

Crist: a friend with all the answers

By David Arnske

When it comes to sex, the best friend a Carolina student has (next to his/her girlfriend/boyfriend) is Dr. Tokey Crist. Crist is an associate professor of gynecology and obstetrics at UNC-Chapel Hill and is also one of North Carolina's leading advocates of sex education, liberalized abortion laws and planned parenthood.

Since he came to UNC two years ago, Crist has been a leader in expanding student health services there to include counseling on birth control and giving contraceptives to students. He also helped organize the Human Sexuality Committee.

In 1970 Crist taught a course in topics in human sexuality. The course was so successful that although Crist didn't have time to teach it after its first semester, his students took over the course and formed the Committee which now provides a variety of services to students.

Also in 1970 Crist supervised the writing of *Elephants and Butterflies*, a book on contraception and abortion published by ECOS. The book has been reprinted several times; its first printing of 10,000 copies was sold out in five days.

Crist feels that the main reason for the number of unwanted pregnancies among students has been that "contraception was made unavailable to them. Student health



The office of the best friend of any Carolina student. (photos by Bill Baxter)

services didn't give a damn for students in regard to sex counseling and family planning. Students came for help and got lectures instead. They've only recently started giving counseling and information."

Crist noted in an interview last week that in a 1970 survey of student health services, 42% of the responding institutions said they prescribed contraceptives for unmarried students. "But over half failed to answer at all. We assumed they don't," he added.

Crist said that at UNC "we treat the whole person. We have many services available. The Human Sexuality Committee probably does more counseling than any physician or group. The committee provides counseling on birth control, abortion referral, psychiatric counseling, and marriage counseling. There is a clergy consultation service which has provided a lot of service and devotion."

Crist advises students that the condom is the best nonprescription method of contraception. "It's safe, around 80% effective, and it serves a two-fold purpose, preventing pregnancy and the spread of venereal disease."

Noting the stigma that is placed on the condom in this country, Crist mentioned that the Japanese have begun making condoms in different colors, with decorations such as butterflies and flowers. "They try to put fun into sex and people ought to be comfortable, free from anxiety," he said.

"Sexual freedom doesn't mean we can act out all of our sexual fantasies," he continued. "Rather it means we should be free from psychological conflict. We need to get young people to assume the responsibility that goes along with their sexual freedom."

Crist also gave some advice on what he thinks are the next best types of non-prescription contraceptive, which are "from the viewpoint of accessibility, the foams, jellies and suppositories. Some people say they're too messy. They bother some people because they think they have to interrupt foreplay. They should make these part of foreplay. The woman can put the condom on the man or the man can put the foam or suppository in the woman," he said.

In emergency cases, Crist will use the controversial "morning-after" treatment. Although some reports have linked this treatment with cancer of the vagina in the offspring,

Crist says "the evidence is not overwhelming about cancer." He added that there is not much of a problem in cancer in the offspring if this method is used because "these girls that get the treatment don't want to get pregnant. If it fails, what's left but a therapeutic abortion."

Crist will use the treatment on three conditions: "It must be adequately followed up, the alternative of an abortion must be offered to the girl, and she must be provided with contraception counseling so this won't be necessary again," he said.

"The treatment is given in the emergency room at North Carolina Memorial Hospital, the Health Education Clinic and UNC student health. The residents in Ob-Gyn and most of the physicians here are aware of the treatment and use it," according to Crist.

A recent study which Crist will soon release studied 194 women who had the treatment. None of them got pregnant. The report also advises that only naturally occurring estrogens be used in the treatment to lessen the possibility of cancer if the treatment fails.

Crist also holds an appointment in the UNC School of Public Health, Department of Health Education. He went to UNC Med School, and was a resident at North Carolina Memorial Hospital.

Among many other professional groups, he is a member of the American Association of Sex



Dr. Tokey Crist

Educators, American Association of Planned Parenthood Physicians, and is a fellow of the American Fertility-Sterility Society.

This year Crist received the George Marion Cooper Medical Society Award for a paper entitled "Abortion: Where Have We Been? Where Are We Going?"

Being an outspoken advocate on such issues as these, Crist is familiar with the problems of being a liberal (Continued on Page 13)

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Updating Sex Information

Two and a half years ago *A Guide to Contraception and Abortion*, written by Duke medical students Robin Beach and Martin Schwartz, was published at Duke. The guide was the first campus publication in the United States to provide fundamental information for people interested both in having sexual activity and in not having children.

Besides presenting straight birds-and-bees stuff, the booklet gave a critical rundown of the available (and the soon-to-be-available) methods of contraception and abortion, and a brief description of gynecological services available in this area.

In this issue of *Ruby* we are essentially updating that publication. Since its appearance in 1970, contraceptive devices and information have been made available to a far greater segment of the public than ever before. Because this information is so widely available, we have concentrated on things that are equally important, but not so widely known.

Beginning on page eight you will find an extensive, critical listing of people and places to go to for problems related to human sexuality—contraceptive advice and prescription, gynecological treatment, abortion referral, counseling, and virtually every conceivable sex-related problem—concentrating on Duke and Durham, and with a number of Chapel Hill and other listings.

If we have committed any important information or misrepresented any person or agency, we are eager to print additions and corrections. Although the area of human sexuality is still darkened with myth and the unknown, good old Truth is gradually pushing these clouds away. But the subject of abortion—its morality, technique, and availability—is still dominated by

controversy and uncertainty.

To the controversial side of the abortion

"question" we will address ourselves briefly: we affirm the morality of and support the legalization of abortion. Prevention of unwanted pregnancy, contraception, is more desirable than its cure, abortion. But since both are possible, with increasing efficiency and safety, and contraception is still only as reliable as the individuals involved, legal obstacles to abortion should be removed.

In this issue we have done what we could to remove the obstacles caused by the void of information about abortion technique and availability, particularly the latter.

With regard to abortion, the most important thing we discovered was that abortions can be obtained—safely, legally, and not too expensively (for under \$300, according to some of our sources)—in Durham and Chapel Hill.

No Duke/Durham woman has to go to New York or to Washington, D.C., or anywhere else for an abortion if she does not want to. And no woman has to take her chances with an illegal, hazardous operation.

We must stress again that we prefer the prevention of the "disease" of unwanted pregnancy to its cure. No advances in technology or in social consciousness can make an abortion a pleasant experience.

Contributors

As we said in our first issue, *Ruby* is dependent upon the talents, interests and needs of Duke/Durham community members. The production of a magazine that can keep up with, or even ahead of, the needs of the community requires a far greater range of knowledge, imagination, and ability than the staff of the Chronicle possesses. Not only do we need all this; we must have people who can contribute these qualities in large units of their time and their labor.

A few such shining souls helped make *Ruby* No. 2. It was Marcie Kramish, a Trinity junior living in Wilson House, who proposed the direction for this issue, and who helped with many essentials. Other people interested and knowledgeable in our subject also contributed: Gail Arneke, Mark Spellman, and Candace Chandler.

Our lovely artwork came from Mei-Ku Huang, Charlie Frame (the guitar-playing Cambridge Inn bartender), Debbie Kapoor, Marcie Kramish, and Ann Peiham. We also borrowed from *Off Our Backs*, the women's news journal.

To all, our thanks. Do come again.



Nixon, NY Times on abortion

From a statement by President Richard Nixon, released April 3, 1971, from San Clemente:

From personal and religious beliefs I consider abortion an unacceptable form of population control. Further, unrestricted abortion policies, or abortion on demand, I cannot square with my personal belief in the sanctity of human life—including the life of the yet unborn. For, surely, the unborn have rights also, recognized in law, recognized even in principles expounded by the United Nations.

Our is a nation with a Judeo-Christian heritage. It is also a nation with serious social problems—problems of malnutrition, of broken homes, of poverty and delinquency. But none of these problems justifies such a solution.

A good and generous people will not opt, in my view, for this kind of alternative to its social dilemmas. Rather, it will open its hearts and homes to the unwanted children of its own, as it has done for the unwanted millions of other lands.

From a New York Times editorial, dated April 5, 1971, entitled "Retrospection on Abortions":

We believe that any actions at the Federal or state level to make (the President's conviction) the basis for public policy would be both cruel and regressive. Issues affecting the "sanctity of life" are far more involved in the Vietnam war than they are in the removal of legal obstacles to abortion.

The chief sufferers under laws making abortion a crime are always the poor—mothers and unwanted children alike condemned to deprivation and despair. Astonishing, indeed, is the President's assertion that America "will open its hearts and homes" to these unwanted children. He, more than most, has reason to be aware that the nationwide conservative revolt against the cost of welfare is centered on the tens of thousands of children born out of wedlock in welfare homes. To deny mothers in these homes the same freedom of choice as wealthier women on whether to have children or not have them is an act of inhumanity and social irresponsibility.

Recommended reading

For further information, see the following: most of which can be found in the pamphlet collection of the East Campus Library:

A Guide to Contraception and Abortion, 1971 edition printed by the Duke Committee on Contraception and Abortion.

The Loving Book

Birth Control Handbook, July 1971, McGraw-Hill University.

Elephants and Butterflies, printed and distributed by ECOS in Chapel Hill and available for \$75.

Not in the pamphlet collection but also useful are:

New York Magazine, July 24, 1972, which contains a critical guide to New York's abortion clinics.

A list of abortion and gynecological services in Durham, published by the Duke "Y."

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The politics of abortion - avoiding the issue

By Anne Williams

Abortion laws throughout the United States are many and varied. They range from New York's beleaguered law which provides for abortion on demand to the laws of over 25 states which permit an abortion to be performed only if it is necessary to save the life of the mother.

Proponents of abortion reform point to the many circumstances among the states and demand that the Federal government take action. They claim that it is a fundamental right for any woman to be able to decide whether or not to have an unwanted pregnancy aborted. This right, they claim, can best be realized through nationwide abortion-law reform.

However, it appears that women will have to wait at least four more years before any presidential aspirant will support their demands.



Prevention
or
Cure?

President Nixon has made it obvious where he stands on the matter. In San Clemente, California, in 1971 and again this spring he has labelled abortion an "unacceptable form of population control." Not only has he said that, but he has acted on his belief.

Two years ago, the Defense Department issued a directive ordering base hospitals to supply on demand abortion and sterilization procedures for all armed forces personnel and their dependents, regardless of state or local laws. This move toward national unity was stopped by Nixon who required that the policy on abortions at American bases in the United States be made to correspond with the

laws of the states where the bases are located.

This past May, Nixon entered the fray on a more local level. New York's recently liberalized law was under attack from Roman Catholics and other concerned groups who wanted to return to the old law which only permitted an abortion to be performed if it was necessary to save the life of the woman. One of the leaders of the movement for repeal of the newer law, Cardinal Cooke, received a letter from the President in which Nixon said, "I would personally like to associate myself with the convictions you deeply feel and eloquently express."

This letter constituted one of the deepest incursions into state affairs the President has made, and it received wide criticism on that account. It also put Nixon at odds with Governor Rockefeller who had already announced his plans to veto any bill repealing the law.

Four days later, Presidential spokesman John Ehrlichman attempted to smooth over the matter as a mistake and said that Nixon was not trying, "intentionally or unintentionally," to embarrass Rockefeller.

Still, the fact remains that Richard Nixon has made his stand on abortion perfectly clear, and it does not include any nationwide move toward liberalization.

With George McGovern, it is a little more difficult to ascertain a consistent policy. Early in his campaign, he was labeled a radical with regard to some issues, including abortion. But he denounced as a "smear campaign" reports that he favored legalization of marijuana, liberalized abortion laws and immediate amnesty for draft evaders. Instead, he said that he took no position on abortion, which, he maintained, is a state rather than a federal issue.

A look at the Democratic Party platform will disclose a family planning plank which states:

Family planning services, necessary to permit individuals freely to determine and achieve the number and spacing of their children should be available to all, regardless of sex, age, marital status, economic group or ethnic origin and



should be administered in a non-coercive and non-discriminatory manner.

Mild as it is, this statement has no counterpart in the Republican platform, which avoids the subject entirely. One can only extrapolate Nixon's viewpoint from his reactions to the recommendations of his Commission of Population Growth. Besides recommending that all states greatly liberalize abortion laws to permit abortion on demand, the commission also encouraged states to make contraceptive devices and other family planning services widely available to teenagers.

According
to President Nixon,
widespread distribution of
contraceptives to minors
"would do nothing to
preserve and strengthen
close family relations."



Nixon has tightened the restrictions on abortions at military bases and gotten involved in the fight to repeal New York's liberalized law. Doesn't it make you wonder what the next four years might bring?

Referring to the widespread distribution of contraceptives to minors, Nixon said, "Such measures would do nothing to preserve and strengthen close family relations." He did not add any elaborations.

The President may find support for his views in an unexpected quarter, for talk of liberalized abortion policies is sometimes accompanied by charges of black genocide and extermination of the poor. Many minorities see talk of population control aimed at them and resent the presence of government-sponsored birth control clinics in areas of inadequate health services. The plan, they say, is to eradicate poverty by eradicating the poor.

Instead of that being the case, though, it looks like legal abortions will remain the domain of those able to pay the price and lucky enough to live in a state with fairly liberal laws.

Abortion? Yes; though some call it murder, most students term it a human right

By Julie Garnett, Anne Williams, Diana Finckley

A survey of student's sex-related attitudes reflected overwhelming approval of abortion. Eighty-five percent of those returning a Ruby questionnaire favored abortion and approved of its legalization.

The questionnaire was given to 350 students, proportionally according to class and living situation, including off-campus students. However, with only 74 returns, the results can hardly be considered scientific. The returns broke down to 39 women, 35 men, 21 freshmen, 18 sophomores, 17 juniors, 17 seniors, and 3 graduate students.

total women's responses.)

Thirteen percent of the total of students surveyed considered abortion murder. A junior girl wrote "I don't favor murder as an act or a responsibility (baby) that the act almost promises." One senior man compared his disapproval to his opposition to war, and a sophomore said he opposed abortion "for the same reason I oppose capital punishment."

A junior male countered with the argument that the "rights of the living are more important than the rights of the not yet living." A grad student who underwent an abortion said, "I feel the right should be there, but much prefer serious

use of the pill as the best means of contraception. Twenty-four percent favored condoms, 19% the diaphragm, 14% foam (in most cases, this and condoms were listed along with some other method), 15% rhythm, 4% IUD (which was inadvertently left off our list of methods, which might explain its low favor) 3% withdrawal, and 2% sterilization (also omitted from the list on the questionnaire).

Only 43% of those who favor pills use them; 33% of those who advocate diaphragms use one; 66% of those who mentioned an IUD use one.

Concerning condoms, 41% who favor their use, do use them; however, 40% of all those who use

RESULTS OF THE ABORTION SURVEY

	Freshman		Sophomore		Junior		Senior		Grad	
	yes	no	yes	no	yes	no	yes	no	yes	no
Do you favor abortion?	13% 10%	86% 90%	88% 12%	88% 12%	80% 20%	82% 17%	72% 27%	100% 0%	100% 0%	
Do you favor the legalization of abortion?	100% 0%	95% 5%	82% 25%	88% 0%	80% 0%	75% 25%	75% 27%	100% 0%	100% 0%	
Would you have an abortion? Would you object to your girlfriend having one?	13% 13%	70% 30%	88% 12%	88% 12%	80% 20%	75% 25%	72% 27%	82% 17%	100% 0%	

The circumstances under which abortion should be granted were rated as follows: 62% would grant abortion on demand; 18% to prevent physical harm to mother or child, or to avoid emotional harm; 16% in the event of rape; 7% because of unwell status of the parents; and 2% because of financial inability to support a child. Two-thirds of all women surveyed would grant abortion on demand and 57% of the men. Twice as many men as women restricted abortion to physically or mentally harmful situations.

Why abortion?

As to reasons for favoring abortion, 23% felt that unwanted children should not be subjected to inadequate financial or emotional care. Thirty-three percent regarded abortion as a woman's or parent's personal decision and legal right. As one freshman woman said, "To deny abortion is taking away individual human rights."

Three percent favored abortion for population reduction and 2% (all males) for practicality. The only real disparity between male and female responses came from those concerned about unwanted children, of which 76% were women. (However, this only constituted one-third of the

concern with contraception." The other women involved in an abortion contended that "the emotional strain and other factors are such that no one's going to make a habit of it."

The personal element

Of the women surveyed, 79% said they would have an abortion; 74% of the men would not object if their girlfriend had one. In a breakdown according to classes, 25% of freshmen would not personally participate in an abortion, as opposed to 18% of sophomores, 21% of juniors, 18% of seniors, and 0% of grad students.

Only four percent of the total—two men and two women—had been parentally involved in abortions. These were performed in New York, which has legalized abortion, and Maryland and Ohio, which have not.

The second part of the questionnaire dealt with the use of contraceptives. Only half of the students indicated that they used contraceptives, with many of the others stating that they did not need them because they did not engage in sexual activities.

"Fill" number one

However, 72% of all those polled advocated

them favor other methods. Two-thirds of those who use foam advocated other methods.

Woman's responsibility

Of the contraceptive methods advocated by women, 77% of the favorable indications were for methods administered by women—pill, diaphragm, IUD, foam. Men preferred by 63% that women take contraceptive responsibility.

In a class breakdown of women, 20% of freshman use contraceptives, 63% of sophomores, 42% of juniors, and 55% of seniors and graduates. Of men, 55% of freshmen, 63% of sophomores, 60% of juniors, 73% of seniors employ some

(Continued on page 6)

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MUSHROOM	1.25	1.15	1.80	PEPPERONI & ONION PEPPER	1.40	1.50	2.25
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HOT JALAPENO	1.25	1.15	1.80	SPAGHETTI	1.50		
				PEPPERONI	1.25		

TRY OUR GARDEN FRESH SALAD

Editor's note: the following story provides brief information on the most popular and effective means of contraception. Information on contraceptive techniques under development is also provided as well as a brief description on four methods of abortion. This information is intended to provide some students with basic information which can be used to obtain additional facts. *Elephants and Butterflies (UNC) Birth Control Handbook (McGill University)*, and *A Guide to Contraception and Abortion (Duke)* are excellent guides available on campus for questions concerning contraception and abortion.

By Candace Chandler and Bob Douglas
Abstinence is obviously the most effective means of preventing pregnancy. However it is also

million of this male contraceptive are sold in 1 year in the U.S. and Canada. The thin sheath of rubber prevents the sperm from entering the uterus by mechanically blocking the semen during sexual intercourse. Condoms come in different types (lubricated and dry; with and without end tips) and qualities. Most reliably tested condoms are 100% effective if used properly and sell for \$1.25 to \$1.50.

Diaphragm

The diaphragm, used in conjunction with

experience more side effects than others with this method.

New methods

Some new contraceptive methods which are being developed and should be available in the near future include the "morning after pill", progesterone injections, and vaccinations.

The "morning after pill" is exactly what its name implies—a contraceptive pill taken the morning after sexual intercourse and for the next four days. The pill containing 25 mg. of natural

Notes on techniques of contraception and abortion



Figure 1. Diaphragm use

D&C Abortion



Figure 2. D&C abortion

one of the most difficult methods to use consistently.

For those who find abstinence an inconsistent method there are several other means of contraception which might be easier to use

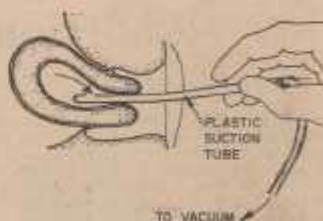
spermicidal jelly, is another method which mechanically prevents sperm from entering the uterus. The diaphragm, costing about \$1 and fitted by the doctor, is a soft rubber dome which covers the cervix. A woman must not insert the diaphragm more than two hours before it is to be used (or new spermicide must be applied), and it must not be removed for at least six hours after use.

The spermicide, costing about \$3 for 20 application, works with the diaphragm by killing the sperm.

IUD

The intrauterine device (IUD) is a small plastic loop about an inch long which is selected and placed into the uterus by a physician. Once it is inserted there is nothing more a woman must do since the IUD remains indefinitely (unless expelled by the body). The malleable plastic evidently prevents a fertilized egg from implantation in the uterine wall, but does not permanently effect the uterine lining. Nulliparous women (those who have not borne a child) have a greater failure rate than others and generally

estrogen, prevents an egg from implanting in the uterus, and is presently prescribed on an experimental basis by some clinics in the case of emergency, i.e., a rape or a burst condom.



Uterine Aspiration

Two forms of progesterone injections are being developed. One utilizes 150 mg. of potent, long acting progesterone which is injected by a hypodermic needle into the body where it effectively prevents pregnancy for 3 months—and may work longer. Problems with side effects such as irregular periods and sterility if the dose never wears off are presently being worked out.

Capsules

Progesterone injection is used in another method under development. A capsule of elastic is filled with progesterone and placed under the skin where it slowly releases the progesterone.

A once-a-month pill which contains combinations of estrogen and long acting progesterone is also being developed.

A vaccination technique establishing an immunity to sperm is being studied. It would provide short term immunity and need booster shots.

Researchers are presently experimenting with a plastic intravaginal ring which would release progesterone to be absorbed in the blood. The ring, about the size of a diaphragm, would be inserted into the vagina around the cervix on the first day of a period. The absorbed progesterone would create a localized action and have to be replenished with a new ring every month.

Some new contraceptive techniques for men are also being developed. Researchers are refining a method using valves and clips which would act similar to a vasectomy but be easily reversible. A microvase made of highly purified gold would be turned off and on to regulate the flow of sperm.

Methods utilizing testosterone which would suppress sperm production are also being researched.

Abortion

There are several methods of abortion performed in clinics and hospitals; the method used generally depends on the length of the pregnancy.

If a woman is not more than 12 weeks pregnant many clinics and hospitals perform a uterine aspiration (also called vacuum curettage) operation. This method can be performed easily in a clinic or doctor's office since it is quick,

COMPARATIVE EFFECTIVENESS OF CONTRACEPTIVE METHODS

	METHOD FAILURE	USER FAILURE	POTENTIAL EFFECTIVENESS	TOTAL USE EFFECTIVENESS
	Number pregnancies/100 woman-years			
Oral Contraceptive Combined	0.01	0.1	100%	99.9%
Sequential	0.10	1.0	99.9%	98.9%
IUD	1.70	0.3	98.3%	98.0%
Diaphragm	1.0	8.3	99.0%	91.0%
Foam	1.75	8.0	98.0%	90.0%
Condoms (good brand)	0.03	15.0	99.9%	85.0%

Figure 3 - Types of I.U.D.'s

regularly, although they are not as completely effective.

The pill

One of the most popular methods used by women is "the pill", an oral contraceptive of synthetic female hormones (estrogen and progesterone). It is taken once a day for 20 or 21 days at which time the synthetic hormones mimic pregnancy by inhibiting the release of the egg from the ovary. The pill still permits menstruation during the few days it is not taken each month.

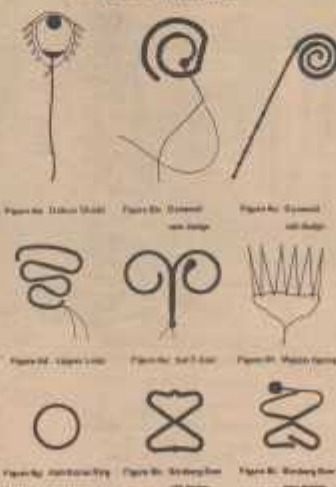
There are two types (combination and sequential) of pills and the amount of estrogen and progesterone varies with the type and brand.

Side effects from the pill, which the majority of women do not experience, are usually related to estrogen. Fluid retention, nausea, appetite and weight gain, and fatigue are some of the minor side effects women may experience. Thromboembolism, blood clotting from the pill causes 15 deaths out of 1 million young women a year, but the risk for the pill is far less a risk than for pregnancy.

Consultation with a physician is necessary to obtain a prescription and to select the type pill.

Condoms

The condom is probably the most popular method of contraception used by men. Nearly 1



(Continued on page 6)

Two Duke graduates recount their experience with abortion

Not knowing where else to begin since the true beginning is too hazy and nebulous to pinpoint, I'll start with late one May night. I had reason to suspect that I might be pregnant, but I couldn't quite bring myself to believe it. I decided that a pregnancy test was the only way to settle the question. The next day I arranged the test and, as in all hospitals, I eventually had to explain my request to several people. I was quite embarrassed by the whole thing; I was sure I wasn't pregnant.

After the appointment was made I decided to confront the "father." It was a difficult thing since I was unsure of his feelings for me and more for him. He seemed to take it very calmly—no attempts to deny, no rash statements. We decided to wait until we got the results of the test before worrying any more. Easier said than done.

I was to meet him the following afternoon to get the results. He was nowhere to be found, and I panicked. Luckily I had a roommate who could listen and understand. I failed to get the results that afternoon as I had planned. It is difficult to explain that lost, lonely, desperate feeling that overtook me as I discovered that he had left town.

Results

The next day I finally got enough courage to face the results. I was pregnant.

For three days I stayed in my room alone and spent most of that time thinking since I had little appetite and no real desire to sleep. Exams were to begin on Monday, but somehow tests and the rest of the academic world were no longer important to me.

Four days later he returned with little real explanation except that he "needed the time to think."

The week ahead was a difficult time for both of us. It was filled with many long talks, much soul-searching and a few arguments. By the end of the week we had reached a decision. Neither of us felt that we knew the other well enough to get married even under normal circumstances. And to get married and add a baby to this unstable family only some seven or eight months later would be disastrous.

I loved him then, and I knew I did, and I knew that he would probably marry me if I asked him to, but I couldn't. We just weren't mature enough to drop out of school, face all the obstacles (parental and otherwise) and raise a child successfully. And if he had married me, I would always wonder whether it was because he truly loved me as I love him, or because he was a nice guy who felt somehow obligated.

Alternatives

Marriage, we felt, would be an unhealthy solution, even though we were falling in love. And I didn't feel that I could have a child and put him up for adoption—all those gnawing thoughts of his whereabouts and welfare would always go with me. So we, or perhaps mainly I, decided that an abortion was the only recourse.

I made all the arrangements through a referral agency in New York and we decided to share the costs. About a week after school was out, I flew with two friends to New York (he was not able to go) and checked into a hotel. I was five weeks pregnant by this time and spent a very restless night wondering if I—no, if we were doing the right thing. It's a hard question to answer.

Early the next morning my friends accompanied me to the hospital, but they were asked to leave. I spent several hours filling out forms and having tests run. There were seventeen other women in the waiting room—all pregnant and ranging in age from 19 to 45. Some were married, most were not.



The others

We were put in hospital beds four to a room and told that we must wait our turns. The four of us in my room soon began to talk about anything and everything, and a feeling of friendship and openness prevailed. We were quite a cross-section. One woman, a divorcee with 2 children, was about 45 and had gotten pregnant by a man who had claimed to be sterile. Another was there because her husband was in school, and they couldn't afford a child, and the third, a black girl about 23, was quite belligerent and swore that she never wanted to see another man. And then there was me, and I didn't know how I felt.

The operation itself was physically painless, and I was out of the hospital by 5:00 that same afternoon. It was the emotional scars that still remained.

We saw as much of one another as we could after I returned, and by the time summer was over, we were very much in love. There were, of course, guilt feelings, some speculation of the "I wonder what it would be like if..." type, and

much discussion of our decision and its consequences.

My part of the story begins, perhaps, the day after hers. She "confronted" me that afternoon on the lawn, as we sat in the warm spring sunshine after lunch. It was no real confrontation, since she didn't deliver any ultimatum or anything. She merely explained the situation, and we deferred any decision until something more definite was known.

I suppose I knew. And my emotional reaction was one of confusion. My explanation for my "disappearance" was valid. I think I wasn't running out on her, but I honestly needed to be away from her to be able to think things out clearly. That time I spent away from her helped, I think, to bring about the ultimate outcome to our story.

Discussions

She was the one who originally presented the idea of an abortion. I was, believe it or not, reluctant about it. But we discussed it all and I

(Continued on page 15)

where to go for problems relating

In compiling this list of places to go for counseling and treatment of problems relating to human sexuality, the staff of Ruby has tried to be as thorough as possible. There may be other places in this area providing these services, but we are unaware of them.

Prices and waiting time may vary depending on individual circumstances, but the facts mentioned here should represent a fair picture of the nature of the service described.

We obtained most of our information from telephone interviews, so we cannot offer any critical evaluation of the atmosphere of the service from the viewpoint of a patient, but on the whole, most people interviewed seemed very friendly and willing to provide us with the requested information. We hope you will save this listing as it is probably the most up-to-date one available to Duke students at this time.

The following people are responsible for the information in this section: Marc Krumpholtz, a Trinity senior from Wilson House, Diana Pincley, Anne Williams, Bob Douglas, David Arneke, Mark Spelman, a Trinity sophomore interning in Health Care Policy, and Gail Arneke, '72 and a first year law student at UNC.

DUKE

Duke Student Health
Marshall Pickens Rehabilitation Center
ext. 6721

Duke Student Health this year is offering a broader range of gynecological care and contraceptive counseling than ever before. The gynecological service, headed by Dr. A. E. Hathaway, has also expanded its hours, which reduces waiting time and makes it more easily available to busy students.

Hathaway and his staff treat acute gynecological diseases as well as doing contraceptive counseling and well-patient care.

Clinic hours are from 1-5 in the afternoon, waiting time for an appointment is approximately one week, and charges are \$25 for the first visit and \$20 for each subsequent one. Pregnancy tests are available for \$10. Appointments may be had by dialing extension 6721.

Hathaway describes his practice as being 80-85% students, approximately ten per day.

Contraceptives, including the diaphragm and the pill, are available to single women at the clinic. The first month's supply of pills is complimentary, and each subsequent packet costs between \$1.30 and \$2.00 at local drugstores. The morning-after pill is also given "upon occasion," according to Hathaway.

Hathaway strongly emphasized his interest in counseling. "Talking with and counseling each individual is important, at least to me," he said. "We want to answer the questions each girl might have."

Problem pregnancy counseling and abortion referral is available from Hathaway and his staff. "We refer them (for abortions) to whoever they want to go," he noted, but said that most of the cases chose Duke Hospital. Hathaway estimated his referrals this semester to be one or two, though around six during the summer months.

The gynecologist voiced his hope of further increasing staff size and perhaps enlarging hours of service in the next six weeks or so.

The atmosphere of the clinic, at least in the presence of Hathaway himself, is friendly and helpful. "We're trying to do a good job for the students," he said, and he makes you believe he really means it.

Lucy Austin, ext. 2909
Linda Simmons, 207 Flowers, ext. 2911
David May, Baptist Student Center,
286-6097
Eimer Hall, Assistant Chaplain,
ext. 2921

These people are highly qualified and concerned members of the Duke community who are readily available for counseling on problems related to sexuality and abortion.

Duke University Counseling Center
309 Flowers Building
ext. 3342

The Duke University Counseling Center offers free counseling for enrolled students and other members of the Duke community, on just about any subject. Most people think of this service as only applying to academic and vocational problems, but according to Dr. Henry Weitz, who heads the Center, they provide counseling on sex-related matters as well.

Call a-3342 for an appointment (there may be a week or so delay). This is a really fine and relatively little used service considering the fact that non-Duke community people have to pay \$50.00 for counseling at the Center (and also because Dr. Weitz seems to be such a nice guy).

Student Mental Health
00-380 Duke Hospital,
and Infirmary (East Campus)
ext. 3078, ext. 2958

This branch of Student Health concerns itself with abortion by doing primarily psychological evaluations of abortion candidates referred to them by other agencies, though they also refer abortion-seeking women who come to them first to appropriate medical facilities. Most of the women they see have abortions locally, either in Durham or Chapel Hill. Dr. Kenneth Rockwell, the director, estimated that he had seen eight to ten referrals last year, a number which was down considerably from the total of the year before.

The clinic is available for all types of sexual counseling, as well as for counseling on virtually any matter.

Private Diagnostic Clinic
Duke Hospital
ext. 2931

Gynecological services are available at the Private Diagnostic Clinic (PDC) at Duke Hospital. Appointments can be made by calling the PDC. Although the wait for a routine appointment, such as a check-up, is from six weeks to two months, a gynecological problem would warrant a much earlier visit—even the same day. A woman should inform the secretary with whom she is making the appointment that she has an emergency and if the secretary has any questions or doubts, she will call a doctor.

The first visit to a gynecologist at the PDC costs from \$50 to \$55. This fee includes the necessary lab work for a complete physical and the professional charge. Apparently the examination is very thorough and includes numerous tests. If a Duke student has a gynecological problem, such as unusual bleeding, the Student Health Insurance program would cover a visit. Pregnancy is not included in this definition of "problem."

The PDC does handle abortions, but decisions are made on a doctor-patient level; the PDC has no policy other than to follow laws and medical ethics, according to Roy Crenshaw, director of the PDC. Individual doctors determine whether or not contraceptives are prescribed to single women.



DURHAM

Medical Arts Ob-Gyn Associates
Medical Arts Building
306 S. Grogan St., Durham
682-5515

The Medical Arts Ob-Gyn associates will give a complete check-up, including a VD test and a pap smear, for approximately \$31. The waiting time for an appointment is 3 weeks under normal conditions. If someone requests therapeutic abortion, she can usually get an appointment within one or two days, and, of course, emergencies will be seen on the same day they are called in.

Medical Arts will prescribe contraceptives to single women, either the pill or the IUD, although the pill is preferred. A pregnancy test that will yield results in about an hour is available for only \$7 at this clinic.

Doctors from Medical Arts perform abortions at Watts Hospital. A simple D and C

Women's Clinic
1821 Green St., Durham
286-1258

The Women's Clinic is evidently one of the most popular clinics around Durham. They have no appointment times available for check-ups until January right now, although they will always manage to work in an emergency. Cost for an exam is \$20-25 for a new patient.

The clinic will prescribe contraceptives to single women—whatever the patient requests, including diaphragms or the pill. It will also arrange for abortions to be performed at Watts Hospital. If someone calls in desiring a therapeutic abortion, she will be given an immediate interview to determine her eligibility for the operation. Then it will be scheduled right away. On the average, for a one-day D and C procedure, it should cost \$300, paid in advance.

ng to human sexuality



which can be performed in one morning will cost \$200 in doctors' charges and \$165 in hospital costs. A more complicated operation, such as saline injections, takes more time and involves more risks so costs \$325 in physician's charges and proportionately higher hospital costs. As is customary with abortions the costs should be paid before surgery.

Durham County Public Health Department
300 E. Main St., Durham
682-8176

As far as Duke students are concerned, the usefulness of the Durham County Health Department is limited to its free VD program. VD tests are available to anyone with "no questions asked," and results come in the next day for a smear, and within a few days for a blood test. The treatment varies with the individual patient, and they will trust contacts of VD patients without testing them. The VD clinic is open 40 hours a week, and no appointment is necessary.

Lincoln Community Health Center
1301 Fayetteville, Durham,
682-5713

The Lincoln Community Health Center offers gynecological services and counseling, but is primarily interested in long-term care of women eligible for treatment under the GEO poverty guidelines. They will not turn anyone away on an emergency basis, but after that if the woman needs further treatment, she should go elsewhere for it. Their family planning and pre-natal care program is part of the Durham County Health Department, and so is available to a wider range of people.

The Lincoln Center will do abortions on the following basis: \$350.00 for in-patients who are between six and ten weeks pregnant, and \$150.00 for out-patients, who are between six and eight weeks pregnant and from a low-income level. If the woman is over twelve weeks pregnant, she must have a saline abortion, and there was no standard price quoted for this, since it depends on the needs of the individual patient.

Clergy Consultation Service
286-6097 for Durham members
967-5333 (Chapel Hill) for all N.C. members

Clergy Consultation Service began over three years ago in New York as an underground counseling and referral service for problem pregnancies. There are presently representatives all over the United States including 40 to 50 people in North Carolina and several on the Duke Campus. The Duke members generally refer abortion seekers to the Women's Services Clinic in New York City, where the price is about \$125, or to Memorial Hospital in Chapel Hill, where total cost is approximately \$225.

The demand for referral has decreased in recent months due to open referral agencies, according to a Duke member of the service. "I'm seeing about two people a month now compared with eight to ten a year ago," he said. A member of the Clergy Consultation Service at Duke can be reached by dialing 286-6097, or the complete listing for the state is available at 967-5333 in Chapel Hill.

Clergy Consultation Numbers in this general area:

New York: (212)-477-0034
New Jersey: (201)-933-2937
Pennsylvania: (215)-933-6141
Virginia: (703)-851-2616
North Carolina: (919)-967-5333
South Carolina: (803)-388-1722
Tennessee: (615)-256-3441
Alabama: (205)-847-7182
Florida: (904)-354-2817

More services page 11

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Getting an abortion at Duke in Durham

By Bob Douglas

Myths about abortions are more abundant on the Duke campus than contraceptives. A troubled student with a problem pregnancy is confronted with conflicting stories and accounts on both the availability and procedure of abortion. I intend in this article to provide for the Duke community a clear and realistic picture of abortion alternatives in the Durham area.

The information in this article is based on interviews I had with several counselors and doctors in the immediate area. It is a synthesis of the most frequently heard and the most pragmatic advice for a pregnant woman in the Durham-Duke community. But before recounting the abortion information it is appropriate to begin where all the doctors and counselors started: with contraceptives.

Advice, emphasis and pleading on the importance of contraceptives preceded every discussion on abortion. It is no coincidence that the liberal gynecologists who perform the area's abortions are the strongest advocates of birth control. "Almost every problem pregnancy I deal with is the result of carelessness concerning contraceptives," one Duke counselor said.

To help you avoid the trauma, anxiety, expense, difficulty and danger of an abortion, Ruby has published lists of gynecological service agencies and enumerated the services each offers, including whether or not they provide contraceptives for single women. Be wise and use that list, so that this one will not be needed.



But if something should happen and you find yourself or your friend pregnant, here's what's available for you at Duke.

All of the gynecological services previously listed will perform a pregnancy test. Prices, preparation procedure and time for a test must vary with each service.

Every doctor and counselor I talked with emphasized that early detection of pregnancy is just as important as good advice for an abortion. The danger of complications in an abortion increases with the length of the pregnancy. Up to 12 weeks, it is a

The following is excerpted from the General Statutes of North Carolina section 14-45.1, as enacted in 1967 and amended in 1971:

It shall not be unlawful to advise, procure, or cause the miscarriage of a pregnant woman or an abortion when the same is performed by a doctor of medicine licensed to practice medicine in North Carolina, if he can reasonably establish that:

"There is substantial risk that continuance of the pregnancy would threaten the life or gravely impair the health of the said woman, or

"There is substantial risk that the child would be born with grave physical or mental defect, or

"The pregnancy resulted from rape or incest and the said alleged rape was reported to a law-enforcement agency or court official within seven days after the alleged rape, and

"Only after the said woman has given her written consent for said abortion to be performed, and if said woman shall have resided in the State of North Carolina for a period of at least 30 days preceding the operation being performed except in the case of emergency where the life of the said woman is in danger, and

"Only if the abortion is performed in a hospital licensed by the North Carolina Medical Care Commission, and

"Only after two doctors of medicine shall have examined said woman and certified in writing the circumstances which they believe to justify the abortion."

relatively simple operation, however, after that the complications necessitate hospitalization. After 24 weeks there is virtually too great a risk to permit the operation.

Early detection is a must. If it has been 40 days since a woman's last period she should immediately have a test. If the result is positive and she concludes that she wants an abortion there are several alternatives available in Durham—and they do not entail expensive operations in North Carolina hospitals or plane flights in what could be an abortion mill in New York.

Although there is not an abortion referral agency in the immediate Durham area, there are several reliable and experienced groups which Duke students can easily contact. The most famous and widespread is the Clergy Consultation Service (CCS).

The CCS is a nation-wide organization of clergymen who provide both counseling and abortion referral on problem pregnancies. By dialing a state office (for North Carolina it is 919-967-5333) a person can obtain the telephone number of the CCS clergymen in her immediate area who can provide assistance. The CCS person can accurately outline for any person all the abortion alternatives available to her.

Very few people I spoke with had any criticism for the Clergy Consultation Service, and as one doctor in the area explained, "It is best to go to someone who is involved with abortion counseling primarily and regularly."

In Chapel Hill, the UNC student body has established and financed a reliable counseling center which helps non-students as well. The Human Sexuality and Information Counseling Services outlines some of the alternatives available to students. These alternatives include:

a list of dependable and checked-out clinics in New York and Washington; information on the abortion alternatives provided by Dr. Tahey Crist at North Carolina

Memorial Hospital in Chapel Hill; information on gynecologists in the Chapel Hill area who provide abortion counseling.

In Chapel Hill, Drs. Niebel and Lassiter (947-3055) provide abortion counseling as well as regular gynecological services.

For Duke students the abortion information not easily available from the UNC-student-financed organization boils down to this: In the New York area there are several recommended clinics which provide transportation to and from the airport, a Rhogam test, free counseling before and after the operation, free birth control pills for the first two weeks and medication for post-operative effects such as a fever. There are eight variations among the clinics, but a phone call to the clinic will provide exact information. These clinics also have emergency arrangements with nearby hospitals.

For all the above-mentioned services, including the abortion operation and doctor's services, there is an average charge of \$150-\$175 (for clinic abortions).

- The recommended clinics are:
1. Women's Medical Center 80 Irving Place 212-533-1100
 2. Park-East Hospital 112 E. 83 Street 212-288-0600
 3. Eastgate Medical Group 800

(Continued on page 13)



drawing by Susan Abbott/OFF OUR BACKS

MORE DURHAM

Hasle House
1022 Urban Ave., Durham
688-4353

Hasle House is an alternative to formal psychiatric counseling, offering trained and friendly people who have information and can counsel informally on just about any subject. In regard to sex-related problems, they offer counseling, rap sessions, information on where to go for medical help, and referral, usually to the Women's Health and Pregnancy Counseling Group. You can drop by Hasle House anytime.



Women's Health and Pregnancy Counseling Group 688-4353

The Women's Health and Pregnancy Counseling Group is a newly formed service which operates in conjunction with Hasle House. They offer free counseling to anyone on problem pregnancy, contraception, VD, abortion, and any other matters related to women's health. The hours are 2:30-11:30 p.m. Monday through Friday, and 4:00-12:00 p.m. on Saturday and Sunday. Just call the Hasle House number and you will be given the telephone number of someone in the Group with whom to get in contact for an immediate appointment.

Dr. Kenneth A. Podger
1830 Hillendale Rd., Durham
383-5531

Dr. Podger operates out of a multi-specialty clinic which includes gynecological services. He will provide contraception for single women on an individual basis—including the pill, sometimes, depending on the history of the patient and the results of her physical.

If there is a "legitimate" need for an abortion, he will perform it himself.

Appointments should be made three months ahead of time. The fee is \$10-25 depending on the check-up.

Dr. Podger seems reluctant to prescribe contraceptives to single women, and apparently has a conservative view on abortion.

OTHER LOCAL AREAS

UNC Student Health Chapel Hill

The University of North Carolina Student Health service provides a wide range of services for Carolina students only.

Any woman who needs prescription contraceptives can make an appointment to talk to a doctor about it. If she decides on a diaphragm or IUD, she will be sent to the GYN clinic there, or she will get a prescription for contraceptive pills.

The Infirmary has a counseling service for any kind of problem, including birth control and pregnancy. There is also a mental health department which provides the same type of counseling.

UNC Student Health also will use the morning-after treatment, but a girl must talk to a doctor about it first because they do not like to make a practice of doing it.

They also provide pregnancy and venereal disease tests.

All of these services are covered by UNC student health fees and are not available to the general public.

Human Sexuality Committee UNC Student Union, Suite C 933-5505

The Human Sexuality Committee in Chapel Hill offers a variety of services on sexual problems from pregnancy to inadequacy.

Last year they had 17 male volunteer counselors and 16 female volunteer counselors. About half of this group were students; the rest were members of the Chapel Hill community.

They also have a group of full time counselors, including seven physicians, a psychiatrist, a marriage counselor and a gynecologist.

The Committee gives counseling over the phone and in the office on contraception, and pregnancy and its alternatives. It operates an abortion referral service. They have personally checked out the clinics to which they refer people in Washington and New York.

They also do counseling on problems of homosexuality and inadequacy. They do one-to-one counseling over the phone and also have visual aids in their office and a referral service for these problems.

The Committee gives marriage counseling and will refer people to professional marriage counselors.

The group does not act as professional counselors, but rather as peer group counselors, and are funded by student funds.

Planned Parenthood Asheville, N.C. 704-684-4811

Although there isn't one close to Durham, most major cities in the U.S. have a Planned Parenthood office. These operate clinics where family planning counseling and contraceptives including the pill can be obtained. They make no restrictions based on marital status and fees are often based on ability to pay.

The Planned Parenthood Association of New York City operates an abortion clinic there, and most local offices will refer abortion patients to it, if necessary, or arrange for an abortion in the woman's home area.

They all seem very helpful and understanding so it's a good place to visit if you need help in another city.

Zero Population Growth—Abortion Data Bank Los Altos, Calif. 415-942-2670

The Abortion Data Bank keeps a file on all areas of the country, listing clinics and doctors which will perform abortions. If you wish information concerning sources of legal therapeutic abortion, write or call project AID.

Your location, whether or not you can spend time away from home, the number of weeks of pregnancy, and the amount you can afford to pay are taken into consideration by a computer which selects a number of sources.

Two of these should be places to get counseling and further referrals. The others are medical facilities, private doctors, or clinics or hospitals where legal abortions can be obtained.

This list is sent by air mail and a \$5.00 donation is requested for the service.

Wake County Public Health Department 755-6107

We spoke to Dr. Rolette, the family planning doctor at Wake County Public Health. Fortunately for the residents of Wake County, but unfortunately for most of us here, they provide for their residents only, free, gynecological exams, all types of contraceptives, VD and pregnancy testing, morning-after pills, and abortion counseling and referral.

Dr. Rolette said that the reason that this service isn't available to outsiders is that they are overflowing with Wake County patients now and just can't accommodate any others. But it's nice to know, anyway, that in some places free gynecological care is the right of every resident.

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Unfinished business: birth control and woman's lib

Editor's note: The following story is reprinted from Sisterhood is Powerful, Vintage Books, copyright 1970, edited by Robin Morgan, p. 245.

Lucinda Ciesler

Most people seem to think that there are no laws against contraception left on the books in this country, but that is not the case: only 40 percent of the states have no laws limiting the distribution or display of contraceptives. The rest forbid young people or unmarried people access to contraception, or say that distribution to anyone must be through doctors or licensed pharmacists.

Those who are sanguine about these laws, considering them dead letters, only reveal their blissful middle-class state of mind: not only can such laws be used as cop-outs when, for instance, college women demand that university health departments provide them with contraceptive services, but they have also been used to keep poor women from having access to public birth-control clinics.

Quite recently, Massachusetts turned down about 30 million dollars in federal aid because it would have had to comply with federal stipulations that age and marital conditions be no barrier to the receipt of birth-control services.

Birth-control worker Bill Baird perpetrated a "Crime Against Chastity" (the actual name of the law), when he handed a can of contraceptive foam to a twenty-two year-old "girl." Unfortunately, although his chief crime was not being a pharmacist with a doctor's prescription in hand (although foam is non-prescriptive), the fact that the woman was not married proved, significantly, to be the most distressing fact for the courts to deal with: "promiscuity" would run rampant if single people could keep from having babies. Baird's conviction was upheld and at this writing he is on his way to the U.S. Supreme Court to test the rights of single women to protect themselves.

Those who imagine that this problem was taken care of by the famous *Griswold* decision of 1965, whereby the federal Supreme Court struck down Connecticut's strident law against using contraception, are mistaken again: this case was argued, and won, on the grounds that doctors were being hampered in their practice of medicine and that the right of marital privacy was being violated. Once more the Sanctity of the Home was preserved, the rights of single people were deemed of no legal consequence, and young women go on lying about their age and their marital status in order to get what they need—if they know where to go in the first place, or what to ask for.

There are those, too, who believe devoutly that "the Pill" is 100 percent effective—for the women who can use it safely. Because it is

easy to accuse a woman of not taking it when she should, failures are explained away as the patient's fault. Even the drug companies admit there is a failure rate of anywhere from .1 percent to 1 percent.

The debate about the dangers of the Pill goes on, with many. There are recurrent authoritative rumors that devastating reports will soon appear, revealing all sorts of horrible statistics about the high incidence of circulatory ailments and other disabilities among women who take the Pill. A recent British study has indicated that these rumors are more than scare stories, and a few similar reports have appeared in the United States, but only in professional journals; the medical profession must ruminate at length before revealing that such a setback has occurred.

A pro-feminist male doctor who works with pregnant teenagers has said in conversation, however, that he believes pills should be freely available over the counter, with simple directions and contraindications clearly printed on the container, as for so many other drugs, and that pills remain a prescriptive substance because doctors hate to relinquish control over their women patients' bodies.

The intrauterine devices (IUD's or "loops") are quite effective, too: they fail 1.5 percent to 3 percent of the time. But many women's bodies reject these plastic shapes, and the most effective, larger varieties are not suitable for women who have never borne children. Many doctors will not even insert the small ones in single women, giving a variety of excuses that sometimes have less medical than moral justification. The same doctor quoted above has suggested that M.D.'s prefer to prescribe the Pill even in cases where a loop might be more suitable or when the woman is not enthusiastic about the Pill: if an IUD fails to prevent conception, the woman's foolishness can hardly be blamed, and imperfect medical technology must take the rap. Of course, in any case, the woman has to take the real rap—an unwanted baby or a dangerous illegal abortion—because the obvious instance of safe, legal abortion isn't available.

Whatever the real story about the Pill, its failures, and its side-effects, the fact remains that a good many women don't trust it and have gone back to that antique rubber mechanism, the diaphragm with cream of jelly. They know it does nothing odd to their body chemistry, it lasts for quite a while, and there is a curious psychological advantage (commonly considered a drawback) to the fact that they must exercise choice each time they use it.

It is surprising how few women know what contraceptive foam is, and that it can be bought over the counter, or that it works a great deal

better than trust or luck. Here and there condoms still exist, too, and are quite effective; in fact, a condom and foam used together are very safe indeed, and are a quite readily available combination. Technology is not God, and will not provide salvation, but if one of its most highly touted products isn't

available, settling for second- or third-best is still preferable to passivity. Yet because women are programmed to trust what society says is The Way, and because they are programmed to feel that sex isn't really very nice after all, they are easy prey to fatalism and often fail to seek out individual alternatives.

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-Abortion at Duke: who to see, where to go-

(Continued from page 10)

Eastgate Blvd. Garden City, L.I. 616-394-0880.

4. Eastern Women's Center 14 E. 60 Street 212-892-0033

5. Monsey Medical Center 27 Main Street Monsey, N.Y. 914-356-6357

6. Dobbin's Ferry Medical Group 85 Avenue A, 917-693-4400 (50 minutes from N.Y. City)

In Washington, D.C., there are recommended clinics which provide all the same services as the New York clinics.

Those Washington clinics are:

1. Proform Clinic 1726 I Street, NW, 202-298-7300

2. Hillcrest Clinic 3230 Pennsylvania Ave., S.E., 202-561-4000

3. Washington Hospital Center 110 Triunty, NW, 202-541-0500

The above clinics charge approximately \$150 and can usually make an appointment with only three days notice. All the clinics in New York and Washington will perform an abortion up to 12 weeks of pregnancy and refer any woman

pregnant longer than 12 weeks to a hospital. The cost is usually about \$350 for the more complicated hospital operation.

New York and Washington, D.C., have liberalized abortion laws, which means early pregnancy abortions may be performed in a clinic or a doctor's office, rather than necessarily in a hospital. Avoiding hospital costs drastically reduces the price of abortion.

The law in New York also permits women 18 and over to obtain abortions on demand regardless of residency. The Washington, D.C., law is expected to change as of October 28, 1972, and permit women over 17 to also obtain abortions. Presently the D.C. law allows only women over 21 to receive abortions regardless of residency. If the abortion is necessary to preserve the health of the patient. Since health includes mental as well as physical disturbances, there is a liberal interpretation of this requirement.

Round-trip air fare to New York using a student reduction costs \$64

to New York City while round-trip student fare is \$42 to Washington. Abortions performed during the first 12 weeks of pregnancy can be completed in one day, avoiding overnight expenses.

Abortions in Durham

Abortions performed in the Durham area are frequent, despite the iron wall of silence surrounding them, and they do not have to be expensive. The true secret of success in obtaining a safe and legal abortion in the area concerns contacting the right person for advice. As abortion information becomes more public, counselors have found themselves less in

demand, but they are still the best and only reliable way to obtain a complete list of information necessary for selecting the best alternative.

These counselors will send students to doctors who provide abortion counseling to meet a woman's needs.

The abortion-counseling doctors will generally point an accurate picture of abortion alternatives in the Durham area, including a breakdown of the services offered at each hospital.

Doctors who do much of the abortion work in this immediate area explained the situation this

(Continued on page 14)

-Crist interviewed-

(Continued from Page 1)

in a largely conservative area. "We're still in a rural state," he commented. "Don't get me wrong, North Carolina is a hell of a state, but it takes time to get people to change attitudes and ways of behavior. If you get too progressive, you set yourself back. You have to be careful that you tread lightly. I can't begin to tell you the problems we've had getting this far."

North Carolina has gotten pretty far, too, in the area of abortion. "We've got a very permissive law," Crist said, "not unlike the laws in New York or Washington, D.C., or Hawaii. It's time men quit making laws about women. We should allow

women to make these choices for themselves unimpeded by the prejudices and manipulations of others."

Another area in which the state is progressive is in the publication of student handbooks to contraception and abortion. "Duke should be proud," Crist commented. "It was the first school in the country to come out with a book of that type on campus. [A Guide To Contraception and Abortion, published in April, 1970, by Duke's Committee on Contraception and Abortion.]

"There have been 32 such books published in the United States; five of them were not put by North Carolina schools," he said.

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-Getting an abortion in Durham-

(Continued from page 13)

way.

In North Carolina a woman can receive an abortion only if her health, or that of the fetus, is endangered, or if her pregnancy is the result of rape or incest. If she feels that the pregnancy jeopardizes her health, she must be examined by and receive written approval from two doctors. There are several Durham-area doctors who consider the term "health" to include mental health and who often approve abortions on these grounds. Very few women have been unable to obtain abortions.

Persistent rumors to the contrary, there are no abortions

performed in clinics in this area by reputable gynecologists. North Carolina law allows abortions only in hospitals. It is primarily for that reason that clinics in the area are not equipped for the operation and its potential complications. Most logically, there is little need to perform illegal clinical operations since women can easily obtain hospital operations.

A hospital operation incurs costs that a clinic abortion could avoid. Consequently, an abortion in Durham will cost more than a clinic operation in New York or Washington. But the costs and trouble (and anxiety) of

transportation and hotel accommodations required by trips to these cities usually add up to make the Durham operation less expensive and more desirable.

At Watts Hospital there is a flat charge of \$175 for the abortion operation and then approximately \$100 (some say \$200) more for doctor fees. Therefore an operation (vacuum aspiration) on a woman not over 12 weeks pregnant will not cost over \$275, unless a person contacts one of the more expensive doctors who may charge \$200 for their services.

At Duke Hospital it is a different story. The outlook there on abortions is what one doctor called "ancient." Doctors conflicted on their price accounts of Duke but the figures most often repeated broke down to between \$250 and \$500 for an operation (often dilation and curettage) for a pregnancy up to 12 weeks. This increase compared to Watts is due to higher hospital and doctor fees, although several doctors said they felt Watts is the better hospital to go to for an abortion. One leading abortionist said women generally felt Watts was "nicer,

friendlier, warmer and you don't get lost—that's the best reason to go there."

Another reason Watts is so popular is that many of the local, liberal gynecologists who perform abortions do not have privileges at N.C. Memorial Hospital (UNC's hospital) or Duke. Consequently they work out of Watts and together the hospital staff and these doctors have gained an expertise with the operation, according to one gynecologist I interviewed. The doctors at Watts include two highly recommended gynecologists from Chapel Hill.

There are hospitals and doctors in other nearby towns who perform abortions at the request of local doctors if a woman has reasons for not wanting to go to either Duke or Watts.

Counseling on pregnancies is the most important step once one discovers she is pregnant, the doctors said. At Duke there are several individuals involved in sexuality and abortion counseling, who can be contacted on campus: Elmer Hall, David May, Linda Simmons and Lucy Austin.

Jayvees win

Roger Neighbourgall threw three touchdown passes as the Duke junior varsity football team overwhelmed the Wake Forest Jayvees, 31-7, yesterday afternoon. The Duke team now sports a 3-1 record. Details will be in tomorrow's Chronicle.

CLASSIFIEDS

WANTED

Native speaker of JAPANESE wanted for language work, one hour per week. \$4.50 per hour. 294-1472, 684-0109.

Wanted BABYSITTER for quiet boy, old. Tuesdays, Thursdays, 1:40-3:40, 286-1482, 489-0224.

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UPCOMING EVENTS

MOVIES

- Tues., Oct. 3 & Oct. 4
"Streetwise": A "Criminally
Mentally" Freeway Thru the
City. 8 p.m.
- Thurs., Oct. 5
"Deep End": Freeway thru
the Sea. 7 & 9:30 p.m.
- Sat., Oct. 7
"Drive Dogs": Quad Bikes Pop
Aud. 7 & 9 p.m.
- Sun., Oct. 8
"Drive Dogs": Quad Bikes Pop
Aud. 7 & 9 p.m.
- Thurs., Oct. 12
"The Old-Fashioned Way": A
"At The Circus" Freeway
thru the Sea. 8 p.m.
- Fri., Oct. 13
"Lobby": Freeway thru the
City. 7 & 9:30 p.m.
- Sun., Oct. 15
"If": Quad Bikes Pop Aud. 7 &
9 p.m.
- Tues., Oct. 17
"The Carbonifer": Freeway
thru the Sea. 7 & 9:30 p.m.



ART

- Sat., Oct. 8
Marlene Wilson With "The
Cartoonists" & "The Quick
Temper" Pop Aud. 3 p.m.

Sun., Oct. 8, Nov. 12
John Marston: outstanding
photography. Duke University
Museum of Art

Thurs., Oct. 5, Oct. 20
Katharine Blumhagen: Best
Exhibit women's College
Library

SPORTS EVENTS

- Wed., Oct. 4
Steele Dale x Pacific away
- Fri., Oct. 6
Cross Country: Duke, Wake
Forest, Virginia away
- Sat., Oct. 7
Football: Duke x N. C. State
Raleigh, 1:30 p.m.
- Tues., Oct. 10
Soccer: Duke x Dartmouth away
- Sat., Oct. 14
Football: Duke x Clemson
Clemson, 1:30 p.m.

CONCERTS

- Sat., Oct. 7
Sweet Words with Ophelia DUU
Major Attractions, Carpenter
Theatre, 8 p.m.
- Tues., Oct. 12
Society Street Band, East Duke,
8:15 p.m.
- Wed., Oct. 13
Piano Recital: Murray Fuchs
DUU Performing Arts Pop
Aud. 8:15 p.m.

Fri., Oct. 15
Duke Symphony Orchestra
Musical Theatre, Duke Pop
Aud. 8:15 p.m.

Sat., Oct. 18
Dave Hancock: Concert with
Jenny Muligan DUU Performing
Arts Pop Aud. 8:15 p.m.

THEATRE

- Fri., Oct. 6
"Ring Lard": DUU Drama Pop
Aud. 8:30 p.m.
- Thurs., Oct. 12, Sun., Oct. 15
"The Madwoman of Chelmsford":
Duke Players, Durham Theatre
Thurs. 7:30 p.m., Sat. 8:15
p.m.
- Tues., Oct. 17
"The Harkness Ballet": Duke
Arts Pop Aud. 8:15
p.m.



SPEAKERS

- Thurs., Oct. 8
"The American Studies with a
University": Sweet College,
Zoe Aud. 7:30 p.m.
- Fri., Oct. 9
"The Incredible Cinema of
Buck Bruck": Sweet College,
Zoe Aud. 4 p.m.

Tues., Oct. 10
"The American Studies with a
University": Sweet College,
Zoe Aud. 7:30 p.m.

Wed., Oct. 14
"Polly: Analysis for a National
Health Institute": Dr. Stewart
Kendall, 226 Perkins, 5 p.m.

the chronicle

Ruby

DUKE'S BI-WEEKLY
TUESDAY MAGAZINE

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