

ABORTION

OUR BODIES

THEIR POWER

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ABORTION

In December 1976, six women health workers resigned from an abortion clinic run by Population Services International (PSI) a large multinational population control organisation. These resignations included counsellors, a doctor and a telephonist.

Abortion in Australia has become a lucrative business with clinics such as PSI geared towards financial gain rather than the specific health needs of women. At the end of 1976, PSI was performing between 250 and 300 abortions weekly at their two Sydney clinics. The director of PSI (Australasian) Ltd. is Dr. Geoffrey Davis who has been involved in the abortion industry for many years now.

Male manipulation of womens reproductive processes is the fundamental basis of womens oppression. In a male dominated medical profession this manipulation is particularly pernicious, it is predominantly men who decide the how, where, when, and if of abortion, thereby limiting a potential growth situation for women to a passive experience. Women have long been aware of how disadvantaged they are in the classic doctor/patient relationship. Often doctors dismiss their female patients with the implication that 'Doctors Know Best' rather than discussing their condition in a sympathetic and informative way. Professionalism in itself creates an atmosphere of coldness and inhumanity, perpetuating ignorance and limiting the possibility of relating in an open and sharing way.

Male reluctance to relinquish control over female reproductive processes creates a bind for women. Some abortion outlets are available for those women resourceful enough to reach them, but for many women these facilities are unacceptable both medically and emotionally. At the same time patriarchal attitudes criticize and isolate those same women by making them feel guilty and obligated. This contradictory situation makes it difficult for women to recognize their powerlessness and do something about it. Far from being an issue women have fought for and won, womens right to abortion still remains without legal foundation in New South Wales.

The women workers who left PSI did so because they could no longer tolerate the treatment inflicted on women patients. Over a period of two years they made many attempts to change the working conditions and attitudes of PSI management with minimal results. As part of the overall attempt by the Womens Liberation Movement to change the abortion situation for women, we have decided to publicise the workers experiences and reasons for resigning.

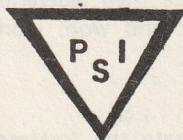
'In dealing with women, it is always important to take into account the idiot factor'. Women workers listened to this statement from Davis time and time again at staff meetings. This sort of attitude is firmly entrenched in the organisation and practices of PSI.

Though many medical institutions treat patients, especially women, in this manner, at PSI it is particularly hypocritical given the image Davis projects of being the 'doctor of the womens movement'. In his book, 'Interception of Pregnancy', Davis has written:

'I believe women have been the victims of a gigantic swindle, engineered by the Church, supported by the State, and aided and abetted by the medical profession.'

THE MAN'S WORLD

Sex Anatomy/Birth Control/VD
The Condom



The pill was supplied, but the type of pill was dictated by the quantity of sample packets given to PSI by the drug companies. One month all women would be given Microgynon (provided free by Schering), and the next month Ovostat (provided free by Organon Australia). There was no attempt made to assess a womans particular requirements, nor was there any attempt to ensure that women got the information which would help them make informed choices about their Health care. Even when counsellors sought out new facts about contraception there was no opportunity to make use of this information. PSI's policy was clear - the Anderson Leaf or the newest sample pill in stock.

This policy of with-holding information from women patients extended to a ban on the distribution of pamphlets on such topics as the pill, vaginal discharges, VD and less popular contraceptive methods such as diaphragms and spermicidal creams. These pamphlets are readily available at Family Planning and Womens Health Centres in Sydney, but PSI only provides written information on one form of contraception, the Anderson Leaf IUD.

There was no provision for counsellor training beyond a couple of tracts written by Davis and a booklet entitled 'The Mans World' which is published by the US parent company of PSI. This publication contains such gems as "Ovaries make hormones (chemicals) which give a girl a womans breast, full hips, smooth skin and all those things men like".

Children By Choice, a Brisbane referral agency, sends 6000 pregnant women a year to PSI. This meant an annual cash return of \$900,000. On those days when Brisbane women arrived in Sydney, the pressure from overbooking was acute. There was no real appointment system at PSI; patients were block booked and had to wait many hours. They had to stand or sit on the floor and were shunted around in large numbers at the convenience of the management, producing a 'process-line' atmosphere. Statements such as 'I feel like I have been through a car wash', 'It feels like a sausage factory' were heard almost daily, and women returning to Brisbane were sometimes dressed and walked to a taxi while still recovering from their general anaesthetic. As they got into the taxi they were heard to ask 'How did I get here?'. A counsellor reported that, in his haste to leave, a doctor forgot to insert an IUD in one of the women who had come down from Brisbane. The counsellor was instructed to tell the women that her uterus was too small for an IUD and that she would have to take the pill instead. This event occurred in February this year and the woman presumably still believes she cannot have an IUD.

PSI policy is to give general anaesthetics for an abortion and to avoid local anaesthetic except in special circumstances. Workers at PSI noted that there was very little effort to ascertain when these special circumstances were operative and there was no attempt made to discuss the advantages of either method. General Anaesthetic allowed Davis to perform eight abortions an hour on the average, and at \$110 an abortion, this meant that Davis was pulling in \$880 an hour. Davis described this system as 'high through-put' or as 'cafeteria style-abortion'. The role laid down for the counsellor was to facilitate the smooth running of the system, and monitor women's progress along the conveyor belt. Uniformed, forcing a smile, the counsellors were used to try and create an atmosphere of sympathy and concern in the face of highly depersonalised conditions.

Within this 'cafeteria style' abortion system, sterilisation procedures were neglected. Instruments were only boiled for three to five minutes thus increasing the chances of infections being passed from one patient to another. All but one doctor operating failed to use the 'no touch' technique and wore plastic, disposable, non-sterile gloves. Health workers frequently observed doctors smoking during the operation, and sometimes eating and drinking in the theatre. On one occasion when a health worker from another clinic commented on the practice of smoking in the theatre, she was told by the manager, "don't worry, around here we use cunts as ashtrays." This is only one example of the sexually derogatory remarks that were regularly heard during the operation. Further neglect was observed when doctors went home before the last woman had recovered from her anaesthetic.

The use of general anaesthetics allowed Davis to streamline his abortion method so that he could abort a woman up to five months pregnant in one operation that lasts about fifteen minutes. There are obvious dangers, including the likelihood of tearing the cervix, and a torn cervix can mean that a woman will have problems in carrying a future pregnancy. For Davis, time equalled money.

Davis is a highly experienced and proficient abortionist having been in the industry for over fifteen years. However, this is not the case with some of his medical colleagues who are not as fast or proficient nor as accustomed to PSI procedures and pressures. About forty percent of patients return for a post-operative follow-up so it is impossible to ascertain the complication rate. Usually complications are for two main

reasons; the uterus perforated by the doctor during the operation, or foetal tissue left in the uterus. In the case of retained foetal tissue procedure at PSI was to evacuate the uterine contents of all patients into the one container, which made it extremely difficult to check whether all the tissue was removed. Failure to remove this can lead to subsequent pelvic infection. Women still working at PSI report that the number of patients returning with complications has increased in the last six months.

In an attempt to combat the complications that can arise from neglect in sterilizing, or from operational mistakes such as perforation and retention of tissue, PSI routinely prescribe anti-biotics to all patients. These anti-biotics are purchased by the patient from the clinic for two dollars, (\$2.00) and it is standard practice to provide fewer pills than would be provided if the script were filled at a chemist. Apart from the fact that it is medically questionable to give an incomplete course of anti-biotics, this practice means profiteering from the National Health Scheme (NHS). Davis buys the anti-biotics Mysteclin V and the coagulant, K Thrombin in bulk. K thrombin was purchased in jars of five hundred for \$3.60, and sold in packets of ten to fifteen for \$2.00, so a profit of over fifty dollars was made from each twenty five patients. Sample packets of contraceptives, which should be dispensed free were sold at PSI for \$2.00.

In March this year, Davis told the audience listening to the ABC programme 'Broadband' that the turnover from his two Sydney clinics was over one million dollars a year. Some might well argue this turnover figure should be doubled as money comes in partly from the proceeds of some three hundred or so abortions a week, and partly from the proceeds paid for compulsory pathology tests of \$35.20. The whole 'caper' to use Davis' own words - costs each woman up to \$170, (Termination of Pregnancy(TOP) \$111.95, Pathology Tests \$35.20 and additional charges for drugs and IUD's of approximately \$20).

Consultation	\$13.30	I.V. Fluids	9.35
T.O.P.	64.00	Pathology	35.20
2nd Consultation	7.00	Drugs, IUD's up to	20.00
Gen. Anaesthetic	18.30	Total:	\$167.15

The above breakdown is what a woman pays for an early term abortion procedure. For example, six thousand women from Queensland alone use this service, all paying this listed fee. This fee includes the I.V. Fluids charge which is almost never used as it is not necessary in early abortions - except in cases of doctor error such as perforation of the uterus, and even then only in severe cases. From this specific rip-off of Queensland women Davis gains \$54,000 every year. The Federal government under Medibank or private health funds pays most of this money.

Each woman having an abortion is required to undergo pathology testing to determine her blood grouping and to detect any vaginal infection or cancer that may be present. Often, these tests are necessary, but there are other times when a woman already knows her blood grouping or has had a cancer smear in the previous six months. The proceeds from these tests go to a pathology laboratory, Sydney Pathology owned by Davis' business partner Henrietta Nerichow. Nerichow is a foundation subscriber and secretary of PSI. The pathology services alone probably account for an annual cash turnover of between \$350,000 and \$450,000.

At the outset, PSI, under Davis' directorship, had near control on the Sydney abortion market. Early in 1975, Preterm and St. Annes hospital were the only two clinics dealing with large numbers of women seeking abortions. Until this time, the Children by Choice Association referred their abortions to a variety of Sydney doctors, but most referrals went to St. Annes. However, Davis changed this situation by visiting Brisbane and making a deal with CBC whereby all future referrals would go to the newly formed

Known

Assets — Davis:
Abbey (valued at over \$1 million)

Several Pubs

3 Small Medical Practices

at Pymont, Milsons Pt, Challis Ave

4 Vintage Cars

ROSSLYN
HOSPITAL

Forrest Rd, Arncliffe

J Carmody

C Carmody

GARAGE
(Northern NSW)
2 MASSERATIS

\$188,420
Medical Fee
to Davis

Rent for Arncliffe Centre
Bed Fees (for patients overnight
stay in Rosslyn).
\$210,000

PSI PSI

Dr G Davis

Henrietta Nerichow

Dr Robert Gordon

John Carmody

PSI PSI PSI

LE TRIANON
RESTAURANT
Challis Avenue
Potts Point

\$15,600 Administration Fee to

Rent \$38,168
for Potts Pt Clinic

MERLIN
LE FEY
Davis, Nerichow

NERICHOW
DIRECTOR OF:
SYDNEY PATHOLOGY

~~\$500~~ from each PSI patient
\$35.20

PASADENA
MOTOR LODGE
Church Point

PSI clinic. CBC women say that Davis promised to conduct an abortion test-case in Brisbane which would provide a legal precedent for abortions to be carried out in Queensland. This is the present legal situation in New South Wales but up to this time, the Brisbane test-case has not eventuated.

The only other clinic operating was Preterm Foundation. The burning down and destruction of Preterm's premises and equipment on April 7, 1975, enabled Davis' newly formed PSI to capture a large portion of the market. The day following the Preterm fire, Davis contacted a Preterm worker and invited her to start work with him immediately at his Kings Cross clinic. "We're in business" is the report she gives of this conversation. Meanwhile, Preterm was unable to resume abortions on their own premises for the next eighteen months.

PSI (Aust) LTD is part of a 'non-profit' international organization operating in about twenty-seven countries. Davis' Australian branch of PSI was given an initial establishment grant from the international body which is in turn funded by such institutions as the Ford Foundation, the US Office of Economic Opportunity and American International Development (AID). Population control is big business these days and PSI has links with the US Population Council which was formed and presided over the Rockefeller family in the fifties. By the sixties the Population Council was grooming cadres for Third World Countries, and arguing that population growth, for both rich and poor countries, was a decisive threat to political stability. One of the leading figures justified their campaign for government aid to family planning quite openly:

".....if the World Bank expects to get its loans repaid by India....if the US, much of whose aid is in the form of loans expects to get them repaid....the population problem.....must be solved".

Using population control as a point of entry, PSI now has branches in many third world countries such as Columbia, Bangladesh, Kenya and Sri-Lanka. One of the stated reasons PSI was established in Australia was "that they could act as training centres for medical and para-medical personnel from the Indian sub-continent, South-East Asia and Oceania". PSI's international advisory council has members such as Jack Hood Vaughn, who has a history of US Government postings in Bolivia, Guinea and Senegal. He was Ambassador to Panama in 1964 and to Columbia in 1967 and 1970. Vaughn is now President of the First National City Bank in New York.

The economic and ideological power of a multi-national organisation such as PSI obviously can not be altered by the actions of a small group of women working inside one of its many 'units' such as the clinics in Sydney. Information - hard data - on the multi-national abortion industry is not easily accessible even to women skilled and experienced in research work. The data collected is sent from Davis at PSI, and the 27 similar centres, direct to Chapel Hill to be processed and stored in their computers. The health workers who resigned and were sacked by Davis fought hard to create conditions for better abortions; they tried to introduce some elements of humanity into the "assembly line process"; they tried to unionise the workers; they tried to introduce new information and ideas; they tried to raise questions of control with workers and management, (see Job Diary).

They failed to make any significant changes to the structure of PSI. However, the experience led to a re-assessment of the abortion structure in Sydney and the continued lack of control women have over their own bodies. Certainly we do not feel that any multi-national organization such as PSI, is in a position to know, nor are they motivated to find out what women really require or want in reproductive health care. Women recognise that there will always be a need for abortions and that facilities of some type will always be available to satisfy this need. However, women are now adamant that they will determine the kind of facility that they are prepared to accept.

RECEIVED

MAR 10 1975

CHAPEL HILL

PSI SYDNEY,
PO Box 925, Potts Pt.
6th March, 1975

Memo Tim, Phil, Alis and Everyone :

You are in the abortion business. Get used to it. We hit 100 cases this week. I reckon we'll get more next week. I'm just back from Queensland. We now have all their work. Within a couple of months we should be able to open up there.

Here in Sydney we're about to start to do OP laparoscopic tubal occlusions in bulk. These pay better than abortion.

If you have such a thing, could someone send me a nice display of all the PSI condoms available in all the countries you service and the patient pamphlets, advertising bumf associated with each please. I want to put them on display in my waiting rooms to give some indication of the size, scope and activity of PSI.

Räder Rollen für den Zieg, as we used remark while warming ourselves round the burning Reichstag. This week we crushed St. Annes; next week - Preterm. You could begin to consider making IFRP an offer or, if I get this laparoscopy bit right, Standard Oil, Dupont and ITT.

I would like a Beechcraft Exec for Christmas. Blue, please. Or Tasmania.

Cheers,

GD

CHAPEL HILL: PSI's central research base in Chapel Hill, North Carolina, USA.

TIM, PHIL, ALIS AND EVERYONE: Dr. Tim Black, Dr. Phillip Harvey, Directors of PSI.

WE HIT 100 CASES: At Rosslyn Hospital

WE NOW HAVE ALL THEIR WORK: Children By Choice referrals. Previously CBC women had been referred to several other doctors including a doctor at St. Annes Private hospital in Killara.

OP LAPROSCOPIC TUBAL OCCLUSIONS: Female sterilization by burning and tying the Fallopian Tubes.

RADER ROLLEN FUR DEN ZEIG: Wheels rolling towards victory

WE CRUSHED ST. ANNES: referring to the take over of CBC referrals.

NEXT WEEK PRETERM: Preterm burnt down 7.4.75. Davis was one of the first on the scene. Subsequent causes of the fire were variously cited, as spontaneous combustion of rubbish downstairs, or that the fire was lit by a man with a vendetta against others in the building, that a man was subsequently caught, charged and imprisoned. We have not been given any proof regarding his name, trial, charge or prison sentence.

IFRP: International Fertility Research Program

BEECHCRAFT EXEC: A light aeroplane

GD: Dr. Geoffrey Davis

The handwriting on the top (left) is Chapel Hills response to Davis' request for pamphlets. The stamp on the top (right) is the Chapel Hill official stamp receipt. This letter was photostated from the original obtained by a counsellor at PSI. The memo was in an envelope containing pamphlets from PSI Chapel Hill

The Anderson Leaf

An indication of the lack of information and choice women have at PSI is illustrated by the persistent pushing of the Anderson Leaf (Latex Leaf). As the Leaf is an Australian designed product it is not required to be passed by the Drug Evaluation Board. It is now undergoing clinical trials in Indonesia, Israel and Thailand. Population Reports, a fertility control publication published in America describes the Latex Leaf as a new device with good preliminary results, they also state that data on 5,000 Latex leaf IUDs is being collected and analysed by the International Fertility and Research Program (IFRP), Chapel Hill North Carolina, USA. Australian women are not informed of this nor are they carefully monitored for side effects. They are not told of its disadvantages. One woman attending PSI asked for a Graefenberg Ring after careful consideration of the available IUDs, she was told 'yes, of course', because of complications with her IUD, she rang up the clinic a month later to ask the receptionist what type of IUD was inserted according to her record, and was told she had an Anderson Leaf.

The Fertility Control Clinic in Melbourne has discontinued the use of the leaf due to its high failure rate. The Leaf sometimes crumbles and tears on removal and appears to cause a greenish discharge resistant to antibiotics.



Birth Control • Pregnancy Testing
Pregnancy Counselling • Pap Smears
Breast Examination • Vasectomies
Menopause Counselling • Training of
Medical Personnel • Sex Education

Dear Doctor,

30th May, 1977.

Herewith Miss Jennifer King aged 22 who has an infected Anderson leaf in place. In attempting to remove it the string broke away. Do you think you could arrange a D & C (Dilation and Curettage) for her to have the IUD removed?

Yours sincerely,

A Non-Profit Low Cost Fertility Control Organisation.

A Member of the International Council of Voluntary Agencies.

- Abortion & Menstrual Regulation
- Sterilisation
- All services with General Anaesthesia

THE POTTS POINT CLINIC
23-27 CHALLIS AVENUE,
POTTS POINT PH: 357-2464

THE ARNCLIFFE CENTRE
43-47 FOREST ROAD,
ARNCLIFFE PH: 597-2588
A.M. 59-1557

THE IUD

In 1296 Lanfranchi, in Milan, provided the first modern recommendation for the use of an IUD. They have been in wide use for a very long time. Until the 1960s, most were made of metal. This posed a few problems. These problems created most of the folklore of IUDs. Many of the problems were overcome by the design of the plastic IUD. But not all. Now there has been another revolution in IUD design and nearly all of the problems have gone. About 15 million women currently have IUDs.

The new IUDs have active ingredients. The best of these is made of silicone rubber and has two active ingredients, copper and zinc. Other types have different slow release chemicals.

The one we use most is the Anderson leaf*. It is silicone rubber plus slow release copper and zinc. Present indications are that it leaves all other IUDs for dead. So we use it.

The main reason IUDs provide better fertility control than any other contraceptive goes like this -

- you can't leave it at home when you go away for the weekend or holidays
- you can't run out of it on Sunday
- If you don't get home from work it is still with you and not in the bathroom cabinet
- it works perfectly when you are smashed out of your mind and have no hope of using anything else even if you remembered

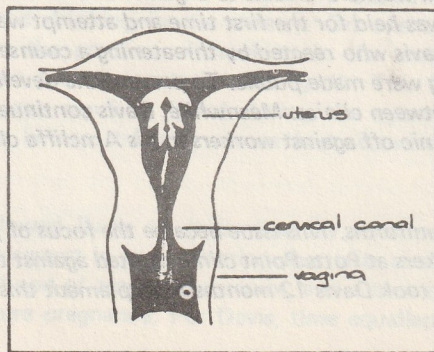
Other advantages are: - IUDs have only local effects, they don't louse up your metabolism, your clothes still fit, you stay the same shape and stay well.

- everything still works normally, you produce ova, some of them get fertilised but they don't cause any trouble - they just fall out unnoticed. Incidentally much the same happens each month with about 6 in every 10 non-contracepting women. They shed fertilised ova. This was first described in 1956.

It is the remaining 4 in 10 ova that contraception is aimed at.

- IUDs require no forethought and don't interfere with any activity.
- in the long run they are very economical.

How it works: IUDs are put inside the cavity of the uterus. See diagram:



IUDs work in a variety of ways. The main one now seems to be by producing increased intrauterine levels of a chemical called prostaglandin. This makes the inside of the uterus hostile to ova, sperm and fertilised ova.

*The use of this IUD is no longer experimental. It has been field trialed in many parts of the world. Its use is, however, being monitored as part of an ongoing surveillance research programme.

JOB DIARY

MARCH 1975.

PSI opened in Sydney. Women began working there despite warnings about Davis voiced by feminists overseas. At first, PSI was supported by Women's Health Centres in the hope that feminists ideas could be carried out in the clinic. The contradictions in the situation were not recognised with sufficient clarity at this stage. Davis wanted the support of the Womens Liberation Movement as a referral source, but once he established PSI this support would no longer be necessary.

APRIL 1975.

Workers at PSI discussed a draft contract of employment with Davis which would cover their working conditions. However, Davis' exemplary feminist rhetoric and promises of lay training and "shop floor" control in the clinic led to the contract being abandoned. Davis' statements being accepted in good faith.

JUNE 1975.

One feminist, working as a counsellor, refused Davis' request to distribute PSI propaganda at the International Womens Year Conference in Mexico.

SEPTEMBER 1975.

Since Davis had a tendency to turn all workers' efforts to organise and discuss issues at PSI into social occasions, and all - women staff meeting was held for the first time and attempt was made to unionise. A set of demands was drawn up and put to Davis who reacted by threatening a counsellor with libel action and sacking if the minutes of the meeting were made public. To prevent the development of unity amongst workers, Davis encouraged rivalry between clinics. Meanwhile, Davis continued with his divisive tactics of playing workers in his Potts Point clinic off against workers in his Arncliffe clinic.

DECEMBER 1975.

Davis pressured counsellors to wear uniforms. This issue became the focus of political differences between workers and management, those workers at Potts Point clinic reacted against the wearing of uniforms and the imposition of more rigid practices. It took Davis 12 months to implement this new policy on uniforms.

JANUARY 1976.

As PSI became larger and more established, Davis' attitudes towards staff became more dictatorial. Meetings consisted of listening to Davis' diatribes against workers, the women's movement and the patients. There was

a high level of paranoia. Davis' practice of employing counsellors with no previous knowledge of womens health issues led to a demand to institute an in-service training course. Davis' refusal to provide a course was consistent with his claim that counsellors were only "information in-put clerks".

MAY 1976.

A meeting held by Womens Liberation Movement health workers, and attended by representatives from Leichhardt Womens Health Centre, Liverpool WHC, 'Control' and 'Family Planning', was called to mobilise feminist action against PSI practices. It was decided to begin by writing letters criticising Davis' treatment of women and organising boycotts if these criticisms were not acted upon. These actions were not adequately carried out though the Womens Movement gradually stopped referring to PSI.

JUNE 1976.

Two women workers were sacked from the Arncliffe Clinic. The staff were disorganised and an attempt to reinstate them was ineffective. Following the sackings a list of demands, including one weeks notice, \$1 per hour pay rise and four weeks paid holiday, was drawn up at a meeting held outside the clinic. This action was supported by all workers, and 75% of the counsellors joined the Health and Research Employees Assoc. Union. Most staff now clearly recognised a division between bosses and workers and Davis hired a male general manager, Andrew Pantel. Pantel acceded to the workers' demands in the first few days.

SEPTEMBER 1976.

A nurse was sacked at the Arncliffe Clinic. A stop work meeting led to her reinstatement and this created solidarity between nurses and counsellors working at PSI.

OCTOBER 1976.

Davis attempted to sack a feminist counsellor later arguing that the counsellor had been originally employed to obtain referrals from the Womens Movement which she failed to do. After long discussion with Pantel, the counsellor succeeded in getting reinstated.

NOVEMBER 1976.

In response to Davis' threat to sack one of the feminist counsellors, a large meeting of workers was held outside the clinic to discuss recent developments. Instead of carefully consolidating the solidarity that had emerged, feminists attempted to impose their ideological concepts on some of the newer, more conservative workers and polarization took place. Following the meeting, the feminist counsellor was sacked. Most workers saw this as a political move on Davis' part to purge feminists from his Potts Point clinic.

DECEMBER 1976.

Despite strong sympathy from fellow workers, the attempt to mobilize workers at Potts Point was unsuccessful because of intimidation by the management. The lack of industrial experience common to female middle class social workers has been apparent throughout the whole struggle. Despite support amongst PSI workers, many of whom were now scared, attempts to reinstate the counsellor failed. A stop work meeting at the Arncliffe Clinic led to Davis' calling in uniformed police to remove the sacked counsellor.

Caught in a situation where change was impossible six female workers resigned from PSI in December 1976 and decided to publicise their experiences and create some viable alternatives.

Since the early 70's the Womens Liberation Movement has run "CONTROL" an abortion referral service. In recent years the service has lost its momentum with the growth of womens health centres across Sydney. However, the conditions at PSI highlight the fact that facilities still need to be closely controlled by women if there are to be safe abortions under humane conditions. To prevent medical abuse it is essential that abortion referrals be made to doctors whose practices are closely monitored.

The women who left PSI have linked in with the CONTROL referral service to ensure that, in the future, all the women referred by them for abortions will have counselling provided, a supportive atmosphere in the clinic, and better medical facilities at minimum cost. Individual doctors, have been approached (many of whom have been adversely affected by the PSI monopoly,) and have agreed to these conditions laid down by CONTROL:..

A counsellor training course was run by CONTROL in April this year, and referrals are being made to one doctor who is already using counsellors. Other doctors are waiting to employ counsellors and CONTROL is placing advertisements in a wide variety of suburbs.

It is hoped that CONTROL will provide a non-monoploistic network of facilities which will provide a wide variety of choices depending on the individual needs of each woman.

CONTROL will be open five days and three nights a week, providing information and counselling services for women on abortion, pregnancy, single parent families and contraception.

Longer term projects will be directed towards establishing free-standing feminist abortion clinics run by women for women, and towards encouraging hospital outpatient abortion units.

We hope any woman interested in working towards these aims will join the CONTROL collective. CONTROL is centred at 62b Regent Street Chippendale. 2008 Tel: 698-8440

