POLICY RECOMMENDATIONS ON THE ABORTION ISSUE

Response of Metropolitan Toronto YWCA to the Report of the Committee on the Operation of the Abortion Law. ("Badgley Report")

January 5, 1978

POLICY RECOMMENDATIONS ON THE ABORTION ISSUE: RESPONSE OF METROPOLITAN TORONTO YWCA SOCIAL ACTION COMMITTEE TO THE REPORT OF THE COMMITTEE ON THE OPERATION OF THE ABORTION LAW.

INTRODUCTION

In November of 1971, the Metropolitan Toronto YWCA put the following motion before the National Board of YWCA:

> That the Board of Directors of the YWCA of Canada reaffirms that the individual has the right to self determination, acknowledges that abortion should be a matter of private conscience, publicly states that it is in favour of the repeal of the Canadian Abortion Laws, and shall give immediate leadership to local YWCA's and YMCA-YWCA's in developing educational and counselling services related to abortion including contraceptive advice, using the educational resources of the Association for the Repeal of the Canadian Abortion Law.

The motion was carried.

In September, 1975, the Privy Council of the Government of Canada appointed a Committee on the Operation of the Abortion Law (C.O.A.L.). The members of the committee were Robin Badgley (Chairman), Denyse Fortin Caron and Marion G. Powell. The purpose was to determine and report upon whether the procedure provided in the Criminal Code for obtaining an abortion was operating equitably across Canada. The report was submitted in January 1977.

The Executive Director of the National YWCA requested the Social Action Committee of the Metropolitan YWCA make recommendations to the National Board concerning future action on the abortion issue after analysis of the findings of the Report of the Committee on the Operation of the Abortion Law. A subcommittee of the Social Action Committee has prepared this brief in response to the report.

Our brief has a two-pronged approach. After thorough study of the C.O.A.L. Report, we have concluded that the evidence cited in the Report provides continuing grounds for the current stand of the National YWCA on abortion. The terms and operation of the Abortion Law are shown to be both inequitable and unworkable. Therefore, as a long-term policy, we recommend that the National Board of YWCA reaffirm its position that the Canadian Abortion Law be repealed. However, in view of the present government's constant refusal to act in the direction of repeal, we propose specific alternative approaches. Changes in the interpretation and application of the existing law would lessen inequities and increase women's access to the induced abortion procedure if they were unable or unwilling to carry their pregnancy to term. Although such changes will not meet our goal of making abortion "a matter of private conscience", they would alleviate considerably the suffering and hardship encountered by women who are unwillingly pregnant.

The organization of this report reflects our two-pronged approach. Section A provides an analysis of the terms and operation of Canada's Abortion Law and concludes that the evidence substantiates the position that this law should be repealed. Section B offers our recommendations for policies that would improve the operation of the law. A summary of our recommendations for YWCA action at the local, provincial and federal levels is provided at the end of the brief.

A. INEQUITIES IN THE TERMS AND OPERATION OF THE ABORTION LAW

Although the terms of reference for the C.O.A.L. were "to make findings on the operation of this law rather than recommendations on the underlying policy" (p. 3), a central conclusion of the committee was that "the procedure in the Criminal Code for obtaining a therapeutic abortion is in practice illusory for many Canadian women" (p. 141).

1. HOSPITAL ELIGIBILITY:

(a) Federal Requirements

The law on abortion found in section 251 of the Criminal Code, contains the following two conditions set by the Federal Government, governing the eligibility of hospitals to set up therapeutic abortion committees:

(i) An induced abortion can be legally performed only in an accredited or approval hospital.

(An accredited hospital is defined in the Code as "accredited by the Canadian Council on Hospital Accreditation in which diagnostic services and medical, surgical, and obstetrical treatment are provided". An approved hospital means "a hospital in a province approved for the purposes of this section by the Minister of Health for that province")

(ii) In order to be eligible to perform induced abortions, a hospital must have a minimum of four qualified physicians, three of whom are willing to be members of the hospital's therapeutic abortion committee, plus one who is willing and able to perform the induced abortion procedure.

These two eligibility conditions in the abortion law severely limit the number of hospitals that can perform induced abortions.

Of the 1348 civilian hospitals in operation in Canada in 1976, 36% (490 hospitals) were accredited, and 19 non-accredited general hospitals were approved by the provincial health authorities to do the abortion procedure (p. 90).

24.6% of Canadian civilian hospitals (331 hospitals) did not have the necessary 4 physicians on staff to qualify as eligible hospitals (p. 102)

39.3% of Canadian women did not live in a community that had a hospital that was eligible to perform induced abortions (p. 108).

There were geographical and provincial inequities. On the average two-thirds of the people living in the Maritimes (with the exception of Nova Scotia) did not have an eligible hospital in their community. For Nova Scotia, Quebec, and Saskatchewan, about one-half of the population lived in communities with eligible hospitals. For Ontario, and three western provinces (with the exception of Saskatchewan). two-thirds of the population lived in centres with eligible hospitals (p. 108).

(b) Provincial Requirements

The provinces are allowed to increase the basic requirements for eligibility of hospitals as set out in the Code, by a further provision in section 251.

> (The law states that provincial statutes are operative as "nothing in subsection (4) shall be construed as making unnecessary the obtaining of any authorization or consent that is or may be required ......)".

Additional eligibility requirements which have been set up by the provinces in general, include the size of the medical staff, bed capacity, the number of gynecologists on staff, the availability of specialists and the type of treatment facilities.

35% of the general hospitals in Canada (317 hospitals) are ineligible to perform induced abortions because of requirements set by the provincial health departments (p. 99).

BECAUSE OF FEDERAL AND PROVINCIAL ELIGIBILITY REQUIREMENTS, 58.5% OF THE 1348 CIVILIAN HOSPITALS IN CANADA ARE INELIGIBLE TO PERFORM INDUCED ABORTIONS (p. 105).

2. HOSPITAL BOARDS

(a) The board of an eligible hospital chooses whether or not to appoint a therapeutic abortion committee which then allows the hospital to perform induced abortions.

(A therapeutic abortion committee is defined in the law as "a committee, comprised of not less than three members, each of whom is a qualified medical practitioner, appointed by the board of that hospital for the purpose of considering and determining questions relating to terminations of pregnancy within that hospital").

In 1976, of the 559 hospitals in Canada that met federal and provincial regulations, 48.5% (271 hospitals) had established therapeutic abortion committees. Translated into the proportion of all the civilian hospitals in Canada, only 20.1% had established therapeutic abortion committees (p. 105).

The ownership of a hospital and how the members of the hospital board are selected determine in large part the decision which is taken on setting up therapeutic abortion committees.

84.5% (60 hospitals) of the eligible hospitals owned and/or affiliated with 5 religious denominations did not have therapeutic abortion committees (p. 117).

95.8% (92 hospitals) of the federally-operated non-military hospitals do not have therapeutic abortion committees (p. 102).

Provincial hospitals had the next lowest percentage of hospitals with therapeutic abortion committees, followed by municipal hospitals.

In contrast, a proportionately large number of hospitals whose boards are elected from membership of the community association or through civic elections had therapeutic abortion committees; 68.7% (186 hospitals) had elected hospital boards (p. 124).

In short, when the hospital board is representative of the community it serves, there is a strong tendency for eligible hospitals to appoint therapeutic abortion committees. In contrast, appointed hospital boards are more likely to choose not to appoint therapeutic abortion committees although this choice may be unrepresentative of the views of the hospital medical staff or the public the hospital serves (p. 123-124).

3. THERAPEUTIC ABORTION COMMITTEES

(a) In an eligible hospital in which the hospital board has approved the appointment of a therapeutic abortion committee, this committee decides whether or not to grant an induced abortion according to the effects of pregnancy on the women's life or health.

(The Criminal Code states that therapeutic abortion committees must have "by certificate in writing stated that in its opinion the continuation of the pregnancy of such female person would or would be likely to endanger her life or health").

(b) The Minister of Health of a province may by order require a therapeutic abortion committee and the medical practitioner who performs an abortion to furnish him with a copy of this certificate and any other information pertaining to the case.

(The Criminal Code states that the Minister of Health of a province may be order require the certificate "together with such information relating to the circumstances surrounding the issue of that certificate as he may require").

Because of these terms of the law, there is no consistency in the interpretation and application of Canada's abortion law. Some therapeutic abortion committees have a relatively broad definition of the phrase "endanger her life or health". Many medical practitioners and members of the therapeutic abortion committees interpret the law very rigidly because they are liable to prosecution under the Criminal Code if their reasons for approval of an abortion are considered not in accordance with the law by the Minister of Health for their province. Doctor-patient confidentiality is also sacrificed because of government access to all information concerning an abortion case. The rights of the patient are sacrificed because of the lack of objective and consistent criteria for granting an abortion and the lack of access to appeal if her application is rejected.

(c) The therapeutic abortion committees are allowed to introduce their own further restrictions for granting access to an induced abortion, in addition to federal and provincial regulations.

Because of the ways in which physicians and hospitals deal with patients who seek induced abortions, a women must wait an average of 8 weeks from the time she initially visits her physician to verify her pregnancy until the pregnancy is terminated (p. 31).

38.2% of hospitals with committees had residency and/or patient quota requirements to screen woman who seek therapeutic abortions (p. 139).

Many hospitals had requirements concerning the length of gestation and the endorsement of more than one outside physician.

68.4% of the surveyed hospitals with therapeutic abortion committees required the consent of the women's husband, in a few hospitals even if she was separated (p. 245).

Many hospitals required parental consent for young women even if they were above the province's legal age of majority.

The therapeutic abortion committees in small and/or rural hospitals approved few abortion requests. For example, 17.4% of the hospitals with therapeutic abortion committees did not do induced abortions in 1974, the last year for which data was available (p. 110). These hospitals constituted over 1/3 of the eligible hospitals in Manitoba, New Brunswick and Quebec. 41% of the eligible hospitals with committees did under 50 abortions each year, or a total of only 5% of the total abortions (p. 111).

89% (73 hospitals) of the induced abortions done in Canada were performed in 27.5% of the hospitals with committees.

Because of the difficulties in obtaining an abortion in many areas of Canada, an estimated 9,627 women resorted to obtaining an abortion in the United States in 1974, the last year for which information was available (p. 82).

The Report of the Committee on the Operation of the Abortion Law concludes that "if equity means the quality of being equal or impartial, then the criteria (requirements and guidelines) used by the hospital therapeutic committees across Canada were inequitable in their application and their consequences (p. 30).

B. PROPOSED CHANGES IN THE INTERPRETATION AND OPERATION OF THE ABORTION LAW

1. THE ESTABLISHMENT OF WOMEN'S CLINICS

On March 4, 1977, in response to the C.O.A.L. Report, Marc Lalonde, the Health and Welfare Minister, announced major government initiatives. A central recommendation was the "fessibility of establishing women's clinics that are affiliated directly with a general hospital, to provide family planning, fertility counselling, cancer screening, abortions, general maternal health, breast self-examination instruction, and related community services including counselling in parenting and family life".

The establishment of such women's clinics would greatly improve the operation of Canada's abortion law.

(a) Efficiency:

First-trimester abortions would be performed in day-surgery units without the necessity of a general anaesthetic or overnight hospitalization. Residency/patient quota systems would be unnecessary because there would be no pressure on the hospital facilities such as the operating rooms, and hospital bed space. General practitioners who chose to specialize in services offered in the women's clinics could also specialize in first trimester abortions, thus alleviating the pressure on obstetricians and gynecologists. With the establishment of such day-care specialty units, more abortions would be performed very shortly after a women's initial visit to the physician, thereby cutting down the existing average 8-week delay before a pregnancy can be terminated. These day-surgery units in the women's clinics would also be economically efficient since the costs of the abortion procedure are directly related to the extent to which the patient is hospitalized (p. 407).

(b) Reduced Complication Rate:

The C.O.A.L. Report determined that there is a lower risk of complications in hospitals which specialize in doing therapeutic abortions. The hospitals which perform the most abortions have half the complication rate of small hospitals which perform few abortions, in spite of the volume of abortions and the second-trimester saline procedures that are referred to these large hospitals (p. 312). The establishment of women's clinics performing first trimester abortions would result in a low complication risk since the incidence of complications increases with the length of gestation. The suction dilatation and curettage procedure that can be performed with local rather than general anaesthetic has a risk factor of only 1.4 per 100 therapeutic abortions compared to the average level of 3.1 complications per 100 abortions (p. 308). Furthermore, there would be fewer negative psychological complications for patients and staff in women's clinics. At present, the majority of hospitals which perform induced abortions have the abortion patients on the obstetrical ward or on the same floor as the nursery. This physical set-up seems to be upsetting for both abortion patients and staff (p. 283).

(c) Medical Support:

The C.O.A.L. Report confirms that there is broad medical support for day-care specialty units based at hospitals for first-trimester abortions (p. 235). Such regional specialized units would have a full range of required equipment and facilities, and would be staffed by experienced and specially-trained nursing and medical personnel (p. 29). Because the staff would be able to choose to work in such specialty clinics, those morally opposed to abortions would not be required to do or assist in such procedures.

RECOMMENDATION:

That the YWCA confer with the Ministries of Health at the federal and provincial levels in order to stimulate immediate government action in the setting-up of women's clinics to provide family planning, fertility counselling, cancer screening, breast self-examination instruction, general maternal health, first trimester abortions, and other women's health services.

2. FEDERAL AND PROVINCIAL GOVERNMENT ENDORSEMENT OF WORLD HEALTH ORGANIZATION (W.H.O.) DEFINITION OF HEALTH AS THE CRITERIA FOR GRANTING A THERAPEUTIC ABORTION

Section 251 of the Criminal Code states that a therapeutic abortion committee can certify an induced abortion if "the continuation of the pregnancy of such female person would or would be likely to endanger her life or health".

According to the C.O.A.L. Report there is no consistency or uniformity in the way in which the referring physicians and the therapeutic abortion committees interpret "endanger her life or health". However, 91.7% of all physicians endorse physical health considerations, over 80% of physicians endorse mental health, eugenic, and ethical considerations, and 54% endorse family health indications as the interpretation of health for first trimester abortions (p. 210). Because of the lack of uniformity among the medical profession and the absence of federal or provincial guidelines concerning the interpretation of the health criterion, the acceptance or rejection of a women's request for an induced abortion becomes a matter of chance. The C.O.A.L. Report suggests that "in these circumstances, the choice of physician was a crucial decision, one which might result in her request being referred immediately for review to a hospital therapeutic abortion committee, result in considerable delay, or be turned down completely" (p. 211).

The C.O.A.L. Report recognizes the need in Canada for an explicit and an operational definition of health. The Canadian government, several provincial governments, and the Canadian Medical Association have recognized, but not formally endorsed, the principles of the W.H.O. definition of health. This definition states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The C.O.A.L. Report recommends that this definition be considered the basis for the interpretation of the word "health" in the Abortion Law (p. 20).

RECOMMENDATION:

Because of the findings of the C.O.A.L. Report that there is no uniform medical definition of health in the context of therapeutic abortions, and that there is broad support from the medical profession and its associations, we strongly recommend that the federal and provincial Departments of Health and Welfare formally endorse the W.H.O. definition of health as the guideline for the medical interpretation of "health" in Section 251 of the Criminal Code.

3. PROVINCIAL INTERPRETATION OF THE ABORTION LAW

The provincial Ministries of Health have considerable power in giving either a strict or a broad interpretation to the federal law.

This power is now being used in a strict interpretation of the abortion law. The provincial Ministries of Health have established requirements that prevent 35% of the general hospitals in Canada from being eligible to set up therapeutic abortion committees (p.99). Most of these requirements, however, do not reflect any medical validity as important for the good health care of abortion patients. Furthermore, although the provincial Minister of Health has the power to approve non-accredited hospitals to perform therapeutic abortions, only 19 of such hospitals have been approved in Canada (p. 90).

RECOMMENDATION:

We recommend that the YWCA present each provincial Minister of Health with a brief in which we present our recommendations for a more liberal interpretation of the abortion law. Such recommendations would include the following:

(a) the elimination of those provincial restrictions, on hospital eligibility to perform therapeutic abortions, that can be shown to be medically unnecessary.

(b) the establishment of provincial guidelines for hospitals with therapeutic abortion committees. Such guidelines would be based on the province's formal endorsement of the W.H.O. (World Health Organization) definition of health as the criterion for certification of abortion applications and the recommendation that hospitals eliminate therapeutic abortion committee restrictions that are not part of the actual terms of the federal law.

(c) that the Provincial Ministers of Health use their power of approval as designated in the Federal Law to permit a greater number of hospitals to set up therapeutic abortion clinics.

(d) provincial incentives to eligible hospitals to set up or increase their therapeutic abortion facilities.

(e) investigation of commercial abortion agencies and the medical profession's extra-billing procedures that may deter some women from obtaining induced abortions.

4. EDUCATION

There is a great need for education of Canadian on their rights under the terms and operation of Canada's abortion law.

Two out of three adults in a national population survey did not know that it was legal under any circumstances to obtain a therapeutic abortion (p. 128).

Over 1/2 of the adults surveyed did not know what the situation was in their communities regarding accessibility of abortion services (p. 130).

Approximately 1/2 of patients who had an induced abortion did not know about the law (p. 66).

Adults with the lowest education had the lowest knowledge of the abortion law and their rights. Over double the proportion of adults with college or university training then individuals with elementary education knew that it was legal to obtain an induced abortion (p. 128).

French-Canadians had a disproportionately low level of knowledge about this law. Almost three times as many Anglophone women as Francophone women knew that it was legal to obtain an induced abortion (p. 129).

Sex education program in Canada are inadequate and ineffective. A substantial number of women and men across Canada have had no instruction about the proper use of contraceptives (p. 370). The physician is the major source of contraceptive advice (p. 37). Schools were cited by only 7.9% of women and men, the churches by 2%, community agencies by .9%, and public health programs by .8% (Ibid). The mass media - newspapers, radio, and television - are not mentioned as a source of information on birth control.

Because of inadequate birth control education and/or inability to take the birth control pill or use other high reliable contraceptives. Because of physical side effects, most women who seek an induced abortion have used an inadequate method of birth control or used the contraceptive incorrectly. However, 84.5% of women who seek an induced abortion have used one or more methods of birth control (p. 34).

The medical profession, who are responsible for the interpretation and application of the abortion law, tend to be poorly informed on the terms of the law (p. 20).

The majority of physicians believe that the abortion law dictates a specific length of gestation, after which an abortion cannot be legally performed, although the law makes no reference to such a limitation (p. 214).

1/5 of the patients studied who went to the United States for an abortion said that their physicians told them that abortions were illegal in Canada (p. 65). Over 1/2 of the women said that their physicians felt they had little chance of getting an abortion in Canada, were morally opposed to assisting them, or were unwilling to refer them to a hospital where the procedure was done (p. 35).

Most physicians are unaware of the current delays in the operation of the abortion law. Less than 1 out of 200 physicians know the length of wait from initial visit to a doctor to termination of pregnancy - on average, 8 weeks. (p. 217). The majority of physicians have received no medical education or training in contraceptive counselling and therapeutic abortion procedures (p. 368).

According to Canada's abortion law, any qualified medical doctor may perform an abortion. However, in practice, obstetrician-gynecologists perform 84.9% of the abortions, followed by family physicians who do 13%, and general physicians who do 2% (p. 136). Because only 1/2 of Canada's obstetricians-gynecologists do induced abortions as part of their practice, and because the geographic distribution of these specialists is very inequitable, many women do not have access to a therapeutic abortion.
Only 20% of the nurses who work with abortion patients have received any in-service training (p. 298).

RECOMMENDATIONS:

(i) the YWCA should prepare and make available educational material to its members and course participants on the terms and operation of Canada's abortion law.

(ii) the YWCA should make available appropriate birth control educational materials to its members and course participants.

(iii) that the YWCA recommend to the provincial Medical Associations that its members be provided with effective educational material and guidelines on the terms and operation of the abortion law.

(iv) that the YWCA recommend to the provincial Ministries of Health that training programs on birth control counselling and abortion be set up for the medical profession who wish further training in this area.

(v) that the YWCA recommend to the provincial Medical Associations that the medical schools in Canada also should be encouraged to incorporate this area into the medical education program.

5. RESEARCH:

At present in Canada, there is a need for birth control and abortion research and funding.

The governments offer insufficient funding for birth control programs. More money is spent on treatment services and facilities for abortion patients (58¢) than on preventative research and education (24¢) (p. 419). There has been no federal or provincial research money allotted to determine the standards of medical care, services, and facilities required in the induced abortion procedures.

There are few hospitals with family planning clinics or programs.

Although the C.O.A.L. Report cites broad interest among hospital administrators and medical staff, as yet there has been no federal or provincial funding available for such clinics.

RECOMMENDATION:

We recommend that the YWCA, in its briefs to the federal and provincial Ministries of Health, make specific recommendations that more funding be allotted for birth control and abortion research, effective contraceptive education, and family planning clinics within hospitals.

SUMMARY

We recommend that the YWCA make a commitment to social action on the abortion issue.

This commitment will have the long-term objective of repeal of the abortion law, thereby giving Canadian women the right-to-choose either for or against abortion. Until this objective is achieved, however, the YWCA can contribute to women's freedom to control if and when they choose to have children by endorsing and implementing the specific recommendations outlined in Section B, as summarized below:

1. That the YWCA confer with the Ministries of Health at the federal and provincial levels in order to stimulate immediate government action in the setting-up of women's clinics to provide family planning, fertility counselling, cancer screening, breast self-examination instruction, general maternal health, first trimester abortions and other women's health services.

2. Because of the findings of the C.O.A.L. Report that there is no uniform medical definition of health in the context of therapeutic abortions, and that there is broad support from the medical profession and its associations, we strongly recommend that the federal and provincial Departments of Health and Welfare formally endorse the W.H.O. definition of health as the guideline for the medical interpretation of "health" in Section 251 of the Criminal Code.

3. We recommend that the YWCA present each provincial Minister of Health with a brief in which we present our recommendations for a more liberal interpretation of the abortion law. Such recommendations would include the following:

(a) the elimination of those provincial restrictions, on hospital eligibility to perform therapeutic abortions, that can be shown to be medically unnecessary.

(b) the establishment of provincial guidelines for hospitals with therapeutic abortion committees. Such guidelines would be based on the province's formal endorsement of the W.H.O. definition of health as the criteria for certification of abortion applications and the recommendation that hospitals eliminate therapeutic abortion committee restrictions that are not part of the actual terms of the federal law.

(c) that the Provincial Ministers of Health use their power of approval as designated in the Federal Law to permit a greater number of hospitals to set up therapeutic abortion clinics.

(d) provincial incentives to eligible hospitals to set up or increase their therapeutic abortion facilities.

(e) investigation of commercial abortion agencies and the medical profession's extra-billing procedures that may deter some women from obtaining induced abortions.

4. The YWCA should prepare and distribute educational material to its members and course participants on the terms and operation of Canada's abortion law.

5. The YWCA should make available appropriate birth control educational materials to its members and course participants.

6. That the YWCA recommend to the provincial Medical Associations that its members be provided with effective educational material and guidelines on the terms and operation of the abortion law.

7. That the YWCA recommend to the provincial Ministries of Health that training programs on birth control counselling and abortion be set up for the medical profession who wish further training in this area.

8. That the YWCA recommend to the provincial Medical Association that the medical schools in Canada also should be encouraged to incorporate this area into the medical education program.

9. We recommend that the YWCA, in its briefs to the federal and provincial Ministries of Health, make specific recommendations that more funding be allotted for birth control and abortion research, effective contraceptive education, and family planning clinics.

The strategies for implementation of these recommendations will involve social action at the federal, provincial, and local levels. The National YWCA can endorse these recommendations and co-ordinate the distribution of the brief, a pamphlet for general educational purposes, and a basic provincial brief that would be elaborated for each province.

A representative for the National YWCA can present the brief to the federal Ministry of Health and Welfare and monitor government action on the recommendations.

For each province a YWCA representative can complete the basic provincial brief, present the recommendations to the province's Minister of Health, and maintain communications with the Minister on the implementation of our recommendations.

At the local level, the educational material on the abortion issue and birth control can be made available to local YWCA members and program participants. In association with the local Association for Repeal of the Abortion Law, Planned Parenthood and other related community agencies, the YWCA can research the operation of the abortion law in their locality. Such research would include hospitals in the area which do abortions, number of abortions performed weekly, therapeutic abortion committee restrictions in each hospital, length of hospital stay, eligible hospitals that do not have therapeutic abortion committees. Educational and social action strategies can be developed on the basis of local situation.

Furthermore, because the groups who oppose repeal are very organized in putting pressure on their political representatives, it is important that each local YWCA encourage its members to write letters and speak directly to their provincial and federal members of Parliament stating their position on this issue.

In closing, because of the YWCA's commitment to the need for women to make their own decisions in a responsible manner, we strongly recommend that the YWCA involve itself actively in the abortion issue.

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