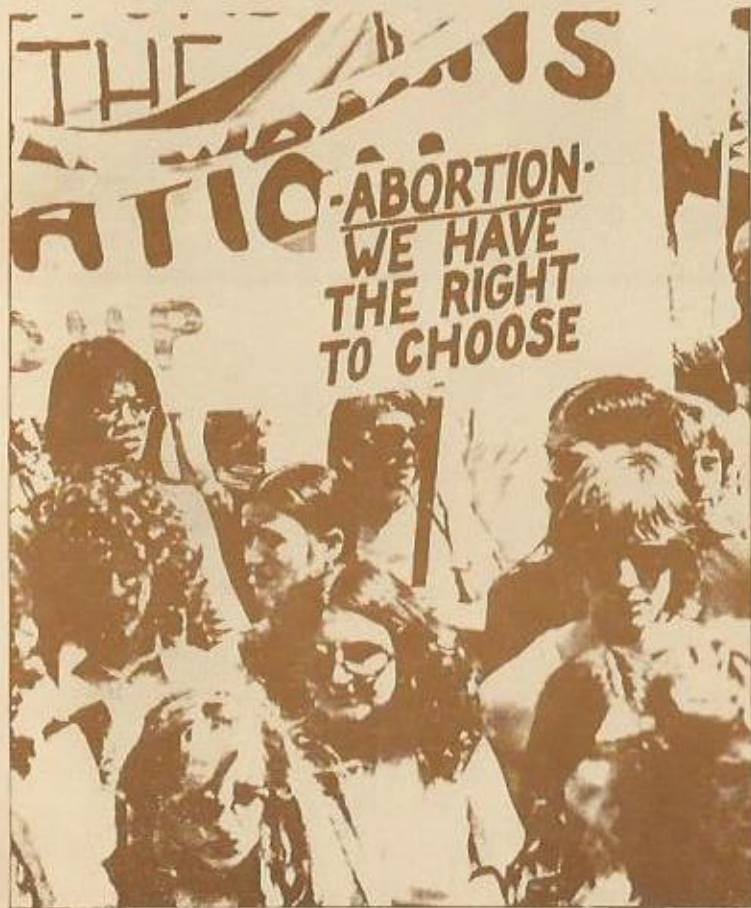


Abortion: where we stand



National Abortion Campaign

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CONTRIBUTORS:

Juliet Ash is a teacher and member of Hackney NAC. Rose Knight has been active in the Women's Liberation Movement since 1970, working principally in the Women's Abortion and Contraception Campaign. Gwyn Vorhaus worked in the Women's National Abortion Action Campaign in the USA from 1971, and the National Abortion Campaign since its start in 1975. Sheila Abdulla is a Family Planning doctor in Liverpool and has been active in the Women's Liberation Movement for many years. Elana Ehrlich is a student advisor, active in the abortion rights movement since 1974. Antonia Gorton was a convenor for the abortion campaign in the early WLM, and a chairwoman for her trade union. Juliet Ash, Gwyn Vorhaus, Elana Ehrlich and Antonia Gorton are members of the NAC Steering Committee.

Edited by Rose Knight and Antonia Gorton

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IS ABORTION MURDER?

by Rose Knight

Anyone who has seen an anti-abortion march organised by SPUC and LIFE will now be familiar with their main statement of belief, namely that 'Abortion is murder', that 'Abortion kills'. It seems such a fundamental and basic statement that many women are momentarily stunned by it. We all have a horror of murder and violence, and so we react to such a statement with emotion. 'Murder of *the unborn child*' increases this feeling since it is directed at our feelings of love and sympathy for children. We should look carefully at the arguments behind these statements because they expose the way in which anti-abortionists manipulate our emotions, and exploit our real feelings towards children.

The basis of their argument is the assumption that a foetus can be equated with a human being, since murder is defined in our society as 'the unlawful killing of a person' (Oxford Dict.). Certain biological and social facts deny that the foetus is a human being. For at least six months it lives off the body of the pregnant woman, and cannot exist independently. It has no contact with the outside world, or with human society, and therefore it cannot be said to have human thoughts or emotions. The distinction between the potential humanity of a foetus, and the full humanity of a person is recognised by both Church and State. Governments issue certificates confirming date of *birth* not conception; pregnant women's passports acknowledge only one travelling, not two. When a miscarriage occurs, neither the legal profession nor the medical profession considers that a human death has occurred, and no death certificate is required. The abstract nature of this equation between foetal life and human life becomes increasingly obvious when we consider the vast numbers of miscarriages that occur. If the human status of the foetus was upheld, death certificates could be required for late menstrual periods, and all forms of spontaneous abortion.

We would never deny that the foetus is *potentially* a human being, but that does not mean we should lose sight of the difference between our rights as women, and the potential rights of the developing foetus. The humanity it has is abstract and cannot be compared with that of the pregnant woman without devaluing her life, her needs and aspirations.

This imagined humanity of the foetus has to be deliberately concocted in our minds by anti-abortionists. They show pictures of six month old babies together with horror pictures of aborted fetuses in their publicity material, because they know that unless they do this, it would be difficult for us to really see the foetus as a human being in miniature. That is also why they always refer to the foetus as 'he' (even when sex is not easy to determine before birth) and attribute human movements and emotions to what can only be considered as the normal physical movements of any animal embryo.

There is nothing abstract about the humanity of the pregnant woman,

however, who wishes, in the interest of her own life to make the decision herself, as to whether or not to continue her pregnancy. We never hear anti-abortionists talk about women's needs — the main aim of all their attempts to 'help' pregnant women ('Life-line') is to save the life of the 'unborn child' — in fact many of them deny these needs altogether by saying that foetal life must always take precedence over the woman's life whatever the consequences: the Pope said in 1973 that every pregnancy must be brought to term, even when it is known in advance that a birth will cost a woman her life

This adulation of basic foetal life is surely just another way of telling us that our lives are worthless, except in so far as we carry out one 'historic' purpose as the breeders of the next generation. To equate our lives in worth and value with that of the unborn foetus is to reduce women to the status of non-thinking, non-speaking, non-communicative entities. The nature of our lives as women is hardly touched upon by anti-abortionists. They never mention battered or unwanted children, or the fears and despair of women faced with unwanted pregnancy. They do not mention the inadequacy of contraceptive methods, and the lack of a really safe, universally acceptable contraceptive. Our real concern that children should be wanted by their parents, that they should have decent living conditions to grow up in, is turned on its head to reveal a mythical picture of women as the destroyers of human life. It is because masses of women throughout the world know the value of life that they take the control of their bodies into their own hands, and demand the right to have abortions.

'Viability' and murder

Anti-abortionists who realise that it is impossible to convince people that a one month old foetus is a human being often use 'viability' arguments to confuse women. The foetus is considered to be 'viable' when it can exist independently of the mother. Abortion after viability (at present considered to be 28 weeks, but there are attempts being made to reduce it to 24, or even 20 weeks) must they say be considered to be 'murder of the unborn child'. Few abortions take place *after* 20 weeks (less than 1% of the total), and the majority of these abortions are for medical reasons — to preserve the life or health of the mother, or because the foetus is badly deformed. Do we consider abortion at this stage to be murder?

It is very difficult to determine an exact point at which a foetus, usually with the aid of extensive life-support systems, can exist independently of the mother. The advances of medical science may mean that this stage can be reached at an earlier and earlier point in pregnancy. Anti-abortionists already use this argument as a deterrent to abortion at any stage of pregnancy. In my opinion, we should not let unproven theories of foetal viability stop us from insisting that, whatever the circumstances, women are better able than the medical profession or the Church to make a decision about abortion. The viability argument is simply another ploy to frighten us into submission, and to make us accept theological or medical definitions of what is and what isn't 'human life'. None of us would choose to have late abortions, if abortions were possible at an earlier stage. Discussions about viability indicate a complete lack of faith in the ability of women to make decisions for themselves. I feel that our commitment to a woman's right to choose, must be our refusal to let Church or State take this vital decision out of our hands.

ABORTION AND RESPECT FOR LIFE

by Juliet Ash

Leo Abse, leading Labour anti-abortion MP, has said that abortion devalues life. He is backed by SPUC who say, "A very considerable proportion of those who deny the humanity of the foetus also deny the humanity of the new-born in urging for legalised euthanasia" (SPUC Manifesto).

This is one of the most common arguments used by the anti-abortionists. They say that if people just get used to getting rid of lives for their own 'convenience' (in their terms this is what abortion is) then it will soon be made legal to kill old people, the handicapped, even the unemployed. (If men got pregnant, would having an abortion be merely a 'convenience', or would it be a matter of 'personal liberty'?) They claim that this philosophy "... will lead to a diminution of value and humanity accorded to the socially deprived among the born; the infant of six months, the spastic teenager, the adult in an iron lung, the lunatic in an asylum, the convicted criminal, the recluse, the hermit. It then seems possible that the practical as well as the logical distinctions will disappear among abortion, infanticide and the various sociological conveniences called 'mercy killing' to the detriment of the born as well as the unborn." (Michael Scott "Abortion: the facts")

In the 'Universe' November 28th, 1975 (the main Roman Catholic newspaper) an editorial summed this up: "Informed Christians have always regarded abortion and euthanasia (mercy killing) as twin evils. The passing of the Abortion Act in 1967 was merely the preliminary to new invasions of the sanctity of life and further legislation was bound to come ... For the Christian all life is sacred, be it in the womb or in the geriatric ward. To break this ethic would be to offend God's law and open up a frightening prospect for the aged and infirm."

This argument, linking euthanasia with abortion, plays on all our deepest fears about the deteriorating conditions in our society and the predicament of the old, the mentally ill and the handicapped. Along with talking about the 'sanctity of life of the foetus' the anti-abortionists conjure up visions of an even more inhumane society than the one in which we already live, in order to turn people's justified concern about living standards against the abortion rights movement.

Why is their argument wrong?

This struggle that women are waging for control of their lives, far from threatening the lives of other deprived groups, such as black people, the old, the mentally ill, actually shows the way forward in terms of control of their own lives. It is not women who threaten other people's lives but the inhumanity of our society. A Government which can make vital cuts in the provision of health facilities, which can allow electricity, gas and food prices to go so high that people suffer malnutrition and die from hypothermia is to blame for a lack of respect for life, not women who want the *choice* to have an abortion.

Anti-abortionists have linked the abortion rights movement with the

policies of Hitler – mass murders, euthanasia and experimentation with human beings. The book “Babies for Burning” by Susan Kentish and Michael Litchfield alleges Nazi sympathies among abortion doctors. Apart from the unsubstantiated evidence in that these attitudes are attributed to an unnamed chemist, the book never mentions that Hitler legislated *against* abortion and contraception and categorically stated that women should stay in the home and breed children.

Our Parliament, which allows acute poverty and unemployment on a vast scale and which is again attempting to control women’s lives by restricting access to legal abortion, destroys lives every day. When women’s struggles are linked with Hitler’s policies not only is this historically incorrect, but it is an attempt to divert attention from the real crimes our society commits.

It is precisely a concern for real living people – their lives and the fate of their children – that motivates women to seek abortion. A woman’s right to choose abortion and control her reproduction and her life is a humane necessity.

Abortion and the population question

Women want the right to abortion because it matters very much to them to be able to make decisions about their own lives, their work, their education and their contribution to society.

Nowhere do the anti-abortionists show their real inhumanity towards women than when they link anti-abortion attitudes to concern for a “declining birth rate”. When Professor Scarisbrook, Chairman of ‘LIFE’ organisation, gave his evidence to the Select Committee on Abortion his main argument was that the Abortion Law of ‘67 should be repealed because of the decline of the birth rate, “We are facing a national emergency – more severe and more fundamental than inflation or any of our current economic problems. Our national birthrate has been collapsing dramatically during the last few years. In 1975, for example, there were only 602,000 live births in England and Wales, an all-time low. Between 1964 and 1975, our birth-rate has declined by 32%; between 1967 and 1975 by 28%. These are staggering figures”. (Quoted in ‘The Universe’ March 12th, 1976).

Having said, in other publications, that abortion leads to euthanasia and the creation of second class citizens, who can be disposed of at the will of the State, he proceeds to argue that we must stop abortion and increase the birth-rate because we need people to support a “very large number of *non-productive elderly* people”. The implication is that the only value that women have is to produce lots of children so as to share the support of “non-productive” people.

“What we now face – and even if the birth-rate did not drop much more, would face for several decades – is an increasingly unbalanced population, ie. a topheavy one.

“When the post-war ‘baby boom’ of the mid 1940s to the early 1960s become the geriatric boom of the 2110s and 2020s a very large number of non-productive elderly people will have to be supported by a very small number of young and middle-aged people”.

It shows very little ‘respect for life’ to refer to part of the population as ‘non-productive’ and to try to show a direct relationship between numbers of ‘productive people’ and the care and welfare of the old. In our society, old

people are thrown on the scrapheap, forcibly retired at 60 and 65 and considered to be a drain on the community. The treatment of old people is just another way in which the lack of respect for life is exhibited. Professor Scarisbrook's abstract population sums, and his disgusting references to old people as a "geriatric boom" show quite clearly who is anti-life.

There is a basic flaw in all arguments that try to show the link between population and economic and social problems. Three states in India recently introduced legislation designed to compel people to restrict their number of children to two, in order to solve the pressing problems of poverty and malnutrition. At the same time we are being told that a declining birth rate will have a drastic effect on Britain's ability to solve its economic and social problems. Both arguments are nonsensical because they leave out the real factors which determine a country's growth and development.

The anti-abortionists' basic belief is that women's primary *duty* is to bear children to make the country great. They do not see women as individuals but only see their biological function as worth preserving.

Housing conditions, poverty, productivity, creativity, human progress have no relation to arbitrary numbers of people. These things are determined, for good or bad, by the material and human resources of the community and the good to which those resources are distributed and directed. Where the arguments *for* or *against* abortion are based on some ideal notion of population they totally disregard women as individuals. Governments must not compel women to fulfil breeding quotas in the interests of the nation — it is totally anti-life.

IS ADOPTION A SUBSTITUTE FOR ABORTION?

by Rose Knight

Adoption is frequently suggested as a humane alternative to abortion. Not only do the anti-abortionists contend that it is morally superior to adopt, they also say there is a social basis for it as well. Because of abortion, "thousands of parents who want to adopt children are being deprived of the chance to make dreams come true." (J. J. Scarisbrook "What's Wrong with Abortion") The Abortion Act, it is claimed, has meant that there are too few adoptive children to satisfy the demand for them. In fact, so extensive is the crisis in the West that desperate parents are having to look overseas for their adoptive children, to 27 "Third World" countries, where starving mothers hand over their babies to American and European Adoption Agencies (Panorama "Traffic in Babies" 15th March, 1976), who transport these children

all over the world in response to the demand. Parents are able, with a small amount of formality, to arrive in a country, pick out a child from the many available in the homes of Adoption Agencies, and, after handing over cash, take their precious commodity to a home in the West.

After the war in Vietnam, thousands of Vietnamese babies were airlifted to America to be adopted by Americans, and even in Britain in the last decade it became fashionable to adopt a child from Vietnam, South Korea or Thailand.

Anti-abortionists see this "traffic in babies" as morally superior to abortion. They would argue that such interest in babies (even from other countries) shows that all babies are wanted by somebody, that there is no such thing as an "unwanted child".

Mia Farrow, who recently handed the SPUC petition against abortion in to Parliament, suggested that the mothers of such babies were indeed "courageous" in wanting "to give life to them" and allow them to be adopted:

"I sympathise with mothers who have no prospect of keeping their babies but how courageous it would be for them to give life to them. I am grateful to the mother of my two adopted Vietnamese children for permitting them to live." (Evening News, 20th January, 1976)

"Third World" women have few choices in their lives. Legal abortion is prohibited in most of their countries and there are no social welfare agencies to help support a child if they choose to have it and keep it. Poverty and starvation often means that they must either abandon their children or hand them over to the Adoption Agencies, an act which would be seen as a better alternative. It is a luxury to talk of having the "courage" to "give the baby life" when it is obvious for those women that adoption and backstreet abortion are the *only* choices open to them.

When children are adopted from "Third World" countries no questions are asked about whether it is in the interests of the child, nor do the Adoption Agencies seem to consider the effect of carrying away whole generations of babies from their countries to Europe and America.

Children who wait

Is there really such a shortage of children to be adopted in the West? During the 1950's and 60's numbers of adoptions rose each year in Britain, reaching 27,000 in 1968. But between 1968 and 1971 adoptions dropped by 40%. More unmarried women were keeping their children, and contraception and abortion were more widely available.

However, this did not mean there weren't any children for fostering or adoption. In 1975, there were 94.2 thousand children in care, of whom at least 7,000 are estimated to be available. ("Children Who Wait" - Association of British Adoption Agencies 1975). In this study these children are described as "children with special needs". 61% of the 2,812 children in the study were expected by the social workers to be in care until they were eighteen. 55% of all the children had been in care for over four years when the study took place, and most of them had been in care for the greater part of their lives. This then is the real situation. There are *many* children to adopt and foster, but they are not babies, they are sometimes crippled or mentally handicapped, and are sometimes black or of mixed parentage. The average homeless child is simply not considered suitable "material" for

adoption. If Life and SPUC were really concerned about the fate of *children* and not simply with stopping women from having abortions, they would draw people's attention to these children.

All children are wanted

The assumption that women should have children they do not want, to suit the needs of other people, shows how little feeling anti-abortionists have for both women and children. It endorses the concept of women as baby breeders, and babies as commodities. A woman should always have the freedom to continue an unwanted pregnancy to term and give up the child for adoption if she wants to. Women in Britain have always been able to do this. But anti-abortionists want this to be the *only* safe possibility open to women by making abortion once more illegal.

It is very harrowing to go through a nine-month pregnancy knowing that at the end of it you will be handing the baby over to an institution. It also shows little real concern for children to allow them to be born with no sure prospect of being wanted by another adult. That is the fate of the thousands who wait, in care, for foster or adoptive parents.

If an unsupported mother decides not to let her child be adopted, or placed in care, the prospects are daunting. The Finer Committee Report on One-Parent Families said that unsupported mothers had an income too small to provide the necessities of life. Added to financial problems, the unsupported mother has the problem of finding a nursery for her child so that she can work. These considerations may seem irrelevant to anti-abortionists, but for many women they may mean a conscious decision not to have a child. The right to choose means having the right to make this decision, without being forced on the one hand to provide for the adoption market, or see your child be taken permanently into care, and on the other to live a life of isolation, poverty, and loneliness.

What woman want is a real choice between having a safe, legal abortion if they don't want children and having an adequate standard of living so that they can bring up the children they do want with dignity.

DEMYSTIFYING THE FOETUS

by Gwyn Vorhaus

The Society for the Protection of the Unborn Child has established itself as the champion of the foetus. Like its counterparts in other countries, it campaigns with arguments that are high in emotion and low in fact. All these organisations try to maintain that a foetus is a complete human being at all points prior to birth.

Because they rely so heavily on emotional appeal, they often use techni-

colour brochures to aid their case. Photographs of six month foetuses, considerably enlarged, have been shown as examples of a twelve-week abortion. It is not uncommon for the anti-abortion groups to come out with straightforward lies. For instance SPUC claims, "Even in the first three months at least twice as many mothers die from legal abortion as from childbirth". The Lane Report* published the actual figures: "In 1971, the rate of death from termination at twelve-week's gestation or under was 3.4 per 100,000 operations whereas the rate of maternal mortality was 18 per 100,000 births."

It is usual for anti-abortion groups to use extremely emotive language. Techniques of aborting a foetus are described as "the different ways you can murder an unborn child". A "Life" group in Ohio, USA, produced a brochure which is distributed in Britain describing abortion in these terms. If the foetus is an "unborn child" then why do anti-abortion groups carry dead human beings to their meetings in pickle jars, and show them to their audiences? It is not normal in our society to put dead children on show and it hardly illustrates their avowed respect for the "sanctity of life".

Another approach is the use of pseudo-scientific jargon. There is usually reference given to the 'baby' swimming around in its mother's womb, and long quotations from learned professors about foetal heartbeats, foetal nerve responses, brainwaves etc. beginning within weeks of conception. We are expected to be lulled by the scientific sounding data, and to forget that a frog, for example, would have these and many more sophisticated responses than the foetus described.

What does a human foetus look like, and what are its characteristics? An eight week foetus is about the same size as an adult's thumb nail. (Where abortions are legal and readily obtainable, they are usually performed within 8 - 10 weeks of conception. It is only where they are restricted that late abortions become more common.) Shown a photograph of an eight week foetus, it would be impossible for most of us to distinguish between a human and other mammal's foetus. A pig, rabbit and human foetus are almost identical at this stage of development.

The foetus cannot breathe, and is totally dependent upon the maternal blood supply for oxygen and every component of its growth. It reacts to stimuli, but cannot feel pain as pain is a learned response, and the foetal brain is not developed enough to interpret the stimuli it receives. Like all mammalian foetuses, it develops a heart beat, circulatory system and brain. But that doesn't make it a human being. It is a mammalian foetus that is a *potential* human being.

The purpose of the SPUC argument, and the reason for the gory pictures and romanticising the foetal tissue to such an extent, is to support their claim that a foetus is a human being indistinguishable from other human beings, and therefore abortion is murder. But the idea that a foetus is a human being does not stem from the scientists they are so fond of quoting – it stems from the religious doctrine they are so eager to hide. It was Church doctrine that first began the metaphysical debate about when the soul entered the scene – whether in the foetus, the embryo or the fertilised egg. Aristotle first pronounced (for no known reason) that a male foetus became 'ensouled' at forty days and a female at eighty. Starting with Jerome, Augustine and Thomas Aquinas, the debate continued via papal decrees from the eleventh

through to the twentieth centuries.

If anyone believes, for religious or other reasons, that she should not have an abortion, then nobody should restrict her right to refrain from having an abortion. But the anti-abortion groups, like SPUC, are attempting to restrict everyone else's right of choice.

* Published 1974 by Lane Committee which was set up by Government in 1971 to review workings of the 1967 Abortion Act.

TECHNIQUES OF ABORTION

by Sheila Abdulla

The earlier, the safer

The very substantial progress in abortion services made since 1967 has been due to the dramatic and revolutionary improvement in technique, using the safe polythene Karman cannula for uterine suction and speedier referral of women for advice ensuring that the operation is done at the earliest possible stage. Abortions performed within the first 3 months of pregnancy are much less traumatic, both in physical terms, so far as risks of complications are concerned, and mentally, by minimising the stress due to waiting lengthy periods in a state of fear and uncertainty.

The modern method of abortion in the first 3 months is by means of *suction*, as opposed to the older methods of instrumental curettage.

Depending on the number of weeks of pregnancy, the cervix (neck of the womb) must be stretched (dilated) to allow passage of the cannula, into the cavity of the uterus. This is then connected to a suction apparatus and the cannula gently rotated and moved up and down until the foetus and membrane lining of the uterus are completely removed.

Because the stretching of the cervix is usually associated with pain, an anaesthetic is used. This may be either general, when the woman is unconscious, or local, when an injection into the cervix anaesthetises the tissues in just the same way as a local anaesthetic is injected into the gum for dental treatment.

The advantages of a local anaesthetic are that it is *safer* than a general, that the amount of bleeding is reduced and the procedure is likely to be more gentle and careful because the doctor is much more aware of the woman as a person.

The woman must obviously be confident and assured about the procedure for local anaesthesia to be employed and the support and explanation of the counsellor throughout the operation (a brief but crucial 10 minutes or less) make this both possible and acceptable. The psychological benefits of involvement in and understanding of the process of abortion at this stage of pregnancy can be quite concrete, in dispersing the hidden but sometimes persistent fears and myths surrounding the operation.

Beyond 3 months, two main methods are now currently used:

Amniocentesis, which means introducing a needle into the uterus through the abdominal wall (after freezing it with local anaesthetic) withdrawing some of the fluid which surrounds the foetus and replacing it with a substance which will stimulate uterine contractions. This causes gradual dilation of the cervix and eventual expulsion of the foetus, the process being comparable to a spontaneous abortion (miscarriage). Various substances can be used, such as urea and prostaglandins, to cause the uterus to contract and an intravenous drip is often used as well, to ensure regular contractions. The process usually takes about 10 hours, although sometimes it may be longer. The pain and discomfort of contractions is comparable to that experienced in labour (of childbirth) but strong pain relievers and sedatives can be given to reduce pain effectively. A brief curettage under general anaesthetic is usually performed afterwards to ensure complete emptying of the uterus. This method is safe and particularly suitable if a woman may want future pregnancies. On the rare occasion when this method of inducing abortion fails, resort must be had to *hysterotomy* (not hysterectomy). Hysterotomy is an operation comparable to a Caesarean section, by means of which the foetus is removed through an incision made through the abdominal wall and the wall of the uterus. This is done under general anaesthetic and necessitates staying in hospital for at least 4 days.

This method is now only used if a woman has definitely finished child-bearing, as the scar left on the uterus means it is weakened and could give rise to problems in future pregnancies.

Any woman, who has had a hysterotomy and then has a pregnancy which she wishes to continue *must* have proper ante-natal care and be booked in hospital for delivery. For the woman who has finished childbearing, it is very common to combine hysterotomy with tubal ligation (the operation to tie the Fallopian tubes and so prevent any further pregnancies) as the two procedures can be easily done at the same time.

Abortions performed after 3 months' pregnancy are obviously more complicated, require greater skill and experience from the doctor, and so are usually only contemplated when the woman feels her circumstances are particularly desperate or when there is a strong risk of foetal abnormality.

Interception or menstrual regulation is the simplest and earliest intervention following a missed period, possibly before even a pregnancy test can establish pregnancy. (Earlier methods of pregnancy testing, which can establish pregnancy even before a missed period, are being used in a few centres, but are still very costly and not generally available.) This can be performed either with no anaesthetic or a simple local anaesthetic injected into the cervix (as explained above). A fine, 4mm diameter Karman cannula is introduced through the cervix, into the cavity of the uterus, without the need for cervical dilation. The contents are drawn out using a special 50cc syringe with a safety catch, or the ordinary electrical suction apparatus available in a hospital operating theatre.

This method has been extensively used in China as a back-up to their very effective contraception services and also in various other countries by specially trained para-medics.

Unfortunately day-care abortion services, using the safer techniques at an early stage of pregnancy, are only available at the moment in a few N.H.S. hospitals, in London, Bristol, Nottingham and Sheffield. Since March 1976 four charitable clinics run by the British Pregnancy Advisory Service and the Pregnancy Advisory Service are using this technique for a one year trial.

So a woman has to be in the right place and know the right grape-vine if she is to get information and referral sufficiently speedily to benefit from these services. The usual difficulties, delays and often ultimate rejection that women face when trying to obtain an N.H.S. abortion is a crying injustice that should no longer be tolerated.

That the majority of women *do* seek advice at an early stage of pregnancy (85% within 6-7 weeks' gestation) has been established by Ann Cartwright's study in Vol. 3 of the Lane Commission's Report and also by the experience of the pregnancy advisory services.

What are the relative risks?

The risks and complications of early abortion are *very few*. The risks of interception are absolutely minimal.

Even the risks of later abortions are less than those of continuing pregnancy to term and going through childbirth.

Illegal abortions either 'back street' or induced by the woman herself, have endangered the lives of many women and caused serious complications, including future sterility, because of the crudity of the methods employed and the high risk of pelvic infection, and/or haemorrhage.

In contrast, early abortion carried out in hospitals or clinics, under proper antiseptic conditions by experienced operators, is a very safe procedure and extremely unlikely to have any of the grave complications associated with illegal abortions.

The main problem facing most women after an abortion, in fact, is to find an acceptable, safe and efficient method of contraception, so as to avoid a second unwanted pregnancy within a short space of time!

IF YOU ARE PREGNANT AND DON'T WANT TO BE

- a) Go to your GP. If s/he is sympathetic, s/he will refer you to a local hospital. If your GP is not helpful, go elsewhere — Health Service J Clinics, British Pregnancy Advisory Clinics, etc. may help.
- b) If you are determined enough, try changing your GP to another in your area who will accept you or register you as a temporary patient elsewhere, using a friend's address.

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 — 227 3721; 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.

THE 1967 ABORTION ACT, AND THE CAMPAIGN AGAINST THE WHITE BILL

by Elana Ehrlich

Following years of active campaigning by the Abortion Law Reform association the 1967 Abortion Act was finally passed. Some support for abortion law reform had come as a result of the thalidomide disaster because the drug caused extensive foetal deformity while at the same time acting as a tranquilliser to prevent spontaneous abortion. Under the existing legislation, the doctor who prescribed the drug was liable to punishment if he also performed an abortion.

The 1967 Act gives 4 exceptions to the 1861 and 1929 laws on abortion which made both the doctor and the woman liable to life imprisonment unless the woman's life was at stake. If two doctors consent, those conditions are:

1. if continuing the pregnancy involves a greater risk to her life than an abortion; or
2. continuing the pregnancy involves a greater risk of injury to her physical or mental health than an abortion; or
3. continuing the pregnancy involves a greater risk of injury to the physical or mental health of the existing children in the family than an abortion; or
4. there is a substantial risk that the child will be born seriously deformed.

Thus were doctors given legal protection *and* the right to interpret how harmful a continued pregnancy would be to the woman's "immediate and foreseeable future".

There were two immediate results of this law. Firstly, people realised how widespread "backstreet" abortion was. Secondly, determined anti-abortion groups such as The Society for the Protection of the Unborn Child sprang into existence.

• *The Lane Report*

In 1971 the Government set up the Lane Committee to look into the workings of the 1967 Act, but not at the principles underlying the Act. The Committee sat for three years and published a 3 volume report in April 1974. They took evidence from 194 organisations and 529 individuals, 54 clinics, 12 referral agencies and 80% of all hospital gynaecological units returned questionnaires to the Committee. They also commissioned a survey from the Institute for Social Studies in Medical Care, surveyed the role of social workers and accepted a Home Office survey of foreign women coming to London for abortion. Two committee secretaries visited the USA.

After three years they concluded that the Act of 1967 had "relieved a vast amount of individual suffering" as well as focusing attention on the need for widespread provision of contraceptive advice and facilities. They criticised

the NHS for not having the facilities to meet the demand for legal abortion leading to inequalities all over the country which forced women to pay private clinics for their abortions. But they stood by the main clause of '67 which maintained that it should still be the doctor's decision as to whether a woman should have an abortion or not. They pointed out that the private sector, composed of the commercial and non-profit making clinics, had made up for the lack of facilities in the NHS while at the same time a small number of doctors in this sector had made personal fortunes. They emphasised that the abuses of the Act were confined to a relatively small number of doctors. Their final conclusion was that the Act should not be amended in any restrictive way:

"We have no doubt that the gains facilitated by the Act have much outweighed any disadvantages for which it has been criticised. The problems which we have identified in its working, and they are admittedly considerable, are problems for which solutions should be sought by administrative and professional action, and by better education of the public. They are not, we believe, indications that the grounds set out in the Act should be amended in a restrictive way. To do so when the number of unwanted pregnancies is increasing and before comprehensive services are available to all who need them would be to increase the sum of human suffering and ill-health, and probably to drive women to seek the squalid and dangerous help of the backstreet abortionist." (1.605 Lane Report, April 1974)

The report did not accept that the decision about abortion should be the woman's, and criticised some private clinics for giving "abortion on request" It did highlight the real inequalities in provision on the NHS, and it refused to concede to the pressures of the anti-abortionists by suggesting that the Act should be made more restrictive.

This report was never discussed or acted upon by Parliament. It is not included in the terms of reference for the Select Committee set up after James White's Abortion (Amendment) Bill of 1975.

James White Abortion (Amendment) Bill

James White's Bill was supported by the anti-abortion groups who hoped to use it to restrictively amend the 1967 Act. Under the cover of "abuses" and "protecting women", this Bill sought to change the grounds for abortion so that it would only be justified if:

1. Continuing the pregnancy meant a *grave risk* to the woman's life;
2. Continuing the pregnancy meant a risk of *serious injury* to a woman's mental or physical health or that of her existing children;
(These changes alone would have disqualified two-thirds of the women who benefited from the 1967 Act.)
3. In addition, only doctors with 5 years experience, who were not employed in the same practice could give consent;
4. In a prosecution for criminal abortion the doctor and his assistants would have to prove that the abortion was justified, instead of as at present the prosecution must prove that the abortion was illegal;
5. Referral agencies were to be licensed - thus restricting availability and accessibility of information;
6. Young girls under 16 would not even be allowed information about abortion unless their parents were present;

7. The upper limit for abortion would be lowered from 28 weeks to 20;
8. Making it illegal for foreign women to have abortions unless they had been resident in Britain for at least 20 weeks.

The dangers of James White's Bill only became widely known after it had passed its second reading in Parliament on a "free" vote. Several factors explain this vote: 1. the free copy received by every MP of a later to be totally discredited book "Babies for Burning" which SPUC also distributed; 2. that MPs received a copy of the Bill itself, only 7 days prior to the vote; 3. White's press conferences stressing his intention to "protect women"; and 4. the very few women members of Parliament.

The campaign against the Abortion (Amendment) Bill

The National Abortion Campaign (NAC) was formed to fight James White's Bill. A meeting of eight hundred people at the House of Commons publically launched the National Abortion Campaign, a mass campaign to fight the Bill and all restrictive legislation against abortion, on the basis of a woman's right to choose. Many different organisations supported NAC, so that by June 21st 1975 when NAC organised a demonstration against the White Bill over 20,000 marched through London. The TUC, the National Women's Liberation Conference, the National Labour Women's Advisory Committee, the National Union of Students all passed resolutions against the Bill; hundreds of organisations and individuals sponsored the demonstration in June. 1,000 people attended NAC's First National conference (Oct. 19/20th 1975) which planned future action for the campaign. The Conference decided that it was vital to continue building the campaign to defend and extend abortion rights.

The Select Committee on the Abortion (Amendment) Bill

A Parliamentary Select Committee was established to examine James White's proposals. Composed of 9 anti-abortion and 6 pro-abortion MPs, this Committee included only 4 women, one of whom opposed free contraception. The unanimous "Third Report" was published in summer 1975. Their recommendations were accepted by Barbara Castle for implementation by the DHSS without any vote or discussion in October 1975. These included:

1. only "approved", rather than informal and accessible referral agencies were to be recognised;
2. registers were to be kept on the numbers of foreign women using private clinics;
3. information would be available to the General Medical Council for disciplinary action against doctors;
4. termination after the 20th week could only be done where expensive resuscitation equipment for the foetus was on the premises.

Postscript

The White Bill fell at the end of October. The evidence which had been presented to the Select Committee was overwhelmingly against the Bill. When the British Medical Association debated the Bill, 356 out of 360 local Medical Committees instructed the BMA to oppose the Bill. Despite this, the Select

Committee to consider the Abortion (Amendment) Bill was re-convened on February 9th, 1976, by a vote of 313 - 172.

New James White Bill before Parliament

William Benyon, Conservative MP for Buckingham, has taken up the battle to deprive women of access to safe legal abortions. He has proposed a Private Member's Bill which is based largely on the July Report of the anti-abortion Select Committee which recommended that: doctors be prosecuted anonymously, have criminal proceedings brought against them within three years rather than the present six months, and incur fines of £1000 rather than £100 for incorrectly completing an abortion notification form. Increased powers to senior police officers to enter clinics and take copies of confidential patient records; two medical practitioners in the same practice cannot agree to termination; financial links between nursing homes and clinics be severed; lowering of the upper limit for legal terminations to 20 weeks.

There is a very serious danger that Parliament, in line with the anti-abortion sentiment developed in MPs over the past two years, will go further than the proposals of this Bill and attempt to change the grounds for abortion themselves. The pro-choice movement must again commit itself to an all-out fight against this latest attack.

THE FIGHT FOR WOMEN'S RIGHT TO CHOOSE

by Antonia Gorton

A great change in society's attitude towards abortion has come about in the past few years. Various polls have shown that the majority of the British population support legal abortion.

This change has taken place in the context of changes in the role of women in society. Some 54% of women work outside the home and they are joining trade unions at a faster rate than men. Women are receiving more education than ever. Contraceptives are free within the National Health Service and family-planning is the norm, not the exception.

All these developments have helped to challenge the traditional view of women as housekeepers and mothers. The most explicit expression of this came with the women's liberation movement.

Increasing numbers of women are finding that although they have more options than ever before in terms of jobs, education and participation in society, they are still hampered by the pervasiveness of sexual discrimination and oppression.

Despite the new laws such as those on Equal Pay and Sex Discrimination the state gives low priority to nurseries, day care facilities, community laundries and all those things which could help end women's responsibility for the rearing of children and the maintenance of the home.

The contradiction between what is possible in terms of freeing women and what is actually being done is clearest around the issue of abortion. Nowhere are the efforts of women to fight their oppression more profound than

around sexuality and reproduction. The complete ability to control and plan their reproductive life is vital to the liberation of women.

Freedom of choice

Whenever a woman considers abortion she must go to her doctor for advice and *permission*. Unless the woman knows her doctor's views she might face the sort of situation one London woman faced recently. When she asked her doctor about recommending abortion, she was marched back into the reception room and in front of other patients, the doctor said, "So you want an abortion do you? Well, just lie down and open your legs and I'll do it, here and now". (From a charity clinic interview).

The present law and facilities expose women to this sort of humiliating (and expensive) experience. The refusal of her doctor meant not only a delay in getting the abortion but also that she had to leave the NHS and go into the charity clinic, costing her around £80. An abortion within the commercial sector would have cost between £150 - £200.

Why does this happen? *Because the Law gives doctors this right*. The law does not give women a right to have an abortion upon her own say so. Others take this decision for her in this most intimate aspect of her life. The contempt for women's ability to decide for themselves what is right and what is wrong is only too clear. And Parliament, as spokesman for the 'needs' of the state, is on the verge of saying that the state again requires women to be at the mercy of the backstreet abortionists. Because, make no mistake, making abortion illegal does not reduce the numbers of abortions. Women will suffer and run the risk of infection and even death to end pregnancies they do not want.

The National Abortion Campaign stands for the right of women to decide for themselves whether or not to have an abortion. We are not for compelling women to have abortions they do not want. Each woman is an individual; faced with an unplanned pregnancy she should be given counselling by sympathetic, objective people to help her come to the decision which best meets her needs. If she chooses abortion, no Parliament and no person should be able to deny her this choice because of other religious or ethical views. We are for abortion being a simple medical procedure without any legal restrictions, free within the NHS.

While defending the gains which women have already achieved, NAC is presently discussing the shape of future legislation which includes such questions as: the removal of abortion from criminal law; foetal viability; the choice of abortion method; laying a duty on the Department of Health and Social Security to provide abortions free and uniformly throughout the country; the provision of outpatient abortion clinics.

Join the National Abortion Campaign

The National Abortion Campaign was formed in March 1975 to fight the White Bill. In 1977 the threat to safe, legal abortion is greater than ever. The anti-woman forces, inside and outside of Parliament, are joining together to repeal the 1967 Abortion Act to make abortion totally illegal.

The decision to have an abortion is often a lonely one. The decision to join a campaign to defend the *right* to have an abortion is one that will be

taken together with thousands of other people.

Each person who believes in legal abortion and a woman's right to choose cannot stand aside from the situation which now confronts us. The gravity of our position demands every woman's time and energy. Our grandmothers put themselves on the line to win the Vote – they weren't "too embarrassed" to demonstrate, "too busy" to collar MPs, "too tired" to hold public meetings and collect petitions. We must be our mothers' daughters – we must stand up and defend our rights to legal abortion – and win the facilities to make these rights a reality.

We join a movement of women and men who have worked painstakingly and selflessly for generations to help women gain control of their reproductive lives; people such as Marie Stopes, Dora Russell, Vera Houghton, Peter Diggory, Peter Huntingford, Diane Munday and Madeleine Sims. Dr. Edelin (USA) and Dr. Morgentaler (Canada) are right now facing court action in their countries for their commitment to women's right to safe abortion.

But most of all, we join a movement of people around the world who are determined to defeat those political and religious bodies who *dictate* to women how they should live. Whether you are a housewife, a trade unionist, a student, office worker, a solicitor, or a nurse – you are needed. Only by building a mass movement inspired by women's determination to control their lives and powered by the organisations of women, students and working people will we win. As individuals we have little *power* and *power* is necessary to achieve our goals. Join NAC and work with others for safe, legal abortion and a woman's right to choose.

AIMS OF THE NATIONAL ABORTION CAMPAIGN

PARTS OF STRUCTURE RESOLUTION PASSED AT NATIONAL CONFERENCE – 18-19 OCTOBER 1975.

1. AIMS

To build a mass national campaign to defeat all restrictive legislation on the basis of a woman's right to choose whether to continue or terminate a pregnancy. Specifically

1. The campaigning slogan shall be "FREE ABORTION ON DEMAND – A WOMAN'S RIGHT TO CHOOSE"
2. To establish in law a woman's right to make the decision to have an abortion without any medical or legal restrictions.
3. To establish this in practice, by demanding that the Government instruct the DHSS:
 - a) To make abortion on demand freely available throughout the NHS
 - b) To incorporate private clinics into the NHS and all abortion, including those on non-resident women, to be performed free of charge; the NAC will oppose all restrictions on foreign women receiving free abortions on demand on the NHS in Britain.
 - c) To increase facilities for birth control, by setting up centres which will provide counselling on all aspects of abortion; contraceptives; out-patient abortion.
 - d) To ban all forced sterilisation accompanying abortion.
 - e) Funds for research into abortion, contraception and pregnancy testing techniques, and G.P.'s and health workers to be trained in abortion methods.
 - f) All anti-abortion doctors holding positions in which they can directly or indirectly obstruct a woman seeking an abortion to be removed from such posts.

2. MEMBERSHIP

Open to all who agree with NAC aims.

3. AFFILIATION

- a) Local NAC groups, political organisations, trade unions, women's groups to pay £3 annual affiliation into central funds, this entitling the affiliate to one year's subscription to the NAC Newsletter, and to voting rights in National Planning Meetings.
- b) Affiliation for political organisations (with the exception of mass organisations, eg. the Labour Party) should affiliate on the basis of one vote per organisation.
- c) NAC may not affiliate to any organisation having a broader programme of aims than is established through democratic discussion and vote at National Conference.
- d) NAC seeks to support and work for action in accordance with its aims initiated by different organisations.

Further Reading

Pamphlets (all prices include postage for one copy):

From the Abortion Law Reform Association: A Woman's Right to Choose Campaign, (88A Islington High Street, London N18EG).

- Abortion: How much choice do we have? 12p
The 1967 Act - How it affects you and what you can do. 12p
Abortion, some facts 12p
Campaigning for Better Abortion Facilities in Your Area 35p
Action Guide 21p
The Abortion Act Inquiry: summary of recommendations from the Report
of the Lane Committee on the working of the Abortion Act 1967 . . . 35p
Gynaecologists, contraception and abortion - from Birkett to Lane
[Reprint] (Madeleine Simms) 30p

From the British Pregnancy Advisory Service, (Austy Manor, Wootton Waven, Warwickshire)

- Abortion Today - facts, figures and comments 25p

From the Pregnancy Advisory Service (40 Margaret Street, London W1N7FB)

- Out-Patient Abortion (Edited, Keith Hindell and Helen Grahame) . . . 40p

From Birth Control Trust (27-35 Mortimer Street, London W1A4QW)

- The Pill off Prescription (Michael Smith and Penny Kane) 59p
Consultant Gynaecologists and Birth Control (Marjorie Waite) 37p
Report on Non-Medical Abortion Counselling (Madeleine Simms) 59p
Extracts from Minutes of Evidence to the Select Committee on the
Abortion (Amendment) Bill 61p

From Pathfinder Press (47 The Cut, London SE18LL)

- Abortion: Women's Fight for the Right to Choose (Revised edition) . . . 22p
(Linda Jenness, Caroline Lund, Andrea Morrell and Maxine Williams)
Abortion - A Woman's Right (Kay Goodger) 17p
Abortion and the Catholic Church (Evelyn Reed and Claire Moriarty) . . 22p
Is Biology Woman's Destiny? (Evelyn Reed) 32p

From Pluto Press

- Abortion in Demand (Victoria Greenwood, Jock Young)

From Leicester National Abortion Campaign

- Abortion in Leicester Now 10p
(postage extra)

National Abortion Campaign

PAMPHLET PROJECT

We hope you found this pamphlet useful in giving you some facts, arguments and ideas. The movement for abortion rights will be immensely helped by a whole range of material covering all aspects of the abortion issue. We want to get our ideas to as many people as possible, and in order to do this we need money to help in research, production and distribution. Most of all, we want to be able to sell on every High Street and housing estate and in every town centre and factory. It is vital to our campaign that we make our pamphlets available to *everyone* — we must sell as cheaply as possible and to do this we need money.

THE PAMPHLET PROJECT NEEDS MONEY Please give whatever you can. Send cheques or postal orders marked 'Pamphlet Project' to National Abortion Campaign
30 Camden Road, London NW1

