Issue no. 24 Summer 81/82

Right to Choose

a women's health action magazine

I have to take oral hormones due to the ovaries being removed as well as everything else.

at last after ten years somebody believes me - I knew the IUD had caused the infection

I at 25 years of age have had to adjust to the fact that I will never be able to conceive or carry a child

there was constant & heavy bleeding ~ I was told that this was "normal" & it might go on for three months

I was using 6-7 packets of MODESS a month

the doctor said I was 'dirty' and that had caused the pelvic infection .....

the pamphlet the doctor gave me said "slight bleeding" well, it POURED out

I listened & said "Something was wrong and I wanted it out". Could the doctor still have said to me there was ... when but the faulty device ... O.K., maybe it was

After two years of heavy bleeding tubal infections and antibiotics I had a total hysterectomy at the age of 24 — perhaps I am just very bitter — but it seems to me that how could they sell such a device?

$1.50

Right to Choose Summer82

THE COLLECTIVE

The collective who worked on this issue were: Anita Byrnes, Deborah Clearwater, Margaret Kirkby, Vicki Potempa, Jenny van Proctor, Angela Rome, Jeanne Rudd and Meg Smith.

SENDING COPY TO *RIGHT TO CHOOSE*

We appreciate receiving your articles, letters and news items.

When sending in material:

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

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

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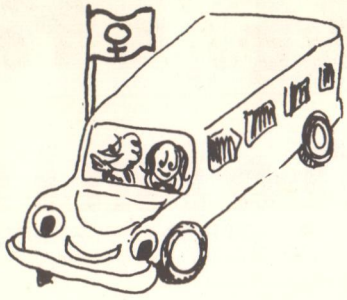


Eight women toured women's centres and refuges throughout south west and northern N.S.W. last month. The women visited Gosford, Griffith, Bathurst, Wagga Wagga, Moruya, Wollongong, Queanbeyan, Canberra, Armidale, Lismore, Grafton, Newcastle, Port Macquarie, Moree, Inverell, Glen Innes and Tamworth.

The tour was part of the women's services campaign which fought for federal funding earlier this year when the Fraser government cut off funds to womens refuges and health centres. Country centres had found it difficult to attend the meetings regularly and it was felt by women in the city that it was important to extend the cooperation built up during the campaign.

Most refuges welcomed the opportunity. Some were unwilling to talk about abortion; one refused to have us come at all. This made us a bit wary about how we would be received. We were scared about being seen as radical ratbags and were pleased to find that this was not so.

Right wing attacks are far heavier in the country making it difficult to offer the range of services that we take for granted in the city. Confidentiality is just not possible in some small towns, so a rape crisis centre is often not feasible. The location of the refuge is also well known in a small town so if a woman is threatened with violence she often has to leave the area completely.

All of the women had started the centres with similar ideals and aims. However, being identified as a feminist in a country town often meant ostracism and support from only a very few women friends. All of the centres visited had low levels of funding and had to rely on volunteers to actually offer a service. Community support varied from centre to centre. Some centres had found it relatively easy to get material support in the form of furniture and low cost houses from local bodies. In other places, it was obvious that the local community did not want to support a feminist enterprise.

The tour built up communication and we broke down some of the myths surrounding each other. I found it personally satisfying to visit centres I had only heard about and to see at first hand the struggle women have in rural areas.

Much follow up work needs to be done. There is a need for a regular mailout to country centres to give them information about womens issues. It was decided to organise more tours next year and perhaps run longer workshops. The women were especially interested in more information about abortion, rape, domestic violence, drug and alcohol work and finding good GP's. All centres felt that triennial funding and more new centres would dramatically relieve the pressure for services and reduce the amount of time spent lobbying for funding. Most centres had been disillusioned with the meetings with the Women's Co-ordination Unit - many were angry that they had travelled to Sydney only to be fobbed off and their demands diluted.

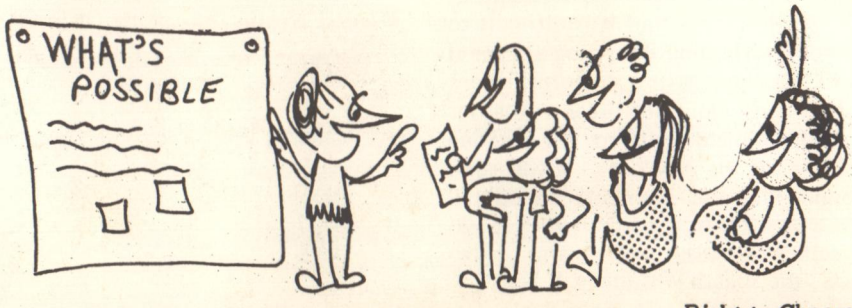
The tour was made possible by donations from womens groups in Sydney. The overall cost of the tour was about $1,000 - not bad for eight women over two weeks. Some caravan parks were an abysmal experience, however!

A meeting will be held early in January at Leichhardt Women's Community Health Centre to plan more meetings with country centres and to follow up this tour. For more information **contact:**

Meg, Ann or Carmel at Leichhardt Women's Health Centre, phone: 560-3011;

Jacqui at Liverpool Women's Health Centre, phone: 601-3555;

Meg or Kerry at Rape Crisis Centre, phone 699-9011.



DALKON SHIELD

Maiming goes on

Seven years after the Dalkon Shield intrauterine device was withdrawn from sale in the United States many women in Australia, New Zealand and Third World countries are still wearing the device as a contraceptive.

The manufacturer, A.H. Robins Company, announced that it would not "re-market" the Dalkon Shield in August 1975 following reports of sixteen deaths and 245 non-fatal septic abortions related to the Dalkon Shield. No attempt was made to notify women already wearing a Dalkon Shield of the hazards of the device. It is estimated that 10,000 women in Britain are still wearing Dalkon Shields. It is unknown how many women in Australia, New Zealand and the United States are still wearing the device - although half a million devices are still unaccounted for and no public education has been undertaken in any country to encourage women to have the device removed.

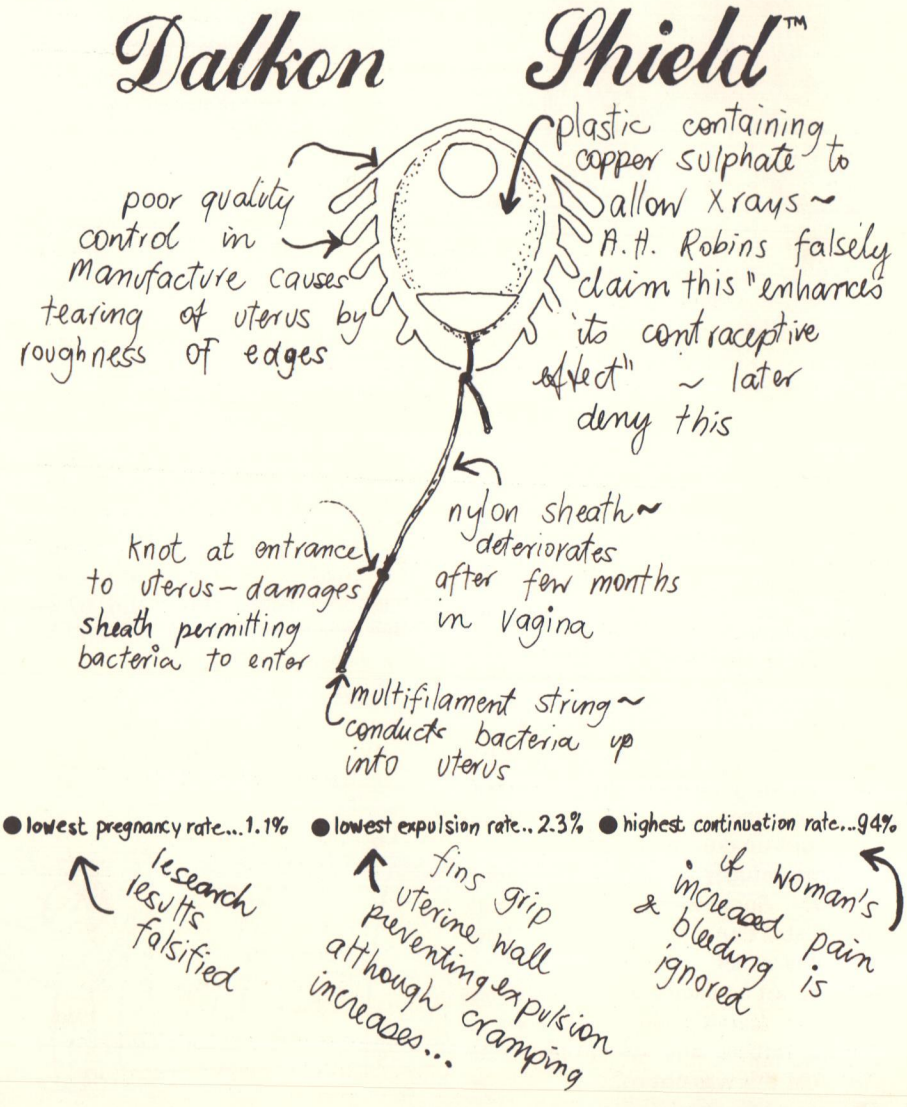
A DEADLY TIME BOMB

Plastic intrauterine devices (IUD's) can normally be left in the uterus for up to five years. It used to be "indefinitely" until it was found that women who had worn an IUD for long periods were found to have a much greater incidence of pelvic inflammatory disease. **Actinomyces israelii,** an anaerobic gram positive bacterium which needs tissue injury or the insertion of an IUD to establish itself, has been implicated in some deaths of women who had worn IUD's for a long period of time.

However, infection by **actinomyces** is not the only hazard Dalkon Shield wearers have to face. The shape of the Shield means that it is difficult to remove by pulling the string - hence it was designed with a multifilament string that would not break as the fins on the Shield gripped the uterine muscle on the way out. It was soon found that the filaments conducted bacteria up into the uterus so a nylon sheath was placed over them. However, the sheath was made of Nylon 6, a substance which corrodes quickly in wet conditions. Furthermore, a knot was tied in the string to enable the doctor to place the Shield accurately in the uterus: this knot often damaged the sheath before the device even left the factory. Evidence presented at a class action hearing in the United States showed that 68% of Dalkon Shields worn less than six months had sheath cracks or ruptures; all had cracks after five years. Any bacteria present in the vagina could thus pass easily into the uterus of a woman wearing a Dalkon Shield with such a string.

CORPORATE INDIFFERENCE AND UNETHICAL MARKETING

The Dalkon Shield is not the first contraceptive to encounter problems in manufacture and design. However, its manufacturer has been consistently negligent in warning women of its dangers and taking proper action to safeguard women users of the device. And the deception continues: A.H. Robins is fighting hard to prevent women's groups in the United States, Canada, Britain and Australia from forcing them to recall the Shield and notify all women users of its hazards.



The Death and and on .....

HISTORY OF THE DALKON SHIELD

1968: Dr. Hugh J. Davis, Associate Professor of Gynaecology at Johns Hopkins University, Baltimore, Maryland, USA patents Dalkon Shield after testing it on 640 women: mainly urban blacks and Latin American attending the university-run clinic.

1970: Davis and his two partners sell Dalkon Shield rights to A.H. Robins, a company which had never been in the birth control business and which had no gynaecologists on its medical staff.

1971: Davis writes up his experiments with the Dalkon Shield: no mention of his financial interest or that his previous claim rate of 1.1% pregnancy rate is more like 2.3% when the device is left in longer. Davis also does not mention that he is the inventor of this device and that he has already made $250,000 by selling it to A.H. Robins.

1972: By March, it was known that the sheath used to prevent bacteria travelling up the string, was defective. No action.

1973: A.H. Robins knew that some women who became pregnant despite using the Shield had suffered septic spontaneous abortions. At least one woman dies. Family Planning Association in Britain approves use of the Shield in its clinics.

1974: Four deaths in the United States directly attributable to the Dalkon Shield. The Shield widely sold in Australia and heavily publicised here. Medical Advisory Panel of the FDA in the US decides **not** to ban the Dalkon Shield.

1975: Sixteen deaths and 245 fatal septic abortions. A.H. Robins decides not to "re-market" the Dalkon Shield because of "adverse publicity" in the United States. Dalkon Shield most popular IUD still in Australia. No attempt to warn users of hazards or to prevent further use of the device.

And there the formal documentary

ends. Dalkon Shields continued to be inserted as thrifty doctors and clinics used up their stocks. Women who had them were told they could be left in place "indefinitely unless there were complications". Tragically, by the time a woman was admitted to hospital with severe pain and pelvic infection, her fallopian tubes were damaged, or ectopic pregnancy had occurred because of such damage.

Women's groups in the United States, Canada, Britain and Australia are joining together in a recall action to force A.H. Robins to recall all Dalkon Shields still in use and to reimburse women for the cost of medical treatment.

Leichhardt Women's Community Health Centre is offering support and free legal advice to women who wish to take action against A.H. Robins. So far sixty-seven women have contacted the centre. Most had suffered sterility problems, severe pelvic infection and ectopic pregnancy as a result of wearing a Dalkon Shield.

THE TIP OF AN ICEBERG?

Leichhardt Women's Community Health Centre was inundated with callers following an article in the *Sunday Telegraph* about the Dalkon Shield.

Many women did not know which IUD had been inserted. Few had been given instructions on how to check for the string, what symptoms or complications to watch out for or what type of medical follow-up was necessary.

Some women had been fitted with experimental devices and not informed that they were guinea pigs. Many women were angry and bitter at the careless and condescending treatment they received from doctors.

"I hauled myself from doctor to doctor complaining about the pain. One said I was constipated, another told me to get a job - I was just bored!"

"I asked him to take it out and he scoffed at me. Three months later I had the hysterectomy."

"He really put me down. I'm so angry that I wasn't taken seriously. I **knew** *something was wrong inside."*

As a result of the response, Leichhardt Women's Community Health Centre would like to hear from any woman who has suffered damage to her health as a result of wearing an IUD. We are particularly interested in women who have had a :

Dalkon Shield
Copper 7 or Copper T
Anderson's Leaf
Progestasert
Gravigard

Contact: Meg Smith or Jilly Harburg at Leichhardt Women's Community Health Centre, 164 Flood Street, Leichhardt, NSW 2040. Phone: (02) 560-3011.

ZIMBABWE BANS DEPO PROVERA!

DEPO PROVERA REPORT

The Anti-Depo Provera Campaign was formed early this year to campaign against the use of the three monthly injectable contraceptive Depo Provera. This hormone drug is promoted by international population control agencies and has at present been used by at least ten million women in over seventy countries. In the USA, where the drug is manufactured by the Upjohn Company, the Food and Drug Administration have not approved its use as a contraceptive. It is approved for only very limited use in the UK and is not approved in Australia, though it is being used here.

Depo Provera has been proven to cause breast cancer in dogs and uterine cancer in monkeys. There is suggestive evidence of an increase in cancer of the cervix among women using the drug. It also totally disrupts the menstrual cycle producing erratic and sometimes continuous bleeding in some women and total loss of periods in others. The rate of return of fertility is haphazard and there is a possibility of total infertility in some cases. Most women experience weight gain, and other 'pill-like' symptoms such as headache and depression are common. Evidence suggests that Depo is teratogenic, i.e. it can cause birth defects if a woman takes the drug while pregnant. Babies breastfed by women on Depo receive the hormone through the milk with, as yet, unknown effects.

In campaigning to have the use of this drug banned, we do not wish to imply that Depo Provera is the 'villain' and that other high technology forms of birth control are good. Deaths and disease from the Pill and the IUD are well documented. Rather, we would ask all women to consider whether the new god science, in this case contraceptive technology, is really 'on their side'. Depo Provera, the Pill and the IUD make things easier for MEN who do not have to feel any responsibility at all for contraception. For women, these drugs and devices have meant at least biochemical changes to every cell in their bodies or increased menstrual pain and pelvic infections.

We are campaigning about Depo Provera in particular because, of the range of contraceptive 'marvels', it is the one least in the control of the woman herself. It can be given to a woman with little or no information about its risks. We have heard of cases where women are not told what it is at all or are led to believe that it is an anti-biotic or some other drug. If a woman does experience 'side effects', she cannot rid her body of the drug and must wait the three months or more till it wears off. When a busy doctor says it is the most convenient form of contraception he really means easy for him, not for you. For more information about this drug and how it has been used/abused worldwide, see *Right to Choose* issues 20, 21 and 22.

ZIMBABWE BANS DEPO!

In July this year the Ministry of Health in Zimbabwe ordered the phasing out of Depo Provera for contraceptive use. Reports indicate that around 100,000 Zimbabwean women were using the drug. The Minister of Health, Dr. Herbert Ushewokunze, stated that "only black women are advised to use it. It was all part of a plot by our former oppressors, it is racism." (*The Chronicle*, Bulawayo, 16/7/81) The head of the Family Planning Association has resigned because of the governments decision and our correspondent informs us that the government has also decided to disband the FPA and withdraw from the international population control agency, IPPF, and establish their own independent birth control service. Congratulations Zimbabwe.

SOUTH AFRICA

Meanwhile, in South Africa, Depo has been used for the past twelve years, primarily on black and 'coloured' women. In a country where demographers predict a declining percentage of whites to blacks and where Afrikaans ministers and government officials implore whites to breed larger families, family planning programmes have strong political overtones. For many South African women Depo is the only contraceptive they have ever been offered. According to the doctor in charge of Family Planning Services, Groote Shuur Hospital, Cape Town, a factor to consider in using Depo is that "in the minds of the people, a doctor without a syringe is not a real doctor at all". This consideration, combined with the fact that "Depo Provera is more effective than oral contraceptives because of the lack of patient involvement", make it a favourite for use in South Africa.

KENYA

In Kenya, Depo Provera is obtained from the Upjohn subsidiary in Belgium. While Minister of Health, Arthur Magugu has defended the "selected and controlled use" of Depo Provera among Kenyan women, critics contend that understaffed clinics will make this impossible. Phoebe Asiyo, Kenyan MP questioned the decision of Minister Magugu: "Is the Minister telling us that what is not good enough for American women is good enough for Kenyan women?"

The above information about South Africa and Kenya comes from an article by Pippa Gordon, "Scandal of the Unsafe Shot", *New African*, June 1981. This article also reports that Dr. Colin McCord, chief technical advisor of UNFPA in Bangladesh expressed caution about the use of the drug: "I know that Depo Provera is popular and effective but the drop out rates are high and I don't think the small increment in fertility control which will result from the use of this drug justifies the possibility that we might be responsible for an epidemic of uterine cancer ten to twenty years from now."

PAPUA NEW GUINEA

In Papua New Guinea, the North Solomons Provincial Government has made the first move to ban the use of the drug in its province. The successful motion was originally proposed by Ms. Pauline Onsa, North Solomons only female member in the provincial government. She claimed that she had received complaints from women that they were getting sicknesses. The ban should come into effect by December this year (from PNG, *The Times*, 17-23 July, 1981).

DEPO PROVERA TRIALS PROPOSED FOR AUSTRALIA

The Anti-Depo Provera Campaign are about to lodge an official objection with the National Health and Medical Research Council (N.H.& M.R.C.) concerning proposed trials of Depo Provera as a contraceptive. The main text of our submission is as follows:

"We wish to lodge our official objection to proposed contraceptive trials of the injectable, Depo Provera (Medroxyprogesterone Acetate).

The Australian (3/4/81) reports that:

> "Proposals for the trials are being drawn up by the Family Planning Federation.
> The National Health and Medical Research Council has told the Federation it is willing to consider such trials and it is now awaiting its submission.
> If the go-ahead is given, women will be offered the drug through Family Planning Clinics early next year."

A letter from the Assistant Director - General Therapeutic Goods Branch, Department of Health states that:

> "The Committee (Australian Drug Evaluation Committee) has, however, supported the concept of properly controlled clinical trials, providing these are designed to help resolve some of the questions previously raised,

and provided adequate measures are incorporated in the trial protocol to adequately protect the participant."

Given the nature of the unresolved safety questions in regard to this drug, we doubt that any trial protocol could adequately protect the participant.

From research evidence, the areas of concern are:

1. Carcenogenicity, based on animal and human data.
2. Impairment of the return of fertility.
3. Menstrual and metabolic effects.
4. Teratogenicity.
5. Effects on infants through breast milk.

Points (1) and (5) in particular would require twenty to thirty years follow up before any certain conclusions could be drawn.

In New Zealand, where trials similar to those proposed for Australia are already in progress, women are not being given full information about the unresolved safety questions. The leaflet entitled *"The Injection"*, distributed by the New Zealand Family Planning Association makes no mention of the risks of cancer, permanent infertility or excessive bleeding. This leaflet even encourages the use of the injection during breast feeding by stating that: "The injection does not affect the supply of breast milk", while saying nothing at all about possible effects on the nursing infant.

We are concerned that Australian women would be encouraged to volunteer for these trials without access to detailed information about the possible dangers.

Already the drug has been used on Aboriginal women in Western Australia. The reporter contacted twenty of these women and found that they had "no idea of its potential risks" *(National Times*, March 15-21, 1981). The notion that there could be specific target populations for this drug is alarming. A statement issued by Upjohn Pty. Ltd., Rydalmere, NSW dated 14/11/80 says:

> "In developed countries as the USA and Australia, the population of women who could be considered as candidates for the use of Depo Provera as a contraceptive would include: Unreliable patients (e.g. alcoholics, mentally retarded), in whom pregnancy could be life threatening or contraindicated, and who may not adhere to other regimes."

The possibly life threatening risks of Depo Provera itself would be just as great for these women as for any others. Furthermore, it is incongruous to expect those women, already deemed too unreliable (or mentally retarded or alcoholic) to use other forms of contraception, to give truly informed consent to the use of Depo Provera.

We support the decisions of the Food and Drug Administration USA (1978) in refusing approval of Depo Provera as a contraceptive and of the Family Planning Association of NSW (1979) in placing a moratorium on the use of Depo Provera in its clinics."

We ask all concerned women to write to the NH&MRC in support of our submission. Letters from women who have used Depo Provera telling of their experiences would be particularly useful. We must prevent these trials:

Write to:

N.H.&M.R.C.
P.O. Box 100,
WODEN, ACT, 2606.

Depo Questionnaires

The campaign has produced a questionnaire for women who have used Depo Provera. If you have not received one with this issue and know someone who has had Depo Provera, please write to us. The Hecate Women's Health Collective in New Zealand will also be sending us results from questionnaires distributed there where the drug is much more widely used.

Even from the small number of responses so far the results are very interesting. One woman completed the questionnaire without having had Depo Provera. She rightly thought that we would want to know that, at age sixteen, she had been "heavily pressured over a period of 12 months by my local family doctor to have the injection". She was suspicious and resisted the pressure.

results

AGE:

The ages of the respondents ranged from 15 to 38. Over half were under 23.

WHERE:

71% were given the injection in Australia. The other 29% received it in New Zealand.

WHO PRESCRIBED IT:

General practitioner - 42%.
Gynaecologist - 28%.
Family Planning Clinic - 15%.
Abortionist - 15%. One of these women was forced to have the injection under threats of the non return of her clothes so she could leave the hospital.

WHY:

90% were given the injection for birth control. One was given it for severe ovulation pain and one for endometriosis. Another woman (who has not yet completed the questionn-

aire) was given it for undiagnosed uterine bleeding. It should be noted that nowhere in the research literature is Depo Provera recommended for any of these purposes. In fact the package labelling in the U.K. specifically states that undiagnosed uterine bleeding is a contraindication for Depo Provera. All of these women were given it by gynaecologists.

BREAST FEEDING:

Only one woman, a New Zealander, was given it while she was breastfeeding.

OTHER METHODS OF CONTRACEPTION DISCUSSED BY THE DOCTOR:

None - 33%.
Pill only - 33%.
Range of methods - 33%.

POSSIBLE EFFECTS OF DEPO PROVERA EXPLAINED BY THE DOCTOR:

Most women were told that their periods would stop - 78%. Possible bleeding problems were explained to 57% only. Delay in the return of fertility was explained to only 15%. The possible risk of cancer was not explained to **ANY** of the women.

CONSENT:

None of the women were asked to sign a consent form. As the drug is not approved for contraceptive purposes doctors are advised to seek informed consent from their clients. We feel, however, that it is ludicrous to suggest that a doctor could, in a standard consultation time, adequately explain the risks of this drug which has been the centre of a ten year long international medical controversy. Moreover, as consent forms are usually for the purposes of protecting the doctor from legal action rather than for informing the woman, we consider the whole question of consent of solely political interest.

METHODS OF BIRTH CONTROL USED BEFORE DEPO PROVERA:

86% had previously used the Pill and had the following problems with it:

Headaches - 28%; weight gain - 15%; varicose veins - 7%; forgetting to take it - 5%; depression - 28%; unspecified side effects - 5%; deep vein thrombosis - 2%; no problems - 15%.

28% had previously had IUD's. 15% reported bleeding problems, 5% severe cramping and one developed pelvic inflammatory disease.

Only one woman had used a diaphragm and one had never used any contraception.

EFFECTS OF DEPO PROVERA:

64% reported loss of periods. 64% reported bleeding problems including 36% who bled intermittently for three months. One of these became anaemic from excessive bleeding, two have since had curettes and two have gone on the Pill to stop the bleeding. Weight gain was reported by 28%. One woman has put on two stone after four injections. 28% experienced depression, one requiring anti-depressants. Headaches were reported in 21%. Loss of interest in sex was also reported by 20%. Other effects were increased growth of hair on arms and legs, pelvic pain and fluid retention.

One woman has developed an extremely irritating rash over most of her body which has required cortisone treatment and doctors are unable to diagnose the cause of this increased sensitisation. Only one woman reported no side effects. Most of the women have only had one injection. All of the 50% of women who had the injection more than one year ago feel that their bodies are back to normal but of the other 50% who had the injection less than a year ago only 5% feels back to normal.

OTHER COMMENTS:

Only one woman said she would recommend Depo Provera *"to anyone who can't take the Pill"*. Other comments were:

- *"If I had known more about it I would never have agreed to try it".*
- *"Should not be used".*
- *"Although I found the drug convenient, I feel the risk of becoming infertile is too great".*
- *"Should be totally banned. Dreadful stuff".*
- *"I didn't get enough information".*
- *"Women should be given information about* **all** *the side effects they may experience".*
- *"I wouldn't recommend it. When I had the injection I thought it was a* **tried** *and* **successful** *method of contraception, but I became suspicious when I had to pick up the script for my second injection (because I was bleeding I was given a second one) and it was in another woman's name. It was explained to me that it is usually given in cancer cases and as this woman had cancer it was easier to obtain. Then I felt it can't be approved for contraception".*
- *"I work in a medical unit where Depo Provera is sometimes used for intellectually handicapped girls. I found it extremely hard to cope with side effects myself and I could express my difficulties and try to seek help. Intellectually handicapped girls cannot do this and I really wonder, particularly with institutionalised girls how they cope and whether side effects such as depression might be punitively handled".*

☆☆☆☆☆☆☆☆☆ ☆☆☆☆☆☆☆☆

THE TOP TEN IN OPERATIONS

CANBERRA – Department of Health figures released yesterday show that abortion has become one of the10 most common surgical operations in Australia.

The figures show that medical benefits were paid for at least 42,462 legal abortions in Australia in 1980.

Abortions were eighth on a list of the 10 most common surgical procedures issued by the department in response to a parliamentary question.

The most common operation in 1980 was the removal of cysts, benign tumours, and other growths from the skin (206,593 operations).

Then followed:

Removal of up to five pieces of hardened skin, warts, or similar lesions by electrosurgical or chemical means (205,929).

Injection of drugs or withdrawal of fluid from joints (179,913).

Curettage of uterus (113,205).

Stitching of small wound (68,002).

Insertion of intra-uterine contraceptive device (54,459).

Bowel examination (49,388).

Abortion (42,462).

Removal of more than five pieces of hardened skin, warts or similar lesions by electrosurgical or chemical means (37,734).

Sterilisation by tubal ligation (35,481).

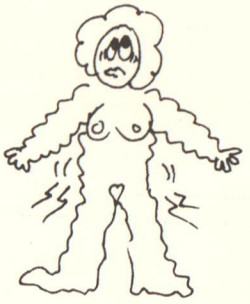
(*Sydney Morning Herald*, 31/10/81)

TAMPONS

A Melbourne woman who bought tampons made by the firm with a short name, that packages them in plastic pop-out wrappers, has found sharp slivvers of metal both in the wrapper and embedded in the tampon. When she reported this to the manufacturer, she was told they would send someone to pick it up. Not being a fool, the woman refused and was advised by the Doctor's Reform Society to contact the Health Commission. The manufacturer's 'excuse' for this occurrence was that they had had a lot of industrial sabotage amongst the workers and this was the result. As the majority of the workers in the industry are women, they are expecting us to blame each other for their machinery falling to bits. We suggest a boycott of this particular brand.

(from Melbourne Women's Liberation Newsletter, November, 1981)

HOT



HELP FOR SORE BREASTS

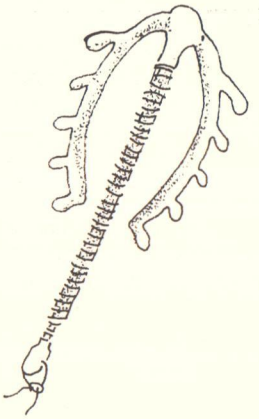
Fibrocystic breasts (painful lumps in the breast that swell and worsen in the premenstrual phase of the menstrual cycle) can be improved by reducing methylxanthines in the diet and taking Vitamin E.

A report in the *Journal of Reproductive Medicine* found that women who cut down on coffee, tea, cola, chocolate and analgesics (all of which contain the methylxanthines caffeine, theophylline and theobromine) had a significant reduction in breast pain and lumps after six months of such abstention.

Barbara Seaman in *Women and the Crisis in Sex Hormones* (p. 176) cites a study showing that 600 units of Vitamin E daily also reduces fibrocystic breast discomfort.

NEW COPPER IUD: 'Multiload' - Multi-risk?

Another copper coated intrauterine device, the MLCu250 has come on the market. Similar in shape to the infamous Dalkon Shield, the device is less likely to be expelled from the uterus and to remain in place more securely. It contains more copper than the Copper 7 and the Copper T - this does not necessarily mean longer contraceptive cover since it is the rate at which calcium from the menstrual blood is deposited on the copper that determines the effectiveness or failure of copper bearing IUD's. It probably does mean slightly greater risk of melanaldehyde forming in the cervical mucus. Melanaldehyde is a known carcinogen and has been found in the cervical mucus of women wearing copper IUD's. Women who have copper IUD's should have yearly pap smears.



FLASHES

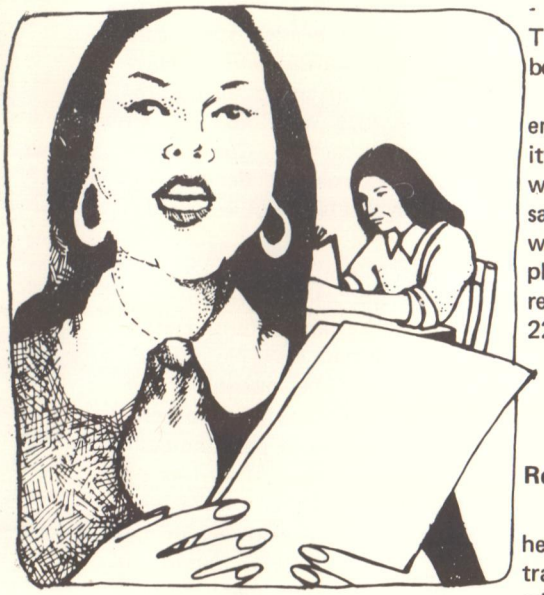
BEYOND DEPO SKIN IMPLANTS

The population controllers and their multinational friends have found a new toy to play with. This time its skin implants. Six tiny capsules inserted under the skin of the woman's arm can prevent pregnancy for 5 years. Tests of "Norplant" have been done over six years in Brazil, Chile, the Dominican Republic, Jamaica, Denmark and Finland and now a start is being made on using them in Asia, Africa and Latin America according to the US Agency for International Development.

Harold Nash of the Population Council's Centre for Biomedical Research, said that Norplant was being used in Thailand, Egypt, Ecuador, and Indonesia to see if it meets local needs. This organisation receives money from private foundations (e.g. Rockefeller) and other sources.

Norplant is a progesterone-only product. Each capsule contains 35mg of Levonorgestrel. The most common "side effect" is irregular bleeding - an effect common to the progesterone -only "mini" Pills. Other reported effects include headache, nervousness, depression, general discomfort and acne. Fuller information about the effects of the drug won't be available until it is more widely distributed. Third World women are again the guinea pigs in the profit seeking competition between drug companies looking for the $olution to the "population problem".

The skin implants have one major advantage over Depo Provera in that if a woman experiences side effects she can have the implants removed.



CONSUMER ACTION AGAINST DOCTORS

The NSW Department of Consumer Affairs has received so many complaints about doctors and medical malpractice that they have set up a bad doctors file.

They will take action against a doctor if they get a number of complaints against him or her. Since suing doctors in Australia is so difficult this will hopefully give women some recourse for poor treatment.

Contact: NSW Department of Consumer Affairs, 1 Oxford Street, Darlinghurst, NSW, 2010. Phone: (02) 266-8111.

Pregnancy stand-downs unfair, say bus women

The Anti-Discrimination Board has taken up the case of four women - three bus drivers and one conductress - who were stood down by the Urban Transit Authority because they became pregnant.

They were not offered alternative employment and had to go on maternity leave without pay. The four women who have lodged complaints say they are ready, willing and able to work and cannot afford to be unemployed because of high rents and home repayments (*Sydney Morning Herald*, 22/9/81).

Request from reader:

A Canberra woman is researching herbal and alternative methods of contraception and would be very interested in any information.

Please write to:
Kate Rowland,
16 Barkly Crescent,
Forrest, ACT, 2606.

Women's dance illegal

A women-only fund-raiser for the Hindmarsh Women's Community Health Centre in Adelaide was ordered by the Equal Opportunity Board to open its doors to both sexes because otherwise it would be contravening the Sex Discrimination Act.
(*Editor's note:* Our sources tell us that this can be avoided by forming say a 'Women's Entertainment Club' and organising functions open to members (wqmen) only.)

HOT FLASHES (cont'd)

LEGAL ABORTION CUTS MATERNAL DEATHS, SAYS GYNAECOLOGIST

The disappearance of backyard abortions in Australia has helped produce a steep decline in deaths among women during pregnancy and childbirth in the past 15 years.

But improved drugs, diet and treatment have also played a big part in reducing maternal death rates from 91 a year in the early 1960's to about 35 a year in the late 1970's, according to a leading gynaecologist, Sir Lance Townsend.

Latest available statistics show that maternal deaths from abortions have fallen from about 15 a year in 1966 to about one a year by 1978.

Sir Lance told a news conference yesterday that while legalisation of abortion had been responsible for fewer maternal deaths from abortions, advances in medicine generally had been a much greater influence in reducing maternal mortality in Australia.

Haemorrhages used to be the chief killer of women at childbirth. Since the mid-1960's, maternal deaths resulting from haemorrhaging have fallen from about 25 a year to five a year. New drugs and the introduction of blood banks enabling instant transfusions have been largely responsible for the decline.

Other leading causes of maternal death included blood clots and toxaemia (blood poisoning). Deaths from these ailments have been reduced by about two-thirds, largely because of improved care before and after birth, Sir Lance said.

He said the reduction of deaths from toxaemia was linked to the better standard of living in Australia and particularly improvements in diet.

Sir Lance recalled that when he delivered his first baby in 1934, the threat of maternal death was such that many women after successful childbirth attended a special church service. The custom was called "the churching of women".

After childbirth a woman thanked the heavens she was able to go home fit and well, Sir Lance said.

(The Age, 27/10/81)

LOUISA LAWSON HOUSE NOW EXISTS!

The Housing Commission of NSW has offered the Louisa Lawson House Collective a house at Arncliffe. The collective has accepted and will move in immediately.

The collective was formed over two years ago to establish a refuge for women undergoing emotional crises who did not want to go into a psychiatric hospital but needed some care and support. Submissions to the NSW Health Commission and other government bodies met with no success. Leichhardt Women's Community Health Centre recently decided to second two workers to actively lobby for governmental support for the project.

Louisa Lawson House will initially be an information and referral centre for women and madness. No residential facilities will be possible until funding is obtained for workers. Women are welcome to join the collective - we are going to need lots of womanpower and energy. We also need donations of furniture, office equipment and resource materials. Money for the rent and electricity is also urgently needed.

The house is named after Henry Lawson's mother who spent her last years in Gladesville Psychiatric Hospital. Groups will be meeting at the house in early 1982. So far these are:

* **Women and addiction**
* **Women and tranquillizers**
* **Anorexia - a feminist look**
* **Depression - a discussion and self help group.**

If you are interested in any of the groups or wish to help on the collective **contact**: Marianna, Rose, Meg or Carmel on 560-3011; or call at Louisa Lawson House, 112 West Botany Street, Arncliffe.

MORNING AFTER

A charity clinic in London has begun a service of 'Morning After' contraception. This includes the insertion of an IUD (temporarily or long term) or combined eostrogen/progesterone pills. This is one of only a few such services in Britain. They are going to report on its results in the next few months.

(from ICASC Newsletter)

NSW STATE WARDS FACE ABORTION HURDLE

NSW's Minister for Youth and Community Affairs, Kevin Stewart, has decided to make it harder for State wards to get abortions. Stewart, a Roman Catholic, is legal guardian of the State's 4300 wards.

In a written reply late last year to a query about his attitude, Stewart wrote: "I do not expect that the circumstances would arise where I would approve a request for a termination of pregnancy."

He added that any issue affecting a ward that required his approval - powers given to him under the Child Welfare Act - would be dealt with after consultation with his department and any other relevant authority.

"But in all cases I will exercise my own judgement."

His statement, in a letter to the Union of Australian Women (UAW), represents a significant hardening of the official attitude to the issue.

His pronouncement on the subject seems to indicate that policy under the Wran Government, officially at least, is now more in line with the stance of the Roman Catholic Church than the prevailing legal precedent on the matter.

(from *The National Times*, Jan. 3-9, 1982)

INTERNATIONAL

GREECE

Melina Mercouri, feminist activist and long-time opponent of the former military junta, has been named Minister for Science and Culture in the new Pan-Hellenic Socialist party. Melina is often a lone public voice in demanding rights for both women and homosexuals. She is a member for Piraeus, the working class port electorate.

Since the election results, she has declared she will remain a feminist activist, working for the rights of Greek women and women everywhere. She is also committed to the recognition of contemporary Greek culture. Her stands on this and women's rights has already resulted in criticism in reactionary Greek newspapers.

Melina Mercouri Newsweek Nov 1981

USA

The Moral Majority, the largest and most fundamental of the New Right groups, has succeeded in banning some 148 books from library shelves in 34 states. These writings are proscribed for containing 'obscene language' and 'incorrect' moral and ethical views. Taboo books include such classics of modern fiction as *Brave New World*, *Catcher in the Rye*, and *Black Boy*. Books by Third World authors are particularly singled out, as is the well-known feminist health book, *Our Bodies, Ourselves*. The state of Texas has removed seven different dictionaries from library shelves because they contain definitions for slang words like 'horny' and 'shack up'

(Spare Rib, Sept. '81)

MISSING FEMINIST

GUATEMALA - *New Women's Times* (US) reports that Alaide Foppa, the co-editor of *Fem*, one of Latin America's few feminist magazines, has disappeared. Foppa, a Guatemalan living in exile in Mexico since 1955, was last seen in Guatemala in December when she returned to visit her aging mother.

The Guatemalan Democratic Front Against Repression has accused Guatemala's army intelligence service of being involved in Foppa's disappearance. For eight years, Foppa, a university professor, had hosted a radio program in Mexico, called *Women's Forum*. Women have been urged to write to the Guatemalan Embassy demanding a credible investigation.

NEW ZEALAND NEWS

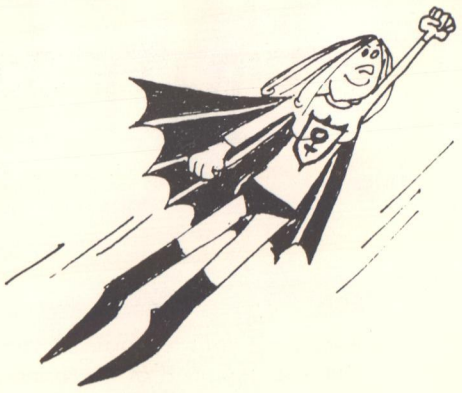
In June a young Dunedin woman exercised her right to have an abortion just an hour before a court granted an injunction which would have prevented it.

The woman's boyfriend, claiming he was the father of the foetus, had applied to the High Court in Christchurch to stop the abortion which had already been allowed by two certifying consultants. He was represented by Mr. J.S. O'Neill, a lawyer who is the Vice-President of the New Zealand SPUC (Society for the Protection of the Unborn Child). Mr. O'Neill claimed that the point at issue was whether the consultants had acted in accordance with the criteria set out in N.Z.'s Contraception and Sterilisation and Abortion Act. (This act, passed in 1977, considerably tightened the law in NZ, making it necessary for two specialists at a hospital to approve a woman's grounds for abortion. It resulted in a flood of NZ women at NSW abortion clinics.)

As New Zealand WONAAC (Women's National Abortion Action Campaign) pointed out, the granting of this injunction sets a dangerous precedent. "If the rights of the putative father are to override the rights of the mother to have an abortion in accordance with the law, it would appear that the male-dominated judiciary is creating a back-door means of subverting the present law", WONAAC spokesperson Helen Wilson said. Women already faced many legal and practical obstacles when seeking abortions and any judicial wrangles would lead to further delays and late terminations.

Other actions of SPUC this year have included an attack on staff members of the Parkview Clinic at Wellington Hospital for providing abortion counselling. Such actions produce a climate of fear around the question of abortion. The very fact that women must beg specialists and judges for abortions prevents clear recognition by the community of abortion as a woman's right to choose.

Campaign News



ATTACKS ON ABORTION CLINIC CLIENTS AND STAFF

Over the past few months we have seen an increase in attacks on abortion clinics in Sydney. For a year now a small group called Aid Life have been demonstrating daily outside one inner city clinic. Women attending the clinic and staff members are subjected to verbal abuse as they enter and leave the building. Some clients have been pursued by the demonstrators for some distance and one staff member was loudly accused of being a murderess as she stood at a bus stop three blocks away from the clinic. Staff have received abusive phone calls at their homes and have been threatened with violence. A fire was set in the foyer of the clinic and the building has been defaced with red paint on two occasions.

In October, the neighbours of two clinic doctors were letter-boxed with an "invitation to a barbecue" at the doctor's homes. The bogus invitation appeared to come from the doctor and invited neighbours to come and hear about "dismemberment" and "killing". Neighbours were extremely upset about receiving such a contemptible document and sympathised with the doctors and their families.

Other clinics have also been subjected to harassment in the form of demonstrations outside and one clinic has been robbed three times in the past month.

TACTICS BACKFIRE

As the "pro life" (compulsory pregnancy) forces have failed in their parliamentary attempts to prohibit women's rights to abortion they are now turning to gutter tactics. This is not a way to win supporters to their cause and already the popular press has rightly condemned them as fanatics.

CAMPAIGN GROWS

The threats to clinics and the harassment of women clients has brought renewed interest in our campaign. Large meetings of enthusiastic women have been discussing the future direction of our activities. There is agreement that we must go beyond merely defending existing services. We must expose the fascism of those who would enforce pregnancy. We must counter their lies about the dangers of abortion. We must restate the view of the majority of Australians that abortion should be freely available.

Below is a copy of a letter sent to a Sydney abortion clinic in late 1981:

To the fascist ghouls who make a living by chopping up babies:

Take notice that any threats of violence, or actual violence, against any people protesting against your revolting activities, or likewise against their family, will lead to serious consequences that will give you considerable cause for regret. We will hold you responsible, both collectively and individually. The People of Peace have 'Guardian Angels' who are not afraid to use the sword in defence.

We undertake not to use personal violence against you unless threatened or attacked, so perhaps it might be wiser if you adopted this same policy. (It's a pity the innumerable babies you slaughter don't get the same civilised choice).

Very Sincerely,

Some of the many who are sickened by what you do with your lives and that of others.

We must fight the medical profession which makes most of its fortune out of women by feeding them tranquillizers and dangerous contraceptives, failing to find cures for common vaginal infections, turning healthy pregnant women into "patients" with no say in the births of their own children and then finally taking away their wombs and discarding them with more tranquillizers.

We must question the lack of SAFE effective contraception, the motives of contraceptive manufacturers and population controllers. We must encourage frank and open discussion of all aspects of sexuality. We must challenge the ideology that

- says abortion is not an issue unions should address
- says women are taking men's jobs
- promotes sexual passivity and heterosexuality
- says its not really sex unless there's a penis in a vagina
- says that if you have children and are not under the thumb of one man, e.g. husband, then the State can take over and pry into your life and assume that if you relate to a man you are automatically his chattel
- says its your fault if you are raped or if your husband beats you.

For a long time now we have said 'Abortion is a woman's right to choose'. We must now ensure that women have valid and positive options to choose from.

To produce literature, provide speakers, organise meetings and other activities costs money, of course. We do not have the resources of the right wing and the Catholic church behind us. If you believe in women's freedom please help by sending a donation to us. Women's Abortion Action Campaign, 62 Regent Street, Chippendale, 2008.

NOTE: The next meeting of the campaign will be held at Women's House (address as above) on Wednesday 6th January, 1982 at 8.00 p.m. and fortnightly from then on. All women welcome to attend. See you there!

ACTU VICTORY

Abortion IS an industrial issue

The ACTU Congress in September featured a major and intense debate on women's right to safe, legal abortion. The debate, though labelled as 'divisive', represents a major victory for women. An amendment from NSW Labor Council secretary, Barry Unsworth, to delete abortion from the ACTU's social welfare demands was defeated 528 votes to 392. The debate also saw abortion recognised as an industrial issue. The abortion proposal calls for the "right to free, safe, legal abortion for those who choose it".

The abortion proposal was originally part of the Working Women's Charter which was to be discussed at the Congress. Discussions between the ACTU Executive and the ACTU Women's Policy Committee prior to the Congress led to the placing of the abortion question in the ACTU's social welfare policy instead. Several unions had indicated that they would oppose the charter if it contained an abortion policy. Taking abortion out of the Working Women's Charter and relegating it to the area of social welfare denies the fundamental importance of reproductive freedom to women's ability to plan their lives and their work. Tactically, however, the move was fortunate as the Charter was scheduled for debate on the last afternoon of the Congress and as there failed to be a quorum present the Charter was not discussed at all.

Anti-abortion speakers included Anne Connelly, FCU delegate, who argued that abortion was not a working class issue. Cliff Dolan, ACTU President, also voted to delete the reference to abortion.

Outside the Congress, delegates were besieged by Right to Life demonstrators holding up colour photos of fetuses and distributing anti-abortion literature. W.A.A.C. and union women countered with leaflets reporting the overwhelmingly pro-choice results of opinion polls and surveys.

Jennie George, general secretary of the NSW Teacher's Federation, described the decision as a "significant breakthrough". "We hope that the ACTU now puts its weight behind the general movement for the liberalisation of abortion laws. A number of unions already have that as their policy," she said. The ACTU decision should make it harder for organisations like the Festival of Light and the National Civic Council to intervene in union affairs.

RIGHT ATTEMPTS TO SPLIT ACOA

The fight against the misogynist New Right is still being waged within ACOA (the Administrative and Clerical Officers Association), the largest trade union (48,000 members) in the Federal Public Service. The ACOA at its national conference in September 1980 adopted a policy which declares:

> *"ACOA supports the right of women to exercise decisions in accordance with their own consciences and values to control their fertility by, if necessary, the ready availability of abortion facilities.*
>
> *ACOA recognises that the ready availability of reliable contraception and abortion is an industrial issue in that it affects the ability of women workers to participate in the workforce and the union movement to the extent that they wish."*

The adoption of this policy so angered a few ACOA members who are also aligned with the right-wing National Civic Council that they organised a petition for a union plebiscite on the issue. The plebiscite appears to have the twin aim of defeating the current policy and breaking the union with the enormous cost of running the plebiscite.

Ballot papers for the plebiscite were sent to all financial members of ACOA. Union members are asked to vote on four questions:

1. **Do you approve of the retention of ACOA's policy on abortion?**
2. **Should ACOA have a policy on abortion?**
3. **Should ACOA support the current government policy of payment of family allowances (indexed and incrementing with each child)?**
4. **Should ACOA have a policy on family allowances?**

A pamphlet endorsed by the National Women's Sub-Committee of ACOA and the President and Branch Secretaries of the union recommends a 'Yes' vote on questions 1, 2 and 4. They advocate a 'No' vote on 3 because the current incremental method of paying family allowances in fact discriminates against many families of one to three children, particularly single-parent families, who are living below the poverty line.

The ballot closed on Thursday 17th December. While results are not yet known, an ACOA spokesperson said he was pessimistic about current ACOA policy being endorsed by the membership. This is in view of growing right-wing influence; in NSW this year an NCC member was elected to the national executive for the first time in many years. The NCC is particularly strong in the ACT and Victoria.

The vote in ACOA is another sign of the determination of the right to destroy gains made for women. Opponents of a woman's right to abortion deny women freedom not only to choose not to have children but through that, seek to deny their participation in the workforce. This is despite the fact that studies show that the majority of women want freely available contraception and abortion.

LANGUAGE:

THE TERMS OF THE ABORTION RIGHTS DEBATE

Rebecca Albury

Most women have found themselves in arguments about abortion. These arguments are always conducted in the spoken (or written) language shared by the broader society, the language which reflects and transmits the culture. Therefore, the debates have been conducted in the terms of a woman-denying culture, and that aspect of the arguments must be addressed if there is to be any hope of meeting the attacks on women's rights. In many, if not all, anti-abortion arguments the differences between women's life experiences and those of men are ignored. Each time those differences are denied and the male experience set up as the model of **human** experience the very existence of the human female is denied.

For humans language is the means of constructing social relationships, the means of interpreting experience. Whoever has the power to give names has the power to shape experience. For most of human history men have had the power to give the public names to human events and relationships. A small minority of men have also had the authority to be the legitimate namers for society as a whole as the authors of laws, government policy, newspapers and histories. Virtually nothing is known about the experience of women because men's experience became human experience in the public records. Denied any speech except male-speech women are denied a separate existence. Women's unspoken experiences are thus unacknowledged by society as a whole - invisible to other women as well as to men. I will not accept the terms of argument which are set by anti-abortion speakers; to do that would be to suggest that, if the opposition would only find the correct formulation, I would join them. There is no correct formulation with which to deny my existence, not in terms of morality, public policy or science.

MORAL ARGUMENTS

Until recently moral and religious arguments provided the core of the case against abortion rights. Stated baldly: Abortion is murder because the foetus is an unborn child; a woman is fulfilled only through childbirth and childrearing; the proper social role for women is at home doing the emotional work of nurturing men and children. Women who seek abortions are then accused of selfishness and irresponsibility. In these arguments women are denied the right to name their actions and are not trusted to make moral decisions. Therefore, they need men to name the act of abortion as 'murder' for them. Perhaps women might name it something else - bringing on a period, self defense, or even, fertility control. Murder is a highly charged word that serves to silence the desires of women for an independent life. If the voices of women could be heard, abortion could be said to be a lifegiving act for an adult woman. Unwanted childbearing could be said to be the death of dreams or the jailing of a creative spirit.

I would argue that the self-appointed voices of the 'unborn' speak for themselves (not future children) out of their own fears, irresponsibility and selfishness. A life without strict prohibitions is very frightening because there is no outside measure of success or failure and individuals must take responsibility for their own decisions. Who indeed would provide emotional comfort for men if women did not, who provides emotional support for women now? Few women can admit the dimensions of their need; they have been 'unselfish' for so long in the face of the needs of others. Perhaps the 'responsible' woman who bears an unwanted child is covering up the irresponsible actions of someone else. The development of high technology contraception like the pill and IUD has served to relieve males of what little responsibility for conception and birth control that they once may have felt. The enthusiasm for Depo Provera among many family planners and population controllers is a further extension of the trend to place the full burden of fertility control on women while denying them existence as rational and decision-making beings. These contraceptives reflect a male-defined sexuality that has no place for independent female voices. Once again women are denied the possibility of saying what it could mean to be responsible for their own lives and how it feels to be governed by the selfishness of those who have come to depend on them. I now think that those

There is no correct formulation with which to deny my existence ...

who claim to speak for the 'unborn' speak of their fears of rejection, fears so great that they cannot see that preventing abortion today will not provide love and warmth for living people. They speak of their inability to imagine a world in which women do not provide the total life support system for men.

PARLIAMENTARY POLITICS

These fears and lack of imagination are written into the legal codes and the administrative practices of every state in Australia. Attempts to eliminate abortion by enforcing criminal law or by denying medical benefits are thinly disguised attempts to outlaw female autonomy. They are based on widely accepted assumptions about the importance of the family for society. The institutional family, to be supported by compulsory childbirth, is one

for life? or

against choice

in which the father has economic and, in many situations, legal authority over a woman and her children. In addition, the supporting mother's benefit is so small, and child care and social support so inadequate that most women participate in that form of family in order to enjoy and care for the children they do want. The three moral issues often debated in terms of their effect on the family - abortion, homosexuality, and divorce - remain conscience issues for parliamentarians. The silencing and isolation of women in families has meant that those conscientious parliamentarians are overwhelmingly male. Abortion is still a crime in most states, and the law is unevenly enforced.

It is no accident that the easiest 'social issue' laws to change are the last to be considered by governments (only repeal is necessary, medical practice laws would suffice to keep abortion safe). In N.S.W. the age of consent is likely to change before abortion is no longer a crime. Even in South Australia where the law was 'reformed' a woman cannot obtain an abortion on her request alone; hospital boards and doctors can decide on her 'need'. Perhaps the real 'crime' to be prevented by anti-abortion laws is female autonomy. When abortion is illegal women are exposed to the risks of both law enforcement and the aftermath of unsafe abortions, but men are protected from women who make independent decisions.

A new twist was added to the legislative control of women in the debates about the Human Rights Commission Bill before federal parliament. The Right to Life and their anti-woman supporters tried to extend the definition of those protected by human rights to foetuses. The plan was to prohibit abortion, not ensure superior ante-natal care for all pregnant women. In fact in such debates women's rights were set in opposition to human rights. It is as though women disappear as human beings at the moment of conception and become nothing more than incubators for the 'real' humans - the foetuses. This is a narrow view of the humanity of women; it denies women's autonomy by denying them inclusion in the category of persons who benefit from human rights.

"SCIENCE SAYS"

For those who reject religious teaching or parliamentary wisdom as the source of arguments against abortion there is the final contemporary authority - science.

People like Bernard Nathanson (who made a fortune performing abortions and now campaigns against abortion rights) use advances in scientific observation to deny the existence of the breathing pregnant woman as anything other than the bearer of the developing foetus. Seldom do scientists speak as eloquently about the beauty and delicacy of the cyclic functioning of a woman's body as they

It is difficult to see how women will benefit from being denied autonomy in the name of science.

do of the human embryo. Nor do they speak with passion of the need to protect that cycle from possible interruption by hormonal contraceptives like the pill or Depo Provera, or the physical irritation of the IUD. On the contrary, women who do advance such arguments are accused of being against progress and rejecting a technology that could control their fertility. Notice, the arguments of both the high technologists and Nathanson that the control of fertility comes from sources beyond a woman's immediate experience and call for further research and meddling with women's bodies.

Will the advances in scientific observation lead to a situation in which women are denied power over their fertility and men assume a power hitherto closed to them - the power to produce babies? Nathanson looks forward to the day when unwanted foetuses are removed and placed in the uterus of some other woman, perhaps after a time in the freezer. To me that sounds like another opportunity for male manipulation of fertility, not protection of life.

The direction of scientific investigation is not pre-determined, but rather is the result of political decisions made by those who benefit from the findings. Nathanson wants us to accept for science the status previously held by religion as beyond question and thus to deny the voices of the objects (victims) of research. It is difficult to see how women will benefit from being denied autonomy in the name of science. The last time women were targets of the combined forces of the medical profession and the established authority (the church) 'witches' were burned for giving life, health and comfort. Now that science is winning the long battle for authority women suffer drug-induced illness, sterility and are in serious danger of losing what is left of their power to give life.

If moralists, clergy, politicians and medical professionals recognise women as equal members of human society then they give up their desire to control female fertility and their position of power in society. The arguments in support of the right of women to control their reproductive powers and decisions must confront that desire to control rather than simply meet individual arguments against female autonomy as each one arises. The acceptance of safe abortion as the right of all women is but one step in the process of establishing a society in which women are independent of the demands of men and free to live according to their own needs and goals. The continued denial of that right is the continued denial of the separate existence of women with their powers, insights and experiences a respected and valued part of a shared human culture.

ABORTION PROVIDES DIABETES CURE

Anyone who has read Rebecca Albury's article on the language of the abortion rights debate (see above) would recognise such male-defined language in the reports of a recent scientific advance. Controversy has arisen over a new procedure involving the transplantation of pancreatic tissue from human foetuses which offers a possible cure for diabetes.

Lawyers and doctors are apparently concerned for different reasons. The legal issue at stake in our society where laws are based on ownership of property is "who owns the foetus?" Laws are gradually being introduced in Australian states to regulate organ transplants but the area of foetal tissue is specifically excluded. Without regulation, lawyers (like Russell Scott, author of a new book called *"The Body as Property"*) foresee possible illicit markets and commerce in body materials - a fairly horrifying prospect.

Catholic doctors and clergy have taken a somewhat hypocritical stance. Even though dead tissue is already widely used in medical research, their main fear is that use of foetal tissue will "serve to entrench and give some respectability to abortion".

This is a difficult but important issue for feminists. We regard the foetus as having only the potential for human life and once removed it is dead tissue. It is clear that foetal tissue is already being used fairly extensively in medical research and probably will continue to be used. Currently no permission for such use is sought from the woman and many women would find the idea fairly repugnant. Others, however, might not care. Women should be asked to sign a form giving consent; on the other hand many women would find it difficult to refuse a doctor who carries an air of authority. For some women, the idea of the use of their aborted foetus for research might have a severe emotional impact when they are particularly vulnerable, and so they should have the right to refuse.

The over-riding consideration should be that any laws or regulations formulated should protect the rights of women, and not guarantee the rights of either doctors or foetuses.

cervical caps are here!

- healthier than the pill
- safer than the IUD
- less hassle than the diaphragm

In the past several years more and more women have been reluctant to accept the risks associated with the pill and intra-uterine devices. More women are using diaphragms and the cervical cap - both barrier methods of contraception which were popular earlier this century.

What is it?

The cervical cap is a thimble like object made of lucite, rubber or polyethylene which fits tightly over the cervix and is held in place by suction. Like the diaphragm it is more effective if used with a spermicidal cream or jelly. Many women who are uneasy about spermicide being in contact with the cervix for most of the time (both diaphragm and cervical cap need to be left in for six to eight hours after intercourse) are choosing to use cervical caps without spermicide. The cap is probably more effective as a barrier alone than the diaphragm since it is immovable once fitted to the cervix but there are no statistics on just how effective it is as a contraceptive.

Today the only cervical cap manufactured for contraceptive purposes is the Prentif cap made by Lamberts Ltd of London. The Prentif cap is a thimble shaped bowl made of rubber and comes in 4 sizes.

How effective is it?

The effectiveness of the cap is largely based on information gathered 25 years ago. If used consistently and effectively (with a spermicide) it has a theoretical effectiveness of 98%. This is comparable to current diaphragm statistics.

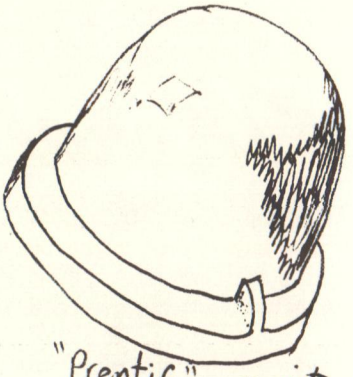
Who should not use the cap?

Any woman who has:

* severe cervical laceration
* an unusually long or short cervix
* an infection of the cervix, vagina or fallopian tubes (once this is cleared up a cap may be worn)
* inflammation of the ovaries and fallopian tubes (cap can be worn when it is cleared up).

Some women will have difficulty placing and removing the cap, e.g. a woman with short fingers and a long vagina like the writer who just cannot reach her cervix!

New Hampshire Feminist Health Centre which has been fitting caps since 1978, have found that 62% of the women who come to them to be fitted can actually use a cap. The problem for the other 38% is the limited range of sizes and types available. The Prentif cap comes in sizes 22mm, 25mm, 28mm and 31mm only.



"Prentif" cavity rim cervical cap

How to use it

Fill the cap one-third full of spermicidal jelly or cream. Too much spermicide will prevent the necessary suction. Some practitioners recommend cream rather than jelly to provide suction.

To insert it, get into a squatting or reclining position; separate the labia (vaginal lips) with one hand and with the other grasp the cap between the thumb and forefinger. While squeezing the rim together, slide the cap into the vagina and push it along the floor of the vagina as far as it will go. Use your forefinger to press the rim around the cervix until the dome covers the cervical os (opening).

To remove, lift the rim away from the cervix to break the suction. Then hook your index finger under the rim and withdraw the cap - or pinch the dome with your fingers and pull it out.

The cap should be left in for about eight hours after the last act of intercourse to ensure all sperm in the vagina are dead before the cervix is exposed.

After removal wash the cap with soap and water. We recommend dusting it with cornflour to store it.

Issues in cervical cap use

The cap is not a profitable device to market. Looked after properly it could last for years. Because it has been around for so long it can't be patented. Hence, drug companies are probably not going to invest much in developing the device.

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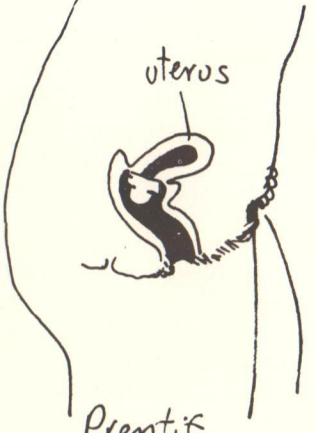


Prentif cap in place

Women and the Moral Majority

"God made Adam and Eve, not Adam and Steve. If homosexuals are allowed civil rights, they will become an established, bona fide minority, like **women** *or blacks."*

Jerry Falwell
(leader of the Moral Majority in America)

The Adam and Steve bit has been said (and used in the media) before. In fact, it is an indicative statement of the types who lead the Moral Majority, a burgeoning force of religious, right-wingers who are rapidly becoming an influential force in American politics.

Moral Majority men may make jokes about homosexuals, but their prime target is women - and this is not just reserved for the humorous level. The Moral Majority Movement (MMM) is an **ANTI-WOMAN** movement!

Among the anti-women jokes executed by MMM leaders at a recent conference held at the Disneyland Hotel, are the following:

"I'd like to introduce my wife. We've been married for 30 years. After that much time you get used to it!"

Or how about this little cutie:

"My wife is an angel. Spends most of her time harping and the rest of her time with her feet off the ground."

Or, even better.....

"Well, I'd like to introduce my wife, but unfortunately she has difficulty talking into anything that isn't a telephone." (This was from Dr. Bernard Nathanson, former abortionist, turned moralist, but more about him later.)

All these quips were delivered to an audience composed mostly of women, who tittered and giggled their way through these insults, beaming with pride at the cute little references to their "femininity".

But the Moral Majority is not a funny, or humorous movement - not in the least. The very existence of such a movement represents a deep crisis in the community of women in America: the female culture is actively divided into two camps - feminist and anti-feminist (read anti-woman).

WHERE THEY COME FROM.....

The beginnings of the Moral Majority Movement in America, ironically started with the liberation of many women. In 1973, the US Supreme Court handed down a decision making abortion a legal option for each state of the union. The Moral Majority as it is now, is a conglomerate of right-wing religious elements whose members originally organised around the 1973 Supreme Court ruling.

The movement is largely composed of "Right-to-Lifers" (although this is publicly denied by Falwell and other prominent male leaders of the movement). Most of the membership, or "volunteer" staff, are women (80%). They are mostly married and mostly middle class. The MMM claims chapters in every state, 72,000 clergymen and a membership of 10 million. They call themselves "pro-life" people and deny that they are anti-anything. Though in actual fact, they are **anti**-alternative, **anti**-minority, **anti**-poor, **anti**-gay and most importantly, **anti**-woman. The anti-abortion issue (which is the predominant force in the MMM) sanctifies the new conservatism in the US. It is the only "altruistic" issue in a movement which is predominantly against everything else.

This coalition of anti-abortion groups has as its defacto head the National Right to Life Committee (NRLC). The NRLC is the largest and most effective of all the groups composing the Moral Majority Movement.

WHO SUPPORTS AND FINANCES THEM.....

Patrons include Ronald Reagan, who has personally committed himself to go beyond his election campaign promises to curtail abortion in America and to smash the Equal Rights Amendment (ERA). (The ERA states that no person shall be discriminated against because of their sex.)

Carl Kercher, another influential patron is the owner of Carl's Jr. - a MacDonald's-like chain of fast food restaurants on the West Coast. He is a heavy financial donor to the NRLC and says a woman's right to choose is contrary to the American way of life. (Carl's Jr. advert slogan is - "Freedom of Choice at Carl's".)

Another patron is Joseph Coors, owner of the Coors Brewery and founder of the Heritage Foundation (a right-wing research group). Along with making substantial financial donations, Coors co-founded the Heritage Foundation with Robert Weyrich, organiser of the network of anti-abortion, anti-ERA, anti-gay groups who meet regularly to plan strategy against the separation of church and state. Weyrich is also the official public relations *man* and spokes*man* for the NRLC.

The "Gold Dust Twins", Richard deVos and Jay van Andel are president and chairman respectively of the Amway Corporation (you know the bio-degradable products one) which was founded as a testimony to "religion, patriotism and profits". Each of these men is worth an estimated US$400 million. DeVos is the founder of the Christian Freedom Foundation which puts out handbooks about winning elections so that the country can become a "Christian Republic". Mr. John Beckett - worth US$53 million - is an evangelist who sits on the Board of Directors of a group called the Religious Roundtable. This group puts out anti-abortion newsletters, which urge readers to pray for "protection of new government leaders against humanistic pressure in Washington D.C., especially feminists promoting the ERA".

So we can see that the MMM is heavily funded and patronised by very rich and powerful men in American

DOES WORK MAKE YOU SICK?

RAISING ISSUES ABOUT WOMEN'S HEALTH AT WORK

Women's right to work and women's health are important issues for all women but they are often considered quite separately - what about the issues of women's health at work? Where we work and the kinds of jobs we do can fundamentally affect our health and the quality of our lives yet women's occupational health issues are often neglected in discussions about women's health.

"WOMEN'S WORK"

Although women make up 36% of the paid workforce in Australia, most women are concentrated in a narrow group of jobs. Women are more likely to have low paid, low skilled jobs which may be repetitive and boring, and over which they have little or no control. These jobs tend to be an extension of the traditional role of women as homemakers; for example, food processing, clothing trades, electrical assembly (often household appliances) and cleaning. As professionals, women are concentrated in nursing, teaching and welfare.

There is growing recognition of some of the dangers that people face at work. Dangerous substances such as asbestos, chemicals, high noise levels, etc are being recognised as hazards and workers in many jobs have been able to organise around health and safety issues, to change the hazardous work processes. However, the battle to eliminate hazards from the workplace has only just started and little attention has been paid so far, to the hazards that relate specifically to women.

SEXUAL HARASSMENT

Sexual harassment is one of these problems and one that is extremely widespread. It includes any unwanted sexual comment, look, suggestion or physical contact. It ranges from propositions and sexual innuendo to attempted rape and rape. A woman complaining about this sort of degrading treatment is likely to find herself disbelieved, told that she "asked for it", or blamed for getting herself into a compromising situation - enough to deter most complaints.

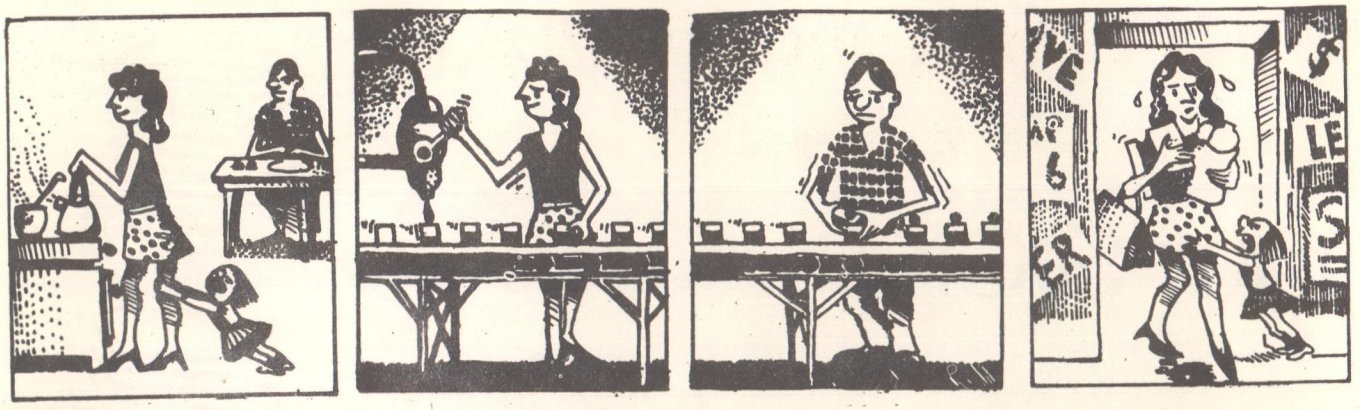
Since men tend to be the bosses and women the subordinates, who is there to complain to? Frequently a woman is forced to choose between sexual harassment and leaving the job. If she stays on and continues to resist harassment, life may be made unbearable - demotion, worse shifts, impossible performance standards may be imposed. The strain of putting up with sexual harassment and the penalties for not complying can have severe physical and mental effects - headaches, sleeping and eating problems, irritability, depression and complete nervous breakdown are possible results.

THE DOUBLE DAY

Most women come home from a day's work and go on to cook a meal and do the housework. Fatigue is common among these women and is exacerbated by shiftwork and nightwork. Anxiety about household and economic problems may aggravate stress of work. Women with children face the strain of childcare during school holidays and caring for sick children - a woman may be threatened with the sack if she takes a day off work to care for a sick child.

SHIFTWORK

Many women's jobs involve shiftwork. Because childcare facilities are so inadequate, some women are forced to work on late or night shifts so that they can be home with their children during the day. Shiftwork upsets the body's natural (circadian) rhythms, affecting sleeping and eating habits. This can lead to irritability, insomnia, gastrointestinal problems and chronic tiredness. Rotating shiftwork in particular, not only upsets the circadian rhythms but prevents setting up new sleeping and eating patterns. This is especially common in the nursing professions where nurses may have less than 8 hours between finishing a late shift and starting an early on the next shift. Shiftworkers also have problems getting home after working late because of poor public transport as well as the fear of being on the street late at night.



PRODUCTION LINES

Women working in factories usually work on production lines with piecework or bonus systems. They are employed to carry out a limited number of discrete, repetitive tasks which they are under constant pressure to complete quickly, either by the demands of the production line or the pressure of the bonus system. This regimentation can lead to nervous complaints. Pressure to remain at the production line and forced bladder control may increase the risk of urinary tract infections.

OVERUSE INJURIES

The nature of the work, involving rapid and repetitive movements often requiring pressure of the hands, arms or legs can cause tenosynovitis and related overuse injuries of the muscles and tendons. Typists, clerks, VDU operators and cleaners handling polishers, etc are other workers who may have overuse problems.

Women and migrants suffer mostly, because they are employed in industries where they have to do this kind of work. There are further problems because these groups are often unaware of legal rights to workers compensation and even if they do have information, they may face long and hostile court cases and abysmal settlements: $5000 - $6000 is not an uncommon settlement for an arm that may be crippled for years.

DRUG ABUSE

Women working under stress, in pain or discomfort will often consume tranquilisers, anti-depressants and compound analgesics in order to cope. Some companies distribute analgesics in vending machines in the workplace.

WORK AND MENSTRUATION

The fact that women menstruate has been used in itself to discriminate against women in employment. However, there are a number of work situations involving shiftwork, excess vibration, noise, exposure to certain chemicals, working in prolonged, unaltered, abnormal posture which can upset the cycle.

WOMEN WORKERS AND REPRODUCTION

Women's reproductive role is the only area that has received serious consideration by industry and government in relation to women's occupational health. However, much of the legislation is discriminatory and concentrates on the child bearing role of women workers. It is designed to remove women from the hazard rather than eliminating the hazard from the workplace. There is also ample evidence that men's reproductive function can be equally affected by exposure to chemicals and other hazards in the workplace.

OTHER HAZARDS

Women face a combination of the above hazards as well as the other hazards that all workers face. The list is endless - extremes of heat and cold, physical danger such as unguarded machinery, chemical hazards, dusts and fumes, poor lighting, poor ventilation, standing for long periods on concrete floors, excessive noise. Added to this, canteen facilities and eating areas are often inadequate and sometimes non-existent. Toilet facilities are often extremely poor and sometimes unhygienic.

MIGRANT WOMEN

Migrant women are forced to take jobs in some of the worst working conditions. They also face language problems, coping with a new culture without the support of family and friends as well as racist attitudes of management and fellow workers. They often work under highly regimented, authoritarian systems; for example, often timed in toilets, allocated strict lunch breaks and called by whistles. A clothing factory in Sydney uses a three whistle system to call women at tea breaks. On the first

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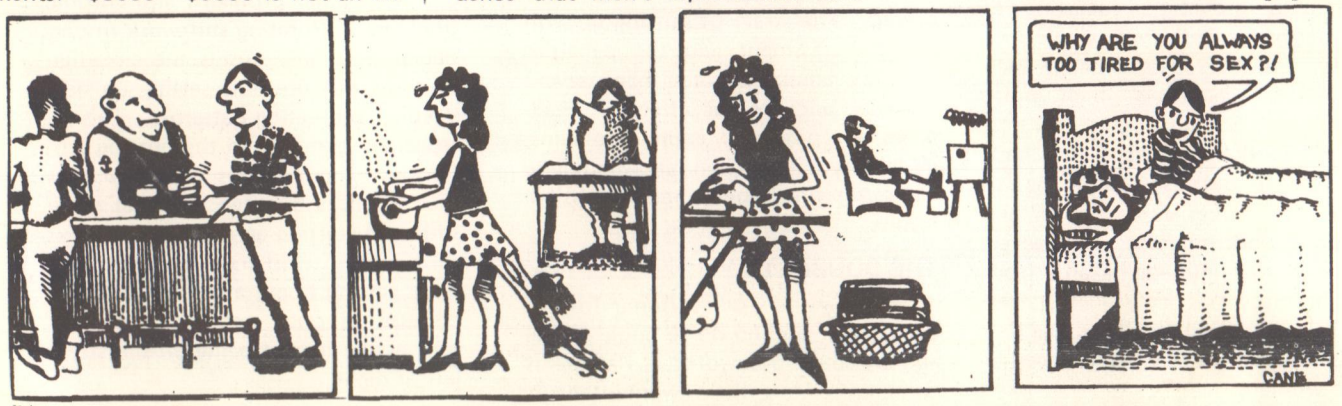
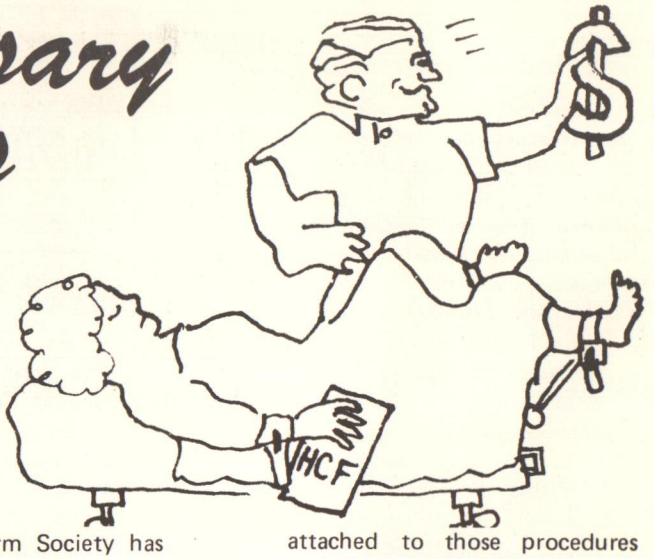


Unnecessary Hysterectomies



At an educational seminar on October 9th, the Doctors' Reform Society warned Australian women to question medical advice that they submit to having a hysterectomy.

Dr. Brian Learoyd, Chairperson of the DRS (NSW) Surgery Sub-Committee, said *at least half of the medically insured women in Australia could now expect to be subjected to hysterectomy.* Dr. Learoyd said a great many of the operations were unnecessary, precipitated more physical and emotional problems for women than they solved, and wasted tens of millions of dollars of taxpayers money.

Dr. Learoyd said Australian women were experiencing rates of hysterectomy on a par with American women, but had the operation twice as often as British women and four times as often as Swedish women. Dr. Learoyd said certain moral and ethical attitudes of Australian surgeons and the system of remuneration for medical services in Australia were to blame for the epidemic of unnecessary surgery, which was now sweeping Australia and which especially affected women. New statistics released at the seminar confirm the continuing high rate of hysterectomies performed in NSW.

HYSTERECTOMIES - THREE TIMES MORE LIKELY FOR PRIVATELY INSURED WOMEN

The most alarming thing about these new statistics is the gross and continuing disparity between the numbers of hysterectomies being performed on private patients, as opposed to public or hospital patients. More than 80% of all hysterectomies are now performed on privately insured patients, who are almost three times as likely than public patients to have such a procedure performed. Dr. Learoyd said more than 50% of women in NSW with medical insurance, will have their womb surgically removed at a current annual cost of $20 million.

The Doctors' Reform Society has called on the government for:

1. An immediate abolition of the Federal government subsidy on surgical beds in private hospitals and on private beds in public hospitals. (The government recently increased the subsidy from $16 to $28 per day, which the Society believes will stimulate an upsurge in surgery.)
2. Immediate establishment of free second opinion surgical clinics in all Australian teaching hospitals, where women can receive a second opinion on the need for the surgery, from a qualified surgeon, who is independent of the recommending doctor, and who has no financial interest in the operation proceeding.
3. Introduction of immediate and compulsory tissue audits to be conducted by salaried hospital pathologists in public hospitals - on all tissue removed from private or public patients.
4. Appointment of more salaried surgeon specialists in hospitals and the phasing out of private practice in public hospitals.
5. An urgent and continuing public education program funded by Federal and State governments to warn patients of the proper indications for all surgical procedures, the risks and costs attached to those procedures and the possible physical and emotional consequences for the patient.

Dr. Learoyd told the seminar that the government's increasing privatisation of medical practice through the insurance system would only aggravate an already scandalous situation, with regard to surgery in Australia.

"Privately insured women in Australia face almost irresistible pressures to accept medical advice that hysterectomy is the solution to some gynaecological problem they may experience," Dr. Learoyd said. "Surgeons receive $300 or so for performing this 30 minute operation and only $30 or so for a possibly longer consultation in which a less invasive, and possibly more successful and less risky solution to the patient's problems, can be found. Too many doctors are settling immediately for the radical surgical option, without looking for solutions which are going to be less expensive, and less costly in terms of the woman's health."

Another speaker at the seminar, Dr. Beverly Raphael, spoke of the increased concern of psychiatrists at the number of women who suffered severe emotional breakdown and admission to psychiatric units, following hysterectomies. Twenty per cent or so of women who have had hysterectomy, in some studies, complain of significant health impairment, including depression following the operation. "The psychiatric sequelae of hysterectomy are an increasing problem for women subjected to the procedure and just one of the good reasons why women should question very seriously any advice they receive, recommending the procedure".

CERVICAL CAPS *(cont'd from p. 17)*

The cap can be left in place in between menstrual periods. Menstruation will stop the suction however. Small trials at Leichhardt Women's Community Health Centre indicate, however, that the cap becomes smelly after about three days and that the cervix develops small ulcers where the rim suctions onto it. They recommend leaving the cervix uncovered as much as possible. Plastic, metal or lucite caps have been reported not to have this problem - only the rubber ones are presently available.

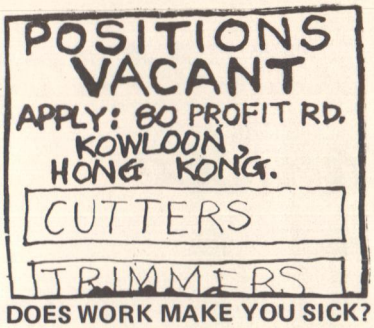
The cap has been shown to be an effective contraceptive before spermicides were commercially available. It is probably advisable to use spermicide at and near ovulation.

There are few people fitting cervical caps at present in Australia. Many doctors are unwilling to take the time needed to fit and teach women about caps and diaphragms. Leichhardt Womens' Community Health Centre hopes to teach women how to fit the caps and set up womens' health groups to promote the cap and educate women about fitting and use.

For more information: Leichhardt Womens' Community Health Centre, 164 Flood Street, Leichhardt, NSW 2040. Phone: 560-3011. Liverpool Womens' Health Centre, 273 George Street, Liverpool. Phone: 601-3555. Powell Street Clinic, (Homebush) Phone: 764-4885. Darling Street Clinic (Balmain), Phone: 818-2994.

Readings:

The cervical cap: past and current experience *Women and Health*, Vol. 15, No. 3, 1980.



DOES WORK MAKE YOU SICK?
(cont'd from p. 21)

whistle they stand up at the machines, on the second they can go and get a drink and by the third they have to be back and working at their sewing machines - and this is all to be done in ten minutes.

WOMEN WORKERS ORGANISING

Improvements to health and safety at work that have been made, have usually been won by the strongest and most well organised groups of workers and this has traditionally been men. We are a long way from total elimination of hazards for any section of the workforce and there are many hidden ones for both men and women. However, as well as the extra hazards and strains women face at work and the threat of unemployment in times of economic depression, women workers have the added problem of getting organised. Getting involved in unions as the traditional form of organising means breaking the barriers of sexism. Forming new organisations requires understanding the processes of organising, learning skills such as public speaking and writing and shedding the powerlessness that women workers have traditionally felt as women. Practical problems women face in getting together, such as the need for childcare to be able to attend meetings and household responsibilities that make them disinclined to take on more outside pressure are a small part of the problem.

Women's health is not just a question of gynaecology. The women's movement needs to address itself to the hazards women face at work but even more important, how women can organise effectively to eliminate them.

This article is intended to raise some basic questions about the area of women's occupational health. We hope to stimulate debate which will lead to a deeper analysis of the role of the women's movement in this issue.

Lidcombe Workers Health Centre

tum in Australia. As the US is an imperialist culture, whose ideologies affect other Western countries (like Australia), and if the MMM gained definite and assured political power in America, it could become the ruling ideology, even in our far-situated society. We are already experiencing the voices of WWWW (Women Who Want to be Women), a group whose ideologies sound very similar to the voices of the women of the MMM.

Have we as feminists come this far only to slide back into the nuclear family and be under "God's authority in the home"? I think not. Millions of women throughout the world have decided for themselves and each other to create a new sexual order of equality - a world for the next generation. Few of us who have had this vision, of the newer, freer, better world, will want to turn back.

The Bible and Church have been the greatest stumbling block in the way of women's emancipation.

Elizabeth Cady Stanton
author, Women's Bible

USA

Several legislatures are considering bills which would require public schools to teach 'creationism' (a fundamentalist reading of the Book of Genesis) along with evolution. Arkansas has already passed such a law. Text book companies have begun to change biology books, devoting less space to discussing evolution and presenting it as theory rather than fact.

(*Spare Rib*, Sept, '81)

Editor's note: As Jerry Falwell, leader of the Moral Majority, is visiting Australia early this year to lecture to Right to Life groups on strategies and tactics for the anti-abortion movement we felt it may be opportune to reprint the article above from *Girl's Own* No. 2 in May-June of 1981.

There is also an article in the September '81 issue of *Spare Rib* entitled "The New Right: Wrong Turn USA" which has similar information on the Moral Majority.

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We are interested in finding more women to assist in distribution of *Right to Choose*.

If you could sell 5 or more copies of *Right to Choose* to friends, neighbours, at school and at work this would help us to widen our distribution network and enable more women to gain access to valuable information on matters such as forms of contraception, abortion, and new developments in the women's health movement.

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

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

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* Feminist Bookshop- 2 Rowntree Street, Balmain

HOW TO GET AN ABORTION

If you suspect you are pregnant, obtain a pregnancy test from a Women's Health Centre, a chemist or the Family Planning Association.

Once your pregnancy is confirmed act quickly, the earlier you have an abortion, the safer it is. There are abortion counselling and referral services in most states.

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

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

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

Perth
Abortion Information Service - phone: 384-2425

Hobart
Phone Information Service - phone: 23-6547

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

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

Sydney
Bessie Smyth Clinic - phone: 764-4885
Darling St. Women's Centre - phone: 818-2994
WAAC
62 Regent Street,
Chippendale, NSW 2008 phone: 699-5281

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