

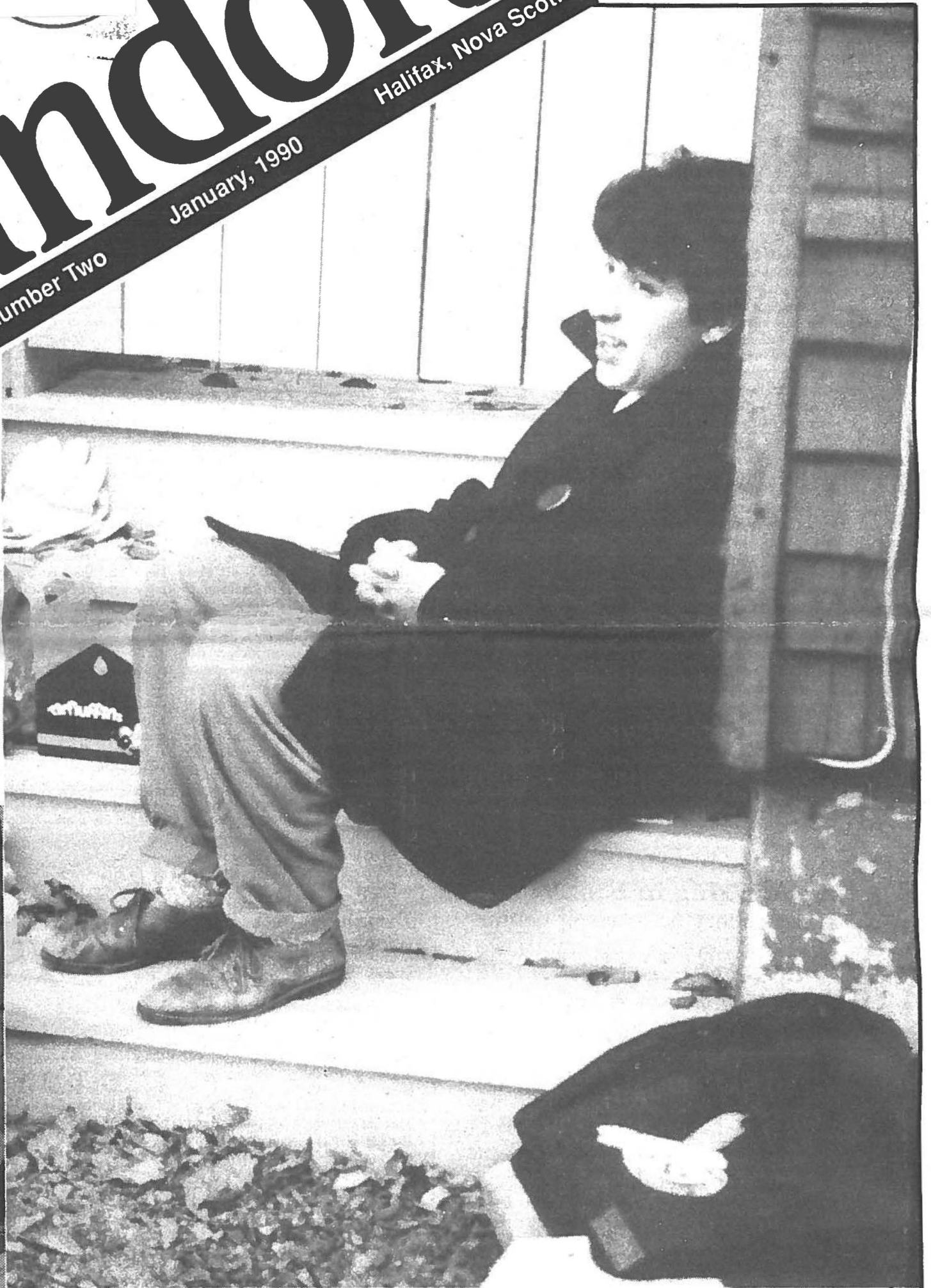
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Special issue
on abortion!

Pandora

Volume Five, Number Two January, 1990 Halifax, Nova Scotia

The price
of freedom
is eternal
vigilance.
A clinic escort
guards
front gate
on a cold day.



No woman can call herself free who does not
own and control her own body.

— Margaret Sanger

Hospital abortion experience painful

I knew I was pregnant almost immediately. My body felt so different, so bloated. When a wave of nausea hit me suddenly, and for no apparent reason, I felt my suspicions were confirmed. I went to my doctor and told her I was pregnant, however, doctors never believe that you know your own body. I had to go to the hospital and have a blood and urine test to confirm my pregnancy. The medical tests simply confirmed what my body already told me.

I spent the next couple of days in anguish. What should I do? I'm already a single mother of one and I was in the last year of my university degree. I felt so close to pulling myself and my child out of poverty and this would set us right back into it again. I couldn't afford daycare for two children. I couldn't afford all the costs that go along with infants, and most of all, I couldn't afford the time and all the energy that two small children require. I couldn't put my life and body on hold for nine or ten months. I do want to have another child someday, but now was not a good time.

When I told my doctor that I wanted to have an abortion, she was extremely supportive about it. She sent a letter of referral over to the Victoria General Hospital that same day and the next day I had an appointment. But it was 13 days away. I protested to my doctor that the wait was too long. I had made up my mind and now I wanted to get it over with. I was also suffering from extreme nausea, so badly that I couldn't get any of my school work done and I wasn't sleeping at night as I was either

feeling sick to my stomach or else I was vomiting. I was falling far behind in my course work and my daughter wasn't getting the attention that she needed. My doctor, however, explained to me that a two week waiting period was a standard policy of the V.G. as they wanted you to be really sure of what you were doing. She also explained to me that as I was very early in my pregnancy, (six weeks), that I should be prepared to have my appointment bumped for another woman who is very close to the twelve week limit and may need her abortion as soon as possible.

If I ever have to go through another abortion, I feel I could not possibly go back to the V.G.

When the week of October 23rd finally arrived, I felt I was as prepared as I could be. I had read about the abortion procedure in several feminist books, I had talked to some of the counsellors at the Morgentaler clinic about the procedure, and I talked with other women who had already gone through an abortion. My mother and I decided that she would come with me to the hospital for moral and physical support.

We arrived at the hospital at 6:45 a.m. I had to check in at the Dixon Centre by 7:00 a.m. While the clerk took my name and processed me into

the computer, I noticed that my name was on a clipboard, along with other women's names, and that the letters T.P.U. was beside it. I later learned that these letters stand for Termination Pregnancy Unit. This clipboard gets handed all around the hospital and many staff members will see it during the course of the day. So much for privacy.

After I was "processed", we went upstairs to the T.P.U. rooms. On my left was a small little waiting room with those hard, uncomfortable office chairs. The room was so small that I kept banging my shins on the coffee table that held the magazines. The nurse took me into a small office and explained to me the procedure and asked me if I had any questions. Then I was taken by their counsellor to sit down and talk about any feelings I may be having about what I was about to go through. We had to walk all over the fifth floor looking for a room to sit down and talk, however, as the only room available for such a discussion was already filled. After talking to the counsellor, I went back to the waiting room.

When I walked into the waiting room, I noticed a couple of women sitting there; one had her boyfriend with her. The rest were alone. One woman was having a hard time controlling herself as she was crying so hard. The radio was on in this waiting room and at 8:00 the news came on. This was the week that Dr. Henry Morgentaler was coming to town and the anti-choice people were in a holier-than-thou uproar. An interview with an anti-choice man came on the news and he started screaming "abortion is murder" rhetoric. The young girl that was crying left in hysterics. One of the nurses followed her to make sure she was alright. A little while later a couple came in with a newborn baby. My hair stood on end as they sat down and looked at all of us. The nurse quickly asked the man to take the baby and leave. At first he refused, however, the nurse got very assertive with him, and he took the baby and left.

At 9:30 I was called out of the waiting room and went to change my clothes. I put on a johnny gown and house coat and rubber soled slippers. There were only two changing rooms and both were very small. They reminded me of K-Mart dressing rooms. When I changed and came out, the nurse told me that I would have to go back out and wait in the waiting room. I balked. I felt I just couldn't go out into that room with a johnny gown on; it would be humiliating. The nurse said I could sit on the one chair that was in the Recovery Room. The Recovery Room consisted of two beds and one chair. As I sat there, waiting to go in next to have an abortion, I wondered just where this room was where they did the procedure. I looked around but the only two doors I could find was one going out into the hall and the other was a sliding closet door. Eventually, the closet door slid open and a very white faced young woman was helped out by a nurse. She laid down on one of the beds. She told the nurse that she was so relieved that she felt like laughing. Then I was told that I was next.



When I walked into the procedure room, the first thing I noticed was a white, plastic vat. It looked sort of like a sink. But it held several instruments that were all soaking in bloody water. I turned my head away immediately. The size of the room was very small. It had a counter and cupboards lined along one wall and the bed with the stirrups along the other wall. The nurse helped me up on the bed and the doctor introduced himself. He explained what he was going to do before he did it and kept calling me "my friend" throughout the procedure.

The abortion procedure only lasted about three minutes but it was the most incredibly painful three minutes of my life. I came very close to screaming my lungs out. Giving birth to my daughter, being in labour for hours was not as painful as this. The nurse kept telling me how well I was handling the pain and saying encouraging things to me. I learned later that this procedure does not have to be that painful. It depends a lot on the doctor, the technology, and the amount of anesthetic used.

After the abortion, I was taken to the Recovery Room. I, too, felt like laughing with the relief. My body was mine again. My life was in control again.

After my allotted fifteen minutes in

Emergency Room at the V.G. The doctor who attended me at the Emergency Room clearly disapproved of my abortion. He was very rough with me during the examination. After the second examination by him, I refused to let him touch me. I let his assistant, a woman, do the examination. Meanwhile, he asked me stupid questions such as "How did you get pregnant? Did you fail in your birth control?" I informed him that medical science failed me in their birth control methods and their abortion methods and that was why I was here.

They managed to stop the bleeding and pain with drugs. The doctor summed up this pain by telling me that the doctor who did the abortion didn't get all the tissue and my body was passing it naturally. This is called an "incomplete abortion". He said that doctors cannot see when they do the vacuum suction method and, consequently, they very often don't get all the tissue and what happened to me was quite a common occurrence. My feminist gynecology books told me differently. Statistics have also told me a different story.

As a result of losing so much blood, I now have to take Iron supplements three times a day for the next six months. I have very little energy and for awhile, I had a hard time doing any kind of physical work because of the lack of oxygen in my blood. My doctor watched me carefully for a couple of weeks, trying to decide whether she should give me a transfusion or not. I am just now, three months later, starting to feel healthy again.

If I ever have to go through another abortion, I feel I could not possibly go back to the V.G. The nurses and the doctor at the T.P.U. treated me very well, however, the facilities were so inadequate, I feel I wouldn't want to go there again. A few weeks ago, I got to see the Morgentaler Clinic on McCully Street. My jaw dropped open when I saw the difference between the two clinics. The McCully street clinic was spacious and comfortable. Every possible measure to make the woman feel at ease had been taken. There was confidentiality. I wished I could have gone there to have my abortion done.

The male politicians in this province say we don't need another abortion clinic; that access to abortion is adequate. I say, go through what I went through. Experience what I experienced. If these men had to go through abortions at the V.G., I'm sure we'd have an abortion clinic set up within the year at Purdy's Wharf.

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the Recovery Room, I got up and got dressed and left. I was bleeding but not too much and I had had a couple of Tylenol for the pain I was feeling. I was aching but it was bearable.

As my mother drove me home, waves of pain started hitting me. They came on stronger and stronger until I started vomiting. My mother managed to get me home where I went straight to the bathroom and continued vomiting. When the vomiting stopped, my mother gave me a couple of Tylenol 3's for the pain. I took four of them before the pain subsided a bit.

Over the next four days I took several pain killers. I vomited on a couple of occasions and was gripped with severe cramps. I couldn't do anything but curl up and ride through the pain when these cramps hit me. I was passing a lot of blood and tissue and on the fourth day, after passing a tremendous amount of blood, I decided to go the

Halifax clinic helps when Nfld. doesn't

(Editor's note: All names and careers have been changed in the following story to ensure the anonymity of "Betty." The only identifiable characteristic that hasn't been altered is that Betty is from Newfoundland.)

Betty

I found out I was five weeks pregnant on September 26, 1989, when I felt dizzy and stomach sick. My temperature was up slightly as well. I convinced myself I had the stomach flu — it was going around at work.

I kept thinking I couldn't be pregnant, I was too lucky. Besides, I had used contraceptive foam — wasn't that enough?

Apparently not. I confided in Wendy, a close friend at work, who suggested I do a home pregnancy test. A positive result sent me to Planned Parenthood with Wendy to have a second test done. It was positive. I made an appointment with the doctor at Planned Parenthood. The earliest date available was in a week.

There was no question I had to have an abortion. It's very hard to break into a public career if you're female in Newfoundland. My career was on a roll. Well-known people are scrutinized carefully. Everyone knows everybody else's business in Newfoundland. I would lose my job.

A few hours after we left Planned Parenthood, Wendy called me. She had done some research and found there was a three-week waiting period for abortions in Newfoundland.

Five were performed at the Health Sciences Centre every Friday. Your doctor had to refer you to the man who does the procedure, Dr. Miller. When your name appears at the top of the waiting list, you will be called on the following Monday. Confirmation of your appointment has to be made on Tuesday. On Wednesday you are examined by Dr. Miller, a psychiatrist and a social worker. If you are one of the lucky five, the abortion is performed that Friday.

Wendy made me realize that every day counted. I had to see a doctor — one that agreed with abortions — and fast! She called her own doctor and was told no new patients were being accepted. After some hustling, Wendy got an appointment with her doctor for me.

Wendy's doctor was one of the most understanding people I have ever

met. She explained how hard it was to see Dr. Miller. She talked to me about getting an abortion in another province. Everything was explained to me in the finest detail.

I couldn't travel to the mainland. I had very little money and telling the father about my situation was out of the question as Wendy had asked him in passing what he thought about abortion and got a very negative response. Getting time off work was impossible. And my relationship with my parents certainly wasn't good enough for me to talk to them.

Wendy's doctor also explained that although I was five weeks pregnant, I was considered seven weeks pregnant in the eyes of the Newfoundland Government. They counted the date from two weeks before your last period. I had until November 2 to get an abortion in this province. I was put on the waiting list, told things looked promising, and sent home to wait for the almighty telephone call.

In the meantime everything reminded me of babies. It seemed everywhere I went there were pregnant women or Pampers on sale or cute kids on television selling cereal. And I was extremely sick. I'd awaken at three a.m. and throw up for an hour. If something smelled bad, I'd be ill. Waves of nausea would strike as I was driving

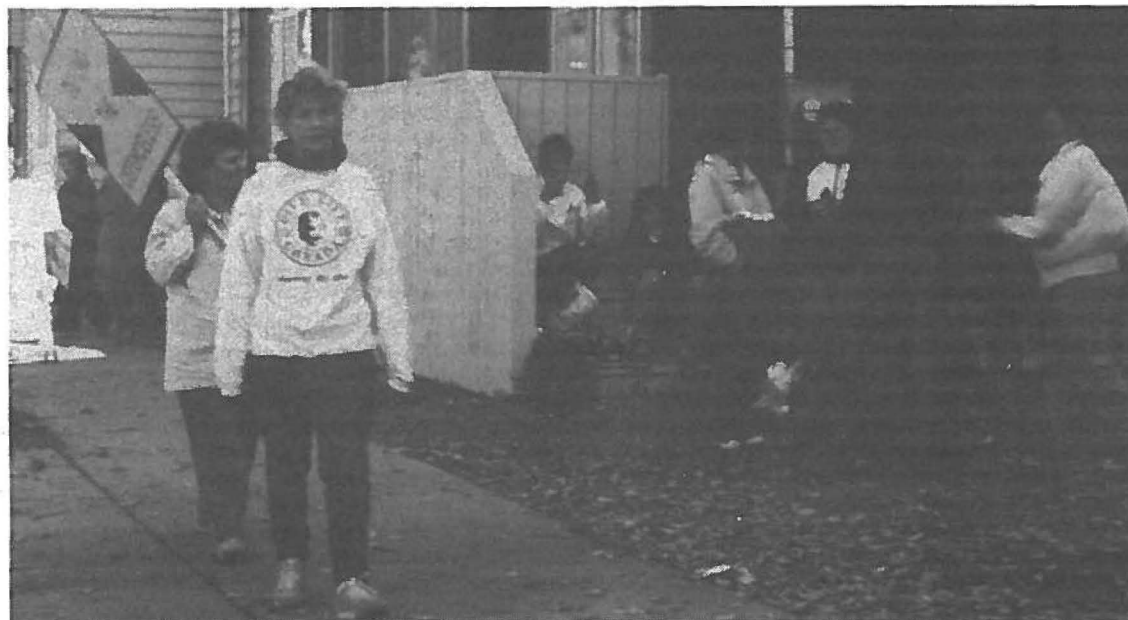
I was told to stay home from work and sit by the phone in case anyone cancelled at the last moment. No one called...

and I'd have to stop the car. My tolerance level became short and I'd snap at people for no reason at all. My energy level was zero.

Finally, the third week in October, a message on my answering machine told me to get in contact with Wendy's doctor. It was 5:10 p.m. on Monday. The doctor told me my name had reached the top of the list. I had to call Dr. Miller's office the next morning to confirm the appointment. I was ecstatic!

I started calling Dr. Miller's office at 9 a.m. the following morning. The line was busy until 10:50 a.m. When I got through, his secretary told me I was too late, the confirmation had to be made before 5 p.m. on Monday. She put me back on the list and I was assured if anyone cancelled I'd be the first called. The ordeal continued.

For the next two weeks, I called Dr.



Protestors picketed the Morgentaler Clinic, which made it awkward for women to enter. However, supporters were also on hand. (Photo by Anita Martinez)

Miller's office and Wendy's doctor every day. Wendy and I both looked to see if there was a back room abortionist in the province. Even though women cancel abortion appointments all the time, Dr. Miller's secretary told me there were no cancellations. She was anything but sympathetic. As far as I'm concerned, she was lying to me.

November 1st I was told to stay home from work and sit by the phone in case anyone cancelled at the last moment. No one called. I got in contact with Wendy's doctor, who reminded me my time was up for an abortion in Newfoundland. She gave me the telephone number for the Morgentaler clinic in Montreal.

I questioned the clinic in Montreal about their Halifax clinic. Halifax had been in the news a lot, with Henry Morgentaler breaking the provincial law by performing abortions outside an accredited hospital.

With my fingers crossed, I called the Halifax clinic first thing in the morning of November second. The woman answering the phone listened patiently to my story and asked if I could get to the clinic that same day: police and protesters were outside the gates and there was a chance the clinic would be closed down at any time. The woman at the desk told me to check the flights for Halifax and she would get back to me. There was a flight leaving at lunch time — I could arrive in Halifax by mid-afternoon. The clinic called me back and I said I could fly to Halifax. There was one last question — how much would the abortion cost? Normally for a

woman ten weeks pregnant, it would cost \$250. I was told if I spent all my money getting to Halifax, the fee would be waived.

Armed with my car payment and a credit card, Wendy and I set out for the airport. When I got there, all the flights were booked. I remembered the standby clause, if you were 21 years old or under you could buy a ticket for half price and wait until everyone else was on the plane. If there were any seats left, you would be called. That's what I did; I went stand-by and got the last seat on the plane.

When I arrived in Halifax, I immediately called the Morgentaler clinic. I was told to meet a woman by the candy store in the airport who would bring me to the clinic. She told me about the protesters and the undercover police waiting for us outside the gates of the clinic. We parked the car about a block away from the clinic. Surveillance cameras outside were gathering evi-

my address and such. A nurse at the clinic brought me into an office to sign some forms and I was given a drug to relax me. When that was completed, I was brought upstairs for an ultrasound. I met Dr. Morgentaler who made me feel totally at ease.

The entire abortion took between five and ten minutes to complete. It amazed me that so much fuss could be generated over such a procedure. There was some discomfort, but no tremendous pain. A woman at the clinic held my hand and spoke to me all the way through.

Afterwards, because of mounting media pressure, Dr. Morgentaler asked me if I would speak to the media. I agreed to, on the condition I do it anonymously. I was dressed in a disguise and interviewed.

After the interview, the media were brought upstairs for a tour of the clinic. I was led out the door, then I went with a nurse from the clinic to her house. I

got a cab from there to the airport. Wendy picked me up when I landed in Torbay. I had never felt better in my entire life!

The Morgentaler Clinic in Halifax helped me to accomplish what I had tried to do for five weeks in Newfoundland — terminate an unwanted pregnancy. It is my right to do what I want with my body! As selfish as it sounds, I can decide my own fate.

I think it's important other people realize how important it is to have an abortion and what you have to go through to have the procedure performed. Maybe if more people were more aware, women wouldn't go through unnecessary hardship.

The Morgentaler Clinic in Halifax helped me to accomplish what I had tried to do for five weeks in Newfoundland.

C.A.R.A.L. seeks stories about N.S. women's experiences with abortion

Nancy Bowes

CARAL's research project, "Abortion in Nova Scotia: Women's Experiences" is underway. As researcher, I have recorded thus far the stories of six Metro women and one rural woman. We plan to interview as many as 40 women and are very keen to hear from more rural women in particular.

CARAL is documenting the stories of Nova Scotia women who, since January 1, 1985, have had an abortion in Nova Scotia, or who left the province to have an abortion, or who sought an abortion but gave up the search.

Your story does not have to be extreme or dramatic. We'd like to know about the entire range of experiences. We want to hear from anyone willing to tell her story.

CARAL respects women's need to confidentiality and anonymity in this area. The identity of women who come forward to tell their stories will be most carefully guarded.

If you have an abortion story to tell, please call me at 454-6736 or write to me c/o CARAL Halifax, P.O. Box 101, Station M, Halifax, N.S. B3J 2L4.



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Pandora is a newspaper produced by, for and about women. We actively seek participation on any level from women who do not have access to mainstream media. We welcome submissions — written and photo/graphic. We cannot accept material that is oppressive or intolerant. We are, however, committed to working with women to help them express their experience in a non-oppressive way. We encourage women to tell us when we do not meet our own standards. Not everything submitted can be included and we reserve the right to edit, especially for length. However, we will let you know if we make substantial changes. Please write to us.

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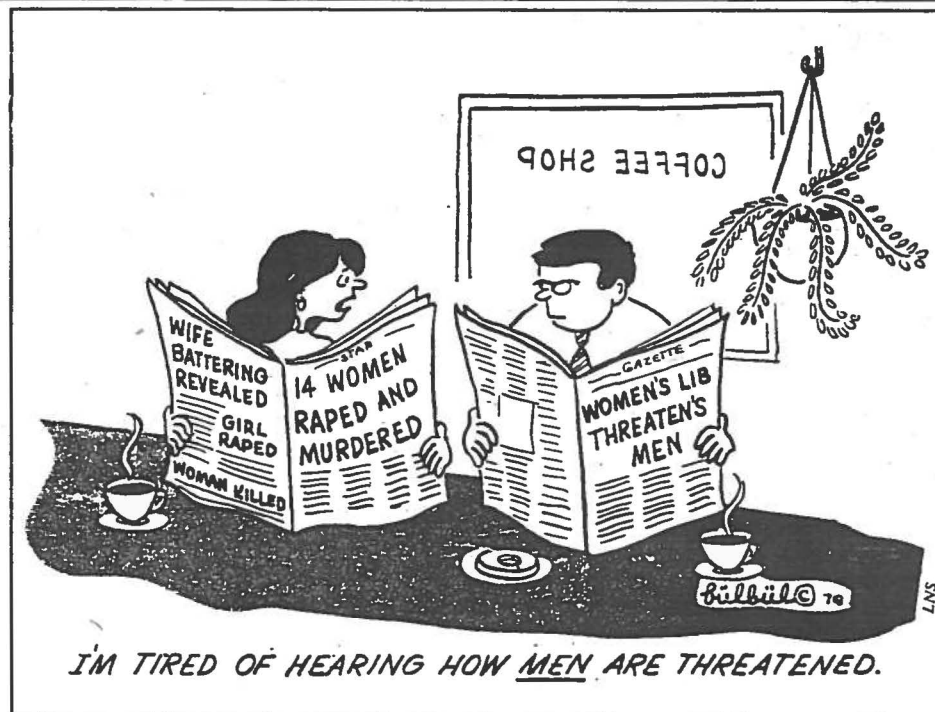
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Pandora is now being distributed free to various locations throughout the province. The editorial committee felt that free distribution would allow us to make the paper available in outlets such as libraries, health clinics, etc. (If any of you women out there would be willing to do distribution in your areas, please let us know.) This is in no way a statement that Pandora has so much money that it no longer needs to charge for the paper. We are, in fact, hoping to get more subscribers this way. If you want the paper mailed to you, subscriptions are \$5.00 for four issues. There is a sliding scale. Women on limited income, send what you can. We ask women who can afford more to provide a contributing or sustaining subscription to help support the paper.

Cover: Large photo of Julie Lewis by Anita Martinez; small photo by Brenda Conroy

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Women are angry; we will fight back

Nadine McNamara

(This is an article read at a vigil held in memory of the 14 women who were killed at the University of Montreal. Approximately 300 people attended this event held on Friday December 15 at Dalhousie University in Halifax.)

I have worked in transition houses for four and a half years and I want to thank the many women I have worked with. As I put together this information for tonight, on my shift last night at 3 am, I found my level of anger rising.

- One in ten women are victims of wife abuse. (This is thought to be a conservative estimate.)

- Violence against wives will occur at least once during two-thirds of all marriages.

- The FBI estimates that every 18 seconds a woman is severely beaten in the United States.

- Women are beaten as many as 35 times before contacting the police for the first time.

- In Canada, a woman is raped every 17 minutes.

- Before the age of 16, one in four girls will be sexually assaulted. I am one of those girls.

As Ed Asner says in the film, *Battered Wives—Shattered Lives*, "These are not crazy men. These are men who want to control all areas of family life. The typical American male."

This is learned behaviour, learned from fathers, grandfathers, reinforced by society and behaviour which goes unpunished by the justice system. In my case, both myself and another member of my family were sexually assaulted by a retired Justice of the Peace.

We know that 80% of the women coming through transition houses have been sexually assaulted by someone they know.

Women are not safe in our own homes.

Dr. Susan Forward, in her book *"Men Who Hate Women and the Women Who Love Them"* says that we live in a women-

hating society — a misogynist society. She writes about men who are emotionally abusive and how they cause tremendous pain to the women and children in the family — they behave as though he hates her and their children.

When I was a young mother, I took my kids to meetings and gatherings and I could feel the negative attitudes towards my children. It wasn't until I was exposed to a feminist analysis that I was able to name that behaviour.

The men Dr. Forward writes about: assume they have the right to control how she lives and behaves, what she wears, when and where she goes. They pressure her to give up her friends and family; devalue her opinions, feelings, and accomplishments. They will switch from charm to rage without warning, and blame the woman for everything that goes wrong in the relationship.

A friend of mine recently told me her ex-husband blamed her not only for the things that happened in the relationship but also for things that happened in his childhood.

Women have been beaten and humiliated for having supper on time or not having it on time; for not putting milk in his tea or coffee, for working outside the home. Nothing the woman can do or say is ever good enough.

Women have been beaten with belts, hammers, baseball bats. They've been threatened with knives and guns and death — their own or their children's — especially if he thinks she will leave him. Violence often occurs when the woman is pregnant.

Women and children have had to live their lives around his needs and his wants regardless of what their needs and wants are.

Women and children are not safe in their homes; we are not safe in the streets. Women fear for ourselves, other women, and our daughters. We will remain unsafe until men take responsibility for their feelings and their violent behaviour and change that behaviour.

The following women were killed Wednesday, December 6, 1989 in the mass shooting at the University of Montreal:

Geneviève Bergeron, 21
Hélène Colgan, 23
Nathalie Croteau, 23
Barbara Daigneault, 22
Anne-Marie Edward, 21
Maud Haviernick, 29
Barbara Maria Klueznick, 31
Maryse Laganière, 25
Maryse Leclair, 23
Anne-Marie Lemay, 27
Sonia Pelletier, 28
Michele Richard, 21
Annie St-Arneault, 23
Annie Turcotte, 21

Recently a faculty member from UNB called the CBC callback program saying for those people who didn't think our society was woman-hating to look at the recent student newspaper for that university. There was a "cartoon" labelled *Frosty Meets a Woman*. He had the usual snowman apparel and in addition held a double-sided axe in his hand. At the foot of the snowman was the body of a decapitated woman and beneath was written "a liberated woman."

Another example is the recent anti-rape campaign at Queens University. The posters read "Yes means Yes and No means No." Signs appeared in residence windows saying "No means Harder," "No means Kick Her in the Teeth" and "No means Tie her Up." The male students responsible for this apologized and said it was just a joke.

Violence against women in any form, verbal, physical, or sexual, is no joke.

I am tired of men who joke about women, their bodies, their sexuality, their mothers, their mothers-in-law.

I am tired and angry with men who blame women for everything.

Marc Lépine, before he killed the 14 women said he hated feminists. How could he tell? Were these women all feminists? I think not. I think he hated all women. The violence was directed at women in general; it was a random killing and because it was, we are all at risk.

Marc wrote in his suicide note that he blamed women for his problems over the past seven years.

We women are angry at men blaming women.

We women are not to blame.

We women will not accept the responsibility.

We will speak out. We will continue to challenge men to be responsible for their actions until they change their behaviour.

WE WILL FIGHT BACK.

When Pandora originally discussed this issue, we had planned it to be solely on the issue of choice as it pertains to abortion. However, when the massacre of 14 women in Montreal occurred, we felt it couldn't go unmentioned.

Our next issue, due the end of February, will have our usual variety of articles, as well as the letters we received since the last issue. We apologize to the women whose work was delayed.

Abortion Information Referral Service

The history of A.I.R.S.

Jane

AIRS (Abortion Information and Referral Service), the Halifax-based telephone information and referral service was reactivated in January 1987 by a group of women active in the Halifax chapter of CARAL (Canadian Abortion Rights Action League.) Some of us had been involved with the abortion information service that operated out of A Woman's Place in the late 70s.

Because of our pro-choice visibility as a CARAL chapter, we were receiving more and more calls from women in desperate situations. There was no place in Nova Scotia where women could go to get information about abortion. Some of us were getting calls at home and at work from women who had been given our names. Helping these women could take many hours, and individually we lacked the detailed information required to help in so many different situations.

We realized that while we were lobbying to strike down the abortion law and improve abortion access, some of us were becoming increasingly frustrated because so little seemed to be changing for women. Yes, we wanted to effect some real

change, but in the meantime individual women were suffering because they could not find a doctor to help them get an abortion. In fact, they had no access to any information about abortion whatsoever.

Our first step in establishing the telephone service was to survey a select sample of doctors across the province. We wanted to know who was sympathetic to women choosing abortion; who would counsel women about all options when faced with an unintended pregnancy; what forms of contraception they provided; who would treat women for post-abortion check-ups; and under what conditions would they refer a woman for an abortion. Response to our survey was relatively positive and we felt confident that we could refer almost any Nova Scotian woman to a doctor in her area.

The AIRS line gets approximately 500 calls each year. It is accessible 24 hours a day, seven days a week. We now have nine trained volunteers who provide assistance to the women who call the line. The operation of the telephone line is funded solely through individual donations.

For too many women, getting an abortion in Nova Scotia is not as easy as often thought. A worker on the Abortion Information Referral Service phone line tells us about some of the situations she has encountered.

Jane

I have been a volunteer with the AIRS line since it was reactivated in January 1987. This has meant that during one week out of every 6-8 weeks, I have been the voice that has attempted to help women calling the line wanting information about abortion.

Despite our initial training sessions, when I first began I was afraid that I wouldn't have all the answers to the questions I might be asked. What I have learned is that each woman who calls presents such a different set of circumstances that it takes time and consultation to help her overcome the particular obstacles she faces.

Over the past few years, I have spoken to women of all ages who have called from all of the Atlantic provinces. I would like to share with you some of the situations we have encountered.

Sharon called the AIRS line after she was referred by her unsupportive

family doctor to a second physician with the understanding that he would refer her for an abortion. Sharon was 18 years old. The second physician attempted to talk Sharon into giving birth to a child and having it adopted by a childless couple he knew.

Pauline, a 45-year-old woman from a small town in Nova Scotia called the line for help after she returned from having an abortion in a Quebec clinic and was horrified to discover that her local family physician refused to give her the six week follow up check-up that she needed.

Debbie called the line for information about abortion clinics outside of Nova Scotia. She felt she couldn't have an abortion at the Victoria General Hospital because her father was on staff there and she felt certain that he would find out.

Barbara was a 19-year-old student from Prince Edward Island, living in Halifax. Barbara discovered she was pregnant in the summer when she was living in PEI. She tried to find information about abortion in PEI and soon discovered that she could not get one there. Barbara was led to believe that it was really easy to get an abortion in Halifax, so she put off making arrangements until she moved here to go to school. Barbara was 16 weeks pregnant when her Halifax physician discovered that because the PEI government will rarely pay for out-of-province abortions, the Victoria General Hospital wanted \$2,000 cash up-front before they would give her a saline abortion. Barbara's physician first contacted the AIRS line. She was shocked by this situation and wondered if there was anything we could do to help. Barbara, of course, did not have \$2,000. After hours of making arrangements, we were able to help Barbara go to a clinic in Montreal where she was able to have a safer abortion technique at half the cost.

I went to meet Barbara at her university campus before she left to go to Montreal. We did not know what the other looked like and after arranging a

time and place to meet, I arrived and spent several long minutes watching young women coming and going, wondering which one might be her. We found each other and went together to have a coffee. It felt so clandestine waiting to meet Barbara this way — I still can't believe that we could find ourselves doing this in 1989. And I still keep wondering what Barbara might have done if we hadn't been here to help her. It seems the most ludicrous thing of all, to tell someone, "I am sorry, but because you don't have enough money to pay for an abortion, then you must have a child."

Less than a month after I met with Barbara, I was on the line again when another young woman called the line in a similar situation. She was also a young woman from PEI living in Halifax as a student. This young woman was close to 20 weeks pregnant and her only hope for an abortion was a clinic in New York City — a trip which required \$2,000 for her to make.

I am tired of hearing people say there is abortion on demand in Nova Scotia. And I am tired of hearing people say they wish Dr. Morgentaler would go away and stop stirring up trouble and threatening the status quo in Nova Scotia. What good is the status quo for women who, for one reason or another, cannot get an abortion in Nova Scotia?

Henry Morgentaler has come to Nova Scotia because he sees women daily at his Quebec and Ontario clinics — women who have traveled great distances and suffered financially and emotionally to get a medical service they could not find closer to home. As a volunteer on the AIRS line, I also feel directly the inability of our current abortion services to meet the needs of women in Nova Scotia. While we all may know personally or have heard about women who may not have faced insurmountable barriers, we cannot let their situations blind us to the fact that for too many women, getting an abortion in Nova Scotia is very difficult and often impossible.

New U.S. film offers insights on abortion in a global perspective

Beth Ryan

For pro-choicers seeking sanity in these crazy days of anti-choice hype, a new American film on abortion offers some solace.

Abortion: For Survival is a documentary film of about 30 minutes which features a young woman actually undergoing an abortion at the sixth week of pregnancy. The procedure takes all of one minute and 24 seconds, and what we see at the end is about a tablespoon of blood and tissue. No crushed head, dismembered limbs, or blood-splattered baby.

No wonder the film is hard-hitting: it shows the reality of abortion. The film presents the sane voice of pro-choice doctors and other professionals who know that abortion is necessary in our society, and no amount of legislation will change the fact that women will have abortions when they need them.

As Dr. David Grimes says in the film, "Where will abortions take place? In safe, legal compassionate surroundings or in back alleys?"

The experts who give their opinions on camera understand that for women, their children, and even for our planet, the right to legal, safe abortion is a matter of survival. A 1988 study of access to birth control in 115 countries revealed that abortion is used more frequently as a method of birth control than all but a few methods of contraception. The film points out that we cannot have effective fertility control without abortion as a backup.

"It's never been accomplished in

any society to my knowledge," says Grimes.

The film is excellent for how it places abortion in a global perspective. It provides us with disturbing worldwide statistics which North American anti-choicers like to ignore:

- As many as 200,000 women die each year from botched illegal abortions.

- One woman dies every three minutes in the Third World from a badly performed abortion.

- It is estimated that worldwide about 30 million unwanted pregnancies result from contraceptive failure.

- Worldwide, there are 55 to 60 million abortions a year.

The film then brings abortion down to a very personal level by describing a woman who had gone to a back alley abortionist during the Depression. She died because the doctor who was called in refused to treat her. The woman's brother describes how, when the doctor arrived, he walked over to the woman's bed, pulled up the sheets, saw what she had done, and then turned around and walked out the door. The story is a moving historical testimony to the need for safe, accessible abortion services.

We have our own modern version of that Depression doctor in the people who make up the new anti-choice groups. They are every bit as ruthless.

Bylle Avery of the National Black Women's Project hits on the real abortion issue in western society:

"The anti-choice or the no-choice people really don't care about people.

And they really don't care about children. The problem is, there are not enough white babies to go around."

And try as they might, so-called pro-lifers cannot mask this simple truth.

Consider the realities of adoption in the U.S.:

In the U.S., 34,000 children wait to be adopted. Eighty-two per cent of them are older, disabled or have special needs. Fifty-one per cent are minority. Those seeking to adopt overwhelmingly request healthy white babies. Another 450,000 children wait in state facilities and foster homes after being removed from their parents for neglect — part of the 2.2 million children who are abused every year.

These facts President Bush conveniently forgets when he insists that adoption is an alternative to abortion.

I found **Abortion: For Survival** both moving and enraging at the same time. It gives us a real look at abortion, and exposes the hypocrisy of the anti-choice movement in the U.S. It could be a vital educational tool if it could reach enough people. Unfortunately, many people will never see it because it tells the truth about abortion.

Abortion: For Survival was produced by the Fund for the Feminist Majority, 8105 West Third St., Los Angeles, CA 90048, Tel (213) 651-0495.

(Reprinted from *The Womanist*.)

For information on viewing this film, contact the N.S. Advisory Council on the Status of Women, (902) 424-8662.



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Pro-choice supporters rally in front of Province House to protest the provincial government's law which prevents the establishment of free-standing abortion clinics in the province. (Photo by Nadine McNamara)

Bringing the issue to its "logical" conclusion...

An attorney in St Louis is trying to get his client, a pregnant inmate, freed on grounds of false imprisonment of the fetus.

A female rabbi plans to apply for tax exemption for her baby—retroactive to conception.

A Missouri man who is a few months short of 21 is trying to beat the charge of intoxicating a minor, saying he is actually nine months older than the state says he is — and thus legally entitled to drink.

Massachusetts courts will decide whether an expectant mother who was allegedly driving drunk is guilty of vehicular homicide in the death of her stillborn fetus and whether another woman who allegedly used cocaine is guilty of distributing an illegal drug to a minor, her fetus.

Last August, a Florida judge sentenced a woman to 15 years probation on her conviction of delivering illegal drugs via the umbilical cord to two babies.

A mother faces hard realities when daughter needs abortion

Marguerite found out her 15 year old daughter Christine was pregnant. The following is an account of her feelings during her daughter's abortion.

It seems like a long time ago that we went through the abortion. Even now, it's difficult to write about it, although I can now think about it without tears coming to my eyes.

My daughter had gone for a pregnancy test, heard the result and gone to discuss abortion with a doctor before telling me. I'm certain that if parental permission had not been required, I would not have known about it for a long time. I could see that most of her pain was that she was going to disappoint us — her parents.

The morning she told me was cold and rainy. My tears were the rain; the rain my tears. How was I ever going to help her feeling as I did? I felt physically sick, my uterus seemed to be contracting. I know this sounds dra-

matic; however, it was true.

I needed to get some help before I could help her. The woman who counselled me was very helpful. I blurted out all that was worrying me: My first grandchild; How safe was the procedure? Why the long wait? Why the committee? What letter? What tests? As I learned more about the procedure, my feelings began to shift from me to her and I was then able to focus on helping her.

She needed to know that we were not disappointed in her. She needed to be told that we loved her and that there was no blame here, not on her, not on him. She and her boyfriend had made love to each other and the condom had failed.

The procedure would have been better at a clinic with just women, but the hospital staff were kind and the long day (from 7 am to 5:30 pm) finally came to an end.

My daughter found that after some

Working at the clinic—the inside story

A.W.

On October 26th and November 2nd, 1989, Dr. Henry Morgentaler defied a provincial ban in Nova Scotia outlawing abortions performed in free-standing clinics, and performed 13 abortions. During these two days of illegal activity, the Halifax Morgentaler clinic was unusually hectic and bustling, geared with a staff of five inside and about twenty supporters outside. I was one of the five inside.

When I was informed of the upcoming plans for the clinic to open, I was thrilled. For seven months prior, myself and a co-worker patiently ran the clinic as a telephone counselling and referral centre while Nova Scotia Government officials frantically introduced a series of

legislations to prevent our inevitable opening. It was a very frustrating seven months because the Government's tactics were so lethal and filled with irony. They were arguing against the need for the clinic, while on a daily basis we were receiving evidence to the contrary. During these months I anxiously awaited word that we would open the clinic regardless of the law. I felt the number of calls we received and the desperate nature of many justified our doing so.

On the eve of October 25, 1989, I was more nervous than thrilled. I knew we were doing the right thing; however, no one was quite sure what would follow. I became nervous due to the possibility of arrest, of operation rescue, violence by anti-choice groups, police searches and possibility of seizure of equipment, and being harassed by those opposed to our actions. More than anything I feared the clinic

would be forcibly closed down and this would inevitably mean women travelling from all over Nova Scotia, Newfoundland and New Brunswick would be denied their abortions.

In the wee hours of the following morning we surreptitiously entered the clinic. Women started arriving right away for their appointments as it was still quiet outside the clinic. The first woman who came in was very young; she had been raped. After her abortion I asked her how she was feeling. She

Sometimes the clinic is filled with happy voices of supporters and volunteers, while at other times the slightest noise sends me nervously from window to window to try to identify its source.

replied with tears in her eyes "I feel as if 1000 lbs have been taken off my head. For weeks I've been calling people and it was not until I called your clinic that I got a yes." Meanwhile outside the clinic Anne Marie Tomlins, Vice-President of Campaign Life Coalition Nova Scotia, and other anti-choice picketers were telling reporters women inside were "being raped with the knife."

As the morning progressed, the crowds outside the clinic grew larger and more curious. Undercover police, reporters, supporters and escorts, and anti-choice picketers surrounded and occupied all available space. Unfortunately, the growing crowd caused increasing uneasiness for the women and their partners inside. One husband stood on the back porch so shaky he was unable to light a cigarette. He attempted to dash through the back yard and over the fence to avoid identification; however, with some coaxing I was able to convince him he would be more identifiable dashing over the fence than walking through the crowd in the front.

Overall, the day was a success. Media outside were confused as they were unclear as to who had had an abortion and who was a supporter. Until Dr. Morgentaler's press conference that evening, it was believed only one abortion had been performed.

Dave Wright from ATV's "Live At Five" wanted to know if we had an undercover network to escort women into the clinic secretly. The best part of the day was knowing that women coming in for appointments had walked in and out of the clinic, through the crowds, without being identified as this was our main concern.

I learned that evening that attending a high profile press-conference can be a lesson in survival. Packed into a small room in a downtown hotel, security was tight and emotions were high. Fifty or so reporters dashed back and forth, knocking and bumping those who seemed to be in their way. A hush fell over the room as Dr. Morgentaler announced he had performed seven abortions that day. Rumors began circulating immediately that police were present and intended to arrest Dr. Morgentaler as soon as the press-conference concluded. As it turned out he was not

arrested but served a summary conviction for violating Nova Scotia's health law. Afterwards, we celebrated the day's events with champagne and dance. Security guards watched over our festivities at all times.

In the days following, anti-choice picketers increased their campaign outside the clinic, angered that Dr. Morgentaler was not in jail and the clinic was permitted to remain open. A 24 hour police surveillance camera was set up across the street to record evidence and two uniformed police officers sat outside the clinic in a marked car. Inside the clinic we proceeded with arrangements for the following week; we would open again.

On November 1, 1989 we received a tip that a clinic blockade (operation rescue) was staged for the following morning. Again in the wee hours of the next day a group of committed supporters stood outside the clinic braced for what might happen. There was no blockade. Again, with great assistance from volunteers, decoys and escorts, all went well throughout the day.

During the week of October 30th through November 2nd, 1989 the Nova Scotia Government applied for an injunction to force the clinic to stop performing abortions; however, the hearing was set for November 3, 1989 and we opened on November 2nd. On November 6, 1989, Justice K.P. Richard ruled in favor of the Nova Scotia Government and since, the clinic is again functioning as a telephone referral and counselling centre. Dr. Morgentaler will appeal the injunction on February 12, 1990. His hearing for 13 violations to Nova Scotia's health law is set to be heard March 5-9th, 1990.

Since I began working at the clinic in April, 1989, my position has strengthened. 'Pro-Choice' is no longer an abstract concept for me as I have spoken with over 200 women who have brought the issue of an unwanted or unplanned pregnancy down to real life crisis. I have learned that no woman 'wants' an abortion, but rather becomes victim to conditions which necessitate it. I have learned that even if the law prohibits and criminalizes abortion, women will have them.

Working at the Morgentaler clinic can be like riding an emotional roller coaster. Sometimes the clinic is filled with happy voices of supporters and volunteers, while other times the slightest noise will send you nervously from window to window to try and identify its source. Some days we receive calls of thanks and support while other days we receive threats of hatred and violence. It is due to the latter mentioned calls that I have chosen not to print my name. Unfortunately we live in a world with escalating violence against women and more specifically, violence against feminists.

It was with the support and participation of the escorts and volunteers that made our opening days so successful. For this, I applaud all those involved and look forward to the time that we will do so again.

Re-criminalization of abortion—what the proposed bill says:

In October 1989, the Canadian Parliament received the proposed abortion bill, which is reprinted here.

Bill C-43: An Act respecting abortion

1. Sections 287 and 288 of the Criminal Code are repealed and the following substituted therefore:

"287. (1) Every person who induces an abortion on a female person is guilty of an indictable offence and liable to imprisonment for a term not exceeding two years, unless the abortion is induced by or under the direction of a medical practitioner who is of the opinion that, if the abortion were not induced, the health or life of the female person would be likely to be threatened.

(2) For the purposes of this section, "health" includes, for greater certainty, physical, mental and psychological health;

"medical practitioner", in respect of an abortion induced in a province, means a person who is entitled to practise medicine under the laws of that province;

"opinion" means an opinion formed using generally accepted standards of the medical profession.

(3) For the purposes of this section and section 288, inducing an abortion does not include using a drug, device or other means on a female person that is likely to prevent implantation of a fertilized ovum.

288. Everyone who unlawfully supplies or procures a drug or other noxious thing or an instrument or thing, knowing that it is intended to be used or employed to induce an abortion on a female person, is guilty of an indictable offence and liable to imprisonment for a term not exceeding two years."

Clinic receives violent, hateful, fanatical tirades

S. L.

On November 11, 1989, Dr. Henry Morgentaler purchased an advertisement in newspapers across the country to raise funds to help pay his legal costs. The legal battle is presently being waged in Nova Scotia courts over the Act to Restrict the Privatization of Medical Services which was set up, in effect, to block the Morgentaler free-standing abortion clinic.

The advertisement in the Mail Star/Chronicle Herald and the Daily News gave the address on McCully Street as the place to send contributions for the fund. The response to the ad locally has been very heartening. To date, approximately \$4,800 has been put in trust and letters are still arriving.

However, one disconcerting note of this campaign is the hate mail which we have also received at the clinic. Anti-Semitism has reared its ugly head and people are using this ad as a forum to direct their vehemence and violence.

We have received letters with obscenities and anti-Semitic graffiti of the most malicious type scribbled over Dr. Morgentaler's photo. One person submitted the ad with the picture torn and an accompanying religious fanatical tirade thanking their lord for our reactionary government.

Some of the anti-choice mail was signed and some has been imaginative, to say the least, and in bad taste, to say the worst. One signed "enemy" from North Sydney, sent a photocopy of a thousand dollar bill as a contribution and went on to name-call and wish specified physical tortures upon pro-choice supporters. Another from Sydney sent a penny saying it was more than the cause was worth. A ripped-up dollar bill was a contribution from one citizen to demonstrate the image this person had of an abortion. A "Canadian for Life" sent a cheque for "five thousand prayers" saying in an accompanying letter, "Women may have FREEDOM to be referred and to procure an abortion at a hospital, but they have no RIGHT to do

so."

While the vocal anti-choice faction in the Maritimes constantly reiterate their stringent adherence to peaceful protest, the portion of mail received at the McCully Street Clinic from anti-choice and anti-Semites indicates, however, that the peaceful facade is just that — a facade. Much deeper is a running note of hatred and violence, particularly towards women who are struggling for equality, justice and freedom.

An article in the November issue of Mother Jones discusses Operation Rescue (also known as operation bully) and organizer Randall Terry's obses-

should read is, "We do condone violence against women."

Who are the majority of people involved with organizing operation rescue/bully and anti-choice groups? Men. Men in positions of power and control within the movement, men who are young and unemployed, men who blame women for their failures. Attacking women under the guise of religious fanaticism is a seemingly safe, secure way to take care of their "enemies" in a less overt way than Marc Lépine did recently at the University of Montreal when he shot 14 women while accusing "feminists" as the responsible factor for his shitty life. It is still violence against women.

This is not about the question of "When does life begin?" Nor is it about "saving babies" or whatever religious rhetoric they formulate. This issue is a question of power and control. Power and control of men over women.

Women have the power to give birth, which is awesome indeed. This obliges men to play a subordinate role in this great act of creation. Men therefore attempt to control the way women give birth, where they can give birth, and other ways to increase their control and subsequent power over this innate power of women.

For women to take control of their own power and determine if and when they shall use it, must be intimidating to men. It is undoubtedly worth it and easier from men to join the

anti-choice ranks to prevent its occurrence rather than having to critically analyze their situation.

We as women have lived with hatred and violence long enough to be able to say "Never again," "We won't turn back" and "We shall overcome." We shall continue to struggle with the INJUSTICE system.

Contributions for the Morgentaler Defence Fund can be sent to:
5730 McCully Street,
Halifax, N.S. B3K 1R3.



Anti-choicers protest in front of the Morgentaler Clinic on the days it is open. Other anti-choicers have been more vehement in their protests, as the accompanying article explains. (Photo by Anita Martinez)

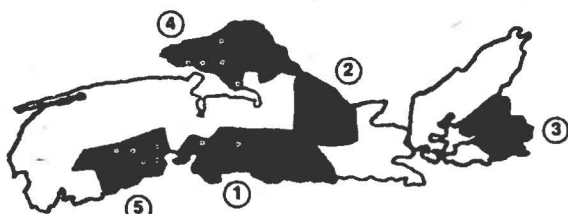
sion with blocking abortion clinics all over the United States and Canada. "Operation Rescue spokespersons say they don't condone violence.... But in a training tape Terry distributes to his flock, he suggests it may be necessary to 'physically intervene with violence... with force...' " (p. 26)

Who are the majority of people involved with abortion clinics? Women. Women coming to exercise their right to choose, women working at the clinics, and women as supporters and escorts. So what Terry's statement

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- (4) Cumberland County Family Planning Association
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667-7500
- (5) Second Story Women's Centre
99 York Street
Bridgewater
N.S. B4V 1R2
543-1315

** Services, each in own area.

Notes on a cold day

Humorous things happen outside while serious events go on inside...

Julie Lewis

Thursday, November 2, 1989, a group of women met at the Morgentaler Clinic to escort women in and out of the clinic and to assist in any way necessary. I was assigned the job of "Spotter," to record any questionable occurrences or run-ins so documentation could be provided later, if necessary. Nothing worthy of follow-up occurred, so I took notes on everything and anything. Here they are in point form, as they were taken:

•6:30 am, meet at bus stop.

•#1 rule—Be Cool. No matter what happens, Be Cool.

•CTV cameraman comes on private property to get shot of women on doorstep. I block his access. He calls me obnoxious. I acknowledge the fact and smile into the camera as he leans on me. We decide he is a jerk and a fink.

•Woman with red gloves is watching us; she's acting weird, not your typical anti-choicer.

•Reporter in big, pink coat wants interview.

•More "lifers" arrive.

•Helicopter circles overhead.



"Inspector Gadget"

•Woman next door gets in car and leaves. She stalls her car.

•Crowd of women arrive, arm-in-arm, and enter clinic. Media go wild. Someone steps on my foot.

•Inspector Gadget (an undercover police officer) drives by in a New Yorker.

•We hear rumours that women are being followed in the neighborhood. Several women go to check. Find Inspector Gadget hiding behind a tree. Tree hides only about 1/5 of him.

•Mail carrier arrives—10:32 am.

•Woman and man leave clinic with escorts, followed by MITV, CBC, police camera, Red Gloves, Inspector Gadget, and me. Inspector Gadget is talking to Red Gloves—he has a walkie talkie.

•Red Gloves is a cop! Ha, Ha—Gotcha!

•It's really cold.

•Second group leaves clinic, followed by Inspector Gadget, Red Gloves, and police camera.

•Anti-Choicer in red shoes asks, "What's so funny?" I think, "Your shoes," but don't say anything.

•Coffee run arrives with Tim Bits and coffee.

•Red Shoes says, "They don't care—they've got their money—they can buy more Tim Bits now."

•Woman enters clinic with escorts. Red Shoes calls out, "Please don't kill your baby. Please don't kill your baby. I can help you." Then she starts crying. The media eat it up. Maybe we should take her name and number, somebody might want her help.

•Another group leaves clinic, followed by CTV, ATV, Red Gloves, and another police officer.

•A woman drops by to offer her help and support. Nobody knows her. She insists on helping inside the clinic. We take her name and number and politely decline her offer.

•Next door neighbours get in car, put on seatbelts and drive away. I note their license plate number for lack of anything else to do at the moment.

•Fourth group leaves clinic. Nobody makes a move to follow except a man in a grey suit—he must be police.

•Second coffee run leaves. They are followed by CTV, ATV, CBC, and Red

Gloves. (We think this is pretty funny.)

•Fifth group leaves clinic, followed by ATV, CBC, and Red Gloves.

•Pizza Hut delivers pizza to camera crew—Ooey... Gooley... Good.

•Strange woman sitting across the street comes over to hurl some mindless insults at us. She later informs us that the huge M on the Maritime Tel & Tel building stands for Mary Mother of God. We wonder what she means by that.

(Photos by Anita Martinez)



Julie takes notes on the goings-on at the clinic.

Drugs that may reduce the efficacy of oral contraceptives:

1. ANTICONVULSIVES

Phenobarbital
Carbamazepine
Ethosuximide
Phenytoin
Primidon
Ampicillin
Penicillin
Griseofulvin
Metronidazole
Neomycin
Nitrofurantoin
Sulfonamides
Tetracycline
Rifampicin

2. ANTIBIOTICS

3. SEDATIVES, HYPNOTICS & TRANQUILIZERS

Benzodiazepines
Barbiturates
Chloral Hydrate
Glutethimide
Meprobamate

4. ANTACIDS

5. ANTITUBERCULARS

Isoniazid
Rifampicin

6. OTHER DRUGS

Phenylbutazone
Antihistamines
Analgesics
Anti-migraine products
Vitamin E

If you are on any of the above listed drugs long term, please talk to your family doctor or any professional involved in reproductive health care for advice on alternative methods of birth control.

If you are taking oral contraceptive pills and have need to take any of the above drugs for a short term period (i.e. two weeks), continue to take birth control pills, but also use an additional form of contraception (i.e. condom/foam or diaphragm/foam) for the time while on the above drugs and until your next period comes, even if you are just starting a new pack of birth control pills.

Drugs whose action may be modified by oral contraceptives:

1. AMINOCAPROIC ACID

2. ANTI-COAGULANTS

3. ANTI-CONVULSANTS

4. ANTI-HYPERTENSIVES

Guanethidine
Methyldopa
Beta Blockers

5. BETAMIMETIC DRUGS

Isoproterenol
Corticosteroids

6. CHOLESTEROL LOWERING AGENTS

Clofibrate

7. MEPERIDINE

8. OPAL HYPOGLYCEMICS

9. INSULIN

10. TRANQUILIZERS

Phenothiazines
Reserpine
Chlordiazepoxide
Diazepam
Lorazepam
Oxazepam

11. ALCOHOL

12. FOLIC ACID and VITAMIN B12

Drugs that may increase adverse effects of oral contraceptives:

ASA
Allopurinol
Chloramphenicol
Disulfiram
Isoniazid

Methylphenidate
MAO Inhibitors
PAS
Phenothiazines



Red Gloves
(a.k.a. Carol)

Pro-Choice Action Group raises awareness of reality

The Pro-Choice Action Group was established early in 1989 to support the general fight for reproductive rights in this province and to raise public support for free-standing abortion services for women in this region.

Focusing on social action and public demonstrations as a means to achieve these goals, PCAG is an outlet and rallying point for abortion rights activists and groups in the area. While a variety of positions and opinions are

represented among our membership, safe, private, medically-funded abortion services for women who need them is our primary goal.

The Pro-Choice Action Group has been developing and growing in many directions. We have recently acquired a business telephone number and mailing address to more easily provide the public with information on rallies, demonstrations and other events.

A Mother and Daughter on Abortion
An excellent 12 minute discussion-starter on the complexities of the abortion issue.

This film documents an intimate conversation between a middle aged woman and her adult daughter, also a mother. They speak candidly about the

intense emotional stress of deciding to terminate a pregnancy; about their difficulties in obtaining an abortion, and how, in different decades, each got caught up in the legal system and its rules.

The mother, now in her fifties, remembers the arduous decision she faced when she discovered she was pregnant for the eighth time and having financial difficulties. She describes what it was like to have recourse only to risky back-street abortions in an era when abortions were illegal and the risk of serious medical complications and even death were very real.

The daughter tells her story of arriving newly married in Winnipeg. Following the 1969 amendment to Canadian law, she believed she had the right to an abortion. She followed the procedure to obtain one and after a long wait learned that the local therapeutic abortion board had turned down her application.

She describes how devastating it was to have an anonymous group impose a decision without even having the opportunity to meet with them. Ul-

timately, in order to obtain the abortion, she had to go to Montreal.

A Mother and Daughter on Abortion was made from material filmed for the hour-long NFB documentary **Abortion: Stories from North and South.**

This film is a cross-cultural examination of the realities of abortion in Ireland, Japan, Thailand, Peru, Columbia and Canada. It shows that, regardless of religion, legality, and the dangers to their health, women will terminate unwanted pregnancies.

The National Film Board has a wide range of films, videos, and filmstrips on pregnancy, conception and birth, contraception, abortion, childcare, early development and adoption. For a complete list write to: National Film Board, D-5, P.O. Box 6100, Montreal, Quebec, H3C 3H5.

If you wish more information on the film **A Mother and Daughter on Abortion**, contact the National Film Board office nearest you.

(reprinted from an Information Sheet from the National Film Board)

Abortion activists demand change in society

Allison Outhit

It's almost the end of the millenium. Why are we still struggling for our rights? The answer is that there are no "inalienable" rights—just as there is no such thing as spontaneous democracy. Every liberty we gain must be obtained through long struggle. The society in which we live is not one modeled to provide equality for all its inhabitants; in fact, it thrives on inequality. It is the dynamic of oppression which drives this society: the oppressors are driven in order that they may gain from what we lose, and the oppressed are driven in order to regain what has been lost. So let us make no mistake about it: the struggle for abortion rights is a political struggle.

The political nature of this struggle has been masked by the introduction of a moral argument, spearheaded by a number of churches, most notably the Catholic church. Yet even in its political heyday the Catholic church had no particular stance on abortion—it wasn't until the waning of its power in the nineteenth century that the Church took an interest in the issue of abortion. Likewise the secular state began in the nineteenth century to criminalize abortion. (It is interesting to note that the newly-formed Soviet Union was the first country to break this trend by legalizing abortion in 1920.)

Why would it be in the political interest of a church or state to prohibit abortion? To begin with, it is a considerable boon to a political entity to be able to access a continuous supply of members, workers or cannon fodder. Consider also the historic hatred of womyn healers by those in power. Womyn, who are mothers, care-givers and heads of households were at the focus of their communities, were a serious threat to those who hoped to subdue a population with "educated" mumbo-jumbo. As a result, many were burned at the stake, drowned and cast out of their communities.

The rise of the middle class during the industrial revolution occasioned the further oppression of womyn. It became fashionable and enviable to own a wife who didn't have to work to

help support a household.

As the wealth of the middle class expanded, so did its need for cheap labour. The slave trade burgeoned, and continents were conquered in the lust for imperial expansion. The role of womyn came to be the providers of heirs. Queen Victoria, for example, provided enough offspring to marry into every major European dynasty. Likewise, the Catholic church, whose political power had begun to wane, recognized that as long as Catholic womyn had Catholic babies, there would be lots of Catholics in the world to retain some of that power.

To bring this analysis into a modern-day focus, we need only ask one question: if womyn are the only people with the physical capacity to conceive and give birth, why on earth should it be anyone's business but our own why, when and with whom we do so?

The answer is that to concede that decision to womyn threatens the ethos of oppression upon which our world is built. It signals a potential end to the nuclear family (the perfect marketing unit!). It grants a measure of freedom of mobility to a huge section of the population who, under wraps, are more easily manipulated. It forces a change in the law, presently characterized by one-gender justice. And it opens the door to a new political force who, having finally obtained the right to control their own bodies, will insist on economic and social changes that recognize the role of fertility.

We womyn have long been clamouring at the door of power in our struggle for equality. We demanded the vote, and got it. We demanded to be recognized as persons, and got it (sort of.) Since then we have been demanding equal pay for work of equal value, sexual freedom, maternity leave and abortion rights.

None of these has quite born fruit, and that is because the present structure of society is not prepared and not capable of according those demands without a fundamental change in the balance of power. How is the present government supposed to pay for nuclear subs if it has to pay for universal



Pro-Choice supporters gather outside Province House in Halifax last November to protest the government's legislation which prevents the establishment of much needed, free-standing abortion clinics in Nova Scotia. (Photo by Anita Martinez)

daycare?

Someone said, perhaps Thomas Paine, that the price of freedom is eternal vigilance. If we gain our freedom in a society which seeks always to retract our gains, then this is true. Yet if we gain our freedom and change the nature of society so that it no longer has the ability or the desire to retract our gains, then we might finally get some peace.

The struggle for abortion rights therefore demands that society change. By gaining full and free access to abortion, and the physical and sexual freedom that springs from it, we become empowered with the potential to start to build a society that cares about our fertility, that cares about our children,

and that cares about us. We shall at last be an equal force. People must begin to recognize that our ability to provide the world with a future is most precious and most important, and must be respected and supported.

The objective of the pro-choice movement is to insist that womyn be supported in all choices they make. Not just by a hug and a pat on the back either: by economic support, universal daycare, and an end to the cruel, socially-sanctioned moralizing that makes a pariah of a woman who chooses to control her own fertility.

A characteristic of the forces which now dominate our world is a complete lack of regard for the future. The cap-

tains of industry have been merrily dumping waste into the environment and hacking up the Third World into easily-exploited components.

They would, for the sake of retaining their power over womyn, force us to bear children we can't support and who we know no one else will with a measure of decency.

That is why, when a womyn makes the decision to terminate a pregnancy, she does so in recognition of a responsibility to the future, to the children who will be left to clean up this mess. That they shall come into the world with an equal sense of responsibility, and with a sense of love, caring and an end to ruthlessness.

Where we stand now on abortion—a listing of the legal tangles in N.S.

Erin Goodman

You may have lost track of the legal tangles surrounding the issue of abortion in Nova Scotia. This is how the situation stands:

On March 16 the provincial government enacted legislation in the form of the Medical Services Act which prevents the establishment of free-standing abortion clinics in Nova Scotia.

May 8, CARAL launched a challenge against this law. The challenge was denied on October 17 when the Supreme Court ruled that CARAL has no direct interest in the law it was challenging. CARAL started an appeal of this ruling which will be heard on January 31, 1990.

When Dr. Morgentaler defied the law and performed 13 abortions at the clinic, the province applied for and received an injunction to stop him.

Morgentaler was charged by the province on 13 counts of violating the Medical Services Act. He has pleaded not guilty. That trial is set for March 5-9 in Halifax, the earliest date at which a full week in court could be obtained. If Morgentaler is found guilty, the law allows only for a fine; he can't be sent to jail for his actions. The fine for each count can range from \$10,000-50,000. Morgentaler estimates that lawsuits have cost him approximately \$1 million over the last 20 years.

Morgentaler has said he will not defy the injunction, but he has appealed the case to the appeals division of the Supreme Court of Nova Scotia which will hear it February 12.

Meanwhile the clinic continues to operate as a counseling and referral centre.

At the federal level, a new abortion

bill has been introduced in the House of Commons. Each bill goes through three readings. The first reading was passed on November 3 and the second on November 28. It now goes to committee for possible amendments.

This federal bill would put abortion back into the Criminal Code, but does not prohibit the operation of free-standing clinics. If it is passed, it will have no effect on the legal standing of the Nova Scotia government.

Court cases to come:

January 31: CARAL's appeal of the ruling that they have no direct interest in the law against free-standing clinics.

February 12: Morgentaler's appeal of the injunction against performing abortions in his clinic.

March 5: Morgentaler's trial begins for performing 13 abortions in his clinic.

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Government not responsive to women's needs

Alexa McDonough, Leader
Nova Scotia NDP

Throughout my near decade in the Nova Scotia House of Assembly, women's voices and feminist perspectives have been glaringly absent — virtually nonexistent — but never more so than in the legislative debate surrounding Bill 107 — An Act introduced in June, 1989, purporting to "Restrict Privatization of Medical Services."

Prior to the introduction of this Bill, the Minister of Health had informed the Legislature in mid-March of new regulations relating to the provision of abortion services, namely that the Health Act and Hospital Act be amended to state that:

"No person shall wilfully perform an abortion on, or wilfully procure the miscarriage of, a person in any place other than a building, premise, or place approved by the Minister of Health and Fitness as a 'Hospital' under the Hospital Act."

Regulations under the Health Services and Insurance Act were amended to specifically exclude for MSI payment

"(xi) therapeutic abortions, unless performed in a building, premise or place approved by the Minister of Health and Fitness as a 'hospital' under the Hospitals Act."

A circus-like procedural wrangle between government and opposition members followed the Minister's announcement, setting the tone for every subsequent debate on women's reproductive health that took place throughout the Spring Session.

It became clear from the outset that the Nova Scotia Government intended to turn a blind eye and a deaf ear to



women in the other three Atlantic Provinces who lacked access to safe therapeutic abortions. And they were no more responsive to the needs of those women within Nova Scotia facing inadequate referrals and undue delays because of gaps in the health and community services network.

On one occasion only throughout this four-month legislative session — for me the most frustrating and painful in all my years in office — did the attention of legislature focus on the current reality of abortion services available to Nova Scotian women and their reproductive health care needs, as

opposed to members' attitudes and ill-informed opinions.

This occurred, fleetingly, in late May when the Community Services Committee consented to meet with staff from the Victoria General Termination of Pregnancy Unit. However, when I urged that we next meet with representatives of the Advisory Council, CARAL, and the Nova Scotia Women's Action Coalition to hear directly from women affected and concerned, the pressures of time in a hectic legislative session were cited by government and Liberal Opposition members, both of whom voted my motion down. Six months later, the Committee has still not consented to schedule that follow-up meeting.

When I cast the sole dissenting vote on Bill 107 in June, it was not the first time I had stood alone in opposition to all government and Opposition members on a major issue of public policy. (My only caucus colleague, John Holm, was hospitalized for major neurosurgery when the Medical Services Act was passed.) It was, however, the clearest example in my ten years in public life of my male counterparts, (regrettably supported in this instance by the two other women in the Conservative and Liberal caucuses) being influenced more by "moral judgement brought to bear on the reproductive decisions that women make" (N.S. Assembly Debate, June 12, 1989, page 4697) than out of any concern for the needs of women or the conviction that women have a right to reproductive choice.

Do I think this battle will be won in the courts? I have no way of knowing. But I do know that legislators, at least in this Province, will continue to pass

laws and allocate resources in a manner unrelated to women's needs and interests so long as they remain convinced that feminist goals are shared by a minority of the electorate.

In my experience, changing the minds of the current non-feminist legislators is no easy task. I'm more convinced than ever that changing their seats offers greater promise for women's advancement. That, too, is proving to be a formidable task, but it remains one of the key challenges over the next decade if equality for women is ever to be a reality in our lifetime!

Pro-Choice student group forms at Dalhousie

You know that feeling, don't you? The feeling you get when you see cameras swooping in to record women entering and leaving the Morgentaler clinic. The feeling you get every time you encounter one of those nauseating anti-choice billboards. And the feeling you get every time you walk by the Nova Scotia legislature, knowing that the 52 men and one non-feminist woman who constitute the Conservative majority and claim to "represent" us are sitting inside, controlling our lives.

Anger. Or more likely a sense of helplessness rage.

Feminists know how to deal with rage: we are learning to channel its destructive energy into constructive action.

A group of women who work and study at Dalhousie University felt that rage when Morgentaler was banned from the province in October. We have worked quickly to establish a new society on campus — Dalhousie for the Right of Choice (Dal-ROC.)

We have four initial objectives: to represent the views of pro-choice students on campus; to educate students on matters of choice; to provide a liaison between students and other pro-choice groups in the community; and to lobby the provincial and federal governments on abortion issues.

Our first priority is to assess the level of student support for choice at Dalhousie through a telephone survey. The Dalhousie Student Union has refused to take a stand on the abortion issue claiming that they can't represent the student body without knowing the majority opinion. We intend to give the DSU that opinion — and we are confident that it will be overwhelmingly in support of choice.

We have a number of activities that we hope to sponsor in the new year: fundraisers, an information booth, speakers, petitions, pamphlets, and a button. These ideas could become reality with your help and support.

Dal-ROC is taking a little break for turkey and stuffing, but the group will meet again in January. Membership is open to all pro-choice individuals and meetings and upcoming events will be advertised in the Dalhousie Gazette.

Canadian testing of RU-486 urged

The following is excerpted from an article prepared by the Population Crisis Committee for the 13th Annual Meeting of the National Abortion Federation, April 3-4, 1989. It discusses the potential benefits and drawbacks of the drug RU-486, commonly known as "the abortion pill." It is the first in a generation of new birth control drugs which act to interrupt early pregnancy.

An "anti-progestin," RU-486, also known as Mifepristone, blocks the action of progesterone, a natural hormone essential to pregnancy. In the absence of progesterone, the lining of the uterus breaks down as it would in a normal menstrual cycle so that bleeding occurs.

Since RU-486 can act after implantation of a fertilized egg, it is also properly considered an "abortifacient" or an "abortion pill."

Developed by a French pharmaceutical firm, it was approved for use in France in September 1988 and in China in December 1988.

French approval of RU-486 sets down strict guidelines for its use. These require that RU-486 be taken within seven weeks after the last menstrual period. This means women may only use it within the first three weeks following a missed menstrual period, earlier than most surgical abortions now occur.

In France, a woman is given a pregnancy test, a clinical examination and then if she elects an abortion with RU-486, is given a 600 mg oral dose of RU-486. After two days, she must return again for an injection or a vaginal sup-

pository of prostaglandin, a drug that causes contractions of the uterus and helps ensure its complete evacuation. She must return once more, five to seven days later, to make sure the abortion is complete.

RU-486 taken alone within two weeks after a missed menstrual period, terminates and completely expels a pregnancy in 80 percent of cases.

RU-486 is significantly more effective when used in combination with synthetic prostaglandins. The drug combination has a success rate of 95 percent through at least the first three weeks after a missed menstrual period (five weeks after fertilization.)

RU-486 is also potentially less expensive and could therefore be made more widely accessible than surgical abortion especially in developing countries. The drug can be administered on an outpatient basis.

Three studies in Europe have consistently shown that most women prefer a non-surgical method of abortion. In one recent study, 77 percent of women who had taken the RU-486-prostaglandin combination and who had previously experienced a surgical abortion found RU-486 more acceptable because it provided greater privacy and avoided anesthesia. Since RU-486 is always used early in pregnancy, it may also prove more accept-

able to more women

The majority of women who take the RU-486-prostaglandin regimen experience an abortion similar to a heavy, somewhat prolonged menstrual period. Most will encounter some minor pain and cramping.

The main complications associated with RU-486 are occasional heavy bleeding or incomplete abortion which could lead to infection. About one percent of women who take the drug combination experience heavy bleed-

ing requiring further treatment. But with prompt and appropriate medical follow-up, these conditions are not life-threatening. It seems unlikely that serious long-term health risks will be dis-

covered as a result of further research or widespread use, since an abortifacient drug would not be used continuously over long periods.

In the absence of any evidence on whether or not the drug causes birth defects in a failed RU-486 abortion, French authorities require that RU-486 users undergo a surgical abortion if RU-486 fails.

Where abortion is still illegal, as it is in many developing countries, it is possible that RU-486 will become available in varying degrees on the black market.

Although the use of RU-486 without medical supervision and access to

No major U.S. drug company has indicated an interest in RU-486 and several have said they will not pursue it.

African women risk lives to control fertility

Sandra Lanz

Three years ago, during clinic day in our rural health unit in West Africa, a 15 year old woman arrived at the maternity unit complaining of severe abdominal pain and vaginal bleeding. I examined her and discovered a six inch sharpened stick which had been partially inserted into her uterus.

This was not my first experience with an attempt at induced abortion, but it was one of the most frightening and horrifying. Even Africa has "back alleys" for women who have no recourse to "choice" of a medically safe abortion.

I spent 27 months in West Africa at a rural clinic as nurse/midwife in charge of maternity and came to realize that women will go to great lengths to terminate an unwanted pregnancy. Unfortunately, these choices sometimes cost them their very lives. Some women imbibed herbal abortifacient concoctions, for Africans are sophisticated herbal pharmacists and the African countryside is a pharmacopea. Others had inserted vaginally various herbal compounds and occasionally

methods, but these methods are often in short supply, if available at all.

These are not women to whom one glibly says "Carry the pregnancy to term and give the baby up for adoption." These are not women you accuse of being murderers as they are in a constant fight for the very survival of their families, and now refuse to bring a child into this world to be killed or ravaged by politics, economics, or the sheer harshness of their land.

They are women who care greatly for the future of their people. They are dignified, hard-working, loving members of their society who want a "choice" in their reproductive lives and are willing to bear the consequent dangers to their well-being because it is not available.

People who would judge or accuse these women, or any woman anywhere, of wrong-doing are refusing to acknowledge the harsh, cold light of reality. Unwanted pregnancies shall be terminated: in any country, in any way possible, in ways inconceivable to us. To outlaw a woman's right to choose, to give anyone else besides the woman herself control over her reproductive rights will only sanction clandestine abortion methods and its grave consequences.

No one can sit in judgement of another person's decision in this particular issue. This is a decision not easily made, not easily reconciled, not easily done, and not easily forgotten. But only if there is a choice to have a safe medical abortion will women survive their decisions.

I have witnessed first-hand the horrifying and devastating results of back alley abortions in a country where safe accessible abortions are not easily available. We must ensure choice is available for all women.

"They are no different from women here who find themselves alone and isolated."

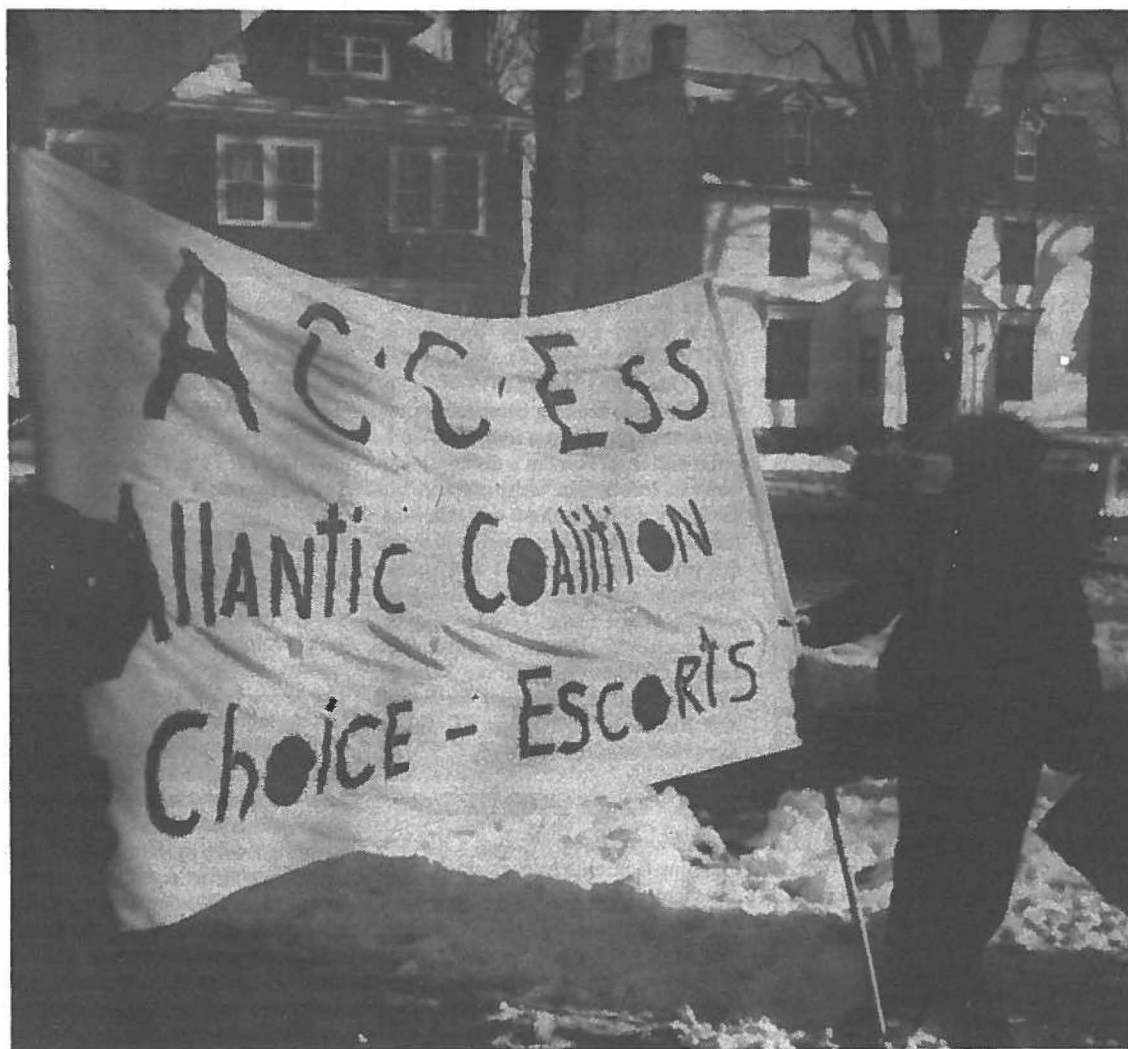
corrosive powders in hopes of inducing an abortion. The methods were often very painful and the results incomplete. As a last resort, they came to our medical clinic for treatment.

There is so much to absorb and adjust to when living in a new culture, including the most basic activities of daily life. To try to grasp the subtleties of cultural attitudes towards issues such as abortion on top of that was difficult indeed. The very historical perspective may have been seriously altered by colonization, by missionary infiltration, and by political regimes that follow certain directives of industrialized countries in order to get the desperately needed foreign aid.

My limited exposure and experience led me to believe that "abortion" is frowned upon, seldom discussed, and usually surreptitiously handled by "others," with grave consequences. Women finding themselves with an inadvertent pregnancy are fearful and ashamed of their choice to terminate, but are willing to accept the ramifications of an unsafe procedure. They are desperate women. They are no different from women here who find themselves alone and isolated.

The African women I met love children. They are proud and eager to be mothers, motherhood being a cultural status symbol. But they are also women who have numerous pregnancies and who not only take care of their homes and many children but also work on their farms for food and income. They often have poor nutritional status and are subjected to the regular onslaught of tropical diseases (e.g. malaria.)

African women want to control the size of their families so they can ensure education and a better life for themselves and their families. To this end, they are starting to use birth control



(Photo by Nadine McNamara)

Group organizes to support choice

S. Winters
D. Dort

When the Morgentaler Clinic opened in October, a spontaneous but dedicated group of women gathered outside in support of choice. Our involvement didn't end there; dealing with the media and escorting potential clients in and out of the clinic became two regular activities. For the two days the clinic was open and servicing women, our contribution and its significance became increasingly apparent.

With experience and time (due to

the closure of the clinic,) we met for tasty Sunday brunches and planning sessions. It was decided that the time could be spent planning and organizing a group that would continue to escort, only this time not as spontaneous.

The group hopes to reach out to other areas of the Atlantic Region and make the Atlantic Coalition for Choice—Escorts (ACCESS) a strong united group that advocates choice.

Our primary objective is to be an escort service for the clinic. This means being outside when the clinic reopens, escorting potential clients in and out as

safely and anonymously as possible, and dealing with the media's questions as efficiently as possible. Also ACCESS hopes to minimize disturbances arising from any anti-choice activities such as organized protests and passing hecklers.

In order to facilitate a successful escort group, training and information sessions will be held in the new year prior to a long-awaited reopening of a much-needed Morgentaler Clinic.

If you are interested in this group and/or in becoming an escort, please call 453-9475 and leave a message.

Nothing to lose but our rights:

Angry pro-choicer urges action

Erin Goodman

I know you're tired. I know you've heard more opinions than you ever wanted to hear on the abortion debate within the past few weeks, but this is one debate that will never generate the "last word." My chosen side of the debate is pro-choice. That is my opinion. Now I'd like to present you with some facts.

I want to share my experience of what it's like to stand outside the Morgentaler clinic while abortions are being performed inside. The day in question is November 2; the clinic is located on McCully Street in Halifax.

This short residential street is lined with cars and people. We (pro-choice supporters) are mostly women; we stand outside the clinic gate and drink coffee and shiver. We aren't there in protest; we stand in support of choice and women's access to abortion services in a province where the agenda is set by conservative and reactionary elements.

We escort women in and out of the clinic. We watch the gate. We watch

the media, mostly men, who watch us with their cameras and outnumber us all. We are divided from the media by a small group of anti-choicers who are walking up and down the sidewalk outside the clinic with their baby strollers and their signs of protest, lips pursed in disapproval, saying nothing.

Walking with them is a woman in a leather jacket. She stares at us very hard, as if memorizing our faces. We soon find out that she is an undercover cop.

We find this out when a group of women emerge from the clinic, supporting another woman who has supposedly just had an abortion. The group trots off quickly down the street. The media run after them. The woman marching with the anti-abortion group breaks away and pursues the women. When she catches up, she pulls out a badge and calls out, "Did you have an abortion? Did you have an abortion? We can use you as a witness."

She does this all day. After a while we begin to notice more undercover cops. They have set up surveillance

cameras across the street. They sit in cars with video cameras. One, whom we dub Inspector Gadget, follows us on foot if we go for coffee. One group of women is tailed by car to the Dalhousie Student Union Building.

There's nothing illegal about standing around outside a clinic, yet we feel harassed. There's nothing illegal about entering a clinic to obtain an abortion, yet these women are made to feel like criminals.

Some women come from New Brunswick and Newfoundland, where province-wide access to abortion is not available. Others are from Nova Scotia, where, contrary to the Buchanan government's assertion, there are problems with access. Some women are faced with a three-week wait to obtain an abortion at the Victoria General Hospital. Women under the age of 19 are required to have parental consent to obtain an abortion at the V.G. What does a 16-year-old do when she doesn't want her parents to know she's pregnant, much less that she wants an abortion? The young women coming to

the clinic are taking their chances, hoping they won't be seen on the six o'clock news.

I leave the clinic with a bad taste in my mouth. I don't understand why the police, the politicians, the church, the media, and the "moral" minority conspire to make women feel ashamed.

In my mind, the worst offender is our judicial system, a system which shapes our society, a system which is confusing, inaccessible, and male-defined.

During this period of uncertainty in Nova Scotia, women and men who support choice cannot afford to sit back quietly and wait for the verdict to fall. Where is our representative government? The Premier certainly did not represent our views when he attended a "pro-life" conference in Yarmouth. Where is the justice for women in Nova Scotia? Let's stand together on this issue and channel our anger into action. We have nothing to lose but our rights.

(Reprinted from Dalhousie Gazette)

Notices/Calendar

PLEASE NOTE: We think the calendar and notices are important parts of Pandora. We like to think it helps keep women across the network informed about what is happening in the community. But it is a LOT OF WORK to try and keep tabs on everything that is going on. PLEASE... won't you call and let us know the dates of important events? Call Pandora at 454-4977.

Notices

*Thank you to all the folks who worked on the biggest surprise of my life—my 50th birthday party. I was aware that I knew some wonderful people, but I never thought in a million years that I would see and feel them and their love all in one place. Some of our friends from Spain, Vancouver, California and Tobago later called and sent best wishes. What a glorious network of warm, loving, incredible people. I love you all so very much and want to thank you one more time for helping to make my life so full.

Anita

P.S.: More on this fantastic party to come in the next issue.

*We received a note from Heather Schneider. She's now at: c/o Sea View Guest House, Bacolet Street, Scarborough, TOBAGO, West Indies. If you write to her, please include a return address.

EMPLOYMENT INFORMATION:

*Women's Employment Outreach offers employment counselling services, including resume writing, interview skills, and the hidden job market, upgrading and skill training. Call 422-8023.

CALL FOR SUBMISSIONS:

*Do you know what the Halifax Local Council of Women does, or who organized the first International Women's Day march, or what it was like on the first Take Back the Night March? These experiences will soon be forgotten and gone forever if we don't carefully record them.

A group of women decided to collect stories about Nova Scotia women's groups, past and present, and publish an anthology in celebration of the 10th anniversary of the founding of CCLOW (Canadian Congress For Learning Opportunities for Women).

If you know of any groups which could be included, please call Barbara Cottrell at 423-9654.

*Women's talent (singing, dancing, skits, etc.) wanted for Pandora's upcoming special coffeehouse tentatively scheduled for March 3. Contact Pandora at 454-4977.

*Woman artists: The Concordia Women's Centre and the Simone de Beauvoir Institute of Concordia University will be presenting an exhibition of mixed-media works entitled "Woman's Friend." This exhibition seeks to link the imagery of women with ecology's web of life. All Canadian women artists are invited to submit slide or photographic reproductions of works no later than February 28. A resume and brief outline of each piece to be considered along with return postage is requested. Contact Con-

cordia Women's Centre, "Art Space" Room P-03, Concordia University, 1455 de Maisonneuve St., West, Montreal, Que., H3G 1M8 (514) 848-7431.

*RFR/DRF is seeking perspectives on heterosexuality from a feminist standpoint and from women's diverse locations in lesbianism, celibacy and bisexuality. Contributions will examine the central role heterosexuality plays in the psychological, sexual and socio-economic and political dimensions of women's experience. Articles may be in French or English and should not exceed 5,000 words. Deadline May 1, 1990. Submit to Resources for Feminist Research, 252 Bloor St. West, Toronto, Ontario, M5S 1V6.

EVENTS & GROUPS:

*The Metro Area Women's Centre Planning Committee needs much work and many voices and ideas to attain our goal of a women-only space. Contact 425-1340 or write: Metro Area Women's Centre Planning Committee, 2191 Windsor Street, Apt B, Halifax, Nova Scotia B3K 5B7. Meetings take place at the above address on the second Sunday of every month at 2:00 pm.

*The 14th Annual CRIAW (Canadian Research Institute for the Advancement of Women) conference will be held in Charlottetown November 16-18, 1990. One of the priorities is to provide a bridge between academic researchers and community activists. The focus of the conference will be on bridging the gap between "dis-abled" and "abled" women. Organizers are using the term "dis-abled" in a broad sense to describe anyone who is not valued or respected because she has limitations and "abled" to describe those who are fortunate enough to be able bodied and comfortably off with the opportunity to do what they want to do most of the time.

A major objective of the conference is to provide a public forum. Contact Beth Percival, CRIAW Conference, 1190 Program Committee, P.O. Box 2271, Charlottetown, PEI C1A 8B9 (566-0690)

*Louise Flemming of Charlottetown has bought Ragweed Press/gynergy books, the Prince Edward Island publishing house. Ragweed/gynergy specializes in books by and for women, children's books, Canadian literature and Maritime history. Gynergy is their lesbian imprint.

*Research has been completed for a 20-minute, television style documentary film, "Girls to Girls", to be released in June 1990. The objective of the film is to encourage adolescent girls to be physically active by presenting peer role models. It will be accompanied by a study guide to be used as a discussion starter in schools.

*Media watch Nova Scotia meets the last Sunday of every month at 7:30 pm at the Public Archives of Nova Scotia. Contact Heather MacLeod, 422-3524.

*Women Survivors of Childhood Sexual Abuse meets every Wednesday 7:30-9:30 at Veith House, 3115 Veith Street, Halifax.

*Women's Music Festival needs women to assist in organizing, performing, donating land or money. Contact Nancy at 422-3977 or Carol at 477-9771.

*You are invited to the book-ordering committee meetings at Red Herring Co-op Books to advise and suggest book titles in areas of feminist theory, gay and lesbian, ecology and spiritual-

ity. Phone 422-5087 for more info.

*Listen to Spinsters onAir, music in a feminist context, on CKDU 97.5 FM, Saturdays at Noon to 2:30 pm.

*Listen to Women's Time (news and interviews about women's issues) on CKDU 97.5 FM, Thursdays at 5:45. Call 424-6469.

PUBLISHED MATERIALS:

*Single Mother's Survival Guide: how to get along in the Metro area for low-income mothers. Contact Pandora, 454-4977, for a copy. Free to low-income women.

*A new magazine, *gasp*. Published in English by a Montreal-based group, *gasp* "intends to break away from all narrow definitions of feminism by covering a wide range of topics and by presenting them in a funky format." Cover price is \$2. Contact *gasp* at 3549 rue Dorion, Montreal, PQ, H2K 4B7.

*Getting Pregnant and Staying Pregnant, by Diana Raab available from bookstores or from Sirdan Publishing, P.O. Box 217, Station T.M.R. Montreal, PQ H3P 3B9. \$17.95 plus \$2.50 postage and handling.

*Trivium, a journal of radical feminist thought has published a special two-part series. Trivia 13—Memory/Transgression is based on an understanding of language as irreducibly political and work on language as a form of political action while Trivia 14—Language/Difference addresses the ways particular cultural traditions and histories shape women's use of language. Cost: \$10 (US) P.O. Box 606-A N Amherst, Ma USA 01059. Subscriptions (3 issues) \$16 (US).

PHONE LINES

*Victims of Spousal Abuse. Call anytime, 462-6228.

*Pictou County Women's Centre, New Glasgow, N.S. Rape Line offers confidentiality, information, and peer counseling for female victims of sex abuse, incest, and rape. Phone 752-2233.

*The Abortion Information Referral Service 422-4123.

*Dial-a-Law: a toll-free service, offers taped information through the phone. General legal information on more than 75 topics. Hours: Mon-Fri, 10 am to 2 pm. 420-9000.

*GALA (Gay and Lesbian Association of Nova Scotia) info line. Call 423-7129.

Calendar

January 18

Strengthening Community Health Project public forum. 7:00 pm Henson College, Dalhousie University. Contact Peggy Mahon, St. F.X. Extension Dept., 755-4550 or Fiona Chin-Yee 462-7532 or 424-8808.

January 21

IWD planning meeting. 1 pm, Veith House. All women welcome.

January 22

Pandora Meeting, 7:30 pm, Veith House, 3115 Veith St., wheelchair accessible, childcare expenses paid, all women welcome.

January 22, 24, 25, 29, 31, Feb 1.

1:30-3:30. Assertiveness training for women. Call YWCA 423-6162.

January 25

Work Globally-Act Locally: Jean

Arnold of CUSO addresses issues related to regional and international development. 12 noon. Halifax City Regional Library Main Branch.

January 28

Strengthening Community Health Project public forum. 2:00 pm Pensioners Club, Inglis Street, Sydney. Contact Peggy Mahon, St. F.X. Extension Dept., 755-4550 or Fiona Chin-Yee 462-7532 or 424-8808.

All February

Black History Month

February 2

A Tribute to the Older Generation: Premiere showing of Older, Stronger, Wiser, a production of Studio D, NFB Women's Film Studio, documents the life experiences of Black women. Discussion to follow. 7:30 pm. Halifax City Regional Library, North Branch 2285 Gottingen Street, Halifax.

February 3

Planning meeting for the Third Almost Annual Lesbian Conference. 2 pm Veith House.

February 4

IWD planning meeting. 1 pm, Veith House. All women welcome.

February 11

IWD planning meeting. 1 pm, Veith House. All women welcome.

February 12

Pandora Meeting, 7:30 pm, Veith House, 3115 Veith St., wheelchair accessible, childcare expenses paid, all women welcome.

February 15

Lois Corbett of Ecology Action Centre presents an update on the Canada-US acid rain agreement. 12 noon. Halifax City Regional Library Main Branch, 5381 Spring Garden Road, Halifax.

February 18

*IWD planning meeting. 1 pm, Veith House. All women welcome.

*How to Choose Black Children's Literature. Speaker: Tracey Jones. 3 pm. Halifax City Regional Library Main Branch, 5381 Spring Garden Road, Halifax.

February 20

Black Women—Double Jeopardy Race and Gender Bias: Featuring Glenda Simms, President of Cdn Advisory Council on the Status of Women and former President of the Congress of Black Women of Canada. 7:30 pm. Halifax City Regional Library, North Branch 2285 Gottingen Street.

February 22

Racism in Nova Scotia — How Youth can Break the Cycle: Discussion leader Tracey Jones. 10 am. Halifax City Regional Library Main Branch, 5381 Spring Garden Road, Halifax.

February 28

*Black Mother Black Daughter: film which explores the lives of Black mothers and their daughters in Nova Scotia. 10 am. Halifax City Regional Library Main Branch, 5381 Spring Garden Road, Halifax.

*Deadline for proposals for 14th Annual CRIAW conference. Submit to Beth Percival, CRIAW Conference, 1190 Program Committee, P.O. Box 2271, Charlottetown, PEI C1A 8B9 (566-0690) (See News Briefs for more information.)

March 1

*Income tax service for seniors. Call 421-6131. Halifax City Regional Library, Mainland South Branch, 10 Kidston Road, Halifax.

March 22

*Covering the Planet: How the Media Decides What's News: Moderator Kathryn Morse. Halifax City Regional

Library Main Branch, 5381 Spring Garden Road, Halifax.

*Understanding the Law: a 3-part series focusing on you and the law. 7 pm. Halifax City Regional Library, North Branch, 2285 Gottingen St.

March 29

*Understanding the Law: a 3-part series. 7 pm. Halifax City Regional Library, North Branch, 2285 Gottingen St., Halifax.

March 30-April 29

Refuse, installations by Barbara Lounder and Lani Maestro. Mount St. Vincent University Art Gallery, 166 Bedford Highway, Halifax. 443-4450.

April 3, 5, 10, 12, 17

Confidence Building for Women: Call Cindy Sampson at 421-8766 (Babysitting provided. Please call 421-8766 before March 27.) Halifax City Regional Library, Mainland South Branch 10 Kidston Road, Halifax.

April 4

*Income tax service for seniors: Call 421-6131. Spencer House Seniors Centre, 5596 Morris St., Halifax.

April 5

*Income tax service for seniors Call 421-6131. Spencer House Seniors Centre, 5596 Morris St., Halifax.

April 7

Understanding the Law: a 3-part series focusing on you and the law. 7 pm. Halifax City Regional Library, North Branch, 2285 Gottingen St., Halifax.

May 4-6

Women's Health Education Network (WHEN) Conference: "Surviving Society's Violence". Nova Scotia Agricultural College, Truro, N.S. Hoping to premier *Burning Times* the second film from the series Women and Spirituality. Director Donna Reed will be in attendance. Contact Darlah Purdy, Port Maitland, N.S. B0W 2V0 649-2685 for more info.

May 11-13

From Understanding to Action: Setting the Environmental Agenda of the Nineties, a regional conference presented by the Atlantic Environmental Network. Contact Kathryn Morse 454-2139, 3115 Veith Street, Halifax, N.S. B3K 3G9

June 3-8

First World Summit on Women and the Many Dimensions of Power, a conference organized by FRAPPE, (Women for Access to Political and Economic Power) will be held in Montreal at the Palais des Congrès. Objectives: to create an international network for exchange and communication among women, draw up common strategies for gaining access to power, put in place the means to give women the role we merit in decision making structures. Contact 822 Sherbrooke est, 3ième étage, Montréal, (Qué) H2L 1K4 (514) 521-0152.

June 15-17

Moving Forward: Creating a Feminist Agenda for the 1980s, conference at Trent University in Peterborough, Ontario. Contact Women's Studies Conference, c/o Eaton College, Trent University, Peterborough, Ont., K9J 7B8 (705) 748-1430.

August 4-11

Gay Games III and Cultural Festival, Vancouver, BC. Contact: Celebration '90, 1170 Bute St., Vancouver, BC V6E 1Z6, (604) 684-3303. Fax: (604) 683-2276.

November 16-18

14th Annual CRIAW Conference in Charlottetown, PEI. (See News Briefs for more information.)