

PRIORITIES

A
FEMINIST
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PERSPECTIVE

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Breaking the Chains

*"None so fitted
to break the chains
as they who wear them,
None so well equipped
to decide
what is fetter."*



- *Canada*

- *Meech Lake Accord*
- *Free trade*

- *Women and children*

- *Abortion*
- *Hunger in the schools*

- *International*

- *Northern Ireland*
- *The Sudan*

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"The issues and demands raised by the Women's Liberation Movement are integral to the development of a democratic socialist society. The NDP actively encourages and provides support for women organizing around the demands of the Women's Liberation Movement and commits an NDP government to creating the legislation necessary to realize these demands."

—NDP Policy on Women's Rights

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Chairwoman's Report

by Adrienne Peacock

It is Convention time again! Time to pause and look at the activities of the Women's Rights Committee—at what worked and what did not. The WRC took the leadership in many areas. We examined our own structure and that of the party. We also began an effective programme of community outreach which we hope will ultimately make the activities of the WRC accessible to every woman in the party.

Community outreach

Through a series of regional workshops from Campbell River and Powell River to Dawson Creek, Vernon and Cranbrook, the WRC, working with our five women MLAs, responded to local requests for more involvement. Each workshop was a different success and underscored how important it is to facilitate the involvement of women in the WRC in our own regions.

An important initiative in tackling the difficult issue of regional representation on the WRC was undertaken by a committee chaired by Jane Evans. The recommendations of this committee will be coming to the Women's Caucus at Convention and will involve designating regional representatives and providing more support materials on how to carry out these functions. The problem of how to make travel expenses less onerous will also be addressed.

Those of us involved in preparing the WRC workshops have come to appreciate how important knowledge of our history is to understanding where we are and where we should go. For many of us, the Education Day we held last September was one of the highlights of our year. We heard the history of the WRC from women who had been there, and we came away with a better understanding of the very real achievements of the WRC through the years, and of our goals for the future.

The WRC received support for gender parity at the executive level of the party and at the constituency level. We will be voting on a resolution to ensure the provincial executive represents gender parity at this Convention. It is not an easy issue but it is certainly an important one. In many ways, it is easier to ensure gender parity of the provincial executive than of constituencies. Yet we know that it is usually in the constituencies that women and men get the experience they need to participate at the provincial executive level. We all need to make sure that women are considered and encouraged to run for all party positions.

The Issues: reproductive choice, pay equity, Meech Lake

The WRC continued intense involvement with the BC Coalition for Abortion Clinics, participating in a celebratory evening when the Supreme Court confirmed what we have known all along—women must have the right to make decisions about their own bodies. Through Vicki Robinson, Women's Or-

Photo by Catherine Kerr



Adrienne Peacock, outgoing chair of the BC WRC.

ganizer, we helped to organize a very successful demonstration on the lawns of the legislature with pro-choice groups in Victoria. Our representatives on the Coalition are both active as spokespersons. This Social Credit government seems determined to flaunt the law and to attack, with astonishing arrogance and insensitivity, a woman's right to choose. Consequently, this most fundamental women's rights issue will continue to require considerable energy on our part.

Much work has gone into the creation of pay equity legislation, culminating in the preparation of some "model legislation" with the BC Federation of Labour women. Again, because we live under one of the most repressive governments in Canada, a government deter-

mined to erode quality of life for women by making a two-tiered health system, by supporting free trade and pushing privatization even though women will be disproportionately hurt, we must take the leadership in pressing for economic equality for women. Pay equity is one step along the way.

We participated in the BC Federation of Labour Pay Equity Conference and held our own news conference and brunch to celebrate International Women's Day. Joan Smallwood and Mike Harcourt promised the commitment of the party to introducing pay equity legislation, first as a private member's bill and then as legislation when we become government.

On Meech Lake, the WRC joined our sisters in women's groups across the country in asking the BC New Democrats to reject this constitutional change unless important amendments to ensure that women's, native and northern rights are included. In doing so, we initiated an important discussion within the party on the relationship of caucus to party, and to party policy. This discussion lies at the heart of what we believe as members of the WRC and as New Democrats. Because we believe in fairness and justice for all of us, we believe in cooperative decision-making. In principle, we can all agree, but it is not always easy to work out the practice. Meech Lake involved us all in an important process and we did make some progress.

The 'A' Team

The relationship of the WRC with our five women MLAs is, as we predicted, a model for the party. We have formed a productive working relationship which has benefited everyone. We maintain close contact through weekly conference calls to ensure that our day-to-day concerns and issues are regularly examined and shared. We are proud to have these five determined women in Victoria fighting for our rights.

Finally, I want to thank all the women who served on the WRC Steering Committee since our Convention last April. I particularly appreciate the support and hard work of members of the Table Officers. I urge you to attend the women's caucuses at Convention and get involved. We need to elect an energetic and committed Steering Committee to continue the important work of the WRC.

♀

In the Wake of the Supreme Court Decision

by Janet Vesterback

It's not often that the justice system actually recognizes women's rights, but on two separate occasions lately the unbelievable has happened. Canada's Supreme Court struck down the federal law on abortion and more recently the BC Supreme Court ruled against Vander Zalm's policy of severely restricting funding. This is the result of a long struggle led by the women's movement and its allies for reproductive choice for women.

Our victory may lead some people to believe that the fight for choice on abortion is over. Nothing could be further from the truth. According to the *Globe and Mail*, the federal government is threatening to limit access to abortion to the first trimester.

We in the BC Coalition for Abortion Clinics strongly oppose any new law restricting abortion. Women do not run to doctors later in their pregnancies demanding abortions for "social convenience or economic considerations." Doctors do not perform late abortions except for the soundest medical reasons. Furthermore, almost all testing for fetal abnormalities can be done only far into the second trimester. Should women be prevented from aborting deformed fetuses simply because a group of men with no particular medical expertise has decreed it shall be against the law? These decisions must be left to women in consultation with their doctors.

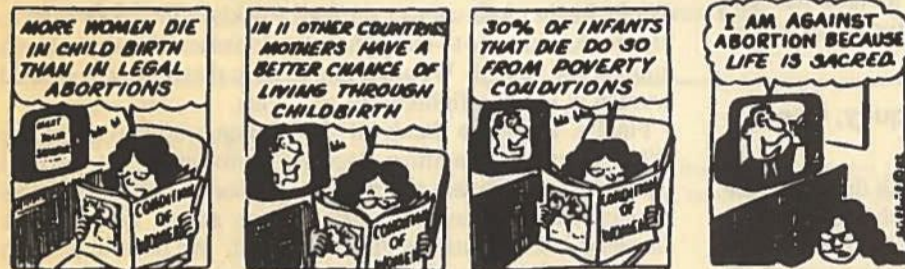
Anything less is a profound interference with a woman's liberty and body integrity.

Despite the Supreme Court of Canada decision we still face a chronic lack of access to abortion in many areas of BC, as in most of the rest of Canada.

In Ontario, the two free standing clinics in Toronto have continued to operate despite harassment from the anti-choice zealots and a continuing refusal by the Liberal provincial government to provide core funding for these clinics. It will only pay the \$100 fee for service to doctors. This makes it necessary for clinics to charge women in order to cover overhead costs and is a direct threat to our universal health care system. In Quebec the government pays for and operates clinics around the province, although since the Liberals were re-elected, funding has been cut back.

In the Maritimes the situation is quite grim. New Brunswick's Liberal premier, McKenna, has said he won't allow clinics to be set up. However, there is only one hospital that offers abortion services so many women must travel out-of-province. Buchanan, the Conservative premier of Nova Scotia, has taken the same stand as McKenna despite similar problems of access. In Newfoundland the one hospital that does abortions will not do any for "socio-economic reasons" and will only perform abortions in the first trimester. In P.E.I. there are no hospitals that do abortions. The government will pay for out-

Cartoon from CCCA Newsletter



f-province abortions but not for costs incurred by travel.

In Manitoba, NDP Premier Pawley finally agreed to allow the Morgentaler clinic in Winnipeg to reopen, but, with a provincial election looming, its future is insecure. All predictions point to a defeat for the NDP, and the Conservatives, who will probably take over, have vowed to fight against a clinic tooth and nail. In Saskatchewan no second trimester abortions are being performed. Women must go out of province or to North Dakota for later abortions. Also the Conservatives under Grant Devine have cut funding for Planned Parenthood contraceptive counselling services in the health units. The only sex education that occurs in the schools is decidedly anti-choice. One such program is called "Secondary Virginity," i.e. If you've lost it, get it back!

In Alberta the Conservative government pays a mere \$75 to doctors for doing abortions. This is a very small fee and many doctors have refused to do abortions as a result. The government wants to force doctors to extra-bill their patients, a first step in the privatization of our health care system. Alberta has also eliminated funding for IUD insertions, vasectomies and tubal ligations. By so doing, the government is contributing to the incidence of unwanted pregnancies.

Here in BC the situation has not improved. Since the Supreme Court decision on January 28, Richmond General Hospital has closed its doors to women seeking abortions. Whenever a hospital board is taken over by the anti-choice faction, very few abortions, if any, are performed. Women from rural communities face delays and must bear the additional costs of travel and accommodation in order to access abortions in the lower mainland or in the U.S. Vancouver General does about 70% of all abortions in BC. Women on limited incomes who cannot get abortions in their own communities are particularly penalized. If they are unable to raise the



Spokespersons for the BCCAC at the February 21 general meeting. From left to right: Ruth Houle, Hilda Thomas, Maggie Thompson and Janet Vesterback.

money they're out of luck and must carry their unwanted pregnancies to term. We may have won the battle but the war continues.

Clinics are better

Now more than ever before we must push to establish clinics in our province. "But why clinics?" you might ask. "Why not just insist that all hospitals offer abortions?" First, organizing to ensure that hospital boards are pro-choice is time consuming and never ending. Second, for early abortions clinics provide the best environment for delivery of this service. They are safer, more supportive to women and more cost-effective than hospitals.

Most hospitals (if not all) do abortions under a general anaesthetic which makes for a longer recovery time. Also, if the hospital uses the dilation and curettage method there can be a greater risk of perforation of the uterus. In clinics women receive a local anaesthetic to the cervix and the abortion is done by the very safe vacuum-aspiration method. As Dr. Morgentaler points out, after 25,000 abortions he has never had a fatality or a patient who has had to have a hysterectomy. He has never been sued for malpractice and women continue to pour into his clinic.

Clinics also provide counselling to women to ensure that a) the patient really wants an abortion, and b) to offer post-abortion advice on birth control. Counselling is generally unavailable in hospitals. In addition, clinic care givers

are always supportive of women who have made the difficult decision to have an abortion. In some hospitals those who oppose abortion on religious or moral grounds can be required to assist before, during and after the operation. This can result in unsympathetic or cold behaviour toward women having abortions and can be psychologically damaging.

Lastly, while in hospitals abortions are reported to cost \$600 or more, in clinics they cost about \$300. Governments should provide core funding for clinics in order to deliver this necessary medical service in the best and most cost-effective way possible. It is irresponsible for governments to keep insisting that women must have their abortions in hospitals. Every week that a woman must wait increases the risk to her health about 20 times, according to Dr. Morgentaler. We have all heard of heart patients on waiting lists for life-saving surgery. Why tie up operating room facilities that are already overburdened when we know that clinics are better? It makes no sense unless governments are out to restrict access to abortion, contrary to the Supreme Court decision.

The abortion clinic strategy is a good one

Where clinics already exist in Canada they have been very hard for governments to dismantle. When Bourrassa came to power for the Liberals in Quebec, he threatened to get rid of the 12 government-operated clinics in that province. Although he has cut back

funding to some extent he has been unable to stop the clinics from operating. Obviously the political price would be too high. The BC Coalition for Abortion Clinics intends to open an abortion clinic as soon as possible in Vancouver where we can mobilize the greatest support. A clinic will give us something very concrete to defend. We will insist that the government pay for the abortions that are done in this clinic and that it provide money for operating costs. This will be the first step toward our long term goal of establishing reproductive health care centres for women that are funded by MSP all over the province.

Our clinic will operate on a non-profit basis with a team of fully trained medical personnel. It will provide pre- and post-abortion counselling, including information on birth control. Women will be charged on a sliding scale so that no woman is turned away for lack of money. Finally, our clinic will bill the Medical Services Plan for each and every abortion performed.

What can you do?

Opening a clinic is a big project. It will take the determined effort and money of a great many people. We are building a broadbased coalition of all those who believe in a woman's right to choice on abortion. Join us. Volunteer for one of our sub-committees (outreach, fundraising, clinic, administration and media). For more information get in touch with us at the following address:

BC Coalition for Abortion Clinics
P.O. Box 66171, Station F
Vancouver, B.C. V5N 5L4

or leave a message on our answering machine. We'll get back to you. Telephone (604)873-5455.

If you can, make a donation toward the clinic. Join our Coalition as an individual (\$5 employed, \$2 limited income). If you belong to a group get your organization to join (100 members or more—\$25, fewer than 100—\$15). Ask us to speak to your group. Also, write to Premier Vander Zalm, the Minister of Health, Peter Dueck, and the Attorney-General, Brian Smith, and demand they ensure that women have equal access to safe medical abortions. Get active now. We welcome your support!

The Case Against Criminal Sanctions

by The Canadian Abortion Rights Action League

Since its founding in 1973, the Canadian Abortion Rights Action League (CARAL) has called for the removal of section 251 from the Criminal Code of Canada. (Section 251 allowed abortion only if performed in an approved hospital after a therapeutic abortion committee certified that continuing the pregnancy would endanger the woman's life or health.) On January 28, 1988 the Supreme Court of Canada struck down the section as contrary to section 7 of the Charter of Rights and Freedoms. CARAL believes that this situation should become permanent—that is, that the federal government should not attempt to reintroduce a substitute for section 251. For many years now the trend internationally has been to liberalize access to abortion, whether through less restrictive legislation or non-enforcement of the restrictive provisions. Canada has an opportunity now to demonstrate itself a world leader in the health care it provides for its citizens.

Abortion is a health matter

The world over, modern thinking on abortion is moving away from focusing on criminality and towards focusing on the health of women and their families. Abortion is properly seen as a matter of health; no woman should face criminal charges for making a decision which furthers her physical or mental health, the health of her children or the health of her family as a whole. Just as there is no legislation governing other medical procedures and the decision for medical care is based on good medical practice, the decision to have or not have an abortion should be left to a woman and her doctor. They, better than anyone else, understand her life circumstances. We encourage people to take responsibility for their own health; taking such initiative should not result in the laying of criminal charges.

Abortions after the first 12 weeks of pregnancy

Even under s. 251 there were no gesta-

tional limits on the performing of abortions, and for good reason—namely, that at all stages of pregnancy a woman's life or health must be protected above all else. Nonetheless, some people are under the impression that new legislation must be enacted in order to restrict abortions in the later stages of pregnancy.

But, just as there were no limits under



the old law, it is not necessary to have a new law prescribing limitations according to the length of the pregnancy. The huge percentage of abortions are performed within the first 12 weeks of gestation. Statistics Canada figures for 1985 indicate that only 0.2 percent of abortions are performed after 20 weeks. There is no reason to believe that these numbers would increase without a new criminal provision.

There are a number of reasons why abortions are sought after the first trimester. Lack of access to service may cost a woman valuable time; money may be a problem; young women do not know that they are pregnant. The anti-choice movement itself puts obstacles in the way of women obtaining an early termination: they set up phony clinics which delay a woman's search for abortion, they harass women at legitimate clinics, and they de-insure the procedure under provincial medical schemes, thereby forcing women to search for money to pay for the abortion. Some anti-choice doctors even lie to women about whether or not they're pregnant.

Most importantly, however, a woman

receives a late term abortion because a pregnancy endangers her life or health or because severe fetal abnormality has been diagnosed. Conditions which are a threat to a woman's life include cancer, heart failure, hypertension, uncontrolled diabetes, suicidal depression and AIDS. Amniocentesis, by which fetal abnormalities such as Down's Syndrome, Tay-Sachs disease and anencephaly are diagnosed cannot be performed until the 16th week of pregnancy and it may take until the 19th week to make a diagnosis. Then comes the search for access to the procedure, and more delay is introduced.

The answer to later abortion is not further restrictions—the answer is access early on in the pregnancy. Sex education and birth control counselling reduce the need for abortion per se but also reduce the number of later abortions. Ready access to an abortion facility eliminates delay. And full insurance coverage means that women must not spend time looking for money to pay for the procedure. Thus, people who oppose these measures are, in fact, contributing to the incidence of later abortions.

Finally, there will always be a need for later terminations if women's lives and health are to be protected and if a woman or a couple is to be allowed to choose whether or not to bear a handicapped child. This is a decision that must be made by a woman in consultation with her doctor. Where a doctor is uncertain as to what constitutes the best medical practice under the circumstances, he or she will seek an opinion from another doctor—the usual practice for any medical procedure. There is no need to reinforce this practice with criminal sanctions.

Aftermath of the Supreme Court of Canada decision

It is not accurate to say that there is now no abortion law. The Criminal Code still retains s. 252, which prohibits the supplying of a drug, instrument or other "noxious thing" to procure an abortion. This section can be used to prosecute back-alley abortionists. Provincial regulation also remains: all provinces have legislation which prohibits the practice of medicine by people who are

not doctors and establishes good medical standards for doctors. (In Ontario this legislation is called the Health Disciplines Act.) Thus, even without s. 251, back-alley abortionists can be prosecuted and the health of women protected.

Doctors who do not practise medicine adequately in this area can be disciplined in a number of ways by the provincial College of Physicians and Surgeons, with loss of licence to practise as one available penalty. All medical decisions and procedures are monitored in this way, whether the procedure be as dangerous as brain surgery or as safe as abortion. There is, therefore, no need for special legislative provisions governing abortion alone of all medical procedures.

Finally, if section 251 were replaced, the provision would have all the same problems as s. 251 had: the standards would be vague and would vary from place to place; the system would inevitably cause delays; and juries may well again refuse to convict doctors who believe that this is a bad way to practise medicine. Moreover, the law would have to take account of exceptions—termination would still have to be allowed to protect the life or health of the woman. Such a law would, in the final analysis, only create delays for women and make

abortions even later.

Abortion and health care insurance plans

Since 1969 (when s. 251 was enacted) the anti-choice minority has been arguing that abortion should not be covered by provincial medicare schemes. Prince Edward Island for many years refused to cover abortions. Alberta in 1987 de-insured sterilization, birth control counselling and birth control devices. After the Supreme Court of Canada decision, some provinces used that decision as an excuse to limit coverage of abortion. Here in British Columbia Vander Zalm's government decided to cover the procedure only if the life of the woman was threatened. Happily, this action has been nullified by the Supreme Court of British Columbia after a challenge by the British Columbia Civil Liberties Association. Problems still remain with other provinces.

The practice of de-insuring an important health care service must be stopped. What is more clearly a health care service than one which serves 52% of the population? This 52% of the population, moreover, pays taxes into their provincial health care insurance scheme and, through their income taxes, into that por-

tion of total provincial health care costs that are funded by the federal government under the Canada Health Act. By what right does a small percentage of Canadians decree that birth control counselling, birth control devices, sterilizations and abortions are not to be covered by provincial medical insurance? Can another small percentage decree that blood transfusions should not be covered—or the health costs arising from being a smoker?

Under the Canada Health Act the federal government contributes money to the provincial health care insurance plans if these plans meet certain criteria, among them comprehensiveness, universality and accessibility. Where a plan does not satisfy these criteria Cabinet is empowered under the Act to withhold all or some of the contributions it makes into that plan. Clearly, the federal government must use this power to withhold funds from provinces seeking to de-insure contraceptive and abortion services (as, indeed, they withheld funds from provinces which allowed doctors to extra-bill). Similarly, provincial politicians must be convinced that their mandate does not permit them to deny essential health care to its taxpayers.

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Motherhood in the Laboratory

by Barbara Mintzes and Joy Thompson

Last October the Quebec Council on the Status of Women held an international conference on new reproductive technologies. The conference was called "La Maternité au Laboratoire" or "Motherhood in the Laboratory." The technologies and contracts discussed at the conference were: in vitro fertilization (test-tube babies); freezing of embryos; surrogate motherhood; artificial insemination; and genetic tests such as amniocentesis and chorionic villi sampling.

Many questions were raised. What effects will the new reproductive technologies have on women's lives, both personally and socially? What vision of the future do they hold for our daughters and granddaughters? How will they change the lives of women? Will they help us in our struggle for equal rights by giving us more choices over

childbearing? Or will they lead to more domination by men and the medical system? Is their effect on women from rich and poor countries likely to be the same, or different?

One recurrent theme at the conference was that women's bodies are the testing ground for these technologies. We are

Graphic from Healthsharing, Fall 1982



the laboratory on which very experimental procedures are carried out. We are not always well informed about how experimental these procedures are. A very famous example of this is Lesley Brown, the mother of the world's first test tube baby. She had no idea that in vitro fertilization had never worked before when she agreed to try it.

As Francoise Labrie, a speaker from France, commented, women make the perfect research subjects. We don't need to be caged or fed; we come to clinics and hospitals ourselves; we can talk; and we even pay for the privilege of being experimented on.

In vitro fertilization (I.V.F.) or 'test-tube babies'

A woman who goes through in vitro fertilization is given strong doses of hormones so that her ovaries produce many

ripe eggs at once. These eggs are surgically removed from her body right before ovulation. The eggs are mixed in the laboratory with some sperm from her partner. If some are fertilized and form embryos they are put into her uterus two days later. This process allows a woman to get pregnant if her tubes are blocked and her eggs are not getting from her ovary to her uterus.

Women continue to be misinformed about the experimental nature of in vitro fertilization. We are misled to think the success rate is much higher than it is. We are told that there is a 20% to 30% chance of success during each in vitro cycle. We assume that our chances of success after two or three tries are very good.

These 20% to 30% success rates are calculated in a very misleading way. For a woman who enters the program, success means having a baby. This is not what the rate of success refers to. It is the rate of pregnancy per woman who has embryos put back into her uterus. Not every woman who goes through the program and has her ovaries bombarded with hormones ends up with eggs which can be fertilized to form embryos. If this does not happen she is a "failure" who is not counted. If a woman becomes pregnant in an I.V.F. program but miscarries she is counted as a "success" although she does not end up with a baby. Miscarriage rates of 40% are common in I.V.F. programs.

In Britain they found the overall true success rate of I.V.F. was 8.5%. In the U.S. as a whole it is about 6%. More than half of the clinics practising I.V.F. in the United States have never caused a woman to have a baby. This is not stated in their advertising brochures, of course.

In France, I.V.F. teams are experimenting with a drug called busserelin. They use this drug to shut off a woman's ovaries. If a woman's ovaries are not making hormones doctors can get a better artificial cycle from the hormones they inject into her.

Busserelin has not been tested to show that it can be safely used in humans in this way. However, it is very convenient for the doctors who work on I.V.F. teams. They can plan women's cycles so they rarely have to work on weekends.

Speakers discussed the way I.V.F. prolongs the crisis of infertility for the 85-90 women out of 100 who leave

I.V.F. clinics without a baby. Women spoke of the roller coaster of high hopes and dashed expectations. They also spoke of feeling compelled to try I.V.F. because "I had to do everything possible."

As one speaker wryly suggested, "It is against the interests of the companies producing sophisticated embryo freezing technology for people to come to an acceptance of infertility and to explore other options." The company who produces the drug Pergonal, one of the hormones used for I.V.F., has done extremely well as a result of this procedure. Pergonal sales jumped from \$7.2 million in 1982 to \$35 million in 1986.

Is criticism of I.V.F. a slap in the face to infertile women who see it as an answer to their dilemma? Conference participants from a newly-organized Quebec pro-I.V.F. group made a number of statements to this effect. But as Isabelle Brabant, a Quebec midwife, states, "We must listen to the cries of anguish of infertile women, but we must answer differently."

Surrogacy

A surrogate mother is paid to bear a child for a couple in which the woman is infertile. Usually she has artificial insemination with sperm from the husband of the infertile woman.

Gena Corea from the U.S. gave a chilling account of several recent examples of legal conflicts over surrogacy agreements. Mary Beth Whitehead's case has been widely publicized. She changed her mind after her daughter's birth and decided to keep the baby but was forced to give her up by a court ruling in favour of the sperm donor or genetic father. Gena Corea described the police apprehension of the baby. Five policemen came to Mary Beth Whitehead's house and handcuffed her to take the baby while the sperm donor waited in his car outside and Mary Beth Whitehead's 11 year old daughter screamed at him out the window to leave her mother alone.

Another recent case involved a Mexican woman who was brought across the U.S. border illegally for an embryo transfer. She was told an embryo would be flushed out of her uterus and put into another woman's uterus. After becoming pregnant she was told the embryo couldn't be flushed out and was

offered \$1500 to stay and bear the child for the other woman. This is one-sixth of the lowest going rate for surrogacy in the United States.

A number of speakers pointed out that "surrogacy" is a misleading term because a woman is being paid to bear her own baby and then give it up. They prefer to call the woman the "birth mother," like other women who bear children they have to give up.

From a legal point of view the right to contract out a body process (pregnancy) and for that contract to be held up in a court was questioned. Speakers were unanimous in their view that birth parents have the right to maintain ties with their children and that you cannot contract away that right.

The possibility for the exploitation of women from poorer countries in surrogacy contracts was also discussed. If the techniques for in vitro fertilization and embryo transfer are perfected it will become easier for women to be paid to bear children who are not genetically related to them. This opens up a market for white babies to be carried by women of colour.

Artificial Insemination

Artificial insemination is used when the man in a couple is infertile or when a single woman or a lesbian wants to get pregnant. A man donates sperm by masturbation. This sperm is put into the woman's vagina. The man is called the "sperm donor." Often a woman does not find out who the sperm donor is when she has artificial insemination in a doctor's office. The sperm donor never finds out who his biological children are, or often even how many children he has produced.

The issue of anonymity of sperm donors during artificial insemination was discussed. The Quebec Council on the Status of Women is proposing provincial legislation to make the identities of sperm donors available to their children when they reach maturity. Similar legislation already exists in Sweden. Their rationale is that children born as a result of artificial insemination have the right to know who their genetic parent is in the same way that adopted children have the right to know who their birth parents are.

Graphic from Women's Health Collective



Genetic testing

Genetic testing during pregnancy allows us to know if a fetus carries a genetic problem that can cause a disability. The assumptions about handicaps that surround genetic testing were discussed at the conference. Does genetic testing reinforce intolerance towards handicapped people by assuming that we want a society without handicaps? A woman with a positive result from amniocentesis is left with a decision whether to abort halfway through her pregnancy. The most common genetic defects, Down's syndrome and spina bifida, can cause a range of disabilities from very mild to life threatening. It is impossible to know from the test how bad the disability will be.

The assumption that women should abort because of any genetic problem comes very close to a view that only "perfect" children should be born. A woman may decide to abort because she does not want to give birth to a child who will live a life of suffering. But much of the pain of disability is social, because disabled people are discriminated against and marginalized. Will widespread use of genetic testing be seen as a solution to disability and make the social situation of disabled people worse?

The possibility of genetic testing of embryos during in vitro fertilization was also discussed. If embryos are frozen

they can be tested before being put back inside a woman's womb. This would allow couples to choose the sex of their child, as well as testing for genetic problems. Already researchers have suggested that couples at risk for genetic problems have in vitro fertilization so they can have pre-implantation genetic screening. This is potentially a huge new market for in vitro fertilization as well as an extreme medicalization of conception for people without fertility problems.

Where to go from here?

This is a sampling of the issues discussed at "La Maternite au Laboratoire." Papers presented at the conference will be available through:

Conseil du Statut de la Femme
8 rue Cook, 3e etage
Quebec, Quebec G1R 5J7

There is also an excellent video called

India Mahila Association

We are a group of women of Indian origin. For us being Indian means sharing a common cultural heritage. We come from all over the world: Pakistan, Bangladesh, East Africa, Fiji, Europe and India.

Our objectives are to:

- Share our skills and information.
- Make ourselves aware of our rights.
- Defend ourselves from violence.

"In the Pale Womb Light" which can be borrowed for free in either French or English from the above address.

The conference presented a full and lively discussion of new reproductive technologies. A number of speakers brought up concerns about the way these technologies have developed and where they are leading us. The closing panel dealt with the question of where we go from here. How can we control the development of these technologies? As health activists we need to be concerned about the safety of drugs and processes, about informed choices, and about accessibility of health care to all. As women we care about the way these technologies take away some of women's control over pregnancy and childbearing. Can we change the direction of new technologies so that they meet women's needs?

These are not easy questions, but "La Maternite au Laboratoire" provided a forum for discussion and some plans for action. The Quebec Council on the Status of Women is proposing provincial legislation on these technologies. In Canada as a whole, a coalition of individuals and organizations is calling for a Royal Commission on New Reproductive Technologies. Internationally a network of feminists opposed to the new reproductive technologies called FIN-NRAGE has been organized.

These are first steps to changing the way that these new reproductive technologies develop. We can begin to look at how these technologies change the position of women in society and to take steps to make sure that women gain more rather than less control over their lives. We must move cautiously, making sure that new technologies are well tested and are safe before they become established medical treatments. ♀

The "Baby R" Case: Up for Review

by Katherine Young, member of the Legal Education and Action Fund (LEAF)

"Should a mother's rights and freedoms be limited during her pregnancy to the extent that the assertion of her rights and freedoms adversely affects a viable fetus?"

This question is raised in a circumstance where a mother refuses a caesarean operation which is considered by her doctor to be essential for the birth of a healthy child.

The question of the rights and capacities of a woman to refuse a caesarean in circumstances where, in a doctor's opinion, the mother's refusal endangered the life of the child was raised in the "Baby R" case.

What happened in the Baby R case?

The case came before the Court as an application to confirm an apprehension of a child three hours before the child's birth. The Court found that the mother was unfit to have custody of the child and considered the mother's history as a drug and child abuser. It is, apparently, not unusual for a child of such a mother to be apprehended at birth. The Act contemplates that any person in need of protection may be apprehended. If the child had been apprehended at birth, this case would likely not have been heard of. The fact that the mother was a drug addict and had had three previous children apprehended did not result in her unborn child being apprehended three hours before birth. If that had been the sole concern of the social worker, the worker could have waited until the birth, as was the usual course. The ground of the apprehension was solely based on the mother's refusal to agree to the caesarean operation. No other factor necessitated the apprehension before birth.

The mother's history may have raised a question as to whether she was acting reasonably and rationally, but she was not found to be committable under the Mental Health Act. Her history of drug abuse and parenting problems do not diminish her capacity to refuse medical

intervention; just as the fact of a history of criminal activity would not result in a prison inmate being compelled to undergo medical treatment for another's benefit.

Did the mother's refusal of a caesarean justify apprehension?

A finding of fact by the provincial court judge was that the woman ultimately consented to the operation. The fact of the woman's ultimate consent did not cause the judge to conclude that the apprehension three hours before birth was unnecessary and invalid. In fact, his legal determination upholding the apprehension was made on the basis solely of the facts immediately surrounding the apprehension, that key factor being the mother's refusal. The later consent did not vitiate the legality and legitimacy of the initial apprehension, in the judge's view.

As a result of the finding that the mother consented ultimately to the operation, the judge was not required to decide whether the apprehension of the fetus by the social worker gave the social worker the capacity to consent to the caesarean operation. One can only assume, though, that the effect of an ap-

prehension, made solely on the basis of a refusal to consent to a caesarean, must have the practical effect of authorizing the social worker to consent to the operation on behalf of the mother. Otherwise, why would an apprehension before birth on that basis be justified? There would be no point in apprehending the fetus before birth if the operation could not occur without the mother's consent.

The difference between legal principles and moral standards

Whether or not a woman should be forced to undergo a caesarean operation to save the life of her unborn child is difficult to answer by reference to one's personal principles. To decide what is right and wrong morally, and what limits one personally might be prepared to impose upon another in such circumstances, requires a great deal of thought and consideration.

Although morally and probably ethically the question is a difficult one to answer, it is not a difficult legal dilemma. Of course, there is a difference between what is morally right and what is legally required. Several principles of law may be abhorrent to one's personal moral position. For instance, it is a principle in law that no one is under legal obligation to save another person's life, even when saving that other person's life will not endanger your own. Another principle of law is that one commits an assault if one physically interferes with the body of another person, even when that interference would save the other person's life. Persons who violate these legal principles may not be condemned morally for their actions.

Many people are concerned that the law does not always reflect their own moral standards. But these concerns are not well founded. Moral standards are reflected in the application of the law to individuals, through sentencing procedures in criminal law, and the assessment of damages in civil law. Although fine-tuning is available to judges to impose penalties for breaches of the law that reflect societies' moral opinions about a particular action, this fine-tuning does not undermine the legal structure

which has been developed to regulate relationships between people.

It is not a condemnation of a legal principle if it does not reflect our own moral standards. The law provides principles that answer moral questions which are too complex for a majority to agree on a set and inflexible standard.

Of course, the law changes to reflect the democratic choices of the majority and the developing ethical positions in a society. Through these changes, for instance, women have gained recognition as legal persons, capable of contracting, inheriting, and litigating. Women in the past have been considered incompetent and incapable of making decisions on their own about many financial and personal matters. Women's hard won right for equality and the right to control their lives and bodies is being challenged now by a question of whether their rights should be subservient to the best interests of the fetus which they carry.

The response to this question is found in principles of law which have been developed and applied in the past. One fundamental principle is that no one can be operated upon against their will even in circumstances where this operation

will save the life of another. If a mother has an expendable organ which is necessary for the continued well being of her child, she cannot be forced to donate it. One person cannot even be forced to give up blood to save another person's life. In fact, there are laws which limit the freedom of one person to donate organs to another. The law will not tolerate organs being donated by a dead person to save another's life without proper consents being obtained.

How much weight should a woman's refusal have?

Although the application of these laws may result in people needlessly dying, we as a society have always placed a high value on the right of competent, reasonable people to refuse any physical interference with their bodies even in circumstances where that refusal results in the death of another person.

These principles should not be abandoned because the person who is to die isn't an eight year old who needs a bone marrow transplant and isn't a thirty year old who requires a blood transfusion, but is an unborn child. These principles should not be abandoned because the

person who is refusing is a pregnant woman, or a woman in the process of giving birth. If a woman is competent and reasonable and says "no" to an operation, her refusal must carry the same weight as that of any other competent person.

The fear that women's groups have arising from the provincial court decision in the Baby R case is that it could be the cornerstone or foundation for the development of a principle that a woman's rights during pregnancy are subrogated to the interests of her fetus. This view of a woman's refusal as having less value than that of any other competent adults must raise concerns for all feminists. Women have fought hard to gain equality rights under the law. The right of a woman to refuse surgery, even where the life of another is threatened, must be given equal recognition.

The Legal Education and Action Fund (LEAF), a group established to litigate on behalf of women to establish their equality rights, has applied to intervene on an application to the BC Supreme Court to review the provincial court finding. The hearing is set for June 9 and 10, 1988.

♀

The Hunger in Our Schools is Not Only for Learning

by Sheila McCallum and Norma Coates

As representatives of the BC Nurses' Union and school health nurses in the Vancouver school system, Sheila McCallum and Norma Coates recently made the following submission to the Vancouver School Board to bring to its attention the ongoing and worsening problem of hunger in the schools.

Working in the Vancouver school system, we see the effects of chronic under-nutrition and severe prenatal malnutrition in children. The problem is widespread and must not be identified as confined to refugees. Many of the families of the children who suffer from chronic under-nutrition have lived in Vancouver for generations. They are the children of working poor and social assistance recipients from all ethnic backgrounds.

These under-nourished children are often identified as children who:

- are labeled inattentive or disruptive in class
- come to the nurses' room to sleep away the morning
- are referred by teachers for investigation of inadequate lunches
- don't achieve the same heights or weights as their peers
- subsist on other students' leftovers at lunch.

If this Board is to succeed in their mission of providing an education to the children of Vancouver, they must address the problem of inadequate nutrition. To this end, we suggest first food and second education.

- First, food in a breakfast program because we feel—and research documents—that growing and active minds need fuel in the morning. A breakfast

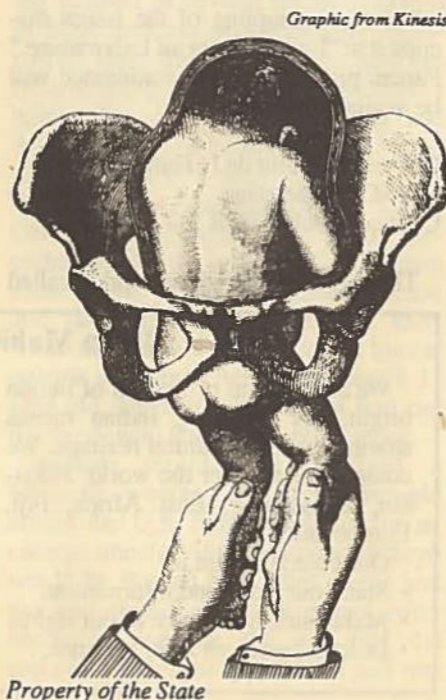
of 400 calories can substantially improve student performance.

- Second, education in the form of a comprehensive nutrition program to establish sound eating habits. Together these measures would be a first step in breaking the cycle of poverty, ignorance and hunger.

In summary we support the recommendations of the Child Poverty Action Committee and urge you to consider a breakfast program and nutrition education in Vancouver schools. "A mind occupied by thoughts of hunger can't be concerned with reading, writing or arithmetic."

♀

Note: the report of the Child Poverty Action Committee is reprinted in the following pages.



Graphic from Kinesis

Property of the State

Hungry Children in Vancouver and the School Meal Program

by the Child Poverty Action Committee

The Child Poverty Action Committee was formed as a result of the Child Poverty Forum. The committee has continued to function as we believe that children in Vancouver deserve equal life chances and should be a priority for all levels of government. This means that all levels of government must accept responsibility to provide children with the basics: enough nutritious food, decent housing, good quality child care, good quality health care and a decent education. All families should be given the opportunity to have adequate incomes to provide these basics for their children.

The Child Poverty Action Committee has come before the Vancouver School Board a number of times asking it to accept responsibility for the children who are hungry. We want it to accept responsibility as advocates for these children because this is the level of government most directly involved in their lives.

Goals worth working for

The Vancouver School Board should actively seek funds to provide a school meal program with the following characteristics:

- The program should begin in the six or seven schools whose outside communities are the poorest.
- The program should be sensitive to both individual and community needs.
- Proper, consistent funding should be sought enabling each child in the school to participate.
- Funding should not be taken from essential programs or from existing staffing.
- No child will be singled out thus making personal economics obvious.
- The food provided will be nutritious.

The Vancouver School Board should become an advocate for higher minimum wages and welfare rates.

Drawing from "Prints and Drawings of Kathe Kollwitz," Dover Publications



Mandate of the Hungry Children's Committee is too narrow

The Hungry Children's Committee was formed as a response to public pressure regarding the issue of hungry children attending Vancouver schools. These issues were raised in April 1987 following the Child Poverty Forum. In the six long months that the committee has met, a small number of recommendations have been suggested. These recommendations include studies on growth patterns, further education for teaching staff working with hungry children, establishment of a trust fund for a very few donations, and more research into the effects of hunger on learning.

Limited thought has also gone into "consideration" of a milk and juice program. There was also a tally of funds spent on children who obviously had not eaten. This was not a new expenditure but an expenditure that had been com-

mon for years. From all reports it looked like the Vancouver School Board had actually budgeted a further expenditure of \$1200. This was only money taken from the same sources it had always come from.

Obviously the focus and perimeters with which this committee proceeds are too narrow to respond to the need at hand. This committee should not seek old alibis to avoid dealing with the issue of hungry children. The committee framework as it exists refers only to the most desperate children. Vancouver has more than 10,000 children on welfare and more than 20,000 hit by the effects of unemployment. The committee had only identified 500 hungry children by June 1987.

There is no more need to find new ways to identify numbers of hungry children. No statistics are easier to find than those on poverty and hunger.

A scenario described by Judith Segal in her book *Food for the Hungry* is all too familiar now in Vancouver. She stated: "Ignorance and apathy at policy making levels characterized the development of these programs and hunger persisted...Month after month went by with no actions from officials whose major alibi appeared to be that nobody knew exactly how many hungry children there were."

A definition of hunger

What is the definition of hunger that the Vancouver School Board is using?

Two types of hunger are usually identified. Hunger is obvious and devastating in television shots we see showing third world children. It's hard to escape the bloated bellies and skeletal forms of these wasted children.

Malnutrition is the kind of hunger most often seen in North America. Many children who are malnourished eat food every day but the quality of food is inadequate to support their growing bodies and brains. Malnourishment is barely visible to the

eye. There are many children in Vancouver who are severely malnourished now!

Prevention of stigma and the advocacy role of the School Board

"For at least the next two months the committee will keep precise records of children needing meals, their home circumstances—hard evidence." Jack Clarke, "The Bottom Line," *the Province, September 10.**

It is chilling to think that the Vancouver School Board will take this action. Enquiries into the lives of poor children must be thoughtful and sensitive. Poor kids are frequently subjected to hurt with slurs and slights such as "welfare bums," "lazy poor."

Hunger always seems attributable to the ignorance and undesirable behaviour of the poor, seldom to the fact that people simply do not have enough money to buy food.

Some families break down and become demoralized because of the effects of poverty. Many of us can tell what happens to good parenting when a parent does not have adequate or proper tools.

Poor children, on the other hand, learn at school and at home that they are different because they do without. They often cannot make the same choices as their friends. The choice in a poor family is often limited to figuring out which basic need will be met. The choice of the month is often between paying the hydro, food or clothing. It hurts both parent and child when that parent has to apologize for not being able to buy needed winter boots or a coat.

Put yourself in the place of a parent who may actually have to tell a child that there is nothing to eat. God forbid...you are identified as a bad parent because you can't feed your kids! God forbid...you are identified as a bad child

*Here is an excerpt from a letter to the editor by Claude Richmond, Minister of Social Services and Housing, written in response to Jack Clarke's article and published September 23: "A school meal program can remove parental responsibility for providing food and runs the risk of creating an indifference to family responsibilities." (Editor, *Priorities*)



Drawing from "Prints and Drawings of Kathe Kollwitz," Dover Publications

because you have not been fed!

Pointing fingers embarrass poor families... The most humane way to identify a hungry child is by the community in which she lives. If there are a large number of poor families in a community then identify the school as being hungry. It is easy from the many readily available statistics and records to do this.

Child advocacy

It is more constructive for society to acknowledge children's needs. Poor children need allies and advocates to watch out for their emotional, mental and physical needs.

Child advocacy is a rapidly evolving social movement for children. Children in many ways represent the weakest and the most voiceless minority in this nation.

Advocacy does not seek an escape from values. A society that values health, education and freedom must find a way to mediate those values to its children.

Our knowledge of the needs of children and high standards for childcare are part of our creed and are becoming part of our laws. Until we can communicate our concerns and the level of

professional ignorance at which we function, we cannot fully communicate our regard for our most crucial allies—parents and children.

We are asking that the Vancouver School Board use a broad interpretation of its mandate to meet the needs of underfed and hungry children.

Successful food programs—it's all been done before

Many examples of food programs that have been successful exist.

One is the Swedish School Lunch Program. This program has existed for many years. As early as the latter part of the 19th century, in some cases, municipal authorities were involved in this activity.

In 1964, however, it was time for the Swedish government to start to subsidize meals for children. This was done under certain conditions: those meals should be free of charge, and should correspond to recommended nutritive standards. Another obligation was that free meals should be available to all children, independent of their economic background.

In 1966 the local authorities took over the responsibility for the school lunches and at the same time government subsidies ceased to exist. Today there is no legislation concerning the school lunch program, neither are the local authorities compelled to provide school lunches. *Nevertheless today school children in Sweden have free lunches no matter where in the country they live. Some 1.2 million pupils get their lunch in school canteens.*

The United States has a number of examples of food programs. The National School Lunch Program and the School Breakfast Program provided assistance to participants in public school.

The positive effects of this program were the feeding of children and an allowance for both elementary and secondary children to participate. Of those who participated, half of the meals were subsidized to low and moderate income families:

- 44% received free lunches
 - 6.8% received lunches for a reduced rate
 - 48% paid for their meals.
- Many different styles of food

programs have worked in the past and can be done again...here in Vancouver.

Ways and means

The Trustees of the Vancouver School Board must find sources of funding for children in need. The opportunity is much greater for elected officials to find money because they have access to staff and more information than the general public. What is needed in this circumstance is the will to do it. The price of an adequate food program is not low but the cost of not having one is inordinately high.

There are sources of funds that can be taken advantage of in this situation. There has been no mention of having the Hungry Children's Committee seek funds other than those that are inconsistent and inadequate charitable donations

The Canada Assistance Plan Act offers

one such source. The plan is an attempt by the government to use its spending power to encourage the development of better social services and social service programs. According to this act government has "to provide assistance to those in need and to prevent and remove the causes of poverty and dependence on Public Assistance.

Assistance is described as providing for "food, shelter, clothing, etc." and is referred to by the Act as "basic requirements." In the terms of the agreement "persons in need" shall receive financial aid that takes into account their basic requirements."

The Canada Assistance Plan strategy emphasizes problem solving and with this in mind it is possible to seek up to 50% funding on a food program. It is also possible for the School Board to hire a consultant from the City of Vancouver to actively seek this federal fund-

ing.

Good funding is consistent, long term funding. It is not one issue-one time charity which is not reliable.

What should be done?

It is the desire of the Child Poverty Action Committee to have the Vancouver School Board expand the mandate of the Hungry Children's Committee to actively seek funds for a food program in Vancouver.

This food program must be sensitive to community needs, be universal within the school, and not make poor children feel singled out. Initiating a food program is a question of a value choice and the Vancouver School Board's response to this question will reflect the values they have as policy makers. ♀

The Struggle For Universal Quality Child Care

by Joanne Elliott

"We believe that child care is the social policy issue of the decade. The next five years represent a turning point..."

Report of the Task Force on Child Care, 1986

NDP women are in the forefront of the fight

The fabric of family life has altered drastically in the mere space of twenty years, the most striking change being the increase in the number of two-earner families. In the ten year period from 1971-1981, the number of women in the labour force increased by 62%. As Margaret Mitchell points out in her alternative report on child care services, written as a response to the recommendations of the Special Committee on Child Care, it has been shown that 61% more two-parent families would be poor if the woman did not work outside the home.

Therefore, as society makes these increasing demands on the physical and emotional capabilities of families, it becomes even more essential that a society share in the responsibility of effective, quality child care. "It is time public

policy caught up to the needs of today's families." (Margaret Mitchell, in her dissenting opinion as a member of the Special Committee on Child Care)

Rosemary Brown, in her capacity as BC MLA, presented a brief to the Parliamentary Task Force on Child Care on March 24, 1986. It is worth noting and quoting some of her salient, pertinent observations about both the general nature of the responsibilities of government as well as specific ways in which these responsibilities should be discharged.

We must remember, in these times of rapid societal change and shifting social values, that human services "evolve from being private, fee-based services to...universality... Today, child care is in a process of transition from being a privilege to being a right."

One of the more cogent observations in her brief is the fact that the federal government spends \$9 billion on defence annually, making decisions about testing cruise missiles with speed and firmness despite much public opposition, while vacillating when it comes to developing this very important resource for our children.

Lack of access to child care holds women back

As far back as 1970, the Royal Commission on the Status of Women called for the adoption of a National Day Care Act to establish access to affordable quality child care as a right for all parents. The report identified lack of child care as one of the barriers to women's full participation in economic, social and political life. Margaret Mitchell also observed in her dissenting opinion that "the Conservative majority's refusal to acknowledge that good child care services with extended parental leave are essential to the advancement of equality for women" was responsible for the philosophical bias of the recommendations of the Special Committee.

The Royal Commission on Equality in Employment in 1984 recognized the provision of child care services as an essential condition for the achievement of equality between men and women. As well, more and more men are sharing in the child care responsibilities of the family. Close to two million Canadian children require custodial care other than parental. Unfortunately there are only

about two hundred thousand licensed spaces in the entire country, and child care workers, by virtue of the fact that they average only about \$14,000 annually in wages, subsidize the system as it presently exists.

Government response is inadequate

The Commons' Special Committee Report on Child Care, tabled on March 30, 1987, recommended that the federal government introduce a Family and Child Care Act to complement the Canada Assistance Plan. If implemented, these recommendations would not go a long way to providing universally accessible, affordable, non-profit child care. For those who can afford it, child care would remain a purchasable commodity, and for those who can't, a welfare service. Child care should not be a welfare service but a necessary social service and should be supported out of public funds.

Nor should there be a profit margin and room for cost-cutting measures in child care. The proposed tax credits would provide only an additional \$200 for half of Canadian families and nothing for the remainder. This, when in 1984 parents paid an estimated \$5,000 per year for child care, won't provide spaces for the majority of the 1,800,000 children who need them. Two tax credits would replace the present Child Care Expense Deduction: a) the Child Care Expense Credit would be available to parents with receiptable child care—up to 30% of expenses; and b) the Refundable Child Care Tax Credit would be available to parents unable to obtain receipts—for children five and under, a credit of \$200 for the first child, \$100 for the second child and \$50 for each subsequent child.

Only 8.8% of Canadian children whose parents work or study at least 20 hours per week are in licensed child care services. Putting money into the pockets of parents does absolutely nothing to increase the number of available licensed spaces. Fifty-one per cent of families would either experience no improvement as a result of the semantic change or could see reduced benefits. Of those who

would gain, 43% are two parent, one income families. All those who would see either no improvement or a reduction are single parent or two parent families where the parents are in the paid labour force.

The Special Committee suggests that in 1989 only \$114 million go in direct grants to non-profit child care services while \$434 million be allocated for tax credits. A major problem with the grants proposed by the Special Committee is that they would be available to profit services as well. No recommendations would assist community groups wishing to set up non-profit child care despite an acknowledgement that they face serious startup problems. Yet the Committee recommended that greater funds be available to profit child care operators through the Federal Business Development Bank.

New Democrats have a better plan

Of the six members of this Special Committee, two wrote dissenting opinions. As already noted, Margaret Mitchell was one. The other was Lucie Pepin, Liberal M.P. for Outremont, PQ, who stated her belief in "a national program for child care similar to existing national programs supporting health and education." A summary of the New Democrat recommendations in the Special Report on the Crisis in Child Care, authored by Margaret Mitchell, follows. A national program for child care should be introduced in short, medium and long term stages.

The Short Term (1987-1992)

1. Direct federal grants to the provin-

Graphic from BC Federation of Labour Pay Equity Handbook



ces and territories for both operating and capital costs of licensed, non-profit child care—\$247 million for operating grants and \$21 million for capital grants (see report for allocations)

2. Introduction of a Child Care and Family Support Services Act which would initiate a staged program of cost-shared funding by the federal government and the provinces and territories.

3. Establishment of a community initiatives fund (\$26 million in 1987) to encourage development of new child care services in regions where services are inadequate or non-existent.

4. Establishment of a child care development fund (\$26 million in 1987) to encourage new services for special needs groups (disabled, immigrant, etc.) such as parenting programs and early childhood education research and materials.

5. Establishment of a Secretariat for Children within Health and Welfare Canada to support the government's implementation of the above measures.

6. Changes to the Unemployment Insurance Act to give both men and women new opportunities to stay at home for a longer period with gradual increases in benefit levels after the birth or adoption of their child.

7. Changes to the Canada Labour Code to provide for ten days paid leave for parents for family related responsibilities.

The Medium Term (1992-)

1. Implementation of the child care and family support services Act and the end of direct federal grants.

2. Increased maternity and parental leave benefits to 85% of salary, up to maximum insurable earnings with the benefit period extended to 34 weeks.

The Long Term

1. Full public funding of child care and the phasing out of parent fees, Canada Assistance Plan subsidies, and child care tax provisions.

2. Increased maternity and parental leave benefits to 95% of salary, up to maximum insurable earnings with the benefit period extended to 41 weeks. ♀

Northern Women Reject the Meech Lake Accord

by the women of the Victoria Faulkner Women's Centre

What follows are excerpts from the presentation of the Victoria Faulkner Women's Centre to the Senate Committee on the Meech Lake Accord.

The Victoria Faulkner Women's Centre is an organization which provides a drop-in, information, counselling and referral centre for Yukon women. Its library and information are available to the general community and it provides programs on women's issues. As a resource for the women of the territory, the centre's contact with the daily problems women face gives it a unique perspective to address those national issues which affect the lives of northern women.

What's wrong with the accord?

As northern women, we have three areas of concern with the 1987 Constitutional Accord as it now stands. First, we feel the proposed requirements limit our participation as northern residents in the process of constitutional change, and indeed in the continuing debate over the shape of our national life.

Second, as women we fear the erosion of equality rights which were won under the Charter of Rights, and the possible consequences of the "opting out" clause of the 1987 Constitutional Accord.

Finally, we feel that the concerns of the aboriginal people have not been adequately addressed or protected in this document, a matter of considerable concern to all Canadians.

The North—just a piece of real estate?

The proposed amendments would require consent of all the provinces and the federal government for the creation of new provinces or extension of existing provinces into the territories. These amendments would require an accountable decision from people representing all areas of Canada except the residents most affected—those living in the territories. Surely this is untenable. Representatives of our territorial government have been excluded, and apparent-

that any amendments which make provincial status more difficult to achieve in the future will place unfair restrictions on our growth. We find it hard to understand why provinces which did not face these restrictions during their history should wish to place obstacles in our path.

The provisions for recommending appointments to the Senate and Supreme Court of Canada would seem to prevent our citizens being appointed to these bodies. Living north of the 60th parallel should not exclude Canadians from taking part in the institutions which govern our country. When people are separated by enormous geographic distances from the centres of power it is even more crucial that avenues exist which promise input and influence in decision making.

Equality and input for women further eroded at Meech Lake

The restrictions imposed by the unanimity requirements add to our difficulties as women. Women are under-represented in positions of power and authority in our country. If as well we are prevented from

holding these positions simply because of our geographic location, our contributions will indeed be lost.

Because we live in this area of the country we already face major obstacles in voicing our concerns. Our population is small; we do not have a large political presence in our nation. The cost of travel or of simple telephone calls can seriously impair our ability to have input into discussions of national issues. Effective lobbying is often beyond our scope, because we do not have effective access to

national media. The cost of frequent communication with organized lobby groups is prohibitive, and much of our time is used in providing services and choices to improve the lifestyle of our own thinly populated area.

When avenues of communication with the rest of Canada are closed we lose in two ways. We lose our input into national decisions, and we also lose the contributions to our thoughts and discussions from people living in the rest of the nation. It becomes more difficult for us to develop a national perspective. This can only increase the isolation and alienation of people who choose to live in the north.

There has been considerable discussion about whether the proposed amendments will affect equality rights of women. We have fought very hard to have gender equality rights included in the Charter of Rights and Freedoms, and feel that it is extremely important that those rights be preserved in any constitutional document. We would wish to make the preservation of those rights paramount, and not open to various legal arguments. Let us ensure that women's rights to participate in all aspects of Canada's life and to enjoy the just rewards of that participation are not open to debate.

"Opting out" provisions are bad for northern women

Women living in the north of Canada are especially aware of the importance of having consistency in national programs. Many specialized services in health care and education programs are too costly to provide to our small population. We presently receive these services through arrangements made with neighbouring provinces. We are afraid that if the proposed arrangements for provinces to opt out of national programs are accepted, neighbouring provinces may not provide certain procedures for political reasons. Our access to those services may then be denied for reasons of cost, and we may be in fact denied specific services through a political process over which we have no control.

Our population is very mobile. We may come here out of a desire to experience the wilderness, or because our livelihood is tied to a career in which

mobility is a requirement. We often must leave in order to further our own post-secondary education or that of our children, or to provide ourselves or our families with specialized health care or other services which cannot be provided in the north. It is of particular concern to a mobile population that specialized programs, health care, and education be standard across the country, so that there will be the least dislocation possible in our families should we have to move.

As well, women living in the north are often responsible for the care of elderly or disabled family members residing in the south. The tremendous geographic separation from our families can make that care an intolerable burden if consistent social programs are unavailable. We feel that section 7 of the 1987 Constitutional Accord contains ambiguous language which may compromise the quality of cost-shared social programs. It is crucial to us that the federal government retain sufficient power to permit its negotiators to ensure consistent national standards in the area of cost-shared social programs.

Land claims and self-government in the north

It would seem that the unanimity requirements in the 1987 Constitutional Accord may adversely affect the settlement of land claims and the development of self-government by Canada's aboriginal people. We in the north have a considerable interest in the just settle-

ment of the claims of this area's first and most consistent residents. The aspirations of both native and non-native residents of the Yukon are delayed until settlement is reached on these important issues.

Parties interested in the debate were excluded from the deliberations of the body creating this document. We feel that until a settlement has been reached which is acceptable to Canada's native people no legislation should be enacted which makes that settlement more difficult. We feel very strongly that representatives of Canada's aboriginal people should be part of the process of constitutional change.

Democracy means full participation for all

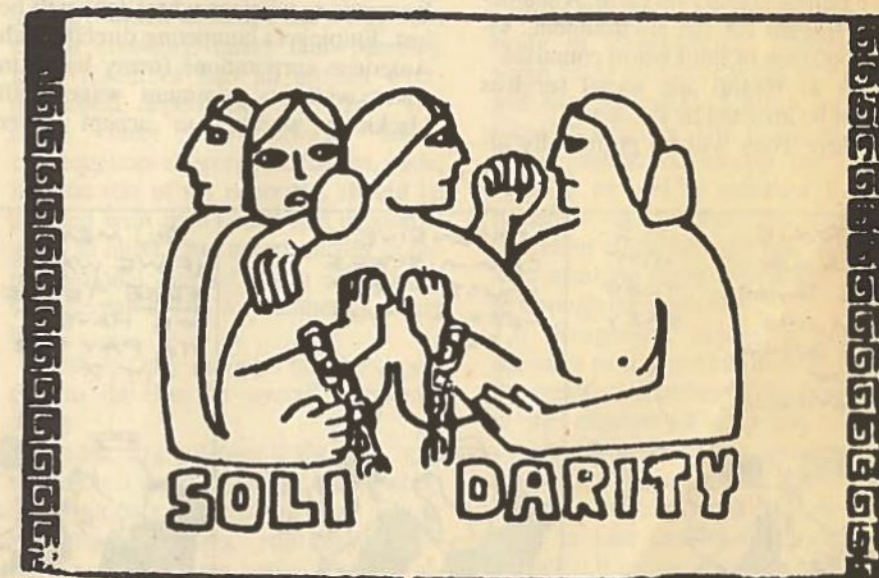
We would like to make it very clear that our intention in raising these objections is not to exclude Quebec from our constitution. We do not seek to alienate any part of Canada from full participation in the life of our country. We do not understand why other parts of Canada should desire our exclusion. We would like to see the full participation of all Canadians, English Canadians, French Canadians, Northern Canadians and Canada's First Nations in our governing processes. We would encourage a fuller debate than we have yet experienced on these proposed changes to our constitution in which representatives from all parts of our country would participate.

Cartoon from BC Federation of Labour Pay Equity Handbook



ly will continue to be excluded, from the discussions of constitutional amendments which affect us. The Yukon has an identity and a history which are unique in Canada.

Our boundaries are clearly defined, and this distinctive environment should be preserved, not seen as a simple chunk of real estate to be carved up according to the requirements of the existing provinces. Although we recognize that at the present time our sparse population cannot support provincial status, we feel



Free Trade: a Bad Deal for Women

by Women Against Free Trade, Toronto

From enclosures in baby-bonus cheques to the national news, Canadians have been bombarded with promotion of Mulroney's "Free Trade" deal. The Tories tell us it's the pot of gold at the end of the rainbow. Let's look at the myths and realities.

Myth 1: The Mulroney trade deal is only about trade.

Reality: This deal is a Trojan Horse that will bring Reaganomics to Canada. The trade deal is more about importing a set of economic, social and political policies than it is about changing the conditions of trade. In fact, a number of important sections of the proposed deal have nothing to do with trade barriers. A closer look shows that "harmonization" means virtual economic integration with the United States.

Let's look at what Reaganomics has done for the U.S.: a military budget of a trillion dollars and more homeless people than at any time in American history. No public medical insurance and as a result, hardship and destitution for families facing illness. A crisis in farming unparalleled since the Great Depression. A steady decline in wages and working conditions and a decimation of organized labour. Aggressive campaigns against minority and women's rights. Cutbacks in social services. 22% of Americans living below the poverty line in the richest country on earth. A shameless disregard for the environment. Vicious bullying of third world countries.

Myth 2: Health and social services will not be affected by the deal.

Reality: They will be profoundly af-

ected. The trade deal covers a wide range of health and social services and future negotiations will add even more. The deal explicitly allows American private sector management in hospitals, public health clinics, homes for physically disabled people and many other human services. Further, no social services are explicitly excluded from the deal. Despite Mulroney's claims that child care is exempt, private U.S. child care companies will continue to set up in Canada. The deal will leave Canadian medicare and unemployment insurance vulnerable to attack from American companies under unfair U.S. trade law. In the U.S., social services are largely privately organized, receive less government funding per capita, and are of much poorer quality. The trade deal will exert a downward pull on our services. Private franchises in social services could spring up everywhere—"Kentucky-fried daycare" anyone?

Myth 3: The Mulroney trade deal means prosperity for Canada.

Reality: Only big business stands to gain from this deal. What does access to the American market for Northern Telecom or Olympia and York really mean to ordinary Canadians? The ability of big corporations to operate even more freely in the U.S. will not create jobs here. With the millions the Tories have spent on research they have never specified where jobs will be created. Everyone recognizes where jobs will be lost. Employers competing directly with American corporations (many based in states with no minimum wage) will blackmail workers to accept lower

wages and worse working conditions at the risk of losing their jobs. Women and minorities—already among the hardest working and lowest paid in the economy—will be most severely hit by the effects of the deal.

Because of increased emphasis on the market and less on regulation, women will lose ground. Women are already at a disadvantage in the workplace because of historical and social factors. A less regulated market always works to increase profits at the expense of the most vulnerable. Steps toward equality, such as equal pay and employment equity, have always been won through government intervention in the market place.

Even on its own terms, the deal didn't deliver what it promised. Canadian business was promised full access to American markets in a period of protectionism. When the dust had settled, the deal did not exempt Canada from current American trade laws or guarantee exemption from future protectionist legislation. Mulroney and Reisman gave the U.S. everything and got next to nothing in return.

Myth 4: The Mulroney trade deal is good for consumers.

Reality: There's nothing to prove that prices will go down on either side of the border. If you're dreaming about those big bargains from Buffalo, Minneapolis or Seattle, forget it. American goods are more expensive in Canada primarily because of higher Canadian taxes and the lower value of the Canadian dollar, not because of tariffs. Duties will still be slapped on those attractive items made 50% outside the U.S. In addition, bitter

experience shows that lack of domestic competition actually increases prices. Several years ago, when quotas on imported children's shoes were eliminated, thousands of Canadian jobs were lost, and prices went up by 24%. Just think about those lettuce prices in the winter.

Myth 5: Canada will not lose its autonomy.

Reality: Governments' ability to make decisions about Canada's future will be severely restricted. In a number of key areas, the deal actually restricts the ability of federal and provincial governments to make policy. For example, in energy, so vital in a country as cold and as big as ours, the federal government cannot favour Canadian regions or industry with cheaper energy prices. A little known section of the deal severely curtails any provincial or federal government initiative to make public a service that was previously in the private sector. So proposed public auto insurance, universal public child care or denticare programs would become virtually impossible under this deal. But the road is open to privatize a series of currently public institutions such as those offering non-university post secondary education.

Culture is not exempted from the deal. A "notwithstanding exemptions" clause ensures that no future cultural industries can develop under Canadian protection—no new public broadcasting, no protection for our smaller and non-commercial media. Decreased scrutiny of American investment will permit an even greater penetration of cultural industries by American corporations. Given the weakness of our cultural industries at present, this virtually guarantees the loss of our fragile cultural sovereignty.

The more economically and culturally dependent on the U.S. we become, the less political autonomy we actually have. The deal puts in jeopardy our potential for taking politically independent positions on world issues such as Latin America, nuclear disarmament and global ecology. We can become political hostages to American foreign policy because of our economic dependence.

Myth 6: The only alternative is the status quo.

Reality: There are alternative economic models that work much better.

With Reaganism, an interventionist government channels trillions of tax dollars into unproductive, socially destructive military spending. But other governments have chosen instead to channel social wealth into productive economic strategies which create a decent life for everyone. Look at the Scandinavian countries, which have a population and economic base

similar to Canada. They're not perfect, but they provide a better life for the majority of their citizens while maintaining a strong economy, full employment and an independent cultural and political presence. It's no accident that in these countries women compose half of the political leadership at all levels and that social policies favourable to women are much more developed than those here or in the U.S. The key is to plan economic development within an overall strategy designed to meet human needs.

Trade should form only one part of a comprehensive economic plan, not determine it. With Mulroney's trade deal, the tail will be wagging the dog. Canada is already dangerously over-dependent on trade. Thirty percent of our GNP comes from trade, compared to 17% for Japan. Seventy-five percent of our trade is already with the U.S. We need to plan out a thoughtful economic strategy which develops the weak links in our economy, rather than pumping more resources into an already over-developed dependence on trade. Because there are always social consequences to economic factors, trade, like the rest of the economy, should be planned with both social and economic goals in mind. One approach lies in the international diversification of trade as an alternative to a continental trade block.

Myth 7: Only business has the expertise to develop an overall economic policy.

Reality: Big business is the real "special interest group." Groups representing the women's movement, the labour movement, farmers, educational and religious institutions, native people, cul-

Cartoon from Canada Not For Sale



tural industries, the poor and seniors reflect the vast majority of the population, and they oppose the deal. Ten percent of Canadians control more than 51% of the total wealth of this country. They're the minority, and they support the deal. If you believe that old American chestnut "What's good for General Motors is good for the nation," then maybe you'll believe that "free trade" is good for Canada.

But if you, like most Canadians, value medical insurance, pensions, unemployment insurance, public broadcasting and subsidies to culture, equal pay for work of equal value, employment equity and almost every other social program that exists in this country today, you will want to listen to the people who fought for and won them, not to the people who fought against them.

Women and others fighting for social progress have a different agenda.

Canadians did not elect Mulroney to bring in Reaganomics. Mulroney assured us he wouldn't bring in free trade and that he wouldn't touch social services and culture. But this is what he's done. Instead of having the political courage to seek a mandate for these measures—a mandate he knows the Canadian electorate will not give him—he's sneaking these destructive policies in through the trade deal.

If Reaganism means a calculated decision to use government to increase the wealth and power of those at the top at the expense of everyone else, our agenda involves using government to help share the wealth so that everyone benefits. It means regulating the market place to take care of the needs of the majority. It means using social wealth to

Cartoon from Canada Not For Sale



create the necessities required for health and well-being. It means aiming for full employment and a reasonable standard of living for every person, whatever his or her economic, social and physical abilities. It means using government to correct historical injustices and inequalities. It means using government to protect, not destroy, our environment. We have the resources. What we need is the planning and the political will.

For centuries, women have been held back by powerful myths. But in the last 25 years, women and the men who have supported us have shattered most of those myths by organizing and speaking out. Our great-grandmothers set the example. Told they didn't understand politics, they were denied the vote. They organized, apparently against all odds, and they won "personhood" and the vote. Women were told that choice on abortion was impossible. We've just won it. Women have been told equal pay and affirmative action are pipe dreams. Our answer: We don't accept the values behind that statement. We're prepared to fight to ensure that our dreams of equality become a reality.

As women, we appeal to Canadians. Don't accept the myths. Look at the realities that underlie them. We can defeat the trade deal and the neoconservative agenda it camouflages. We can build a society without victims. Reject the Mulroney deal. It will affect every aspect of our lives and the lives of our children. We have the right to vote on it. Demand an election.

What women can do

The free trade issue is not over just because Reagan and Mulroney have signed a piece of paper. The U.S. will not consider its approval in Congress until after this year and Canada still has to introduce implementing legislation which has to be passed in Parliament. If we can force an election before the deal becomes final in January 1989, we can defeat free trade.

The free trade deal can be stopped. There is much that women can do to help:

- Tell your local MP and member of the provincial legislature of your opposition to free trade and let them know that you want a federal election.
- Distribute the NAC pamphlet on free

trade where you work and in your community. Order from the address below.

- Give your support to local activities against free trade.
- Write a letter against free trade to a local or national newspaper.
- Organize a women's coalition against free trade in your area.
- Set up an information meeting or debate on free trade.
- Get your organization to join the Pro-Canada Network and join with other groups through the country who are fighting free trade.
- Help set the agenda for the next federal election. Write to NAC for its election kit.
- Help fight free trade by giving a financial contribution.

For more information about the free trade deal contact:

The National Action Committee on the Status of Women
344 Bloor St. West, Suite 505

by Maureen Bourke, Irish Prisoner of War Committee

"You are alone in an atmosphere of hostility, you're stripped not only of your clothing but every attempt is made to strip you of your self-respect. Your body



Strip Searching in the Maghaberry Women's Prisons

Toronto, Ontario M5S 1W9
(416)-922-3246 (Toronto)
(613)-234-7062 (Ottawa)

The Coalition Against Free Trade
(416)-534-3523

La Coalition quebecoise d'opposition au libre-echange
(514)-598-2273

Manitoba Coalition Against Free Trade
(204)-255-4050

Coalition Against "Free" Trade (Vancouver)R(604)685-5599 or (604)975-1769

The Pro-Canada Network
(613)-233-1764

Women Against Free Trade
(416)-441-2731

Your District Labour Council or Chapter of the Council of Canadians

is scrutinized inch by inch, hands are run along the sides of your feet and the back and palms of your hands, around the neck and through your hair, every action meticulously and slowly performed. If menstruating, your sanitary protection must be removed and given up for inspection—you must stand therefore throughout the procedure without sanitary protection. There is no degree of decency preserved throughout a strip-search. It is simply a debasing and revolting practice."

Statement from Maghaberry Prison, September 1986.

Maghaberry Prison in Northern Ireland was constructed at a cost of 33 million pounds, with 5 million pounds being allocated for security. Maghaberry boasts of the most modern and sophisticated electronic equipment, making it the most secure prison in Europe. Why

then is the practice of strip-searching still being carried out?

In 1982 strip-searching was introduced in Armagh jail after a 30-year absence. Over 3,500 strip-searches have been carried out on a prison population not exceeding 30 women over the past five years.

A majority of strip-searches are endured by women on remand, i.e. women held in custody while awaiting their trial. During their trials which might last several months, women are strip-searched twice a day, five days a week.

On a court appearance a remand prisoner is strip-searched before leaving prison. She goes to court in a van where she is locked into a 2 1/2 ft. x 2 1/2 ft. cubicle and watched over by a guard. She is in contact with no member of the public but remains under continuous close escort. On her return to prison, which may be 20 to 30 minutes later, she is strip-searched again.

Prisoner Pauline McKinney has been strip-searched 230 times. Prisoner Patricia Moore had to undergo a strip-search after returning from hospital where she underwent an exploratory examination. Another prisoner who was jailed for non-payment of a fine suffered a miscarriage following a strip-search. Also, strip-searching has been used systematically against Irish political prisoners in jail in Britain.

In Brixton Prison, Ella O'Dwyer was strip-searched 227 times and Martina Anderson was strip-searched 248 times.

by Suzanne Rose

Dear Priorities,

I'm not sure what you'd like to hear about this place. It is about as grim as it gets, we are told—by expatriates, Sudanese alike. Streets full of beggars, cripples, "cigarette boys" with pimps, people dealing in black market stuff, piles of soldiers (usually poor blacks) in riot gear and machine guns.

I live opposite the military camp of Khartoum so I see these men cruising out in huge lorries at 8:00 a.m. One of their activities is called "kasha"—they round up the blackest people, who are

"Two wardresses walk in. They order you to stand up; they take off your clothes. They start by inspecting your shoes as you stand stark naked. They go through your panties, your bra, every seam of every garment. Then they go through your hair and inspect your vagina.

"Nothing is more humiliating. And you are all alone in that cell.

"I was so angry. I considered just about everything I could do to myself as a form of protest. If I didn't have children—and if it wasn't for the fact I would be playing into the authorities' hands—I might have taken my life."

Winnie Mandela

Both women spent ten months awaiting trial on "conspiracy" charges. Strip-searching has also been used on other political activists such as anti-apartheid protestors and the women at Greenham Common. On no occasion has anything been found to endanger security.

The practice of strip-searching has been repeatedly condemned by groups such as the Dublin Council for the Status of Women, several MPs, trade unionists, The Standing Advisory Commission on Human Rights, and the National Council for Civil Liberties. Amnesty International

al has stated that "strip-searching entails cruel, inhuman or degrading treatment when it is carried out with the deliberate intention of humiliating or degrading."

It is a tool of repression and state control designed to "break" the women psychologically. It is done for political reasons and is obviously an attempt to force the women into submission by attacking the one thing the prison authorities otherwise cannot touch—the psychological well-being and solidarity of the women. One strip-search is a violent and traumatic experience for a woman, and women never become "less affected" by or "more used to" such acts against them. The women who endure it compare it to rape, for it is a routine violation of their bodies and an affront to women everywhere. In the British House of Commons James Prior, then secretary of state for Northern Ireland, defended the policy of strip-searching on the grounds of security.

The Irish Prisoner of War Committee of Vancouver calls on people in British Columbia to support the campaign for the immediate end to strip-searching. Express your opposition to this barbarous act by writing to:

Consul General, Mr. Brian Watkins
British Consulate
602 W. Hastings Street
Vancouver, B.C. V6B 1P2

or phone the British Consulate, 683-4421.

Letter From the Sudan

typically southerners (Christians), work them over and dump them out of town. There is terror here. One man was disappeared because he circulated a well-documented book on slavery in the Sudan. It seems the (Muslim-Arab) government arms Arab raiders who attack and enslave southern black (Christian) people.

As usual, religion is a smoke screen for a war based on economic considerations. Here the civil war is in evidence—we have over a million displaced people in Khartoum. Weekly, we hear of cities the SPLA (Southern People's Liberation Army) have captured and those the ruling people have recaptured. We hear



Suzanne Rose in the Sudan, Africa, camping on a rock pile in open desert

the SPLA may take over the dam providing our power supply.

Life is unpredictable. You never know what will be available. Right now we have no water but we do have electricity. No phones since we arrived. No benzene (gas), as the Saudis sent gas cut with water. Soldiers control access to some stores. There is hoarding. Terrible corruption—the government has no interest in its people. It skims money off aid to give \$20,000 cars to its bureaucrats. We have seen more Mercedes here than in Vancouver, many guarded by a man who sleeps by the car on a mat every night for about 50 pounds (\$20) per month. This may well be his only job. This gives two meals per day of bread and beans (the staples here) to three people. Rich people also have guards with automatic rifles at their house gates. At first I felt nauseous walking by these armed men, cocking their weapons. I was afraid they'd go off accidentally, but now I can go by, in order to get to markets or wherever I need to go.

The infibulation is alive and well. I have seen the mutilated genitals of some of the girls I have treated in one of the hospitals here. There are numerous kids with cerebral palsies due to difficult labours, and I wonder if the small and scarred vaginal opening does not have an effect on this. For some mothers it is hard for them to sit on the floor crosslegged because of the scarring in their crotches. Finally in 1983 doctors announced it was not Muslim law or even religiously encouraged to do such a thing to women. But like elsewhere the oppressed often perpetuate their oppression. Here, midwives make most of their incomes from infibulation, so they don't want to give it up. Also, women cannot join the key women's organizations in their communities unless they're infibulated and, of course, they can't marry. Few women have publicly renounced infibulation and few have promised not to have it done to their girls.

Everyone I've met says they distrust and despise their government but there is a high level of apathy coupled with a

desire to get a bit for oneself as the whole thing bottoms out.

Taxes are outrageous—e.g. 60% on rental income, so of course there's a huge shadow economy and hardly anyone declares real income. All kinds of scams keep people afloat. Most utilities and many buildings are in disrepair. You can look in a government office and see two people sleeping and three sitting at typewriters, one of which is clearly not workable. In hospitals kids lie on metal cots while "nurses" sit at the end of the room, watching. The kids' mothers feed them. I have been in a pneumonic ward with three kids in respiratory failure as the attendant tried to share one oxygen mask and tank



A caregiver checks the prosthesis of a patient in front of the clinic. Note the shipping crate walls.

among the three of them. The hospital did not even provide water for the kids.

Of course educated Sudanese are trying to get out—to Saudi Arabia—where they can earn about 50 times the income, or to Europe, or to America. I've pointed out that if able people all leave it will be harder to turn this place around, but job security, a home, decent

schools for one's kids, the absence of soldiers and beggars everywhere—these are understandable incentives. So embassies are crowded with hordes trying to get out.

My work is interesting and challenging. I work with handicapped kids in the only center in Khartoum. The services (surgeries, physio and braces/crutches) are free. Many of the kids are from poor families who gather in the yard around the clinic. These people often cannot read or write, and live in clay shacks with dirt floors, no windows, a few rope beds and a charcoal burner. Even washing their kids' wounds is difficult. There are no toys. I've been collecting things from garbage (mine) to show how you can produce serviceable "toys" for handicapped kids from garbage, since many go to garbage dumps or at least have old containers and stuff we can use. Some of the parents make quite an effort for a kid who is a real economic liability. I have shown many how to make a simple chair out of a wooden crate, to help the cerebral palsy kids sit, so they can feed themselves and learn to use their hands. This is an improvement to lying on a dirt floor staring at a ceiling, while food is poured down their throats.

I also am helping at the orphanage—95% of the kids there die. Orphans or abandoned kids are not a big priority here. There are 10,000 street kids in Khartoum. One third are reputed to have AIDS, based on a recently tested sample. Last year a government minister said she thought the answer was to do "kasha"—round them up and dump them in the desert, inside a wall. This was done, several times, during the Nimeiri regime. Half of all the kids died.

I have met many black southerners now. They are frightened to criticize overtly the ruling regime and they refuse to give support verbally to the SPLA. But I assume many do support it, as their lives in the South or here in the refugee camps are almost intolerable. Despite all this waste of human life and labour I am maintaining my spirit, as is my husband, whose work has brought him into direct contact

with the Sudanese conditions. I have 750 words of Arabic now and am able to communicate, in a very "low class" way, with the families of my patients, with my coworkers (most of whom speak no English), and with others I meet.

Books in English are not common

Communiqu'ELLES

Revue féministe bimestrielle
Bimonthly feminist magazine

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- \$22 / 2 yrs
- \$30 / 3 yrs
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Quebec, H2X 2N6

here, other than romances and mysteries. There are donated volumes at the university bookstore—especially British medicine, Chinese and Indian literature and Soviet politics at cheap prices. So I am reading the first two volumes of what is supposed to be a seven-volume series

on the International Working Class Movement put out by the USSR Academy of Sciences. What a place to be reading it!

All the best,
Suzanne

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Women's Music Festival

The Vancouver Women in Music Network and Nada Productions present the 1st Vancouver Women's Music Festival to be held August 1988. Women are needed to organize this herstoric event.

We need support to make this dream come true. For more information or time and day of next meeting, call 681-3617.

Childcare: Meet the Challenge

A three day national child care conference will be held in Ottawa April 21 to 24. Workshops to include dealing with policy, strategy, skill building and networking.

For more information, write:
The Canadian Day Care Advocacy Association
323 Chapel Street
Ottawa K1N 7Z2

**SOUTH AFRICA
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