

CENSORED:

IRELAND'S ABORTION REALITY

**INCLUDING A GUIDE TO ABORTION
SERVICES FOR IRISH WOMEN**

Thousands of Irish women travel to Britain each year for abortions. Many lack even the most basic information about what they are undertaking; they are often lonely, isolated and afraid. These women are punished rather than supported because Ireland's abortion reality is denied, censored and hidden.

In this pamphlet the legal, political and medical aspects of the abortion issue in Ireland are outlined and examined; the anti-abortion movement is analysed, its arguments are challenged and the case for access, information and choice for Irish women is presented. As well as this a detailed guide to abortion services for Irish women is provided, in defiance of the censors and in the hope that the information reaches as many as possible of those women who need and are entitled to it.

£1.00



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SERVICES FOR IRISH WOMEN**

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The Cork Abortion Information Campaign have published this pamphlet for three reasons: to lift the lid off the right-to-choose debate; to provide vital information to women considering abortion, and to defy the censors.

The bulk of the cost has been met through generous donations and by the fundraising efforts of the campaign.

But, as always, debts are still outstanding.

The campaign needs another £150 to complete payment for printing, and is asking 50 supporters to purchase their copy of the pamphlet at the solidarity price of £3.

Through your support the campaign will be able to continue its work.

Cork Abortion Information Campaign

Page 4: The abortion referendum of 1983 was held on September 7th, not the 3rd.

Page 1: Dublin Well Woman Centre was not closed but forced to discontinue its abortion referral service.

ERRATA

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Services for Irish Women**

Cork Abortion Information Campaign

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'The PLAC poster advocating support for the amendment shows a baby. The mother of the baby is not shown. The PLAC tee-shirt shows a foetus in the womb. The mother has been removed.

Separation of woman and womb has now been achieved. The womb's the thing. We have been wiped out.

We are the disappeared. We are not to be trusted. Our wombs have been kicked out of us. No woman can be trusted with a womb of her own.'

Nell McCafferty, 1983.

'We have a very complicated Just War Theory that gives moral guidance on when it is appropriate for grown men to go out and kill each other. But we have no Just Abortion Theory.'

Frances Kissling, of 'Catholics For A Free Choice'.

1 Introduction

We in the Cork Abortion Information Campaign believe that this pamphlet serves a number of important purposes. Firstly, it provides some of the vital information on abortion services in Britain which is being denied to women in the South of Ireland at present.

Secondly, by providing this information we are openly defying the censors. Thirdly, it is an attempt to present the up to date position with regard to the abortion issue in Ireland; we challenge the arguments of the anti-abortionists and hope to encourage, in the current repressive climate, some discussion and debate on this taboo subject.

The CAIC is part of a countrywide movement which has developed in response to the attack on women's right to information in recent years. This attack began with the closure in Dublin of the Well Woman Centre and Open Line Counselling, and continues today with the restrictions placed on Students' Unions and the growing climate of censorship in this country. The European Court of Justice heard the Students Unions case in March 1991. A decision is expected in Summer '91.

We are determined to openly defy the ban on information and encourage people, as individuals and through their organisations, to do likewise.

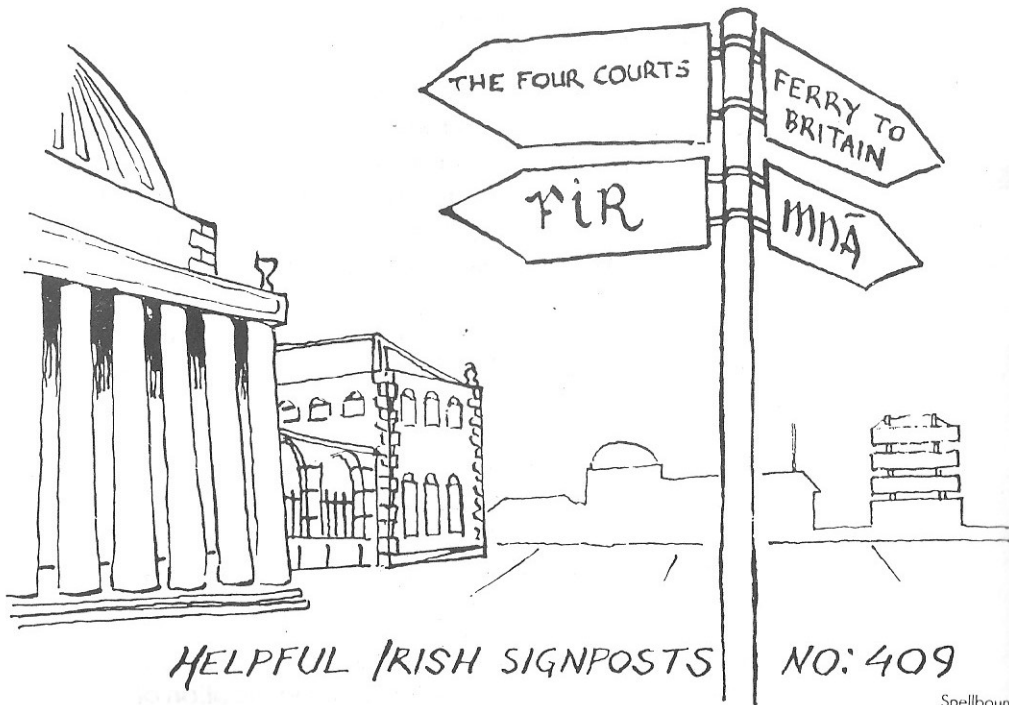
As an individual you can publicise the information contained in this pamphlet as widely as possible.

Join your local Information group, or help establish one if none exists.

Campaign within your trade union, student union, women's group, political party etc. for the publication of the information and defiance of all attempts to block it.

The worldwide offensive against abortion rights being carried out at present from Warsaw to Washington, allied to the upholding of Ireland's information ban by the Advocate General of the E.C. Court of Justice gives added importance to our campaign and places it more firmly in an international context. (See addendum on page 44) Our immediate task is to defend the freedom of information; but in the longer term we must go on the offensive again - turn back the tide of reaction and progress towards full reproductive rights for Irish women.

Access - Information - Choice
Cork Abortion Information Campaign,
Cork, 1991



2 'Irish Ways and Irish Laws'

The Legal Situation and Censorship

The 1861 Offences Against the Person Act, the 1983 Amendment to the Constitution, the Hamilton Judgement of 1987 and the Finlay Judgement of 1988 - these form the legal background to the present situation with regard to abortion in the 26 counties.

The 1861 Offences Against the Person Act decrees that any person 'performing, attempting and/or assisting in an abortion is liable to penal servitude for life.' In most countries laws such as this have been relaxed, liberalised and/or abolished in the face of their practical consequences (infanticide, backstreet abortion, self-induced miscarriages etc) and the general realisation and acknowledgement that women, always and everywhere, will exert their right to end an unwanted pregnancy.

Between 1926 and 1974 there were at least 58 prosecutions under the Act in Ireland and in 1956 Nurse Cadell was convicted in an Irish court of 'attempting to induce a miscarriage' and sentenced to death (later commuted to life imprisonment). With the passage of the 1967 Abortion Act in Britain which permitted abortion on a restricted basis, 'backstreet abortion' ceased to be a problem in Ireland and the courts were no longer called upon to perform their grisly duties in this context.

While most other countries were liberalising their abortion laws and approaching the issue in a progressive manner, behind closed doors in Ireland powerful reactionary forces were plotting an entirely different course.

The people behind the Pro-Life Amendment Campaign (PLAC), formed in January 1981, were becoming concerned that a number of legal events in 1970s could possibly threaten the abortion ban in Ireland. In the Roe v's Wade

case in 1973 the U.S. Supreme Court had relied on the concept of privacy, which developed from marital privacy, as the basis for its ruling which effectively legalised abortion. This concept of marital privacy was introduced into Irish jurisprudence by the Supreme Court in the 1973 McGee case (which dealt with the rights of married couples to use contraception). The fear of people like William Binchy, a legal advisor to PLAC, was that attitudes among the Irish judiciary towards abortion might change in the future and that the introduction of the concept of privacy in the McGee case could well serve to assist the constitutional case for abortion. The 1979 Health and Family Planning Act served as a further spur for these right wing Catholic elements. They also feared that the activities of the Dublin Well Woman Centre and The Women's Right to Choose Group would lead to abortion becoming a live political issue.

In response to these developments and in order to preempt any liberalisation of the Irish abortion law PLAC began, in April 1981, to campaign for the insertion of an amendment into the constitution which would 'copperfasten' Ireland's ban on abortion i.e. prevent any reforming legislation - ever. They believed that 'the campaign for a pro-life amendment would enjoy widespread support now, and the success of the campaign would serve to halt the permissive tide in other areas.' (John O'Reilly, PLAC) The Catholic Doctor's Guild played a central role in these moves.

The political establishment duly bowed to the pressure and in March 1983 the Fianna Fail wording of the amendment, framed by SPUC solicitor Jerry Collins, was accepted by the Dail. The full weight of Catholic, conservative Ireland was thrown behind the campaign, which was characterised by misinformation and moral blackmail. The referendum was held on the 3rd of September, 1983, with a 54.6% turn out. Thirty three percent of the electorate (hardly the 'overwhelming majority of Irish people' so often alluded to) was enough to pass the

Eighth Amendment to the Constitution, which reads: 'The State recognises the right to life of the unborn child from conception with regard to the equal right to life of the mother, and accordingly guarantees to respect and protect such right by law.'

This amendment formed the legal basis for the subsequent SPUC-sponsored attacks on the Well-Woman and Open-Line counselling services, various Students' Unions and generally on the rights of women and freedom of information in this State.

In April 1987, in what has become known as the Hamilton Judgement, the High Court found in favour of SPUC and placed injunctions on the Well-Woman Centre (WWC) and Open-Line Counselling (OLC) prohibiting them from operating their non-directive counselling service. This service included abortion advice and referral to reputable clinics in Britain for those women who chose the option of abortion in the face of an unwanted pregnancy. This vital service was deemed to be contrary to the Eighth Amendment, the true implications of which were now becoming painfully obvious.

The WWC and OLC failed in their appeal to the Supreme Court, and in his ruling in March 1988 Justice Finlay extended Hamilton's interpretation by declaring the imparting of any information relating to the procurement of an abortion to be unlawful. This was the basis for the subsequent action taken against the Students' Unions beginning in September 1988. The outcome of this series of legal actions was that the case was referred to the European Court of Justice and, pending its decision, injunctions were imposed on named students prohibiting them from distributing information. The students were forced to pay costs and were ordered also to pay for the referral of the case to the European Court, the ruling of which is expected in early summer '91. The OLC and WWC took their case to the European Court of Human Rights. This case is expected to be heard sometime in '91.

As it stands, it is not strictly 'illegal' to impart information, because for any action to become a 'crime', a law must be enacted by the Dail making that action illegal. Any person or group providing or distributing abortion information is committing a 'civil wrong', which requires a complainant (e.g. SPUC) to bring those named individuals or groups to court in order to legally prohibit their actions. A person may then be imprisoned for breaking an injunction imposed on them.

The net results of these legal developments, then, has been to threaten and bully into silence and retreat those people who have attempted to help those Irish women faced with an unwanted pregnancy to make an informed choice. However, up to 25 Irish women every day are continuing to choose abortion and all that the suppression of information, advice, counselling and aftercare has done is to isolate and punish those women and make the whole procedure more painful, distressing and, indeed, dangerous (later abortions). Ireland's law on abortion is now the most restrictive in the entire world. In the few other countries which prohibit abortion, the operation is permitted in those cases where a woman's life is put in danger by her pregnancy. This is not the case in Ireland, and indeed a woman here may be denied life-saving treatment such as chemotherapy if it endangers the foetus. (See 'Abortion and the Wider Medical Issues').

Our isolation from the conventional state policies on abortion is further compounded by the censorship aspect which has developed here. This is the only country in the world where such a ban on information has been imposed. As well as the censorship which has developed from Finlay's Judgement, in recent years the 'Censorship of Publications Act' has been used to ban books and sections of magazines which 'promote' abortion or provide information. 'Cosmopolitan' and other British magazines now carry a blank page in Irish editions instead of advertisements for abortion services, while books such as the 'Book of Love'

and 'The Second Sex' have fallen foul of the anonymous and unaccountable Censorship Board. Other developments have included the removal of references to abortion from the FAS advice booklet for young emigrants to London and the issuing of strict legal guidelines to RTE with the result that it now rarely broaches the subject.

A particularly ominous development in March 1990 saw 'Company' magazine being forced by its Irish distributors, including Easons, to withdraw an 8-page supplement on abortion from its 6000 copies sold in Ireland. The supplement outlined the medical facts and objectively presented all sides of the argument about abortion. Its distribution would not have been 'illegal' as claimed by its distributors. This was merely a smokescreen for a blatant act of self-censorship.

Such actions demonstrate the growth of a censorship mentality in relation to abortion. A spectre of illegality hovers over the issue as a blanket of silence is lowered upon it. Not only are women being denied the specific information which they seek and to which they are entitled, but as a society our already limited democratic rights are being eroded in an insidious manner. The free flow of ideas, open discussion and debate, reasoned argument and rational analysis are all being curtailed and interfered with to the extent that it is becoming almost impossible to publicly treat the issue in an objective, informed and mature fashion. An atmosphere of intimidation and repression prevails. Relevant material goes missing in the post, meeting rooms are withdrawn, posters are torn down and campaigners are 'visited' by the Gardai. The whole abortion issue has become victim to a type of ideological, anti-intellectual lynch-mob.

The importance of taking a stand on this issue cannot be overstated. We must defy the bans and make them unworkable. We must stand up to the censors, distribute the information, openly discuss and debate the issue and fight for women's right to know and right to choose. We

must commit a 'civil wrong' in order to assert our civil rights.

Reaction thrives on ignorance and censorship provides fertile ground for SPUC and its allies to continue their crusade against any liberalisation of Irish attitudes and laws. If they succeed in this battle they will be greatly encouraged in their efforts to claw back those few gains as have been made in the direction of a more free and open society.

The Situation in the North

The Six Counties are excluded from the British Abortion Act of 1967 but under the Infant Life (Preservation) Act there are certain circumstances in which a woman may have an abortion in a hospital there. These are:

- (a) If she has serious medical or psychiatric problems which would jeopardise her life or health if she were to have a baby.
- (b) If she is 'mentally sub-normal'
- (c) If she has been exposed to German measles (Rubella) in early pregnancy.
- (d) If there is a substantial genetic risk of having a handicapped baby.

These extremely limited conditions mean that very few women are able to avail of abortions in the North itself; the vast majority must, like their Southern counterparts, travel to Britain.

Provided it is a legal abortion that is sought in Britain, neither the woman concerned nor anyone helping her has broken the law in Northern Ireland.

While the situation in the North is obviously less repressive

than that in the South it is still far from ideal and the struggle for full abortion rights for all women across the 32 counties must continue.



3 Abortion and the Wider Medical Issues

On St Patricks Day 1983, a woman gave birth at Our Lady of Lourdes Hospital, Drogheda three months prematurely. Her baby died immediately and three days later the mother died riddled with cancer.

This is the case of Sheila Hodgers which became public just prior to the Referendum in 1983. In 1981 Sheila Hodgers had a mastectomy and was prescribed anti-cancer drugs. Although she was given a clean bill of health, she was informed of the risks of the contraceptive pill but not of the risks of further pregnancies on her health. Within a year she was expecting her third child and was taken off her drugs. Three months later a tumour developed on her spine but she was denied treatment because of the risks to the foetus. In severe pain and denied the best prognosis for her condition and effective treatment Sheila Hodgers was forced to continue her pregnancy until the foetus had reached the stage of viability.

The ethical code of Our Lady of Lourdes Hospital guaranteed to protect both the life of the mother and 'child'. Since then, this principle has been granted full legitimacy through its enshrinement into the constitution. In the case of Sheila Hodgers the mother's rights were in direct conflict with the right to life of the foetus and any medical interference which would bias the development and life of the foetus was deemed ethically and morally wrong. This ethical code is now representative of all Irish maternity hospitals and its interpretation is stringently adhered to because of the 'moral imperialism' exercised by the Catholic Church over health care.

Indirect abortions in the cases of an ectopic pregnancy or a hysterectomy are performed in Ireland. These are accepted as exceptions to the rule and are morally permissible

because they involve the removal of the whole pathological organ.

The Church's absolutist moral doctrine that the taking of human life is wrong indeed has many exceptions to its rule, for example the killing of innocent civilians in 'just' wars. 'We have a very complicated Just War Theory that gives moral guidance on when it is appropriate for grown men to go out and kill each other. But we have no Just Abortion Theory.' (Frances Kissling, of 'Catholics For A Free Choice').

Following the passage of the Amendment, The Medical Council, which is the statutory standards body of the medical profession in Ireland, issued a new ethical guide on abortion as 'professional misconduct'. It further advises doctors to refuse requests by clients for advice on the termination of an unwanted pregnancy. This type of self-censorship in terms of medical practice blatantly sidesteps some of the most important issues of pre-natal health care and greatly jeopardises the relationship between doctors and their patients. During the Abortion Amendment Campaign only 122 doctors came out in opposition to the Amendment. The climate of self-censorship had already begun. Doctors who took a stance against the Referendum put their consultancies and practices in jeopardy. For this very same reason, doctors who are sympathetic or supportive of an abortion decision or consultants who are aware that termination of a pregnancy is the best prognosis for a woman whose health is at risk in a pregnancy, are forced to deny women information, support and counselling.

In countries with liberal laws genetic counselling is widely practiced. Women have access to pre-natal diagnostic tests such as amniocentesis and alpha feto-protein screening (AFP). Amniocentesis is commonly used to diagnose Downs Syndrome and other chromosomal disorders such as Tay-Sachs disease or neural tube defects or to screen women who have already had children with congenital malformations. AFP screening is used in the diagnosis of neural tube defects (spina-bifida) or anencephaly. In the

latter case, the foetus will not live after birth.

Because of the ban on abortion, women from the South are forced to travel to the North if they wish to avail of these types of pre-natal diagnoses. This has major consequences for the degree of health care in respect to pregnancy and congenital malformation, and genetic counselling.

The Eighth Amendment, while guaranteeing the rights of personhood to the foetus, does not necessarily guarantee women their rights in pre-natal care and birthing procedures. As a result reproduction has become a political and moral issue for Irish women.

AIDS

Since all babies inherit their mother's antibodies, it is only logical that if a mother has positive antibodies to HIV (i.e. HIV positive), then her baby will be born with them too. After 6-18 months the maternal antibodies in the baby disappear, and up to 75-80% of babies born to HIV positive mothers will not carry the virus. This means, however, that there is a 20-25% risk of the child having HIV infection. In addition to this HIV positive women who are not fully fit and healthy at the point of conception and during the pregnancy face considerable risk of developing AIDS related illnesses in seeing it through to its full term.

Ireland has the highest population of HIV positive children in the EC. Clearly the lack of the option of abortion has contributed significantly to this incidence.

4 Abortion - The Invisible Export

Since the passage of the 1967 Abortion Act in Britain thousands of Irish women have crossed the Irish Sea to avail of the facilities denied to them in their own country. This export of our abortion reality has allowed our law makers to ignore the demands which the 'abortion trail' identifies.

Immediately following the 1983 referendum John O'Reilly (of the Council of Social Concern, SPUC and PLAC) stated, in a lecture delivered to an anti-abortion conference in Rome, that

'Ireland's progress down the anti-life road has been relatively rapid. From a nation where there was practically no contraception and *absolutely no abortion* fifteen years ago ... we are aborting babies to the extent of at least 5% of our birth rate'.

(our italics)

O'Reilly's denial of Ireland's pre 1968 abortion reality was typical of the misinformation spread by the anti-abortionists during the referendum campaign of 1983. PLAC denied any existence of backstreet abortions in Ireland and claimed that no legal proceedings had ever been taken under the 1861 Offences Against the Person Act.

However, as we have seen, there were 58 known legal prosecutions brought for illegal abortion in Ireland between 1926 and 1974. It is safe to conclude that the number of cases investigated represented only a small fraction of the amount of illegal abortions which were actually performed. It is interesting to note that over this period the number of prosecutions fluctuated in accordance with changes in Britain's abortion laws and the level of access which Irish

women had to abortion services in Britain. There were no prosecutions in the five years following the 1937 Bourne Case, which slightly liberalised British abortion law. When travel to Britain was limited during the period of the Second World War 25 cases of illegal abortions were investigated in Ireland (1942-46).

Women have always sought to control their fertility, even if this has meant resorting to 'backstreet' and self-induced abortions. Since 1967 Britain has provided safe and professional abortion facilities for Irish women. This has rendered illegal abortion profiteering virtually obsolete here and has protected women from prosecution under the 1861 act.

As early as 1978 the Well Woman Centre (WWC) began to provide an abortion referral service to Irish women. In 1980 the Women's Right to Choose Group established the Irish Pregnancy Counselling Centre (IPCC). As with the WWC, the information provided on abortion by the IPCC was part of a wider service which included all pregnancy options. These counselling services were non-directive and their role was supportive, i.e. the woman, aware of all the options, could make her own, informed choice. Today, more than a decade later, this type of service is unlawful and full pregnancy counselling on all pregnancy options is no longer allowed.

Even before the constitutional ban on abortion the WWC and the IPCC were targetted by the anti-abortionists. Immediately following its foundation in Ireland SPUC called for the closure of women's centres which referred women to Britain for abortions. This call was echoed by John O'Reilly in a letter circulated to all interested parties in preparation for the launching of PLAC in January, 1981.

However, despite the constitutional ban on abortion and the closure of the referral agencies in Ireland, abortion remains a significant option for Irish women faced with a crisis pregnancy. In the 1980s the abortion rate nearly doubled, from a rate of 4.2% of the birth rate in 1980 to 7.1%

in 1988. Officially the number of Irish women obtaining abortions in Britain annually stabilised at approximately 3,800 in the late '80s. These figures, however, underestimate the real number of Irish women who terminate their pregnancies in Britain because they do not include those many women who, principally because of fear, choose not to give their Irish addresses. Those working in the area estimate the real number to be double the official figure, i.e. 7,000 - 9,000 per annum.

The vacuum created by the closure of the counselling and referral services in the South has meant that many women are now forced to avail of those services provided in the North. At the International Pro-Abortion Tribunal held in Belfast in 1987 the Ulster Pregnancy Advisory Association claimed that, in the eight months following the 'Hamilton Judgement', there had been a marked increase in the number of calls from women in the South seeking abortion advice and information. Some women take the journey to Belfast for counselling while others are counselled over the phone.

The situation has deteriorated further since the ban on information has taken effect. Staff in abortion clinics in England report that the ban has resulted in women seeking abortions later in their pregnancies, which increases the health risks. There is also an increase in the number of women from the south of Ireland seeking help after attempting to induce their own abortions. A spokeswoman for an abortion clinic in the Midlands says that 'the consensus is that women are coming later with less information. Many turn up in England and go to the yellow pages and they may not have enough money.'

Concern is also expressed that Irish women are fearful of going for post-abortion medical examinations when they return home; the spokeswoman cites cases in which women had suffered complications following abortions after returning to Ireland but were afraid to seek medical help. Some had developed severe infections or experienced

haemorrhaging and had returned to England for help rather than go to a doctor in Ireland. 'The women coming to England are very scared, very isolated and a lot do not have enough money', the spokeswoman adds. (Irish Times, 21-9-90)

This fear and isolation continues when women return to Ireland. As well as being afraid to go to a doctor for a check-up in case they are 'found out', many are unable to speak about their experience in a society where abortion is the great taboo. They are denied proper counselling and aftercare and become easy prey for groups like 'Women Hurt by Abortion', whose 'counselling' amounts to getting these women to admit their 'guilt'. (See pages 29,30)

The ban on counselling and information has increased the physical risks and psychological stress for women who choose to terminate their pregnancies but it hasn't affected the numbers of women who continue to make that choice. Indeed the statistics for the first quarter of 1990 show an increase on the figures for 1989. (1,027 women giving Irish addresses had abortions in England and Wales in the first 3 months of 1990).

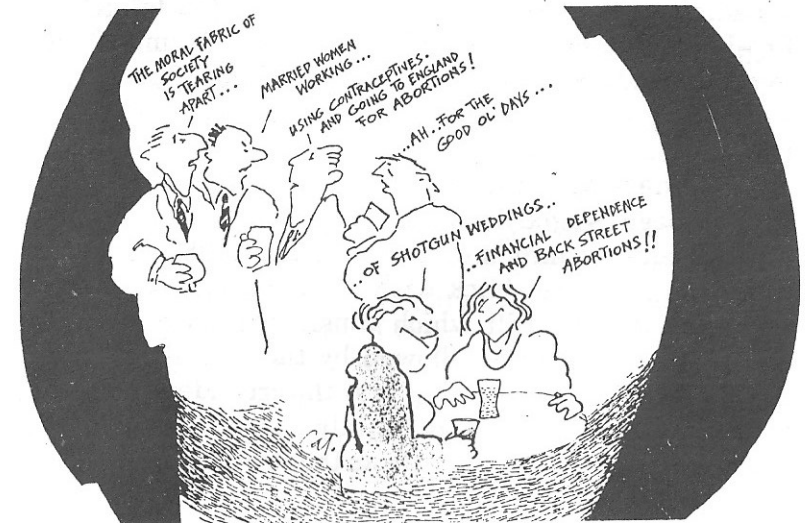
Most of these women are not the 'promiscuous teenagers' of the SPUC stereotype. Abortion statistics for the mid-'80s show that the 15-19 year old age group only represented 14.09% of women who had pregnancy terminations. The majority of the women in the 15-24 age group were single, but the incidence of married women increases in the 25-45 group. The numbers of those Irish 20-24 year old women having abortions declined between 1983 and 1988 from 40% to 36% of the total, while the number of women over 25 has increased from 45% to 49% of total Irish abortions. The largest increase has been in the 35-44 age group.

The option of abortion, then, is being chosen by Irish women of all ages, married and single, as part of a wider acceptance and demand for effective control over their bodies and fertility. Abortion, now being the medically safe and simple procedure that it is, is increasingly being seen

as a legitimate means of fertility control despite all attempts to stigmatise it.

The vast majority of abortions still occur early in pregnancy but, as noted, the bans on referral and information are beginning to affect this situation for Irish women. In 1988 the Irish Women's Abortion Support Group in London stated that in 1986 only 3% of Irish women who availed of their support service had abortions after 16 weeks gestation. By the first half of 1987 this figure had doubled to 6% - obviously a direct result of the Hamilton Judgement.

Women do have unplanned pregnancies. Historically, it is shown that to deny women access to legal and safe abortion facilities leads inevitably to an increase in attempted self induced miscarriages, clandestine, 'backstreet' abortions, legal prosecutions and the death of women. The shocking reality is that every 3 minutes one woman dies from complications which result from backstreet abortions throughout the world. The 'abortion trail' to Britain has protected us from the full implications of such a reality. Our immediate task must be to fight the anti-abortionists and defend the right to information. In the longer term our aim should be the securing of full reproductive rights for the women of this country.



5 Who Are the Anti-Abortionists?

SPUC (Ireland), the Society for the Protection of the Unborn Child, is the largest and most prominent of Ireland's anti-abortion groups. Yet SPUC forms only one part of a broad network of conservative, Catholic, traditionalist groupings with overlapping membership and a common agenda i.e. to fight the liberalisation of Irish society and to preserve 'traditional Irish family life.'

The list of their targets is long and familiar: abortion, divorce, contraception, extra-marital sex, sex education in schools, information on Aids, single parent families, gay and lesbian rights and so on. The Irish Society for the Prevention of Cruelty to Children and its **Childline** service (for 'interfering with the family') and the Rape Crisis Centres ('sex-obsessed' and 'promoting abortion') have also come under attack.

With their batteries charged after the Pope's visit in 1979, their 'moral crusade' began in earnest. They focussed first on the emotive issue of abortion. The latter was seen as 'the last line of defence against the encroaching moral decadence of Europe.' Within three weeks of its launch, the Pro-Life Amendment Campaign had received commitments to a referendum from both Fianna Fail and Fine Gael as well as the general agreement of the Labour Party on the issue.

As we have seen the campaign was successful in 1983, having been waged in an atmosphere of emotionalism, misinformation and moral blackmail. 1985 saw them receive a slight set back with the successful passage of Barry Desmond's Bill which considerably extended the contraceptive facilities allowed by the 'Family Planning Act, 1979.' But the following year the crusaders were back with a bang as they successfully defeated the divorce amendment. Familiar faces from the Pro-Life Amendment

Campaign (PLAC) resurfaced in the Anti-Divorce Campaign and it was Family Solidarity who replaced SPUC in providing the shock-troops on the ground. Again, the personnel were virtually identical.

SPUC became prominent again after the divorce referendum as it spearheaded the legal attack on the referral and counselling services and the Students' Unions. While SPUC remains the standard bearer on the legal and political scene, its message is articulated by a number of other groups in other contexts. 'Life', and its 'Open Arms' 'counselling' agency denies women with crisis pregnancies full information deliberately advising them in such a way 'that they may avoid abortion.' 'Women Hurt by Abortion' wait at the other side. so to speak, for those who slip through the net. Women are encouraged to admit their 'guilt', while the organisation's propaganda is filled with dangerous lies, designed specifically to frighten women away from choosing abortion. (see 'What are the Risks?')

The present climate of censorship provides perfect conditions for the growth of such groups and their ideas. They are ably supported by the Catholic Church, which is of course the largest and richest anti-abortion organisation of them all. SPUC has been a major support for the mobilisation and preservation of Catholic political power and, in turn, the Church has provided SPUC and its allies with an invaluable way of promoting their message. The degree of Church control in the areas of medicine and education, as well as the power of the pulpit, have proven vital in their campaigns.

SPUC (Ireland) was founded in July 1980 after a visit to Dublin by two leading members of SPUC (UK). In the subsequent months public meetings were held all over the country to push the aims of the newly established group. Primary among them was: 'The prevention of the decriminalisation of abortion and the doing of all other things as are incidental or conducive to the attainment of the above object.' Their successful achievement of these

aims in the decade since their foundation is clear - the amendment, the closing of the referral agencies and the ban on information.

Their leading members keep a low profile, but a brief look at some of them reveals the close relationship between, and the broadly common aims of, the plethora of 'pro-family' groupings operating in Ireland.

John O'Reilly is a key figure. He is a member of SPUC's all-powerful Inner Council and a former member of the ultra right-wing, masonic Knights of Columbanus. He founded the Council for Social Concern in 1976 with fellow Knight and right wing crusader, Niall Darragh. The council, which shares premises with SPUC, aims to oppose 'undesirable social changes being imposed or promoted by alien minority pressure groups'. It acts as an umbrella group for several small Catholic extremist organisations (see list at the end of this chapter). In 1980 O'Reilly helped found the Irish section of the Responsible Society, based at the Knights' headquarters. This group has opposed the provision of sex education in schools, fought against the abolition of the stigma of 'illegitimacy' and opposed the establishment of Rape Crisis Centres because they might lead rape victims to seek abortions. Now renamed Family and Youth Concern, O'Reilly is its secretary. He played a leading role in initiating and organising the anti-abortion amendment campaign. 'Attack is the best form of defence,' he wrote. 'What is proposed here is to take a positive stand to pre-empt the abortionists.'

He surfaces again as treasurer of Family Solidarity. This organisation led the fight against divorce, opposes the ISPC and their Childline and supports child tax allowances only for the children of married couples. They are at present spearheading the campaigns against the legalisation of homosexuality and the provision of full information for the prevention of AIDS. O'Reilly is reputed to have a direct line to leading figures in the Catholic Church as well as to any number of top businessmen from

whom he obtains considerable financial support for his activities.

Another member of SPUC's Inner Council is Bernadette Bonnar. She was vice-president of SPUC, is chairperson of the Responsible Society/Family and Youth Concern and is an executive member and former chairperson of Family Solidarity.

SPUC solicitor Jerry Collins, who framed the wording of the Eighth Amendment, is currently masterminding SPUC's legal battle against abortion information. He has links with right-wing 'moral majority' groups in the USA, with whom he consulted closely on the wording of the Amendment. He was the public spokesperson for Family Solidarity during the Divorce Referendum.

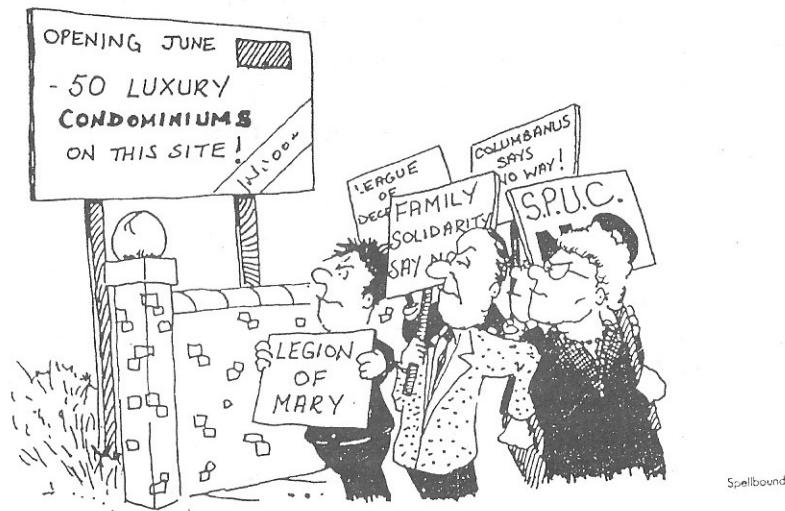
Stephen Price, SPUC's current chairperson is a former Family Solidarity executive member, while Michael Lucey (businessman husband of SPUC president Mary Lucey) is an executive member and former chairperson of Family Solidarity.

The list goes on and the message is clear: we are up against a highly integrated, organised, professional and well-financed movement which is determined to preserve the hegemony of the Catholic Church and its teachings in Irish society. Many of its members occupy powerful and influential positions within Irish society: in politics, the legal and medical professions, big business, education and so on.

While it appeared, as the 1980s began, that Ireland may have been belatedly falling into line with cultural patterns prevalent amongst other Western societies, the last decade has seen the Catholic traditionalists clinging on tenaciously.

Anne Lovett, the young Longford teenager, died tragically and symbolically giving birth alone in a grotto. New Ross school teacher Eileen Flynn was sacked from her job because of her 'unacceptable lifestyle': she was not married, pregnant and living with the father of her future child. The Irish Family Planning Association was brought to court

charged with selling a condom in a Dublin record store and the fine imposed on them was increased on appeal. Thousands of Irish women travelled to England for abortions and thousands more separated from their husbands yet our abortion ban was 'copperfastened' and the introduction of divorce blocked. More and more gays 'came out' and David Norris won his case in the European Court of Human Rights. Yet homosexuality is still criminalised. The sacrosanct status of 'the family' protected men who battered, abused and raped women and children within it. The HIV virus spread and the Church opposed information on its prevention which 'promoted promiscuity' and the use of condoms. The 'unborn child' is protected under our constitution, while traveller children live and die in appalling conditions and children born into working class families have suffered directly as a result of the underfunding and spending cuts in health, social welfare and education. For one million Irish people, 'Irish family life' is a life of poverty.



None of this has changed as we enter a new decade. The double standards are maintained and the bare face of hypocrisy is always clearly visible if you scratch the surface of 'holy Ireland'.

While the traditionalist crusaders have been generally successful in the political and legal fields at blocking secularisation and liberalisation, on the ground they have not been able to stop the real changes that have been and are occurring. Many more Irish women are working outside the home (despite wage inequality) and they are increasingly demanding the right to control their fertility and their bodies. The average age of marriage is rising and the birth rate is dropping. The number of single parents and couples living together outside marriage is increasing. More than three-quarters of Catholic married couples use some form of contraception, while there are at least 100,000 women in Ireland who have had abortions. The opposition to recent government plans to increase availability of condoms has exposed the traditionalist position as being at total variance with the opinions of the majority of Irish people on the issue.

Such trends challenge traditional Catholic values and threaten 'old fashioned Irish family life.' Irish 'pro-family' groups are concerned that 'the impact of European moral values on Ireland after 1992' presents a further and immediate challenge, which they have hastened to take up. In the spring of 1990 a seminar was held in Dublin (organised by the Dublin Diocesan Council for the Family) so that these groups could co-ordinate their activities and cut out any duplication of work and research which was occurring. Des McDonald, head of Family Solidarity, speaking at the seminar, said that 'the family' is at present extremely well protected under Irish law but 'the possibility of the intrusion of European concepts of family morality being imposed is ... something we are concerned about.' The Norris and abortion information cases were discussed and confidence was expressed that Ireland was well protected by its laws and

constitution. (Sunday Tribune, April I, '90)

This arrogant, self appointed moral police force seeks to curtail our liberty and control our lives. The current campaign against abortion information is, as we have seen, but one aspect of its crusade. The anti-abortionists stand in the path of progress. Their concept of 'the family' is narrow and restricted; traditional Irish family life serves only to oppress us all, especially women. These groups are conservative and reactionary, powerful and dangerous. We must openly challenge and defy them. They can, and must, be stopped.

Groups Represented at the formal establishment of PLAC, January, 1981:

SPUC, the Irish Pro-Life Movement, Catholic School Parents Assoc., Irish Catholic Doctors' Guild, Council of Social Concern, Guild of Catholic Nurses, Guild of Catholic Pharmacists, Catholic Young Men's Society, St. Thomas More Society, Responsible Society, National Assoc. for the Ovulation Method in Ireland (NAOMI), St. Joseph's Young Priests Society and the Christian Brothers Parents' Federation.

- A further group, the Irish Assoc. of Lawyers for the Defence of the Unborn (IALDU) affiliated to PLAC in May, 1981.

Some Other 'Anti-Abortionist' Groups:

Family Solidarity, Knights of Columbanus, Opus Dei, Life, Women Hurt by Abortion, the Irish Family League, Students for Life, the Christian Family Movement, the Community of Nazareth, Focolare, Teams of Our Lady, 'Communion and Liberation,'

Groups under the umbrella of the Council for Social Concern include:

the League of Decency, Irish Family League, Society to Outlaw Pornography, Christian Political Action Movement,

Mna Na h-Eireann, ProFide, Concerned Doctors Group, Youth Action, Viatores Christi, Nazereth Family Movement & Parent Concern.

They Say:

'The battle is just beginning.... We have all the forces of evil against us This pernicious new thinking (propagated on behalf of "the spurious cause of feminism").... asserts that our bodies are our own....our bodies are not our own: to the Christian they are the temples of the Holy Spirit.'

Mary Lucey, President of SPUC.

'For fifteen years now a struggle has been going on for the soul of Ireland. A planned campaign has been conducted by pressure groups inspired by highly organised groups outside the country who are bent on dismantling the Christian way of life.'

Mgr. P.F. Cronin, prior to 1983 Amendment.

'...A scientific grounding in reproduction is not necessary for the vast majority of people, except for those who are training for the medical or nursing professions.'

Mary Kennedy, Irish Family League, on sex education.

'...get rid of all these reformers, they're the lowest of the low, divorced and living with fancy women, they just want to make their way respectable.'

Meena Cribbins, Mna na h-Eireann.

'Ireland, standing alone in her fight to defend the Judeo-Christian moral code of sexual behaviour.'

Professor John Bonnar,
following the Divorce Referendum, 1986.

'Catholics should simply accept what the Holy Father says and what the bishop of the diocese teaches and do not allow yourselves to be confused by the opinions of others.'

Fr. Simon O'Byrne.

6 What is an Abortion?

The method used will depend on how far advanced the pregnancy is. As a general rule, the earlier an abortion is performed the safer and less traumatic the procedure will be.

(1) The usual method of abortion in the first 8-12 weeks of pregnancy is the vacuum suction method. A vacuum suction termination involves gently stretching the entrance to the womb (cervix)- to allow a tube to be passed into the womb. This tube is connected to a suction apparatus which removes the contents. A light anaesthetic will put you to sleep for the duration of the operation which takes about ten minutes. Eighty percent of abortions in Britain are carried out using this method.

(2) After 12 weeks and up to 16-18 weeks, she may need to have Dilation and Curettage (D & C). Again the cervix is gently stretched and a curette (a surgical instrument shaped like a spoon with a long handle) is inserted into the womb, and removes the contents. It is a very safe and simple method which takes about 10 minutes to perform, and is again done under light anaesthetic. D & C's are also done for many other reasons, in particular to correct very heavy or painful periods.

(3) After 16-18 weeks and up to 22 weeks of pregnancy, it is generally considered safer to 'induce a miscarriage' under sedation; this usually lasts up to 12 hours before the pregnancy is terminated. The woman is conscious but administered pain-killers. the recovery period is longer and a stay of 2-3 days is normal.

After the Operation

To avoid infection women should not use tampons or have sexual intercourse for a period of up to 6 weeks after an

abortion, and should have a complete medical check-up within six weeks. It is normal to have a bloody discharge for several days after the abortion, and as the uterus contracts it is common to experience mild abdominal pain similar to period pains. Prolonged bleeding and severe abdominal pains however may be a sign of infection if there has been incomplete evacuation of the uterus, and must be checked up. Because it is possible to become pregnant again as soon as ten days after an abortion, seek advice from your family planning clinic or GP on effective contraception.

7 What are the Risks?

Anti-abortionists claim that abortion is a dangerous surgical procedure and has dangerous physical and psychological side-effects for women. The most serious side-effects, however, are those associated with late abortions and backstreet abortions, and attempts by women to self-induce abortions; following the Hamilton judgement these problems are of particular concern for Irish women. In the Irish Times (22.4.'90), Dr. Jim Loughran stated that 'The main effect of the ban on information would not be to deter women from obtaining abortions but simply to delay them'. This has been borne out by the subsequent statistics.

The Physical Risks

Early abortions (before twelve weeks gestation) are carried out by vacuum suction, and the risks are very slight. In order to reduce the possibility of infection the gynaecologist may take a swab prior to the abortion operation, or carry the abortion out under an antibiotic 'umbrella' to neutralise any pathological bacteria present.

The journal, 'Family Planning Perspective' (August '78) carried a report by the World Health Organisation (WHO) which repudiates the anti-abortionists claim that abortion increases the likelihood of future miscarriages, premature births and low-weight infants. Similarly the Koop Report (USA, '88) concluded that 'abortion imposes a relatively low physical risk' for women. A joint study of the Royal College of Obstetricians and Gynaecologists (England '85) categorised the complications associated with abortion. Haemorrhage occurred in 4% of cases, infection occurred in 8.6% of cases; operative trauma, which includes perforation of the uterus and cervical lacerations, occurred in 0.6% of

cases; blood-clotting complications occurred in 0.5% of abortions.

As seen from these reports the claims of the anti-abortionists are grossly misleading and distort the true facts about abortion. These physical complications must also be put into perspective by comparison with the health risks associated with pregnancy and child birth. Abortion in the first three months of pregnancy is up to ten times safer than childbirth, and more than 80% of abortions in England take place during this period.

Although infrequent, the risk of complications of any kind occurring demonstrates the need for proper aftercare for any woman who has had an abortion. Again this is a particular problem for Irish women who may fear that in the present climate of hostility their doctor or local family planning clinic may be unsympathetic.

The Psychological Risks

Anti-abortionists claim that women who have had an abortion suffer serious psychological side-effects. As part of its new campaign strategy, the 'Pro-Life' lobby has begun to promote a new image of women as victims of abortion. Catholic groups such as 'Women Hurt by Abortion' (WHBA) claim to offer protection, guidance and therapy to women who have had abortions. WHBA was set up in 1987 by Fr. Brian McKeivitt who was actively involved in the 'pro-life' campaign during the 1983 Abortion Referendum. In their handbook, which is widely available, the group list thirty five possible psychological side effects of abortion. These include such broad and diverse problems as grief, depression, marital problems, fear of babies, obsession with babies, insomnia, drug and alcoholic abuse etc. These varied and unrelated problems are recognised as symptoms of 'Post Abortion Syndrome', which is neither scientifically nor medically recognised as a psychological disorder. In 1988 Ronald Reagan commissioned the U.S. Surgeon General, Everett Koop, to carry out a report on the physical and

psychological effects of abortion. Despite Koop's pro-life background he found no conclusive evidence for the so called 'Post Abortion Syndrome'. In a review of the same data, the American Psychological Association concluded that abortion did not inflict psychological damage on women. Similarly other contemporary studies and reviews demonstrate that abortion does not cause mental disorders. In his article 'The Dilemma of Abortion' 1986, Edwin Kenyan, a psychiatrist, emphasises that 'far from causing a great deal of mental disorder, abortion actually prevents it in the great majority of cases.'

The British Pregnancy Advisory Service (BPAS), recognise that since the Hamilton judgement the unavailability of non-directive counselling for Irish women increases the risks of psychological stress. Those who most need counselling are women with a previous psychiatric history, women who have strong religious convictions and women who are ambivalent about the abortion decision.

'The overriding emotion reported was relief' according to a 1990 BPAS report on Irish women having abortions. While a small number of women felt troubled (particularly those who had strongly considered continuing the pregnancy), 'most women did not experience strong feelings of guilt or "post abortion trauma", which some anti-abortionist's teaching have presented as an experience particular to Irish women.'

(Irish Times 28.9.1990)

The major concern about groups such as Women Hurt by Abortion is that their 'healing' process, which demands the admittance of guilt and the acceptance that abortion is the murder of human life, actually prevents women from recognising the real causes of their social and psychological problems. Positive feelings about an abortion decision are merely dismissed as a woman's denial of her 'true' feelings. Of equal concern is the fact that the contact women involved in WHBA are not trained counsellors. The only criteria for these women is that they meet the moral standards of Fr. Brian McKeivitt and the Catholic Church.

8 'But isn't Abortion Murder?'

This question raises a number of related questions - When does life begin? What constitutes personhood? and the issue of respect for human life.

There are various opinions (scientific, religious and philosophical) as to when human life begins. The Catholic Church holds firm to the notion that human life begins at conception. Petchesky (Abortion and Women's Choice, 1986) states that this position is not based on scientific evidence, but rests crucially on 'religious, philosophical and moral premises.' The scientific argument used by the Church is based on the genetic uniqueness of the fertilised ovum. Although the Catholic Church now takes an absolutist position on abortion, this has not always been the case. Prior to 1896 when Pope Pius IX declared that all abortion was murder, abortion was permissible until the foetus had a soul. The foetus was deemed to have a soul 40 days after conception for a boy, and 80 days after conception for a girl.

Taking the position that human life begins at conception because a unique genetic package is present in the form of the fertilised ovum (even at the early stages of morula, blastola and zygote), the church argues that a woman's right to control her own body is a direct violation of another human life. This argument has serious implications for the health of women and it also highlights the contradictions within moral teaching as regards direct and indirect abortions and the use of abortifacients. For example in the case of rape the church recognises that victim 'has both the right and the duty to avoid or prevent a pregnancy.' The various theological positions will allow women seek medical aid any time ranging from ten hours up to three weeks. After this time limit any medical interference is regarded as a violation of the right of the foetus. The time limit does

not take account of the trauma, fear, ignorance and shame which prevent women seeking help after a rape. In the case of rape the church accepts the use of a D & C as a contraceptive technique to prevent fertilization occurring. But because of the time that the sperm can take to enter the fallopian tubes, the D & C acts as an abortifacient rather than a contraceptive. Yet the church is opposed to the administration of the morning-after pill to rape victims on the grounds that it is an abortifacient.

A similar contradiction is that the Catholic Church permits the use of indirect abortions for example in the case of an ectopic pregnancy or the removal of a cancerous uterus. What makes the removal of an ectopic pregnancy or a hysterectomy morally permissible? In both of these cases where the health of the mother is threatened, the removal of the whole pathological organ constitutes an indirect abortion. However, for example in the case of a hysterectomy, if the womb can be treated by removing the foetus, this is regarded as a direct abortion, and it is morally unacceptable.

As we can see the Catholic Church's ruling on direct versus indirect abortion has serious implications for the health and fertility of women. The contradictions within moral theology also call into question the church's absolute moral stance that abortion constitutes murder. The Church has traditionally accepted the taking of human life by capital punishment, the 'necessary' or 'unavoidable' killing of innocent civilians in 'just' wars, or the taking of human life in self defence. This principle of proportionality, when applied to abortion, would 'justify' an abortion in respect to a woman's physical and psychological well being and socio-economic conditions of living.

What Constitutes Personhood?

The 'Pro-Life' lobby has gone to great lengths to establish the foetus as a full human being from the moment of conception. As a tactical means to establish the personhood

of the foetus, foetal imagery has been created from emblems of the foetal feet, to video images of the developing foetus and ultra-sound records of the foetus being aborted, for example in the film 'The Silent Scream'.

It is difficult to determine theoretically what constitutes 'personhood' and at what stage of development the foetus can be regarded as a 'human person'. It is most certainly not adequate to define human life in terms of the genetics alone. According to the developmentalist approach, 'personhood' involves a number of factors including reasoning, rationality, consciousness, sociability and interdependence. Critical to this approach is the concept of viability wherein the foetus is regarded as potential human life which is not equated with the status of full personhood.

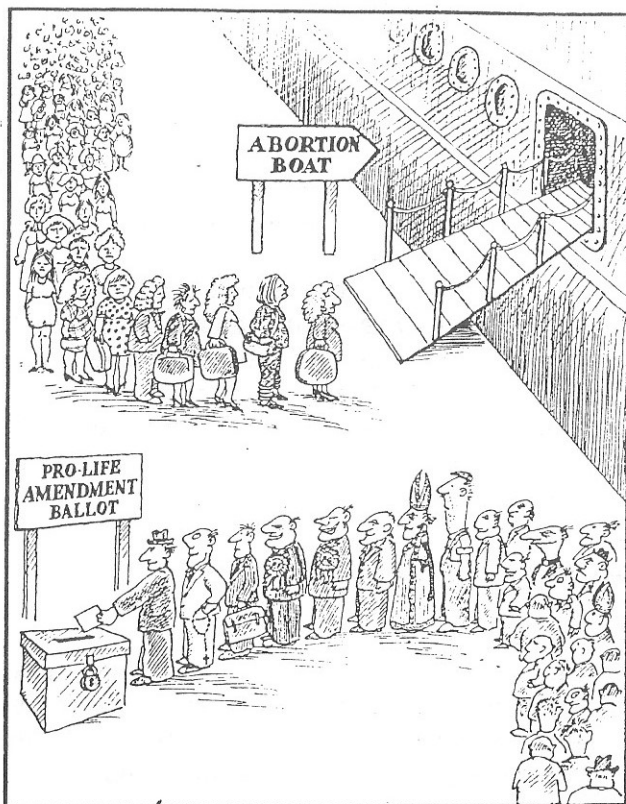
The 'criterion of viability' suggests that at the early stages of development the foetus has less status than the foetus at twenty eight weeks, when technically speaking it is capable of an independent existence outside of the mothers womb. But with the advancement of reproductive and medical technology the foetus may be able to become independent of the mothers womb even at an earlier stage of development.

In the 'doctrine of foetal personhood' the pregnant woman is simply regarded as a vessel in which to accommodate the development of the foetus, and motherhood is reduced to a biological function. The separation of the foetus from the woman, and the arguments of viability deny women the right to control their own bodies and act as moral agents in their own right. The major contradiction within Catholic morality is that women's bodies are regarded as passive vessels, while at the same time it 'holds women morally responsible for what becomes of foetuses and children.' (Petchesky PR 1986)

A feminist humanist concept of personhood explains the various realities and experiences of pregnant women. The relationship between foetus and mother is a subjective rather than an objective relationship. Humanization,

meaning the formation of the person, is neither immediate nor is it isolated from the context in which it occurs, namely the social relationship between the foetus and the mother. Therefore the woman's consciousness of existing in a relationship with the foetus gives value to the foetus. This may not occur until the woman begins to feel movements within her uterus, because until this time there may be no other identifiable signs of the presence of the foetus. This bonding can occur at an earlier stage, particularly if the pregnancy is a happy one.

Accordingly it is the woman's consciousness of existing in a relationship with the foetus which gives meaning to the potential of human life as an actuality



9 Guide to Abortion Services

Pregnancy Testing

If you have missed your regular period and are 6 or more days overdue, you should have a pregnancy test right away. Have a test done by your G.P. or if you don't want to see him/her, the Well Woman or any of the family planning clinics can carry out a fast and reliable test. All Maternity hospitals will provide a test free of charge, but make sure beforehand that the results will be given to you directly and not sent to your G.P. The DIY kits available in chemists are NOT 100% reliable. For medical purposes, the length of pregnancy is determined from the first day of your last period (L.M.P.).

Counselling

The Well Woman Centre and Cherish have trained pregnancy counsellors who will discuss with you your pregnancy sympathetically and in complete confidence. You will not be pressurised into any decision. The final decision will be your own. These services provide counselling on all pregnancy options but cannot give practical information on how or where to obtain an abortion.

Where Can You Get An Abortion?

Book an appointment with a clinic at least one week before travelling. Leave yourself plenty of time to make travel and financial arrangements. The operation and stay will take approximately 2-3 days so you must plan for time off work or away from the family.

What Happens in the Clinic?

When you contact the clinic to make a booking, you will be given an initial appointment. When you arrive at the clinic you will meet a counsellor and two doctors who will discuss

your pregnancy and any problems you may have. You will have an internal examination/scan to establish the exact size of the foetus, so it is very important that you have calculated the length of your pregnancy as accurately as possible. If you are more advanced than you first believed you may have to have a more complicated and expensive operation and if you are over 22-24 weeks the abortion will not be performed. There will be a certain amount of waiting around so you would be advised to bring a book or magazine. You will not have the abortion on the day the you arrive. Under English law non-residents such as Irish women must be in the country at least 24 hours before the operation. This will take place on the day following your session with the counsellor. You will be administered a light general anaesthetic and will spend the night following the operation in the clinic.

Support, Counselling and Referral Organisations

Women's Information Network (WIN):

WIN consists of an informal network of voluntary counsellors, all professionally qualified and experienced in pregnancy counselling, who are offering their services on a personal basis. It provides information on all pregnancy options and can be contacted by phone 7-9pm Tues-Thurs (incl.) and 3-5pm Saturdays at 01-6794700.

Ulster Pregnancy Advisory Association (UPAA):

719A Lisburn Rd., Belfast BT9. ☎ 084- 667345. The UPAA advises, counsels and arranges abortion clinic bookings in England. They are happy to offer their services to women from the South.

Women's Reproductive Rights Information Centre:

52-54 Featherstone Street, London EC1. ☎ 03071-6332/3. (Mon-Fri 10am to 6pm) WRRIC offers information on all aspects of reproduction. They will arrange referrals for Irish women seeking abortion, in any part of England.

Irish Women's Abortion Support Group (IWASG):

C/O Women's Reproductive Rights Information Centre, 52-54 Featherstone Street, London EC1. ☎ 03071-6332/3. (Tues.. 6pm-9pm for direct contact.) This is an informal voluntary group of Irish women living in London, who offer practical and emotional support to Irish women travelling their for abortion. They will meet you when you arrive, arrange accommodation, and accompany you to the clinic. They will also arrange bookings and can be contacted at short notice.

Liverpool Abortion Support Service (LASS) ☎ Pauline

Furness 03051-733-9059 (after 5pm) or Susan Rees 03051-733-597 (evenings). LASS is an informal voluntary group which offers practical support with accommodation and transport arrangements. They will meet you when you arrive or at the clinic.

Arrival alone in a large and unfamiliar city can be an unsettling experience. If you do not have a friend or relative to meet and accomodate you, you should avail of the support offered by these groups.

It is possible to obtain an abortion on the NHS but a woman must be resident in England for 6 weeks. This is impractical for the vast majority of Irish women. However, if you already have a British National Insurance Number it may be possible to obtain an abortion on the NHS after a two to three week stay in Britain.

The Clinics

The Pregnancy Advisory Service (PAS) and the British Pregnancy Advisory Service (BPAS) are non-profit making charities which provide counselling and abortion services. With some exceptions privately run agencies and clinics do not have as thorough a counselling service as these do.

On the following pages there is a table which gives details of a selection of clinics in England and one in Holland.

Clinic	Price	
BPAS Liverpool 20 Rodney St., ☎ 03051- 7091558	8/12 wks 13/19 wks	£175 £340
BPAS: London/Brighton 7 Belgrave Rd. Victoria, London. ☎ 03071-222==0985	8/13 wks 13/19 wks 19+wks + £25-for scan	£210 £260 £340
PAS London 11, Charlotte St. London W.1 ☎ 03071 637 - 8962	8/13 wks 13/15 wks 16/18 wks 19/22 wks	£245 £295 £365 £465
Leigham Clinic 76 Leigham Court Rd., Streatham, London S.W.	8/11 wks 12/15 wks 16/17 wks 18/19 wks	£220 £265 £290 £370
Parkview Clinic 29/87 Mattock Lane Ealing London W.5	8/12 wks 13/16 wks 17 wks 18/23 wks	£240 £280 £350
Polikliniek Ooster Park Oosterpark 59-60 1092 Ar Amsterdam The Netherlands. ☎ 16-31-20-932151	8/13 wks 14/18 wks	£160 £295

Times	Comments
Tues/Wed/Thurs Induction used after 13 weeks-Thurs only	Nice & Friendly easy to locate, LASS Support Deposit beds available
Mon-Fri The appropriate type of operation is agreed with the surgeon Operation In Brighton	Clinic in Seven Sisters Deposit Beds available IWASG support -nice & friendly No weekend facility
Mon-Sat All type operations Induction used after 16 wks (scan required)	More expensive but very friendly. Clinic in Twickenham Deposit Beds Available IWASG Support
Mon-Sun Induction used after 18 wks - weekdays only	Consultation & abortion on same day possible Good for late abortions IWASG Support
Mon-Sat (except Wed.) Induction used after 16 wks. - All Days	Easy to locate
Open Mon-Fri.	No overnight stay required

Other PAS & BPAS Offices

Pregnancy Advisory Service (PAS):

4th Floor Hepworth Chambers, Church St., Liverpool L1 3BG.

☎ 03051-236-8668

5th Floor, Newton Buildings, 50 Newton St., Manchester.

☎ 03061-228-1887.

British Pregnancy Advisory Service (BPAS)

Birmingham: 1st Floor, Guildhall Buildings, Navigation Street.

☎ 03021-63411461 9am to 5pm Mon to Fri. Sat. 9am to 1pm.

Cardiff: 4 High Street, Arcade Chambers, Cardiff.

☎ 030222-3772389. Mon - Fri 9am to 5pm. Sats 9am to 1pm.

Glasgow: 2nd Floor, 245 north Street. ☎ 03041-204-1832. Mon. to Fri 9am to 5pm. Sat 9am to 1pm.

Manchester: Suite F, Ground Floor, Fourways House, Hilton St. ☎ 03061-2367777. Mon to Fri 9am to 5pm. Tue 9am to 8pm.

Sheffield: 160 Charles Street, Sheffield. ☎ 030742-738326.

Mon, Thur & Fri. 9am to 3pm, Tue 9am to 2pm, Wed. 10am to 8pm.

Important

It is still perfectly legal and advisable for you to avail of post-abortion medical attention. This offered by your local GP or any family planning clinic (see list).

Post-Abortion Counselling

There are as many reasons to have abortions as women who have them. Every woman is unique and has her own story. Hopefully most women experience positive feelings after abortion, relieved that she is no longer pregnant, she can look forward to the future. For some women it will be

a time of self-appraisal - having decided her life is worthliving for herself and that she is important, she can look to getting on with that life. However the legal and social peculiarities of Ireland may mean that Irish women in particular may have to cope with some 'hidden extras'.

(1) The present legal ruling means that an atmosphere of silence and fear surrounds the whole area of abortion. This silence makes it much harder for a woman to talk out her feelings prior to abortion and afraid to mention it to anyone when she gets back, causing feelings of alienation and tension.

(2) The attitude of Irish society, especially in the churches and education system, towards abortion can be the cause of great misery and distress. The woman can feel misunderstood and can feel under personal attack. Being unable to avail of family support and having to put on a 'brave face' can reinforce the isolation.

(3) Lack of access to decent childcare facilities, job security and rights for women, etc. may sometimes leave a woman with little option other than abortion. A woman will often feel (justifiable) anger at a system which denies her real choice. Family situations, partner problems, job worries, poverty are all potential related problem areas a woman has to cope with.

In this section we provide names and addresses of places which offer support and advice (see over). Being able to talk to someone is very important and can help you cope. Remember up to 10,000 Irish women have abortions every year. Do try to trust someone with what you are feeling.

Post-Abortion Check-Up

Following your termination you need to go for a post-abortion checkup. This is just a simple medical checkup to make sure there are no minor infections - if there are any, they are easily cleared up. A visit to the doctor also presents you with the opportunity to ask about contraception

and smear-testing. The 'morning after' pill or coil is available from all these centres. There is usually a fee for services but many clinics will try to accommodate you even if you cannot pay. These services are also available from most medical card G.P.s.

In the following list of addresses an asterisk (*) marks the centres that provide post-abortion counselling.

Dublin

Dublin Well Woman Centres:

*73 Lr. Leeson St. Dublin ☎ 2610083/2610086, 60 Eccles St., Dublin 1. ☎ 728051/302626

Irish Family Planning Association:

*5/7 Cathal Brugha St., Dublin 1 ☎ 727363. 59 Synge St. Dublin 8.

☎ 728051/682420

Family Planning Services:

60 Pembroke Rd., Dublin 4

Outside Dublin

*Tralee Family Planning Clinic - 14 Ashe St., Tralee ☎ 066-253322

Limerick Family Planning Clinic - 27 Mallow St., Limerick ☎ 061-312026

*Navan Family Planning Clinic - 37 Watergate St., Navan ☎ 046-28140

*Galway Family Planning Clinic - 16 Merchants Rd., Galway ☎ 091-62992

*Waterford Family Planning Clinic - 7 Michael St., Waterford ☎ 051-78344

Cork Family planning Clinic - 4 Tuckey St., Grand Parade, Cork ☎ 021-502906

Belfast Family Planning Clinic - 113 University St., Belfast BT71HP ☎ 084-225488

Belfast Well Woman Centre - 315 Botanic Ave., Belfast 7 ☎ 084-2254488

Other Useful Telephone Numbers

The following organisations can provide you with advice and support when you are deciding how to proceed with your pregnancy. This is a limited list; these organisations can refer you elsewhere, if necessary.

Cherish - Ass. of single mothers, 2, Lr. Pembroke St., Dublin. ☎ 01-6827744

Barnardo's - Adoption counselling service, Dublin ☎ 01-977267; Belfast ☎ 084-370881

Focus Point - Housing advice centre, 14a Eustace St., Dublin 2. ☎ 01-776421

Rape Crisis Centre, 70, Lr. Leeson St., Dublin 2 ☎ 01-6614911

Womens Aid - Refuge, P.O. Box 791, Dublin 6 ☎ 01-961002

AIM - Marriage and Family problems, 68, Lr. Mount St., Dublin 2. ☎ 01-616478

Gingerbread - (One parent families) 12 Wicklow St., Dublin ☎ 01-710291

Amniocentesis Information - Royal Victoria Hospital, Belfast ☎ 084 340503

FLAC Free Legal Aid Centre - 49 Sth William St., Dublin ☎ 01-794239

Irish Childbirth Trust - 9 Cabinteely Cres. Dublin 1 ☎ 01-312889

Boosterstown Counselling Centre ☎ 01-882747

Women and Aids Group - 13 Christchurch Place, Dublin 7 ☎ 01-531165

Aids Helpline - ☎ 01-307888

I.S.P.C.C. - 20 Molesworth St., Dublin ☎ 01-700452

Parents Alone - 16 Bunratty Road, ☎ 01-481116

Miscarriage Ass. of Ireland - 27 Kenilworth Rd., Rathmines Dublin 6. ☎ 01-972938

Lesbian Helpline - ☎ 01-613777

Useful Reading: Our Bodies, Ourselves; The Boston Health Collective.

Addendum

In June 1991 the Advocate General of the European Court of Justice found that Ireland's ban on information was compatible with the European Community law under a public policy clause which allows member states full discretion in policy areas of a 'moral and philosophical nature.' The incorporation of the 'pro-life' ammendment into the constitution indicated to Mr Van Gerven that the 'policy choice' had been made and the ban on information had resulted from this. While his opinion is not binding it is likely to be endorsed by the Court of Justice late in '91.

Meanwhile the European Commission on Human Rights declared in May '91, in a preliminary ruling, that the Supreme Court ban on the provision of abortion information by the Open Line Counselling service and the Well Woman Centre was an infringement of the Convention on Human Rights. The case has been referred to the Court of Human Rights and a verdict is expected in early '92. While its rulings are not binding on the Irish State, a favourable decision will be a major boost for the information campaign and will make it more difficult for SPUC et al, to obtain further injunctions