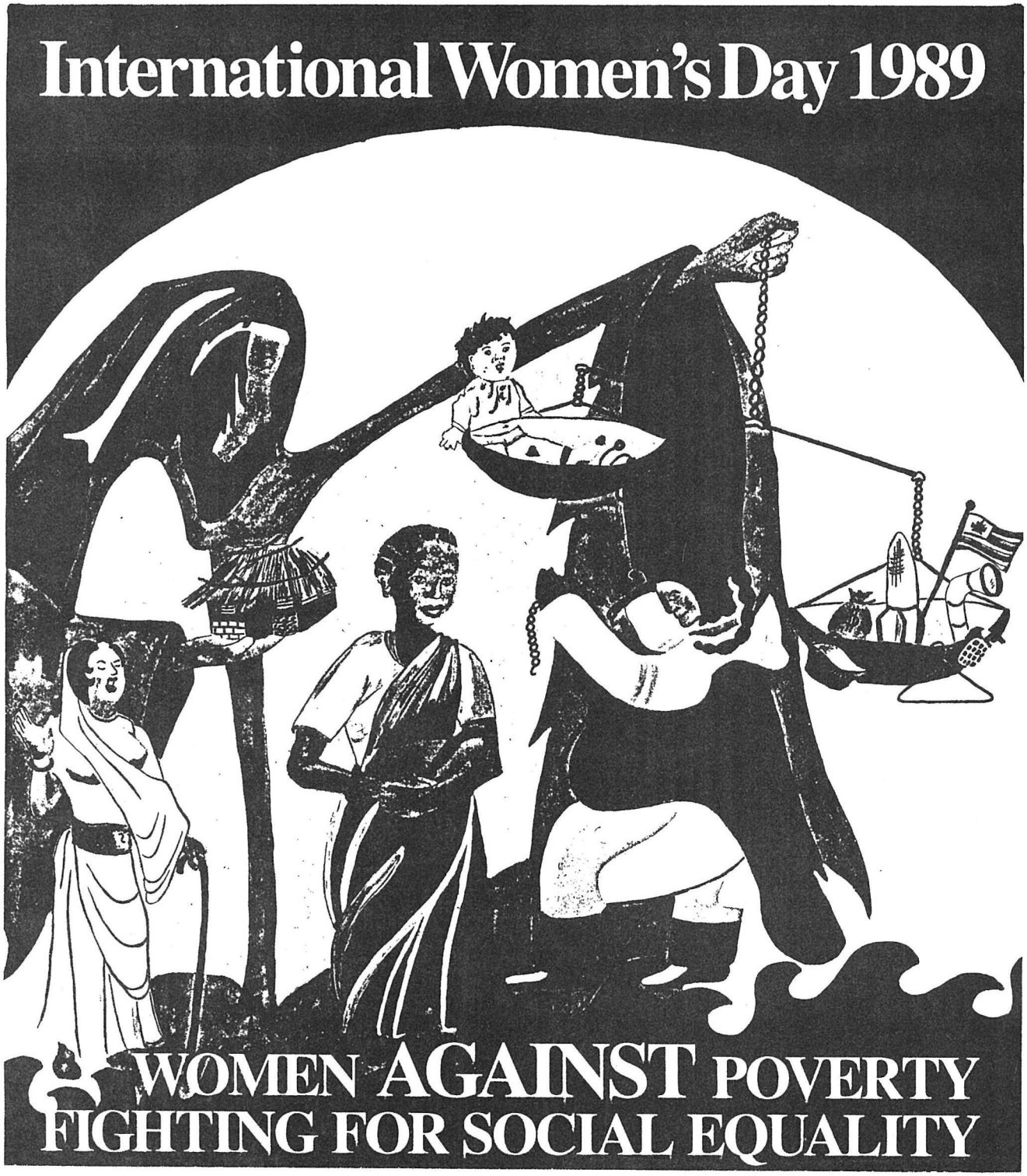
Rebel Girls' Rag

A FORUM OF WOMEN'S RESISTANCE

Vol. 3, No. 3 March/April, 1989 75¢

News & Views from Toronto Socialist Feminist Action



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Black Women's Health Alert

As women of color, we have sought perennially to tear down the barriers preventing us from enjoying the physical, mental and spiritual health which ought to be the prerogative of all members of the human community. Our quest for full reproductive rights often has occupied a central place in our health struggles. Today, as we face crises such as high infant mortality, teenage pregnancy and AIDs, we also are compelled to defend our right to receive adequate prenatal care and, when we so choose, to terminate our pregnancies.

Specifically, what is at issue is the Reagan Administration's promulgation of new Title X regulations which prohibit pre-natal counseling and forbid discussion of the abortion option in all family-planning facilities that receive Title X funds.

Under the new regulations, once pregnancy is diagnosed, a woman is entitled to nothing beyond a list of prenatal care and delivery services.

Since women of color in urban areas make up such a large percentage of Title X patients -- and these family-planning clinics are the primary source of information about our reproductive health -- we cannot remain silent about these regulations, which violate our constitutional rights and endanger our health. If Title X clinics must cease furnishing prenatal counseling, it is inevitable that the scandalously elevated infant mortality rates in our communities will soar even higher.

Our constitutional right to abortion, already seriously curtailed by the withdrawal of federal funding for the procedure itself, will be eroded further if Title X clinics are not permitted to provide counseling with respect to the available services. Teen-age women will be hardest hit by this repressive agenda.

The regulations are so rigidly constructed that there is no room for exception, even in cases of pregnant women with AIDS -- and six out of ten babies born with AIDS in the United States are Black. Moreover, pregnant women with severe diabetes, hypertension or sickle cell anemia cannot be counseled about health risks involved in continuing their pregnancies.

As women of color, we declare that these regulations are medically unethical and unconstitutional. While they pose a dangerous challenge to the reproductive rights of all women, Black, Latina, Asian and Native American women will suffer more than their share of this assault. Unwanted childbirth, infant mortality and deteriorated maternal health for women and teenagers most certainly will increase with this new strategy.

We call upon women of color throughout the country to join us in our efforts to halt this vast injustice and the innumerable human tragedies it will spawn if we do not act to oppose the Reagan Administration's plan before it is too late.

Please send telegrams and letters directly to the White House or call (718)622-2336 if you would like to help fight these regulations.

This statement has been endorsed by: Byllye Aver, Executive Director, National Black Women's Health Project; Anita Baker, singer, songwriter; Shirley Chisholm, National Political Congress of Black Women and former U.S. Congresswoman; Loretta Ross, International Council of African Women; Angela Davis, lecturer, Women's Studies, San Francisco State University;Rita Jaramillo, President, Mexican-American National Women's Association; Mary Lisbon, Black Women's Self-Help Collective; June Inuzuka, President, Organization of Pan-Asian American Women (OPAAR); Safiya Bandele, Center for Women's Development, Medgar Evers College; Daphne Busby, Sisterhood of Black Single Mothers; Sabra Jenkins-Davis, Women of Color Partnership Program, Religious Coalition for Abortion Rights; Catherine Lee, OPAAR; Cindy Pearson, National Women's Health Network; Nkenge Toure, Women of Color Caucus, D.C. Rape Crisis Center; Tania Abdullahad, African-American Voices Alliance; Ginny Montes, National Board, National Committee to Combat Racism, National Organization for Women; Lavonia Perryman-Fairfax, National Political Congress of Black Women; Sherry Wilson, Women of All Red Nations; Sherrilyn Ifill, Reproductive Freedom Project, American Civil Liberties Union; Loryne Boyen-Young, N.D., M.S.N., Health Share TTD;Dr. Vickie Alexander, National Board, National Campaign to Restore Abortion Funding, co-chair Women's Commission, National Rainbow Coalition;Iemanja Rollins, D.C. Chapter, Alliance Against Women's Oppression; New York Black Women's Health Project; Sydney Cone; Sharon Parker; National Abortion Rights Action Leage; Suzanne M. Lynn, Esq.; Jacqueline Berrien, Esq.; Ana O. Dumois; Dr. Helen Rodriguez-Trias; June Jordan, writer; Harriet McAdoo, Howard University School of Social Work. Organization listed for identification purposes only.

A Movement for All Women

by Judy Vashti Persad, Women Working With Immigrant Women

This speech was given on April 16, 1988 at a pro-choice rally organized by the Ontario Coalition for Abortion Clinics

I am proud to be speaking today on behalf of Women Working With Immigrant women, and to add our voices to the hundreds gathered here today - publicly pledging to continue to fight, for full access to free abortion.

I am a Caribbean woman, an immigrant to this country - and for most Asian, Black, Native, South Asian and other women of colour and immigrant women, choice is an illusion. The laws, institutions, and economic structures of this society perpetuate racism and sexism, denying us our reproductive freedom. Our right to choose whether or not to have children, our right to reproduction itself, has been denied us.

We know there is access to abortion, but it's a very privileged access. Women with economic resources, who know how to use the health care system, have the right to abortion. It's the working class woman, the Immigrant Woman, and the Woman of Colour, who does not have this access - And this we will not accept!

We need, not only the right to abortion, but the facilities in our own communities and our own languages, in order to make that choice a reality! That is why we raise the demand for full access to free abortion for every woman inh this country!

This is not an abstract struggle for us. The issues we are fighting for, are real and immediate. Women are suffering every day, because the demands we are raising are not being met.

We know we have the power to make changes, if we work together. The recent overturning of the federal abortion law has made it perfectly clear - change takes place through the strength of a movement.

But as we make gains, the attacks increase - as we have seen in British Columbia, Saskatchewan, Prince Edward Island.

- The right is organizing.
- The federal government is threatening to bring in another abortion law.
- So our task is clear.

We must continue to build the reproductive rights movement.

A movement which speaks to the reality of every woman's life, whether she is a woman of colour, an immigrant woman, poor, working class, disabled, young or old woman.

A movement, which when speaks of, and struggles for reproductive freedom, must include a range of women's issues.

- We must demand an end to forced or coerced sterilization, which particularly affect Native Women, Black Women, and Disabled Women.
- We must demand safe and effective birth control in our own communities and in our own languages.
- We must demand free universal childcare and paid parental leave.
- We must demand an end to the harassment of Native Mothers by the courts and Children's Aid.
- We must continue to demand full access to free abortion.

We do not want an abortion law which will still allow therapeutic abortion committees to control access - access which is based on racist assumptions, stereotypes and practices. We refuse to accept a law, which allows for doctors to insist on the sterilization of Black and Native Women, as a prerequisite for an abortion.

We joined together to overturn the racist/sexist federal law!

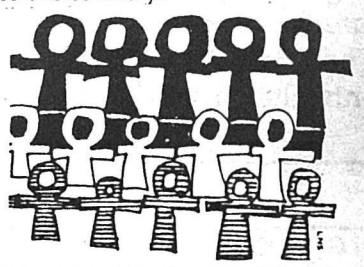
And we must continue to build a fighting movement.

This is the time to build a campaign from coast to coast.

A mass movement made up of everyone, who has a commitment to equality and women's rights. We will have to mobilize our forces, so that the provinces understand, that we will not accept a woman being denied an abortion because medicare funding has been withdrawn or the services aren't there.

We say no to cutbacks and yes to full funding of abortion services. We must send a clear message to the federal government, that the people of this country will not accept another abortion law.

We must continue to press for full access to free abortion in every province across the country.



Rebel Girls' Rag

A Forum of Women's Resistance

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We are a socialist-feminist group which operates on the principle that mass action is our most effective instrument of change. We believe that the oppression of women touches every aspect of our lives and that the liberation of women will require fundamental changes in the structure of society.

We hold bi-weekly meetings where our policy and overall direction are determined. Smaller committees work on specific events or in different constituencies.

We welcome new members. For more information, phone Debi at 962-8242.

This issue was put together by: Helen Armstrong, Sheryl Bowell, Debi Brock, Julia B., Carolyn Egan, Leah Darke, Left Eye, Nancy Farmer, Mary Gellatly, Shelly Gordon, Miriam Jones, B. Lee, Gillian Morton, Jocelyn Piercy, Jennifer Stephen, Cynthia Wright.

Our thanks to the Women's Press for the use of their facilities.

Signed articles do not necessarily reflect the views of the Toronto Socialist Feminist Action, but those of the author.

Editorial

The struggle for sexual and reproductive freedom has long been central to women's resistance and feminist politics. Being able to control our bodies is both a precondition of our immediate autonomy and a vital step to overthrowing our oppression. Within this, abortion has been the most hotly contested point of conflict between the contemporary women's movement and the state and conservative right. Last International Women's Day we were still celebrating the Supreme Court's throwing out the old abortion law. Where do we stand now? Are we closer to our demand for free and equal access to abortion and our goal of reproductive freedom?

This issue of Rebel Girls' Rag focuses on some of the issues and struggles for women's reproductive freedom. The reproductive technology article featured in this issue is based on a recent forum TSFA held and is printed here in the hope of continuing disucssion [and debate] on this and other related issues. We welcome letters to the editer and articles to continue this discussion and to work toward the development of a socialist feminist analysis of reproductive technologies.

There have been some significant gains for women's choice during the last year: more free-standing clinics have opened, the list of national groups representing millions of Canadians telling the federal government that there must be no new abortion law continues to grow, and the support of the great majority for women's right to abortion remains solid. But there has also been a determined counterattack from the right who is fighting to role back the gains we have fought for. The anti-choice have mobilized their sizable financial resources to press for nothing less than a total ban on abortion and Operation Rescue vigilantes have tried to blockade clinics by force. The Law Reform Commission, a federal legal policy-making body, this week released a report coyly entitled "Crimes Against the Fetus". Their recommendations would not only restrict access to abortion, but legitimize increasing state and medical surveillance and control of pregnancy and birth in the name of fetal protection. Most fundamentally, the federal government still muses about bringing back a new criminal law on abortion and both levels of government have failed to take the positive actions needed to ensure adequate and equal access to abortion for all women.

There are three key tasks for the choice movement: First of all, we must roll back the anti-choice minority. Here in Toronto there has been magnificent support from labour, feminist, left and other community groups on some very cold pre-dawn days and a spirited demonstration of 1,000 to defend the clinics. Secondly, we must continue to build the campaign against any recriminalization of abortion. Finally, we must keep the pressure on both provincial and federal governments to commit the resources needed to guarantee that all women have equal access to free abortion. Above all else, this means establishing a network of community clinics across the country and province providing abortion and all the other reproductive health care women need.

How can we accomplish these goals? Through building the strongest and broadest possible movement for reproductive rights, solidifying our alliances with other progressive sectors and groups in support of choice, organizing demonstrations, rallies and other actions that can involve and galvanize the largest number of people, and, most crucially, through all these means keep the maximum pressure on the state. The particular ways in which lack of choice affects women's lives depends upon their class, race, physical ability and sexuality. Recognizing and incorporating these differences into our movement while building on our common need to control our reproductive lives remains a key challenge.

Because abortion has become such a key battleground with the state and the rabid right, it is a struggle that we must not lose. But there are many other facets to the fight for reproductive freedom. Women are organizing for independent midwifery, birthing centres and other choices in childbirth. The long fight for universal high-quality daycare continues, especially as the federal conservative government promises little more than increased support for commercial operators. So many, especially young women, still lack access to safe and effective contraception and comprehensive sex education and counselling. How to win reproductive technology developed according to women's needs and priorities rather than those of the medical profession or pharmaceutical industry has become an increasingly vital issue. And, of course, women have no real 'choice' in a society in which they are paid so much less than men, in which male sexual violence is pervasive, in which the children of lesbians and Native women are seized by welfare authorities, and in which women face so many barriers to defining and living an independent sexuality.

Our goal is not just to broaden individual choice over abortion or childbirth, but to transform the conditions and constraints under which women now have to make their choices. To win control of our bodies we have to challenge the underlying social relations and institutions - from state social policy to familial ideology - within which women's reproduction and sexuality is organized and contested. So TSFA will continue to support our sisters working in the Ontario Coalition for Abortion Clinics, the Midwives Collective of Toronto, labour, and daycare and employment equity movements, AIDS Action Now and other groups fighting for sexual self-determination. Winning reproductive and sexual freedom in this fullest sense requires nothing less than overturning the existing class structure which maintains racism, sexism and heterosexism by building the strongest and broadest movement possible.

WOMEN AGAINST POVERTY -- FIGHTING FOR SOCIAL EQUALITY

by Jennifer Stephen

The March 8 Coalition is gearing up for its 11th year of International Women's Day in Toronto. The theme for IWD 89 is "Women Against Poverty: Fighting for Social Equality." The Coalition demands for the day are: an end to racist violence; affordable housing; no new abortion law; free accessible childacre; mandatory employment equity; the right to justice and self-determination internationally; increased social assistance; an end to healthcare cutbacks; and the immediate recognition of Aboriginal rights and Native culture.

The March 8 Coalition represents the broad-based activism and organization of the women's movement in Toronto. It brings together Women of Colour, immigrant women, lesbian and working class women, trade union women, women with disabilities, Black, Asian and Native women to plan and build support for IWD throughout the movements and popular democratic organizations represented in Toronto.

IWD is being held on March 4 this year, starting with the Rally at Convocation Hall, University of Toronto at 10 a.m. The Rally will be followed by a march through downtown Toronto, ending at Ryerson. The Fair at Ryerson will run from 2 - 5 p.m.

Chipping Away at Choice: A U.S. Report

by Julia B.

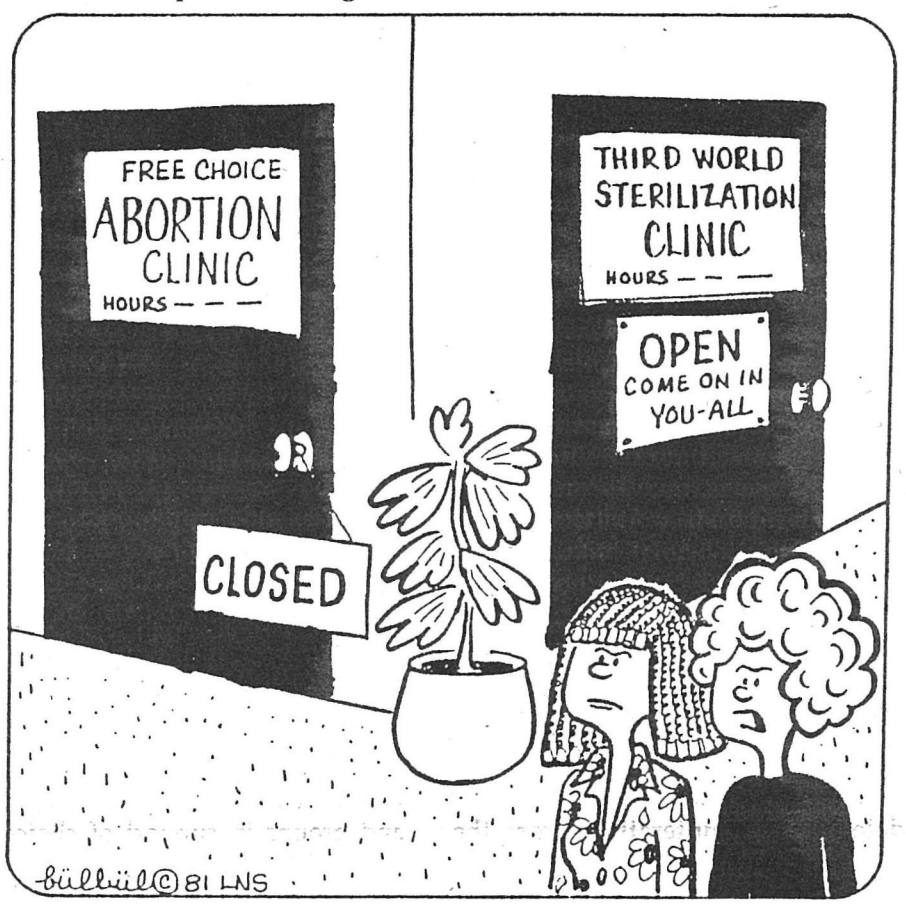
Since the 1973 Roe vs. Wade decision, the anti-abortion right wing has lobbied vigorously for a constitutional amendment which would prioritize foetal rights over the rights of women. This strategy however, has been abandoned for a more piecemeal attack, partly because support for legal abortion is quite high--over 80% of the U.S. population support some degree of access. Currently 1.7 million legal abortions are performed each year in the United States.

There have been various kinds of legislative attacks on abortion. The most successful attacks have been against funding abortion under Medicaid and around the issue of parental consent. U.S. Congress passed the Hyde amendment in 1977, cutting off an annual 300,000 federally funded abortions. The outlawing of Medicaid-funded abortions illustrated the nature of "formal" democracy. The constitutional right to abortion does not include the guarantee that abortion services will be funded.

Today in the U.S. only 13 states will fund Medicaid abortions, among them, New York and California. Since the 1977 Hyde Amendment, federally financed abortions have been reduced to 1% of what they were. While 95% of women who want abortions are still able to obtain them at this time, the remaining 5% represents a very substantial number of women who are denied their right to choice. Further, many women must find some way to finance their abortions, in the absence of Medicaid. According to statistics from the mid-1980's, 65% of women on Medicaid who wanted abortions were able to obtain them through funding provided in their own individual states, while the other 29% had to come up with the money themselves. The demand for abortion services among poor women refutes the right-wing argument that these women deliberately have more babies in order to get larger welfare cheques.

Recently, Medicaid funding of abortions in Michigan was defeated in a referendum vote. However, serveral clinics announced that they will continue to perform abortions for poor women for low fees, in order that women not be deprived of this essential service because of an inability to pay for it.

The other critical concern in maintaining abortion rights is the issue of parental consent in the case of teenaged women. The Supreme Court has heard cases regarding parental consent on six separate occasions. Currently, half of the states have legislation requiring teenagers to obtain parental permission for an abortion. Implicit in the legislation is the notion that requiring parental consent for a teenager to have an abortion fosters parent-child consultation. The court hedged its bets, however, by insisting that parents not have absolute veto power, and provided for a possible judicial "bypass".



In a several page decision striking down Minnesota parental consent law (where 99.75% of all requests for judicial bypass between 1981-86 were granted), federal district judge Donald D. Alsop examined how the law worked in practice. He pointed out that those teenagers who had reason to hope their parents would be supportive consulted them without a law in place requiring them to do so. He suggested that any notification law would simply cause teenage women needless trauma at a time when they needed to think clearly about their decision. No doubt these rulings will go before the Supreme Court.

The anti-choice not only attacks through legislation. By looking at anti-choice tactics we can see how they are campaigning to reverse the broad political consensus that resulted in the legalization of abortion in 1973.

Between 1977 and 1987 there were 624 clinics affected by picketing and blockades, 216 clinic invasions, 213 bomb threats, 191 cases of vandalism, 143 clinics facing hate mail and harassing phone calls, 70 arsons and bombings, 61 death threats, 41 assaults and batteries, 34 attempted arson and bombings and 2 kidnappings.

The U.S. Women's Movement has carried out important actions and education campaigns to defend women's access to abortion through visible activity, including picket lines, demonstrations, vigils, forums, teach-ins, and speak outs. It is currently organizing in large numbers for the first time in a number of years, in order to defend clinics against anti-abortion harrassment and "Operation Rescue" actions (see *Rebel Girls' Rag*, Jan./Feb. 1989 for more on "Operation Rescue").

Chicago On October 29 (which anti-abortionists call the National Day of Rescue), Women Organized for Reproductive Choice (WORC) organized clinic defenses in 3 locations. 300 came out to defend the clinics.

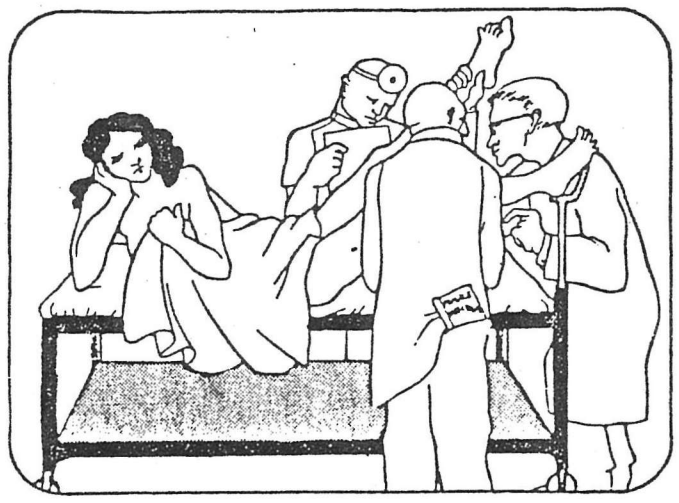
A rally was held on Jan. 21, 1989 to mark the 16th anniversary of the legalization of abortion in the U.S.. 700 people came out. An Emergency Clinic Defense Coalition was organized.

Bay Area (California) Just in the last few months BACAOR (The Bay Area Coalition Against Operation Rescue) has been planning meetings, phone networking, pro-choice actions, clinic escorting, early morning clinic watches, clinic vigils, speakers bureaus, etc. As well, they have produced a pamphlet explaining "Operation Rescue", what pro-choice means, and how to get involved in the pro-choice movement.

Santa Clara County (California) The Santa Clara County Pro-choice Coalition organized resistance on the national day of "Rescue" called by the anti-choice (Oct. 29, 1989). Many came out to defend the clinic after 300 anti-abortionists blocked entrances to both the front and back of the clinic.

New York The New York Pro-Choice Coalition has been active over the last 6 months in and around pro-choice activities and opposing "Operation Rescue". Several new coalitions, campus pro-choice committees, and neighbourhood committees are being organized in New York.

The National Organization for Women has issued a call for an April 9, 1989 demonstration for Women's Equality and Women's Lives in Washington, D.C. This march is scheduled right around the time the Supreme Court will be hearing arguments on Webster vs. Reproductive Health Services, with a decision expected some time in June. The Webster case is the anti-choice's attempt to overturn existing abortion law. It seeks to limit access to abortions by outlawing public funding, removing funding for any counselling which includes abortion as an option, prevent any state employee from attending at an abortion procedure, and establish that life begins at conception. The U.S. Women's Movement is building a broad based movement for Choice on abortion, and could certainly use international support. OCAC is organizing a bus trip to the Washington demonstration in April. If you are interested in attending, call the OCAC office at 969-8463.



We apologize to Left Eye for failing to credit his pictures featured in the centre spread of our last issue

TSFA welcomes articles from a socialist feminst perspective to facilitate discussion and debate. Please send articles to P.O. Box 70 Station F, Toronto M4L 2L4

Reproductive Technologies

Part 1 of 2 Part Series

by Gillian Morton, Bob Lee & Vicki Van Wagner

TSFA is sponsoring a number of forums as part of our ongoing effort to have a political dialogue with the wider community about issues of concern to us as socialist feminists. The first of these forums, "Reproductive Technologies and Techniques" was held on Jan. 24 and generated an interesting and useful discussion.

The forum's title, it turned out, caused some confusion; to clarify, "...and Techniques" refers to the fact that some of the so-called "new reproductive technologies"(NRTs) are social arrangements which have been practiced for years.

The speakers, Gillian Morton, from TSFA, Bob Lee, from the Ontario Coalition for Abortion Clinics, and Vicki Van Wagner, from the Midwives' Collective, worked together collaboratively in preparing a discussion of the various issues that NRTs raise for socialist feminists. What follows is an edited transcript of the talks given at the forum.

Introducing the NRTs: a socialist feminist perspective

By the end of the evening we want to have some sense of what a socialist feminist framework for the NRTs would look like; we also want to know what our strategic priorities and long-term goals might be.

There are a few general points to keep in mind during tonight's discussion. First, many debates about the NRTs centre on the different relationship that men and women have to reproduction. I'd like to emphasize that an adequate account of the NRTs must address the differences among women. This means that we cannot compress women's experiences and feelings into "Everywoman's reproductive consciousness". Instead, we must ask how class, race, sexual preference, age, physical disability, and personal fertility histories relate to women's experiences, and to the technologies or social arrangements. We must begin to ask, "How can reproductive technologies be made to work in ways to empower all women?"

This is not how NRTs are usually discussed. For instance, look at the recent articles in the Globe and Mail (articles by Dorothy Lipovenko, week of Jan. 16). The articles deal with the reduction of multiple embryos which result from the drug treatments and the In Vitro Fertilization (IVF) procedure. Having brought about superovulation with drugs, doctors implant all the embryos, hoping to increase the chances of pregnancy. This also means that no embryos are destroyed, thus conveniently saving doctors' harassment by the right wing anti-choice, as one doctor pointed out.

The focus of these articles is the ethical dilemmas of the doctors. A headline reads, "Fertility therapy brings life, death decisions". A doctor is quoted as saying, "It's one of the most interesting ethical dilemmas you'll ever have--- selecting some to die so that others can live". "You" refers to the doctor, with whom the reader is asked to identify; the feelings and experiences of women are not issues. Instead, the technological and medical processes carried out by the doctors are carefully explained, without any contextual and informative discussion of the causes of infertility.

The doctors clearly identify with the fetus. One doctor states, "If I was the fetus I'd want to be as far away from the abdominal wall as possible". By emphasizing the doctors' dilemma and the threat to the fetus any discussion of the rights of women to control our bodies is precluded.

The issue of women's rights is only raised indirectly by the comparison of this procedure to abortion. A doctor claims that abortion is a "symbolically different" issue: "With abortion, a woman has the right to control over her own body. In selective reduction, control over one's body moves to the right to kill a fetus who is competing with another fetus for space". The issue of a woman's right to control over her body somehow is transformed into the doctor's dilemma over "the right to kill" fetuses in competition with each other. What this doctor is really implying here is that it is the interests of the fetus and the woman which are perceived as being in competition, as it is the woman who wants not to have quadruplets and who is probably requesting the reduction.

This idea of conflicting interests of woman and fetus is a commonplace in the medical institution's and press' discussion of prenatal care and the issue of abortion. Presumably, the doctors, as mediators and advocates for the fetus, can find the "ethical" solution, one which will claim to best protect the fetuses.

In these articles we hear little about the costs of the procedure, and who has access to it. Nor do we hear about the interactions between the women and the doctors in the decision making process, and how much control women are allowed in these clinics. Is there any pressure to have these multiple implants? How much pressure is being put on women to reduce in order to produce healthy babies for better statistics? Other unasked questions include what social desires lead to a woman's desire to abort a fetus with a disability, and what reasons women might have for not wanting triplets.

These articles on selective reduction demonstrate that when medical/ethical and legal implications become the focus for discussion of NRTs, the material conditions of women's lives are ignored.

Reproductive technologies do not only refer to such high tech medical procedures. The wide range of RTs include sterilization and contraception techniques, abortion, C-sections, prenatal testing (eg. ultrasound and amniocentesis), sex selection, the freezing of gametes and early stage embryos, artificial insemination, IVF, surrogacy, gene therapy and fetal surgery.

All of these have been categorized as NRTs, but many of them are not new, such as artificial insemination by donor (AID) and surrogacy; nor do they necessarily require high tech or medical intervention. They are more accurately described as social arrangements.

We have to ask why, at this particular time, have all these practices, technologies, and arrangements been lumped together as NRTs. In general terms, this categorization has contributed to state and medical control. How this happens will hopefully become clear in the course of our discussion -- later, for instance, when I talk about the regulation of IVF I will discuss how it has effected proposals regarding the criminalization of AID. Another effect of this categorization is that the immense publicity, the 'high tech' hype given to IVF for example, permeates the ways in which we think about other very different technologies and social arrangements.

A final important point to make about the NRTs in this introduction is that they should not be condemned simply because they are largely the product of an opportunistic medical system. We do not agree with the argument of technological determinism which often posits the NRTs as solely an attempt to appropriate women's reproductive capacities. We would argue that the technologies derive meaning from how and by whom they are used. Potentially, NRTs can allow women more control over their reproduction, not less.

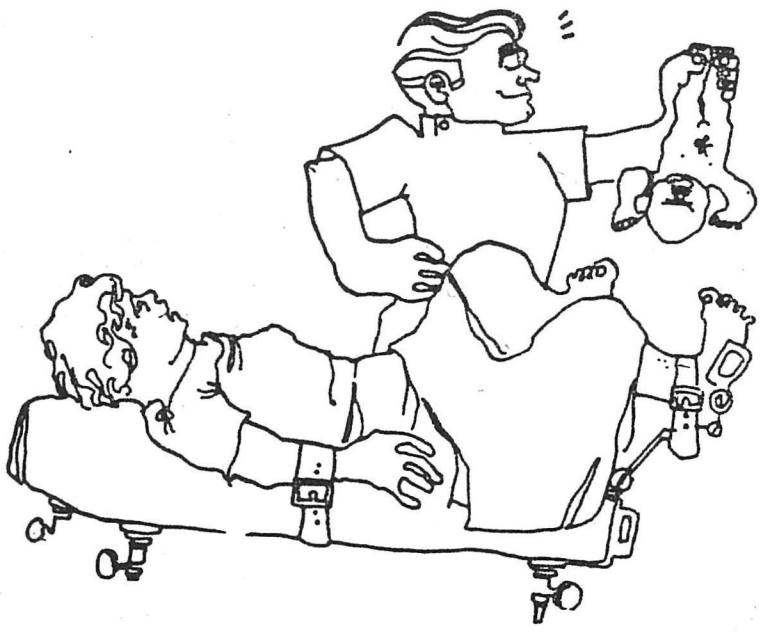
Infertility

First and foremost, we must talk about the prevention rather than the cure or treatment of infertility. A major cause is pelvic inflammatory disease (PID) which accounts for approximately one fifth of the cases of women's infertility. IUDs and inadequately diagnosed or treated sexually transmitted diseases (STDs) often cause PID; there is not adequate public education about this, and about the importance of screening for and treating STDs. Other factors contributing to infertility are drugs such as depro provera, poor or dangerous workplace conditions or environments, and inadequate nutrition. Infertility caused by such factors can be prevented. The women most vulnerable are working class women, poor women, Native women, and women of colour.

As we might expect, the Ontario Law Reform Commission Report on Human Artificial Reproduction and Related Matters provides a very different discussion of infertility. Making no mention of causes, the report refers to the 'medical facts' of infertility such as low sperm count and blocked fallopian tubes and to "societal factors" such as later marriages (which may refer largely to the middle class) or remarriages. One sentence is allowed to the "influence of certain industrial dangers and the effect of sexually transmitted diseases". No recommendations are made as to their prevention.

In the mainstream media's discussion of infertility prevention is often omitted as well; instead issues of infertility are represented by an individual couple, characterized by their desperation to have their own child. It is this desperation that doctors have called attention to, because they use it to sanction their research and give an impetus to fundraising.

In this scenario the desire to have children is presented as a natural, inevitable biological drive to recreate. One's own newborn infants are crucial to the fulfillment of a happy marriage. Publicity surrounding IVF couples present a remarkably uniform picture of the infertile as white, heterosexual, middle-class, stable couples. Even the available statistics reinforce this myth. The figure of fifteen to twenty percent in Canada refers only to couples who have failed to conceive and who have sought medical help. The infertile by definition therefore do not usually include single women, lesbians, and those who lack access to medical services. This is a normative definition of the infertile which reinforces traditional ideas about motherhood, the 'sacred bond', and the supposedly natural and



and Techniques

universal desire for one's genetically related newborns. These ideas must be challenged; we must work to transform these notions of motherhood and parenting, for instance by stressing the importance of social parenting and exploring ideas of more communal, less individualistic approaches to parenting.

While working to transform the traditional ideas of motherhood and parenting, we must also recognize the real problems of the infertile today. These problems will be talked about further when we refer to specific technologies. A key task for us is to develop a framework for these questions and problems, asking how the need of individuals desperately seeking IVF or surrogate services can be related to the effects of these practices on the people who use them. More importantly, we must ask what changes are likely to result in the treatment and regulation of all women.

Fetus as patient: the'two patient' debate

With the increasing development of obstetrical technology the fetus has been characterized by medicine as a patient separate from the mother. It is important for socialist feminists to analyze this recent change in obstetrics. What does this mean for the role of the obstetrician/medical profession? How does it effect the social relations between pregnant women and their 'caregivers'?

In the past, increased use of technology in obstetrics has been closely tied to the status of the profession. The medical takeover of reproduction corresponds with the development of a medical monopoly over use of forceps and anesthesia. However, the traditionally low status of obstetrics within medicine remains related to obstetrician's role as 'women's doctors', doing 'women's work'. Obstetrics can improve its status by developing high tech procedures and attracting major research money by focusing on the fetus rather than the woman.

On the surface the two patient approach implies concern for the well being of both mother and fetus. This concern would seem to be appropriate to the role of the health care worker in a wanted pregnancy. However, midwives would reject the underlying assumption that the pregnant woman is a patient ie. ill or incapacitated. One of the central issues in women's fight to reclaim childbirth has been the redefinition of the pregnant and birthing woman as an active participant in a healthy physiologic process rather than a passive patient. Assigning pregnant women the role of patient is an important element in the medical control of childbirth.

If pregnancy and birth are normal healthy processes then there is also no need to see the fetus as a patient. Medical texts and literature often use the language of patriarchal ideology, portraying women as dangerous, dirty, unclean vessels. The implication is that pregnancy itself endangers the fetus. This view justifies the pervasive 'medical surveillance' of the fetus, now categorized as a separate patient, although there is no scientific evidence which shows that the routine use of procedures such as ultra-sound or fetal monitoring benefit either women or newborns. This view also justifies an incredible investment of resources in monitoring and technologizing a normal physiologic process, despite significant evidence that social and economic factors largely determine the outcomes of pregnancies. Nonetheless the medical system continues to prioritize the development of technology rather than preventative programmes. Rather than provide birth control and sex education programmes, rather than feed pregnant teenagers to prevent prematurity, we have newborn intensive care nurseries consuming massive resources with doubtful results.

The two patient approach is dangerous for a number of reasons. Doctors portray two patients with separate and competing interests, creating a situation where the fetus supposedly needs an advocate. Using 'right to life' language, an Ontario Medical Association (OMA) document on home birth asks "Who speaks for the newborn". As in the abortion debate women are portrayed as selfish and irresponsible when they seek to control not only if but how they will have children. Underneath the claim that the fetus needs an advocate lies the belief that women's sexual and reproductive behaviour needs to be regulated and controlled. With the two patient approach, the woman disappears from the picture. In another OMA document "When the Pregnant Woman Does Not Follow Your Professional Advice" she becomes the "environment for the fetus". As environments, women are subject to procedures against their will, procedures which are experimental and of dubious value, for example fetal surgery.

A 'one patient' approach is certainly not the answer. Portraying 'mother and baby as one' leads to a romantic and maternalist view that plays into the dominant ideology of women as mothers. This approach has been used both by those seeking to defend women's right to control reproduction and those seeking to restrict it. The "one in two, two in one" scenario of symbiosis proposes a 'sacred bond' or special relationship between mother and fetus; this relationship -- not the rights of women to make decisions concerning their own bodies -- justifies women's special right to make decisions about her pregnancy. The danger of such essentialism is that women's situation is seen as biologically determined and impervious to change. The social division of labour that defines and constrains women's work of childbearing and childrearing is obscured.

Of course maternity care workers should provide care which seeks to maintain the health of both the mother and the wanted fetus. We must shift the terms of the one patient vs. the two patient debate, since by characterizing both the woman and the fetus as a patients, the debate has become who should speak on behalf of the fetus which obscures the central issue. Who is the decision maker during pregnancy and childbirth? The answer is unequivocally that pregnant women must have control over their bodies and that both the state and medicine must be pressured to respect women's basic right to bodily integrity.

This is brought into sharp focus by the growing phenomenon of forced and coerced C-section. MDs have sought and gained court- orders forcing women to undergo surgery against their will, justified by medically perceived danger to the fetus. In our society no person is ever forced to undergo surgery for another person, even when the life of a close relative is threatened. Pregnant women, especially when they are women of colour or poor are denied basic human rights. A survey of US obstetrical practice published in the New England Journal of Medicine found that 85% of the women forced to undergo C-sections after a court order were Black or Hispanic women. All were medicaid or clinic patients.

Some arguments for women as decision makers may also use maternalist, special relationship arguments claiming that women will make the best decisions (because they are nicer??). They skirt the issue that it is not a mystical bond but the social conditions in which women usually have the responsibility for children which means that they are the appropriate decision makers. They ignore the urgent need to fight to protect women's fundamental right to control their bodies.

In focusing on women as decision-makers it is also important not to focus only on individual decision-making. Obstetrical research and development can set the agenda and the terms of policy about the fetus and women's rights in pregnancy; this leaves feminists in a position of merely reacting rather than setting the terms and agenda ourselves. It is vital that women's organizations be involved in public decision-making about the development of technology and the use of health care resources.

Fetal Protection, Prenatal Testing & Abortion

Floating over contemporary debates about women and reproduction is the everpresent spectre of the fetus. Law reform commissions and high courts in virtually all the advanced states are arguing about its constitutional status and legal personhood and analyzing the policy implications of the impact of reproductive technologies on inheritance, paternal rights and property law. The icon of the innocent and defenseless fetus has become the centrepiece of anti-choice political strategy. In its symbolic deployment by the moral minority, the fetus serves as the sign of moral decay and social disorder, an injunction to turn back the godless feminists and humanists -- to resurrect those traditional values of motherhood, selfless femininity and family that abortion so directly challenges.

What lies beneath this fetishization of the fetus? What social and power relations are really at issue here? The common thread in all these discourses is the belief -- and fear -- that women cannot be relied on to make the 'right' decisions about their reproduction.

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Roe vs. Wade: A Collision Course

by B. Lee

In 1973 the United States Supreme Court declared in Roe V Wade that the constitutional right of privacy guaranteed women the right to abortion. This landmark decision was a major advance for the women's movement and has given millions of women greater control over their reproduction. However, the subsequent years have shown how fragile even the most resounding legal victory is: the decision itself has constantly been under threat of reversal and public resources have never been made available to make this theoretical right a reality for all women.

The terms of Roe v Wade were very limited. Not surprisingly, the Court never spoke in feminist terms -- there was no recognition of abortion as an indispensable precondition of women's bodily autonomy. Although the Court has consistently prohibited infringement on individual rights (as in, everyone has an equal right to obtain an abortion if they can pay for it), it has never imposed an obligation on the state to act positively and provide sufficient resources to ensure access to abortion for all women. The federal government during the Reagan years set up innumerable administrative restrictions on the availability of abortion, did all it could to prevent the funding of abortion for poor women, and denied public funding for facilities offering abortion services or even mentioning abortion in their counselling. The result has been that, whatever the theoretical right granted by the Supreme Court, there is pervasive inequality of access; poor women and women of colour especially, have effectively been denied access to essential reproductive health care.

Roe v Wade was fashioned as a compromise (between the need to regularize the existing medical provision of abortion and respond to feminist and professional pressure on the one hand, and state interest in the regulation of women's fertility on the other), a compromise which was cloaked in the medical definitions and knowledge of the day. The concept of fetal viability -- which has come to play a key role in contemporary Canadian debates -- was at the heart of their framework. The Court argued that there was a shifting balance of personal and state/societal interests at different stages of pregnancy and set up a trimester system for the legal regulation of abortion. Its rationale was that in the early stages, (corresponding to the first trimester) where the danger of abortion was minimal, the decision was a medical one and there should be few restrictions. In the second trimester, as abortion techniques became more complicated and risky, the state had an interest in protecting maternal health and this could allow restrictions to this end. In later stages, as the fetus became viable, state and societal interests in the survival of the fetus became paramount and abortion could be severely restricted.

But medical knowledge and practice have dramatically changed and this may threaten the technical foundation upon which Roe v Wade rests. Second trimester abortions have become much safer and the point at which abortion becomes more dangerous than giving birth (the Roe v Wade rationale) has been getting later and later. At the same time, neonatal techniques have been rapidly improving and medicine has been claiming an earlier and earlier point of fetal viability. Commenting on these intersecting trends Justice Sandra D. O'Connor of the Supreme Court has emphasized that Roe v Wade is on a collision course with itself.

But of course, the real threat to abortion rights comes not from juridical problems within the Roe v Wade decision but from the state and the political right. Since 1973 the anti-choice has been fighting desperately to roll back the right to abortion. and they have had the active support of the majority of mainstream politicians. Following the tradition of his predecessor, newly elected President George Bush sent a message of support to an anti-choice demonstration on Capitol Hill in late January. The latest anti-choice strategy is coordinated 'Operation Rescue' attempts to blockade and close clinics (See "Operation Fiasco" in the previous issue of Rebel Girls Rag for an analysis of 'Operation Rescue' in Toronto).

Conservative politicians and anti-choice strategist have been waiting for the opportunity to overturn Roe v Wade in the Supreme Court. Their best chance may come soon. The Court will be ruling on a Missouri law, ruled unconstitutional at the state level, that would ban public employees and funding from any abortion related activity. The last time the Court ruled two years ago Roe v Wade was upheld by only a 5-4 margin. There have been two new conservative judges appointed since.

It is possible, then, that the legal foundation of abortion right may be lost. If Roe v Wade were overturned abortion would again be a matter of state regulation. Many states have said that they would immediately ban abortion; this would lead to a patchwork of availability and drastically increasing inequality of access. Whatever the outcome of the next ruling the anti-choice will continue to organize. They want nothing less than a total ban on abortion. We know what the result would be: maimed and dead women from backstreet and self-induced abortion.

There has been a major pro-choice mobilization in the face of these threats, including massive national demonstrations in Washington and Los Angeles in 1987. Defending abortion rights has become a major unifying priority of the American women's movement. Coalitions have been formed across the country to fight back against 'Operation Rescue'; a demonstration of 2,000 in Boston literally forced the anti-choice out of town -- they moved their 'rescue' to Providence. A national demonstration is being organized for April 9 in Washington.

Repoductive Technology Cont'd...

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The notion of fetal viability -- a notoriously vague and arbitrary concept, but one which doctors claim the power to define and enforce -- will be used to justify restrictions on the availability of abortion past certain gestational ages. Ideas of fetal viability and protection of fetal interests contain a significant danger of ever greater medical and state surveillance and control of women, not just in relation to abortion, but pregnancy and labour as well.

The rationale of protecting the fetus is part of the eugenicist quest for the 'perfect child' embedded in the current politics of reproductive medicine and has justified one of the most significant, but often unacknowledged forms of reproductive technology. Prenatal genetic testing has become routine; it is likely to have more direct impact on larger numbers of women than the more sophisticated technologies such as IVF. The routinization is in many ways typical of how NRTs are used: this routinization has taken place without a thorough evaluation of risks and benefits; the tests often take place without proper counselling on what the knowledge yielded can mean for women; and there is considerable pressure to have the tests, especially for particular categories of women (older women, for example).

Prenatal testing in IVF and surrogacy is extensive and there is much pressure, often explicitly in the contracts, for women to abort if any 'problems' are detected. Such requirements dramatize the limits of the informed consent forms which women undoubtedly signed -- this is hardly real choice. Interestingly, pressure to abort is exerted because of the necessity of "successful outcomes", ie. healthy, able babies. Abortion here is considered an ethical problem, one supposedly only for doctors. Only when it involves women making their own reproductive decisions does abortion become a major social problem requiring strict regulation.

The situation is not as simple as the imposition of testing on women by interventionist mad doctors, as cultural feminists would have it, though there certainly is the danger of increased medical control, surveillance, and coercion through these tests.

Yet having more knowledge of one's reproductive situation gives women the potential of greater control and so women demanding the tests can use them for their own needs.

The implications of this expanded knowledge and choice are by no means simple. While matters such as the sex and genetic health of the fetus may once have been regarded as matters of chance or inevitability, to be accepted as they came, they now require explicit decisions. Wider choices perhaps, but are they harder?

Reproductive Rights and Disabilities

There is a broader danger of this drive for genetic perfection and the routinization of prenatal testing -- the implications for the disabled. What happens when the tests yield a 'positive' result?

Women faced with a diagnosis of a severely handicapped fetus may decide to terminate. They must be able to make this choice without the permission of judicial authorities, doctors or anyone else. But advocates for the physically and developmentally handicapped have expressed great concern over the assumption -- accepted without question by medicine -- that this is the only reasonable decision. (We in the choice movement also mention fetal abnormality as one of the unavoidable factors that can require late abortion -- is there a language that does not seem to reinforce this assumption?) This differentiates the handicapped as a separate, and potentially second-class, category of people. Given all of this, abortion can be seen as a real threat by disabled people.

Reproductive rights activists understand and share these concerns. But what is the real problem here? It is not abortion *per se*, but the devaluing of the handicapped. We agree with advocacy groups that a culture that devalues handicapped people must be challenged and transformed. A crucial problem is the inadequate levels of public support for parents raising handicapped children. It is the failure of governments to take up their responsibility to provide sufficient support and resources so that disabled children can be raised in decent conditions that places a woman facing the birth of a handicapped child in such a terrible dilemma.

The state must not be able to decree what are permissable reasons for abortion and what are not. From their different standpoints, advocates for the handicapped and reproductive rights can both agree that the criminal code must not specify fetal abnormality as a permissable factor for abortion.

Just as the drive for the perfect child can lead to the identification and termination of imperfect fetuses, so too can a eugenicist ideology lead to restrictions on what kind of women should be having children, resulting in the coerced sterilization of certain types of women, particularly women of colour and native women.

Continued next issue

Victory for Choice: One Year Later -- Part 2

TSFA appologizes for the rather abrupt 'ending' of Carolyn Egan's speech, The Victory for Choice: One Year Later, which was reprinted in the last issue of Rebel Girls' Rag (Vol 3, No.2). The remainder of the speech is continued below.

by Carolyn Egan

The pro-choice movement has been fighting for twenty years for access to abortion, and we can't stop now. The attention being focused on late abortions is a red herring that is leading to confusion and deflecting attention from the real issues which are firstly the right of women to control our own bodies, and secondly the need for services. If we look at the facts, we see that the recently overturned law never had a gestational age. Women have never chosen to have late abortions in this country. Statistics Canada indicates that over the past twenty years less than one half of one percent of abortions were performed after twenty weeks from the last menstrual period. These were for three reasons: grave foetal deformity, life threatening pregnancy, and the unavailability of free, early abortion. The introduction of a criminal code cut off date would create grave problems in cases of deformity or threatening pregnancy, and would not improve access for rural women, young women, low income women, immigrant women and women of colour who presently face access problems. Any new law would once again take control, that we so recently won, out of the hands of women. This we can not allow.

During the last year through the organizing and mobilizing of the abortion rights movement, more and more organizations have taken a strong pro-choice stand. They have stated clearly and unequivocally, there should be no new aboriton law. These include the Canadian Labour Congress, the Canadian Medical Association, the National Organization of Immigrant and Visible Minority Women, the National Action Committee on the Status of Women, the National Council of Jewish Women, Planned Parenthood Federation of Canada and many more, representing millions of Canadians. Our role today is to continue to organize and mobilize that support. It was the strength of the movement that forced the Supreme Court to strike down the old law. That same strength is necessary to stop a new law. We have the potential to make choice a reality for all women, but it will take the same effort organizing in our workplaces, communities and in the streets, to defend the gains that we have made, and to push forward for full access to free abortion.

The polls have told us and our work has confirmed that the majority supports a woman's right to choose. But those right wing forces who oppose everything that the women's movement stands for are working hard, and they constitute a real threat to our movement. We know that we have to focus our campaign against the federal

government's threat to impose a new law, but at the same time we cannot ignore the right, which wants to impose its views on all women. These people want to ban all abortions which would mean ruined lives and terrible anguish, as women are forced to bear children against their will; and suffering and even death as desperate women turn to self-induced or backstreet abortions.

Let me read you from their literature:

Victory will come when enough God-fearing people rise up with one heart and voice, compelling Canada to restore justice to children and mothers. If thousands will answer the call to battle,...physically closing down abortion mills across the country, as the upheaval increases, we could provide the ncessary clout and momentum to see that Parliament passes a law to protect all unborn children. History proves and commonsense confirms that victory will come in this way. Time is running out for Canada. The blood of over one million children is crying to God in a haunting chorus against this country, and God will avenge their blood.

This gives you a chilling taste of the ideology of the forces that are working in league with the federal government to impose a new abortion law on the women of this country. They afraid to give us control over our lives. They understand, as we do, that reproductive and sexual freedom are fundamental to women's liberation. The anti-choice forces are the cutting edge of reaction. The leadership of that movement wants to turn back the clock on women, and take away all our hard own gains. They organized their days of harrassment and intimidation, so-called "Operation Rescue". Their objective was to close down our clinics, physically denying women the right to abortion. But because of union support, the student movement, anti-racist activists, the gay rights movement and many committed individuals, we beat them back with a strong show of support for a woman's right to choose. We should celebrate that tonight as well as the tremendous victory that we had at the Supreme Court, because we won them both the same way, by showing that we can mobilize to win and to defend our rights. We can be very proud of the strong community response. People came from their workplaces, their schools and their homes to defend our clinics and keep them open. And we did! We can be very proud that every woman who sought and abortion at the Morgentaler and Scott clinics was able to obtain it.

But we are going to have to be very vigilant. They have told us that they will be back, but the next time without warning. These vigilantes subject women to hateful and vicious harrassment. American equivalents of these enemies of choice have firebombed clinics, attacked staff, and tried to destroy medical equipment while women were actually on the operating tables. There is a great deal at stake.

They have a broader political agenda than simply banning abortion. They oppose daycare, sex-education, birth control, employment equity, and equal rights for lesbian and gays. They must be stopped.

This is an historical struggle, like the fight for the right to vote, the right to assemble, the right to strike. If we win abortion rights it will mean an incredible breakthrough in the broader struggle for full reproductive freedom, and for the long term goal of women's emancipation. But we are up against heavy odds, a Conservative government in Ottawa that intends to introduce a new law, a Liberal government in Ontario that has still not provided full funding to the Morgentaler, Scott and Women's Choice clinics, a full year after they have been legalized, and an organized right wing which is putting all its energy into denying women our rights. If we let up the fight for one moment, there's a very real danger that the abortion situation could get much worse. Hundreds of women are suffering today, and even more could be suffering tomorrow if we lose.

We know that we have launched a major offensive against state control of our reproduction, and that we have won a tremendous victory in overturning the law. But this is a crucial time. The time to put renewed energy into building a strong campaign from coast to coast--a strong fighting movement in British Columbia, the prairies, Ontario, Quebec and the Maritimes, a mass movement made up of everyone who has a committment to equality and women's rights. We will once again have to mobilize our forces in the unions, the student movement, the immigrant communities, so that the federal government understands that there can be new abortion law. So that the provincial governments understand that they must expand hospital services, and fully fund a network of reproductive care clinics. And so that the anti-choice vigilantes will be swept right of the streets of this country by the vigilantes. Never again will a right wing hospital board stop abortions. Never again will a federal law, or lack of free services, deny a woman an abortion because of her geographic location, her race or her class. This is not an abstract struggle. There is something concrete to be won or lost right now, strength of our movement. Never again will a woman seeking an abortion be harrassed or intimidated by these and only a strong movement can win it.

So we are asking you to become a part of a bi-national movement fighting for choice. Ask your union local, women's organization or community group to endorse a no new law position. Become a member of OCAC. Sign up for clinic defense. Join the pro-choice contingent at International Women's Day. Come out and show your committment to this movement.

We must maintain the momentum that has been built. We must create the political environment that will force the federal government to withdraw its threat to impose a new abortion law, and run Operation Rescue off the streets of our cities. We must break the unholy alliance of church and state that has denied us our reproductive freedom for centuries. We must use to the fullest the collective power that is ours. The time has passed when we must justify ourselves and our needs to the state and the time has come when, by the strength of our movement, freedom of choice will finally be ours.

Talking Socialist Feminism

Toronto Socialist Feminist Action (TSFA) has organized a series of forums to provide an opportunity for socialist feminists to get together and talk. The first two forums, "Reproductive Technology & Techniques" and "Mass Action / Civil Disobedience" were both very successful. [See the article on reproductive technology in this issue and a report on the Mass Action / Civil Diobedience forum in the next issue.] One forum remains in our series.

FEMINISTS ORGANIZING FOR CHANGE:
A Strategy Discussion
Tuesday March 21, 1989 -- 7:30 p.m.
Panelists: To be announced

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