

# *Feminist Struggles and State Regulation: Controlling Women's Reproductive Rights*

## **State Power and the Struggle for Reproductive Freedom: The Campaign for Free-standing Abortion Clinics in Ontario\***

Ontario Coalition for Abortion Clinics  
Toronto, Ontario

Abortion has been one of the most hotly contested points of conflict between the contemporary women's movement and the state.<sup>1</sup> Its latest stage, the January 28, 1988 Supreme Court decision that the existing abortion law was unconstitutional, was a tremendous victory for the women of Canada.

The Court essentially ruled that the law unfairly interfered with women's right to control our bodies and lives. What the Chief Justice referred to as "state interference with bodily integrity" will no longer be tolerated. This decision was, in part, the culmination of a campaign begun in 1982 for free-standing abortion clinics. It was the result of the work of thousands of reproductive rights activists and supporters in the women's movement, lesbian and gay groups, unions, immigrant organizations, churches and many other community groups. In a very fundamental sense this was a victory for all who are fighting against state regulation of our reproductive and sexual lives.

However, the limits of even the most dramatic legal victory quickly became clear as reactionary provincial governments moved to restrict public funding and eligibility, and the federal government began to draft a new abortion law. How we in OCAC think the pro-choice movement can capitalize on the opportunities presented by the Supreme Court ruling to move on to win full and equal access to free abortion for all women will be discussed later, but first, the paper will look at the strategy and campaign that got us to this point.

This article examines the history of the Ontario Coalition for Abortion Clinics (OCAC) and the clinic campaign that contributed to the Supreme Court decision.<sup>2</sup> The analysis here is posed at a strategic rather than theoretical level. The focus is not so much on what the abortion struggle reveals of the nature and dynamics of the capitalist patriarchal state, but more prosaically and concretely, on the following questions: What were the guiding principles of our strategy? What dilemmas and complex questions have we confronted in trying to put them into practice? What have been the key lessons we have learned which would be of interest to other struggles? And finally, what are some of the implications of our experience for socialist feminist engagement with state power?

### **Origins of the Clinic Movement**

OCAC was established in 1982 by activists from the women's health movement appalled by increasingly limited and unequal access to abortion and the demeaning treatment women were receiving. Our goal was the establishment of free-standing clinics as the best way to provide women-centred abortion and other reproductive care, and to force the repeal of the federal law. Feminists had been lobbying the government with briefs detailing the crisis of access and models for women's clinics, and pressuring hospitals to increase access for years. We had looked to the experience of Quebec where feminists and their supporters had been able to win far better abortion services through clinics.

The strategy of opening clinics in direct defiance of the law had a number of goals. The clinics would first of all provide

women with desperately needed services. In so doing they would highlight the crisis of access to abortion and the oppressive nature of the existing law. Even more fundamentally, we believed that setting up and defending clinics would provide a vital spark to galvanize and build the choice movement. By so directly challenging the state, the clinics would be a living symbol of our determination and a rallying point for political mobilization. OCAC's political perspective integrated the demand for clinics, which arose initially out of the women's health movement, with socialist feminist principles of mass action, movement building and putting the maximum pressure on the state.<sup>3</sup>

The Morgentaler Clinic opened in Toronto in the summer of 1983 and was quickly raided by the police. Dr. Morgentaler and the other physicians were acquitted in November 1984 – the fourth jury acquittal in two provinces. The clinic reopened in December 1984 and, in spite of further charges, has been open continuously ever since, joined in June 1985 by the Scott Clinic.

It was this strategy that brought us to the Supreme Court. The ruling accomplished one of our major goals: the repeal of a law that we had long emphasized, and the Court echoed, was profoundly inequitable and dangerous to women's health. It also made the clinics we had been fighting to defend legal.

Before discussing the dangers as well as the opportunities we are now facing, the article will address some of the more revealing facets of our particular struggle with state power.

### **Strategy into Practice**

The struggle to win abortion clinics and repeal the law has brought the pro-choice movement into one of the most sustained conflicts with state power in the recent history of Canadian feminism. This section briefly highlights some of the more interesting facets of this engagement.

OCAC has organized a campaign with a very specific focus. But this has not meant that it is a single-issue group. It has never seen the demand for abortion in isolation, but rather as one of a number of interdependent struggles – from autonomous midwifery to universal daycare, from employment equity to the capacity to define and live independent sexualities – which must be fought and won for women to control their bodies and their lives. This reproductive and sexual freedom in its widest sense is its ultimate goal. OCAC has found this broader reproductive rights perspective to be vital, not simply because it reflects the reality of women's lives, but because linking up these various struggles strengthens us all.<sup>4</sup>

Such a perspective also allows us to take account of the diversity of women. Different groups of women have very different access to abortion and abortion can have a very different meaning in their lives. Although reproduction affects all women as women and in this sense transcends differences of class, race or sexuality, reproductive control means very different things to different women. To some, the vital struggle is to win the basic conditions within which to raise children decently, or to prevent coerced sterilization.<sup>5</sup> We have tried to engage in movement building that reaches out to different constituencies and takes such differences into account. For example, we have had forums bringing together disabled women, lesbians and native women to speak of their particular struggles for sexual and reproductive control and consider how we can support each other. We have begun, like others in the women's

movement, the ongoing task and struggle of incorporating an anti-racist perspective into all elements of our politics.<sup>6</sup>

We knew the struggle for abortion rights would be long and complex, involving many different stages and difficult political decisions to be made. For example, the Morgentaler Clinic was crucial to the whole campaign, not simply for the services it provided, but as a focal point for political organizing. This first clinic was not – and could not be in the circumstances – our ultimate goal of comprehensive women-centred reproductive care. But it was an essential political challenge to existing state and medical regulation of abortion. We could not be defeated at this initial stage or we would never get to our long-term goals.

Some would have preferred to have a woman physician from the start or to have the first clinic owned and controlled by the women's community. But these possibilities and resources simply were not available. Others remembered the experience of Quebec, where the clinic campaign had the tremendous advantage of being part of a broad upsurge of feminist and left political movements, and doubted that we could succeed without such favourable conditions. Dilemmas such as these point to the simple fact that we cannot choose the overall political and ideological environment under which we fight. So what should we have done – wait for conditions to become perfect or begin the fight to transform the political constraints and obstacles we faced? We believed that seizing the initiative through establishing and defending a clinic was the vital starting point upon which to build a strong movement.

From the start we knew that once a clinic was established our movement would face an immediate counter-attack from the state. We never let an attack on us go unchallenged: from the arson at the clinic that destroyed the Toronto Women's Bookstore next door to anti-choice harassment. But in responding to this constant pressure, how could we avoid being forced onto the defensive? Even when under attack we tried to reset the political agenda to our advantage; so when clinic doctors were charged, we used the court cases to "put the state on trial" by demonstrating the crisis of abortion care.

We always believed that no jury would convict physicians performing safe abortions in clinics and we have been proven right so far. We felt that this would put the state in an extremely contradictory position: if it continued to prosecute doctors through acquittal after acquittal then the basic fairness and legitimacy of the legal system itself could be called into question. Sooner or later, clinics would have to be recognized regardless of the federal law, as had been the case in Quebec for years, or the law itself would have to be changed.

This does not mean that we saw the legal system to be the way to win abortion rights. We fought in the courts because we had to – we could hardly not, when clinic staff were charged. But we always saw the basis of our strength to be in building the broadest possible movement and in developing alliances with other progressive struggles. We worked to maintain a visible presence on the streets, in actions ranging from demonstrations of thousands to guerilla theatre. Our goal in all of this was to put the maximum pressure on the state.

In any movement there is both the struggle for immediate goals and long-term objectives. How are these different levels of strategy reconciled? How do we ensure that we don't get stuck in the immediate and pressing issues of the day? OCAC tried to develop strategy that works at two levels simultaneously: both to radically address immediate conditions and to build a consciousness and movement that could transform the existing oppressive relations of reproduction. We have tried to pose the argument for clinics in this double way. The existing free-standing clinics have been indispensable in dramatizing daily how unfair and unworkable the existing law was and in showing the solution in the most concrete and immediate fashion possible. At the same time, clinics can be posed as a model for the future: centres providing care for the full spectrum of women's

reproductive lives, from birthing through abortion, from alternative insemination through sexuality counselling. Having clear and attractive vision of ultimate goals is very important, not so much as a blueprint of what will be in the future, but for the present, as an understandable and realizable alternative that can seize people's imagination and enthusiasm.<sup>7</sup>

A clear vision of ultimate goals is also important in helping to avoid co-optation, and in helping to identify those reforms that will not move us towards those long-term goals but will diffuse and divert the movement. For example, we had successfully been able to define the limited and inequitable access as a major health care crisis and to use this framework to condemn the law as inherently unworkable and unequal. However, access is the problem that is most easily addressed by the government through reforms of the hospital delivery system. What if they really could improve – or at least be seen to improve – access in hospitals? Would it seem that there no longer was any "crisis" that there was no urgent need to repeal the present law and legalize clinics?

As the clinics were so firmly established and public support for them and women's need for abortion remained firm, the provincial government attempted to use reforms in just such a way. In late 1986, it commissioned Dr. Marion Powell, the director of a Toronto birth control clinic, to find a way to improve access to abortion in hospitals,<sup>8</sup> and in late 1987 a series of women's health centres in hospitals were announced to streamline the referral process. We used the Powell Report documentation of the poor quality of care in the hospitals to contrast the advantages of clinics as the safest and most sympathetic environment for abortion care and to argue that these hospital-based centres simply could not solve the access problem. Just as fundamentally, improvements in access – as significant as this could be in improving many individual women's immediate situations – would still leave control over the decision to have an abortion in the hands of doctors rather than women themselves.<sup>9</sup>

We also learned to avoid being caught in our own rhetoric. For example the slogan of *choice* has tremendous polemical value and real resonance in a democratic political culture. It allows us to define ourselves as supporting the right of women to make a complex and at times difficult decision themselves, and to define the opposition as anti-democratic, attempting to impose the views of a small minority on all. It also allows those who would choose not to have an abortion to support the right of others to make their own decisions. But at the same time, we also tried to be aware of the limits of the notion of choice. Even full and free access to abortion, as significant a change as that would be, would not guarantee that all women would have real 'choices' over their lives or over having and raising children. We tried to show these limits concretely by stressing that the choice to have a child can never be free in society in which women earn so much less than men and in which quality daycare and affordable housing are not available for so many.

The notions of abortion or reproductive rights more generally also have important limitations. The concept of *rights* has its origin in highly individualistic liberal philosophy. Rights are held within a given social order, and this can ignore the wider social organization of reproduction and the overall subordinate position of women in contemporary society. Individual rights can be purely legal or formal; we have seen from the experience of other countries that even when women have a legal right to abortion, access can remain horribly unequal and this certainly remains a danger in the post-Supreme Court period. Our response is to demand not simply the legal right to abortion but the wide range of public resources and services – from birthing centres to multilingual contraceptive and sexuality counselling – with which women really can exercise the right to control their reproduction. Most fundamentally, we fight to win not merely the right to choose, but to transform

the social and material conditions under which choices are made. That is why we see the fight for abortion as part of other struggles for equal pay, universal daycare, and an end to sexual harassment and violence.

In these ways we have learned to recognize the contradictions and tensions of demands based in the conventional liberal discourse of choice and rights and not to minimize the limits of our slogans. But the political content of slogans and demands is not inherent in their philosophical origin or their place in conventional discourse. We have tried to inject radical political content into our demands, whatever their origins. So we don't simply talk about the right to choice on abortion in the abstract, but as essential to women's bodily self-determination and overall well-being. We stress control of one's body as a fundamental individual and social need: "Control of one's body -- including for women, control over whether, when and in what circumstances they shall bear children -- is not just a 'libertarian' right... it is, rather, a positive and enabling condition for full human participation in social and communal life."<sup>10</sup> The right to control one's body is both a demand for individual empowerment and very much a direct challenge to a system in which women's inability to control our reproduction underpins our overall subordination. So we try to capitalize on the political salience of notions of choice and individual rights while at the same time pushing these ideas to their radical limits by showing that the real issue — and the real struggle — is to transcend a social structure in which women must make choices within such narrow constraints.

To keep up the movement's momentum through the inevitable ebbs and flows of a long campaign we have had to develop considerable strategic and tactical flexibility. Some important limitations of the clinic strategy only became clear after its initial successes. For example, this strategy is based at the provincial level and its strength lies in locally-based coalitions.<sup>11</sup> But how does this help women in other areas not able to establish and sustain clinics? We knew that repeal of the federal law, which was the fundamental basis of unequal access to abortion and the demeaning treatment women receive, was crucial, but years of feminist lobbying had been unsuccessful. We believed that the political challenge posed by establishing free-standing clinics was our most powerful lever to force repeal. The Supreme Court ruling proved us right so far.

But we also saw the need to build a strong movement across the country and we solidified our links with groups in other regions. One reflection of these links has been joint actions, such as the 1986 tribunals held in many cities in which women spoke out about the impact of restrictive abortion laws on their lives. OCAC activists have gone to BC, Alberta, Manitoba and Quebec to share our experience, especially valuable to those coalitions working to establish clinics. Such links have never been more vital than in laying the groundwork for concerted action in the coming post-Supreme Court stage of the struggle.

It is very difficult to get the best balance between short and long-term objectives, between the polemical value of the choice slogan and the constraints of such arguments, and between abortion and the broader struggle for reproductive freedom. Such strategic complexities and dilemmas are made no easier in a movement that is constantly under attack from the state and conservative right. Nonetheless, it is clear that these complex questions cannot be left until after we have won our short-term objectives. How we organize to win and the very terms upon which we win our demands are very much shaped by how we address these vital questions. We will never get to the long-term if we don't integrate a clear analysis of issues such as these into our immediate politics as well.<sup>12</sup>

## The Way Forward for Abortion Rights

How can we capitalize on the opportunities presented by the

Supreme Court ruling to continue the struggle for full and equal access to free abortion for women in every community in Canada? How can we beat back the harsh counter-attack from state and anti-choice forces?

In the aftermath of the ruling, especially as reactionary provincial governments moved to restrict public funding and access, it became clear that the struggle would still have to be fought province by province as well as at the federal level. We are working closely with our counterpart reproductive rights groups from other regions and national feminist organizations on how to support each other in this critical period. We are also pressuring the federal government to act on its responsibility to ensure universal and equal access to health care, including abortion, across the country. We are demanding that the federal government must penalize provinces refusing to provide universal access by holding back cost-shared funding, as they did to prevent extra-billing.

In Ontario, the province has already been forced to drop the hospital committees formerly required to approve abortions and to provide OHIP funding to the existing clinics. We will now be pressing the province to fund any community health centre that wants to provide abortions and to quickly establish a new network of community clinics providing abortion and related services. What we will be demanding is publicly funded clinics in every community, working in every language and providing all the care women need: from safe and effective contraception to abortion; from birthing and midwifery to well-woman and well-baby care; and from sexuality counselling to reproductive technology developed according to women's needs and priorities. We will settle for nothing less.

## Final Reflections

Having promised earlier that this was a strategic rather than theoretical discussion, it is time to sketch out a number of general reflections relevant to a socialist feminist analysis of state power, the social organization and regulation of reproduction and women's resistance. First of all, the abortion struggle confirms a fundamental tenet of socialist feminist political theory. State regulation of women's reproduction through abortion has always been contested. Women are *never* merely victims of state (or medical, or church, etc.) control, but are active agents in resisting this regulation and struggling to control our own reproduction and the way reproduction is socially organized. This resistance occurs constantly in individual women's reproductive lives<sup>13</sup> and collectively as women come together to organize for change or to establish alternatives.

One of the guiding premises of socialist feminist politics is the preeminent importance of the state, both as vital to maintaining the overall structure of male domination and class and racial oppression, and as a key site of struggle against these oppressions in all their interconnected forms. State regulation of reproduction and sexuality is pervasive; from taxation and welfare policy that reinforces women's dependence within families through judicial structures that enforce heterosexual norms. Within this, abortion has been one of the most visible and immediate mechanisms for regulating gender relations, and probably the most contested. This underlies why the state has resisted so strongly and consistently, not only in Canada but in all other advanced capitalist countries, feminist demands for full and free access to abortion.<sup>14</sup>

A crucial premise of our strategy was that establishing clinics in open defiance of the law and winning jury acquittals would face the state with a contradiction between its regulation of women's bodies through abortion and its broader imperatives to maintain the overall legitimacy of the legal and justice systems. However, the state is a complex system of institutions, agencies, and structural imperatives; where and how this contradiction would be manifested was very much an open ques-

tion. In Quebec, the provincial government had decided not to prosecute clinics, in effect legalizing them. At the federal level it was the Supreme Court that provided the first major breakthrough. Both illustrate the relative autonomy of different spheres within the state. At first glance, the Supreme Court made a decision that went against government policy and overturned a major means of state regulation of fertility. A more sophisticated reading might see the Supreme Court as providing a potential "solution" to the unworkability of the existing abortion law and an opening for reform that the government for electoral and ideological reasons could never openly propose. To whatever extent this is true and whether or not the federal government would have hoped to take up this opening, that it could not illustrates the importance of immediate party and electoral factors. The Conservative government faced an open revolt from its more right wing backbenchers who would not countenance any liberalizing of the abortion law.

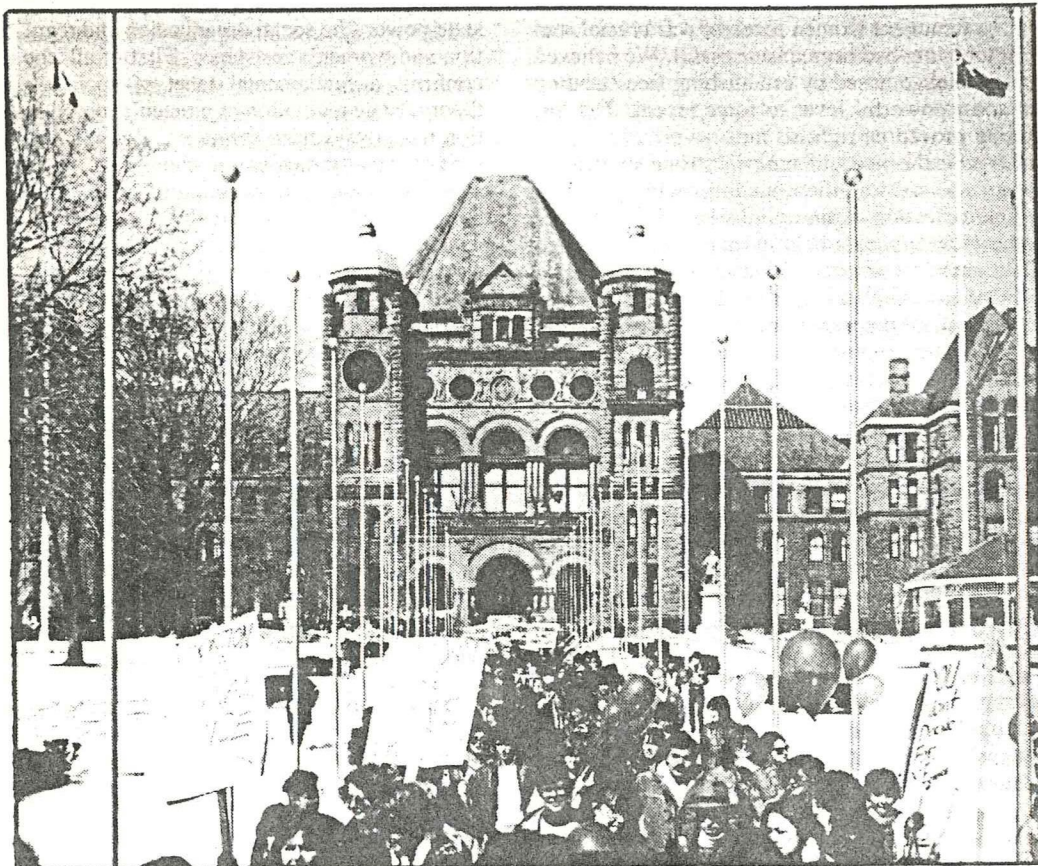
The abortion struggle also shows that pressure tactics and mass action can make an immediate difference. We understand that when a further series of charges was laid in 1986 after the Scott Clinic opened in Toronto some within the provincial cabinet wanted to close the clinics. The government was deterred by the potential widespread opposition this would engender, not least because we had organized an immediate highly spirited protest demonstration. From the other side, anti-choice harassment has very much intimidated the current Minister of Health and has been an important factor in the government's caution.

This article, and the politics of the abortion rights movement, has focused upon state power. The strategy of the choice movement has largely been to mobilize against the state: to force the repeal of the criminal law restricting abortion and to press for public provision of reproductive health care, highlighted in the campaign for free-standing abortion clinics. This may have been politically wise, but it certainly does not capture the complexity of all the ways in which abortion, and reproduction

and sexuality more generally, are regulated and socially organized. This regulation involves a diverse range of institutions, practices and discourses: including the administration and funding of health care, family planning counselling and the organization of sex education, in addition to criminal law, within the state system<sup>15</sup>; and the medical profession, birth control research, social work and other service provision, religion and the media outside the state. This regulation is resisted and challenged across equally diverse sites and terrains.<sup>16</sup>

This emphasis has been a strategic and pragmatic choice (to the extent that such complex considerations are ever explicitly articulated in the hurly-burly world of political organizing). We decided that the state was the best site to fight for free and equal access to abortion. Organizing to remove an oppressive law has a far sharper focus, and is therefore much easier to mobilize around, than organizing around equally oppressive but far less visible medical practices. Demands on the state put issues of women's rights and the conditions of reproductive freedom squarely on the public agenda. Although this certainly does challenge traditional discourses of femininity, motherhood, sexuality, etc., we would never have been able to organize a broad-based movement solely around familial or ideological facets of abortion and reproductive control. Having said all this, it can't be maintained that the state has any absolute theoretical primacy over other sites/mechanisms or regulation/resistance around abortion. Strategic openings and theoretical analysis are very different things.

There is a dialectic interplay between state regulation and women's resistance. Is a further reason that the conflict over abortion has become so important to the state simply that we have made it so; simply because the women's movement has focused so much of its energy on winning abortion rights and reproductive and sexual freedom? Confronted with this — and with all of the implications for women's autonomy that such reproductive freedom would entail — the state inevitably



counter-attacks. It cannot let a popular movement win on an issue that the movement itself defines as central. Put most crudely, what would be next?

Mariana Valverde and Lorna Weir have discussed the complexity of "moral regulation" elsewhere in this issue. Abortion law has certainly come to be a crucial component of contemporary moral regulation at several levels. It is one of the major means through which state, and in a more or less mediated fashion, medical regulation of women's sexuality operates. In the context of unsafe and ineffective contraception and male irresponsibility, abortion is an absolutely essential back-up for sexually active heterosexual women and restricted and unequal access to abortion denies the possibility of sexual autonomy. Categorization of "therapeutic" or "medically necessary" abortions — as opposed to unnecessary and frivolous — is one of the major means through which women's sexual autonomy is defined as selfish and dangerous. The moral and legal discourses around "illegitimate" births — as opposed to legitimate and moral — is central to defining and constraining young women's sexuality ("bad girls" must pay the price of shame and despair).

More generally, the conflict over abortion has become critical to the moral climate of our time. Abortion has become a central rallying point for the conservative right, a "condensed symbol" of all the far right hates and fears from feminism.<sup>17</sup> The supposed increasing availability of abortion has become for them one of the dominant metaphors for the decline of traditional "family values." If the preceding speculations are at all correct, then abortion has a similar symbolic importance for the state, as an issue that the women's movement must not be allowed to win. It is these ways in which abortion has become so central to the overall moral regulation of gender and sexual relations that underpin the heated nature of this conflict. This is especially so now because free-standing clinics, particularly were they to be run by feminists, make the politics of abortion much more visible.

This struggle has also taken place at the level of moral discourse. In one sense we have been quite successful. One of the most significant lasting effects of our movement may be our popularization of the idea of choice. For example, although the Supreme Court worked within the discourse of rights to personal security and liberty and legal jurisprudence, its language does show how firmly embedded notions of women's choice and autonomy and the right of equal access to abortion have become in the political culture. Such feminist ideas and values are of course in constant danger of being incorporated and distorted in the dominant culture. But the salience of choice and the widespread recognition that our sexual and reproductive lives are an important part of individual autonomy must be seen as significant changes.

On the other hand, it has been far more difficult to define the overall terms of public debate around abortion. The anti-choice groups' deployment of the fetus and the way in which this graphic imagery has become such an important presence in contemporary debate serves to shift attention from women's conditions and lives.<sup>18</sup> More specifically, in the post-Supreme Court period there has been much media and public concern with late abortion. While the spectre of irresponsible and feckless women having abortions up to the moment of birth has been seized upon by the more lurid anti-choice commentators, many liberal and some pro-choice supporters worry about an increase of late abortions without legislation. Our response has been to try to turn this question around: the answer lies in preventive measures — most fundamentally in equal access to comprehensive care and counselling and in changing those circumstances that bring women to the dilemma of late abortions — not criminalizing women and their health care providers. We try to put the onus back on the state to take up its public responsibility for such preventive reproductive care. And we try to put the focus back on women and the necessary conditions for our autonomy.<sup>19</sup>

## Final Words

Because of the many problems and quandaries that have been discussed, this might read as a gloom-ridden account. That was not the intention nor would it accurately reflect the prognosis of the reproductive rights movement or our accomplishments. So the article will end on an optimistic note with the simplest point of all.

Abortion has been one of the most decisive points of struggle between the women's movement and state power. When we worry about the fine print of the Supreme Court decision or think about all the work still to do across the country, it is easy to forget what a major victory we have won. For the first time, the highest court has had to recognize women's right to control our bodies. Whatever the next stages of this struggle bring, this recognition of women's basic rights gives governments far less freedom of action in their attempts to regulate reproduction. If we are able to use this initial victory to push on to win free and equal access to abortion for all women then it will be a highly significant advance for the women's movement.

More than this, this victory for abortion rights is a victory for us all. Our particular success has only been possible through the broadest alliances and support and we are all strengthened when a progressive movement is able to force a significant advance from the state. What this shows above all else is that progressive movements can fight against consistent state and conservative opposition and win.

## Postscript

This article was written in April 1988. OCAC's view that the Supreme Court decision was not the end of the struggle for full access to free abortion has certainly been confirmed. Access has gone from bad to worse in some areas, especially the Atlantic provinces; several reactionary provincial governments, with B.C. taking the lead here as it does on so many 'moral' issues, have attempted to reimpose cumbersome requirements for medical approval and funding; and there has been a determined counter-attack from 'moral majority' right-wing forces, conservative churches and anti-choice organizations whose goal is nothing less than the prohibition of virtually all abortions. The spectacle of male MPs endlessly parading their consciences and exercising their 'free vote' on the federal government's ill-conceived resolution on abortion while the women of Canada were ignored has finally ended. However, the really important point is that the government still plans to introduce criminal legislation designed to restrict abortion past a certain stage of pregnancy.

What all this means is that women's reproductive autonomy is very much under threat. OCAC and other activists see the key task to be preventing any recriminalization of abortion. And what is needed to ensure this is a major mobilization of pro-choice support. Get in touch with your local reproductive rights group on events in your area and plans for coordinated actions across the country.

## Notes

1. There is nothing particularly new about this. The struggle for sexual and reproductive self-determination has long been a central goal of feminism as a social movement. And throughout the last hundred years this has brought feminists up against the state, organized medicine and conservative forces that would deny women's reproductive autonomy. See Linda Gordon, *Women's Body, Women's Right: A Social History of Birth Control in America* (New York: Penguin, 1977); Rosalind Pollack Petchesky, *Abortion and Women's Choice: The State, Sexuality, and Reproductive Freedom* (New York: Longman, 1984); and Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart, 1986).

2. For a fuller analysis see Patricia Antonyshyn, B. Lee and Alex Merrill, "Marching for Women's Lives": The Campaign for Free-standing Abor-

tion Clinics in Ontario" in Frank Cunningham, Sue Findlay, Marlene Kadar, Alan Lennon and Ed Silva, eds. *Social Movements/Social Change: The Politics and Practice of Organizing*, (Toronto: Between The Lines, 1988).

3. A key role in the formation of OCAC's politic (and our practice ever since) was played by women from the International Women's Day Committee, the major socialist feminist group in Toronto, now celebrating its tenth year of existence (and resistance). See Carolyn Egan, "Toronto's International Women's Day Committee: Socialist Feminist Politics" in Heather Jon Maroney and Meg Luxton, eds. *Feminism and Political Economy: Women's Work, Women's Struggle* (Toronto: Methuen, 1987).

4. See Petchesky, *Abortion and Woman's Choice*; Adele Clark and Alice Wofson, "Socialist-Feminism and Reproductive Rights" *Socialist Review* 78 (1984); pp. 110-120.

5. Adele Clarke, "Subtle Forms of Sterilization Abuse: A Reproductive Rights Analysis" in Rita Ardetti, Renate Duelli Klein and Shelley Minden, eds. *Test-Tube Women* (London: Pandora, 1984), pp. 188-212; Rosalind Pollack Petchesky, "'Reproductive Choice' in the United States: A Social Analysis of Female Sterilization" in Karen L. Michaelson, ed. *And the Poor Get Children: Radical Perspectives on Population Dynamics* (New York: Monthly Review Press, 1981).

6. Carolyn Egan, Linda Gardner and Judy Vashti Persad, "The Politics of Transformation" in Cunningham et al., *Social Movements*.

7. For a discussion of such long-term goals of reproductive care see the interview with two activists from OCAC and the Midwives Collective of Toronto, "Visions for Reproductive Care" *Healthsharing* (Spring 1988), pp. 30-32.

8. Dr. Powell apparently had a recommendation to this effect removed from her report by the Ministry of Health.

9. See "Visions" for a pre-Supreme Court critique of the proposed government centres as an explicit attempt to diffuse support for free-standing abortion clinics and autonomous midwifery. We illustrate this by contrasting them to the fundamental principle of feminist reproductive care.

10. Rosalind Pollack Petchesky, "Abortion in the 1980s: Feminist Morality and Women's Health" in Lewin and Olesen, eds. *Women, Health and Healing*, (1985).

11. To an important degree this reflects the fragmented structure of the

Canadian state, where abortion and so many other "women's issues" are regulated, and therefore also fought, at both federal and provincial levels.

12. See Brenda Cossman, "The Precarious Unity of Feminist Theory and Practice: The Praxis of Abortion" *University of Toronto Faculty of Law Review* 44:1 (Spring 1986), pp. 85-108.

13. In this regard we may wish to remember those thousands of women who went to Toronto abortion clinics officially deemed to be illegal; perhaps almost never as an explicitly political act, but almost always in some measure of defiance.

14. Petchesky, *Abortion and Woman's Choice*; Joni Lovenduski and Joyce Outshoorn, eds. *The New Politics of Abortion* (London: Sage, 1986).

15. See Carole Joffe, *The Regulation of Sexuality: Experiences of Family Planning Workers* (Philadelphia: Temple University Press, 1986) for a most interesting analysis of the bureaucratization of state regulation of sexuality and the key role of family planning clinics in this process.

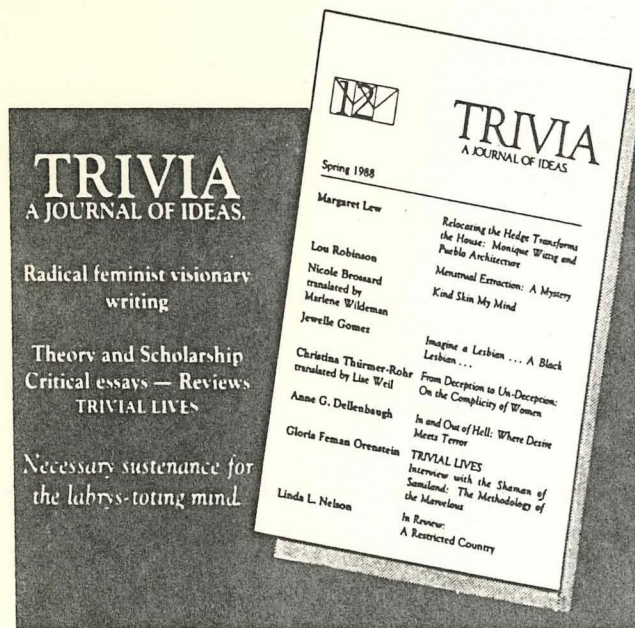
16. On this complexity, see Mariana Valverde and Lorna Weir "The Struggles of the Immoral: Preliminary Remarks on Moral Regulation" in this issue.

17. Allen Hunter, "In the Wings: New Right Ideology and Organization" *Radical America* 15:1 & 2 (Spring 1981), p. 132; and Petchesky, *Abortion and Women's Choice*, Ch. 7.

18. Rosalind Pollack Petchesky notes, "The strategy of anti-abortionists to make foetal personhood a self-fulfilling prophesy by making the foetus a public presence addresses a visually orientated culture. Meanwhile, finding 'positive' images and symbols of abortion hard to imagine, feminists and other pro-choice advocates have all too readily ceded the visual terrain." "Foetal Images: The Power of Visual Culture in the Politics of Reproduction" in Michelle Stanworth, ed. *Reproductive Technologies: Gender, Motherhood and Medicine* (London: Polity Press, 1987), p. 58. Petchesky goes on to discuss insightfully the ways in which we can put women back into the imagery and discourse of pregnancy and abortion and reassert a feminist ethic of reproduction.

19. Vicki Van Wagner and B. Lee, "Take the State Out of Gestation" *Broadside* vol. 9, no. 6 (April 1988), p. 4.

\* The author of this article is a member of the Ontario Coalition for Abortion Clinics.



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