

FRONT PAGE

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1975

AN ISSUE ON ABORTION

January 22 marks the second anniversary of the Supreme Court's decision to legalize abortion, but it seems from the upsurge of groups like Right to Life that we still have a lot to worry about: a reversal of that famous decision, or maybe even an amendment to the constitution making abortion irrevocably illegal. In view of this, it is appropriate to begin the January-February issue of Front Page, which is devoted almost entirely to abortion, with a statement of why we must protect our right to a safe, legal abortion, and of why the arguments that say we should be denied this right are wrong.

BARNACLES TOO LIVE Few people claim that what develops in a woman's uterus in the months after she has been fertilized is not life; obviously it is. The question remains, though, of whether it is yet fully human life, and I think the answer to this question must be no. Religious leaders who condemn abortion in the noble cause of the sanctity of everything living would do well to recognize that they are sanctifying a conglomerate of cells which up to the twelfth week biologically resembles a barnacle more closely than it resembles a person, and that they are sanctifying it at the expense of someone who is alive on a thinking, feeling, level, whose life is a real process-in-the-world already.

"SO DEEPLY A PART OF ME..." Besides, this fetus, this evolving mass of tissue, is still, after all, only a part of the woman's body. Moreover it is not a part of her body which she will find it easy to ignore, since it effects such major changes in her as a fifteen-fold estrogen increase, weight gain, greater fluid retention, possible nausea and fatigue, and decreased ability to get a job -- and this is just pregnancy

I am talking about; I am not even touching on what the woman has to deal with if she brings her pregnancy to term. Granted, childbearing could be a wonderful experience for a woman who wants it; however, for a woman who doesn't want it, it understandably could be an ordeal, and so, understandably, when abortion isn't legal, abortions are nevertheless performed, illegally, often by unskilled abortionists whose methods may result in permanent disability or death for their desperate patients. A medically performed legal abortion, on the other hand, is safe, safer than childbearing, with instances of complications numbering fewer than 4 in 1000.

HUMANITARIANISM AND SEX FOR SEX'S SAKE

Perhaps the most important aspect of legalized abortion is that it conclusively establishes motherhood as something a woman decides on¹ and sex as something that can exist totally independent of reproduction. Birth control alone cannot do this, for there is no birth control that is 100% effective, and there is no such thing as being 2% pregnant (unless, of course, the option of abortion is open).² As we begin to see children more as people we bring into the world out of a simple desire to bring people into the world and *

¹The woman herself decides whether she wants a child. It is imperative that no one decide for her (like the government). The possibility that legalized abortion will be used for genocide is real and should be guarded against.

²Also there are all sorts of bad situations women could get into even if 100% effective birth control were available--for example, there is the classic story in which the woman intentionally gets pregnant whereupon her lover vanishes. She may or may not want to keep the child.

less as "living matter" that is the consequence of sex or womanhood or both, we move toward a society which not only allows us as adults individual freedom but gives the children we do have an opportunity to grow up in an atmosphere in which they feel wanted and loved.

Contrary to what one "pro-life" poster would have you believe, none of us who favor abortion are out to murder a smiling, adorable, ice-cream-cone-eating nine-year-old. Under no circumstances do fetuses smile, nor do they ever eat ice cream cones, and

as for their adorability, I'm sure I'm not the only person who feels strange about making a judgment on it. Further, the fetus that is carried in resignation and bitterness is hardly likely to become a child like the child displayed on the poster, because he/she is hardly likely to be very happy, for obvious reasons. The term "pro-life" is deceptive, implying that to be pro-abortion is to be "anti-life," and we are not anti-life. We are anti-unnecessary pain.

-- Beth Horning

AN ABORTION PRIMER

Abortion has long been the commonest method of birth control in the world. Women have risked and lost their lives terminating unwanted pregnancies since time began. Even though it is our firm conviction that it is better to avoid unwanted pregnancy entirely through birth control, sometimes this is not possible. And when it is not, women must have full knowledge of the alternatives open to them.

This article is an attempt to help all of us to a better understanding of abortion, its availability and the steps involved in the various kinds of abortions. Two facts stand out in all the research I've done for this article: 1) the earlier an abortion is done, the easier and less dangerous it is. 9) it is ridiculous to use abortion as a means of birth control. It's far too painful an ordeal and should never replace a regular safe method of birth control.

METHODS OF ABORTION

Vacuum Curettage (up to 12th week) This method of abortion has become the one of choice up to the 12th week of pregnancy since it can be done quickly, with little blood loss, minimal anesthetic and a low risk of complications. In preparation for a vacuum curettage, the woman should not eat for three hours before the operation to avoid vomiting and the dangers of choking.

Shaving of the pubic hair is not necessary.

The first step is an internal examination to verify pregnancy and check the angle of the uterus. A speculum holds the walls of the vagina apart throughout the operation. A uterine sound is passed through the cervical canal into the uterus to insure that the canal is not blocked, and to estimate the measurements of the uterus. A local anesthetic is sufficient to block pain occurring during the operation. The paracervical is the most commonly used form. The chemical is delivered by injection at the back of the vagina behind the cervix. The injection itself should be painless. Nerves leading from the cervix are numbed by the anesthetic, and sensation from the uterus and especially the cervix is blocked before it reaches the spine.

Using one of several methods the cervical canal must be dilated (widened) to permit the introduction of surgical instruments. Once the canal is dilated, the doctor inserts a hollow tube called the vacurette into the uterus until it touches the amniotic sac. The vacurette is connected by transparent plastic tubing to a collection bottle. The vacuum pressure is turned on for 20 to 40 seconds or until the uterus is empty and a slight tug is felt on the vacurette. In order to insure that all placental tissue is gone the doctor goes over the uterine lining with a curette. This is most important in pregnancies close to the 12th week limit. The entire operation takes about 5 to 10 minutes.

Dilation and Curettage (up to 12th to 15th week) This method has been widely replaced by the vacuum curettage. It is still used where aspiration equipment is not available, and with a general anesthe-

tic, for cases between the 12th and 15th week of pregnancy.

Preparation for a D & C is the same as that for vacuum curettage including pelvic examination, paracervical block, and cervical dilation. Once the canal is dilated the doctor inserts a curette (surgical instrument with a spoonlike tip) into the cavity of the uterus to scrape loose the embryo and placenta. Loosened portions of embryonic material are removed from the uterus with a long instrument called an ovum forceps. The entire operation takes about 10-15 minutes.

Intra-amniotic saline (after 16th week) Before 16 weeks, the uterus and amniotic sac are too small and the procedure is too difficult to perform. A local anesthetic is injected into a small area of skin several inches below the navel. A long needle is inserted through the abdominal and uterine walls into the amniotic cavity. Since the amniotic fluid is under pressure, some should flow out freely if the needle is positioned properly. The needle is replaced with a more flexible catheter and the amniotic fluid is drained out. An equal amount of 20% salt solution is injected through the same catheter into the sac. This procedure must be done slowly & carefully since an injection of salt solution into the blood stream can be fatal. Since the woman is not asleep she can report any sensations such as headache, numbness, pain, or faintness which may indicate a misdirected injection. The saline solution kills the fetus and stops the placenta's production of pregnancy supporting hormones such as progesterone. Uterine contractions usually begin within 48 hrs., & the cervix dilates. Eventually the amniotic sac ruptures, releasing the salty fluid. Contractions become harder & closer together. Generally they will be as strong as those of a full term pregnancy. After 8-15 hrs. of labor the fetus is expelled. Saline solution abortions are difficult if not impossible to get in the Bloomington area.

Hysterotomy (after 20 weeks) A hysterotomy is a miniature caesarean section and involves major surgery with a hospital stay of about one week. An incision is made in the abdominal wall just above the pubic bone. A second incision is made in the uterine wall and the fetus & placenta

are removed. Both incisions are carefully repaired. Although as major surgery the hysterotomy involves more risk, it doesn't affect a woman's reproductive system (unlike the hysterectomy or removal of the uterus with which it is often confused).

The Morning After Pill Abortion immediately after fertilization but before implantation can be achieved if the woman takes 25 mg. of estrogen, for 5 days beginning within 24 hrs. of sexual intercourse. These estrogens should not be taken lightly and a woman should insist upon explicit information from her doctor before he/she prescribes them. Apparently there are sometimes severe side effects.

Menstrual Extraction Some doctors and abortion clinics in Los Angeles, New York, and Washington, DC have begun performing menstrual extraction as an early abortion procedure. Other doctors and clinics oppose its use.

The Cannula Abortion is usually done a few days up to two or three weeks after a missed period. This is generally before a positive pregnancy test can be confirmed.

The Karman cannula is a narrow, blunt, flexible plastic tube, closed at the end and notched. Attached to any vacuum-creating apparatus, it effects a suction abortion in about two minutes. Since the cannula is blunt and soft, the risk of uterine perforation is virtually nil. Suction and soft scraping of the uterus with the cannula seem to result in far less bleeding after abortion.

The cannula method is fast and potentially cheap enough to be used when a pregnancy is suspected, but cannot yet be confirmed by a test. In such very early abortions, the smallest available cannula can be used, and no dilation of the cervix is necessary. In abortions requiring the use of a larger cannula, smaller cannula may be used as dilators.

Karman, a Los Angeles psychologist, has devised a syringe for use with the cannula which incorporates a couple of features for maintaining a fail safe vacuum. A kit consisting of a syringe, speculum and a number of cannulae of various sizes will be distributed by several international groups. A program is being set up to train paramedics in its use. It can be expected that the device will eventually filter back to midwives & may in time save millions of women's lives.

The cannula and syringe are prescription

items, and are not for unskilled hands. That does not mean that it takes a doctor to perform a cannula abortion, but it does mean that anyone attempting one had better have some training.

Further information on this technique is available from:

The National Women's Health Collective
222 E. 35th St.
New York, NY 10016

COMPLICATIONS

Complications are usually rare in medically performed legal abortions. Medical help should be sought if any of these symptoms appear:

Hemorrhage-a heavy flow of blood accompanied by heavy clotting (not to be confused with slight spotting that normally follows.)

Infection-nausea, vomiting, heavy cramping or a temperature of 100.5 or over are all warning signs. Infection can occur if instruments used are unsterile or you douche, use tampons or have intercourse too soon after an abortion.

Incomplete abortion-This results when a doctor fails to remove all fetal material in the uterus. The abortion may then have to be completed by a dilation and curettage of the uterus. The danger signs to watch for are a foul-smelling vaginal discharge, cramping, nausea, vomiting or hemorrhage as described above.

To prevent them-Although a woman can usually get up and resume her normal activities a few hours after a vacuum suction abortion, she should be aware of danger signs. To help cut down the chances of infection she should remember not to douche, use tampons or have sexual intercourse for 4 weeks after the abortion. The idea is to minimize the chances of infectious germs entering the vaginal canal thus causing infection in the uterus.

Some doctors automatically prescribe antibiotics such as penicillin after the abortion; others who do not believe in prophylactic treatment give antibiotics only if a woman shows signs of infection, since it is more difficult to cure infection which develops despite antibiotics. Infection after a properly performed abortion is fairly simple to cure, however it is serious. If fever, pain, or uncontrollable bleeding occurs after an abortion, a woman must see a doctor immediately.

BIRTH CONTROL

A woman must consider herself fertile immediately and begin to use some form of birth control to prevent pregnancy. At the time of the abortion someone at the hospital may want to discuss this with you. Some hospitals will insert an IUD at the time of your abortion. A woman should plan to have a post abortion checkup 4 to 6 weeks after her abortion. This is another opportune time to discuss birth control. A woman's period should start about 4 wks. after the abortion. Remember it is important not to have intercourse for perhaps as long as 1 month after the abortion: you ARE fertile and you are open to infection.

SOURCES OF INFORMATION AND HELP FOR BLOOMINGTON AREA WOMEN WHO ARE CONSIDERING ABORTION

Planned Parenthood, 406 S. College Avenue, Bloomington, IN 47401 (812) 336-0219. This organization is very helpful at all stages to the woman considering abortion. They handle pregnancy testing and birth control matters; help you find counseling help if it is needed to reach the decision to have or not have an abortion; and recommend the best and safest facilities for the abortion itself should you decide to have one. The Student Health Center regularly refers patients to them.

Bloomington Hospital, The hospital allows abortions up to the 15th week; this means vacuum curettage or D & C abortions only. They require a large deposit, usually \$100 or more. They require a husband's signature giving permission (although they make little effort to check on a person's name or marital status). The hospital has some funding to help finance abortions. The Mental Health Clinic at the Hospital has some facilities for counseling problem pregnancies.

Cost. A Bloomington abortion costs a total of \$275; this includes a doctor's fee of \$125. An abortion can usually be obtained in Louisville, Indianapolis, or Chicago for \$175 plus transportation.

Women's Crisis Service, 414 N. Park, Bloomington, IN 47401, c/o Nancy Brand, (812) 336-0747, provides counseling [see interview with Nancy Brand later in this issue]

United Campus Ministries Center, 1514 E.
3rd St., Bloomington, IN 47401, (812) 332-
3386, also provides counseling. Although a

religious organization, they have
earned a fine reputation of strong non-
religious support. --B.J. Opiat

exactly one (1) year ago today (that day) i had an operation
performed on me/my body the stage was it a play of life

and death or merely a change in state?

my state of mind mourned nothing

but me my own sad self wandering through Chicago streets

on the day of the great (snow) storm a tiny speck.

by losing the love that was the cause i was torn in half

and halved again (that day)

from stranger streets to one bus ride to another longer ride

i shed a tear no one saw

a tiny speck. i made my way home.

AN EXPERIENCE OF ABORTION

Three or four years ago, I had an abortion. That sentence is probably as significant as anything I can say about the whole experience, for contrary to what a lot of members of the "horrors of abortion" school of thought might want you to believe, an abortion is not necessarily a traumatizing experience. It is only a small minority of the women who have them who celebrate the tentative birthdays of their unborn children each year. Most people who have had abortions neither broadcast the news on all sides nor keep it a deep dark secret. Personally I consider it an action as serious as but of no more moral consequence than my decision to be sterilized two years ago.

I wish I knew for sure why the abortion did not produce the guilt in me that it does in some; then perhaps this article would be of real help. The best I can do is describe a little about myself and what I remember about my abortion; objective readers can probably figure it out better than I.

First of all, I was clearly a grown up -- well over thirty -- when I suddenly found myself pregnant. I had been married to the same man for many years and had never practiced any form of birth control during that whole time and had never before been pregnant. We had adopted a family during these years; these children were all walking, talking and out of diapers; I was totally unprepared for another baby.

If I were making the decision today, considerations of world population and starvation and unequal distribution of consumption in the world would be primary consideration, but then they weren't. My consciousness was very different at that time. I was feeling the first stirrings of the women's movement, and wanted to return to college. Though I was not discouraged with my children, I was beginning to feel that I was not the natural mother I once fancied myself and that I didn't really owe it to the rest of the world to raise as many beautiful people as possible.

A friend later accused me of being evilly selfish because of my decision to have an

abortion. I guess she was of the children-are-the-natural-punishment-of-women school. She was suffereing with hers; I should have suffered with mine. I didn't have any real defense against her accusations at the time; they took me unawares and made me feel bad.

Arranging the abortion itself had its element of excitement as it was still illegal. I remember using a friend's phone to check on my pregnancy test and also to call Washington to arrange it. Had I known that my abortionist was the one who would two months later achieve national fame through his arrest and trial, I would have been even more excited, I suppose.

On the way out I was propositioned by a fellow passenger -- a psychiatrist drunk out of his mind and terrified of flying. It seemed a deliciously absurd circumstance, only I was too airsick to appreciate it.

The operation itself was quick and painful. I learned later that this abortionist had been known to tell patients that he deliberately didn't give them an anesthetic so they wouldn't make the same mistake again. As for me, he didn't say anything. He had a big male nurse who held my hand while I sweated. It was the only time in my life when I really felt green. My main recollection of the doctor himself was of his flying elbows. He looked more like a ditch digger than a doctor, but the abandon of his movements seemed bred of confidence and experience, more than of a lack of concern for his patients. I remember calculating while I lay there and looked alternately at his elbows and the clock that if he had a full schedule of 8 to 12 minute abortions and charged everybody what he charged me he must be grossing about \$25,000 a day; even with 20 thousand for various public officials he would still be taking home 5,000 bills per day. It seemed a little obscene. I was relieved to learn just recently that he had a special underground rate. Still he was making plenty.

I also remember lying there and being astonished that it hurt so much and wishing that I were almost anywhere else.

But he was good. They let me lie down for a minute or two and gave me a coke. A friend picked me up and I vomited all the way to her place. However, that plus a nap while I waited for my plane took care of it. Never a drop of blood, a cramp or any discomfort of any kind followed the operation. He was a good craftsman who did a good job and was royally paid for it. If it seemed a little unjust, I still couldn't complain about my end of the deal.

I had driven to Indy, flown to Washington, had an abortion, flown to Indy and driven back home (alone) in less than 24 hours. I got back to Bloomington in the early evening, to meet my husband coming out the door to attend some political rally or other. Curiously, this fact always bothers my feminist friends more than any other about my abortion. "What! He left you when you needed him for support and comfort?" Eyes roll; I-always-knew-he-was-like-that expressions appear on their faces. However, it didn't really bother me much at the time and even now it seems to me that to be upset by that assumes that I had gone through some crisis that required special support. No one would be shocked if he had left for a meeting when I got home from the dentist.

I felt fine but a little tired the next day. A woman I knew slightly from women's liberation meetings came to see me and we hung out my laundry together. I remember that really clearly because it was a very touching thing. She had had two or three abortions. I'm not sure how she had dealt with any of them, but I do know that it made a bond between us and that our lives touched in a very meaningful way for a very short time. We may not even have liked each other had we known one another better; but for those few hours of sunshine and sisterhood we were very close.

An interesting afterward to the operation occurred when I finally told my mother about it. I had counseled a lot of young women about abortions; I urged them all to at least think about telling their parents. Yet I didn't tell mine for a long time.

When I finally did I was surprised with the information that my mother had had an abortion before I was born. It was one of a set of realizations that I have had that parents are not always incapable of understanding the sophisticated struggles their children are having. They are people too and have faced many of the same predicaments and have resolved them according to their lights -- which is, after all, all that any of us can do.

Learning about our respective abortions hasn't suddenly made us have a perfect relationship, but it has forged a bond that makes up for some of the gulfs. The general

tion gap doesn't live, not really; it is a construct forced upon us to keep us apart. It divides the strength of the people, keeps us bickering among ourselves and from noticing what is really wrong. It is like the letters to the editor in our own Herald Telephone these days. The laid-off factory worker calling the teacher names; the housewife screaming at the farmer. It is very obviously in the interest of the oil and auto companies, their colleagues in industry and their cronies in government to keep the nation diverted and divided by the inequities of a thousand dollars or so. Keep 'em stepping on each other's toes so they won't notice the cancer growing in their stomach.

AN INTERVIEW WITH NANCY BRAND, BLOOMINGTON ABORTION COUNSELOR

On January 6 I interviewed Nancy Brand, a Bloomington feminist and abortion counselor since the late sixties. Nancy and other women who began speaking out on women's liberation at that time found that a steady stream of women came to them seeking abortion information. At first informally, and later as the Bloomington Problem Pregnancy Counselors group, they guided countless women through the emotional, financial and logistical problems of then illegal abortion, sending them chiefly to Indianapolis, Chicago, and Washington, DC. When New York state legalized abortion in 1971, most counselees were encouraged to go there. After the U.S. Supreme Court declared antiabortion laws unconstitutional in 1973, Bloomington women no longer needed as much help obtaining abortions, so the Problem Pregnancy Counseling group disbanded.

Nancy still counsels informally, however, helping women through the emotional and financial problems of abortion, and she has some interesting thoughts on the lack of guidance available today to women who seek abortions, and on other topics as well.

FP: Could you describe the way a Bloomington woman gets an abortion today?

NB: First of all she gets a pregnancy test either at the IU health clinic or at Planned Parenthood or with her local doctor, and then if she chooses to have an abortion, depending on what doctor she's gone to and what money is available to her, she goes to Bloomington hospital as an outpatient. There are some doctors who won't do abortions, but there are others who will. All the doctors I know about who perform abortions at Bloomington hospital do it reluctantly.

I understand that the doctors are charging \$150-175 and the hospital charges \$150 for use of their facilities, so a typical Bloomington abortion costs \$300. The hospital says that anyone who can't pay for an abortion won't be turned away, but what they mean is that the person either is eligible for medicaid or some other kind of welfare relief or that they'll be able to get the money from the township trustee -- they cause an incredible amount of hassle. The doctors have a better record of reducing fees than the hospital.

FP: When you say that doctors here are reluctant to give abortions, what do you mean? Do they try to discourage women from having abortions?

NB: One of my friends just had an abortion with the best gynecologist in town (in my opinion) and they made it clear to her that they didn't particularly like the idea of performing an abortion. They were willing to do it, and they didn't run an incredible trip on her, but they made it clear that they didn't relish the idea. I was very upset to hear (and I have heard it from other women also) of his making his disapproval clear, whereas in a New York clinic abortions are usually ended by the doctor saying, "Congratulations, you are no longer pregnant."

FP: Do you think attitudes have changed since the laws have changed?

NB: Yeah, I think the major thing that happened for me when it became legal for people to have an abortion in New York and we no longer had to send people to Chicago for an illegal abortion, the whole tenor of every abortion counseling session changed completely. As soon as you told the woman, "Abortion's legal in New York. When you call them up you can talk frankly on the phone," the look on the women's faces was just so completely different!

At that time it occurred to me that morality is changed by laws sometimes -- I mean, not completely and not totally, but the changing of the law has a very big effect on people because most people don't like to break the law. I also think that when abortion became legal in the United States because of the Court decision, the attitudes of the "interested others" in abortion counselees' lives changed a lot. It's not like completely an acceptable thing between parents and lovers and husbands and boyfriends, but it's a lot different, a lot easier, a lot more open.

FP: If you had your druthers, what would abortion be like?

NB: If I really had my druthers, if there were socialized medicine, everybody would go to the hospital for simple tests and simple treatments, and the hospital

be run in an efficient way so that there would be no waiting. Immediately upon getting a positive pregnancy test, a woman would be asked whether she was happy about the pregnancy or whether she was seeking an alternative. If she were, she would be immediately offered counseling. I think counseling should be required.

So many women today get abortions without any real counseling. Maybe their doctor asked them some questions. Often, when I speak to women, I'm speaking to them after they've gone through that process, and what they want from me is where they can get an abortion for less money. And then when they start talking, it turns out they've had very little counseling--they don't know what to expect from the procedure; they haven't been through a lot of their feelings about how and why they got pregnant. The need for counseling seems to me to still be present.

Anyway, she would then have a nice, calm counseling session by herself and then with whatever important persons in her life she'd like to talk about this problem with.

Then she'd be able to just go to the hospital emergency room and have a vacuum aspirator abortion. That's another thing--in Bloomington the vacuum aspirator is rarely used. They very often do D&C.

If I had my complete druthers it would be free. Short of that, it would cost what it probably really does cost to provide all the services surrounding an abortion -- which is around \$75.

FP: Would you say there is a typical abortion seeker?

NB: No, absolutely not.

FP: The women you've counseled don't fall into any age or class categories?

NB: Most of the women I've counseled tended to be young--usually not over 30. But I think the reason is that this is a college community. Because I have counseled women over 30--as old as late 40's. I expect that there are a lot more of those women in communities that aren't university oriented.

As far as class is concerned, I don't think there is a major difference except that the lower a woman's class, the more trouble she has finding a solution to a

problem pregnancy when abortion is illegal. And, surprisingly, middle class women who have all kinds of access to birth control information and sexual information as they're growing up become pregnant very often. Just having the information around isn't enough. I think there's a problem in this society that we have a moral conception that women should be virgins when they get married.

FP: Does the counseling often get into other areas like this? It would seem inevitable that abortion doesn't exist in a vacuum.

NB: I don't see that sexual counseling is separate from abortion counseling. I guess most people would see it as separate. But I don't because often when people get pregnant it's because their sexual lives are in one kind of a mess or another -- usually where they feel guilty about having had the sexual contact that they did have. And assuaging that guilt and talking to them about an open kind of sexuality becomes very important.

FP: Is this true of married couples -- are they guilty about sex?

NB: Oh sure. Very often. Sex is a really bad problem in American society, I think, judging by the people I've talked to as an abortion counselor. I think sexual problems are very common in our society, and married couples experience lots of guilt about sexuality -- either he doesn't perform as well as he thinks he should or she doesn't orgasm the way she thinks she should. That gets all balled up in when they have sex and how often and how they're able to use contraception.

FP: What do you think is the ideal contraception?

NB: Well, I love my diaphragm. I made a decision a long time ago that the medical risks of using a diaphragm are non-existent. But if I should become pregnant, if it's true that the diaphragm is in fact less effective than the pill (and I don't believe that it is--of course I can't prove

that. I think that the statistics say it's less effective than the pill because a lot of times people don't use the diaphragm and then they become pregnant. Or they put it in wrong. But if it's properly used I think it's extremely effective.) But the medical risks of vacuum aspirator abortion are less, should I become pregnant, using my diaphragm and having a failure, than the medical risks of taking the pill over the next 20 years of my life.

So I made that decision. Then when I started using the diaphragm, I discovered all sorts of other things. It made me much more in touch with my body, more comfortable with myself as a sexual person. I was more involved with myself as a physical being when I was having sex because I had to think about my diaphragm. It made me more sexually responsible. It made the men I slept with more sexually responsible because they had an obligation to ask about my diaphragm.

It's not the kind of contraceptive everybody can use. It makes you have to admit that you're going to make love with somebody in advance of doing it. In order to use it successfully you have to be reasonably comfortable with yourself as a sexual being. Some people can't even take a pill because popping a pill at night before they go to bed is too intimately connected with having sex. So they really have to have a coil -- it's there and they don't have to think about it.

I think our feelings about sexuality are the heart of all our problems having to do with contraception and are the biggest reason why problem pregnancies happen.

BETH EMMING

* * * One woman show of photographs * * *

Belmont's Gallery, 404 S. Washington

February 1-14

Photographs for sale

DIALOGUE

THE STAFF OF FRONT PAGE IS GENUINELY PLEASED TO HAVE IN THIS ISSUE A RESPONSE TO THE ARTICLES IN THE LAST ISSUE--THE ONE DEVOTED TO THE CRISES OF THE WOMEN'S CENTER. THIS MARKS THE VERY FIRST TIME THAT WE HAVEN'T HAD TO WRITE OUR OWN RESPONSES.

A MEETING CALLED

The December issue of Front Page raises many practical and political questions about the Women's Center and the women's movement in general as they have evolved to this point and as they may be in the future.

Several women have told me that they want to discuss these questions more fully in a group.

I propose that such a meeting be held in about two weeks. If any women who are interested in this will call me at the Women's Center (336-8691), I shall try to arrange a generally convenient time and contact everyone.

Susan Toswill

REPORT ON THE CRISIS

Shareholders present at the January 15 mtg, after a long discussion, voted to sell the physical structure that now houses the Women's Center. There was strong sentiment expressed at the meeting that the functions of the women's center be continued and that the sale might actually bring funds into the women's movement for the rental of better located facilities, a telephone, or perhaps a coordinator. The Board as currently constituted is willing to conduct the sale of the house but will not be responsible for the administration of any such funds. Since the shareholders meeting, the Board has made the decision to give any profits to other groups of a feminist orientation unless a viable group of Bloomington feminists that will be responsible for such funds is formed. [See letter above from Susan Toswill.]

ANNOUNCEMENTS FROM THE WOMEN'S CENTER

Women's Pancake Social--Feb. 9

Women's Chili Supper -- Feb. 16

WOMEN AND CHILDREN WELCOME

House open at 4; dinner served 5-7

Women \$1/Children 50¢

Cooks & cleaning volunteers welcome.

At the Center and for the Center

414 N. Park

A Well Body Collective is forming. We are supporting each other in losing weight, quitting smoking, eating right and exercising regularly. Join us. Call Marianne, Melanie or Susan at 336-8691.

A group of women is working to bring Antonia: A Portrait of the Woman to Bloomington. This film, produced by Judy Collins, and co-directed by Collins and Jill Godmilow, is "an extraordinary portrait of an extraordinary woman, Dr. Antonia Brico, a pioneer female orchestra conductor." (Ms Dec. 74). Call Susan at 336-8691 for more info.

The Literature Collective will set up its stock of feminist books, pamphlets, periodicals, posters, stickers, stationery, etc. in Ballantine every Wed. 10:30-2:30 and in the Commons on Thurs. Feb. 13 and Thurs. Feb. 20 from 10:30-2:30.

Free University Lesbian Class organizational meeting: Thurs., Feb. 13, 7 pm at the Women's Center, 414 N. Park.

CALENDAR OF EVENTS FROM WOMEN'S STUDIES

Feb. 12: Maya Angelou, "Black Literature from the Beginning to the Beginning" 8 pm, IU Foundation Bldg.

Feb. 17: "Wonder Woman" (Comic Book Art) Karen Wallowitz, U. Mich. 4pm Ball. 109.

Feb. 27: Female Sexuality Panel, Ballantine 310, 8 pm - Paul Gebhardt: The History of the Kinsey Report on Female Sexuality; Barbara Reskin, Sexuality: A Sociological Approach; Shirley Bell, Female Sexuality: A Counselor's Perspective; Mel Dennison, Lesbian Sexuality.

April 4,5,6: Midwest Regional Women's Studies Conf. (For more info call Women's Studies, 337-0101.)

en dat de optie van een groep van 1000 volwassenen
niet meer aan de hand is. Deze groep moet
weliswaar welke er zijn maar dat kan niet worden
vergelijkbaar met de groep van 1000 volwassenen.
Dit is omdat de groep van 1000 volwassenen
niet meer dan 10% van de totale bevolking van
1000000000 is.

Deze groep
tegenwoordig ook
niet meer dan
10% van de totale
bevolking van

1000000000 is.

Deze groep heeft nu een aantal voorwaarden die
zijn tevreden te stellen.

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Donations too! We need them.

Our next issue -- March/April -- will be on CHILDREN. Articles, fiction, poetry, graphics are invited. In line with our policy as stated in the December issue, we may not print everything or we may want to discuss your article with you. But please -- share your ideas with us.

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