



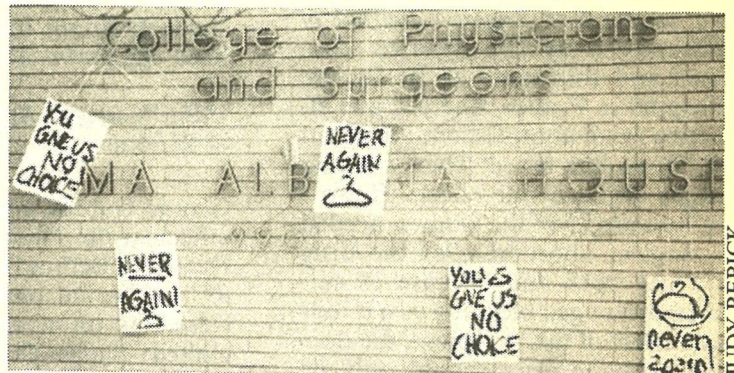
ALBERTA NEWEST LOCALE FOR ABORTION ACCESS CRISIS

The growing problem of declining abortion access is becoming a national crisis. Abortions are no longer available in Prince Edward Island, scarcely available in Newfoundland, and are extremely hard to get in many other areas of the country (see the spring and fall 1986 issues of *Pro-Choice News* for details). The newest crisis has occurred in Alberta.

Before the province of Alberta banned extra-billing last September, the going rate for an abortion was \$200. The provincial medicare plan paid \$85, and doctors extra-billed for the rest. *The government raised medicare fees in a number of other areas where ending extra-billing was expected to have a major impact, but it did not raise the fee for abortion.* Doc-

(Continued on page 6)

Signs hang from wall of Alberta College of Physicians & Surgeons after pro-choice demo.



JUDY REBICK

Alberta teenager allowed to make own decision on abortion

In what may be a landmark ruling for young women across Canada, the Alberta Court of Appeal decided, on December 31, that a 16-year-old teenager was mentally capable

of making the decision to have an abortion.

The young woman's parents (Mormons who have eight children including a 14-year-old daughter who is pregnant and planning to

(Continued on page 6)

Margaret Laurence

We join the many others in Canada and around the world who deeply mourn the death of Margaret Laurence, and we also join them in celebrating her life and in being thankful for what she gave us.

Laurence was best known for her wonderful novels which gave a rich sense of small-town Canada to the rest of the world, and which brought numbers of complex, very human characters to life. Laurence's women are especially memorable.

Laurence was widely known for her admirable work for peace groups. She was also an active feminist and a supporter of abortion rights, a fact that received less attention in the press while she lived and, sad to say, almost no attention in the many articles that appeared after her death.

Among her many activities, Laurence was an honorary director of CARAL for a number of years. She signed promotional letters for CARAL, and letters appealing for funds. This activity was not without consequence. She received a good deal of hate mail as a result, and at a time when she was also dealing with bigots who labelled her deeply humanistic, moral writing "obscene", and wanted it banned from schools. Laurence was a sensitive woman and suffered deeply from this abuse.

Reprinted in this issue are portions of a letter Margaret Laurence wrote to CARAL President Norma Scarborough in 1983, explaining Laurence's support for abortion rights.

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YOU ASKED US

What Can You Tell Us About the New "Abortion Pill" We've Been Reading About?

Much has been said and written about RU 486 in the past few years. Now, a new study indicating its safety and effectiveness has been published, and it is expected that the drug will be approved for use this spring as an abortion pill in France and Sweden.

The study, published in December in the *New England Journal of Medicine*, is by Dr. Beatrice Couzinet and colleagues at the Bicetre Hospital in France. The pill was effective as an abortifacient for 85 out of 100 women tested. There were no major negative side effects. However, because 15 of the women needed a surgical abortion after the drug did not work and because 18 suffered prolonged bleeding as a minor side effect of the treatment, the doctors said the drug should only be used under close medical supervision. The long-term side effects, if any, are not known.

American doctors commenting on the study felt that discovery of RU 486 is as important as the development of the birth control pill. "It will have a potentially enormous impact on society," said Dr. William Crowley, of Massachusetts General Hospital. "There are very few drugs and discoveries that can change the way a society operates. This is clearly one of them."

"Even with these reservations

[that the drug can cause minor ill side effects], RU 486 offers a reasonable alternative to surgical abortion, the French study said (*Toronto Star*, December 18).

RU 486 works best if used during the first six weeks of pregnancy. It operates by blocking the body's use of the hormone progesterone. This secretion is essential for maintaining the lining of the uterus. Deprived of progesterone, the uterus sheds its lining, including any fertilized egg that is attached to it.

U.S.: "Groups" Agitate Against Use of RU 486

George Gaines, a legislative liaison officer at the National Institutes of Health in Bethesda, Maryland, said RU 486 would probably not be released as an abortion pill in the United States for several years. "Groups around the country and some legislators have put significant pressure on us not to do any work with RU 486," he said (*Star*, December 18).

Researchers at the national health institutes are barred by U.S. federal

law from testing RU 486 or any other drugs as abortive agents. But they are studying its potential use as a birth control pill and treatment for a variety of diseases.

Dr. Lynette Nieman of the National Institute of Child Health and Human Development in the U.S. said RU 486 may have fewer side effects than birth control pills now available. And because it would be taken only once a month, it would be more convenient. She said it might also be taken as a "morning-after" pill in cases of rape and incest.

The drug is also an effective treatment for a pituitary disorder called Cushing's disease. It may be useful for treating glaucoma, endometriosis and some cancers of the breast and uterus. And it could help researchers find new means of treating women who are infertile because of hormonal problems.

"It's a new way of looking at the very complex interaction between the brain and ovary," said Nieman. "This is a major breakthrough in our perspective in understanding basic physiology."

What's happening on the Hill? Bills and motions on abortion

In November, Progressive Conservative MP Gus Mitges introduced a motion to outlaw therapeutic abortions, calling for passage of a constitutional amendment that would include the unborn among those guaranteed fundamental justice under the Charter of Rights.

Speaking against Mitges' motion were Dan Heap (New Democrat, Spadina), Anne Blouin (Progressive Conservative, Montmorency-Orleans), Jim Manly (NDP, Cowichan-Malahat-The Islands), Don Boudria (Liberal, Glengarry-Prescott-Russell), and Francois Gerin (PC, Parliamentary Secretary to the Minister of Justice and Attorney General of Canada). Speaking in favour was Charles-Eugene Marin (PC, Gaspé).

Mitges' motion is scheduled to come up for a second discussion at the end of January.

Another private member's bill on abortion, which would remove all references to abortion from the Criminal Code except the requirement that it be provided by a qualified medical practitioner, has been submitted by NDP MP Svend Robinson. In accordance with new parliamentary rules on private members bills, Robinson's bill will be put into the next draw and, if it is selected, will be allowed a total discussion time of five hours.

The following is a list of anti-choice MP's who have publicly expressed opposition to abortion in the past year, either by supporting anti-choice bills or motions in the House of commons, or in official statements:

Pat Binns, PC, Cardigan, P.E.I.; Bob Brisco, PC, Kootenay-West, B.C.; Robert Corbett, PC, Fundy-Royal, N.B.; Edouard Desrosiers,

Crombie's wise decision

We at CARAL congratulate Secretary of State David Crombie in his wise decision to deny federal funds to R.E.A.L. Women. Crombie put it very well when, in a letter to R.E.A.L. Women, he said that the group was not eligible for funds because the Secretary of State women's program supports only those groups that "promote understanding and action on status of women issues" and which "carry out projects toward the achievement of equal opportunity for women in Canadian society".

We regret that Crombie opened a door for the R.E.A.L. group to apply for future funding for specific project grants. If, as Crombie has noted, the group has a basic philosophy that opposes full social equality for women, how can individual projects depart from this underlying viewpoint?

NAC "Takes Off The Gloves"

We would also like to take this opportunity to congratulate the National Action Committee on the Status of Women for conducting a thorough lobbying job in Ottawa in re-

cent months. NAC marshalled a wide range of its member groups to testify to NAC's work on behalf of all kinds of women, from homemakers to farmers to union women to professionals. We were proud to present CARAL's views to the Government as part of that lobbying effort. We applaud the decision announced by NAC at its mid-year meeting in January to "take off the gloves" and do serious public battle with R.E.A.L. Women. Louise Dulude said, in view of the danger R.E.A.L. Women represents, it was time to put a halt to the "ladylike" attitude that women should not fight in public. We agree. And let's not think the war is over because one important battle has been won.

Anti-Choice Origins

A key fact to note about R.E.A.L. Women, and one that the media has not fully understood, is that it originated as an anti-choice group.

In its attempt to get federal funding, the R.E.A.L. group sought to play down or conceal its anti-choice origins and to paint itself as a multi-activity organization out to improve



Message from the President

Norma Scarborough

the lot of women and the family. But as Crombie noted in turning down its application for funding, the R.E.A.L. group has no "proven track record of project management."

"R.E.A.L. Women" and "UnWomen"?

The way they have designated themselves - "real women" - is ominous in itself. As Hilary Knight from Vancouver so succinctly put it in a letter printed in the *Globe and Mail* (January 6): "Its members actually arrogate to themselves the right to define 'real', 'true', or 'proper', womanhood. They 'know' themselves to be right and, by extension, everyone else to be wrong. If R.E.A.L. Women are muffin-mixing, homophobic devotees of the colour pink, how are the rest of us to be denominated - as the 'unwomen' of Margaret Atwood's *The Handmaid's Tale*?"

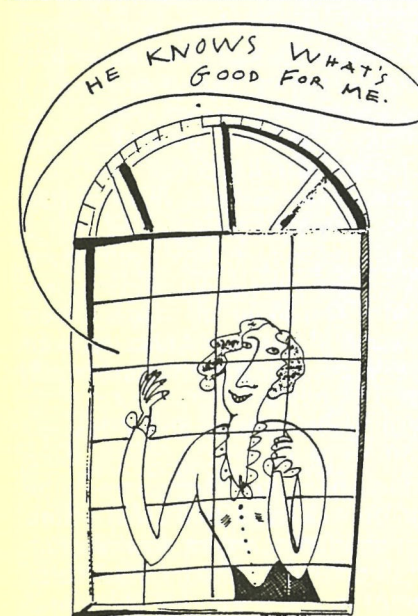
New StatsCan study reports 2 percent abortion decline

The number of therapeutic abortions performed in Canadian hospitals continued to fall in 1985, according to a report released in December by Statistics Canada. The decline, however, reflects the increased difficulty in obtaining an abortion from an accredited hospital rather than a reduction in demand.

The report shows 60,928 abortions were performed in 1985, down 2 percent from 1984. The number of therapeutic abortion committees declined from a high in 1975 of 274 committees to 244 committees at the

beginning of 1985. Eighteen percent of these committees approved no abortions at all.

StatsCan figures do not include abortions performed at the Morgentaler clinic in Toronto or the 12 free-standing clinics in Quebec. Nor do they include women who went to the United States to seek abortions, conservatively estimated at about 3,500 in 1984 by StatsCan. American clinics have no requirement to report out-of-country patients (82 percent of all abortions in the U.S. are presently provided in free-standing clinics, or in doctors' offices.)



CHRISTINE ROCHE

PC, Hochelaga-Maisonneuve, P.Q.; Benno Friesen, PC, Surrey-White Rock-North Delta, B.C.; Bill Gottselig, PC, Moose Jaw, Sask.; John Gormley, PC, The Battlefords-Meadow Lake, Sask.; Jim Jepson,

PC, London East, Ont.; Charles-Eugene Marin, PC, Gaspé, P.Q.; Gus Mitges, PC, Grey-Simcoe, Ont.; John Nunziata, Lib, York-South-Weston, Ont.; Laurence O'Neil, PC, Cape Breton-Highlands-Canso; John

Oostrom, PC, Willowdale, Ont.; John Reimer, PC, Kitchener, Ont.; Chris Speyer, PC, Cambridge, Ont.; Reg Stackhouse, PC, Scarborough West, Ont.; Gordon Taylor, PC, Bow River, Sask.

A "Thrill" of a Conference

For Kathy Coffin of Nova Scotia, CARAL's vice president, the Catholics for Free Choice conference held in Washington, D.C. in December was a "thrill." Coffin told *Pro-Choice News*: "For me, born and raised Roman Catholic, it was an opportunity to hear the discussion presented by other Roman Catholics who were pro-choice. Theologians, sisters, priests and lay persons with the courage to question traditional teachings of the Church and not just on the issue of choice on abortion, but on the ordination of women, gay and lesbian rights, and sexual ethics in the Roman Catholic tradition. They affirmed women's realities whether in Chile or the inner cities of Chicago and New York. They trust women to act as moral agents and they spoke from experience."

Coffin attended the conference on behalf of CARAL, along with Norma Scarborough, CARAL's president. Also attending from Canada was Ruth Evans who spoke as a panelist on the issue of abortion as an inter-religious question. The conference theme was "Ethical Issues in Reproductive Health."

Sessions included "Abortion Ethics and the Development of Communitarian Values" with speaker Barbara Ehrenreich, and a workshop on "Language, Symbol and Metaphor" moderated by Mary Gordon and featuring Emily Culpepper and Grace Paley. Other outstanding conference speakers included Beverly Harrison, Marjorie and Daniel Maguire, Kristin Luker, Ethel Klein, and several of the nuns who had signed a statement opposing the Vatican stance on abortion.

Professor Etienne-Emile Baulieu, the inventor of RU 486, gave a clear and concise presentation on this new abortifacient. Because RU 486 causes abortion prior to implantation, he said, it could be acceptable to many conservative theologians and ethicists who hold a developmental view of life. (See article on RU 486 elsewhere in this issue for more details.)

Feminist-Christian Viewpoint

Another part of the "thrill" for Kathy Coffin was "hearing the discussion from a feminist, moral, ethi-

cal, Christian point of view." Said Coffin: "We were talking about setting conditions for procreative choice, about women's bodily integrity, about women. For once, I heard the issues discussed by women and not by theologians and evangelical ministers who have taken over the debate, or by anti-choice extremists unable to comprehend women's lives."

Women attended the conference from all over North and South America. There were women from Latin American countries where abortions are still completely illegal, and there was a good representation of women working in free-standing abortion clinics in the United States. "There was a feeling," said Coffin,

"that despite the adversities and setbacks, the struggle could be won; Roe vs. Wade would not be overturned."

Coffin lamented the lack of significant numbers of Catholic voices in Canada taking a pro-choice stand, and also the lack of activist Catholic dissenters. "I want to have such a conference in Canada," she said.

(Anyone interested in helping Kathy Coffin organize such a conference in Canada, please contact CARAL, 344 Bloor St. W., Ste. 306, Toronto, Ont. M5S 1W9, or phone 416-961-1507. Also, if you are interested in hearing any of the tapes from the conference, as itemized in the list accompanying this article, please contact CARAL at the above address or phone number.)

Letter from Margaret Laurence to Norma Scarborough, November 22, 1983

Dear Norma,

It was just great to meet you last evening at Lynn McDonald's, and to talk with you, even if (alas) briefly. I hope we can sometime get together and talk at much greater length. There is so much I'd like to discuss with you. You must have wondered why I've supported CARAL strongly throughout some years now.

Interestingly enough, I have never had an abortion myself, and I'm not even sure that under circumstances of an unwanted pregnancy, I would have been able to bring myself to have one. (See *A Jest of God*.) On the other hand, under circumstances of total despair and anguish, could I have borne to bear a child to a man I despised or who had violated me in the profoundest sense? I don't think so. (See *The Diviners*.)

I have felt, not in my own life, thank God (and for this I'm just lucky, that's all) such a sense of *outrage* that women have been forced to bear children that they literally could not bear. And to the anti-choice people, of course, the fault is always the woman's. Why did she have sex? Never mind that it might have been rape and/or incest. Never mind that women have deep sexual needs too. Anyway, I was so greatly blessed with two very much wanted children, who are now 31 and 28. I sometimes wonder who could fail to break their hearts over the unwanted ones, the ones born into nothing except rejection and despair, to take on not only the bearing of a child but the 18 years of responsibility.

Let them (the unwanted children) be adopted by all the good kind folks, say the anti-choice people. Yeh. Many young mothers (themselves scarcely more than children) want to keep their babies, and fantasize about themselves in the cozy suburban home. The lonely grotty room, on welfare, with a child whom they have no way of knowing how to care for, is a different matter. As is the fact that the good folks who talk about adoption don't really refer to children of mixed race or to babies born to young ignorant mothers who ate chips and drank soft drinks (at the best) throughout their pregnancies, and have, of course, therefore, a very great chance of bearing babies who aren't healthy. Joe Borowski certainly isn't into taking on the care and bringing-up of those children. Not to mention the babies who will be abused, being children of children-mothers themselves abused....

With love to you all,
Margaret

List of Tapes From Catholics for Free Choice Conference, Washington, D.C., December 5-6, 1986

- 1. Religious Feminism and Abortion Ethics - Prolife or Prochoice? - 2 tapes**
Sidney Callahan & Beverly Harrison
- 2. People of Courage Awards Banquet**
Daniel C. Maguire
- 3. Moral Consistency in Public Policy**
Carol Moseley Braun, Joan C. Callahan, Mary C. Segers
- 4. The Ethics of Resistance: A Case Study of the Vatican 24**
Barbara Ferraro, Patricia Hussey, Marilyn Thie, Ann Patrick Ware
- 5. Ethical Issues in Counseling**
Terry Beresford, Diann Neu, Elinor Yeo
- 6. Reproductive Rights and Wrongs: Global Issues and Population Policy**
Elizabeth Hartmann, Sylvia Marcos, Ieda S. Wiarda
- 7. Personhood and Value in the Reproductive Rights Debate**
Marjorie Reiley Maguire, Giles Milhaven, Paul D. Simmons
- 8. Non-Theocentric Feminist Ethics and Reproductive Health**
Ruth Hubbard, Rosalind P. Petchesky
- 9. Prolife Direct Action: An Exercise in Free Speech or Intimidation?**
Joseph O'Rourke, Cheryl Sanders
- 10. Women, Reproductive Rights and Population Policy: Experiences from Argentina, Brazil and Chile**
Carmen Barroso, Amparo Claro, Sara Newbery
- 11. Wives and Children - Husbands and Parents: The Issue of Consent**
Janet Benshoof, Nadine Taub
- 12. In Search of Children**
Janet Gallagher, Cheri A. Pies, Thomas A. Shannon, Caroline Whitbeck
- 13. The Role of Social Science Research in Developing Values**
Ethel Klein, Kristin Luker
- 14. Luncheon Address: RU 486: Transforming the Abortion Debate**
Guest Speaker: Prof. Etienne-Emile Baulieu; Commentators: Jacqueline D. Forrest, Ruth Hubbard, Daniel C. Maguire
- 15. Abortion As An Inter-Religious Question**
Joy Bussert, Annette Daum, Ruth Evans

MEDICAL UPDATES

Study of Illegal-Abortion Complications

A recent study in Nigeria shows how serious the health consequences can be when abortion is illegal or severely restricted. (In Nigeria, abortion is permitted only to save the life of the mother.) The study's results were published in *Asia Oceania Journal of Obstetrics and Gynecology*, June 1986, and the *International Journal of Health Services*, No. 3, 1986.

In an 18-month period, 102 cases of septic abortion were seen at the University of Ilorin teaching hospital. Of these, 68 were unmarried teenagers, all high school students, 11 of whom were age 11 to 15. All the women came to the hospital for help more than two weeks after the abortion had been induced, and all had serious complications.

These included: pelvic abscess, peritonitis, cervical and/or vaginal lacerations, and uterine perforation. Nine suffered septic shock and of these, five died. One had severe tetanus and died of respiratory arrest. Three developed major psychosis. The remainder recovered after prolonged treatment. There is no data on women who do not go to hospital for help when complications arise.

- 16. Abortion Ethics and the Development of Communitarian Values**
Elizabeth Bettenhausen, Barbara Ehrenreich, Stanley Hauerwas
- 17. A New Look at the Seamless Garment**
Joseph J. Fahey, Christine E. Gudorf
- 18. Language, Symbol and Metaphor**
Emily Culpepper, Grace Paley, Anne E. Patrick
- 19. Sexual Ethics in the Roman Catholic Tradition: The Vast Wasteland**
Barbara Hilkert Andolsen, Anthony Battaglia, Kevin Gordon
- 20. In Search of the Perfect Baby**
Anne Finger, Barbara Katz-Rothman, Melanie Tervalon
- 21. Closing Plenary: Visions of the Future - 2 tapes**
Mary E. Hunt, Rosemary Radford Ruether

Conference on Teen Pregnancy in Latin America

The March 1986 *International Family Planning Perspectives* reported on the first international conference on the Sexual and Reproductive Health of Adolescents and Young People, held in Mexico in December 1985, under the joint auspices of the Mexican Academy of Research on Medical Demography, the Mexican Institute of Social Security, and the Adolescent Guidance Centre. Three hundred program planners, researchers, family planning and maternal and child health clinic personnel, sex educators and government representatives from 12 Latin American and 11 Caribbean countries participated.

The emphasis at the conference was on health consequences of teen pregnancy, the need for sex education and contraceptive services, and attention to the problems of unemployment for young women with children.

International Research on Abortion-Related Risks

According to *Abortion Research Notes*, July 1986, World Health Organization-sponsored studies in Hungary and Korea yield "no evidence of reduced ability to conceive following induced abortion"; U.S. studies indicate that legal abortion does not carry an excess risk for future infertility and is not associated with low birth weight in subsequent pregnancies.

Study of Teenagers Who Choose Abortions

A 1984 study published in the *Journal of Reproductive Medicine* (29, 255) observed that "teenagers who chose abortion seemed more independent and self-assured, made their decisions pretty much by themselves, and had a more realistic view of themselves compared to teens who carried to term and perceived their decisions to be more externally determined."

Alberta Access Crisis

(Continued from page 1)

tors started charging patients a \$75 administrative fee for writing the required recommendation letter to the hospital abortion committee. When - over the objections of the Alberta Medical Association - the province declared this to be a form of extra-billing and, therefore, illegal, many doctors responded by refusing to do any more abortions.

Women Held Hostage

This has created a situation whereby, as one commentator noted, "Women seeking abortions are being held hostage in a power struggle between the provincial government and the medical association" with the result that "with the doctors and the government both digging in their heels...desperate women (are) heading for the United States [or] the Morgentaler clinic in Toronto.... (Leonard Shifrin in the *Toronto Star*, November 17). In a *Star* interview in November, Dr. Richard Kennedy, president of the Alberta Medical Association, called the situation a "crisis."

As the crisis deepened, Planned Parenthood, Abortion by Choice, and other organizations asked the province to intervene and seek a solution to the impasse. Hospitals Minister Marv Moore responded at first by saying he had no plans to intervene in the province's abortion dispute.

In an editorial on November 21, the *Edmonton Journal* sharply castigated Minister Moore for "evading his responsibility to protect Alberta women, abandoned to the cruel emotional and physical punishment of leaving the province to obtain emergency medical care that is theirs by right."

Whatever Happened to Universal Health Care?

The *Journal* continued: "His miserable failure to act is as pathetic as the abandoned principles of the doctors who refuse to perform a service they were happy to when the price was right. These are the same doctors who in a majority vote accepted a higher fee schedule for services in return for surrendering

extra billing privileges. Now, they find fault with one fee, so they refuse to perform the service. Was there ever a clearer example of shameless money-grubbing?...Nowhere else would such a breach of contract be tolerated...Whatever happened to universal access to health care?...[Moore] should order doctors to comply with the agreement they found acceptable six weeks ago. Too many Alberta women have suffered already. The public interest demands the minister end this moral paralysis and act now on behalf of the weak and powerless who are in his care."

Alberta Needs Henry Morgentaler

Sheila Pratt - in a November 14 column for the *Calgary Herald* which began with the sentence, "Alberta needs Henry Morgentaler" - said, "Alberta doctors and political leaders, specifically Hospitals Minister Marv Moore, have abdicated their responsibility in the current crisis over abortion."

Some of Minister Moore's later comments lend credence to Leonard Shifrin's observation in the November 17 *Toronto Star* that the Alberta government's failure to increase abortion fees while increasing other medicare fees following the ban on extra-billing "has led some people to wonder if it is deliberately trying to undermine the availability of the procedure in the province."



Pro-choice demonstration outside College of Physicians and Surgeons in Alberta

Alberta Teenager

(Continued from page 1)

have the baby) had brought an injunction challenging a dependent's legal right to make such a decision on her own.

In the ruling, the Court said the only issue was whether the young

Moore Implies Curtailment of Access a Good Thing

In a speech to the Alberta Hospital Association on November 27, Moore said, "A great number of abortions, I believe, are being done as a birth control measure and do not in any way conform to the requirements of the Criminal Code. From a hospital perspective, I think some of you should be questioning your abortion committees and doctors who are approving abortions" (*Edmonton Journal*, November 28). Moore told the convention a greater emphasis on family planning should be encouraged.

In a news conference, Moore admitted he hadn't seen any studies about abortions being used as birth control, but "we all know it's happening." At a later occasion, Moore drew a distinction between "elective" and "medical" abortions, which was picked up and repeated by Alberta Medical Association spokespersons - making the ominous suggestion that a drastic curtailment of abortion access would be a good thing, to cut down on so-called "elective" abortions.

The Alberta Medical Association brought to court the question of doctors' right to charge patients \$75 for letters to abortion committees. In January, judgement on the case was reserved indefinitely in Court of Queen's Bench.

woman had the capacity to make a decision involving emotional and moral considerations. "She has sufficient understanding and intelligence to make up her own mind," said Chief Justice Herbert Laycraft, Justice Roger Kerans, and Justice Mary Hetherington (*Toronto Star*, January 2). (Continued on page 7)

Edmonton Woman Stranded After Toronto Abortion

by Lasha Morningstar

(The following article appeared in the *Edmonton Journal* on November 30. It details only one of the horrific situations faced by Alberta women in need of abortions, but unable to find them at home. The article is reprinted by permission of the author.)

A terrified immigrant woman from Edmonton - her pockets jammed with notes from her husband - found herself stranded in Toronto after getting an abortion.

"She could not speak much English and could not communicate, so her husband sent a handful of notes with her," said Andrea Knight, office manager of the Morgentaler Clinic.

Knight said one note said for them to keep the woman overnight because she could not get a return flight the day of the abortion.

"They did not realize we are just a clinic with no overnight facilities. But she had nowhere else to go. So one of the nurses took her home with her and took her to the airport the next day."

The Morgentaler Clinic in Toronto is one of the facilities experiencing an upsurge in business since Alberta banned balance billing by doctors October 1.

Since then, many physicians have stopped performing therapeutic abortions and women must seek them elsewhere.

"Before, we used to see an Alberta

The Medicine Hat teenager, who by court order cannot be named, voiced anger at her parents, doctors and red tape for making her go to court to defend her decision. "That was probably the hardest thing I'll ever have to do - but I'm glad I did it and I hope it will make things easier for other teenagers who have the same problem," she said in a telephone interview with the *Star* (January 2).

Because of the opposition of her parents and doctors, it took the young woman two months to obtain an abortion. "If I could have had it right away, it would have taken only a few minutes, not 16 hours. The system is really unfair." The abortion

woman once every few months," said Knight. "But since the last week in October, we've had 10."

The fee at the Morgentaler clinic for a woman under 12 weeks is \$275, 13 weeks \$350, and between 14 and 16 weeks \$450.

"Some of the women coming from Alberta are quite far along. So it shows they have had delays in getting the procedure," Knight said.

Alberta Health Care pays for the consultation, examination, a pregnancy test and ultrasound test if they are done, said Knight. But it won't pay for the actual abortion.

The clinic employee said the Alberta women often arrive in the morning, have the abortion and fly out that afternoon.

"It is a tremendous ordeal for them," said Knight. "Whatever the doctors' dispute is, to make these women go through this is inhuman."

Alberta women are also heading south.

Canadians now make up half the clientele at Blue Mountain women's clinic in Missoula, Mont.

Mindy Opper, a health care worker at the clinic, said 13 Canadians came there last week, 10 the week before and as of Wednesday, 11 were booked for abortions this week.

"We'll see as many as we can," said Opper, but U.S. health care workers are angry about the situation in Canada. "Though the province makes this a legal procedure,

procedure was lengthier and more complicated because of the advanced state of the pregnancy.

The young woman, who plans to be a hairdresser, said she realized from the beginning she wouldn't be emotionally prepared to have a baby and then surrender it for adoption. "I knew I couldn't stand the mental strain of that, but I also knew I couldn't afford to keep the baby and neither could my parents." (*Star*, January 2).

She expressed plans to return to the family home but wasn't optimistic about the future with her parents. The parents say they want her to return home. But they acknowledge they are bitter and upset after losing the court battle to stop the abortion.



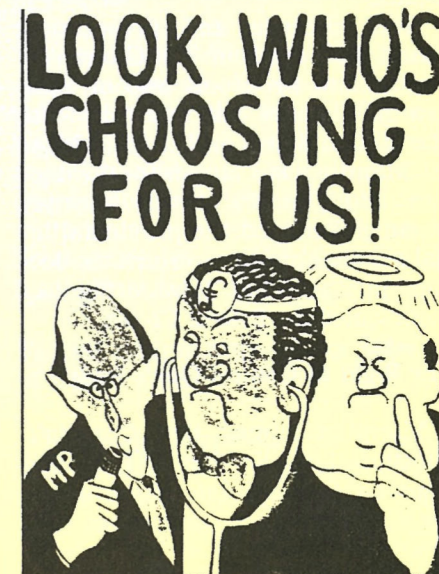
Lasha Morningstar

the trouble with the fee payment in effect means they are saying abortions are really hard to get. So what they are really trying to do is legislate morality and that makes me angry," Opper said.

Opper said the Alberta women arrive Friday, are counselled about their decision and the medical process, then have a physical examination.

They return on Saturday for the abortion. After a half-hour in the recovery room, they are discharged. The fee is \$250 U.S. Even the referral agency - Planned Parenthood Association of Edmonton - is under critical stress.

"The client load has almost doubled," executive director Lyn McCord said.



SUPREME COURT HEARING

A Review of

by Libby Scheier

It is being called a landmark case by all commentators. Hanging in the balance is a decision on whether Canada's abortion law violates the rights of women as set out in the Charter of Rights and Freedoms of the Canadian Constitution, significant questions of law such as the defence of necessity, and key democratic questions about the power of juries versus the power of judges.

In November 1984, Drs. Henry Morgentaler, Lesley Smoling, and Robert Scott were acquitted by a jury on charges of conspiring to procure a miscarriage, charges which were brought by the Ontario Attorney General after the Harbord Street abortion clinic was opened in Toronto. (This was Dr. Morgentaler's fourth such acquittal, having been acquitted three times in Quebec of similar charges). The Crown in Ontario appealed the acquittal on the grounds that the judge in the case had made legal errors in permitting certain types of defence testimony to the jury. After the Ontario Court of Appeal ordered Morgentaler and his colleagues to stand trial again on the same charges, the doctors decided to challenge this decision in an appeal to the Supreme Court. The Court heard the case last October and is presently reviewing the arguments.

Both defence and prosecution based their cases on the Charter of Rights and Freedoms and on case law in Canada and countries like the United States and Britain. Morris Manning was lawyer for the doctors and Ontario Crown Attorney Bonnie Wein led the provincial legal team seeking to overturn the doctors' jury acquittal. Edward Sojonyk represented the federal Crown.

The Right to Control One's Body

Manning argued that Canada's abortion law, Section 251 of the Criminal Code, violates Section 7 of the Charter which guarantees life, liberty and security of the person, because this section gives women the

right to determine when to terminate an unwanted pregnancy. Manning's factum to the Court argues: "Such decisions are deeply personal, private decisions about how one wishes to lead one's life and are fundamental to one's control over one's own body and the ability to lead one's life free from interference....[Section 7] taken as a whole, involves one's life and is a protection of individual autonomy [and it implies that] the right to life is meaningless without the right to control one's life." The document says that reproductive freedom is at the core of personal freedom and personal decision.

BASIC CHARTER FREEDOMS AND SECTION 251

Manning:

The abortion law violates the following sections of the Canadian Charter of Rights and Freedoms:

Section 2. Freedom of conscience and religion

Section 7. Right to life, liberty and security of the person

Section 15. Sexual equality

The Right to Religious Freedom

Manning also argued that Section 251 of the Criminal Code violates freedom of conscience and religion as set out in Section 2 of the Charter by not allowing women to make their own personal decisions about abortion.

Manning:

The ability of the Government to appeal a jury acquittal and have the case heard the second time by a judge violates section 11 of the Charter which provides for the right to trial by jury.

The Right to Sexual Equality

Manning said that Canada's abortion law violates the sexual equality rights provision (Section 15) of the Charter by discriminating against

women on the basis of sex. "Merely because men and women are different biologically doesn't mean that the state can discriminate against either," he argued. "If men who chose to have a vasectomy were forced to go before a committee for approval, that would also violate Section 15." Stating that "women must be treated as equals" under the Charter, Manning argued that because men have reproductive freedom, women must also have that same basic freedom.

Manning called Section 251 of the Criminal Code a "sex-specific provision" that strips women of their dig-

nity by requiring any abortion to be approved by a hospital committee of doctors. "Men have a choice with respect to their reproductive state," he said, "but women's choice is taken away and given to strangers."

Declining Abortion Access: Inequality Under the Law

According to documents filed by Manning with the Court, there is uncontradicted evidence that establishes that women are not treated equally under Section 251 because of unequal access to abortion across Canada. This violates the Charter guarantee that all persons must be treated equally under law.

Manning pointed to Section 251's provision allowing hospitals to choose whether to form therapeutic abortion committees or refuse to perform any abortions. He also noted the situation in Quebec, where the provincial government has allowed free-standing abortion clinics

ON ABORTION

the Arguments

to operate without the committee system. Meanwhile, he said, evidence has shown chronic abortion-access problems exist in other provinces under the same law.

The Court appeared sympathetic to the arguments around unequal access. One would "have to be afflicted with legislative blindness" not to see that many hospitals have avoided controversy by not setting up therapeutic abortion committees, Supreme Court Justice Willard Estey said. "So you've got zones in the country where there is no access. You've got whole provinces that are carved out of the process. Is this some kind of local option which has slid into the Criminal Code?"

Justice Bertha Wilson further remarked that the Court has determined previously that laws can be found to be unconstitutional on their general application as revealed in their wording, without the Court's needing to look at an individual instance.

Justice Estey marveled aloud that an entire province (i.e., P.E.I.) could end access to abortion by abolishing the mechanism for creating hospital committees. "I can't think of any other section of the Code which lays itself open to this practice," he said.

Another member of the Court, Justice Antonio Lamer, speculated that the lack of abortion facilities in some parts of the country appeared "to save the defence of necessity. Maybe it brings the doctor within certain situations where if he goes ahead, he can invoke the defense of necessity" (*Globe and Mail*, October 10).

Defence of Necessity

The defence of necessity has been one of the key legal arguments brought to bear in the trial. This le-

Manning:

A Crown appeal of a jury acquittal allows "judges to second guess and usurp the power of juries."



Morris Manning, lawyer for Drs. Morgentaler, Scott and Smoling:

"Merely because men and women are different biologically doesn't mean that the state can discriminate against either. If men who chose to have a vasectomy were forced to go before a committee for approval, that would also violate Section 15 [of the Charter]."

"Such decisions are deeply personal, private decisions about how one wishes to lead one's life and are fundamental to one's control over one's own body and the ability to lead one's life free from interference....[Section 7] taken as a whole, involves one's life and is a protection of individual autonomy [and it implies that] the right to life is meaningless without the right to control one's life."

gal concept allows an acquittal if the accused was forced to break the law in an emergency situation because not to do so would result in a greater harm. Manning argued that Dr. Morgentaler was forced to open the Harbord Street Clinic because unequal access had created an emergency medical situation.

Juries and Judges

Manning argued that Canada should follow England and the United States in making a jury acquittal the final ruling, not subject to appeal by the Crown. He told the Court that the current situation puts the defendant in a potential double-jeopardy situation. He noted that Section 11 of the Charter guarantees the right to trial by jury; but when a Crown appeal is launched it is heard before a judge only and that process allows "judges to second-

guess and usurp the power of juries".

"Fetal Rights" Not Entrenched in Charter

The so-called "rights of the fetus" came into the discussion in final arguments when the federal Crown, represented by lawyer Edward Sojonyk, told the Court that the question of fetal rights or protection of the unborn is "really largely what Section 251 [of the Criminal Code] is all about."

Federal Lawyer Argues Both Sides of Coin

Manning suggested the Crown was making its argument with forked tongue, noting that in Saskatchewan, Sojonyk had successful-

(Continued on page 10)

(Continued from page 9)

ly argued that the fetus enjoyed no constitutional rights at all. (The Saskatchewan Court of Appeal reserved decision nine months ago on self-appointed crusader Joe Borowski's attempt to have abortion outlawed altogether. Borowski contended that unborn children have a constitutional right to life that can't be abridged for any reason.) Manning said that Sojony's argument in the Morgentaler hearing contradicted his arguments in the Borowski case.

In her arguments, Ontario Crown Attorney Bonnie Wein defended the existing abortion legislation as a balancing act designed to protect both woman and fetus. The rationale for the law is the sanctity and preservation of human life, and it is

therefore in keeping with the Charter of Rights and Freedoms, she said.

Manning argued that the fetus has no constitutional rights. Only the rights of women to choose to terminate a pregnancy are protected by the Charter of Rights and Freedoms, he said. "The court is in a position of comparing a person with constitutional rights to a fetus, or a potential life or an entity or whatever, which hasn't been given constitutional rights".

During his final rebuttal, Manning returned to the unequal-access question, asserting that Justice Estey's surprise at the nature of Section 251 was well-founded. He said a province could indeed effectively abolish abortion procedures within its borders. "The issue here is the de-

nial of access by law," Manning concluded. "It is the law which denies access. It is not necessary for this court to solve the administrative problems. Once Parliament enters the field, it must pass a law which gives equality".

The appeal hearing lasted three-and-a-half days, but the Court could take up to a year to weigh the arguments presented last October. In the meantime, pro-choice activists continue to educate and lobby on behalf of existing and new abortion clinics while trying to cope with the urgent medical needs of women across Canada. The right to control one's own body, without interference from church or state, is a fundamental democratic right. Without it, women will not have equality.

courage to tell her mother. This is not an uncommon situation with teenagers, who keep hoping that what has happened to them is merely an irregularity in their periods. By that time, however, if they wish an abortion, they are likely to qualify only in those rare locations where second-trimester abortions are available. Wendy Williams must call the Toronto General Hospital between the hours of 2 and 3:30 on Friday afternoons and hope that she gets through.

Costs, including a \$1,000-a-month phone bill, have soared for the volunteer St. John's agency, which receives 300 requests for pregnancy tests every month. Budgeting is now so stringent that the staff has not been able to afford to renew a subscription to a useful journal, *Contraceptive Technology*.

In Edmonton, doctors are playing roulette with women's lives. Angered that the provincial Government's fee for abortions is \$85 and they no longer are allowed to extra-bill \$200 or \$250 as they once did, they have chosen to refuse to do the procedure. Heather Halpenny Crocker, co-executive director of the Planned Parents Association in Edmonton, says that well-to-do women manage to negotiate through the boycott, but teenagers, poor women and immigrant women cannot.

"It's the same old story," she sighs. "If you have no money and no connections you're out of luck."

Edmonton women either try to smuggle themselves into the Calgary Foothills Hospital clinic, pretending to be Calgaryans, or else must travel to Seattle, Washington, or Kalispell, Montana, where they will be charged \$700 (U.S.). The Montana clinic is doing so much Canadian business this autumn that it is thinking of expanding to another location.

"We've been trying to help a 25-year-old with three kids who is pregnant," comments Liz McCord, co-executive director of the Edmonton association. "Her husband tells her that he'll leave her if she has this baby. When she appealed to a doctor for help, his answer was that she should not stay married to such a brute."

Glenna Cross, president of the Calgary Birth Control Association, is fuming after a meeting last week of gynecologists and the Alberta Medical Association failed to re-

solve the deadlock. AMA president Dr. Richard Kennedy commented two weeks ago that a solution to rising health costs in Alberta might be to stop insuring "non-essential" services such as abortion.

The number of women seeking abortions has increased 50 per cent at the Calgary centre. Liz McCord says, "I can't see an end in sight. I don't know what we'll do."

Statistics Canada recently released figures indicating how many Canadian women have been obliged to go to the United States for abortions, which, theoretically, are medically



June Callwood

insured, legal and available in Canada. The numbers certainly do not reflect the reality, because most women in that situation try to avoid crossing the path of a government surveyor, but nonetheless they are dismayingly high. In 1984, for instance, 408 P.E.I. women went to Maine for abortions, 1,200 Ontario women went to New York, 680 Manitoba women went to North Dakota and 700 Alberta women went to Washington state.

Only 15 percent of Canadian hospitals offer reasonable access to abortion procedures. These few carry the burden of 75 percent of the country's legal abortions.

The federal Government is too intimidated by anti-choice forces to contemplate making a law that would provide access to abortion. Quebec has 12 illegal free-standing clinics that are tolerated by the provincial Government, but the other provinces refuse to help. Instead, they arrest doctors and close clinics. In this country, access to abortion requires a travel agent - and money.

(This article appeared in the *Globe and Mail*, December 3, 1986. It is reprinted here by permission of the author.)

(Note that the statistics quoted in this article for women travelling to the U.S. are stated by Statistics Canada to be minimum estimates only since there is no requirement for U.S. clinics to report abortions for out-of-country patients - Ed.)

DECLINING ABORTION ACCESS AND THE DEFENCE OF NECESSITY

Justice Willard Estey: "So you've got zones in the country where there is no access. You've got whole provinces that are carved out of the process. Is this some kind of local option which has slid into the Criminal Code? I can't think of any other section of the Code which lays itself open to this practice."

Justice Bertha Wilson: "The Court has determined previously that laws can fall on their general application."

Justice Antonio Lamer: The lack of abortion facilities in some parts of the country appears "to save the defence of necessity. Maybe it brings the doctors within certain situations where if he goes ahead, he can invoke the defence of necessity."

Abortion 'option' lets MDs play roulette with women's lives

by June Callwood

A few weeks ago, when the Supreme Court of Canada heard the appeal of yet another jury acquittal of Dr. Henry Morgentaler on abortion charges, Mr. Justice Willard Estey appeared to be musing aloud. He observed that a person would have to be affected with "legislative blindness" not to see that there are areas in the country where there is no access to abortion.

"You've got whole provinces that are carved out of the process," he said. "Is this some kind of local option which has slid into the Criminal Code?"

The question was, of course, rhetorical. As the judge knows, two provinces, Prince Edward Island

and Newfoundland, have slid out of the Criminal Code, as well as regions such as Northern Ontario and virtually all of Alberta.

Wendy Williams talks about what that means in Newfoundland. She's a nurse who works part-time in the St. John's Family Resources Centre of Planned Parenthood Newfoundland/Labrador. She spends much of her time on the telephone arranging for Newfoundland women to have their abortions in Montreal or Toronto. Newfoundland's only doctor who performs the procedure is recovering from a heart attack, so Wendy Williams and her associates are making off-island arrangements at the rate of 40 a month.

One-third of the women seeking abortions are teenagers and few of

them have flown before or even travelled out of the communities in which they were born. They must learn about youth fares and standby rules. They land at Dorval amid the hustle and confusion of that busy airport and somehow must find their way alone to a hospital located deep within a French-speaking city.

A mother on welfare accompanied her young daughter, despite the hardship of the expense. They brought \$100 to cover their living costs but, to their dismay, the doctor wanted that amount up front in cash. Wendy Williams does not know how they survived, penniless in a strange city, for the week they were there.

One 14-year-old was 10 weeks pregnant before she summoned the

ALBERTA

Board Stalls on Setting Up Referendum-Approved Abortion Committee

Residents of the northeastern Alberta City of Fort McMurray voted in October for the establishment of a therapeutic abortion clinic but, as of January, they were still waiting for the hospital board to honour their decision. In the first plebiscite of its kind in Canada, 57 percent of the 9,100 voters who cast ballots in an October municipal election supported a motion to establish a therapeutic abortion committee at the local hospital.

Forty-three percent of the electorate voted - the highest turnout ever for a local election - but the newly elected Fort McMurray Hospital Board has delayed a decision on whether to establish such a committee.

"They're really stalling on it," said Judy Moynihan, a member of the new committee and of the Canadian Abortion Rights Action League.

Traduction française du bulletin

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Four of the seven-member committee said before the plebiscite they would support the winning side, so Moynihan is sure the motion will eventually pass by five votes to two. But even that will not guarantee that an abortion committee will be created. "I predict their next tactic will be to say yes to the committee and then give it no money because of budget cutbacks," Moynihan said. "Everyone in the community is still watching this hot potato. They're going to be awfully upset if the board ignores the plebiscite, which cost as much as the committee would cost to run for one year."

The Fort McMurray Hospitals Board had voted against establishing an abortion committee before asking City Council to put the issue to a referendum, even though a majority of the hospital medical personnel supported establishing a committee.

French Translation of Newsletter

If you would like to have a French translation sent with your PRO-CHOICE NEWS, please let the CARAL office know. Be sure to include your name and address with your request.

BRITISH COLUMBIA

Med. Assn. Pres.: Amend Criminal Code on Abortion

The president of the British Columbia Medical Association has stated that the Criminal Code should be amended so that abortions no longer have to be performed in hospitals.

Dr. John O'Brien-Bell's opinion, reported in the *Vancouver Province* on January 14, reflected the problems faced by the medical profession in dealing with both Criminal Code restrictions on abortions and pressures on hospital boards and administration by anti-choice groups.

Of 115 public hospitals in British Columbia, only 52 have therapeutic abortion committees - and only 10 of these hospitals do 70 percent of the abortions provided each year in B.C.

On January 25, Concerned Citizens for Choice on Abortion held an organizing meeting to form a B.C. coalition in support of a free-standing clinic.

Doctors in Conflict With Board's New Restrictions on Abortions

In November, doctors at Vernon Jubilee Hospital overwhelmingly passed a motion of non-confidence in their hospital board over its stringent restrictions on therapeutic abortions. The doctors' vote was 52 to five, after the board brought in new regulations further defining "health".

The board's new regulations require that doctors show direct evidence that a woman's mental and physical health will be endangered by pregnancy and that abortion is the best treatment. As well, instead of just signing a consent form once, the woman must now sign it in four places after sections which outline that an abortion is illegal, describe the development of the fetus, list the possible complications from the procedure, and list agencies which help women continue their pregnancies.

Dr. Jane Forsey, president of the hospital's medical society, said the new regulations will force women in the city to go elsewhere for abortions. "It's our feeling we won't be doing any locally," she said. "The doctors are a bit dismayed that the board is defining health for them" (*Vancouver Sun*, November 10). In the past, said Forsey, the medical society recommended five physicians to sit on the abortion committee and the board had accepted those names. In October, the board rejected three of the five recommendations, replacing them with three doctors known for their anti-abortion views. The two remaining doctors resigned because they thought they would be a powerless minority.

HELP US GROW!

Would you help us grow by sending us the names of people you think might be interested in CARAL? We will send some of our literature along with a membership application to each prospective supporter.

Name of possible supporter:

Address:

If you would like to suggest more supporters, please send in the names on another sheet of paper.

ONTARIO

Toronto's Harbord Street Clinic Celebrates Second Anniversary

The Harbord Street abortion clinic hosted a party in December to celebrate its second anniversary. Supporters drank champagne and toasted Drs. Henry Morgentaler, Nikki Colodny, Robert Scott, and clinic staff.

Outside, members and supporters of the Christian Reformed Church of Jarvis, Ontario demonstrated against the clinic.

"When people look back 15 or 20 years from now," Dr. Morgentaler, told the gathering indoors, they will wonder why the struggle to open a Toronto abortion clinic "was such a controversial issue" (*Toronto Star*, December 11).

Dr. Scott, who opened Toronto's

second abortion clinic last May, told how he had just operated on a Saskatchewan woman, forced to ride all the way here by bus because she couldn't get an abortion in her home province. Scott appealed for more doctors to open new clinics.

At the end of the celebration, Morgentaler reiterated, "The people outside have a right to their beliefs and opinions, but they shouldn't impose them on anybody else" (*Star*, December 11).



JUDY REBICK

Celebrants at clinic party.

NAC Meeting Urges Fight Against R.E.A.L. Women

Louise Dulude's spirited call to "take the gloves off" in the fight with R.E.A.L. Women was the highlight of the mid-year meeting of the National Action Committee on the Status of Women held in January in London, Ontario.

"Our first strategy was to ignore them," Dulude said. But the R.E.A.L. group has taken a dangerous new twist, Dulude continued, and is allying itself with right-wing groups such as the National Citizens Coalition. Along with the Conservative Government's economic policies, which have hit women particularly hard, the changing anti-feminist movement poses a threat NAC cannot ignore. Dulude said feminists must challenge R.E.A.L. Women in public forums and must make known NAC's strong commitment to the needs of homemakers.

In keeping with the theme of the conference, "Violence in All its Forms," Dr. Nikki Colodny of the Toronto Harbord Street abortion clinic, spoke on "Violence to our Rights." Colodny told the NAC delegates that a free-standing abortion clinic is expected to open in Vancouver within a year.

Diane Mossman, CARAL's national co-ordinator, led the abortion workshop on the subject, "The Erosion of Access to Abortion in Canada."

Royal Bank Refuses to Cancel Scott Clinic Mortgage

Anti-choice crusaders failed in January to force the Royal Bank of Canada to call a mortgage on Dr. Robert Scott's abortion clinic.

Two Royal Bank shareholders, Cyril Fleming and Patrick Redmond, planned to bring a motion to terminate the \$220,000 mortgage extended to Dr. Scott. Royal Bank chairman Allan Taylor told the meeting that the bank's lawyers believe the mortgage is a legal contract and any effort to call the loan would fail.

In exchange for Fleming and Redmond's withdrawal of their motion, Taylor granted the anti-choice activists' request for an assurance that the bank not extend banking services to those engaged in "illegal activities." Paul Dodds, lawyer for the two men, stated his opinion that this assurance meant the Royal Bank would not finance abortion clinics. Fleming and Redmond had maintained that the mortgage demonstrated that the bank had taken a policy position in support of abortion.

But bank chairman Taylor said the bank's executives had decided not to take any policy on abortion, mainly because it had no mandate to do so. The bank has taken clear positions on other social issues, however, notably its condemnation of apartheid in South Africa.

Campbell's Anti-Choice Group Loses Charitable Status

In October, Gordon Murray of the charities division of Revenue Canada confirmed that Kenneth Campbell's Evangelical Society, also known as Choose Life, had lost its status as a charitable organization and, therefore, its right to issue tax receipts to donors.

Diane Mossman, CARAL's national co-ordinator, noted that CARAL has "always been concerned about the charitable status of Ken Campbell's organization." CARAL cannot give tax receipts to supporters because it is a lobby group and ineligible for charitable status. Donors who want receipts are encouraged to contribute to the Childbirth by Choice Trust.

QUEBEC

Province Stops Prosecution Over Abortion

For the second time in two months, the Quebec Government ordered a halt, in November, to proceedings against Dr. Jean-Denis Berube of Chicoutimi, and a Chicoutimi community clinic. The charge was laid in a private complaint by a woman acting on behalf of the Saguenay-Lac-St-Jean Coalition for Life group.

In September, Quebec Justice Minister Herbert Marx dropped proceedings against the only other doctor facing such charges in Quebec, Dr. Yvan Machabee of Montreal. This case is still before the courts, however, because the person who laid charges, Reggie Chartrand, is challenging the minister's decision.

P.E.I.

Status of Women Council Takes Position on Abortion

The Prince Edward Island Advisory Council on the Status of Women took a public position on abortion this past fall, as follows:

"The P.E.I. Advisory Council on the Status of Women believes that therapeutic abortion is a complex issue, one that involves personal, moral, religious, judicial and medical implications. With this understanding, the...Council...believes that:

"1. The need exists for access to medically approved, therapeutic abortion in P.E.I.

"2. The need exists for broader education through family life courses.

"3. The need exists for a support system for women who need counselling on issues of health, contraception, and pregnancy.

"4. The need exists for the Premier to discuss with the Federal Government possible changes to the Criminal Code and the Canada Health Act to ensure access for all P.E.I. women to this medical service.

"5. The need exists to educate elected officials at the provincial and federal levels about the various facets of the issue."

Prince Edward Island is currently the only province in Canada without any legal access to abortion.

AUSTRIA

Day of Action on Reproductive Control

Last November Austrian feminists carried out a national day of action for the right of women to decide if, when, and how to have children. A press release by women from Vienna and Gras said that the economic crisis had stirred up reactionary campaigns to try and make women feel guilty for having abortions, creating a setback for those who had fought hard for the legalization of abortion.

Women in Gras also called for abortions to be free and available on demand in all state hospitals, better access to contraception, for more research into contraceptives for men, controls on research in reproductive technology, and a ban on commercialization of surrogate motherhood.

BELGIUM

Abortion Trial of 60 Tests Belgian Law

Sixty people went on trial in Belgium in November for involvement with illegal abortions in a case that is expected to test the laws in one of Western Europe's few countries still banning abortion. The accused include patients, their families, 14 doctors, and employees of an illegally operated abortion clinic in the Flemish city of Ghent. The accused and their supporters say they hope the trial will reopen the debate on anti-abortion laws in Belgium, a strongly Roman Catholic country.

GREECE

Abortion on Demand Legalized

A recently passed law in Greece makes abortion legal on demand, under 12 weeks of pregnancy. Parental consent is required for anyone under 18. After 12 weeks, the grounds for abortion must be approved. The costs for both abortion and contraception are covered under a national health plan.

INDIA

Mother's Brigade to Help Family Planning

A 1.5 million-strong "Mothers' Bri-

gade" is to be organized by the Indian government to popularize family planning at a grass-roots level, according to a report in the *Times of India*. Patterned on similar voluntary groups operating in China and Indonesia, the brigade will comprise mothers above 30 years of age with no more than two children.

The Health Ministry has proposed that at least one volunteer be in constant touch with about 60 couples of childbearing age to advise them on family planning. The government said that the 1985-86 birth record was the best in 35 years, with 19 million couples adopting family planning.

THE NETHERLANDS

Abortion Comes Under National Health Plan

After years of campaigning by feminists, the Dutch government finally decided, last fall, to pay for abortions through the state health care system.

NICARAGUA

"Anti-Abortion Law Obsolete"

"I am for abortion - not just as a woman, but also as a police officer," Commander Doris Tijerino said in an interview printed in the December 9, 1985 issue of *Barricada*, the daily newspaper of the Sandinista National Liberation Front (FSLN). Tijerino is Nicaragua's national police chief and a longtime FSLN leader. She said the anti-abortion law is considered obsolete, and that no one would be prosecuted for seeking an abortion.

PORTUGAL

First Legal Abortion on Rape/Incest Victim

Some months ago, the first abortion to be carried out in Portugal under the two-year-old abortion law was performed on a 15-year-old girl whose father had raped her. The president of the Portuguese Bishops' Conference was quoted as saying that she "ought to have been helped to accept her pregnancy as a form of martyrdom" (*Women's Global Network on Reproductive Rights*, July-September 1986).

The Portuguese abortion law, passed in 1984, allows abortion only for

medical reasons and rape, but up until now, it has remained a paper law only.

SOVIET UNION

New Fee for Abortion Services

In the Soviet Union, abortion is legal and used to be free. Recently, patients have been required to pay a 50-rouble fee (about \$6 Cdn.) for use of anesthetic in abortion procedures.

SPAIN

Court Strikes Down Decree Liberalizing Abortion Law

The Spanish Supreme Court struck down a month-old Government decree in December that liberalized Spain's abortion law. The decree did away with obligatory five-member review boards and permitted private clinics to perform abortions. It also ordered a broader interpretation of a woman's health to include her mental and social well-being. A law passed in 1985 (which represented a liberalization of the previous law) permits abortions only in cases of rape, malformation of the fetus, or danger to the woman's life. Thousands of women continued to seek clandestine abortions under this restrictive law.

The news agency EFE said the court suspended the decree on an appeal by a group that claimed the decree was "dangerous to the health of the unborn." The Socialist Government said it would use "all legal means at its disposal" to overcome the decision "for the benefit of all citizens who may be affected by it."

Spanish feminists have been very active on the abortion issue, and pro-choice forces have grown considerably in recent months.

TAIWAN

Abortion-On-Request Law

Taiwan has adopted a Eugenic Protection Law permitting abortion on request of the woman for genetic reasons or for reasons of physical or mental health or "family life". Unmarried minors must have the consent of authorized guardians; a married woman applying for socio-economic reasons must have her husband's consent.

UNITED STATES

International Abortion Statistics Published

About 40 to 60 million abortions a year are performed around the world, and 10 to 25 million of them are illegal, according to a study released in New York in October. The study also says nearly a quarter of the world's population lives in countries that ban abortion or allow it only to save the mother's life.

Stanley Henshaw, the report's co-author and deputy research director of the Alan Guttmacher Institute, which reports annually on international abortion statistics, said an estimated 30 to 40 million legal abortions are performed annually, with 10 to 25 million illegal abortions a year. The wide ranges result from lack of reliable information.

Abortions are illegal or permitted only to save a woman's life in countries representing about 24 percent of the world's 4.9 billion people. A few countries in this category also allow abortions in instances of rape or fetal defect. The study says the category covers most Moslem countries of Asia; almost two-thirds of the countries of predominantly Roman Catholic Latin America; about half the countries of Africa; and three European countries: Belgium, Ireland, and Malta.

New Right Draws Up Prayer Hit List

Some leaders of the religious right in the U.S. are openly praying for the deaths of judicial and political officials with whom they disagree. According to Peter Pringle of the Observer News Service in Washington, D.C., commenting on last year's American elections: "This ugly form of religious intolerance is one of several that has emerged during the first half of this congressional election year. Candidates have been interrogated by the religious right about their political views and more candidates than before are saying they have divine endorsement" (*The Globe & Mail*, August 9, 1986).

The Republican Party is affected the most and the intolerance marks "the most widespread religious right effort yet to take control of the Republican Party," said People for the American Way, a constitutional liberties group. A recurring figure in

the activities of the religious right is Pat Robertson, the television evangelist, who, it is widely assumed, will run for president in 1988. Robertson said recently he was pleased "the wonderful process of the mortality tables" will soon change the composition of the Supreme Court, a reference to the fact that a number of the justices are very old, and, if President Ronald Reagan has his way, are likely to be replaced, when they die or retire, by men or women with more conservative views.

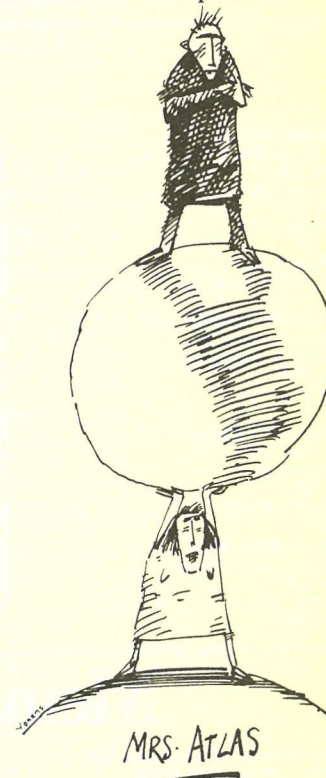
The pray-for-death movement includes fundamentalist preachers like Rev. Joe Morecroft, who is a Republican congressional nominee for a Georgia district. He has said he prays to God to remove "in any way He sees fit" Supreme Court justices who support legal abortion. Another preacher, Rev. Robert Hymers of Los Angeles, hired an airplane to carry a banner saying "Pray for death: baby-killer Brennan" as Supreme Court Justice William Brennan, who voted in 1973 with the majority to legalize most abortions, was visiting a local university. A group called Americans for Biblical Government, based in Maryland, urged in a newsletter that members offer prayers "for the Supreme Court - that either their minds be changed or that God would remove them and replace them with men who fear Him." Rev. Greg Dixon, pastor of an 8,000-member church in Indiana, has a "prayer hit list" of public officials condemned by his "Court of Divine Justice," which prays for the death of public officials he believes have violated religious liberty.

In a report on religious intolerance, the People for the American Way warn that these preachers are "using the same inflammatory rhetoric" heard before the outbreak of bombings at abortion clinics. The groups say the preachers "run the risk of inciting an unbalanced follower to attempt to do what they think is God's will by trying to kill a public official with whom they disagree" (*The Globe and Mail*, August 9, our emphasis). The group concludes: "On a practical level, this fact [of religious intolerance] has potentially long-term implications for the Republican Party and the American political system; the religious right has become institutionalized as a special group within the party."

VENEZUELA

Poll Shows 80 Percent Favour Legalized Abortion

In a recent poll by the Gallup Institute of Venezuela, where abortion is illegal, 80 percent of those questioned believed that abortion should be permitted for one reason or another. Venezuelan feminists said this proves the taboo on abortion is being maintained by a vocal and powerful minority of varying interests. The feminists called for a national referendum on the issue, as the first step in finding a solution to the 200,000 illegal abortions that are estimated to take place each year.



PAULA YOUNGS

New CARAL Groups in Alberta and Nova Scotia

We're pleased to announce the formation of new CARAL chapters in Pictou County, Nova Scotia, and Grande Prairie, Alberta. Grande Prairie joins Fort McMurray in helping to organize the freedom of choice movement in northern Alberta. If you can help organize a group in your area, please write to CARAL, 344 Bloor St. West, Suite 306, Toronto M5S 1W9. (See back page for list of chapters.)

The purpose of CARAL is to ensure that no woman in Canada is denied access to safe legal abortion. Our aim is the repeal of all sections of the Criminal Code dealing with abortion, and the establishment of comprehensive contraceptive and abortion services, including appropriate counselling, across Canada.

I support the statement of purpose of CARAL and wish to become a member.

Name _____ Phone _____ Date _____

Address _____ City _____

Province _____ Postal Code _____ Occupation _____

Name of Federal Riding or Member _____

Limited Income \$3.00

Family \$15.00

Individual Member \$10.00

Member Group \$25.00

Your cancelled cheque is your receipt.

Return to CARAL, 344 Bloor Street W., Suite 306, Toronto, Ont. M5S 1W9

CARAL Chapters

National CARAL
344 Bloor Street West
Suite 306
Toronto, Ont.
M5S 1W9
(416) 961-1507

CARAL/UWO
c/o CARAL/London

CARAL/WINNIPEG
c/o 251 Garfield St.
Winnipeg, Manitoba
R3G 2M1
(204) 453-7774

CARAL/OTTAWA
P.O. Box 7057
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CARAL/THUNDER BAY
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P7B 5E8

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CARAL/REGINA
Citizens for
Reproductive Choice
Box 3474
Regina, Sask.
S4P 3J8

CARAL/HALIFAX
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Halifax, N.S.
B3J 2L4
(902) 835-9435

CARAL/ST. JOHN'S
Box 6072
St. John's, Nfld.
A1C 5X8

CUARAL
c/o Carleton University
Women's Centre
Colonel By Dr.
Ottawa, Ont.

CARAL/PICTOU COUNTY
Box 873
New Glasgow, Nova Scotia
B2H 5K7

CARAL/EDMONTON
Abortion by Choice
Box 4098
Edmonton, Alberta
T6E 4S8

CARAL/P.E.I.
81 Prince Street
Charlottetown, P.E.I.
C1A 4R3
(902) 892-3790

CARAL/FRASER VALLEY
Box 553
White Rock, B.C.
V4B 5G4

CARAL/NIAGARA
Box 580
Thorold, Ontario
L2V 4W1

CARAL/FORT MCMURRAY
190 Highland Close
Fort McMurray, Alberta
T9H 3T5

CARAL/GRANDE PRAIRIE
10235 107th Ave.
Grande Prairie, Alberta
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Member & Endorsing Groups

Advisory Council on the Status of Women, Moncton, N.B.
Alberta N.D.P. Women's Section, Edmonton, Alta.
Alberta Status of Women Action Committee, Edmonton, Alta.
British Columbia Teachers Federation, Vancouver
Calgary Birth Control Association, Calgary, Alta.
Calgary Status of Women Action Committee, Calgary, Alta.
Canadian Air Line Flight Attendants' Assoc., Vancouver, B.C.
Canadian Air Line Flight Attendants' Assoc., Mississauga, Ont.
Canadian Unitarian Council, Toronto, Ont.
Centre de santé des femmes, Sherbrooke, P.Q.
La clinique des femmes de l'Outaouais, Hull, P.Q.
Chilliwack Citizens for Choice, Sardis, B.C.
Citizens for Reproductive Rights, Moose Jaw, Sask.
C.L.S.C. Centre-Sud, Montréal, P.Q.
Coalition for Reproductive Choice, Winnipeg, Man.
Collectif féministe de Rouyn, Noranda pour la santé des femmes, Rouyn, P.Q.
Comité condition féminine, Montréal, P.Q.
Community Health Services, Saskatoon, Sask.
Concerned Citizens for Choice on Abortion, Vancouver, B.C.
Cranbrook Women's Health Network, Cranbrook, B.C.
Doctors for Choice, Toronto, Ont.
Fédération du Québec pour le planning des naissances, Montréal, P.Q.
Fédération Québécoise des Infirmières et Infirmiers, Montréal, P.Q.
Horizons, The Manitoba Women's Newspaper, Winnipeg, Man.
Humanist Association of Canada, Ottawa, Ont.
Jessie's Centre for Teenagers Inc., Toronto, Ont.
Kingston Action Committee on the Status of Women, Kingston, Ont.
Kingston Sexual Assault Centre, Kingston, Ont.
Labour Council of Metropolitan Toronto, Don Mills, Ont.
Lakeshore Unitarian Church, Beaconsfield, P.Q.
Les Editions du Remue-Ménage, Montréal, P.Q.
London Status of Women Action Group, London, Ont.
Maison des femmes des bois-francs, Victoriaville, P.Q.
Manitoba Advisory Council on the Status of Women, Winnipeg, Man.
Maternal Health Society, Vancouver, B.C.

Medical Reform Group of Ontario
Montreal Health Press Inc., Montréal, P.Q.
National Action Committee, Status of Women, Toronto, Ont.
National Association of Women and the Law, Ottawa, Ont.
National Association of Women and the Law, P.E.I. Caucus, Charlottetown, P.E.I.
National Association of Women and the Law, University of Victoria, Victoria, B.C.
Nellie's Hostel, Toronto, Ont.
North Bay Women's Centre, North Bay, Ont.
North Shore Women's Centre, North Vancouver, B.C.
Ontario Coalition for Abortion Clinics, Toronto, Ont.
Ontario Coalition of Rape Crisis Centres, Peterborough, Ont.
Ontario Committee on the Status of Women, Toronto, Ont.
Ontario New Democratic Party Women's Committee, Toronto, Ont.
Participation of Women Committee, N.D.P., Ottawa, Ont.
Personal Rights Association, Weyburn, Sask.
Peterborough Rape Crisis Centre, Peterborough, Ont.
Planned Parenthood, Edmonton, Alta.
Planned Parenthood, Peterborough, Ont.
Planned Parenthood, Westmount, P.Q.
Port Alberni Women's Resources Society, Port Alberni, B.C.
Port Coquitlam Area Women's Centre, Port Coquitlam, B.C.
Prince Albert & District Pro-Choice Coalition, Prince Albert, Sask.
Prince George Women's Resource Centre, Prince George, B.C.
Queen's Women's Centre, Queen's University, Kingston, Ont.
Queen's Women's Law Caucus, Queen's University, Kingston, Ont.
Rape Crisis Centre, Hamilton, Ont.
Regina Women's Committee Centre, Regina, Sask.
Richmond Women's Centre, Richmond, B.C.
Room of One's Own, Vancouver, B.C.
Saskatchewan Action Committee on the Status of Women, Regina, Sask.
Saskatchewan Working Women, Saskatoon, Sask.
Saskatoon Abortion Rights Association, Saskatoon, Sask.
Saskatoon Women's Reproductive Rights Movement, Saskatoon, Sask.
Simon Fraser University, Burnaby Women's Centre, B.C.

Sudbury Women's Centre, Sudbury, Ont.
Timmins Sexual Assault Centre, Timmins, Ont.
Toronto Business & Professional Women's Club, Toronto, Ont.
University of Waterloo Birth Control Centre, Waterloo, Ont.
Vancouver Women's Health Collective, Vancouver, B.C.
Victoria Faulkner Women's Centre, Whitehorse, Yukon
Victoria Status of Women Action Group, Victoria, B.C.
West Kootenay Women's Association, Nelson, B.C.
Wellspring Women's Association, Whitecourt, Alta.
Women Against Violence Against Women/Rape Crisis Centre, Vancouver, B.C.
Women's Centre of Hamilton-Wentworth, Hamilton, Ont.
Women's Centre, University of Regina, Regina, Sask.
Women's Centre, Student's Union, Ryerson Polytechnical Institute, Toronto, Ont.
Women's Counselling, Referral and Education Centre, Toronto, Ont.
Women's Directorate, Saskatoon, Sask.
Women & Law, Faculty of Law, University Toronto, Toronto, Ont.
Women's Health Clinic, Winnipeg, Man.
Women's Issues Commission/University of Western Ontario, London, Ont.
Women's Research and Resource Centre, Toronto, Ont.
Women's Resource Centre, St. John's, Nfld.
Women & Law, Faculty of Law, University Toronto, Toronto, Ont.
Women of the North, Ft. McMurray, Alberta
The Women's Centre/Carleton University, Ottawa, Ont.
Young Women's Christian Assoc. of Canada (YWCA), Toronto, Ont.
YWCA of Metro Toronto, Toronto, Ont.
Yukon Status of Women Council, Whitehorse, Yukon