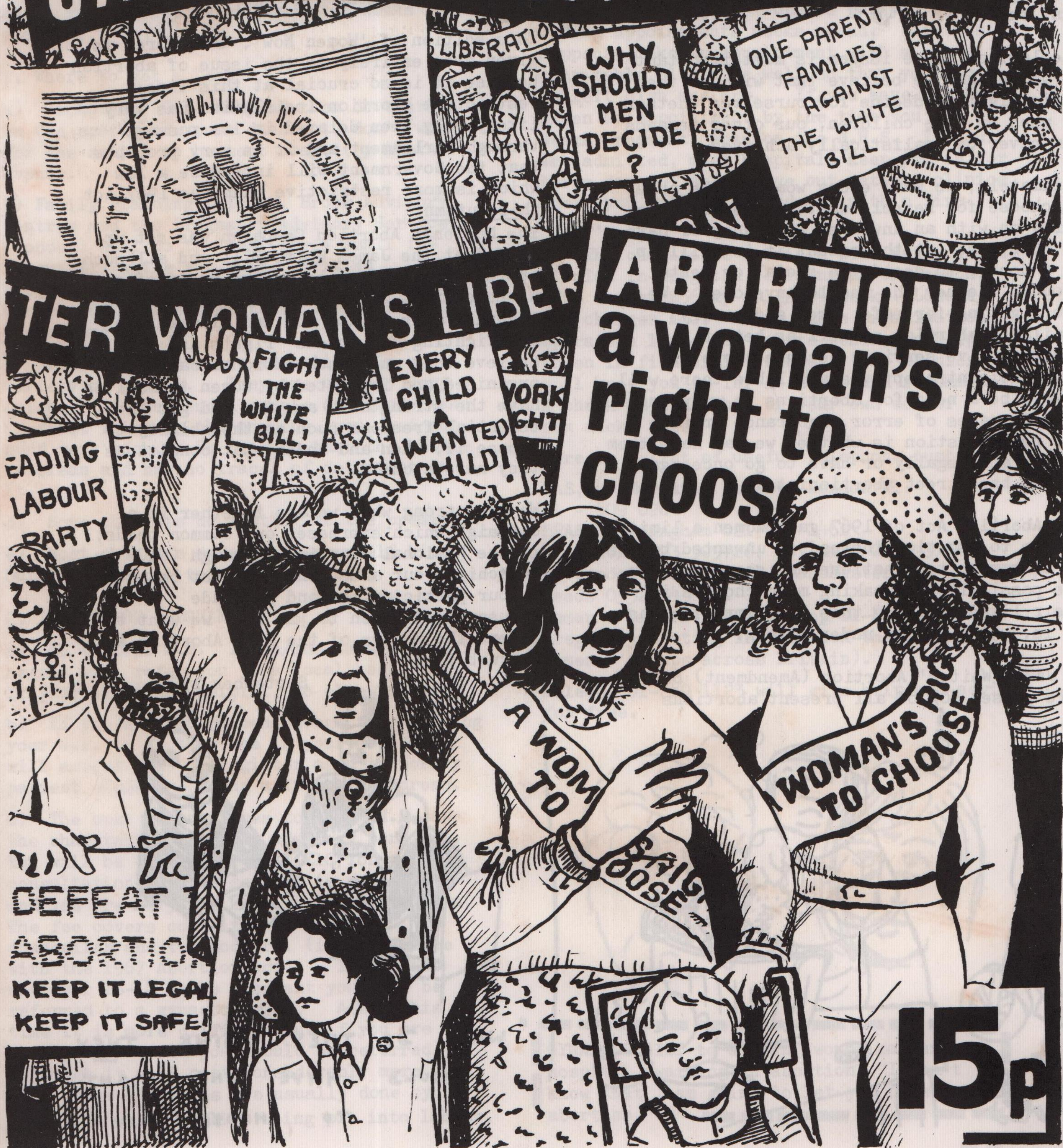


SPUC
OFF

WOMEN NOW

NATIONAL ABORTION
CAMPAIGN NOTTINGHAM



Editorial



The ideal of the Womens' Liberation Movement has always been that a woman should be free to plan and live her life in accordance with her own ideas, needs and abilities. Thus we have the right to equal pay, equal job and educational opportunities, freely available child care facilities and the right to have children when and if we want them.

The last of these issues is most important to us because we believe that without the basic right to decide for ourselves whether or when we have children, our other demands can never be realistically achieved.

Ultimately, we want every woman to be able to choose for herself whether she wants to carry on with an unwanted pregnancy or have an abortion; at the moment it is still up to a doctor to decide on social or mental grounds whether she should have one. We are fighting for safe, free and easily available abortion as well as better contraceptive services because, however, good the contraceptives available there will always be a need for abortions to supplement them in cases of error, ignorance or rape - the real question is whether we can have them safely and legally or have to go once again to the backstreet abortionists.

The Abortion Act of 1967 gave women a limited access to abortion instead of unwanted babies or dangerous terminations and so gave women the possibility of making more choices in their lives. It is this Act, imperfect as it is, which is now under attack.

If James Whites' Abortion (Amendment) Bill were passed 80% of all present abortions

would be illegal and Britain would become one of the most backward countries in Europe in this respect. The massive support for pro-abortion policies from ordinary women and their families was shown by the 20,000 strong March in London in June showing that people will not stand for such threats to their basic rights.

This edition of 'Women Now', therefore, is given over entirely to the issue of abortion because it is so crucial at this time; restrictive abortion legislation has very likely only been delayed in its passage through Parliament and it is very probable that the Government will introduce a law which is more restrictive than the 1967 Act this Autumn.

The National Abortion Campaign was set up to defeat the James White Bill and all such oppressive legislation on the basis of a Woman's Right To Choose. It has linked together many groups and individuals who are fighting for womens' rights and we believe that only such national campaigns organised and initiated by women themselves have the strength to ask for and get the essential freedoms such as the ability to choose if, when and under what conditions they have a child.

We are strong when we are together in a campaign which expresses our common needs; if the National Abortion Campaign (NAC) is to achieve our aims, then we must be active in our participation and persuade thousands of women to join us - we want to extend the powers of the 1967 Abortion Act - not curb them!

September 1975.



" WHY DO THEY THINK THEY
SHOULD HAVE THE RIGHT
TO CHOOSE ? "

National Abortion Campaign

by Toni Gorton

During the past few months I have concentrated my efforts in trying to build NAC from the NAC Centre, it has been an absorbing experience. For those, whose main activities have been in local groups or have not yet joined, I'd like to explain what I see as the purpose of a national campaign.

When over 100 of us in London first set up NAC in March, about twenty women immediately started to work to bring masses of people into the movement against the James White Bill. This group, which became known as the Steering Committee, took as its special responsibility, the provision of a unifying force for the groups around the country in the Women's Liberation Movement, the Abortion Rights Movement, political organisations and Trades Unions.

JAMES WHITE has stated that he would get his daughter an abortion if she was raped.

Because the White Bill was within breadth of changing the legal rights of women to abortion, we had to direct our efforts towards blocking this. We knew that the only way this could be done was by informing the public, particularly women, what the law-makers in Parliament were proposing. More than this, we had to develop ways of making sure that these law-makers heard the opposition loud and clear. Working closely with the "A Woman's Right to Choose Campaign", we supported their national petition against the Bill; we pressed for as many organisations and individuals as possible to submit evidence to the Select Committee; and we called for a national demonstration on June 21 calling for the Defeat of the Abortion (Amendment) Bill.

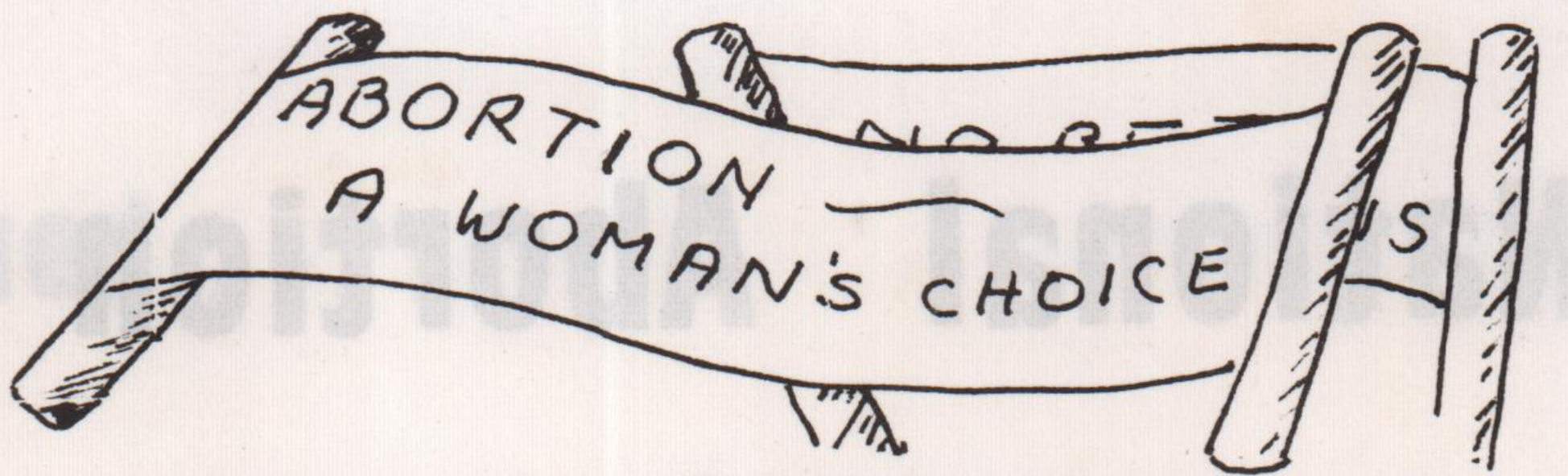
It is the law as laid down by Parliament which determines if women will have abortion rights. To make this crystal clear, the Steering Committee publicly launched the National Abortion Campaign by a massive meeting in the House of Commons on April 16. The meeting which had to go into a second hall to accommodate over 800 people was addressed by Renee Short & Helene Hayman, MPs and spokespeople from ALRA, T&GWU, PAS, a solicitor and a doctor.

In my opening remarks as chairwoman I said, "The purpose of this meeting is to mobilise massive support within the country for the Labour Women MPs in their efforts to defeat the White Abortion (Amendment) Bill. We feel it is important that the opening shots of the campaign should take place here where the laws are made. We wish to make clear to the lawmakers in Parliament that we will not accept a return to backstreet abortions - that is, a return to the situation which existed prior to the 1967 Abortion Act.... Every organisation that stands for womens rights as workers and as citizens must go on record as opposing this legislation - particularly the TUC National Abortion Campaign believes that only when women in their thousands stand up and make their views clearly known, will the principle be established that it is womens lives that are at stake and it must be the personal choice of each woman whether and when she has a child - uncoerced legally, economically and socially...."

In order to make the National Demonstration as large and effective as possible, we sought for as many organisations and well-known individuals as we could to sponsor it. We set up an Ad Hoc Committee composed of all those who agree with the single slogan 'Defeat the Abortion (Amendment) Bill'. During May and June hundreds of local meetings took place on the streets, within hospitals, and in halls. The Steering Committee provided speakers who went everywhere around the country to assist local groups in explaining the issues and bringing people into the campaign. Peter Huntingford, Renee Short, Madeleine Simms, Gwynneth Dunwoody and many other well known people helped build huge meetings wherever they spoke. The NAC centre was truly overwhelmed during the three weeks leading up to the demonstration. Phone calls were literally stacking up from groups in the towns needing literature, speakers, information. The week of Action brought us lots of newspaper coverage and kept us out on the streets speaking to thousands of people and encouraging them out on June 21.

On the day, despite some incredible organisational bloomers, such as no sound equipment and the van not appearing to take material to the assembly point we found that the Campaign had through its tremendous efforts locally and nationally brought over 20,000 people out. It was the biggest and broadest demonstration on a womens issue since our grandmothers marched to win the vote.

n.a.c. continued ~ ~ ~ ~ ~



At the National Conference we shall discuss how to achieve a woman's right to safe abortion in law and in practice. The problems so far in building a mass campaign to defeat restrictive legislation have been many and varied. In part we have been successful, in that we blocked the Third Reading of the Bill, we got the TUC on record against restrictive legislation and for abortion on request, and we now have a movement which will carry on defending the right to abortion and extending the right. But we cannot underestimate the situation, we cannot go home because the White Bill has fallen. The government has promised new legislation to "tighten up abuses", the Select Committee backed by the anti-abortion movement has asked to be reconstituted in the next session, NHS expenditure is being slashed -

We cannot be complacent, we must continue to build a mass campaign to establish in law a woman's right to decide to have an abortion without medical or legal restriction. To establish this in practice, we must demand that the Government instructs the Department of Health and Social Security to make abortion uniformly available throughout the NHS by incorporating private abortion clinics into the NHS., and making all abortions, including those on non-resident women, free of charge. At the same time, facilities for birth control must be increased by the setting up of centres which will provide counselling on all aspects of birth control, contraceptives, and out-patient abortions.

Side by side with the fight against restrictive legislation was the fight to gain implementation of the 1967 Act. Campaigners investigating the local facilities for abortion found almost uniformly that the NHS was not providing facilities which would enable women to make use of their rights as established in law. The exploitation of women by unscrupulous private clinics was due to them not being able to get abortions in the NHS.

Because of the collective nature of our experiences during the past seven months, we have been able to draw some general conclusions. First, that the 1967 Abortion Act is inadequate, in that the decision to have an abortion rests with 2 doctors and not the women; secondly, that even the rights which we possess right now are under attack from the anti-abortion Select Committee; thirdly and most importantly, we must continue to work for a woman's right to safe abortion both legally and in reality, within the law and the NHS.

Abortion accompanied by sterilisation must be banned. Only the fulfilling of these demands will enable women to try and plan their lives without the tyranny of unwanted pregnancies.

Toni Gorton. Member of Labour Party. Chairwoman of Detached Studios Section of Society of Lithographic Artists, Engravers, and Process Workers (SLADE). Member of NAC Steering Committee.



the real debate — whose choice?

Leo Abse had referred constantly throughout the proceedings of the Select Committee to the 'pernicious statistical argument'. By this he meant that since early abortion is much safer than childbirth, abortion could always be legitimately be acceded by the doctor, if this was what the woman really wanted. This was, in fact, abortion at the request of the woman, and was a 'grave evil'. We needed to get back to the days when women were forced to continue with unwanted pregnancies unless they had strong medical indications to the contrary. How could we alter the 1967 Abortion Act to ensure that women could no longer obtain abortions simply because they believed they needed them? Mrs. Joyce Butler MP did not see the problem in quite the same light:

'What I do not understand is how it can be considered unlawful for a woman to wish to take the lesser rather than the greater risk?'.
 10

JILL KNIGHT campaigns for the sanctity of
life, and hanging.

Mrs. Butler's views were echoed on 21 June when one of the largest demonstrations seen in London since the war marched from Charing Cross to Hyde Park in defence of the 1967 Abortion Act. Many thousands of young women, and young men too, who had never been politically involved before, bore witness to the fact that Leo Abse's world was dead:

'Women must decide their fate -
Not the Church and not The State'
they chanted as they moved past Lady Lothian's
prayer meeting at Trafalgar Square, with its
huge banner 'The Churches Against Abortion'.
One acolyte, perching a shade unsteadily on
one of Nelson's lions, held out a smaller
banner bearing the consoling words: 'Well
done, Leo'.

The Select Committee proceedings have brought out very clearly that there are two questions to be answered, not one:

The first is, is there genuine abuse of the Abortion Act? The answers provided by the government departments and the medical profession showed that there is now very little abuse. In any event, as Dr. M.D. Vickers of the Association of Anaesthetists observed: 'If there were more public provision, there would be less abuse'. It became apparent, however, that despite its professed concern, the anti-abortion lobby was not so anxious to eliminate abuse, that it was prepared to pay the price of greater public provision.

EXCERPTS FROM AN ARTICLE BY:-

madeleine simms

The second question is, do we want to restrict the availability of safe, legal abortion in this country? And if so, are we prepared to pay the inevitable price of this, which is to see the private sector grow and illegal abortion flourish? The reform lobby, in its turn, is not prepared to pay this price. It believes that abortion is a private matter best left to the woman and her medical adviser, like all other operations. And it is not prepared to see corrupt practices grow in order to satisfy the dogmas of intolerant religious minorities.

The proceedings of the Select Committee have thrown these arguments into sharp relief. Are we going to try to turn back the clock to 1967? My guess is, that this would only be feasible in a dictatorship, not in a democratic society. But time will show.

On 30 July, the Select Committee issued its interim Report (Third Special Report, HMSO No. 552). This contained a set of minor recommendations for action by the Department of Health, which do not require legislation. Several of these are harmless enough and if implemented, will bring practice in the private sector up to the standards set by the abortion charities. The Report recommends that a scale of fees should be prescribed for private abortion. As this is an all-party recommendation, an interesting precedent has now been established for those who wish to enforce price control in the private sector of medicine as a whole. The Report recommends that 'circulars' should be issued to abortion clients, giving them information about 'available sources of guidance, explanation and advice'. This can be turned to good account if individuals, through the Community Health Councils, ensure that these circulars contain information about local family planning facilities. Brook Advisory centres and pregnancy advisory services.

Other recommendations are simply absurd: 'Forms of certification and notification shall be numbered consecutively and the forms shall be sent by registered post'. A shining new department of white collar paper pushers will have to be established to oversee the certification, notification and registration.

the real debate

cont'd.

Other recommendations are simply obscurantist and regressive. No abortions after twenty weeks except where resuscitation equipment is available. All the medical witnesses to the Select Committee agreed that no foetus of less than twenty-four weeks was capable of survival. So, to ride roughshod over the Lane Committee recommendations and put back the limit to twenty weeks has only one purpose - to reduce the number of legitimate abortions. Equally regressive is the proposal that confidential information furnished to the Chief Medical Officer may be disclosed to the General Medical Council for the purpose of trapping doctors suspected of infringing the regulations. The medical organisations will have plenty to say about this. But so should patients, for major issues of civil liberties are raised by this proposal.

"Working class women don't want abortions. They are natural mothers." - James White

PROFESSOR PETER HUNTINGFORD M.D., F.R.C.O.G.
"In International Women's Year it is amazing that those opposed to the Abortion Act should prefer dogmatic arguments to sound national and international evidence that whatever the circumstances it is safer for a pregnancy to be terminated before 12 weeks than to allow it to continue to full term. How can they expect any woman, who may even share their fundamental views, to accept the more dangerous course, if she does not wish to do so?

Why should any group consider itself more capable of deciding what is right than the woman herself? Why should a woman be forced to humiliate herself by having to plead for understanding? I can only conclude that those who are willing to deny women these fundamental rights must also reject the objectives set for International Women's Year.

My hope for the future lies with the many women who are unlikely to succumb to the pressures of those who deny them their rights."



By Anne Donnelly, age 9.

HISTORY OF ABORTION LAW

1803 - Abortion was made a statutory offence, punishable before and after quickening (when the foetus starts moving in the womb). This was an important departure, because most women have abortions before quickening and, prior to 1803, this was not considered a crime.

1861 - Offences against the Person Act Section 58 made it an offence punishable by life imprisonment for anyone, including the woman herself, unlawfully to procure an abortion.

1929 - Infant Life Preservation Act Set the age of viability (when a foetus can survive independently) at 28 weeks. It became illegal to terminate a pregnancy after this stage except to save the woman's life.

1936 - Abortion Law Reform Association formed to campaign for liberal law reform and more public information.

1937 - 39 - Birkett Committee Appointed to find ways to reduce the abortion death rate. They estimated that between 110,000 and 150,000 abortions were carried out annually, and noted that in 1929, 605 women died from abortion of all kinds and in 1937 the number was 411. These must be considered very conservative estimates when one remembers family doctors' reluctance to distress the relatives by declaring abortions as the cause of death. Recommended legal changes were not introduced.

1938 - Bourne Judgement This court case judgement widened the law to allow abortion where continuation of pregnancy was likely to make the woman a physical or mental wreck, thus establishing a precedent for accepting psychiatric grounds for abortion. But, in time, the benefits of this were only really felt by the most articulate and wealthy women; those without the money or knowledge of the system continued to resort to the backstreets.

1967 - Abortion Act David Steel's Bill (Abortion Act 1967) passed, after several previous attempts. Allows abortion where this is safer for the mother's or her existing children's physical health, or to prevent the birth of a substantially deformed child. Abortions performed outside these grounds are still punished under the **1861** and **1929** laws.

1971 - Lane Committee Set up to investigate workings of the 1967 Act.

1973 - Lane Committee Report This concluded that the advantages of the Act far outweighed the disadvantages.

1974 - "Babies for Burning" Book accusing private clinics of careless and brutal practice published. Most of allegations refuted later by Sunday Times. Authors failed to provide vital proof of allegations.

1975 Jan. - "A Woman's Right to Choose" Abortion Law Reform Association launches new campaign to demand abortion on request within the first 12 weeks of pregnancy.

1975 Feb. - Abortion (Amendment) Bill White's Bill, proposing restrictions in law, returning the situation to pre-Bourne judgement days, passes 2nd reading by 203 to 88 votes. 1,000 people protested in Central Hall.

1975 March - National Abortion Campaign Formed to fight restrictive legislation on abortion, on the basis of a woman's right to choose, through grassroots action.

1975 March - Parliamentary Select Committee Set up to consider White's Abortion (Amendment) Bill.

1975 March - TUC Women's Conference Calls for free abortion on request within the N.H.S.

1975 June - BMA's evidence attacks White Bill 356 out of 360 local medical committees ask the British Medical Association to oppose the White Bill. BMA's evidence to Select Committees strongly opposing White Bill is published.

1975 June - 25,000 people demonstrate Successful peaceful demonstration for the National Abortion Campaign against the White Bill.

1975 March to September - Support for campaign grows Important sections of all political parties pass resolutions opposing the Bill. So do trade unions at national and local level, professional bodies, and women's organisations. Meanwhile 85 National Abortion Campaign groups developed in local areas.

1975 Sept. - BMA Statement on Select Committee The BMA express reservations about Select Committee report.

1975 Sept. - TUC Annual Congress support The 1975 Annual Congress of the TUC, representing 10 million trade unionists, calls for abortion on request within the N.H.S.

ABORTION



I was seventeen at the time of my abortion, living at home and working sporadically after having recently left college. I hadn't been going out very long with my first "serious" boy-friend before both of us lost our virginity very early on in the relationship. In fact, we must have only been going out with each other for about two months when I became pregnant. I'm married/living with him now, almost three years after having met him - how different our lifestyle would have been if I hadn't had access to an abortion. What a lot of ache would have been prevented if contraception hadn't been such a vague scheme to us.

WOMAN encountered during petitioning: "If you don't want children you shouldn't have sex".

So, our first encounter was spent naked on a floor, laughing at a durex. We weren't exactly enthusiastic about using it as we cautiously tried to follow the packet's directions. Do we really have to? And that's the attitude we often had to using one. If I felt "safe", having a vague idea when my last period was, we'd screw with no precautions. If, we were unsure, we'd half-heartedly use the sheath and, if we couldn't be bothered with the hassle of that, we'd unsatisfactorily finish the screw prematurely - well, almost. So it didn't surprise us too much when I started to worry about getting pregnant. Well, the time came around when my period wasn't late, it didn't even come. It looked like I was pregnant - at least we didn't have to bother about the sheath anymore! Silly schemes, dreams and ideas - I'll have the baby and leave it on someone's doorstep. I really thought of doing this in a mad fit of romanticism. Maybe adoption or even trying to make the best of that old story I'd heard - get married, put our names down for a council house and I'll stay at home, looking after the baby. Starting to choose names again when the true situation really hit us in the face. Reality came with the weeks going by, taking time off work through feeling ill and not being able to stay at home for fear of my ailment being discovered. Earlier on, Malc had suggested an abortion and now, for the first time, I seriously thought about what it meant. I'd never really considered it before because it didn't seem to be the type of thing I'd do, but that's what I thought about getting pregnant before I did.

I was feeling depressed and just wanted to go to sleep and either wake up as after a nightmare or not wake up at all. I didn't know where to start with arranging the abortion, although I knew it was what I wanted to discontinue the bad dream. Luckily Malc set the ball rolling and tried to organise the business side of it. He'd sent off a bottle of urine to a free advice centre in London, but it got blown up at some sorting office. Such was our luck and I still hadn't even had a pregnancy test! I tried feebly at a women's centre to get one, but couldn't get up in time on the Saturday morning to travel there. It seemed as though I was doomed to be a mother and was getting more fed-up, making no effort to break from my condition.

I was feeling physically worse and had a week off work, sitting in libraries, cafes and parks through reluctance to stay at home. On the Friday I suggested a trip to Leeds for the day to make a change. Whilst browsing around there, Malc mentioned there was a branch of B.P.A.S. (British Pregnancy Advisory Service) up the road. We'd read about them, and they did free pregnancy tests, so I nervously presented myself there. I thought that they wouldn't be very helpful 'cause I'd come unprepared, but I waited and the test proved positive. My reaction prompted advice about abortion - I could have one through them, but it would cost £51. It was a lot of money to us and, instead of making definite arrangements, I said that I'd think it over.

It seemed to be the easiest way to arrange it - I never even contemplated a National Health abortion 'cause of the unfeeling and official way they usually conduct affairs, especially something as unsure as this. We got the money together and I looked on it as cheaper than having the baby anyway. A telephone call confirmed an appointment at B.P.A.S. within a few days for a consultant session. It was to be an early start for the two hour bus journey to Leeds but, unfortunately in true style, I overslept by hours, I think through worry. It was too late to get there that day, so an anxious phone-call re-arranged the appointment for the next day. I hardly slept that night for fear of oversleeping, but at last I made it there. Waiting for about four hours to be seen, getting hungry and thirsty, then too nervous to be bothered. Firstly, I was consulted by a counsellor, a sympathetic woman asking me questions about my situation. She seemed to think my decision was for the best because I was young, living at home with restrictive parents and certainly not

a personal account

stable enough to be a mother. A doctor saw me next, extensively checking me over physically, asking about use of contraception and effect of carrying on the pregnancy. The second doctor just verified a few of the opinions I had previously stated. Finally, with the office closing, having spent most of the day there, I was informed of the directions for the last step. I was about twelve weeks pregnant and would have the abortion in a few days at a private hospital in Sheffield. We left with all the instructions, tired but happy over the results. There had been no doubt as to whether I could have the abortion, only sympathetic help and certainly no opposition to my feelings over the issue. The most positive, and needed, aspect was their concern to my future sexual activities - not moral lectures but what I'd wanted all along, an effective contraceptive. It wasn't just an abortion - I was provided with six months supply of the pill. What a long way round I'd come, just because of the so-called morals of society.

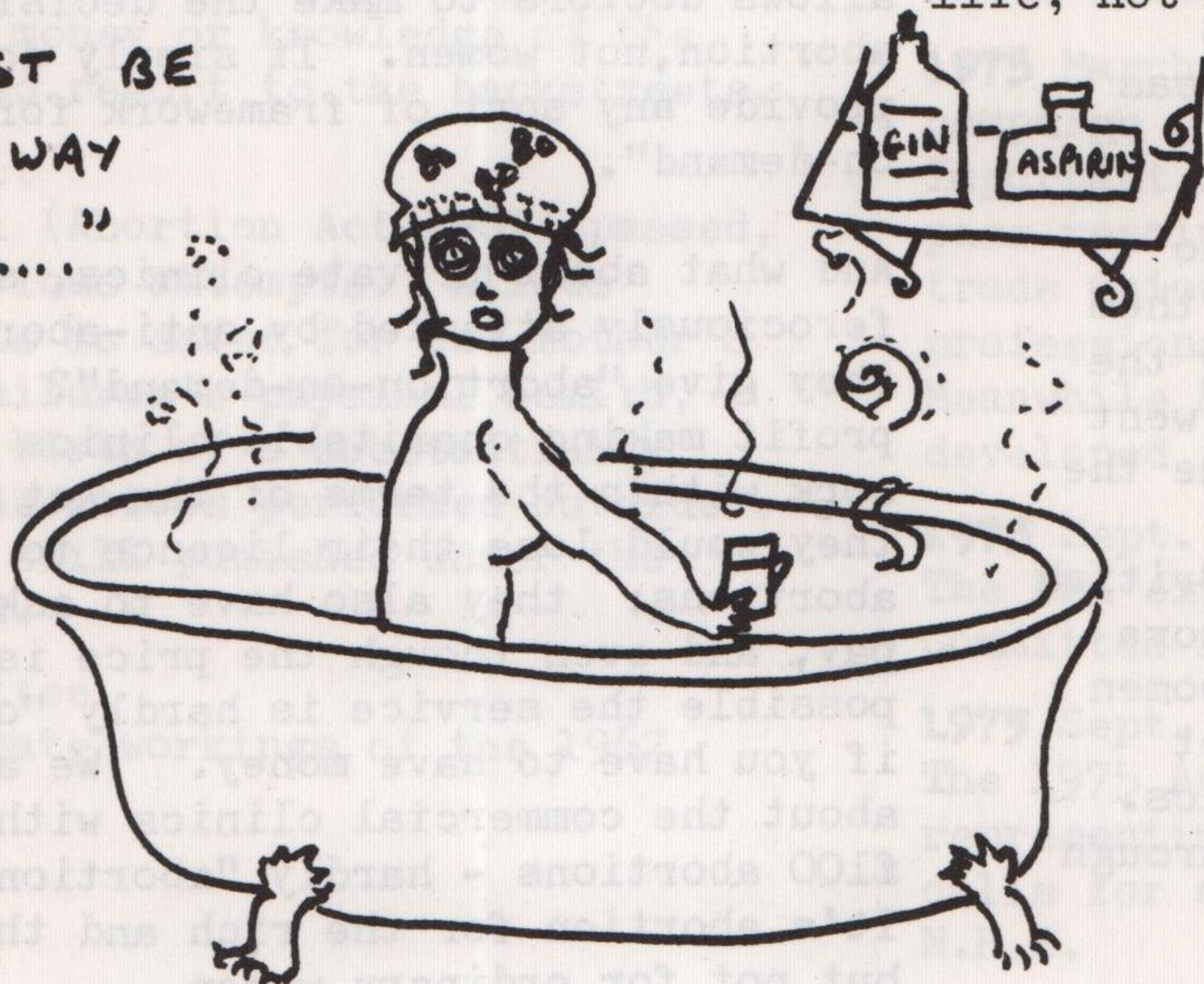
The appointed day arrived and I was woken up early, having told the family I was going on a couple of day's holiday. I had a solitary and pensive three hour journey to the hospital, which was in a pleasant, suburban area. I waited amongst mainly older women accompanied by their husbands/lovers/friends. I felt lonely and young, wondering when my name would be called out. I was here at last - with my luck and lack of positiveness over the matter, it seemed like a miracle that everything would soon be over. I certainly hadn't enjoyed my three month pregnancy - I'd gone off food, smoking and drinking, been sick, fainted and been worried, lost and depressed.

I was prepared for the general anaesthetic,

the nursing staff seemingly treating it as any other operation. The most painful thing I remember about it all was lying on the trolley having my wrist squeezed very hard for the injection, feeling very alone and scared about being put to sleep. The next thing I knew was waking up screaming and crying, being slapped by two nurses to bring me around. Before going off to sleep, I wanted to cry because of the pressure and wanted to be with someone I knew, so that must have been my first reaction when beginning to wake up. It was all over - I lay there quite comfortable with only a heavy period, long overdue.

Back to normal the next day, smoking, eating at random and feeling peace after the inner battle. I had done something positive, even though rather haphazardly, about my situation, growing to realise my own needs more. How easily I could have fallen for the family trap - I'd be with a two year old child now, probably feeling disillusioned, trapped and sourly crazed. How close I'd walked towards madness, as though it isn't often close enough on our heels anyway, being women in this boxed society. I sometimes thought wistfully of "my" baby, looking in the direction of prams and adventurous toddlers. But I can't see myself now with children, especially since I've become more aware of my-self and discovering my identity. I would have been committing myself to a path of self-hatred and extending it to the child if I had accepted my role of mother. The pregnancy and abortion brought to me the reality - in my situation, I would have no hesitation having another abortion. I only hope that if it ever had to happen again there's full, free rights to control my own body. They must exist for every woman - it is a right to control your own life, not a privilege. Irena

"THERE MUST BE
A BETTER WAY
THAN THIS...."



Do we really have 'abortion on demand'?

Every time I get up on a public platform to talk about abortion rights for women, someone in the audience always comes back at me with "we already have abortion on demand on the National Health Service." Last week, Cardinal Heenan came out with it, commenting on a letter he had had from Mr. Wilson: "Abortion, contrary to the intention of the majority of members of Parliament who voted in favour of James White's Abortion (Amendment) Bill, is now virtually, on demand through the Health Service". (From: The Universe - 26th Sept. 1975) Leo Abse, Jill Knight, James White and many others all say the same thing - publically. But how right are they? Or are they just using this catchy phrase to shock their listeners into accepting their arguments against abortion?

I prefer to accept the carefully documented evidence of the Lane Committee. (A government Committee set up in 1971 to look into the workings of the 1967 Abortion Act. Its report was published in 3 vols. in April 1974). This Committee found that in many parts of the country, far from getting "abortion-on-demand", women were unable to get abortions on the N.H.S.

In Newcastle or London, you can be pretty sure of getting an N.H.S. abortion, but they are very difficult to get in Liverpool, Manchester, Sheffield and Birmingham, and women living in these areas have to go to private clinics and pay for their abortions or continue their pregnancies. They also found that 13% of G.P.'s refuse to have anything to do with abortion, and in some areas like Birmingham the number is a lot higher, so that in fact doctors themselves disallow "Abortion-on-demand". Consultant gynaecologists can reduce the number of abortions done in their hospitals, and if like Professor McClarion in Birmingham, they are totally against abortion, it is usually impossible for women in their areas to get N.H.S. abortions.

The Committee found that 30% of women who asked for N.H.S. abortions were refused them in fact, the number of abortions done by the N.H.S., rather than by private clinics, went down in 1974 by 1,000. At the same time the private non-profit making clinics (the "Pregnancy Advisory Service", and the "British Pregnancy Advisory Service") did 1,000 more abortions. It seems clear to me that women who wanted N.H.S. abortions could not get them, and so turned to the private clinics. This hardly shows "Abortion on demand through the N.H.S."

The real facts are that when the Act legalising abortion was passed in 1967, the N.H.S. was not given money to provide more facilities and staff for abortion, and women continue to be crowded into already over-crowded gynaecological wards, in spite of the fact that it would be very easy to provide facilities for out-patient abortions. Only 6 hospitals in Britain actually do out-patient abortions, even though this was one of the recommendations of the Lane Committee. It is certainly not true to say that women take up beds in gynaecological wards that should be given to women who need more serious operations - if there aren't enough beds, they simply get refused an abortion, or the abortion they do have, is delayed.

The Abortion Act itself makes "abortion-on-demand" impossible. It says that you must have the agreement of two doctors before you can have an abortion, and if either of these two doctors has a "conscientious objection" to abortion they don't have to help you or even refer you to other more sympathetic doctors. The Act states that doctors who don't agree should refer - but

~ ~ ~ ~ ~
CATHOLIC LADY SUPPORTING THE
ABORTION PETITION: "Well, men
have to have their sex, don't
they?"
~ ~ ~ ~ ~

there are lots of cases where this just doesn't happen. An abortion has to be registered, and the N.H.S. authorities notified, but a doctor who refuses a woman an abortion does not have to tell anyone. That's why we only have a rough notion of the numbers of women who are refused abortions on the N.H.S. The Abortion Act allows doctors to make the decision about abortion, not women. It simply doesn't provide any sort of framework for "abortion-on-demand".

And what about private clinics, so ferociously attacked by anti-abortions, do they give "abortion-on-demand"? The non-profit making charitable clinics have to work within the terms of the Act otherwise they would lose their licence to carry out abortions; they also have to ask women to pay, and even though the price is as low as possible the service is hardly "on demand", if you have to have money. We all know about the commercial clinics with their £100 abortions - hardly "abortion-on-demand". It's abortion for the rich and the desperate, but not for ordinary women.

The next session/ what could happen

Anyway, in my opinion the argument isn't about "abortion-on-demand". Getting an abortion should be free from emotional strain. If you're pregnant, and you don't want to be, then you're already going through a difficult time without having to argue with your G.P. or a Consultant. Those of us who have had the experience know how degrading and insulting this whole charade is. We should be able to make the decision for ourselves, with help from sympathetic G.P.'s and Councillors, and having made the decision the facilities should be there to have the abortion as quickly as possible.

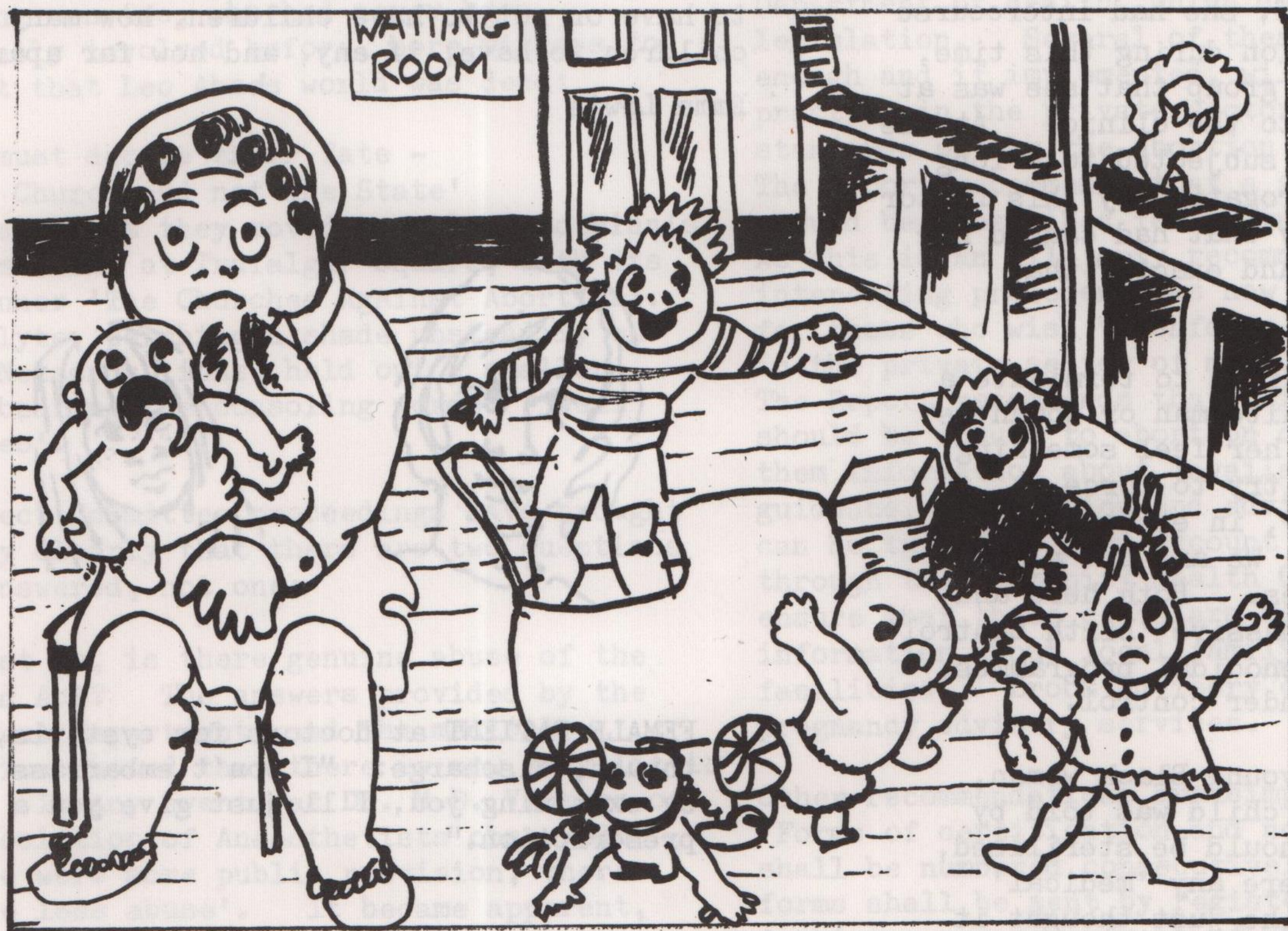
And let's ban private clinics with their phony "abortion-on-demand" - let's tell the government that we want all private clinics that do abortion taken over by the N.H.S. and make it a fully modernised service. We want the best possible conditions that the N.H.S. can provide, because we are the ones who are abused under the present conditions, not Cardinal Heenan, Leo Abse or James White.....

The "dignity of Motherhood" so widely acclaimed by anti-abortionists include the responsibility to have children that are wanted, and thus the right to control our own fertility both before and after we have conceived.

Rose Knight

- *A - If the Select Committee is reconstituted, and makes an early report, the Government could act on all or some of its recommendations by means of legislation.
- *B - The Government could put up its own Bill (timing Dec./Jan.)
- C - An MP, member of the anti-abortion lobby could draw a place in the Private Members Ballot (end Nov./early Dec.), and could put up a new restrictive Bill (timing Dec./Jan.)
- D - An MP could draw a ballot in the Private Members ballot and not know what Bill to put up (this frequently happens). In this case they usually go to one of the different government departments to ask their advice. The Government might prefer to have its own Bill introduced via a Private Members Bill.
- E - The anti-abortion lobby could introduce a Bill under the 10-minute rule Bill.
- F - The anti-abortion lobby could wait for the Select Committee's final report, and if the government didn't act on it or if they considered the report not restrictive enough, they could introduce a Bill via one of their supporters in the House of Lords.

OR THERE COULD BE NO BILL AT ALL ... UNLIKELY WHEN YOU SEE HOW SPUC ARE MOBILISING.....



An M.P. "We cannot have every little tart going to have an abortion whenever she feels like it!"

ABORTION

— a black woman's view

Black People are the most exploited segment of the labour force in Britain, so it should not be surprising that within this group, the women suffer even greater oppression; being Black AND female. Due to Capitalism and racism we are forced to live in conditions of poverty; at work we are exploited, and paid the lowest wage; our children are badly-educated in racist schools; because of this most of them leave school without any skills, even the basic ones, like reading and writing. Those few who manage to gain skills are still without jobs.

In addition to all this there is the racist treatment we receive from the medical profession, which jeopardises the health of Black women. We are subjected to inhuman, and humiliating treatment at the hands of white doctors, male and female.

At a clinic here in Birmingham two weeks ago, a Black woman who had been on the Pill Eugynon 50 for 4 months, had been vomiting for a week, on and off, she had intercourse without extra protection during this time, but after learning in group that she was at risk, she went round to the clinic. At the clinic this woman was subjected to a long and humiliating interrogation by this Doctor (female) about exactly what had caused her to have intercourse, and exactly what happened.

When a Black woman decides to terminate a pregnancy then some white man or woman is going to try and make her feel something less than human; and try to force sterilisation upon her, in exchange for a safe legal abortion. We are not allowed to decide for ourselves. Both here and in Africa there is a massive 'Birth Control' campaign, these are genocidal programmes, designed to keep us under control.

Here in Birmingham a young Black woman, 22 years old with one child was told by her doctor that she should be sterilised, when asked if there were any 'medical' reasons, he said, no, he just thought it would be a good idea. This woman is married, and both she and her husband have jobs, so there were no 'social' reasons either.

In Birmingham it is difficult to get an abortion on the National Health Service, because the medical hierarchy here is opposed to abortion. This means that the private clinics, can virtually charge what they want, and some do. Black and Asian women have to pay exorbitant fees here.

We are not so alienated from our bodies, that we can have abortions without hating the society which makes it, NECESSARY for us to have them. In this society, abortions are necessary, because it makes it financially difficult and emotionally almost impossible to bear a child and raise it in this perverted set-up, where money and profits are more important than people.

To us, as Black women, the right to control our bodies, is more than just the right to abortion, if we so decide - it means the right to control our whole lives, no more unhealthy work conditions, we who work, must decide what to produce, and how to do it, no more managers, no more bosses.

As Black women, we claim the right and the responsibility to decide for ourselves, when to have or not to have children, how many children to have, if any, and how far apart.

Emma Lewis



FEMALE PATIENT at doctors for cystitis, thrush, discharge: "I won't embarrass you by examining you, I'll just give you a prescription."

EIGHT YEAR OLD GIRL at doctors with cystitis: gets an immediate thorough testing including X rays for kidney infection.

?LEGAL RIGHTS OF A FOETUS?

The legal rights of a foetus have received scant attention in England from either Parliament or the courts. The Thalidomide case, probably the most famous, did not get far enough in the courts for an authoritative ruling as to whether negligence (if there had been negligence by Distillers) affecting a foetus gave the child, once born, a right of action for damages. Opinion was sought from leading barristers, but they had little in the way of precedent to guide them and came to differing conclusions.

On the other hand, there definitely are precedents which suggest that hereditary rights can accrue to a foetus. Such rights are realisable on birth. If, for example, Jean leaves £20,000 to be shared between 'my cousin Jane's children born within 21 years of my death' then any foetus in the mother's womb ('en ventre sa mere') at the expiry date is entitled to its share as long as it is subsequently born alive.

Courts in some American States have been faced with various problems involving the rights of the foetus. It has been held that a deformed child can sue its parents if the deformity was inevitable at the time of conception. So, within the jurisdiction of the court deciding that case, it was established that the foetus not only has potential legal rights, but that they exist from conception; also established was the fact that the child, once born, can sue its parents for negligence towards its foetal self - of great practical value if the parents have personal liability insurance.

Although case law and statute on this subject are thin on the ground in England, we do have a report from the Law Commission (a body set up to look into various aspects of the law). They were asked to make suggestions on the rights of the foetus which could act as a basis for legislation to overcome the deplorable wrangling that accompanied the Thalidomide case. Calling their paper a "Report on Injuries to Unborn Children" (Cmd. 5709, price 50p) they recommend broadly that a child born alive should have the right to sue for damages for handicaps caused while still in the womb as long as these were caused by actionable breaches of statutory or common law duties owed to the mother.

A child should not, however, have the right to sue its own mother for damages except where it is her negligent driving which causes the injury (when hopefully she would be covered by insurance).

It is important that the rights should be potential ones (in line with the foetus's potentiality as a human being). To make them fully fledged legal rights would be to elevate the foetus to the status of an individual, a human being - which it clearly is not - and in so doing render 'a woman's right to choose' nonsense. Abortion would have to be murder unless the foetus's rights were to be suspended in certain situations to enable legal abortion. This is exactly what happens at the moment (abortion is illegal unless the conditions of the 1967 Act are satisfied, e.g. if a doctor considers the mother's health to be at stake) despite the fact that it is clearly unsatisfactory and illogical to bestow rights and take them away in this manner. No one has yet considered whether a 'morning after' pill which works by abortion, and the IUD which may work by aborting the fertilised egg, are illegal - although if the foetus is considered to have full blown legal rights from the moment of conception they would have to be banned. To deny rights would be equally disastrous - there would be no possibility of a child, deformed in the womb, suing the person responsible for the deformity.

MAN encountered during petitioning: "I agree with abortion because prostitutes and black women shouldn't be allowed to have children." He wasn't allowed to sign the petition.

Thus, it is quite clear that THE LEGAL POSITION SHOULD MATCH THE BIOLOGICAL FACTS - THAT IS, THE FOETUS, WHILE UNDENIABLY POTENTIALLY A HUMAN BEING IS NEVERTHELESS NOT A HUMAN BEING, BUT PART OF THE MOTHER'S BODY. IT MUST, THEREFORE, HAVE POTENTIAL LEGAL RIGHTS WHICH CAN BE CASHED ON BIRTH (particularly important where injuries have been sustained in the womb, e.g. thalidomide). Should the mother miscarry, or the child be stillborn as the result of a third party's negligence, then any legal action for compensation should be, and indeed is now, brought by the mother, not as a representative of the dead child but in her own right as the person who has suffered at the hands of the person who was negligent.

foetal rights continued

For those of us who are pro-abortion, the taking up of a position on the legal rights of the foetus has usually been the result of an occasional need to answer the anti-abortionist lobby on their own ground rather than to validate or explore our own position of a woman's right to choose. But the arguments outlined hinge squarely on the foetus's status as a potential human being and on the moment of birth. Perhaps therefore, we should examine the extent to which the viability of the foetus (and the fact that a very late abortion is, in reality, an induced birth) does or even should affect the right of a woman to choose an abortion.

The current situation in most countries with legalised abortion is that it is illegal after viability (usually considered to be 28 weeks, although this is under review by the World Health Organisation and confounded by the recently reported case of the survival of a child born at 25 weeks). The United States Supreme Court has ruled that a State cannot interfere with a woman's right to abortion before viability and the Edelin decision - in which a Boston doctor was convicted of manslaughter for failing to give life

support to a 28 week foetus - ostensibly flows from that ruling. In Britain, the Infant Life (Preservation) Act of 1929 (the 20th Century statutory equivalent of the Medieval Committee of Matrons who decided when quickening occurred) makes it an offence for any person with intent to destroy the life of a child capable of being born alive to cause the child to die before it has an existence independent of its mother - and evidence that a woman has been pregnant for 28 weeks is prima facie proof that the child is capable of being born alive.

If we consider a woman's right to choose to be unassailable, then the Infant Life (Preservation) Act must go, along with all other legislation making abortion a criminal offence. If, on the other hand, a woman is deemed to have any kind of legal duty of care towards a viable foetus, then abortion later than 28 weeks must be illegal since it reduces the chances of survival compared with birth at full term, and thus can be seen to be endangering life. We must decide where we stand on this very important question.

Teresa Woodcraft



How to get an abortion

If an abortion is performed within 12 weeks of pregnancy (counting from the first day of your last period) it is safer than childbirth.

If you suspect that you are pregnant and don't wish to be, don't cross your fingers and hope it will go away, get a urine test. Most tests in current use are not effective until your period is at least two weeks overdue.

1. Where to get a Test

- a) Go to your G.P. Many of them do tests on the spot. If yours does not, don't wait for the sample to be sent away, try another avenue.
- b) Family Planning Clinics, Brook Advisory Centres and the Pregnancy Advisory Service (London) will do the test for a small fee (about £1) while you wait. British Pregnancy Advisory Services and some Women's Centres do on-the-spot tests for free, (telephone numbers below).
- c) Postal services are advertised in a variety of places. They are usually very quick. If you send a sample of urine, take it first thing in the morning, you need not send very much. Do be sure that the bottle is clean and has no traces of detergent in it.
- d) Some chemists do testing on the premises.
- e) Most chemists have do-it-yourself kits but they are not terribly reliable.

2. IF YOU ARE PREGNANT

- a) Go to your G.P. If he/she is sympathetic he/she will refer you to a local hospital. If your GP is not helpful, go elsewhere.
- b) If you are determined enough try changing your G.P. to another one in your area who will accept you or register as a temporary patient elsewhere using a friend's address.
- c) The best alternatives to the N.H.S. are the charitable pregnancy advisory services. You will be charged £7.50 - £10 for a consultation but the service is good, fast and you are very unlikely to be turned down. The fee covers consultation with a counsellor and two doctors, (in accordance with the 1967 Abortion Act). If you are not over 16-18 weeks pregnant you will be referred to a gynaecologist. After this time it is more difficult but if you are really determined you should be referred, although it will cost considerably more. At this stage abortions are usually done by induction which is like being put into labour.

3. AFTER REFERRAL

- a) Your G.P. will give you a letter for the local hospital. Occasionally you can be referred outside your own area but most hospitals will only test local people. A few hospitals try to help everyone who comes to them. These will give you an appointment within a week and you should be admitted within a fortnight. Others put you off by making appointments weeks ahead. If this happens, make an appointment with a charitable clinic as well so that you won't be left high and dry. If you have not been given an appointment by the time you are 12 weeks pregnant, abandon the N.H.S. If you are admitted, most hospitals keep you in for three days. A few have out-patient clinics where you will be in and out within five hours.
- b) The charitable services will refer you to clinics in Brighton, Birmingham or London. BPAS charge £56 up to 12-14 weeks, London PAS charges £60. Both these organisations operate a loans and grants scheme to help women in financial trouble. The clinics will keep you in for 24 hours and recommend a check up with them or your own doctor six weeks later

Here is a list of useful telephone numbers:

PAS, 40 Margaret Street, London W1.
01 - 409 0284
BPAS, Birmingham 021-643 1461
Brighton 0273 509726; Coventry 0203 51663;
Liverpool 051 2273721, Manchester 061 236 7777;
Leeds 0532 443861.
Women's Liberation Workshop 01-836 6081 (for pregnancy testing information through local womens' groups across Britain).
Release 01-289 1123 will give help and advice for free.



GYNAECOLOGIST to a young woman patient in hospital awaiting an abortion: "I don't know that I am going to let you have an abortion."



BULK

ORDERS

'WOMEN NOW'

OCT. 1975



The Women's Centre,
26, Newcastle Chambers,
Angel Row,
Nottingham.