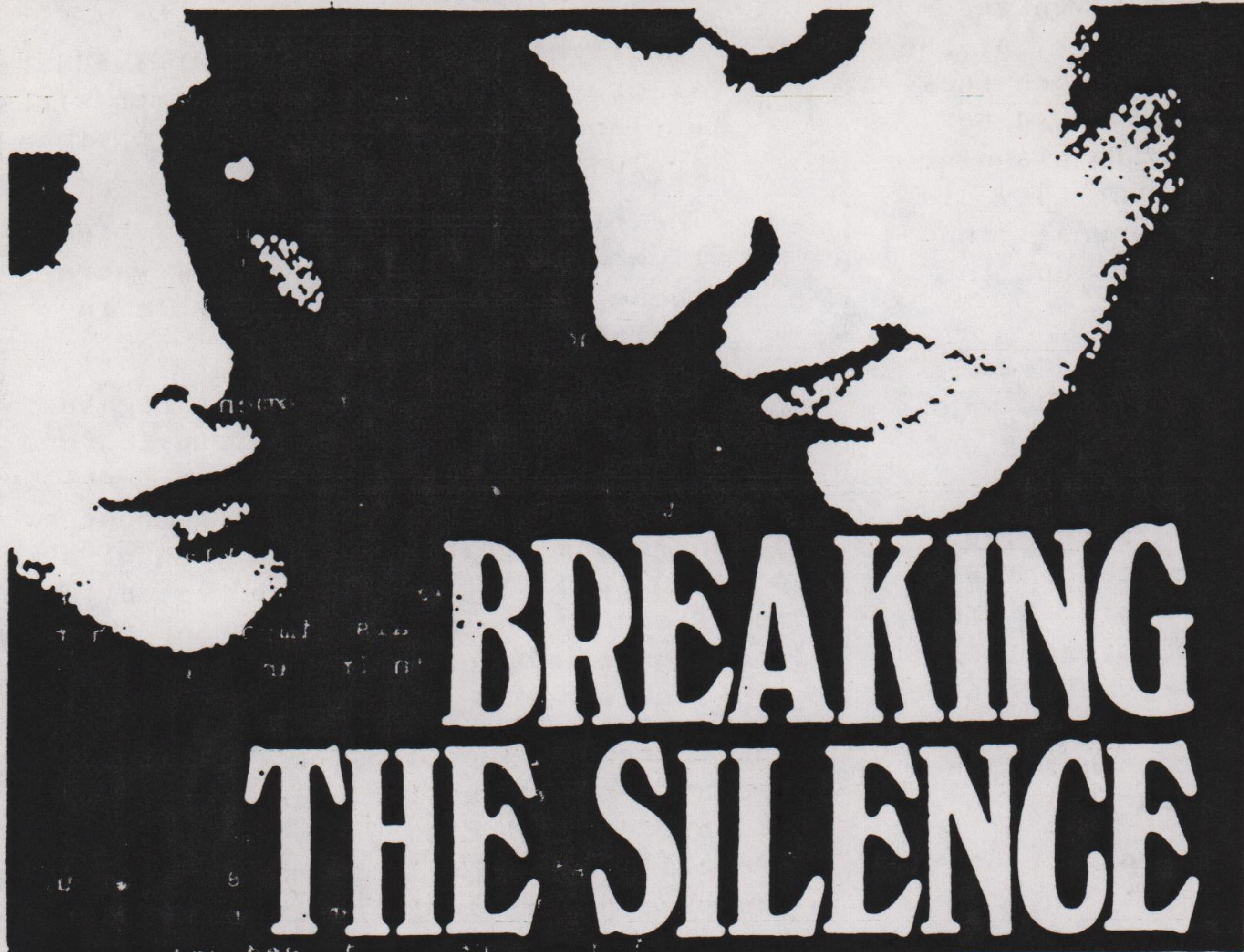
THE DEFENSE CAMPAIGN! We meet every Wednesday at 8 p.m. JCR, Trinity College. NEXT MEETING SEPTEMBER 4th.

What you can do now

- Get involved in the campaign.
- Set up a local action group.
- Send a donation to the campaign.
- Alert to the campaign 10.00.
- Publicise the issue.

ABORTION REFERRAL NOW!

In sisterhood and solidarity



BREAKING THE SILENCE

THROUGH the spring and summer of 1984 the *Irish Post*, newspaper of the Irish community in Britain, carried headlines: 'Abortions sought by 100 women a week'; a 'dozen Irish women a day having abortions' and 'Abortions on ten teenagers a week'. Northern Ireland newspapers in February 1985 reported 'Shock statistics in fight for abortion law reform' (*Irish News*) and 'Attack launched on conspiracy of silence over abortion' (*Newsletter*). And the *Guardian* in April pointed out that 'British abortions for Irish hit peak'.

The gist of all the reports, matched by daily experience of both Irish and British feminist abortion groups — is the same. Thousands of Irish women, mostly young and unmarried from north and south of the border, are forced every year to travel to Britain for abortions. The figures are rising dramatically. Abortion statistics for women giving addresses in the Irish Republic for up to September 1984 show an 8 per cent increase on previous year. If the trend continues as expected for the remaining 3 months; the total for the year will be the highest ever.

The Northern Ireland feminist journal, *Women's News* reported in April 1985 that 'Since 1967 (when abortion was legalised under certain conditions in Britain) approximately 20,000 women (from Northern Ireland) have travelled to Britain for abortions. If the current trend continues, 16 out of every 100 women will have abortions during their life'.

The Northern Ireland Abortion Law Reform Association (NIALRA) make the pertinent point that the current law, which dates back to the mid-19th century, discriminates against working class and poor women who cannot afford to

travel to Britain, where they also have to pay for an abortion. Moreover, under the current law, women die. The last available report shows that between 1968 and 1977 four women died from illegal abortions in Northern Ireland, a phenomenon now unknown in Britain.

Marge Berer, from the London based Women's Reproductive Rights Information Centre, in a letter to the *Irish Times* pointed out that the number of Irish women reported to have sought abortions in Britain is a very low estimate (1,610 from the North and 3,663 from the South — 1982 OPCS figures).

Many Irish women give English addresses, and the estimate is that three times this number of women actually come per year. Marge concluded her letter 'given the controversy over abortion, we think it is crucial that accurate information is provided so that opinions can be formed based on facts'.

Anti-abortionists, right-wing fundamentalists, and moral-majorityites constantly present fact as fiction and fiction as fact (viz. the book 'Babies for Burning' which was subject to legal action and more recently the now very discredited film 'The

Silent Scream').

One unfortunate result of the emotive furore has been the presentation of feminist abortion groups as pro-abortion. This is quite willfully incorrect. Feminists are pro-choice. We want the basic democratic right to decide ourselves whether to have an abortion or not. This decision should be ours alone — not men's, not the churches', not the state's. Many women, including many feminists, could never have an abortion themselves for various reasons including their own beliefs. But they are adamantly opposed to imposing their personal beliefs onto all women.

'Moral Majorityism' is on the march again in Britain and Ireland as well as other countries, notably the USA. One salient example is Enoch Powell's 'Protection of Unborn Children Bill'. Infamous for his racism, chauvinism, and Unionism, Powell now wishes, in the most archaic fashion, to turn belief (that embryos are human beings) into fact through legislation.

A direct result of the Bill, were it to be passed, would be the outlawing of the even limited choice that British women have under the 1967 Act which would have to be drastically amended or repealed. Given Powell's rampant Unionism, it is ironic that much of his support has come from the Catholic Church.

When Labour Women for Ireland (LWI) discussed abortion we recognised that it was not for a British group to initiate work on this issue. But the Northern

Ireland Abortion Campaign (NIAC) had just been re-established and was requesting support. The LWI decided to support NIAC and more recently have affiliated to NIALRA who are campaigning for the extension of the '67 Act to Northern Ireland or the introduction of equivalent legislation.

Given LWI's anti-imperialism and its promotion of dialogue with Sinn Féin and other republican women, three important arguments arose:

- 'Republican women do not want and are opposed to abortion'; We obviously respect fully republican women's beliefs, but would question the first half of this argument. 27 per cent of women referred to Britain by the Ulster Pregnancy Advisory Association in 1983 gave their family religion as Roman Catholic — they can't all be SBLP supporters!

- 'British anti-imperialist groups should not support the extension of British legislation to Ireland.' Anti-imperialist women in NIAC and NIALRA dispute this. They say — 'As Irish women who know the extent of the hardship caused to women by the present situation we can't afford to be that purist. It is yet another example of the contradictions facing feminists here and we are not happy about it. But we do need it because we can see the difference it would make — not just for Northern Irish women, but for women in the South too.'

- 'Women's choice on abortion is not an anti-imperialist issue.' Whose definition of 'anti-imperialism' is being used here? LWI stands for the development of a feminist anti-imperialism. The lack of abortion rights and women's choice in Ireland is a direct result of British imperialism which has 'held the ring' in such a way as to facilitate the power of the most reactionary ideologies exemplified in church and state unity. It is a pernicious irony that Irish women are now forced to come to Britain for abortions.

At the Labour Committee on Ireland's AGM, Clare Short, Birmingham MP and member of the NEC/PLP Northern Ireland working party, was questioned on the issue of abortion rights in Northern Ireland. Her reply was supportive and positive.

Labour women have a political responsibility to take this issue up together with groups like the Labour Abortion Rights Campaign, at the same time as fighting for British withdrawal from Ireland. ●

NIALRA can be contacted: PO Box 161, Belfast BT9 6FT
NIAC: c/o Women's Centre, 18 Donegall St, Belfast BT1 2GP.

WHY I AM LEAVING THE CHURCH OF SCOTLAND

Our last Newsletter carried a report of the General Assembly of the Church of Scotland, which adopted an anti-abortion position. Women in the Church campaigned with our members in Scotland for a pro-abortion position. Elsie Wilson, a member of the Church of Scotland, has given us permission to reproduce the following letter.

Secretary
Department of Social Responsibility
Church of Scotland
Edinburgh

24 June 1985

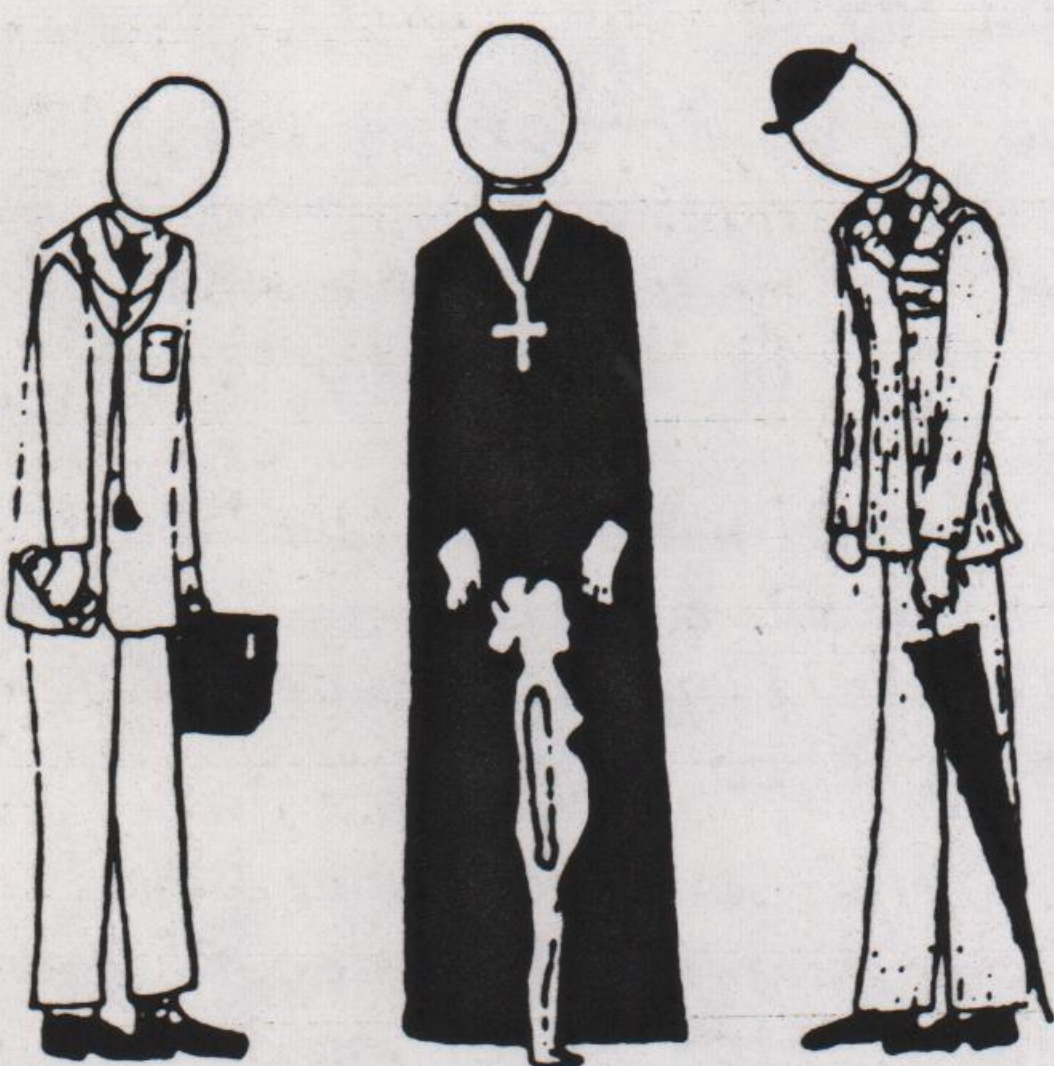
Dear Secretary

This letter to you will not be as short nor as clearly explanatory as I might wish. I am writing to let you and others know why, following the anti-abortion decision taken at this year's General Assembly, I have decided to leave the Church of Scotland.

Reaching this conclusion is set against my back-ground of long-term involvement in practical community work and the bringing up of seven children of whom two were foster children "left" with Glasgow Corporation (one with a degree of cerebral palsy and the other with a degree of congenital deafness). This work involved radio and television work on behalf of fostering and the giving of evidence to the Kilbrandon Report and in due course serving on Children's Hearings, tutoring and serving on CPAC. Rape and incest were not problems confined to adults.

Some 21 years ago I gave birth to "late" twins of whom one has spina bifida. Two of the surgeons at RHSC, Yorkhill, Glasgow, asked me to consider counselling parents facing this new problem for the community of survival in large numbers of those born with the severity of the lumbar myelomeningocele degree of spina bifida and we started the Scottish Spina Bifida Association under wise advice from the late Professor Dott.

I continue to work in a voluntary capacity, meeting those facing the awful dilemma when confronted with the knowledge that they will, in some cases, be bringing into the world yet another severely handicapped child. Society is relatively kind to the handicapped young, but has little time for handicapped adults as those of us with family members with visible handicaps know and as the handicapped adult knows.



NOT THE CHURCH NOT THE STATE
WOMEN MUST DECIDE THEIR FATE

Comrie & Strowan Parish Church has been a sheet anchor for me. Peter Thomson's ministry is abundantly humane.... a crisis doesn't become a drama. My Kirk connections have given me encouragement and help.

Last year's treatment by the General Assembly of the "Motherhood of God" report was shabby but apart from writing "121" to register dismay I convinced myself that such discourteous treatment was misguided rather than sinister.

1985 General Assembly is a totally different ball game for me. The decision taken on anti-abortion is one which I could not have believed possible. Not even in a nightmare could I have imagined finding myself in a Church presenting the hard-line taken by some other Christian Churches. I have been unable to find out the members of the Committee which entered the Assembly with statistical alarm bells ringing. This was a wide and complex subject and I cannot believe

that it was within the experience of all the 380 men who voted the recommendation through. They failed to see that the subject was too complex and contentious to be voted on almost as a single issue as too, I feel, did the Committee who brought forward the recommendation. There are many further questions, but I hold back from expanding these. The decision taken at the Assembly failed individuals and it may be shown to have further weakened the Church of Scotland.

It is unacceptable that women were not offered the opportunity of being strongly represented. Those of us doing practical work in the community have an awareness of God's presence there as we encounter the volume of human suffering at a real level and how it can be tempered. The anguish and guilt feelings of women following rape is not something which can ever be experienced by the 380 men at the Assembly. Men and women will have to learn to work together.

It is sad to find that I cannot find a way, other than resigning, of dissociating myself from the decision taken by the General Assembly. I have now realised that an individual member of the Kirk has very little voice and it would appear to me that the Church is not democratic. I must have been blind not to notice how patriarchal it is that such a situation can arise. I had looked to my Church for wise and considered decisions and instead for me this Assembly decision is a disaster.

This is a difficult letter for me to write coherently as I feel so deeply on the matter. I have given my letter of resignation to my Minister. The act of breaking away from a body of people with whom I have been identifying for so long is painful.

ELSIE WILSON

Yours sincerely

|||||

FIFTEEN YEAR OLD WOMAN

By Belinda Blanchard

I'm a fifteen year old woman
I like pop music - and Wham!
And when George Michael sings to me
He says what a pretty girl I am.

I read Mum's Cosmopolitan
I go to disco dances
I wear make-up and look eighteen
I don't mean to attract
sexual advances.

I have a lot of boyfriends
I bring some home from
school
Some help me with my
homework
Or sport and the odd game
of pool

I'm popular with my class mates
Attractive athletic and smart
But there's a secret side to me
And that's inside my heart

I cannot talk to anyone about
Causes and effects
On what's the point of this pretence
I wanna know what it's like to have sex
I now know how to look real good
But how do I conceal
What is really on my mind
I don't know how to FEEL

My Mum and Dad are proud of me
And love me very much
I talk to them about most things
But sex we cannot touch

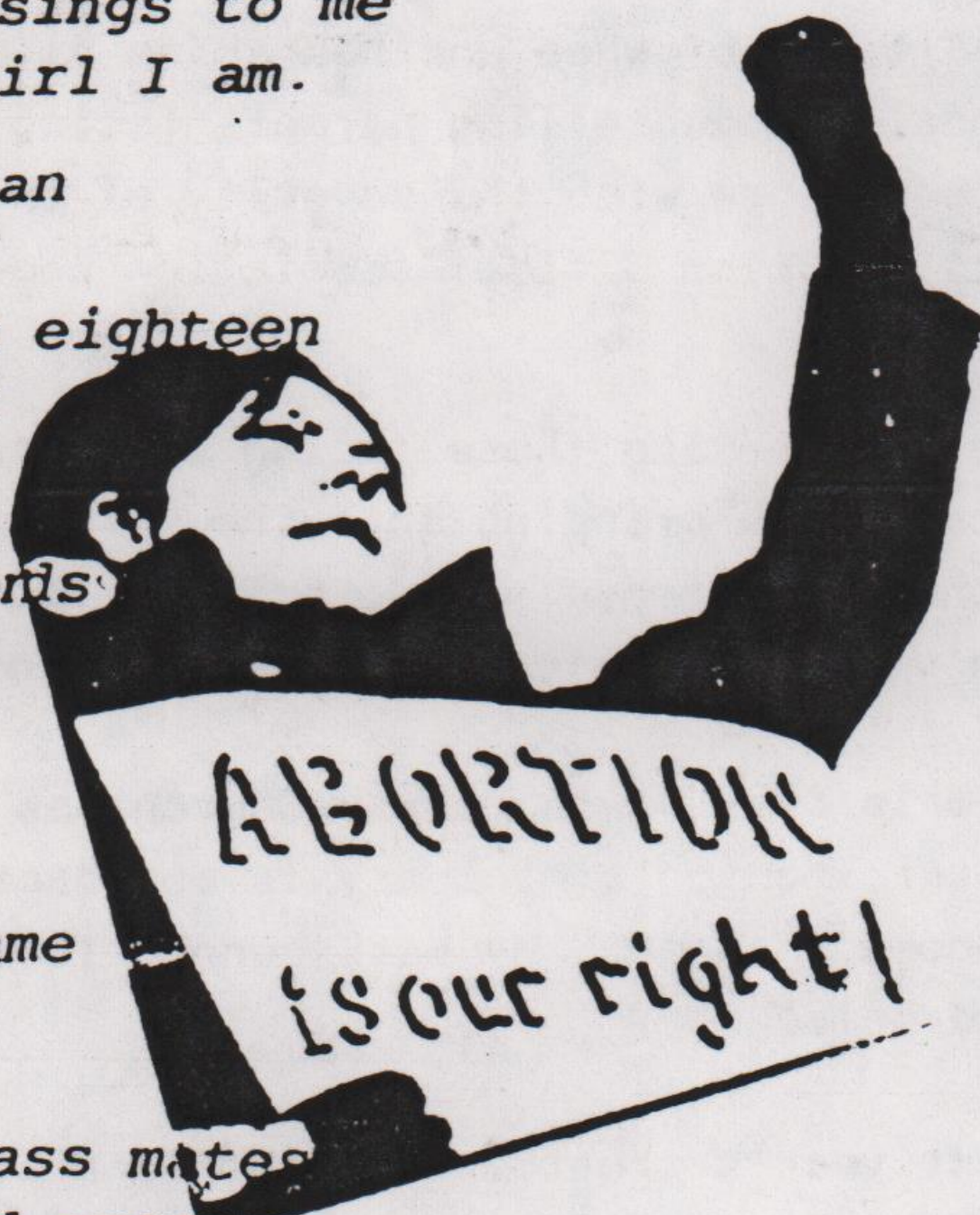
My Catholic upbringing
Has left me very blue
I can't talk to my eight sisters
And I don't know what I should do

I think I know my own mind
I'm strong and have my own Will
I'm going to find out what sex is like
So I must go on the Pill

Off I go to my doctor's
Without telling my mum
But new law means I have no say
On what goes on inside my tum

Mum would throw me out the house
if she knew of my plan
So I'll be silly and trust to luck
and leave it to my man

This will happen everywhere now
I'll screw anyway just see
Victoria Gillick's personal success
Is my unwanted pregnancy



canada

Introduction The following article is based on an interview with Ann Thomson, an activist in Concerned Citizens for Choice on Abortion, who was recently in England. It is followed by extracts from an American Socialist paper Militant (no relation to the British paper of the same name), which recently had an interview with Canadian doctor Morgentaler

Canada has one of the most restrictive abortion laws in the West. Under its criminal code, even the giving of information is illegal. In 1969, this code was amended to allow abortion under certain circumstances, but the situation did not really change much.

HOSPITALS

Under the amended law, hospitals can set up Therapeutic Abortion Committees (TACs) - but these are voluntary and many do not even go this far. The TACs must consist of three doctors, none of whom themselves do abortions. Thus, small hospitals with few doctors cannot do abortions at all, and in a country like Canada, with its far-flung population, this means that many country areas have no abortion facilities at all.

Even hospitals with TACs do not necessarily do abortions! For the woman, the first obstacle is to find a gynaecologist prepared to do the abortion. He or she must then send in a written request to the TAC, who can agree if the pregnancy endangers the woman's life or health - but they are allowed to interpret this - there are no set guidelines. Some TACs operate a quota system, so it is too bad if you are the second woman in a week seeking an abortion. There is no appeal from the TAC's decision - the woman must start again at another hospital - which may mean going to another city.

These rules apply only to publically-funded hospitals. Ten years ago some 20% had TACs, but the number has dropped as a result of anti-abortion campaigns. Abortions can be done up to 20 weeks and some 60,000 are done annually. Canada has the dubious distinction of having the second highest rate of second trimester (after 12 weeks) abortions, coming after India, because of the built-in delays in the system.

VARIATIONS

The situation differs in the different states of Canada. It is easiest to get an abortion in Toronto and Vancouver than anywhere except Montreal, ironically the city with the largest proportion of Roman Catholics. This is because of the activities of Dr Morgentaler, the leading campaigner for abortion rights in Canada. (See later)

Although the criminal code governing the abortion law covers the whole country, it is administered by the provinces and the provincial Attorney Generals can review abortion approvals (from the TACs) and, if the AG feels in a particular case that the woman's life or health were not in danger, can bring criminal charges against the hospital or doctor concerned. Anti-abortionists have used this tactic a number of times (by reporting cases) but so far have always failed to secure any convictions.

CAMPAIGNS

The largest pro-choice group in Canada is CARAL - Canadian Abortion Rights Action League. It is basically a lobbying, as opposed to activist, organisation. It has 25 "chapters", mainly in Ontario, but elsewhere in the country as well.

CARAL has concentrated in recent years on 'direct mail' fund-raising to finance the various legal cases that Morgentaler has been involved in. Its only membership activity is its AGM, although it does produce a number of publications. It has a number of paid workers.

The other two groups are similar to each other. CCCA - Concerned Citizens for Choice on Abortion - was formed in 1978 in Vancouver, and OCAC - Ontario Coalition for Abortion Clinics - works mainly in Toronto. The latter is the bigger group, due to the fact that Morgentaler opened a clinic there.

MORGENTALER

He has a long history of fighting for abortion rights for women, which resulted in several prison sentences. In 1976 all then outstanding charges against him in Quebec were dropped and a ruling was made that abortion clinics - without TACs - were legal there. As a result, women came from all over Canada and even the USA for abortions to his clinic.

But for him personally, after fighting for 6 years in the courts, and spending a total of 18 years in jail, he had huge debts to pay, which it took him and his supporters four years to recover from.

In 1980, Morgentaler spoke at a rally in Vancouver organised by CCCA, at which Ann Kingsbury (from the Labour Abortion Rights Campaign) also spoke, bringing greetings from Britain. It was his first public meeting after being released from jail. He returned to Vancouver in 1982, to campaign for a clinic there, as part of his general campaign to get more clinics, outside of Quebec.

RELUCTANT DOCTORS

One problem facing Morgentaler is the reluctance of doctors to come forward and agree to help run the clinics - given the time he has spent in jail as a result of his activities, perhaps this is not so surprising!

Because the National Democratic Party (the nearest Canadian equivalent to our Labour Party) has a policy for a woman's right to choose, he chose Winnipeg, where the ruling provincial party is the NDP, to open his first clinic outside of Quebec. The result was that the government sent in the police to close the clinic, and staff, and even patients, were arrested. As a consequence, many NDP members have left the party. The clinic was open for a grand total of three weeks and the trials are still pending.

FEMINIST INPUT

In Toronto, women began to discuss having a clinic run by themselves - this was how OCAC began. Eventually, Morgentaler did open a clinic there, but unlike his others it is run in conjunction with feminists in OCAC. However, this did not stop it being raided within weeks of opening and being closed down. Three doctors - Morgentaler and two others whom he had trained - were

arrested. Morgentaler's lawyer then challenged the constitutionality of the Canadian abortion laws. He was able to do this because Canada recently adopted a written constitution.

Although the Judge ruled that the article 251 of the Criminal Code making abortion illegal was constitutional, Morgentaler and his fellow defendants went on to get a jury acquittal in their criminal trial - his fourth jury acquittal. Morgentaler believes that the fact that such acquittals take place show that the public is on his side and that this should encourage doctors to come forward to help him.

The Ontario provincial government appealed against the acquittal (this could not happen in this country) and the appeal was heard in April this year. The appeal lasted three weeks. The government argued that the purpose of Section 251 was to protect the fetus, not to permit abortions. At the time of writing, the Judges have not yet decided, but it is widely expected that they will allow a re-trial, which is what the government was asking for.

Morgentaler's fellow defendant Scott and Morgentaler himself re-opened the clinic after acquittal, only to be raided and re-arrested - further charges now face them.

MORE CLINICS

Morgentaler opened two more clinics earlier this year: in Halifax, Nova Scotia, where previously it had been impossible to get an abortion, and Edmonton, Alberta, which is a very right-wing province, which has struck it rich from oil, where abortions were also very hard to get.

Morgentaler's main weakness is that he does not consult with the local women's movement before opening clinics - he just goes ahead and does it.

DEMANDS

All three of the Canadian campaigns have basically the same demands :-

- * Defend a woman's right to choose
- * Repeal of all anti-abortion laws
- * Legalise free-standing abortion clinics.

The CCCA organises a mass-action campaign focused on the repeal of the current laws. They are campaigning for free abortion available for all women who want it. Towards this end, they organise

demonstrations, etc. Although small, with no office workers, they do have a number of trade unions affiliated, who provide most of the money which keeps them going.

Canada has a vigorous anti-abortion movement and, indeed, some of the material used world-wide originates there, in particular, the famous "bucket shot" of "aborted babies in a black plastic rubbish bag".

EXTRACTS FROM MORGENTALER INTERVIEW

Can you describe how you became involved?

I started doing general practice in Montreal in 1955one night I had a 22 year-old girl at 3 o'clock in the morning who had had a bad abortion by some incompetent non-doctor. It was clear that she would die if I didn't hospitalize her.

This was not an uncommon experience in the 50s. Whole wards of hospitals were filled with women who has either induced themselves or had gone to whoever would offer them that help. It was a major health hazard.

And when I talked to my colleagues, they would say, "Well, you know Henry, there's not much you can do about that. If you ever did, you'd be struck from the register, you'd go to jail." The penalty was life imprisonment. It is still the same today.

What was the first step you took to change the situation?

In 1967 I presented a brief to the House of Commons Health Committee, which was debating about changing the abortion laws in Canada.. I declared that the right to a safe, medical abortion should be granted to women as a right, not a privilege.

....Women started coming to my office and would say, "Doctor, I know you are sympathetic, I am pregnant, can you help me?"

And I would say, "Yes, it's true I sympathize with you, but I can't help you. I might have to go to jail, it's a crime. It took me a long time to get my medical license, I'm married, I have two children. I'm sorry, I can't help you."

I started feeling like a coward and a hypocrite....there were terrible newspaper stories. One said that a young woman got pregnant by her boyfriend..she encouraged him to use a bicycle pump to push air into her uterus. And she died on the spot, from air embolism. He got a jail sentence.

I decided it was my duty as a doctor, as a human being, as a Humanist, to offer the help I could....Suddenly there were women going out of my office happy, relieved and healthy, and when I compared it to the stories the women told me of the times they went to back-alley butchers - the exploitation, the dirt, the sordidness, the real danger - I had the really good conscience of having helped so many women to protect their lives, their health, their dignity. On the other hand, it was very stressful, because suddenly I was an outlaw.

Now, I knew that eventually this thing would come to court and I told myself that when it does, I will tell the jury my story just what I've told you.

The 1973 US Supreme Court decision legalising abortion had a big effect on your decision to take a public stand, didn't it?

Yes, ...I wanted to see Canadian women have the same rights as their American sisters. So I publically declared in Toronto that I had performed 5,000 abortions without a single death. I made a film of an abortion to educate people that was shown on television. So I challenged the authorities to prosecute me....In Quebec a French-Canadian, Roman-Catholic jury acquitted me (in November 1973)...it was a great victory.

Well, it's now 12 years later and we're still fighting the same battle.

In a decision that has no precedent in the annals of British or Canadian jurisprudence, the Appeal Court set aside the jury verdict and declared that I was guilty. The Supreme Court of Canada upheld this and so 10 years ago I went to jail in Montreal for an 18-month sentence.

Whilst in jail I had another trial... after 55 minutes the jury said "Not guilty" - I was still in jail after two acquittals. This created an uproar in Canada on civil rights. An amendment to the criminal code passed that prohibited the court of appeals from nullifying a jury verdict. It is called the Morgentaler amendment.

The minister of justice set aside the guilty verdict of the court of appeals, but ordered a new trial on the first charge! I was tried again and I was acquitted again... they wanted to try me a fourth time...and at the next election the Bourassa government was thrown out and they brought in the Parti Quebecois.

The new minister of justice declared that no more trials would be held against doctors for providing safe, medical abortionsthe government was going to prosecute the non-doctors who do abortion that endanger women....I trained doctors and now about 10 Community Health Centers are providing abortion services on request in Quebec under medicare. It is still against the law.

In 1983 I decided to renew the struggle by going outside of Quebec, where women were finding it harder and harder to get abortions in hospitals, so I decided to open some clinics and go before a jury, as before.

In June 1984, the jury in Toronto brought in a not guilty verdict ...I wasn't surprised - it was a tremendous victory for justice, for the women's movement, for the common people. I don't think any jury in Canada would convict doctors in good faith who gave help to people who needed it. The jury system is the last bulwark of democracy

We've made a breakthrough in Ontario, a Tory-blue conservative province...we re-opened the clinic after the acquittal and we have kept it open...for three months now....we have been charged again with a criminal offence. Despite pickets outside the clinic organised by the Roman Catholic cardinal of Toronto, there has been a tremendous movement of solidarity. Hundreds of women have acted as escorts for the patients, who go across picket lines.

We have to fight two main powers, the government and the organised anti-abortion movement. They're shrill, they are organised. Their strength is organised mainly in the Catholic church hierarchy and in the fundamentalist churches. When I was in Edmonton one day, one of the ministers there said publically that in order to stop abortions, we could kill one woman as an example to all others. Some of these people are really devoid of humanitarianism, and I really have to fight that....They can't be ignored, because if you leave them alone, they will take away all your rights. You can't let them take away such a fundamental right as a woman's right to abortion. If they take away this right, they might take away other rights

as well. You have to stand up to them. And you have to counter their lying propaganda. Otherwise people will accept it. And it's very dangerous. It turns against women and against people who help them. Basically what underlies all these anti-abortion people is contempt for women, a desire to turn the clock back to the time when women were seen in their stereotype role as breeders, where women have to procreate year after year, do kitchen work and take care of children and nothing else.

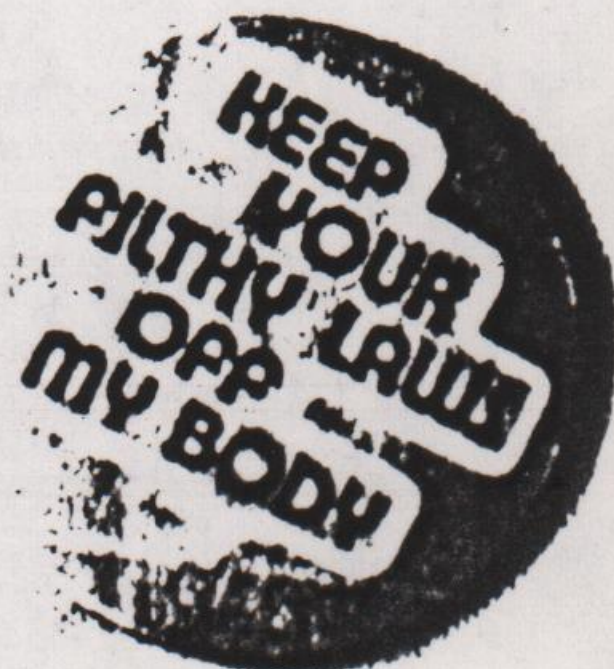
I think if we have accomplished anything in our society, it's the legitimacy of the women's rights movement and the acceptance of the fact that women should be able to be equal partners in society. There is a movement against that. And this movement is reactionary.

And we have to fight that. It's not just a question of fighting for the right to abortion. If women do not have control over their own reproductive functions, they can never develop their other potential. The thing that holds these anti-abortion people together - usually they are anti-women, they are anti-Jew (90 percent of hostile calls we get at the Winnipeg clinic are anti-Semitic), they are anti-black, they are anti-minority, they are antiunion. They are against any progressive forces in society.

And they give themselves this kind of high moral stance of being "pro-life". But that doesn't mean anything: "pro-life". What does that mean? Pro-spermatazoa, pro-ova, pro-zygotes, pro-blastocysts, pro-embryos?

They say that every abortion kills a child. That is not true. A blueprint is not a house. It is lying propaganda. So you have to bring the facts of biology to the people, so they understand what's going on. They have to understand that a woman who wants an abortion isn't killing a child. She doesn't want a few cells to become a child.

So either we give in and run or we stand and fight. Either we stop providing services to women who need them or we take whatever measures are necessary to provide them.



This series will look at various aspects of the law as it relates to medicine. To start the series off, we are looking at how the law stands now in relation to reproductive technology, before Warnock, to help understand what the changes that are being proposed will mean. We are not commenting on the rights or wrongs of the law, or saying how it should be changed; we are simply describing it.

Artificial Insemination

Male infertility accounts for about half of all cases of infertility. In artificial insemination by donor (AID), the semen is donated and injected into the woman. In other cases, the husband's semen can be similarly injected (AIH). In the case of AID, the husband's sperm can be mixed with a donor's, thus leaving in some doubt whose semen actually does the trick.

AIH does not present any major legal problems. However, if the couple choose to store sperm to use after the husband's death, as has happened in a number of cases already, then problems of inheritance may arise. If the problem arose because the husband was unable to consummate the marriage, for example, the woman could conceive and seek to have the marriage annulled because of non-consummation; in that case, so long as the couple were married at the time AIH took place, then the children would be legitimate, with all the rights that that entails.

AID, in a society which still recognises the concept of 'legitimacy' is not nearly so simple. From an ethical viewpoint, there are those who regard it as the same as adultery. In the Scottish case of *MacLennan v MacLennan*, it was held that adultery did not take place because there was no sexual contact between the woman and donor. If the husband did not consent, however, this could be grounds for divorce.

Further problems arise where the couple seeking a child by AID are unmarried or the applicant is a single woman. So far, it has been up to the individual doctor to decide, leaving women to 'shop around'. The Royal College of Obstetricians and Gynaecologists recommend that AID be used only for married women whose husbands give written consent.

Warnock was not the first committee to consider this issue. As early as 1960 the Feversham Committee reported on all aspects of artificial insemination. They pointed out that single women could adopt and so there was no valid reason for preventing AID for such women, although of course the adopted child was already in existence, unlike the prospective result of AID.

A child born by AID, even to a married couple, is legally illegitimate. This means, for example, that if the mother was not a British citizen and the child was born outside the UK, then it would not be entitled to UK citizenship, even if the woman's husband had such citizenship. In practice, the husband is likely to register himself as the father, although this is an offence under the Perjury Act 1911 - unless, in the case where the semen was mixed with his own, he honestly believes the child to be his. In other cases, where citizenship is not involved, then if the husband adopts the child, this creates the same sort of situation as when a man adopts children born to his wife before their marriage.

AID, because it is done anonymously, could in theory lead to later incestuous matings. At the moment, donors are mainly medical students, who get paid for their sperm, which may encourage them to give too much. Even if safeguards are built in, in those parts of the world where blood is paid for, this leads to abuse of the system.

In Vitro Fertilisation

This involves collecting ova from the woman and fertilising it outside the uterus (in vitro means literally 'in glass'). A number of permutations are possible: the ova and sperm may both come from the couple seeking a baby; or one or other or even both could be donated from other people. In the first case, no legal problems arise regarding the baby's legitimacy. Where the sperm is donated, the same problems arise as outlined in the case of AID. Because in our patriarchal society, legitimacy derives from the father, in the case of a donated ovum, again there are no real problems. But when both are donated, as has happens, then similar problems arise as with surrogacy, which is discussed later.

What happens if the method results in a damaged embryo? In normal cases, where a doctor or someone else, through neglect, could be proved to have caused damage at the time of conception, then the terms of the Congenital Disabilities (Civil Liability) Act 1976 would apply. But in this case, if a test before implantation has shown the conceptus to be healthy, then the damage done during implantation or subsequently, would not fall under the Act's Section 1(4). So far, pre-Warnock, there is no guidance on this.

The destruction of surplus embryos obtained as a result of IVF does not fall under the terms of the Abortion Act, which refers to 'termination of pregnancy': the embryo being destroyed is not in a woman's body. Under current laws, therefore, no offence is being committed. There is also no current law guiding embryo experimentation, although guidelines have been laid down by such bodies as the Medical Research Council and the RCOG.

Surrogacy

Ignoring for the moment any commercial elements, surrogacy involves a woman agreeing to conceive and bear a child for another woman. A whole number of issues arise, because the woman and the couple for whom she is bearing the child enter into a contractual relationship of a unique sort. The surrogate woman's right to abortion, for example, under the '67 Act, remains intact, because the reason for the abortion would be medical. What happens if the woman declines to hand over the child? In *A v C* (1978) it

was ruled that a surrogacy agreement was pernicious and void and the girl could not be forced to hand over her child. In other situations, the couple have been known to refuse the child for some reason. What happens if the child is born handicapped and none of the parties want it? What would be the situation if the handicap was probably due to some action or inaction on the part of the surrogate - such as taking drugs or excessive alcohol?

Some of the problems that arise are similar to those arising in AID and AIH, or IVF. This could include nationality, legitimacy, etc, compounded by difficulties where it is not crystal clear that the surrogate had abstained from intercourse with other men during the relevant period.

The Government have so far tackled only one aspect of surrogacy - the commercial aspect. Previously, the legal position was not clear. It is definitely illegal under the Adoption Act 1976 \$57 to 'purchase' babies, but an agreement entered into in the case of surrogacy could be for necessarily incurred expenses on the part of the pregnant woman - her nutritional and dress needs, her need to stop work perhaps. But this is different from commercialism, where a third party enters into the contract, making the arrangements and acting as a go-between in return for payment.

Leonora Lloyd

WE'RE GOING TO THE NAC CONFERENCE

SATURDAY/SUNDAY
26/27 OCTOBER 1985

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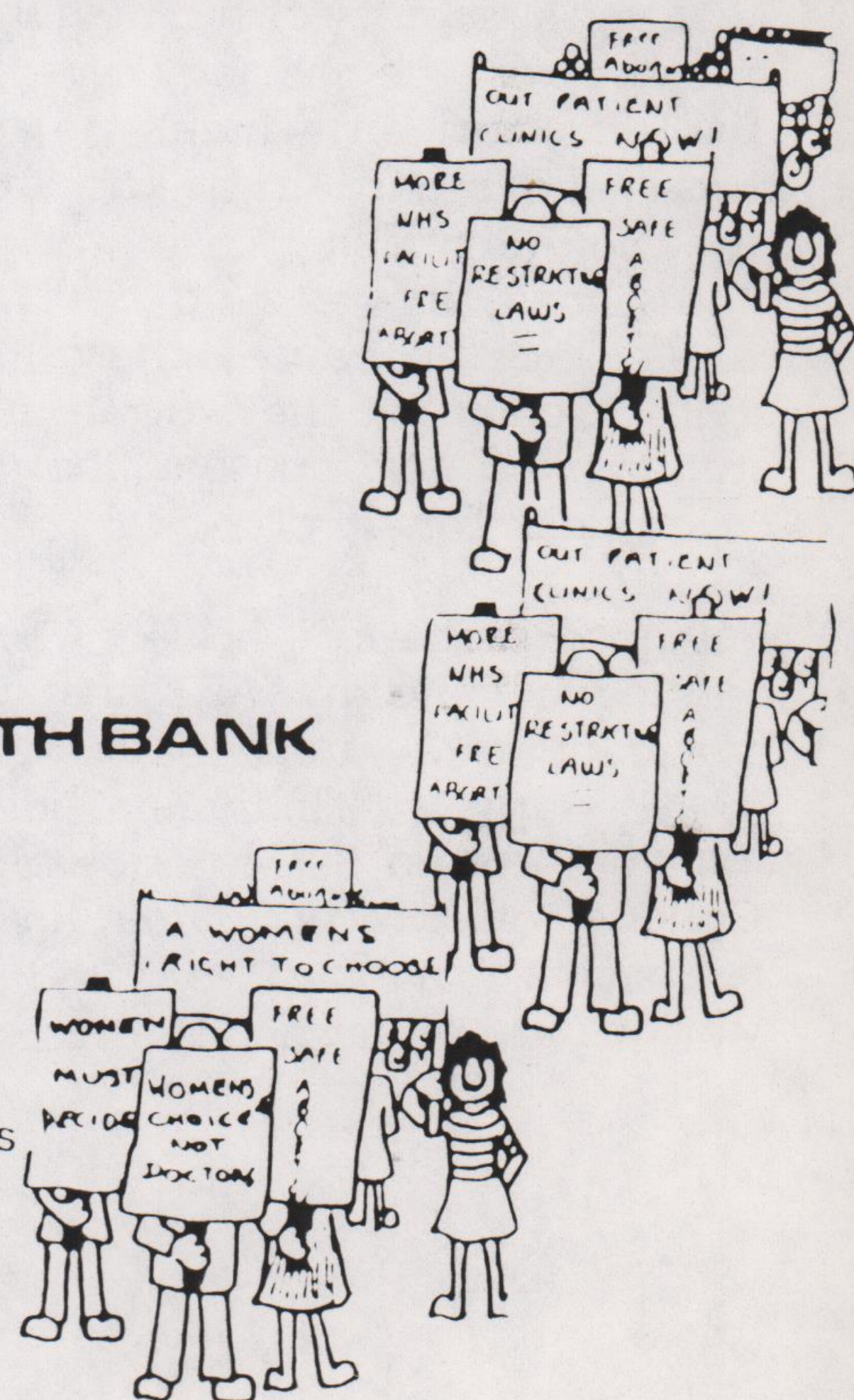
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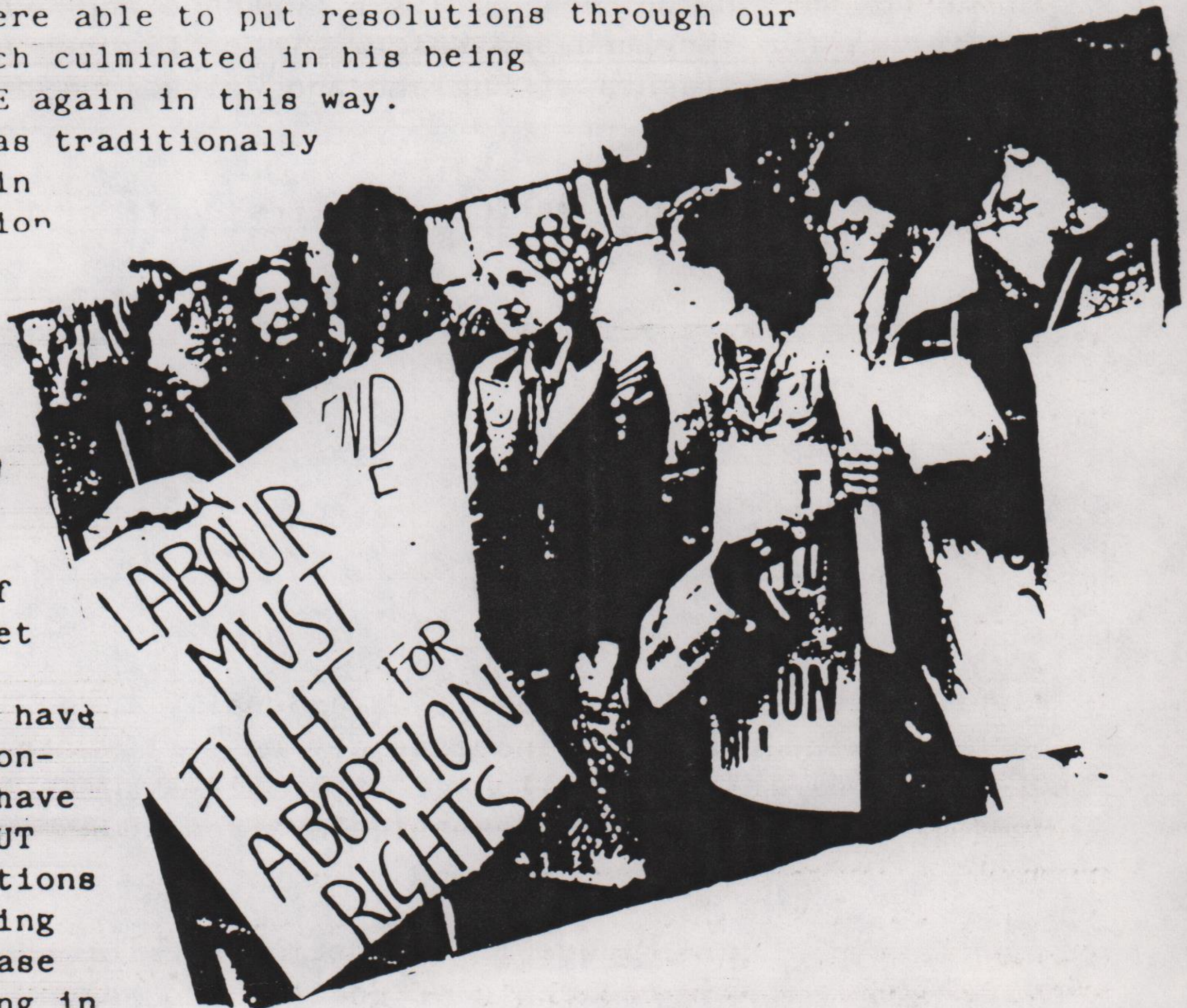
More details from NAC Office



HULL NAC

At the beginning of summer Hull NAC was busy on two fronts. We spent a good deal of energy organising for the Gillick demonstration and, though we found it difficult to get people motivated, we were in the end able to send a coach to London. In addition, we have been sharpening our attacks on one of Hull's more prominent MPs, Kevin McNamara (Labour). A patron of 'LIFE' and until recently (due to our efforts) an active campaigner on their behalf. Following a successful picket of a public LIFE meeting at which MacNamara was speaking, we were able to put resolutions through our local Labour Party ward meeting which culminated in his being forbidden to publically support LIFE again in this way. Hull, though a Labour stronghold, has traditionally a very strong Catholic contingency in local politics. This makes our action more significant, but, more importantly, provided us with the opportunity to raise the issues of abortion and contraception and the vulnerability of our rights to these in a way which was relevant to our local situation.

Our members in the National Union of Teachers have worked very hard to get support for both the aims and activities of NAC. We were able to have several places on the coach sponsored by the union and our members have succeeded in committing the local NUT to a policy of fighting the implications of the Gillick ruling and not allowing the local education authority to cease sex education lessons and counselling in schools. We are currently striving to get is a continuing struggle.



the NUT to affiliate to NAC - but this

We have had a public meeting on the implications of Warnock and Gillick, but there is plenty of scope to build public interest in these areas and, indeed, to educate ourselves more on these issues. We have also been active in monitoring the local LIFE group and successfully picketed a showing of 'The Silent Scream', resulting in its cancellation. Though we were ill-prepared for another showing organised by SPUC in a local Catholic church hall, so a few of us took the opportunity to see it for ourselves.

In the autumn we are planning to ensure the continuity of a NAC group at the University as well as our Town branch and we will continue to organise against Gillick, etc. We are hoping to send four or five of our members to Conference in October.

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ABORTION STATISTICS 1984 (ENGLAND AND WALES)

In August the Office of Population Censuses and Surveys released the 1984 abortion statistics for England and Wales. These figures show that the number of abortions performed on residents of England and Wales in 1984 was 9013 higher than in 1983, an increase of 7.1 per cent.

Table 1: Abortion performed on residents of England and Wales

	<u>Total</u>	<u>NHS</u>	<u>Non-NHS</u>		<u>Planned Day Care</u>	
			Total	agency	NHS	Non NHS
1983	127375	62481	64753	4613	20583	18294
1984	136388	64823	71565	4912	23096	21043

Figure 1 suggests that this is an unusually large increase; however, it should be borne in mind that this increase may be partly accounted for by the increased number of women now in the fertile age group (14-49), as the abortion rate per 1000 fertile women rose a little less dramatically from 10.45 in 1983 to 11.10 in 1984.

Figure 1 Abortions performed on residents of England and Wales 1974-1984

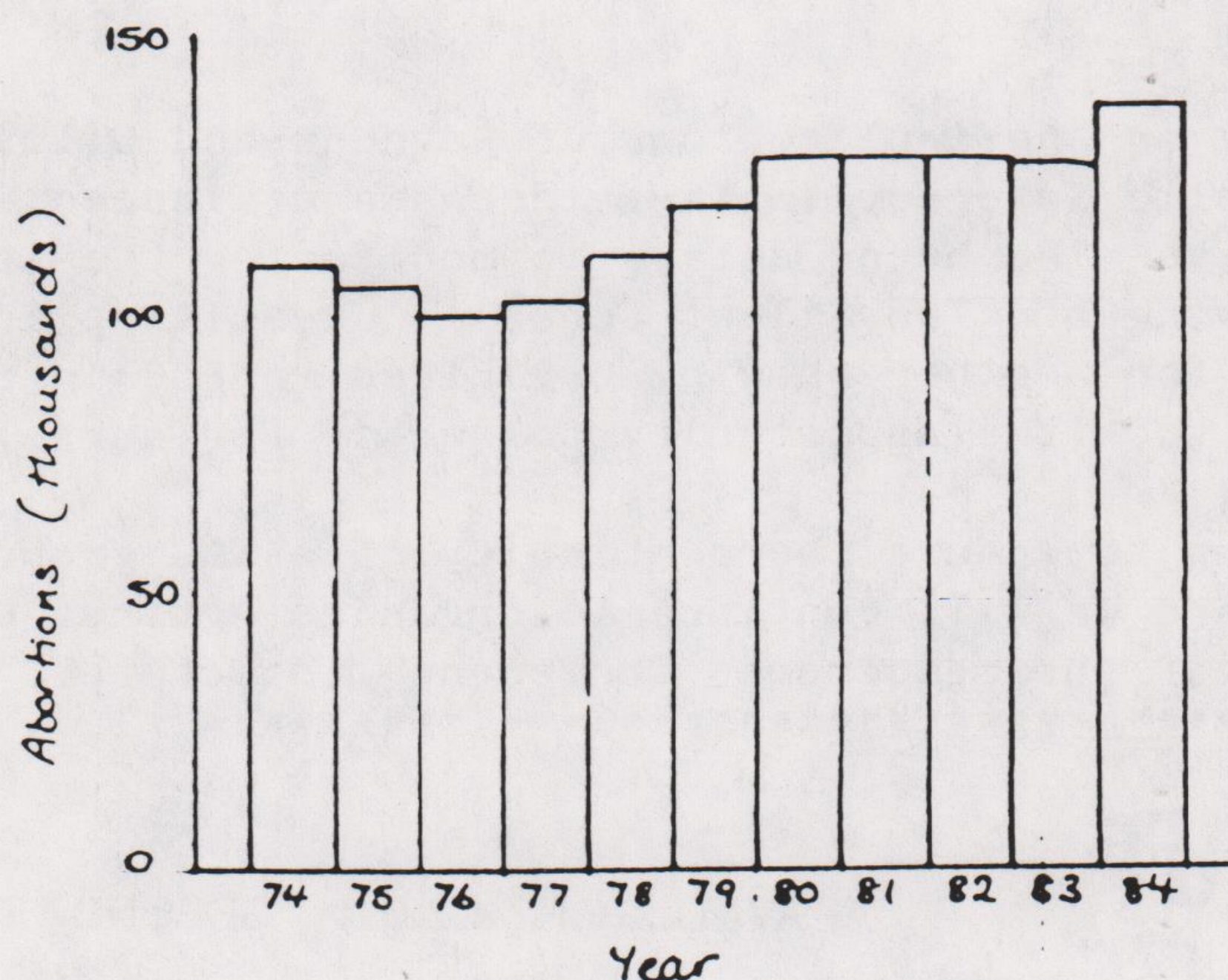
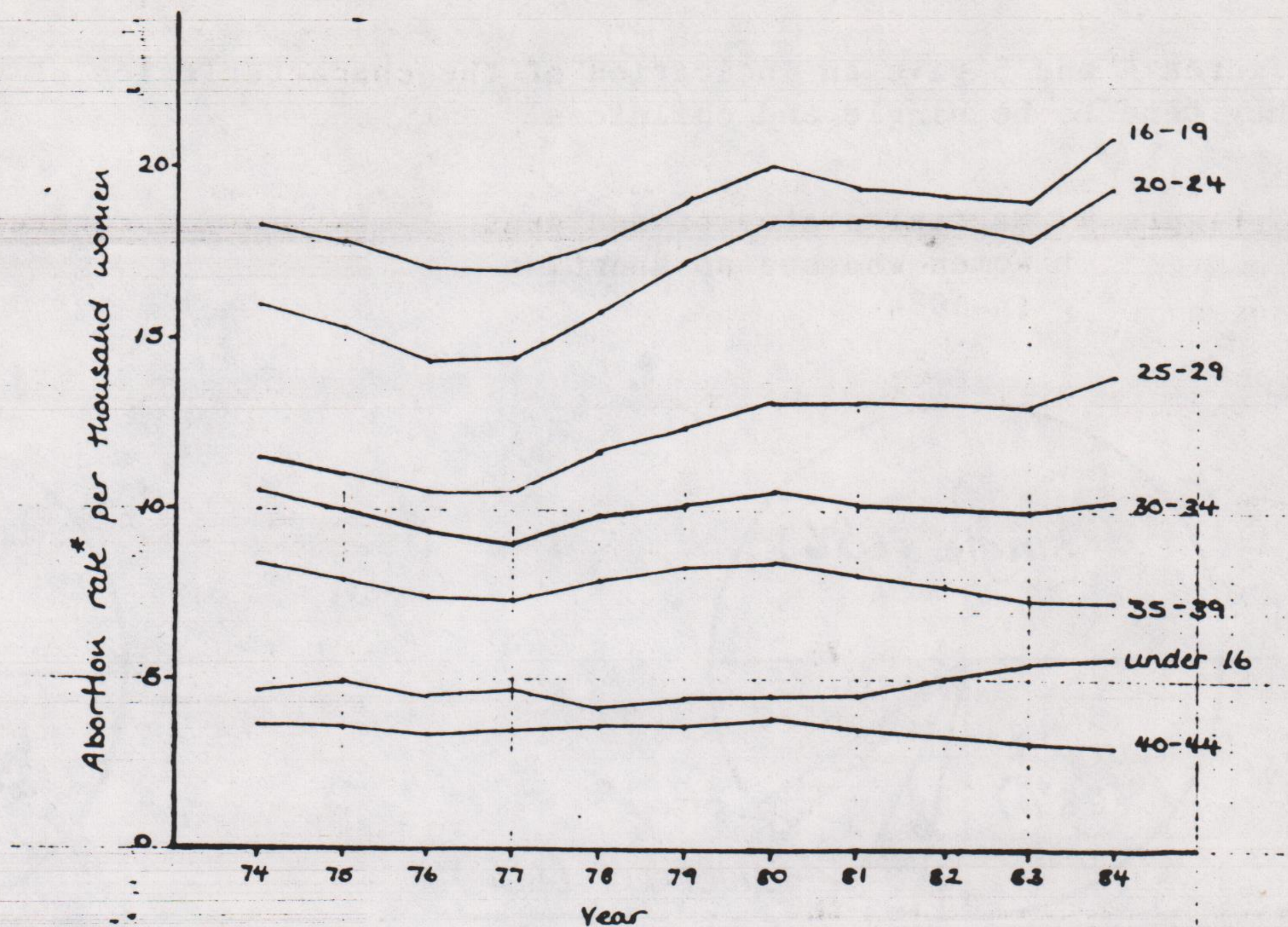


Figure 2 shows that the increase in the abortion rate was largest for women aged 16-24. This may be associated with the publicity about possible health risks associated with the pill which encouraged many women to change their method of contraception. However, no firm conclusions can be made at present. (see opposite)

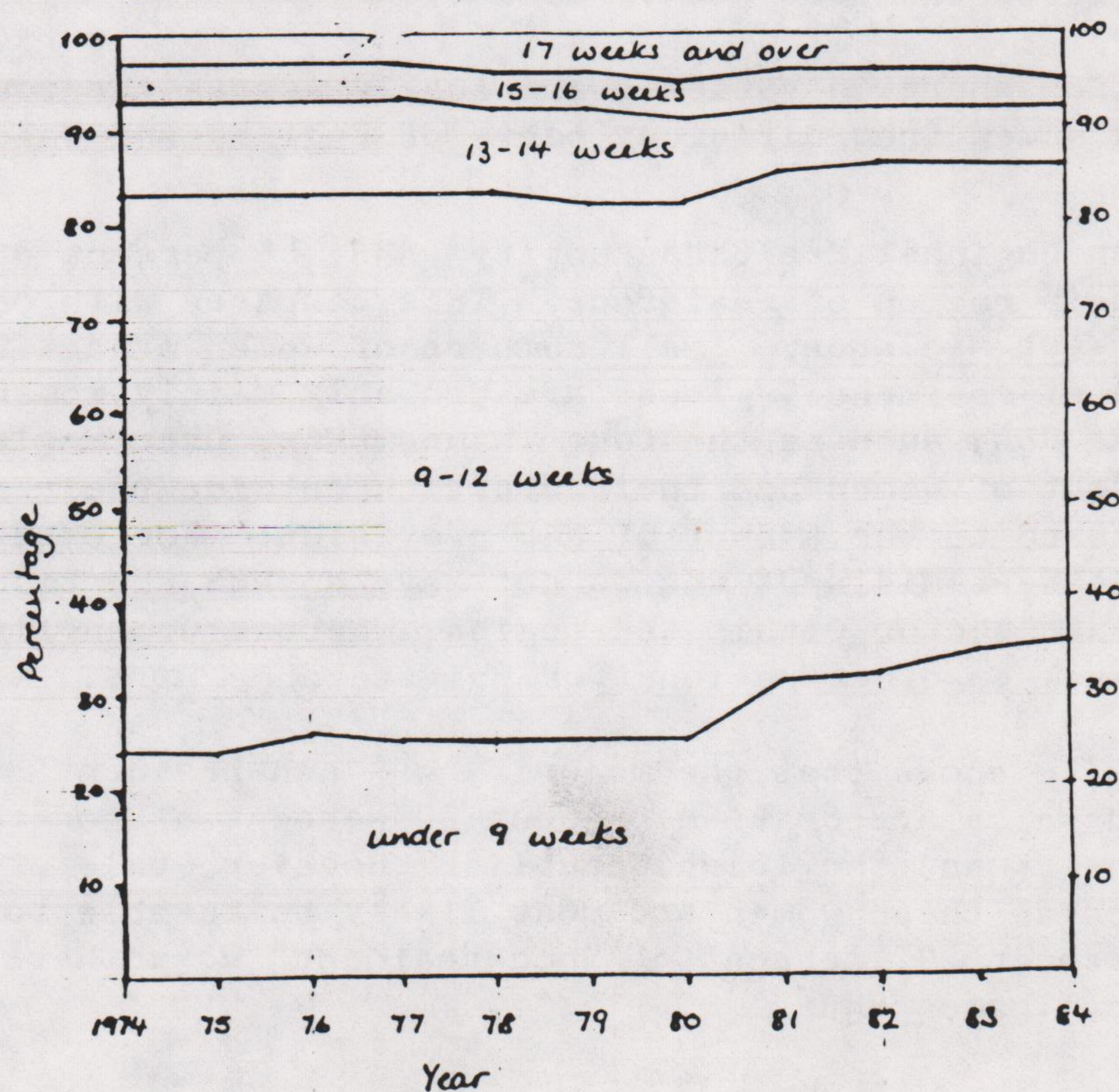
The figures also show that the gap between the NHS and non-NHS has widened slightly, with the private sector performing 52.5 percent of abortions in 1984 compared to 50.8 in 1983. However, this percentage fluctuates a little from year to year and there is no apparent trend. Figure 3 shows that the percentage of abortions which are performed at under 9 weeks gestation continued its gradual increase to

Figure 2. Abortion Rates by Age (Residents)



35 percent in 1984. On the face of it this increase is good news. However, it could be caused by women who want later abortions being turned away as some NHS hospitals impose their own low time limits in an attempt to cope with a demand they cannot meet. Generally there has been very little change in the distribution of abortion by gestation with just over 50 percent of abortions being performed at between 9 and 12 weeks gestation.

Figure 3 Gestation of abortions performed on residents 1974-1984



In 1984 about 5 percent of abortions were carried out at 17 weeks gestation or later. Of these, less than 1 percent (57 cases) were done later than 24 weeks.

Figures 4 and 5 give an indication of the characteristics of women who have abortions. They tend to be single and childless.

Figure 4 Marital status of resident women who had an abortion in 1984

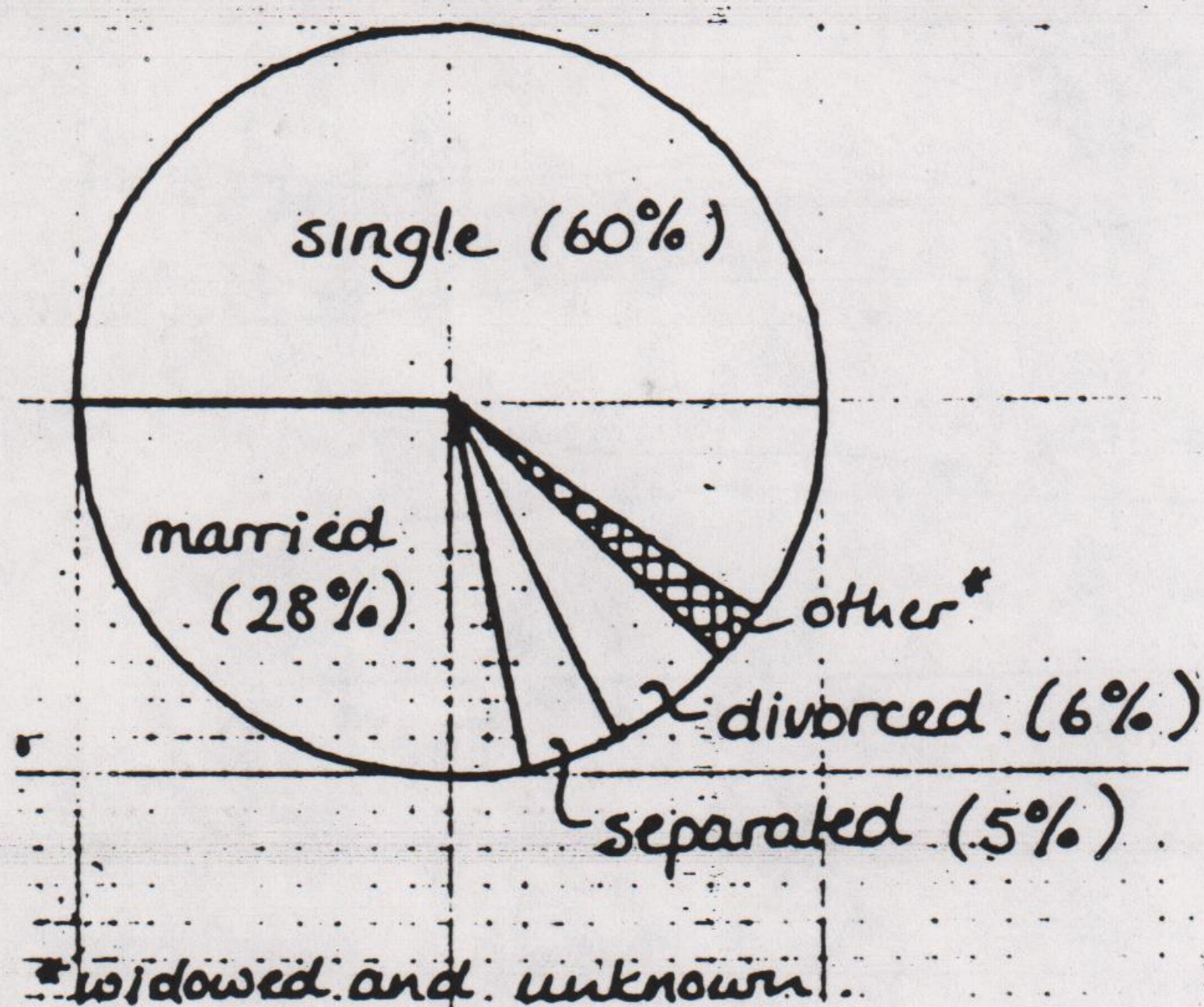
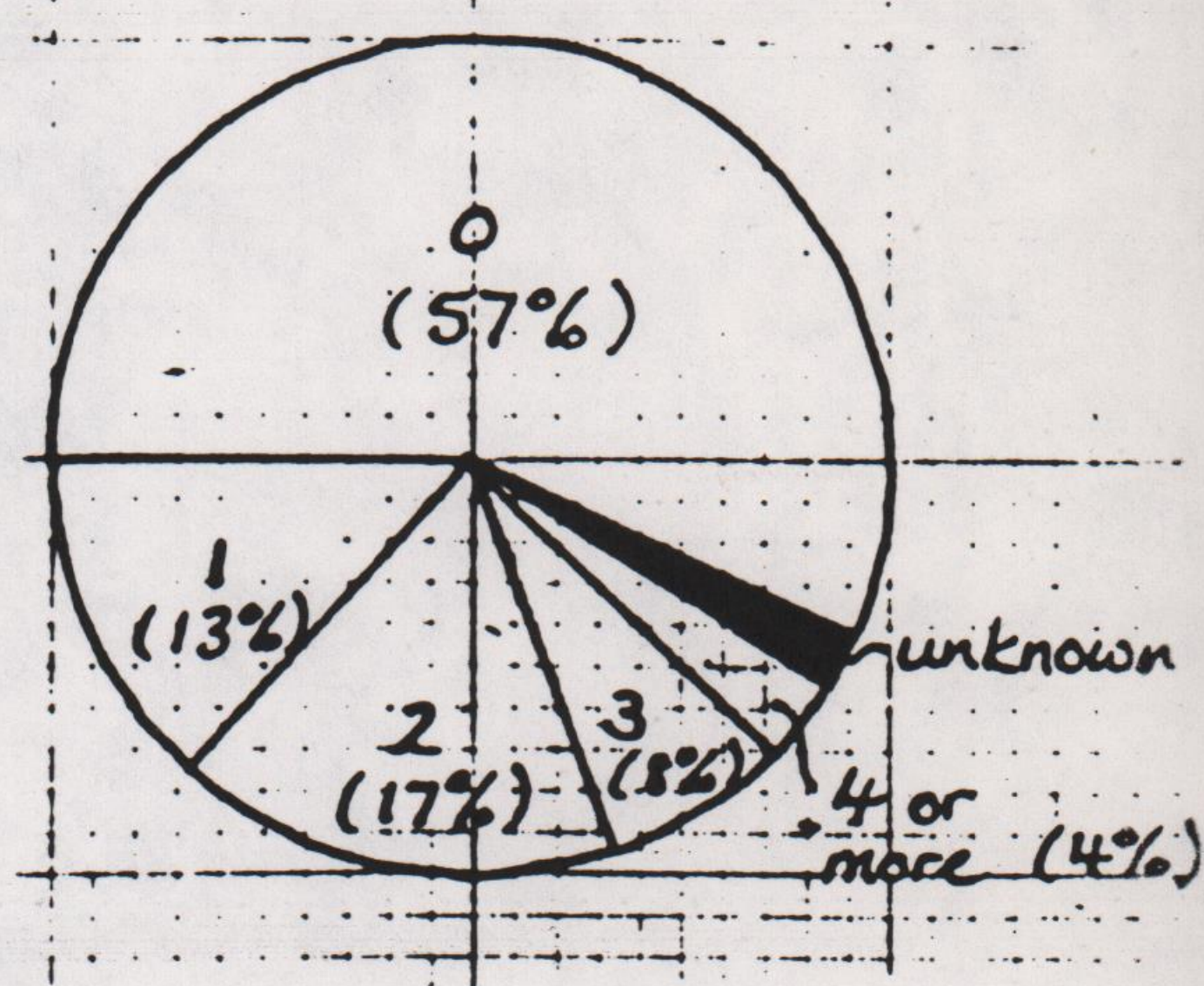


Figure 5 No of previous births* to resident women, 1984



*live and still births

The 1967 Abortion Act requires the doctor to give a reason for the abortion. In 1984, ground 2, the so-called "social" ground, was given for 97 percent of abortions performed on resident women. (In some cases other grounds are given in addition.) Ground 3, risk of injury to the physical or mental health of existing children, was given for 12 percent of women. Only 1½ percent of women had an abortion because there was a risk that the fetus was deformed (ground 4).

NHS provision for abortion varies dramatically across the country. Figure 6 shows the numbers of women from different parts of England and Wales who had abortions in 1984.

In the Northern Regional Health Authority (RHA) 85 percent of women had an NHS abortion in their region of residence. This compares with only 19 percent of women living in the West Midlands. Small numbers of women manage to get NHS abortions outside their RHA of residence. These are probably mainly women who live near the border of their RHA, such as the four Thames RHAs. Over England and Wales as a whole nearly 30 percent of women had their abortion outside their own RHA. This is not necessarily linked to the amount of NHS provision. For example, the vast majority of women in the West Midlands who do not have an NHS abortion in their area tend to go to the private sector within the region, whereas women living in the Oxford RHA and Wales travel to other regions for private abortions. (see opposite for figure 6)

Figure 7 opposite shows that the majority of "non-resident" women who have abortions in England and Wales are Spanish. About 20 percent of non-resident women are from the rest of the UK and the Irish Republic. However, this proportion is probably under-estimated as these women are most likely to be able to give local addresses. As one might expect, 92 percent of "non-resident" women have their abortions done in one of the four Thames RHAs.

JANET SPARKS

Figure 6 Numbers of women who had an abortion by Regional Health Authority of residence, 1984

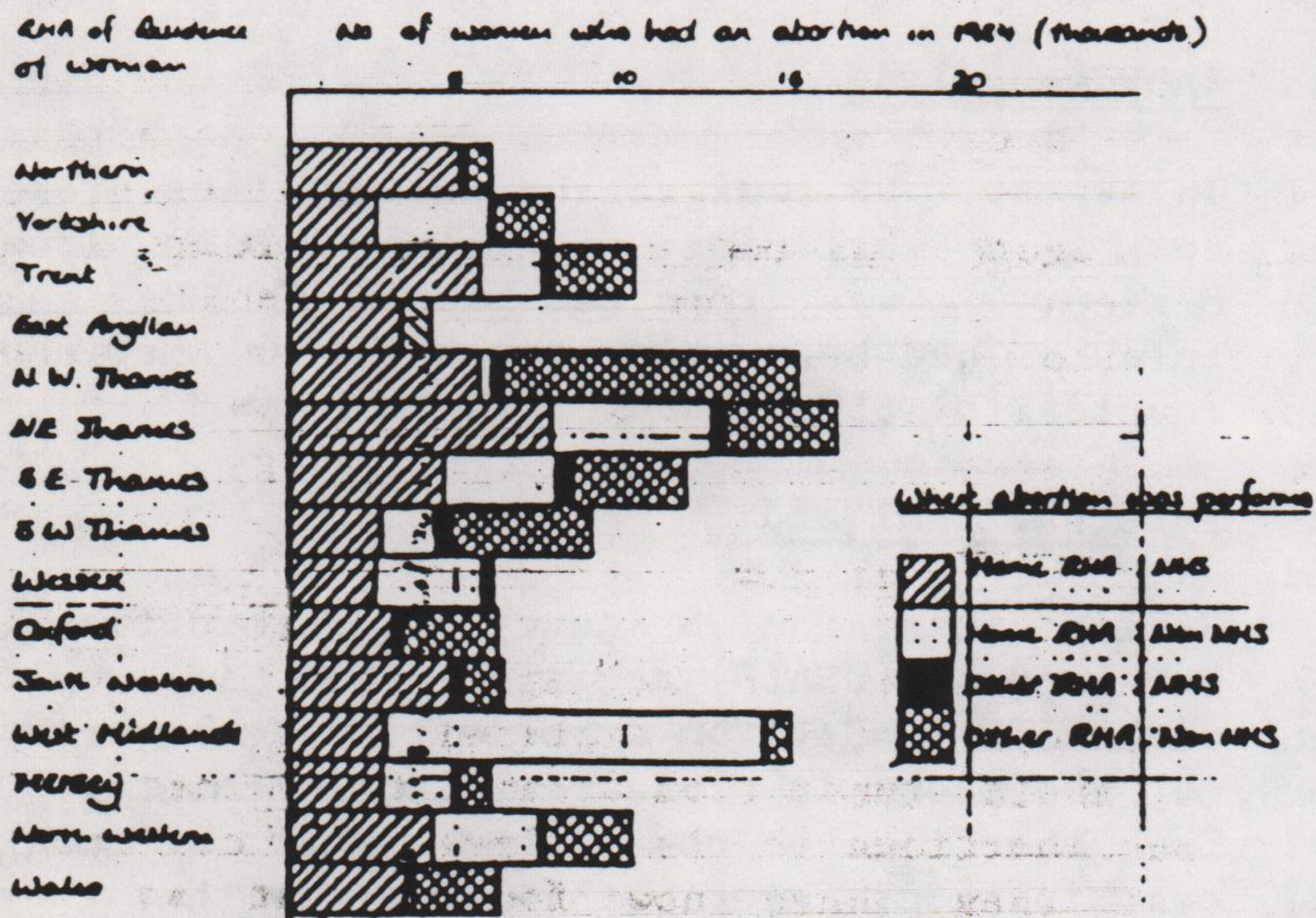
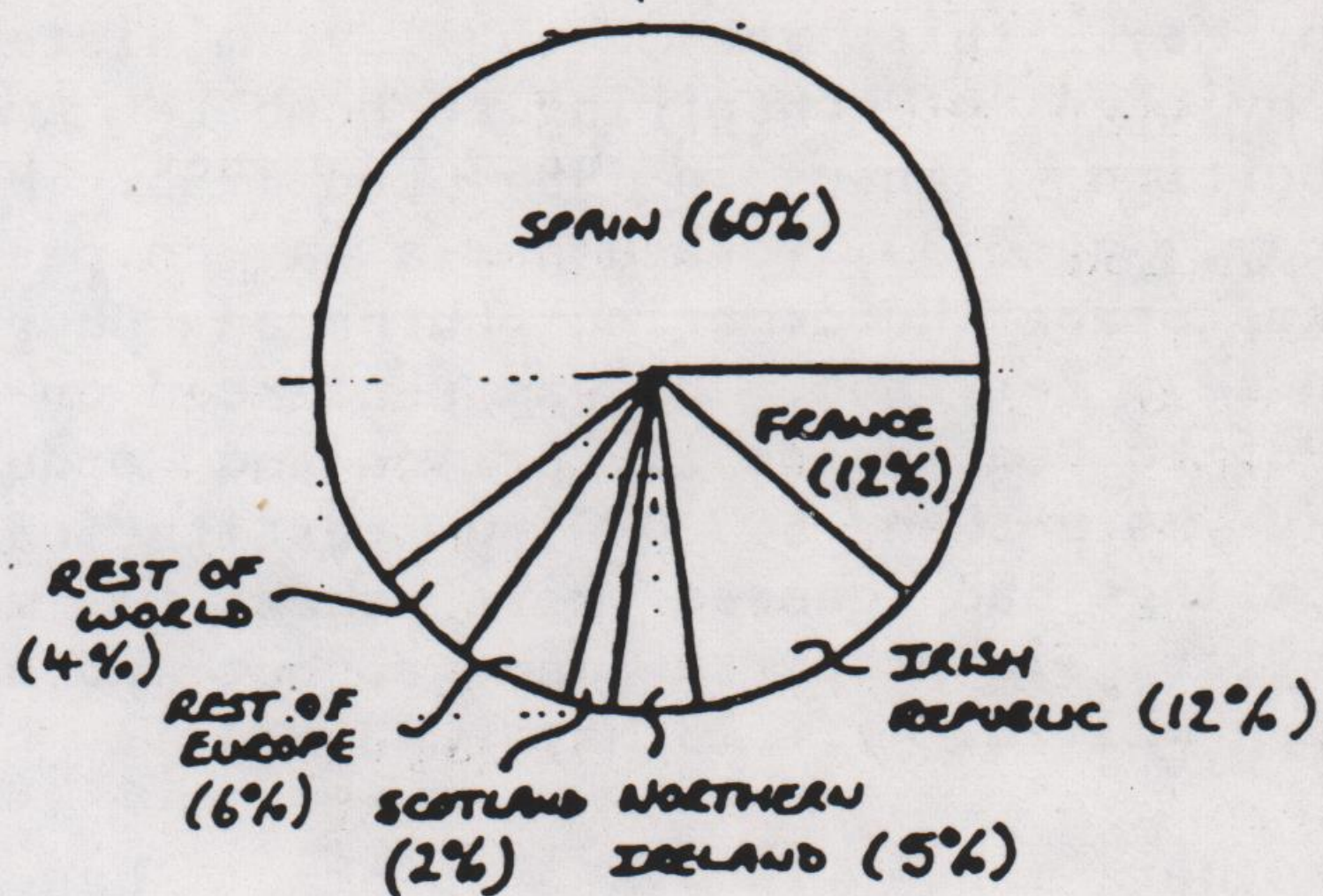


Figure 7 Country of residence of non-resident women 1984



NOTTINGHAM NAC

During the last few months we have been concentrating on building the contacts and support in the Labour and Trade Union movement. We mailed Labour Party and trade union branches with our local newsletter, offering a speaker and asking them to take up a local affiliation. We were very pleased with the response and so far have been invited to speak at a number of branches. This has given us the chance to explain the ins and outs of the Gillick ruling and the Powell Bill. With this firm base of support and personal contact we hope to expand the work of Nottingham NAC in the autumn. We're planning a series of education discussions linking up with Trent Poly students. We also plan to research abortion facilities in the north of the county, where there appear to be some problems.

SCOTTISH ABORTION CAMPAIGN

SAC has started a correspondence with the Scottish Labour Party on two questions; firstly, on the "Free Vote" on abortion and other related issues such as the Powell Bill - we are asking that the free vote ends; and secondly we are corresponding with the Scottish Labour Women's Committee on how they should take up abortion facilities in Scotland and add demands to the Labour Manifesto. We are eagerly awaiting replies.

We have also written to all Scottish Health Boards - there are 16 of them - asking for details on a hospital basis of their abortion statistics. From the replies so far received we have touched an open wound. Hopefully we will obtain details which will enable us to take up the question of lack of abortion facilities in Scotland.

We are setting up a 100 club for fundraising and are planning to re-produce and update our SAC leaflets for publication at the end of this year..

We are also preparing for our AGM which will be held in Glasgow on November 2nd, for which we will be producing full reports of this past year's activities.

NEWS

U S A

Clinic bombings

In May this year, a lay minister was convicted of conspiring to bomb ten American abortion clinics in 1984 and 1985. Michael Bray, aged 33, worked as a lay co-pastor at the Grace Reformation Lutheran Church in Bowie, Maryland. He was sentenced on 2 July 1985 to ten years in prison and ordered to pay more than \$43,000 in restitution. The bombings had caused more than \$1 million dollars in property damage, but nobody had been killed. (TT 23 May; OWH 4 Jul)

Another man, Thomas Spinks, has been sentenced to fifteen years' imprisonment for bombing abortion and family planning clinics. This was the maximum sentence possible and was coupled with \$54,000 damages. The attacks on ten clinics took place during 1984. Spinks said: "I did what I felt was necessary before God". (TF Sep)

Supreme Court

President Ronald Reagan is continuing in his attempt to reverse the Supreme Court's ruling on abortion in the 1973 Roe v. Wade case. The ruling gave a woman full abortion rights in the first trimester and successively reduced rights in the second and third trimesters. A reversal of the ruling would become possible if enough judges opposed to abortion were made members of Supreme Court.

So far, Reagan has been able to replace only one of the nine Supreme Court judges - with anti-abortionist Sandra Day O'Connor. But other judges may leave before Reagan's presidential term is over. Justice Lewis Powell, aged 70, has had a cancer operation and is rumoured to be planning his retirement. Justice Harry Blackman, aged 76, and Justice William Brennan, aged 78, have had health problems. If any of them go, Reagan will almost certainly install Judges who are against abortion. There are now three anti-abortion judges in the Supreme Court, just two short of a majority.

Meanwhile, Reagan is trying to get the Court to reconsider fetal viability in the light of developments in medical technology which can keep alive fetuses that would normally be unable to live outside the womb. On 14 July

1985, he took the unusual step of directly asking the Court to reverse its decision. (TT 2 Sep)

Baby smuggling

In August, US immigration authorities broke up a network for smuggling babies from Mexico. It was reported that 200 Mexican infants had been sold to childless American couples for \$5000 each. (TT 30 Aug)

International aid

Earlier this, the US Agency for International Development (USAID) declared that it would withhold funds from organisations that carry out abortions in less developed countries. But they have now found that so many organisations are in this category that they have a surplus \$135 million. Unless they find a suitable recipient for this remaining money, it will revert to the US Treasury. To avoid this embarrassment, they may feel obliged to go back on their earlier declaration.

Among the cuts is \$10 million dollars that would have gone to family-planning activities in China. There is a possibility that the US Congress will decide to stop all US funds to family-planning groups working in China, as a result of reports of coercive abortion. There have been several reports of forced abortion and of infanticide, especially of female offspring, following the Chinese government's insistence on one-child families. (DF Sep; TT 18 Jul)

S P A I N

New abortion law

The Spanish government made abortion legal under very limited conditions on 2 August 1985, in the face of stiff opposition. A survey held earlier in the year indicated that 32% of doctors opposed abortion altogether, 16% opposed it in some cases, and less than 35% were in favour of it in any case. Another survey this year indicated that 60% of doctors would never take part in an abortion operation.

When the law came into effect, the Health Ministry instructed all doctors who objected to abortion on grounds of conscience to

notify their superiors in writing. The Spanish Medical Association, however, advised its members not to do so, claiming that the notifications could be used as a blacklist against the doctors' promotion.

Around the country, there were reports of women being refused abortions despite being eligible under the new law. One such case was of a fourteen-year-old girl made pregnant by a rapist. And, in the Southern town of Jaen, the Catholic Bishop congratulated local doctors for refusing to carry out abortions. (TT 3/7 Aug)

Abortion in Asturias

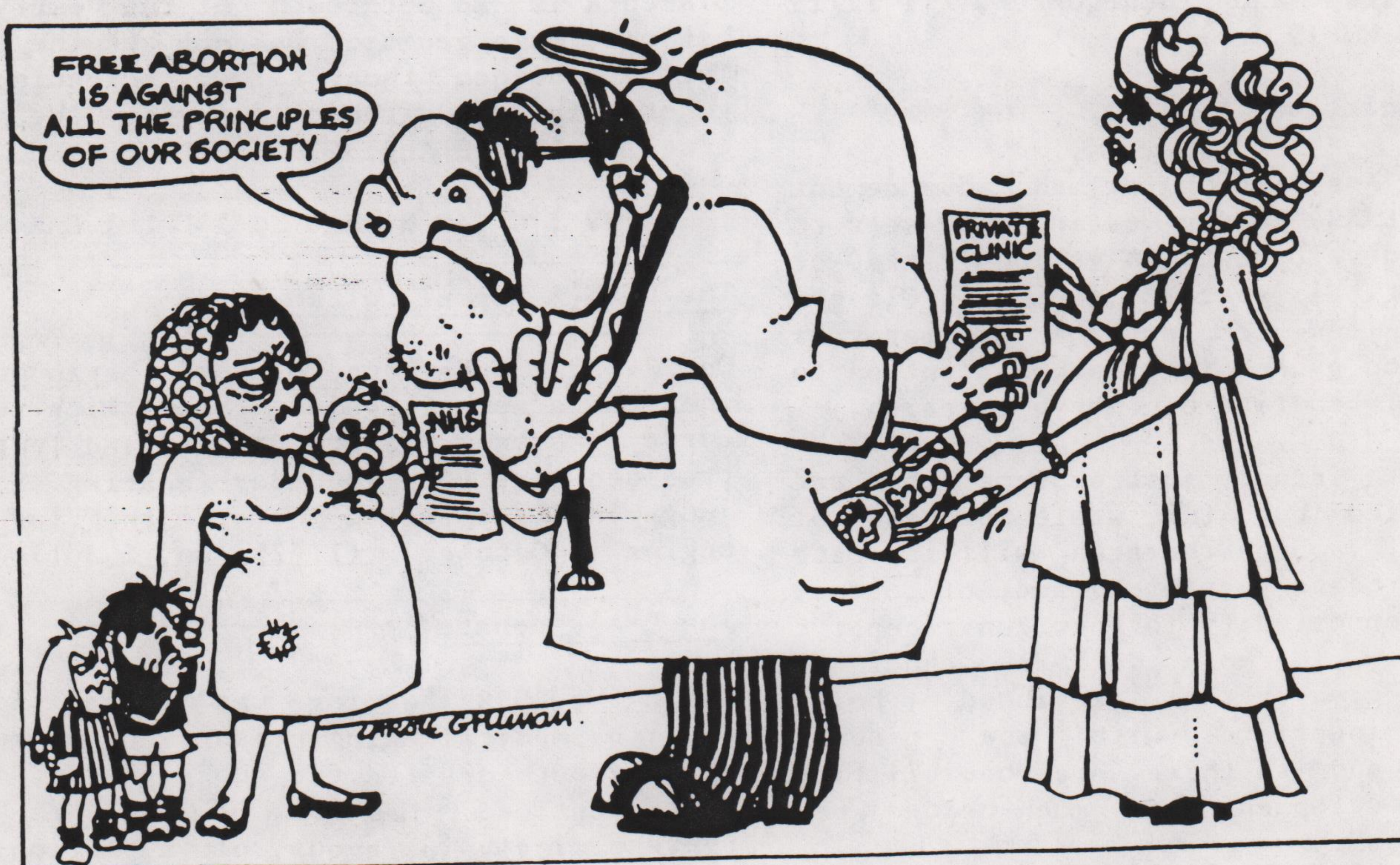
At the beginning of August, the first woman to seek an abortion under Spain's new law was accepted at a state-run hospital in Oviedo, in the isolated northern region of Asturias. Doctors advised the 22-year-old woman that her fetus was likely to suffer from the same congenital mental disorder (Well's Syndrome) that afflicts her two sons. She was later joined by another woman who suffered from drug addiction and high blood pressure; the pregnancy was regarded as a threat to her health. The two operations were carried out

by volunteer medical teams after staff at four other state-run hospitals refused to do them.

An anti-abortion group, Association for the Defence of Life ('Adevida') took out a writ against the doctors and health officials who were responsible for the two legal abortions. They threatened to do this for every abortion carried out. It was said that many doctors were refusing to carry out abortions, not on grounds of conscience, but through fear of prosecution. (TT 9/10/12/14 Aug)

Abortion in Andalucia

The first woman from the southern region of Andalucia to have an abortion under the new law had to travel 200 miles to find a hospital (at Jerez) that would perform the operation. The woman, aged 20, sought the abortion because of the likelihood of malformation after she had contracted German measles during pregnancy. She and the medical team were excommunicated from the Catholic church; this was the first excommunication to result from the new law. (TT 23 Aug)



Sex education in Galicia

At a school where many of the girls aged between 14 and 18 were pregnant, Ana Fraga decided to start sex education. As a result, she has been made to face an official inquiry. She says that the inquiry is politically motivated. The school is in the region of Galicia, where local elections are soon to be held, and Ana Fraga believes that the ruling Popular Alliance Party is using the inquiry to win Catholic votes. (TT 6 Sep)

EMBRYO EXPERIMENTS

In Parliament

In the Commons on 11 June, Patrick Nicholls (Con) said that, since the Government's Bill on the Warnock issues will not be introduced for at least two years, they ought to introduce a shorter Bill now to deal specifically with embryo experiments. Margaret Thatcher replied: "There will be a great deal of contention about the Warnock proposals. It is as well that that be resolved before we bring a Bill forward." On 14 June, Enoch Powell said that the motivation for embryo experiments came solely from pharmaceutical firms who wanted to use tests on unborn children to develop profitable drugs. He called the Warnock report "careless" and "inadequate". (TT 12/15 Jun, 16 Jul; WM 15 Jun)

British Association

The British Association for the Advancement of Science (BAAS) hold a meeting each year to discuss new developments in various fields of science. At this year's meeting in Glasgow in August, Allan Templeman, a professor of obstetrics and gynaecology, drew attention to the potential benefits of embryo research.

He said: "It is not just embryos that are being studied but the whole process of conception. ... Such research will indicate where the process goes wrong and, of course, afford the opportunity for new contraceptive developments. The more we learn about the process the greater the likelihood of being able to interfere with the process successfully and so there are possibilities for the development of much-needed new contraceptives".

One of the major problems facing embryo research was, he said, whether the embryo should be regarded as a 'human life' deserving protection. He was firmly convinced that the early embryo was not a person because, as he put it, "I do not identify in any way with the undifferentiated collection of cells that I see down my microscope". But he thought that the protection morally demanded for the product of conception should become stronger as the pregnancy advanced. (SWE 29 Aug; TT 30 Aug)

Genetic screening

The need for a programme of educating the public on 'genetic health' was emphasised by Dr Bernadette Modell of University College, London, at a meeting of the British Association at Strathclyde University, in August.

In order to reduce the number of children born with genetic disorders, such as sickle-cell anaemia and thalassaemia, Dr Modell advocated more widespread information about the disorders, with greater encouragement to pregnant women to undergo early fetal tests. She placed particular emphasis on the new 'chorionic villus' sampling, in which a very small piece of tissue is taken from the placenta. Since the placenta is an outgrowth of the embryo, it has the same genetic make-up as the fetus. The technique thus allows screening for genetic faults without damaging the fetus itself. (TT 28 Aug)

VICTORIA GILLICK

The DHSS's Appeal to the Lords

On 24 June, the House of Lords began hearing the DHSS's appeal against the Gillick ruling. Lords Scarman, Fraser, Bridge, and Templeman presided over the four-day hearing. Their judgement is expected before the law term begins in October. (TT 25 Jun, 2 Jul)

The BMA's debate

While the DHSS hearing was going on, the British Medical Association's annual meeting in Plymouth debated the subject of under-age contraception. Members of the BMA voted overwhelmingly in favour of a motion that providing "contraceptive advice or treatment

to children under 16 should not necessarily be dependent on the responsible doctor informing the patient's parents and obtaining their consent".

Dr Sandy Macara, chairman of the Association's ethical committee said: "We resent the sedulous misrepresentation of our position by bigots who use the name of religion but who deal, in fact, in a soulless and uncharitable religiosity". Dr Lotte Newman, a family-planning doctor from London, said that the Court of Appeal ruling had caused "tragedies". She said: "One 15-year-old girl has committed suicide. Another was bleeding for two days before she collapsed and had a premature baby". (TT 28 Jun; SWE 27 Jun)

Doctors' pay cut

In August, two Family Practitioner Committees (FPCs) in South Wales demanded that doctors who provide contraceptive advice or treatment to girls under 16 must declare that they have obtained parental consent. The FPCs threatened to deduct the relevant fees from the doctors' pay if the doctors failed to comply. Up to 500 doctors in South Glamorgan and Gwent were affected by the decision, which was taken locally by the two FPCs.

Dr Bryan Davies, Welsh Secretary of the British Medical Association (BMA), said: "There is no rule, advice, or regulation anywhere that states additional proof has to be submitted stating that a doctor who has prescribed contraceptives to a girl under 16 has sought parental permission. ... If the FPCs don't pay they may be acting illegally." Dr John Dawson, head of the BMA's professional division, said: "It is not the remit of FPCs to pass judgement on the clinical decisions of doctors, and they have no right to interfere with the relationship between doctors and their patients. ... It is essential that girls under the age of 16 can feel able still to go to their doctor for advice, and that they are not deterred by heavy-handed interventions by administrators" (TT 12 Aug; SWE 13 Aug)

SURROGACY

The Government's Surrogacy Arrangements Bill, which outlaws commercial surrogacy, passed unopposed through the Lords, and received

Royal Assent on 16 July 1985. The only commercial surrogacy agency known to be operating in Britain had already ceased trading in anticipation of the Bill. During the Lords debate, however, Lady Warnock said that a large number of American surrogacy agencies were keen to start operations in Britain, and the new Bill was needed to keep them out. (TT 29 Jun)

The British Medical Association (BMA), at its annual meeting in Plymouth, supported the Government's opposition to commercial surrogacy arrangements; but it did not want to see the ban extended to non-commercial agencies. (TT 26 Jun)

RU486 ABORTIFACIENT

In June, researchers at Edinburgh University announced that they were carrying out trials of the abortifacient RU486. Twenty women, who were all less than eight weeks pregnant and had asked for legal abortions, were given the drug in pill form. They are part of a worldwide trial on 400 women. The results will be published in a year's time. Professor David Baird, who is leading the trial, cautioned that "we are a long way from women inducing abortion themselves". (TT 22 Jun)

SELECTIVE ABORTION

On 25 June, Channel 4's programme "Eastern Eye" alleged that some Asian women were having abortions in Britain on the grounds that the fetuses were female (as revealed by tests designed to detect fetal abnormality). Kenneth Clarke, the Minister for Health, said he would look into the matter. The programme was criticised for ignoring the strong pressures that are put on the women to have male offspring. (TT 25 Jun)

ABORTION TIME LIMIT

On 19 July, Kenneth Clarke, the Health Minister announced that he was "considering urgently" the RCOG report on late abortions, which recommends that the time limit on abortions be reduced from 28 weeks to 24 weeks. Responding to this, Dr Sandy Macara, chairman of the BMA's ethical committee, said that he welcomed the RCOG report, although he had some reservations. He was concerned that any attempt to amend the Infant Life

Preservation Act (1929) would re-open the whole abortion debate and possibly result in restrictions to abortion law far beyond what the RCOG recommended. His fears were confirmed almost at once by LIFE, who said that they would be pressing for a reduction to 20 weeks, not the RCOG's 24 weeks, as "a realistic, immediate and almost non-controversial measure". By the beginning of August, the fight was over. Representatives of the eight clinics in England that are licensed to carry out abortions after 20 weeks met Department of Health officials in London and agreed to a voluntary limit on abortions after 24 weeks. (TT 20/22/26 Jul, 3/8 Aug; WM 20 Jul)

RADIOACTIVITY

At the end of July, health officials confirmed that tests for radioactive plutonium are being carried out on stillborn and aborted fetuses near the Sellafield (formerly Windscale) nuclear reprocessing plant in Cumbria. Permission from the mothers is not legally required and is not sought. The chairperson of West Cumbria Health Council denied that there had been any secrecy. (TT 29 Jul)

SPERM OF THE DECEASED

The ethics committee of St Mary's Hospital, Manchester, is to discuss an application by Ms Sonia Palmer of Liverpool to have a baby using the frozen sperm of her dead husband, David Palmer. Before her husband died of cancer, he said he wanted his frozen sperm to be used to give Sonia a child. The ethics committee is due to meet in September.

Meanwhile, Ms Palmer, aged 23, has been told that she has only a one-in-six chance of having a baby because of blocked Fallopian tubes. Her sister, Carole O'Neill, aged 27, has therefore offered to act as surrogate mother and carry a child for Sonia Palmer if the fertilization goes ahead. (This would be a non-commercial arrangement and therefore unaffected by the recent Surrogacy Arrangements Bill.) (TT 30 Jul, 4 Sep; SWE 3/4 Sep)

(News Sources: TT - The Times; SWE - South Wales Echo; WM - Western Mail; OWH - Omaha World Herald; TF - The Freethinker; DF - Development Forum)

A NAC SPECIAL

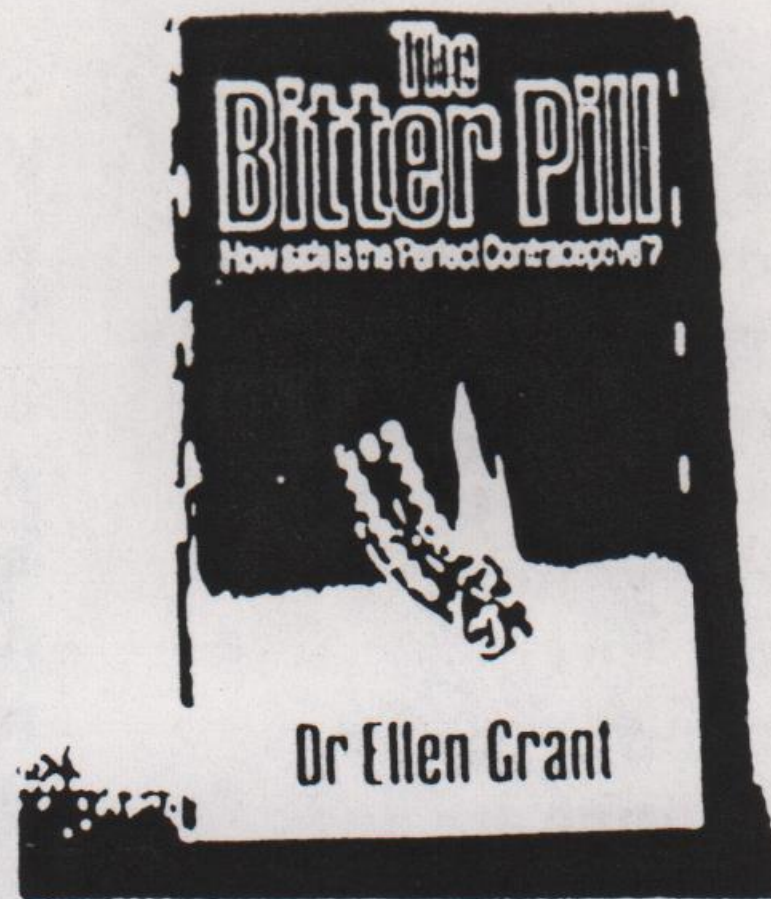
ABORTION: THE DEBATE ON THE LEFT

In this new NAC publication we reprint a number of articles first published in America, with some background material about the situation in Britain. The articles include one from a "pro-lifer" who considers himself a left-winger, as well as one on "Putting Women Back into the Abortion Debate". Other articles examine the way in which doctors are trying to "Blind us with Science", look at the American legal dilemma, and investigate the anti-abortion movement. Many of the issues have already reached Britain: the Powell Bill and the Silent Screem, to mention just a couple.

We think the articles are very important and are really pleased to have been able to reproduce them for British readers.

Order your copy! 60p including postage

The Bitter Pill
Dr Ellen Grant
Elm Tree Press
1985 £7.95



Two things quickly stand out in this very important book, and they are closely connected: first, how early problems were detected with the Pill - but totally ignored by the majority of doctors and scientists - and second, that Dr Grant was one of the few doctors who actually not only listened to women, but believed them. When women described feelings of depression, or complained of migraines which had not been there before, she did not dismiss such symptoms as imaginary, but instead set out to find the scientific basis for them.

In the book she describes how she and other researchers investigated the physical changes that take place in women's bodies both during the natural cycle and during the pill-induced cycle. It is clear that changing one type of pill for another simply involves changing one set of symptoms for another.

If symptoms were all that the pill produced, perhaps women could learn to live with this very convenient form of contraception. But for many women, it can be a matter of life or death. For the very unfortunate, death came early after a short time on the pill; for the luckier ones, a serious but not disabling side-effect showed up early and caused them to stop taking the pill. For many, their symptoms were less serious, or were dismissed by doctors, causing many to continue taking the pill for many years.

Early problems - which arose before the pill went into wide-spread use and which should have stopped the medical profession in its tracks - included the following:

- * Break-through bleeding
- * Migraines
- * Loss of sexual interest
- * Depression
- * Sore leg veins
- * Dizziness
- * Risk of Thrombosis and related problems
- * Weight increase

These, remember, were just the short-term effects, not those which are showing up after some 20 or more years.

Depression

In clear language, but without seeming in the least bit patronising for a lay audience, Dr Grant shows how she and others undertook the step-by-step research which showed that there was a clear explanation for these changes. One of the most serious problems was the wild mood-changes that the pill could evoke in some women and she links this to some social factors that have also changed over the last twenty or so years. Whilst one could argue - and she accepts this - that other factors are also at work, her thesis is interesting and challenging.

For example,

- *Increase in post-natal depression: this could be caused by the pill's tendency to cause zinc-deficiency in pregnant women. In turn, post-natal depression is known to be a big factor in later violence towards children.
- *Divorce is twice as common among pill users.
- *Since the pill came into use, the ratio of male to female suicide-attempts has **reversed** - there are now three amongst women for every one by men.
- *Accidental deaths have increased 22-fold since 1960 amongst young women aged 15 to 19, but only 11-fold amongst young men.

Again, Dr Grant does not simply cite these figures, but quotes her research to show how the pill changes the body's moods.

Studies of the long-term effects of the pill are confusing - they seem to show that the pill protects against some forms of cancer, whilst increasing the risks of other sorts. But Dr Grant believes that the pill - or indeed hormones in any form - are dangerous to all women. So how does she explain the confusing research?

The first problem, mentioned above, is that women who experience problems with the pill quickly drop out, so that those taking the pill over a period of time are the healthier more resistant ones. Therefore, when comparing long-term users with those who have never used the pill or only used it for a short while, like is not being compared with like. In addition, many women have been given hormonal treatment for one reason or another, so trials which show non-pill women as suffering more from some forms of cancer may, in fact, show the complete opposite - that more susceptible women who have been given hormones at some time may well get cancer. Also, many women - usually the majority - drop out of long-term pill trials, because of side effects, thus increasing the tendency for only the less-susceptible women to remain long-term.

Perhaps most significantly, another important reason for doubting much research is that doctors tend to cast doubts on women's reports of side-effects - they call the results "biased" - because they believe women will attribute any problems to their pill. In fact, as Dr Grant shows, the opposite is likely to be true.

The result is, as she shows, that all types of cancers have been increasing amongst women, have been showing up earlier, and have definite links with early and/or long term use of hormones.

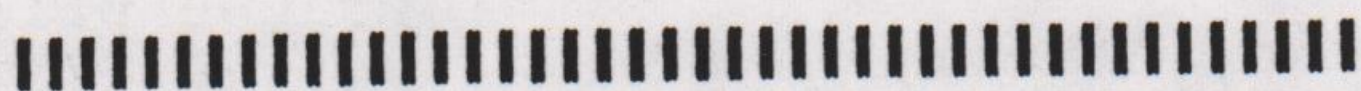
Particularly towards the end of the book, Dr Grant does tend to attribute all that is wrong in the world to use of steroids,

of which hormones are a group in much use. Without a doubt, these are powerful drugs and no-one reading this book can fail to be impressed with her evidence about the dangers. Young women in particular are well advised not to ever start using the pill, and Dr Grant explains the risks facing them. At the end of the day, it is clear that no contraceptive is completely free of dangers or drawbacks and the need for more research remains a priority.

Of course, not everyone agrees with this assessment of the book. Joan Smith reviewed it for the New Statesman and she says it is a hotch-potch of unsupported allegations about the effects of the Pill, scientific evidence that favours one side of the argument, and covert moralizing. Dr Grant dismisses evidence from scientific studies which appear to show the beneficial side-effects from the Pill. Her statement that "recent figures clearly show that the most important cause of this epidemic (cervical cancer) in the young is taking the Pill" is very controversial indeed, given that the foremost researchers in the field strongly link cervical cancer to sexually transmitted diseases. "Because the book appears to be arguing against the opinions of the medical establishment and makes passing reference to feminism, it would be easy to fall into the trap of seeing it as a tool in the liberation of women from the autocratic of the medicine. It is not. It is just as manipulative and patronizing to women as any other book which rests on the notion that doctor, in this case Dr Ellen Grant, knows best." (New Statesman 10 May 1985)

So read it and make up your own mind!

Leonora Lloyd



DUNDEE NAC

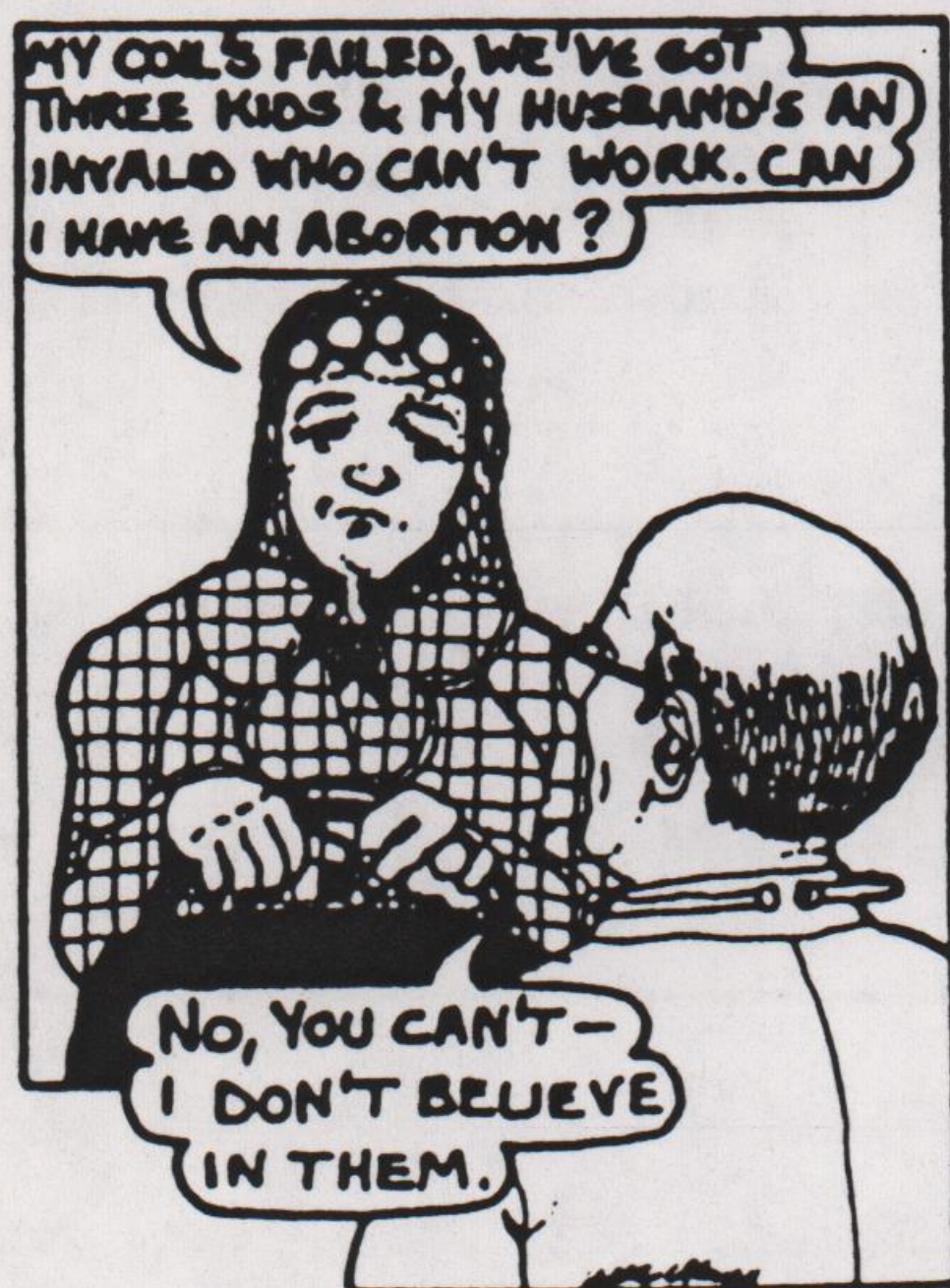
After many weekends spent leafleting and petitioning against Gillick and Powell, we thought the summer would see a lull in activity. In fact, there has been plenty to do.

In August we successfully took part in a women's health fair, organised by a local women's centre, and we have also been involved in the planning of a larger fair next summer. We have been very busy writing correspondence to the local papers on Powell, Gillick and abortion; letters to some national magazines and international letters of support. We also wrote an article on "getting an abortion" for the local women's aid newsletter - after a successful stall at a fund-raising party.

The decision of the Church of Scotland to 'harden' its line on abortion has also been an important element in our activity. The decision has been reflected in the correspondence with local papers, particularly as a result of our participation in a radio phone-in on the decision. We have also been in contact with a woman who resigned from the Kirk as a result of the decision. (See letter on page 6)

JOIN YOUR LOCAL NAC GROUP

Scottish Abortion Campaign: c/o Glasgow Women's Centre, 48 Miller Street



IF THERE IS NO GROUP IN YOUR AREA AND YOU WOULD LIKE TO HELP FORM ONE, CONTACT THE NAC OFFICE. WE CAN HELP BY PUTTING YOU IN TOUCH WITH OTHERS IN YOUR AREA, AS WELL AS IN OTHER WAYS.

LONDON: Some groups are being formed, particularly in South London. Contact us for details. London women are always welcome to join the Steering committee or the Trade Union Liaison Committee.

THE BACK PAGE

AFFILIATIONS AND RE-AFFILIATIONS

If you are not already a member of NAC, why not join and make sure of getting our Newsletters and Bulletins sent to you regularly? Membership is open to all who support our aims and entitles you to attend our meetings and help determine NAC policy. Membership lasts for one year from the time you join.

If you are already a member, please renew your membership promptly when it is due, so saving us time and money in reminding you. Your label has the date on when renewal is due and we send you a reminder in advance of that time.

You can affiliate to NAC only, or for a little extra to the Scottish Abortion Campaign as well, entitling you to their newsletters too. Alternatively (or as well) you can pay extra to be entitled to receive Labour Abortion Rights Campaign newsletters.

AFFILIATION RATES

	<u>NAC</u>	<u>NAC/SAC</u>	<u>NAC/LARC</u>	<u>NAC/SAC/LARC</u>
National Organisations	25.00	30.00	30.00	35.00
Women's Groups/NAC groups	9.00	11.00	11.00	14.00
Other local groups/TUs	12.00	14.00	14.00	18.00
Youth groups	5.00	6.00	6.00	8.00
Waged individuals	6.00	8.00	8.00	11.00
Unwaged individuals	3.00	4.00	4.00	6.00
Under 18	1.00	2.00		

HELP NAC FINANCIALLY

The best way to help is by making a regular donation, using a standing order. (Not that we do not gratefully accept any donations!) But a regular income helps us budget.

PLEASE FILL THIS IN AND SEND IT TO YOUR OWN BANK

My name is..... My account No is

Please pay the NATIONAL ABORTION CAMPAIGN £..... (amount) per month

from (date) until further notice.

Their bank is Midland Bank - Battersea Rise Branch
10 Northcote Road, London SW11 1NU

Sort code 40 01 11
Account No 81044818

Signed.....

Date.....

Please send this to NAC, WESLEY HOUSE, 70 GREAT QUEEN STREET, LONDON WC2B 5AX

Name..... Date.....

I have instructed my bank to pay £..... per month to NAC on theof each month

I/we wish to affiliate to NAC/SAC/LARC* *PLEASE INDICATE

NAME..... DATE.....

ADDRESS..... PHONE NO.....

ENCLOSED £..... AFFILAITION FEE/ AND £..... DONATION

PLEASE MAKE CHEQUES PAYABLE TO NATIONAL ABORTION CAMPAIGN OR NAC

DON'T FORGET! IF YOU ARE MOVING PLEASE LET NAC KNOW IN GOOD TIME SO THAT WE CAN CONTINUE TO SEND YOU YOUR BULLETINS AND NEWSLETTERS.

BACK COPIES OF NEWLETTERS AND BULLETINS ARE AVAILABLE FOR 50p including postage.



PUBLICATIONS LIST

The postage cost is given in brackets after each item. Please contact NAC if ordering in bulk. * Starred items also in Schoolkit

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PRICE

NO

How to get an abortion*	15p (13p)
Abortion Statistics for 1981/82	25p (13p)
Abortion: The Struggle in the Labour Movement	65p (13p)
Who Are the Anti-Abortionists (1980)	50p (13p)
Where We Stand (1976)	60p (13p)
Abortion - Our Struggle for Control (1980)*	70p (13p)
Abortion: The Evidence (1977 Tribunal Report)	90p (18p)
Is Anti-Abortion Pro-Life? (ALRA 1979/80)	75p (13p)
Women's Fight for the Right to Choose (USA 1975)	55p (13p)
Abortion Internationally (1976/77)	65p (13p)
Abortion: A Choice for Irish Women (IWRTC, 1980)	60p (13p)
Running Out of Time: Late Abortions & Time Limits	75p (18p)
Abortion: The Debate on the Left	45p (13p)
Powell: Bulletin 1	65p (13p)
Powell: Bulletin 2	55p (13p)
Gillick Bulletin	25p (13p)

Birth Control Trust/Birth Control Campaign

Before the Abortion Act: A Survey of the Historical Evidence	15p (13p)
Why Late Abortions?	15p (13p)
Abortion Counselling: 1978 Meeting Report	1.00 (22p)
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Report on Non-Medical Counselling	1.50 (18p)

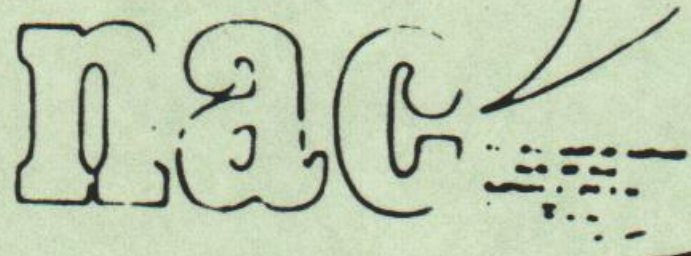
Posters

**Our bodies
our lives
our right
to decide**



Green 50p
Purple 50p

**safe
early
abortions**
more daycare
clinics
NOW!



5p*

Since 1967,
OVER A MILLION WOMEN
HAVE HAD ABORTIONS



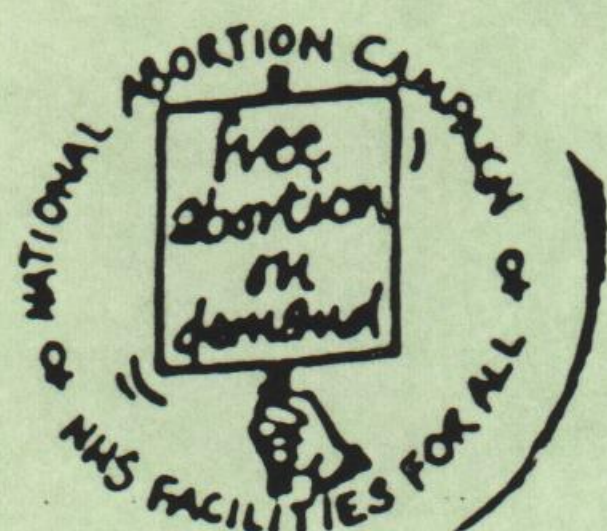
AND WE HAD OVER A
MILLION GOOD REASONS WHY

(Our Bodies Our Lives Our Right to Decide)

5p

BADGES

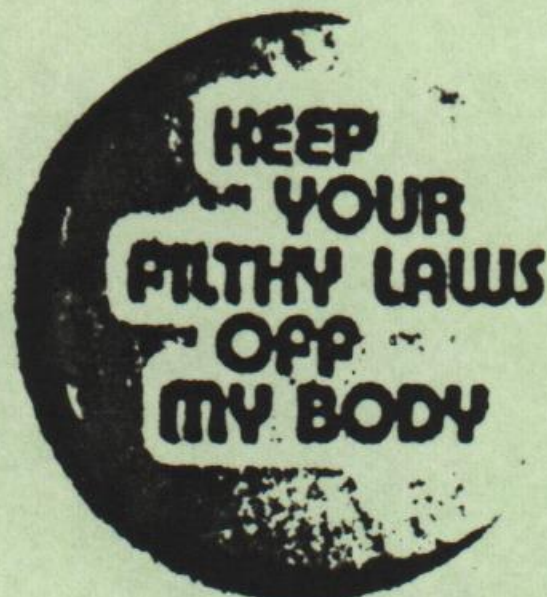
All badges 30p plus 13p postage for single orders. (Up to seven badges can be sent for 13p) Discount available on 10 or more of one design or 20 of mixed designs.



Yellow



Yellow



Pink



Assorted colours

Also available: Our Bodies, Our Lives, Our Right to Decide in two designs (one with two women, one pregnant, one not; the other still not known at time of going to press!) Both in different colours - we will try to meet your preference.

LEAFLETS * Please send a SAE or donation

Declaration of a Woman's Right to Choose
NAC Fights for a Better Life for All Women
NAC Fights the Enemies of Choice
Over Two Million Women Have Had Abortions
Why Trade Unionists Must Support NAC
'The Silent Scream' - Fact or Fiction?
NAC Fights for Better Facilities

KITS

NAC School Kit

1.50 (34p)

LARC Speakers Kit

1.50 (40p)

Tapes

Videos:

I SAID WE'VE GOT TO BE CAREFUL (for schools) Runs for about 15 mins

TAKING LIBERTIES On the Gillick Ruling Runs about 15 Mins

Both the above £5 to hire

Powell Bill/Warnock Report Runs about one hour. £8.00 to hire

Deposit cost in each case: £10.00 which includes outward postage

At least a week should be allowed for booking. We have special booking forms available from the office.

We also have a collection of cassette tapes useful for group discussion. They include radio 'phone-ins' and speeches at meetings and debates with the anti-abortionists. Details from the office.

Return to: NAC, Wesley House, 70 Great Queen Street, London WC2B 5AX

NAME..... DATE.....

ADDRESS.....

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AMT. ENCLOSED..... (Includingfor postage)

CONFERENCE AGENDA

Saturday

9.00-10.00 Registration; refreshments
10.00-12.00 Speakers and discussion on Warnock
12.00-1.00 Block workshops on Warnock
1.00-2.00 LUNCH; videos
2.00-2.30 Discussion on Time Limits
2.30-3.00 Update and discussion on Gillick
3.00-3.30 TEA BREAK
3.30-5.00 Report-backs from workshops & discussion
5.00-6.00 Voting on resolutions & proposals

Sunday

10.00-11.30 International panel of speakers
11.30-1.00 Workshops: the free vote; Eastern Eye;
working in TUs; NAC constitution (others
as suggested)
1.00-2.00 LUNCH; videos
2.00-3.30 CLOSED SESSION: finances, reports, etc

Creche: if you need a creche, please book early, so that
a creche booking form can be sent to you.

BASIS OF DELEGATION:

Conference is open to all members of NAC.

Affiliated organisations: NAC Groups 6 delegates

National affiliated organisations 4 delegates

Other local groups 2 delegates

Conference is open to visitors, who must be supporters of the
campaign and who have no voting rights.

The Organisers reserve the right to refuse admission to anyone for any
reason, or to ask anyone to leave at any time, even though that person
has booked beforehand.

BOOKING FORM

There is limited space at conference and you are advised to
book early. We cannot guarantee space if you do not book in
advance. ONE FORM PER DELEGATE PLEASE (photocopies OK)

Booking fee (amount in brackets if for one day):

Unwaged: 75p (50p)

Low-waged: £1.50 (£1.00)

High-waged: £3.50 (£2.50)

Delegates of organisations: £5.00 (£3.00)

Send to: NAC, Wesley House, 70 Great Queen Street, London
WC2B 5AX

Name.....Date.....

Address.....

.....

Phone No.....Amount enclosed.....

Tick as required:

Saturday..... Sunday..... Creche.....

Accommodation: Friday..... Saturday.....

Signer..... More booking forms.....

For office use:

Creche	No	Accom F/S	Cash	Papers
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