

PRAIRIE WOMAN



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EDITORIAL

Actions on March 31st will be the culmination of the efforts of women's groups across the world to build an International Campaign for Abortion Rights. This campaign addresses three major components within the major struggle of women to "control our own bodies", 1)No Forced Sterilization, 2)Safe Contraceptive Devices, 3)Abortion on Demand.

This issue of Prairie Woman focuses on abortion because it is the least understood and socially the most explosive issue of the three.

The reasons why abortions are less accessible today is not solely explained by the heightened attacks by anti-choice groups, but are integrally related to the growing conservatism that accompanies a period of economic crisis. The Royal Commission on the Status of Women in 1972 asked for repeal of abortion laws. Now it is no longer taken for granted in reformist women's groups that the issue of abortion will be taken up, much less acted on.

This is an indication that the struggle has lost ground. Present laws together with this existing social climate which restricts access to safe, legal abortions perpetuate the situation where women are never free of the threat of pregnancy.

It is in the interests of the current economic system to maintain women as a low paid reserve pool of labour that can be drawn in or out of the paid labour force according to the needs of the market. With the emergence of working women's groups, it is important to link the issue of abortion--which has been seen as a social issue, to the needs and concerns of women workers.

Lack of control of our reproductive functions ensures that women remain in a marginal position in the workforce. Part of the reason women remain ghettoized in the labour pool is because of the existing ideology within capitalism pertaining to woman's primary role as a wife and mother. Her role in the paid work force is essentially a secondary one. But the reality is that 33% of paid women workers in Saskatchewan are the sole supports of their families.

Thus the struggle for the right of all women to safe legal abortions must be continuously carried forward by the Women's Liberation Movement.

A victory for the anti-abortion forces means the mutilation and death of thousands of women. A victory for the women's movement would not simply increase our control of our bodies, but would enhance our ability to participate more fully in political, economic, social and cultural life.

Prairie Woman Collective
March 1979

I.C.A.R.

Abortion is a reality for women everywhere. Even when abortion is entirely illegal, as it is in many countries today, it still occurs. This is a fact that opponents of the pro-choice movement ignore. Women --resorting to back-street abortionists or self-induced abortion -- are mutilated or killed in wretched sanitary and psychological conditions. It is a disturbing fact that as long as the practice of abortion is hidden and secret, it is tolerated, at the expense of the health and very lives of millions of women everywhere. The pro-choice movement historically, and now, the new I.C.A.R. are in favor of women wrestling control of our reproduction and our health away from law-makers. We want to make it impossible for the people who oppose the fight for abortion rights on so-called moral or religious grounds to grow fat, charging high fees for illegal abortions.

This is one of the reasons that the fight for abortion rights is important. But there are greater implications for us. Women have long been relegated to secondary status because of our child-bearing function. We are told that bearing and raising children is our true role in life and that anything else is unfeminine. Today, many of us reject this ideology and want to develop our lives in full equality with men. But as long as contraception and abortion are not fully controlled by and available to women, we will remain imprisoned by our sexuality. An enforced pregnancy makes all the equal education and equal pay in the world meaningless when women must bear the full burden of raising children.

Nowhere in the world have women really won the right to abortion. Of course, there have been some important victories for women in the last decade -- these have been achieved in the countries that saw a big rise in the women's liberation

movement. But even in these countries, liberalization of the abortion laws was limited -- full of loopholes and still leaving ultimate control in the hands of the medical profession and government.

In the United States, some years ago, the Supreme Court ruled that abortion is a constitutional right of all women. This was tremendously inspiring. But then about three years ago, the American Congress, through the Hyde Amendment decided that while abortion may be a right of women, they can't expect the "public" to foot the bill financially for their "mistakes", and medical funds were cut off for this kind of medical treatment. So in practice, American women who can afford the cost, have the right to abortion -- others don't. This amendment reaffirms the notion that abortion is a privilege for careless women, and send thousands back to the butchers who have been living off of our desperation for decades. The number of abortions performed doesn't decrease because of this ruling -- only the number of safe, free abortions goes down. Ms Magazine has a story on the first

reported death due to the cut-off of Medicaid funds -- a Chicana woman in Texas. This woman was a young, single mother, supporting her child on welfare, while trying to make it through university.

The government of Australia is attempting to follow the same route and to make abortion an "option" not covered by the national health service -- sort of like plastic surgery.

In France, abortion is legal to the 10th week of pregnancy under specific conditions. However, there are two problems with the situation in France. One is that the law includes a conscience clause which allows any doctor the right to refuse to perform

the operation, but even worse, allows a department head to ban the procedure from his department. Because of this and government social service cutbacks, facilities in French hospitals are very limited and a majority of women turn to private clinics which charge three times as much.

In England, a new Abortion Act was passed in 1967 legalizing abortion in certain circumstances with the permission of two doctors. Although even this hardly guarantees abortion as a woman's right, apparently the law is now being threatened with more restrictive revision.

Even in Canada, the limited rights women gained in the late 60's are being eroded by social service cutbacks and the shutting down of gynecology units, which are considered secondary in many hospitals.

In New Zealand, a repressive law was passed last year cutting back on abortion and making it all but impossible for women to have one. One of the ways this was achieved was this -- a hospital, in order to perform the operation must have a so-called "certifying consultant" doctor on staff, but she or he can't be an abortion extremist* the law says. But in New Zealand a majority of doctors believe that abortion is a matter between a woman and her doctor -- they are considered extremists and can't fill the positions required by the hospitals. Now in New Zealand even a woman who has been raped can't get an abortion.

In Belgium, Holland and Switzerland, abortion is illegal. In Spain, Italy and Portugal, abortion and contraception have traditionally been outlawed. But recently in Italy, since the tremendous upsurge of thousands of women there, abortion was legalized in the first 90 days of pregnancy. Typically though, no doctors are required by law to perform abortions and the Pope himself has instructed all medical personnel to boycott the procedure as well as any facility where abortions are performed, at the threat of excommunication.

So while legalization was an inspiring step forward for women in all three of these countries, in reality, there is still a long struggle ahead.

In the Third World, the International Campaign for Abortion Rights (ICAR) takes on a different significance. While the right to free safe abortion and access to contraceptive information is important to these women, so is the right to bear children when they choose. To a much greater extent than most women in the so-called developed countries, women in Africa, Asia and Latin America are subject to forced sterilization, used as guinea pigs by the pharmaceutical companies in their testing of new contraceptives, and unwanted miscarriage because of harsh working conditions and inadequate health care. These abuses are also

graphic from Socialist Voice



experienced by oppressed minority women in North America and Europe. These intolerable conditions are justified in the name of population control. Here are a few examples:

Nearly half the female population of Puerto Rico have been sterilized. Almost one-third of Indian women in the U.S. have been forcibly sterilized. In France, as well as other European countries, immigrant women who are admitted to hospitals after self-induced miscarriages are often forced to undergo sterilization.

These facts make it very clear that Third World women have an interest in the campaign for the right to choose if and when to bear children. One of the most important ways to address their needs is by using the slogan "No Forced Sterilization".

Another new meaning of this slogan has developed recently. Women factory workers are, in some places, being told that if they don't agree to sterilization they can't continue at their jobs because of dangerous pollution. So, rather than changing the conditions of the work place to make them safe for all workers, the women are victimized.

For those of us involved in the women's movement, it is essential that we begin the campaign now to win control over our bodies. The time has come for all progressive groups and individuals to recognize that they must join together and support one another's struggles against increasing repression. A defeat on any front is a defeat for all. The same forces are threatening to smash all aspects of working class rights. Thus, we see Anita Bryant and Renaissance International jointly attacking homosexuals' basic human rights and women's liberation, as well as organized labour with their right to work campaign.

The increasingly powerful Anti-Abortion groups are fighting against women's right to choose whether to have children as well as fighting against the Equal Rights Amendment

in the U.S. We are faced with massive cutbacks in employment, health and welfare, education, unemployment insurance along side inflation. Many of these cutbacks affect women and minorities most directly now, but will deal a serious blow to all of the working class before they are finished.

These repressive forces recognize the direct links between women's liberationists, gay rights organizations, organized labour, minorities, students and other progressive and workers' groups. We too must recognize these links and fight back together. It is no longer a question of priorities - every attempt to fight back must be a priority.

Therefore, it is essential that we urge workers and their organizations all over the world to join us in putting forward the following demands on March 31, and to take up our demands, as their own, in the future.

WOMEN DEMAND:

1. We see women's demands for control over their reproductive system as an essential part of their democratic demands (which include daycare, equal pay and equal work, etc.) in a society where they do not now have equal status.
2. ACCESS TO ABORTION -- in order for all women to have access to abortion and to realize our goal of free abortion on demand we want:
 - a) the removal of abortion from the Criminal Code and the right of the woman to make the decision herself.
 - b) the setting up of contraceptive and safe abortion clinics staffed by well-trained, sympathetic personnel. The Clinics should be easily accessible to urban and rural women.
 - c) this service must be fully covered by Medicare.

3. THE AVAILABILITY OF CONTRACEPTION MUST BE IMPROVED BY:

- a) having costs covered by gov't.
- b) making information more available in schools
- c) providing gov't. funds for safe and effective contraceptive research
- d) removal of age of consent laws for contraception and abortion

4. NO FORCED STERILIZATION : the practice of sterilizing women without their consent must be exposed and stopped. Women must be guaranteed child care and a decent standard of living in order to raise children if they wish.

Taken from a presentation by Nancy Walker to WACH (Women's Action Collective) in Regina.

- Morgentaler -

Approximately 50 people attended our second public meeting on abortion, held March 2, 1979, sponsored by Saskatoon Women's liberation, Women and the Law, and the Women's Directorate (University of Saskatchewan). The meeting, consisting of a film entitled "Morgentaler" and two speakers, was part of an international campaign. The purpose of this educational was to make people aware that a day of action has been designated (March 31st) by women's groups throughout the world to demand access to free, safe and legal abortions, safe and effective contraceptives and to speak out against all forced sterilization.

The evening opened with the film "Morgentaler", a biography of Dr. Morgentaler explaining why he became an activist and his involvement on abortion issues. Realizing that millions of women suffer mutilation and death every year by having backstreet abortions because legal abortions are not available, Dr. Morgentaler set up an abortion clinic in Montreal after doing extensive research into therapeutic abortions. His name became associated with women's groups who were demanding control of their own bodies with the implicit demand to safe and legal abortions. Early in 1974, Morgentaler was convicted to performing an illegal abortion by the Quebec Court of Appeal. This was done by setting aside the jury's decision to acquit him, something never before done in the history of the Canadian judicial system. He

spent 10 months in prison and was finally released in 1975, when a new government was elected in Quebec and decided not to pursue the matter further. He is now living in Montreal and has started up another abortion clinic.

The film was followed by two presentations. Donna Greshner, College of Law student, representing Women and the Law, of the University of Saskatchewan, concentrated on the legal aspects of abortion. She described how access to legal abortions is limited in Saskatchewan.

She further explained how the Abortion Committees are fundamentally unfair giving three reasons: (1) their decision is final, with no right of appeal; (2) they are set up in larger centres only, so there is discrimination due to a woman's geographical location; and (3) the woman is not entitled to be heard before the Committee. She pointed out that the laws should be repealed, giving the choice to the woman.

Audrey Hall, the second speaker and a member of Saskatoon Women's Liberation, spoke out on abortion generally and explained why it is an important and recurring issue in the women's movement. She stressed that until the laws on abortion are changed, it will and must continue to be a recurring issue for women. Until women are given the right to control their role in reproduction, they will continue to be considered secondary in the workforce.

Presently in Canada, we are in danger of losing the meager gains we have made in the past (i.e. the more relaxed abortion laws in 1969). The forces against women's rights to choose are becoming more powerful and well organized. They include the reactionary anti-abortion organizations with support from church groups and governments. One way of confronting this anti-choice movement is by supporting the International Day of Action on March 31st.



Angie Bishoff

—//—————//—
The Woman Who Chose Abortion

I panicked when my period didn't come
Pictured it as a thing
taking hold
like a leech on a leg
fat with my blood

The doctor with his mean eyes
and accusations
saying he'd fix me
this time

and the nurse's invisible chanting
making sure I saw the fetus
in its see-through plastic tub
dirty scissors and the sheet
some other woman's
blood I have my reasons
a life to heal and live on

The Woman Giving Her Child up For Adoption

I decided to do it this way from the very beginning
once I knew.

I stuck to that
though as she got bigger I felt her inside so strong

I know I did best
for both of us

a good home a family

The name that I chose as she was born

a rush of energy swept over me

passed through the cord

into her being and I felt radiant
relieved

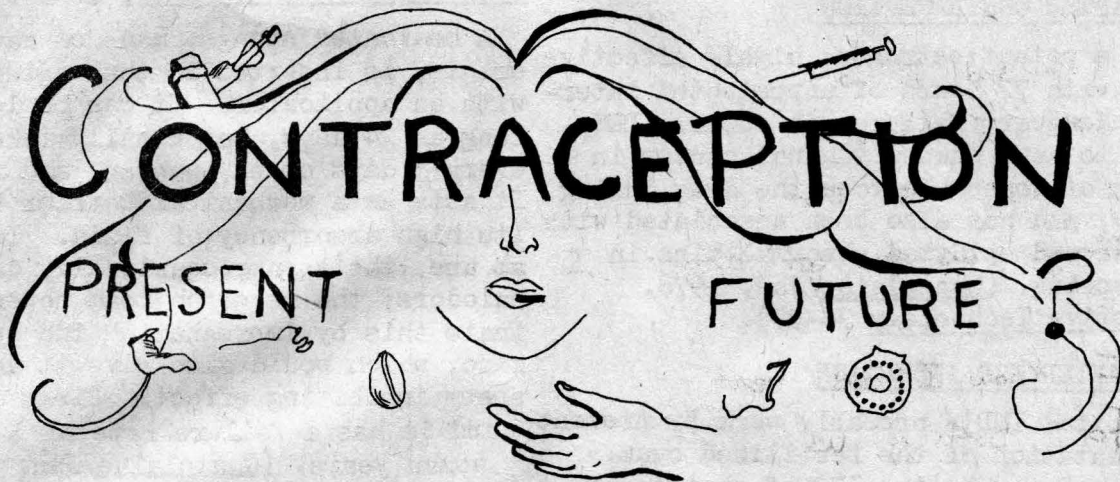
They said Girl but I kept my eyes
shut so that I should never see her

Yet as I left that city

I thought I heard

her voice so terribly sad saying

Don't leave me I don't want you to go



No totally effective, totally safe contraceptive method exists today. No method is 100% effective. At its best, there has never been a lot of money for research: contraceptive research never accounted for more than 2.2% of world-wide biomedical research expenditures. This article indicates what the current contraception scene is and what methods are forth-coming.

	<u>THEORETICAL FAILURE RATE</u>	<u>ACTUAL USE FAILURE RATE</u>
Hysterectomy	0.0001	0.0001
Tubal Ligation	0.04	0.04
Vasectomy	Less than 0.15	0.15
Oral Contraceptives (combined)	1.0	2 - 5
Condom & Spermicidal Agent	1.0	5
Low Dose Oral Progestin	1 - 4	5 - 10
*IUD	1 - 5	6
Condom	3	15 - 20
Diaphragm	3	20 - 25
Spermicidal Foam	3	30
Withdrawal	15	20 - 25
Rythm(Calender)	15	35
Chance(Sexually Active)	80	80

Theoretical failure rates are based on hypothetical perfect use of the method, and the higher actual failure rate is based on records of actual use of the method over time. (Our Bodies, OurSelves, 1976)

* IUD failure rates vary depending on the type of IUD used, the woman, and how its inserted.



MORNING AFTER CONTRACEPTION

DES is a potent estrogen, highly effective if given with 72 hours of unprotected intercourse. However, failures do occur. DES is known to have caused vaginal cancer in daughters of women who took the drug during pregnancy; and has also been associated with testicular and epidymal abnormalities in male offspring. (Chatelaine/Jan. 1978, Contraceptive Technology 78-79).

MORNING AFTER IUD INSERTION

Post-coital IUD's probably work by preventing implantation of the fertilized ovum. The Copper-7 may be the IUD of choice, as it is the only device whose post-coital efficacy has been clearly demonstrated. Other IUD's will probably prevent pregnancy but there are no published reports of their use as yet. (Contraceptive Technology 78-79).

NEWEST METHODS

ENCARE OVAL

Is a spermicidal vaginal suppository. It contains the spermicide nonoxynol-9, the same spermicidal chemical found in current contraceptive foam. It's inserted high into the vagina where it melts and effervesces to form a spermicidal shield around the cervix. You must wait 10 minutes after insertion, and protection is for about 2 hours. An additional Oval will be required for each additional act of intercourse, and a woman should not douche for 6-8 hours.

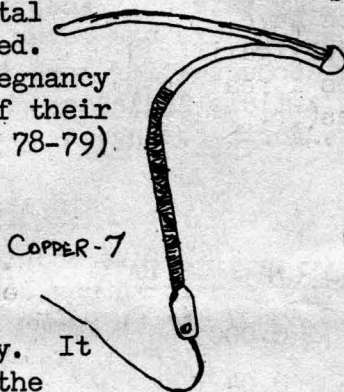
Though it has been available in Germany for 6 years and is currently available in the U.S., it still isn't available in Canada. Initial studies have indicated a failure rate comparable to that of the pill or IUD, but its effectiveness still needs corroboration. One must be skeptical about the earliest effectiveness rate of any new contraceptive. (New Contraceptives, by Dr. Vicki Holmes, Vol.2 No.5 Sept-Oct '78, "The Planner", Contraceptive Technology 78-79).



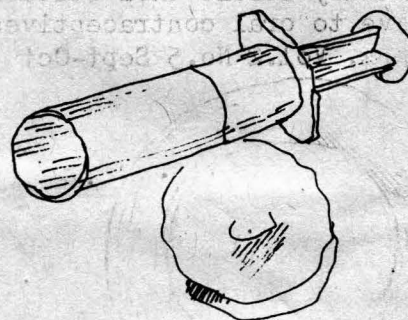
ENCARE OVAL

COLLAGEN SPONGE DIAPHRAGM

A medicated sponge, made of natural materials, is inserted in the vagina. It comes with an applicator. It can be left for as long as 24 days, but usually taken out every 5 days or so, washed, and re-inserted. It acts as a mechanical barrier because of its high absorbency of fluid. In experimental use, the sponge occasionally developed malodors; the research team hopes to eliminate this by impregnating the sponge with zinc, which would also give it an enhanced sperm inhibiting effect. Risks are none, and it has a failure rate of 3 per 100 woman years. (Chatelaine/Jan. 1978, study by Milos Chvapil, et al 1978).



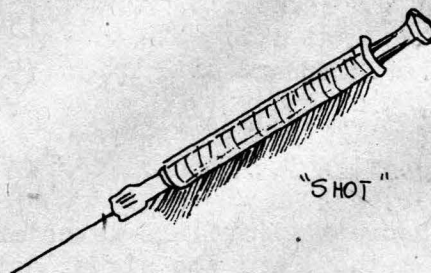
COPPER-7



COLLAGEN SPONGE DIAPHRAGM

THE SHOT

A monthly injection of the same estrogen-progestin mix as the pill. It eliminates the danger of forgetting to take the pill. It's risks and failure rate is the same as the pill. As of Jan. 1978, it was being used on a limited basis at the Hospital for Sick Children in Toronto. (Chatelaine/Jan 1978).

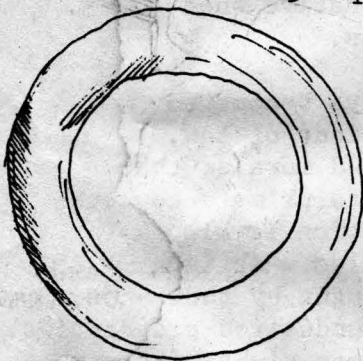


"SHOT"

OTHER METHODS

CONTRACEPTIVE VAGINAL RING

Is a three-layered ring consisting of a plastic core, surrounded by d-norgestrel and estradiol; and covered by polysiloxane tubing. This is placed in the vagina on the 5th day of a cycle and left in place for three weeks. It's then removed for a week to allow withdrawal bleeding. Small studies done have had quite impressive results: consistent inhibition of ovulation, very minimal breakthrough bleeding, and resumption of ovulation after removal. It must be stressed that studies have involved very few subjects. More investigation is necessary before this becomes a real alternative to oral contraceptives (Dr. Vicki Holmes, Vol.2 No.5 Sept-Oct '78 "The Planner").



VAGINAL RING



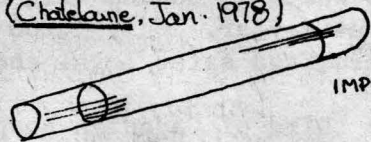
LONG-TERM PROGESTIN SHOTS

There are three or six month injections. The best known type is Depo Provera, used in 64 countries, and used by approximately one million women throughout the world; and has been very close to gaining F.D.A. approval in the U.S. for a number of years. It has a theoretical effectiveness almost as high as that of combined oral contraceptives. There are side effects associated with it, and it may take a year to re-establish fertility after the shot wears off. (Contraceptive Technology 78-79, Chatelaine Jan. 1978).



IMPLANT CAPSULES

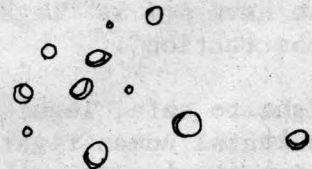
This is a small silicone capsule, and it is implanted in the skin under the arm, where it releases a steady, low-dosage of progestin over a year or more. It can be removed for prompt return to fertility. Since it has no estrogen, many of the Pill side effects are absent, though it does cause period irregularity. It's being tested now in Toronto, and may be available soon. Failure rate is a little higher than the combination pill, and the risks are the same as the mini-pill; also, if you do get pregnant, there may be some fetal damage. (Chatelaine, Jan. 1978)



IMPLANT CAPSULE

ANTI-PREGNANCY VACCINE

This should be available in about 4 years. It is now being refined, and may turn out to be safer than other hormones. It would give year long protection by providing anti-bodies against human chorionic gonadotrophin (HCG), a hormone produced once an egg has been fertilized. Without HCG implantation can't occur. (Chatelaine/Jan/78, "Contraceptive Vaccine Tested" Star-Phoenix March 16, 1976.)



MALE PILLS OR INJECTIONS

Several drugs are being tested. One of them, CPA, currently being tested on sexual offenders in Canada, lowers fertility, while also decreasing libido. A natural body substance, "inhibin", blocks the pituitary hormone FSH which controls sperm production, without lowering the libido. If it can be isolated and duplicated in drugs, it may be the model for the preferred male contraceptive of the future. Danziol - another male pill, depresses the male sex drive, so it has to be combined with testosterone. (Chatelaine/Jan. 1978).

THE END

have a large enough medical staff to conform to the requirements of the law itself (a minimum of 3 Physicians to make up a T.A. committee).

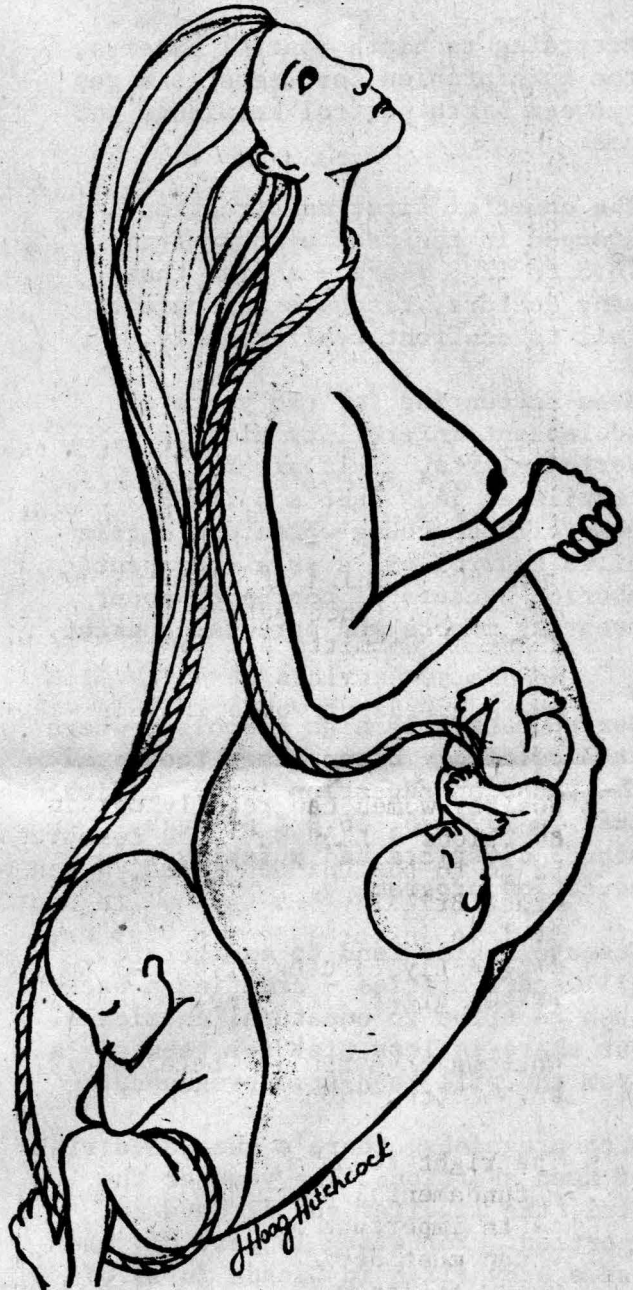
To put it mildly, there are SHARP regional disparities in the accessibility of T.A.'s. In B.C. there is 1 abortion committee for every 10,000 women; in Quebec there was 1 committee for every 96,000 women! In 1976, 2 out of 5 Canadians did not live in communities served by hospitals eligible to establish T.A. committees.

After the initial visit with a doctor, Canadian women were faced with an average interval of 8 weeks until the induced abortion operation was done.

In 1975, 9, 627 women were forced to go to the U.S. to obtain an abortion. 7 out of 8 women indicated they would have preferred to have an abortion in Canada had it been available to them. The legal age of consent in the U.S. is 16 (18 in Canada).

Statistics indicate rapidly rising pregnancy rates among teenagers over the past decade. In 1977 one out of every 11 babies had a mother who was a single teen. Saskatchewan has the highest illegitimacy rate of the ten provinces. 45% of all abortions carried out is Saskatchewan in 1976 were to teen-agers, the highest rate in Canada!

The high rate of pregnancy to single women in Saskatchewan is most alarmingly increasing among the teenaged population at a time when fertility rates among the adult population are decreasing. The birth figures only tell part of the story - ignoring, for example, the number of pregnancies that go unrecorded due to miscarriages, self-induced abortions, illegal abortions, suicides, or babies born at home and raised by parents, and so hidden from statistical counts of teen mothers.



Taken from The Other Woman

Clearly, there's an alarming failure in the system set up to protect teens from too early, too risky pregnancies.

According to birth control experts, the main problem for teens is a gap between birth control knowledge and use.

The onset of first menstruation has dropped in the past century from 16.5 to 12.5 years - a fact that many doctors, teachers and parents fail to confront realistically.

Even accounting for two years of adolescent infertility after a period starts, girls are fully fertile at 14. That's 4 YEARS before these young women can obtain birth control pills or a therapeutic abortion because of confusion about treating minors and parental consent.

Sex education in high schools - where it's offered - often comes too late! The Canadian Education Assoc. estimates that in 1975-76, 16.9 % of Sask. school districts had a family life education program.

Teenagers also tend to exaggerate pill scare stories - creating a backlash reaction to unnatural chemicals. But there is less risk for teen girls from the pill than from pregnancy.

With pregnancy, there's the added risk of teen abortion. The younger the girl, the likelier she'll have an abortion. For every 15 year old who has a baby (1248 in Canada in 1976) twice as many have abortions.

THE SITUATION IN SASKATOON

Most first trimester abortion are performed at Saskatoon City Hospital. The Therapeutic Abortion Committee meets weekly. They set basic requirements upon which they base

their decision as to whether or not they will "grant" a woman a therapeutic abortion. These are : a supporting letter to the committee from the Physician doing the procedure; a supporting letter from a qualified Psychiatrist; results of a blood test (type); and a chest X-ray (for the General Anesthetic).

Two Physicians at the Community Health Clinic perform first trimester abortions. Three or four physicians in the community also perform first trimester therapeutic abortions.

Two physicians in the community perform second trimester abortions at University hospital.

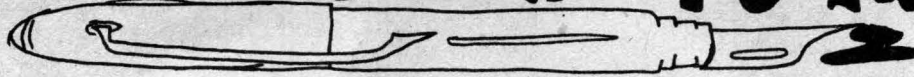
The procedure used in first trimester abortions is Dilation and Curettage (D&C) plus vacuum suction. This entails an outpatient surgery procedure - admitted at 8 a.m. and released by between 2 and 6 p.m. the same day.

Second trimester abortions or Induced Labor with Intra-amniotic infusion - Prostaglandin Method is used at Univ. hospital. This entails a two to three day stay in the hospital. This procedure is performed between the fifteenth and twentieth weeks of pregnancy..

For further information call Lynda Shepherdson, Unwanted Pregnancy Counsellor, at the Community Health Clinic.



ALA'S RESPOND TO ABORTION



by Debbie Woolway

On November 9th, 1978, S. W.L. drafted the following letter and sent copies to every N.D.P. M.L.A. in this province. (44)

"We are a group of women concerned about the right of all women to obtain free, safe, and easily accessible abortions. Unwanted pregnancies do occur and in those instances we believe it is a fundamental human right to control our own bodies.

This position has recently been attacked by the Coalition for Life through leaflets and newspaper advertisements. The N.D.P. members who responded to one of their questionnaires indicated that they were in favour of restricting present abortion practices in this province. We question the validity of the Coalition for Life's survey and we would like further clarification by these members on their position.

Furthermore we understand our present Minister of Health, Ed Tchorzewski, opposes M.C.I.C.'s policy of subsidizing women who obtain abortions outside Saskatchewan. Yet we understand N.D.P. policy to state:

'...abortion is a matter to be decided between a woman and her doctor. This policy has been debated many times in convention and has been repeatedly affirmed by the membership.' (Priorities Vol. VI 8/9 Aug/Sept, 1978, p.25.)

The purpose of our correspondence with you is to establish your position on the abortion issue. We hope to hear from you by January 5, 1979."

To date, we have received 7 replies and 2 acknowledgements. This is what they had to say:

Allan Blakeney, Regina/Elphonstone, Premier. "As you know, laws relating to abortion come under the jurisdiction of the federal government in Ottawa, as these laws come under the Criminal Code. Abortion procedures in Saskatchewan hospitals as in all provinces in Canada, are carried out in accordance with the federal law.

If your group feels strongly about the abortion issue, I think that you should bring your views to the attention of your M.P. For my part, I feel that abortion is undesirable. I support the idea of a vigorous program of planned parenthood to reduce and perhaps eliminate unwanted pregnancies."

W.A. Robbins, Saskatoon-Nutana

"I am opposed to abortion except in cases of rape or incest, or where a qualified medical practitioner concludes that taking the pregnancy to term would endanger the life of the prospective mother."

Herman Rolfes, Saskatoon-Buena-Vista

"I personally believe that abortion strikes at the basis of our Christian society, and therefore cannot be condoned."

Don Cody, Kinistino

"I have always been totally opposed to abortion and I am particularly opposed to M.C.I.C. subsidizing women who obtain abortions outside Saskatchewan as well as inside Saskatchewan."

Clint White, Regina-Wascana.

"I view life as beginning at the moment of conception. It follows that I view abortion, except where the mother's life is in danger, as morally unacceptable, and

what you term "a fundamental right to control our own bodies" as a request for the power of life and death over unborn individuals...I subscribe to the position that you attribute to the Honourable Ed Tchorzewski...

When the question of abortion is discussed the unwed mother is often mentioned, and rightly so. During the past few decades, society to its credit, has come to treat the unwed mother much more humanely, though there is still substantial room for advance. At the same time there have arisen calls to facilitate the treating of the unborn child more callously. To my mind, such developments

represent a serious contradiction: on one hand, we treat one class of citizens better and, on the other propose to treat another class much worse."

Peter Prebble, Saskatoon-Sutherland
Mr. Prebble "approved of abortions on a crisis intervention basis only", and felt that abortions used as a method of birth control was not acceptable, although he supported increased funding for family planning. He indicated that he wanted to meet with members of S.W.L. and discuss this matter further.

Ned Shillington, Regina Centre, made no direct response to our questions, and referred us to the candidates in the federal election.

J.P. Messer, Kelsey-Tisdale. His information officer told us he would be bringing the matter to the M.L.A.'s attention. We heard nothing.



Ted Bowerman, Shellbrook, His administration officer also indicated she would bring the matter to Mr. B.'s attention. Again, we heard nothing.

Some points have been raised by these half dozen or so letters I think we should deal with. To begin with, Peter Prebble's response that he would approve of abortion in on "crisis intervention basis... only", is rather confusing. What is an unwanted pregnancy but a crisis for the woman involved? We look forward to meeting with the member from Saskatoon-Sutherland.

Herman Rolfes' position is based on his moral convictions. I wonder if he feels the maiming or deaths of women resulting from self-induced abortions or the work of backalley abor-

tionists strikes any less at the basis of our Christian society? However, this is not the point. Why, could someone tell me, should my choices be limited by Mr. Rolfes' moral convictions? I don't infringe on his rights by allowing him to regard the foetus as a person, if he so chooses.

We are accused of wanting "the power of life and death over unborn individuals." We want the right, as individuals, of deciding when we want to bring our children into this world, which is at a time when we can care for them physically, emotionally, and financially. Furthermore, Mr. White's contention that unwed mothers are now treated "much more humanely" by society "to its credit", is not only fallacious, but it reeks of hypocrisy. Society has done little, if anything, to alleviate the difficulties a woman faces in raising a child alone. Where are the subsidized day-cares for children, so that women can get out and try to earn a decent living wage? Why is it getting more difficult for single women to receive U.I. benefits? Where are the assurances of paid maternity leave? Why is birth control information still difficult to get for minors and women in rural areas, and where is the research into 100% effective and safe birth control for men and women so that "she" doesn't get pregnant again? And is Mr. White really so naive as to suggest that its only unwed women who have unwanted pregnancies?

While we applaud Mr. Blakeney's support of a "vigorous program of planned parenthood", unwanted pregnancies will never be eliminated, as he suggests. Furthermore, if the anti-choice groups have their way, groups like Planned Parenthood, by simply making women aware of what options are open to them, will be cut off from government funding. The anti-choice people have drawn up two questions which they will be putting to all candidates in the next federal election. They are:

1. "If elected, will you work toward stopping government funding of an agency that directly or indirectly counsels women to have abortions or engages in abortion referrals."
2. "If elected, will you work toward amending the Criminal Code to recognize the civil rights of children conceived but not yet born and provide them with the same legal protection as anyone else."

While abortion still remains a political and legislative issue, we must address ourselves to our politicians. Pro-choice sympathizers are loosely-knit across Canada. We do not have the financial backing the anti-choice groups are receiving from the Catholic Church. This election is an all-important one for this issue. Please don't let it slide by. Write to the candidates in your area, tell them how you feel about this issue, and support yourself on March 31st.



SERVICE OFFICE RETAIL WORKERS UNION, CANADA

At the end of February, SORWUC announced it was pulling its operations out of Saskatchewan. This followed a similar move of SORWUC bank locals in B.C. last fall. The following is a letter sent to financial supporters of SORWUC in Saskatchewan.

Dear Friends,

As you have probably heard through the media, our Union has decided to stop negotiating for its two certified branches. After a year of negotiations it has become clear to us that it is impossible to sign a good collective agreement for two branches. As well, we feel that to sign the kind of agreement the banks wanted would probably hinder bank organizing more than it would help.

Two of the main reasons bank workers wanted to organize in the first place were that they were notoriously low paid and that they were only promoted to a certain level in the branch. In his report, the conciliation commissioner who was appointed to our negotiations in Regina, made two recommendations which made no improvements in those areas at all.

Firstly, he recommended in effect that the union should accept an agreement with no wage increase. The Canada Labour Relations Board allowed the banks to freeze the wages of employees in certified branches. The commissioner recommended only that the bank pay wages and benefits to the unionized employees on the same basis as received by all other employees within the area. All this means is that the employees would receive the increases they were denied because they were unionized. Obviously that's not an increase. Secondly, the commissioner recommended the exclusion of loans officers and credit officers from the bargaining unit. SORWUC worked hard to have these positions included in the unit because the banks constantly bring individuals into the branches to fill higher positions rather than promote those employees already there. Excluding these positions means that

they are not subject to the seniority provisions of the agreement and thus employees are still isolated in "clerical" positions.

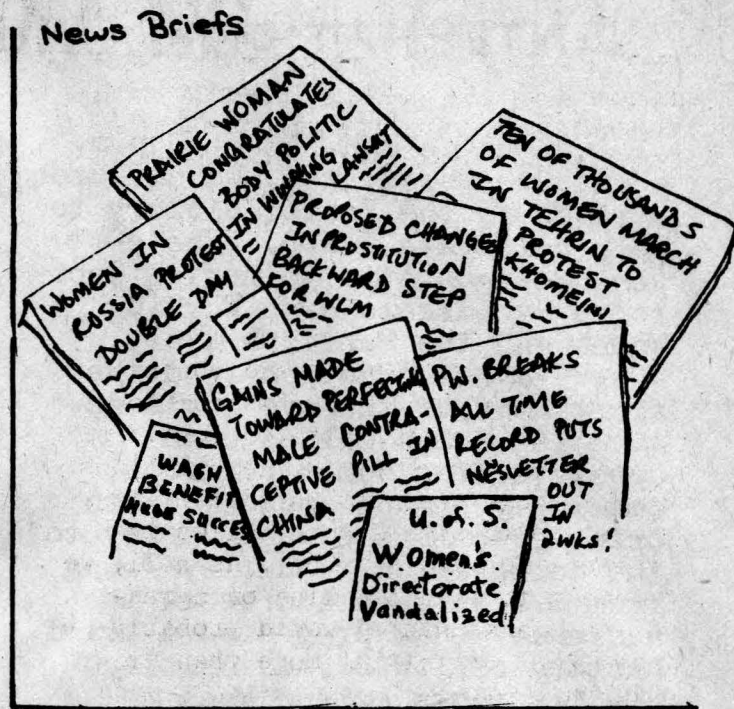
The commissioner's report clearly told us what kind of contract we could expect to sign. Knowing that, we had to finally resolve the question we had been facing for months - whether to sign a "bad" contract in the hope that it can be improved the following year or not. After a long, hard look at our situation, we concluded that it would be virtually impossible to improve a poor contract in one branch and that to sign an agreement now would only be to postpone the inevitable. Firstly, a contract that makes very few improvements to begin with and none of any real importance is not going to be an impetus to new organizing either in or out of the branch. Secondly, all the money the banks have spent learning the classic ways to fight unionization has not been in vain. For the last two years they've been giving benefits such as dental plans, increased vacations, and higher cost of living increases which has neutralized a lot of employees. As well, they've harassed union members in certified branches which has caused many people to finally quit and also caused new employees to keep strictly away from the union. Given those circumstances we felt it was going to be a long time before the workers in the branch would develop the kind of militancy required to go on strike and thus win a good contract and before we could expect much support from other bank employees.

Until we can organize a majority of the bank employees in a larger region, we will not be able to sign the kind of agreement workers want and deserve. The recent bank strike in Montreal was successful because the employees in 60 branches were out.

SORWUC paved the way for bank organizing. We established the legal right of bank workers to organize when the traditional unions said it

couldn't be done. The CLC had refused to assist bank employees who wanted to organize their workplaces. They only began to think about organizing bank workers after SORWUC forced the CLRB to make a decision and incidentally, incurred a \$30,000 legal bill in so doing. We are proud of our efforts so far and we intend to continue the fight. We are committed to organizing bank workers and to making real gains for them.

Lynette Polson



CREDIT UNION NEWS

Recently the Retail, Wholesale, Department Store Union signed a 1 year contract with Saskatoon Credit Union for the 100 employees in the bargaining unit. The settlement included a 7½-8% salary increase and a fully paid dental plan. The agreement was reached with the help of an outside mediator from the co-op movement.

Union members feel that this year the company made a real effort to break the union. The employees held a two day study session, Feb. 15 and 16, and management was able to keep the branches open. However, the company expected another walk-out the following week and during the interval, they were bringing individuals into the branches to train on the machines. People were brought from as far away as Regina and Prince Albert and as close to home as St. Mary's Credit Union. The company appeared to be making a real show of strength to the union. As well, union negotiators found it frustrating that the com-

pany representative seemed to have no authority and was not able to make decisions at the bargaining table.

During the two day walk-out, there were six union members who crossed the picket line and went back to work. Under provincial labour law, it is possible to pull the union cards of individuals in those circumstances, though it is seldom done. The union members passed a motion that the memberships of those people be withdrawn but the contract settlement included a letter of understanding which stated that the union take no further action against the individuals. To many union members it was a big issue that those who worked against them during the walkout were allowed to remain in the union. But union representatives did feel that the matter was not worth pursuing at the cost of signing an agreement.

by Lynette Polson

-20-

INTERNATIONAL WOMENS DAY ♀

On March 8th, at 7:30 p.m. about 200 women, men and children arrived at the Public Library to help celebrate I.W.D. The evening began at a gathering sponsored by Saskatchewan Working Women and the Public Library.

Agnes Ruest chaired the first half of the evening's activities. She called upon speakers from Women's groups, community groups and unions to bring greetings of solidarity to the celebration. Shelley Young from S.W.W. then addressed the audience. She presented a brief history of I.W.D., describing how its roots extend back to women's struggle for universal suffrage at the turn of the century. The speech also highlighted women's struggles and support for struggles across Canada, as well as in Saskatchewan in the last year. These include the female Fleck Auto-workers, York University Support Staff, CUPE 59 - City Hall (S'toon), CUPE 1975 University Employees' Union, and Parkland Nursing Home.

These struggles illustrate the fight women are waging to be recognized as a viable element in the work force; issues include job evaluation, the fight against job ghettoization, organizing, and fighting for decent wages. Shelley's speech called for labour and women's groups across the province to work together to form a bond of solidarity to break the barriers against working women.

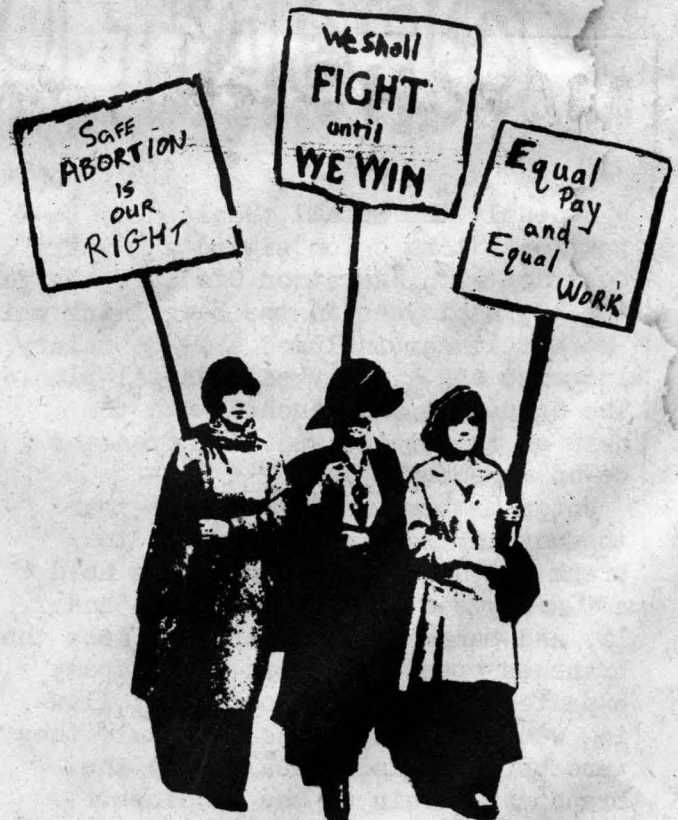
The evening continued with a screening of the Double Day. This film, shot on location throughout Latin America, presents the plight of working mothers, the women who work a double day. But the problems working mothers face are not

restricted to Latin American countries, they are universal.

After the screening, the celebrations adjourned to the Gay Community Centre, where we all dined on a delicious array of food and danced late into the night.

S.W.W. would like to thank, once again, all those who attended and participated in this special day, and made it such a success.

Shelley Young
Saskatchewan Working Women



ANNOUNCEMENTS

Saskatoon Women's Liberation meets every second Monday (April 2, 16, 30) at 7:30 p.m. at Onion Books 650 Broadway Ave. S.W.L. can be contacted at Box 4021, Saskatoon.

Saskatchewan Working Women is meeting Wed. March 28 at 7:30. For location contact Agnes Ruest at 653-5815. Meetings are every two weeks.

Gay Community Centre of Saskatoon, newly located at 245 3rd Ave. S., lower level, holds a licensed dance every Friday 9 pm-2 am (non-disco) and every Saturday 9 pm-2 am (disco).

Prairie Gay Conference will be held in Calgary on the May long weekend. Watch for more details. For more information immediately, contact the Saskatchewan Gay Coalition, Box 7508, Saskatoon.

Prairie Woman is conducting a subscription drive. Our goal is to double our mailing list. If you know of anyone who would be interested in receiving Prairie Woman, please forward names and addresses and we will send them a complimentary issue of Prairie Woman along with a plea to subscribe. Also a reminder to those with subscriptions--please renew your sub, if it's expired. \$4 a year is still a bargain. Also, please send us your change of address. Prairie Woman is mailed third class and doesn't get forwarded.

MARCH 31st



International Campaign for Abortion Rights

Women Demand

- * the right to control their own bodies
- * the right to contraception
- * the right to free abortion
- * the right to refuse forced sterilisation

We Appeal

- * for an international show of solidarity in support of a woman's right to choose
- * for a massive mobilisation of women, students and youth, working people and the Labour Movement, political and human rights organisations, and immigrant organisations to support our call for an International Day of Action on a woman's right to abortion, contraception and against all forced sterilisation.

INTERNATIONAL DAY of ACTION FOR CONTRACEPTION, ABORTION and No Forced STERILIZATION

Demonstration 1:00

City Hall

Meeting 2:00

Centennial Auditorium
Saskatchewan Room

Speaker:
MARGARET MAHOOD, Physician
SHELLEY GAVIGAN, International
Campaign for Abortion Rights
Organizing Committee

Social 8pm

Centennial Auditorium
Confederation Room

International Day of Action - March 31st 1979

SPONSORS: Canadian Union of Public Employees, Local 1949 • Canadian Union of Postal Workers, Saskatoon Local • Gay Community Centre • New Democratic Women • Revolutionary Workers League • Saskatchewan Association on Human Rights • Saskatchewan Gay Rights Coalition • Saskatchewan Working Women, Saskatoon • Saskatoon Women's Liberation The Sheaf • Women and Law • U.S.S.U. Women's Directorate

For more information:
write: Box 4021, Saskatoon
Phone: 343-7044

Book Reviews

Watters, Wendell H.
Compulsory Parenthood: The Truth About Abortion. McClelland & Stewart
(available at Onion Books)

Dr. Wendell Watters, professor of psychiatry and consultant to the Family Planning Clinic and Human Sexuality Program, dedicates his book "To children, and to their right to be born into a welcoming family". His book is divided into three main sections. In the first he discusses the historical roots of the anti-abortion position; in the second he examines in detail how the abortion law works in Canada. One chapter is devoted to Quebec and Saskatchewan, which are special cases. As well, Dr. Watters considers the medical, surgical and psychological aspects of abortion and presents evidence about the consequences of abortion being denied to a woman. The final section, entitled "The Future", contains chapters on "Abortion and Health Care", "Abortion and Morality", and "Abortion, Family Planning, and Population Policy". An appendix contains Section 251 of the Criminal Code, the section which pertains to abortion. This book has many excellent statistical tables and a substantial, comprehensive reading list. For anyone wishing to study the abortion issue in Canada, this is essential reading and the best book published on this subject so far.

Pelrine, Eleanor Wright
Morgentaler the Doctor Who Couldn't Turn Away. Gage
Book Publishers.

In every country, there are a few physicians who feel the way to pre-empt the tragedies of illegal abortion is to offer the operation safely in a well organized facility. Aleck Bourne in Britain in 1938 was such a doctor. Bert Weiner in Australia in the 1960's and Henry Morgentaler in Canada in the 1970's are doctors who had to stand trial and indeed spent time in prison for their stand.

The book will soon be available at Onion Books. It is recommended to those who would like to know about this man who sacrificed his career and his health in order to help break down the barriers that prevented women from obtaining abortions if they so choose.



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I.W.D. SYMPOSIUM AND E.W.C.

Annette Kouri attended an International Women's Day weekend in Edmonton as a delegate of S.W.L. She presented a workshop on the Women's Movement in North America.

The following is her report on the weekend.

I was able to take part in a "Protest and Celebration" sponsored by the Edmonton Women's Coalition. Approximately 250 people registered over the course of the 3 day symposium and approximately 200 people marched down Jasper Ave. and participated in a rally in downtown Edmonton.

There were three speakers who opened up the symposium on Thursday night. Maria Campbell, author of Halfbreed and well-known Alberta feminist, set a tone of sisterhood by speaking about the relationships that she's had with other women all her life, and the strength she's drawn from these. Effie Waloshyn, as the spokesperson from the International Campaign for Abortion Rights (I.C.A.R.) reinforced the need for militancy and vigilance within the women's movement. She spoke of the gains made by women internationally because of our militancy and also made us aware of the magnitude of our enemies and the power they wield. Evie Mandel, a member of the Edmonton Women's Coalition, in her speech gave a very comprehensive and unified look at the entire

spectrum of the women's movement. It was an exciting first night!

The workshops were interesting and reflected an on-going excitement and challenge for feminists working in the E.W.C., related to the fact that the E.W.C. is very young (a little more than a year old), and has been able to involve many new

women who are often from different political perspectives and experiences. Therefore in many of the workshops the discussion was often uneven.

The "Man Alive" T.V. show featuring Germaine Greer was shown. That was great! The party on Saturday night was also fun. The U. of A. has a very nice renovated "Power Plant!" Literature tables, button sales, etc., it was all there in the centre room.

The best part, of course, was the march and rally. The E.W.C. pulled off a major coup and had us marching down Jasper Avenue! As we marched through the downtown area you could hear our chants echoing off the walls of the high buildings! The rally showed the breadth of support that the E.W.C. already has been able to build!

I was able to give greetings and solidarity from Saskatchewan and I know I brought back a strong message in kind.

In Solidarity & Sisterhood,
Annette Kouri

Pilot project planned
Birth control
in classroom

Toronto Board of Education last night passed a resolution to pilot a birth control education program in the schools. The trustees agreed to plan and evaluate the program through a committee of parents and teachers.

Wife's rights overlooked in abortion case

Editor, Citizen: I read the article "Judge orders: Women certain facts which could be" (Citizen, Jan. 27) and arrived at the conclusion that the Ontario Supreme Court's decision last night was a landmark one. It is a pity that the husband's rights were overlooked in this case. The husband himself should have been consulted in the decision.

Fertility damage fear in abortions

By Peter Calandri
TORONTO — Legal abortions carry a hidden danger tag of damage to fertility for many women, says a Toronto gynaecologist. He says that many women who have had abortions are unaware of the potential damage to their reproductive system.

Abortion
Strictly a doctor-patient matter: MD

TORONTO (CP) — The first woman president of the Canadian Medical Association (CMA) pledged Thursday to urge the federal government to remove all references to therapeutic abortion commissions from the Criminal Code.

Hospital trustee blasts abortion rate

BRANTFORD, Ont. — A hospital trustee said last year, 259 women were referred to the hospital for abortions. He said the rate was "unacceptably high" and that the hospital was "not prepared" to handle the "unplanned" increase in the number of abortions.

Clarify the on abort

Once and for all, may we have an abortion law per se and not Justice Abraham Lincoln's injunction preventing this law into open question of the minister of justice, was that of this law. His successor, O see that the process is covered by referring

PRAIRIE WOMAN is a newsletter of Saskatoon Women's Liberation. Contributions in the form of articles, news items, poetry, graphics, cartoons, and photographs are welcomed from women. Interested men are invited to contribute letters or funds. Because the newsletter is put out by voluntary labour, financial donations are encouraged..

PRAIRIE WOMAN is run as a collective. Writers have had their efforts acknowledged with their articles. Others working on the paper are:

PAM McFIE
MAYLYNN WOOD
ANGELA BISHOFF

DEBBIE WOOLWAY
LYNDA SHEPHERDSON
ROSEMARIE RUPPS

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