

PRO-CHOICE NEWS



A National Forum of news and opinion on abortion rights

SPRING 1988

Supreme Court Strikes Down Law, Acquits Doctors

WE WON! CHOICE NOW!

On January 28, we won and we celebrated — across the country. That day has been written into Canadian history — and written into the history of Canadian women. That day, the Supreme Court of Canada struck down s.251 of the *Criminal Code* and decriminalized abortion.

Of the seven justices who heard the case of the Crown vs. Drs. Morgentaler, Smoling and Scott, five found the law unconstitutional, with two justices dissenting. With the law under which the doctors were charged struck down, the charges against them collapsed.

Holding for the majority were Chief Justice Brian Dickson, and Justices Lamer, Beetz, Estey and Wilson. They produced three different written judgments, all of which concluded that the law was unconstitutional as it interfered with a woman's "security of the person", a right which is laid out under s.7 of the *Charter of Rights and Freedoms*.

The written judgments of the court show the range of opinion of the justices. In his forceful judgment, with Justice Antonio Lamer concurring, Chief Justice Dickson found that s.251 of the *Criminal Code* was a "violation of the security of the person of thousands of Canadian women who have made the difficult decision that they do not wish to continue with a pregnancy." He went on to criticize the system of therapeutic abortion committees created by the law as contributing to the infringement of the security of women through delay causing physical danger and mental stress.

It is clear that the Court continues to consider Parliament — and not the provinces — to have jurisdiction over abortion. In striking down s.251, Dickson also declared that the protection of "foetal interests" is a valid governmental objective. This indicates to Parliament that different legislation regulating abortion, most likely from a particular time of gestation, could be acceptable to the court. It is important to remember, however, that the Court has simply invited — not required — Parliament to introduce a new abortion law.

In the strongest of the three majority judgments, Justice Bertha Wilson stated that it is "probably impossible for a man to respond" subjectively to the dilemma of an unwanted pregnancy, and that Section 7 of the *Charter* "guarantees to every individual a degree of personal autonomy over important decisions". Whether to terminate a pregnancy is one of those decisions, Justice Wilson wrote, adding that the state is required to respect that decision. She also stated that Parliament has the right to protect the fetus through regulating abortions. She indicated that using a developmental view of the fetus, the legislature may decide that sometime in the second trimester the "state's interest" in protecting the fetus becomes "compelling."

The judgment written by Justice Beetz with Justice Estey concurring,

stated that the delays caused by the process of therapeutic abortion committees infringe on women's security of the person. In a much narrower construction of the problems with the law, these two justices did not rule out any legislation which required a committee, but wrote that "certain of the procedural requirements of s.251 of the *Criminal Code* are nevertheless manifestly unfair." Their judgment also declares the objective of protection of the fetus to be "pressing and substantial".

become the proverbial political football between the federal government which controls criminal legislation and health-care funding, and the provinces which administer health care. Reaction to the decision by the federal government has been slow and hesitant, but not so from the provinces. For a discussion of the varying ways that the provinces have reacted to the Supreme Court decision, see the article on page 4 entitled *Across Canada — In the Wake of the Supreme Court Decision*.



FRANK EDW. RDS. KINGSTON WHIG-STANDARD

Decision Celebrated

News of the judgment was celebrated by pro-choice supporters across the country. Following the court's announcement in Ottawa, Dr. Morgentaler flew to Toronto where he addressed a noisy and celebratory crowd of approximately 1,000 people outside his clinic. Pro-choice activists wept and congratulated each other, exultant in the court's decision after a nearly twenty-year fight.

The decision brought 500 pro-choice supporters out to a rally and celebration on the steps of the Supreme Court in Ottawa the following day. "Once and for all, women are going to be accepted into the human family", Marion Dewar, former Ottawa mayor turned NDP MP told the rally. "Remember we had to fight for the vote — I think that this is a decision in that tradition, affecting our full citizenship", said Shirley Greenberg of CARAL.

Even at the height of the celebration, pro-choice activists knew that the fight was not over. While Canada technically has no restrictions on abortion since the time the judgment came down, the reality of access is not so simple. The unconstitutionality of s.251 means that doctors can now perform abortions freely, so that technically the matter of abortion rests between a woman and a willing physician. But abortions are not accessible unless a number of conditions are being met, including coverage under provincial health insurance plans.

The question of choice has now

New Legislation to be Announced

The federal government is preparing new legislation to regulate abortion. Some rumours indicated that the cut-off date might be as early as twelve weeks gestation, although others suggested sixteen weeks. Justice Minister Ray Hnatyshyn ruled out overriding the Supreme Court decision by invoking the notwithstanding section of the *Charter* with regard to s.251 of the *Criminal Code*.

The federal government has been heavily lobbied by pro-and anti-choice groups. The Campaign Life Coalition is pressing for legislation that abolishes all abortion, which would not appear likely to succeed. They are threatening to target any MPs who take a position different from theirs for defeat in the next federal election.

It appears clear that the federal government would like to have another law regulating abortion in place before it goes to the electorate again. The Conservatives must call a federal election before September 1989, but will likely go to the polls in either the fall of 1988 or spring of 1989.

The federal Minister for the Status of Women, Barbara McDougall, maintained a virtual silence on the issue until early March. Then, in an interview in the *Toronto Star*, she indicated that she views abortion as a "moral choice", adding that "the only person who is really qualified to make that choice is the woman." It is unclear how the federal government will be influenced by the opinion of its women's minister.

Following Mulroney's announcement that he will seek new legislation, pro-choice activists from across the country met in Toronto to co-ordinate activity nationally. They told reporters that anti-choice activists have initiated a campaign of misinformation since the Supreme Court decision, and have worked to generate hysteria about late abortions when "less than one-half of one per cent of abortions occur after twenty weeks". They pointed out that the way to prevent abortions is by providing access to services.

Three Option Bill

On March 18, 1988 provincial justice ministers met with federal minister Ray Hnatyshyn in Saskatoon. Hnatyshyn left the meeting declaring that the federal government will press ahead with legislation limiting abortions somewhere between ten and twenty weeks, although the governments of four provinces — B.C., Alberta, Saskatchewan and Nova Scotia — were pushing for greater restrictions. A source indicated that Hnatyshyn had presented several options to the meeting, including no legislation, restrictions after twelve weeks gestation, and restricting abortion in all but physically life-threatening pregnancies.

Following the meeting Hnatyshyn stated that it was important to consult the provinces, but now that he had, "the final decision will be made by the federal government."

On March 24, 1988, 14 National Groups including CARAL held a press conference in Ottawa announcing their opposition to any new legislation recriminalizing abortion. (see article page 6.)

Following the NAC conference in May women demonstrated outside Parliament in opposition to the reimposition of criminal sanctions on abortion.

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You Told Us

AT THIS UNFORGETTABLE MOMENT OF THE TRIUMPH OF JUSTICE I WANT TO SEND MY DELIRIOUS CONGRATULATIONS AND PROFOUND GRATITUDE TO MY PERSONAL HEROES, HENRY MORGENTHAUER, NORMA SCARBOROUGH AND ALL THE WOMEN OF CARAL. HENRY I LOVE YOU. THE WOMEN OF CANADA CAN NEVER REPAY THE DEBT WE OWE TO ALL OF YOU WHO SO BRAVELY AND AT SUCH PERSONAL COST FOUGHT IN THE FRONT LINES FOR THE BATTLE OF EQUALITY

MICHELE LANDSBERG

ON
DE
MA

CONGRATULATIONS. YOU'VE WON A MAJOR PRO-CHOICE VICTORY,
BEST WISHES,
THE NATIONAL ABORTION RIGHTS ACTION LEAGUE

ON THE OCCASION OF INTERNATIONAL WOMEN'S DAY, WE WOULD LIKE TO EXTEND TO YOU OUR CONGRATULATIONS FOR THE PROGRESS THAT HAS BEEN MADE TOWARDS EQUALITY BECAUSE OF YOUR HARD WORK. AS WE ALL KNOW, THERE IS STILL A LOT OF WORK TO BE DONE. YOU CAN COUNT ON US TO CONTINUE FIGHTING WITH YOU FOR EQUALITY FOR ALL CANADIAN WOMEN.

ED BROADBENT AND THE FEDERAL NDP CAUCUS

I heard the news this morning on BBC — and burst into tears! It was so wonderful to know that we WON! Women all over the world will be celebrating with you — it is a victory for all of us. Everyone who has worked for reproductive freedom in Canada should be particularly proud, for without the grassroots mobilization they effected, this would never have happened.

Maxine Boag
Zimbabwe

Finally! What a glorious victory for freedom, decency and common sense.

Congratulations to all of you who have fought so long and hard for this moment. The many sacrifices of time, money and personal commitment will now have been rewarded.

Dr. Morgentaler, and those who stood by him these many long years, deserve the thanks of all Canadians. By their example they have shown what courageous individuals can accomplish against governments and organizations intent upon forcing an unjust law.

I have enclosed my 1988 membership fee. I have no illusions about this battle being finished. Keep up your efforts! Protect that which we have won. Continue the fight to ensure country-wide access to safe abortions for every woman wanting one.

David F. Whitney
Ontario

Hats off to Dr. Morgentaler! Not only has he provided safe abortions for thousands of women when nobody else would do so, but he has devoted two decades of his life, at

immense emotional and financial cost, to the struggle to change the unjust abortion law which presumed to dictate to women whether and when to bear children.

Women faced with unwanted pregnancies need no longer endure the insulting, time-consuming delays imposed by the therapeutic abortion committees and can decide, with the technical help of their physicians, to have an abortion or to bear an unwanted child.

Its a huge step forward. Canadians everywhere owe a debt of gratitude to Dr. Morgentaler.

Nancy Allan
Saskatoon

Thank you for making me feel as though I had won a secret, private, wonderful victory when I stopped by the Star box and saw that headline. You did this for me and for millions for women - thank you so much.

A Journalist
Toronto

The Following Letter Was Sent to the Prime Minister

As a nurse who has worked with hundreds of pregnant women, I know that some of them wanted not to continue that pregnancy. They wanted an abortion. Depending on whether there were any doctors doing abortions at that time in Newfoundland I could help them. The richer women always got their abortions. I've told many poorer women that they could only get an abortion outside Newfoundland. They had babies.

I have sat with mothers wearing right-to-life roses in their lapels while arranging their daughter's abortion. Young women who marched in anti-choice demonstrations have told me they could not believe they would ever find themselves in the situation they were now in where they were asking for help to get an abortion. No one plans to get pregnant to have an abortion.

I support the decision of the Supreme Court of Canada on abortion. Funding of abortion services must be provided by the Medicare System. There is no need for criminal legislation on abortion.

Wendy Williams
cc: Jake Epp, Ray Hnatyshyn,
John Crosbie, Jack Harris

As a follow-up to our January 29th message, the National Abortion Federation would like to congratulate you once again on the wonderful news of the Canadian Supreme Court's abortion decision.

Those of us here in Washington were thrilled to hear the news, which came during a week when anti-abortion proposals were making some headway in Congressional activity on Capital Hill. We believe that the Canadian decision illustrates why access to safe and legal abortion will continue to spread worldwide.

Best wishes to you and your supporters for a job well done.

Barbara Radford
Executive Director

Alice L. Kirkman
Public Affairs Director
National Abortion Federation,
Washington, D.C.

If A Rose Is A Rose, Is A Slogan A Slogan?

We have lived with the slogan Abortion on Demand for a couple of decades. It has become a contentious slogan — appropriately militant for some and uncomfortably demanding for others. It is the word demand that is problematic.

When a man demands, he is strong and simply knows what he wants. The value is positive.

When a woman demands, she is obnoxious (stronger epithets come to mind) and she is definitely stepping out of line. The value is negative.

There is no reason we, as women, should be expected to be appropriately sweet, demure, childlike and never make demands. Really, there is nothing inherently wrong about women making demands. Particularly when we are simply demanding what we deserve: access to abortion, a cornerstone to our full autonomy in society.

Nonetheless, slogans must work. And this one is not sufficiently useful. It puts off more people than it wins over. Pragmatism has its place.

Consequently I was very glad to see some new slogans on the horizon. The first I heard in French. The name of the Quebec Coalition is perfect. La coalition pour l'avortement libre et gratuit. This is the coalition for abortion that is free, in the sense of no strings attached and free in the sense of no cost. That clearly expresses what we want and what we have been fighting for. However, it does not smoothly translate into an English slogan.

When Norma Scarborough, Carolyn Egan and I were sharing the podium in Vancouver in the fall of 1986, Carolyn used a wonderful slogan that can be widely used: Full Access to Free Abortion. It is a welcome addition to our lingo and it is a good substitute for Abortion on Demand. So perhaps the moral is that although all roses are beautiful, some slogans work better than others.

Nikki Colodny, M.D.

This letter appeared in the *Globe & Mail*, March 17, 1988

I found the article Church Leaders Step Up Push To Ban Abortion (March 1) absolutely terrifying. The

Catholic Church, in the tradition of Fyodor Dostoyevsky's Inquisitor, is once again playing the role of the Savior of all mankind. It would seem that the church has a responsibility to teach its members to make themselves responsible for moral decisions within their own community — and only within their own community. They should not force their value structures on anyone outside their own community.

I was raised as a Catholic and I am in complete disagreement with the stand the Catholic bishops are taking. Emmett Cardinal Carter's statement that "we have blundered into a morass of selfishness and greed which is making a lot of thoughtful people ashamed of the current situation" is outrageous. It implies that the only thoughtful people in our society are those in agreement with enforced banning of abortion in all situations. Cardinal Carter's statement alienates a large number of thoughtful people who are not Catholic but disagree with the church and its stand on abortion.

Such general condemnations of the so-called selfish and greedy do not give any individual credit for having a conscience, nor do they give any individual the dignity of making a choice based on personal conscience. It is not a healthy approach to people, especially when the church is guilty of this same selfishness and greed historically.

The church has no right to condemn the Canadian people at large until it changes its whole format and updates its way of thinking.

The issue of abortion has gone to the Supreme Court and a decision has been made. The court has given the population at large the responsibility for making moral decisions based on personal conscience. This is surely the way it should be left.

Mike Lavelle
Professor of Religious Studies
University of Toronto

I'm adding this letter to express my concern over an article in the Fall/Winter issue of Pro-Choice News regarding post Chernobyl fears in Greece (Radiation Fears Cause Abortions). One of the areas where the general public is seriously misinformed is the effect of radiation on biological systems and in this case the effect of radiation on pregnant women.

Radiation has harmful effects on the fetus in the first trimester and in the second and third trimester these effects are much less common. However, the radiation doses required for any detectable effect on the fetus are at least in excess of five rads.

The radiation doses received in areas of the Soviet Union immediately adjacent to Chernobyl may in some cases approach this level. Nowhere outside the Soviet Union did doses received by the public approach even 10% of these levels. Simply put, there was no reason for any woman in Greece to terminate a wanted pregnancy because of Chernobyl!

A better educational effort might have allowed many of these women to have the child they wanted (almost certainly a healthy baby). The effort must be continuous and your publication without comment may unfortunately have reinforced many falsely held beliefs and fears.

Sincerely,
John Powe, MD,
Nuclear Medicine London, Ontario

PRO-CHOICE NEWS
is published by the
Canadian Abortion Rights
Action League (CARAL)
344 Bloor Street West, Suite 306
Toronto, Ontario M5S 3A7
(416) 961-1507

Editor: Ann Decter
ISSN: 0836-7221

The purpose of CARAL is to ensure that no woman in Canada is denied access to safe legal abortion. Our aim is the continued decriminalization of abortion, and the establishment of comprehensive contraceptive and abortion services, including appropriate counselling across Canada.

The Case Against Criminal Sanctions Good Health Care—Not More Legislation



Message
from the
President

Norma
Scarborough

Since its founding in 1973, the Canadian Abortion Rights Action League has called for the removal of section 251 — which allowed abortions only in approved hospitals and when certified by a therapeutic abortion committee — from the *Criminal Code of Canada*. On January 28, 1988 we won. The Supreme Court of Canada decriminalized abortion by striking down section 251 of the *Criminal Code* as contrary to the right to security of the person guaranteed by section 7 of the *Charter of Rights and Freedoms*.

Since that historic decision people have been asking us — what do we want the legislators to do about an abortion law now? Our answer is nothing, nothing at all.

CARAL believes that the current situation should become permanent — the federal government should not attempt to re-introduce criminal sanctions for abortion.

For many years the trend internationally has been to liberalize access to abortion, through less restrictive legislation and non-enforcement of restrictive provisions. The province of Quebec, for example, stopped enforcing s.251 in 1976 — and anarchy did not ensue.

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 any current children, or the health of her family as a whole. There is no such legislation governing other medical procedures; any decision for specific medical care is based on what is known to be good medical practice. Similarly, the decision to have or not have an abortion should be left to a woman and her doctor — who, better than anyone else, understand her life circumstances. We encourage people to take responsibility for their own health; taking such initiative should not leave a woman open to criminal charges.

Under s.251 there were no gestational limits on the performing of abortions, because at all stages of pregnancy, a woman's life and health must be protected above all else. Nonetheless, some people are under the impression that new legislation must be enacted which restricts abortions in the later stages of pregnancy.

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. A huge percentage of abortions are performed within the first 12 weeks of gestation. Statistics Canada figures for 1985 indicate that only 0.3 percent of abortions were performed after 20 weeks. There is no reason to believe that these figures are increasing.

When Pregnancies Become Dangerous

There are a number of reasons why abortions are sought after the first trimester. Lack of access to the service causes delays; money may be a problem; young women do not necessarily suspect that they are pregnant. The anti-choice movement puts obstacles in the way of women obtaining an early termination: by setting up phoney clinics which delay a woman's search for abortion, by harassing women at legitimate clinics, and by lobbying to de-insure the procedure under provincial medical schemes, thereby forcing women to postpone the procedure while they search for money.

But most importantly a woman receives a late-term abortion because an initially wanted pregnancy becomes dangerous to her life or health or has resulted in a diagnosis of severe fetal abnormality. A wanted pregnancy may be terminated because of diagnosis in the woman of cancer, heart failure, hypertension, uncontrolled diabetes, suicidal depression, or 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. It may not produce a diagnosis until the

19th week — then comes the search for access to the abortion procedure and more delay.

The answer to later abortion is not further restrictions — the answer is access early in the pregnancy. Sex education and birth control counselling not only 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 need not spend time looking for money to pay for the procedure. People who oppose these measures are contributing to the incidence of later abortions.

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.

It is inaccurate to say that there is now no abortion law in Canada. 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 Responsibility

Provincial regulations also remain: all provinces have legislation which prohibits the practice of medicine by people who are not doctors and establishes good medical standards for doctors. And doctors who do not practice 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 practice as one available penalty. All medical decisions and procedures are monitored in this way, whether the procedure be as dangerous as brain sur-

gery or as safe as abortion. There is no need for special legislative provisions governing abortion alone of all medical procedures.

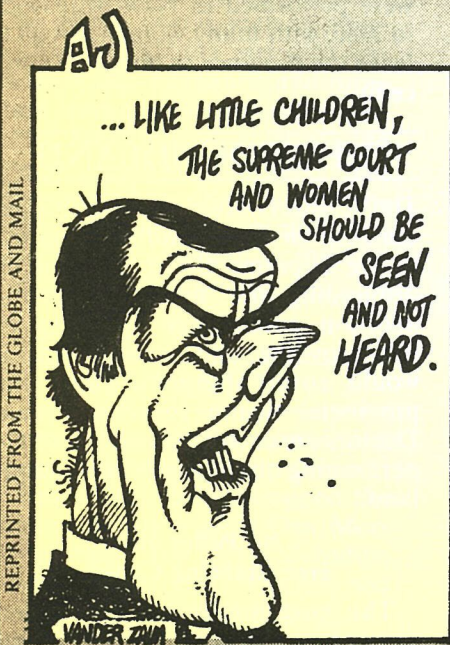
Since 1969, when s.251 was enacted, the anti-choice minority has been arguing that abortion should not be covered by provincial medicare schemes. Prince Edward Island for many years refused to cover abortions. In 1987 Alberta de-insured sterilization, birth control counselling, and birth control devices. 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, moreover, pays taxes into their provincial health care insurance scheme and, through their income taxes, into that portion of total provincial health care costs that are funded by the federal government under the *Canada Health Act*. By what right do a small percentage of Canadians decree that contraceptive devices, sterilizations and abortions are not to be covered by provincial medical insurance? Would another small percentage be permitted to decree that blood transfusions should not be covered?

Under the *Canada Health Act*, the federal government funds provincial health insurance plans if the plans meet certain criteria, including comprehensiveness, universality and accessibility. If these criteria are not met, the federal Cabinet is within its rights to withhold the health care transfer payments. The federal government must use this power now in instances where provinces are de-insuring contraceptive and abortion services. Provincial politicians must be convinced that their mandate does not permit them to deny these essential health care services to taxpayers.

January 28, 1988 was a day for celebration, when we marked a milestone in the long history of the political movement for abortion rights. An unjust law was struck down — to replace it would mean more injustice, it would mean turning back the clocks. We want good health care — not more legislation.

Canada does not have to be protected from its women.

—Carolyn Egan, Ontario
Coalition for Abortion Clinics



FOR THE RECORD: Who Said What On Abortion

Obviously, fanaticism and dogmatism are clouding your judgement of many public issues.

—Dr. Henry Morgentaler to
Premier Bill Vander Zalm

Does he (Prime Minister Brian Mulroney) think it's acceptable that in one province a rape victim will not have an abortion paid for under medicare unless she faces death while in another province all abortions are fully funded?

—Liberal Leader John Turner

To our shame, we now let the convicted murderers live and permit the murder of unborn babies. It is enough to bring tears to the eyes of the Statue of Justice that stands silently in front of the Supreme Court of Canada.

—Gordon Taylor, Conservative
MP for Bow River

What British Columbia is doing is creating a two-tier health system: one for the rich and one for the poor.

—Marion Dewar, New
Democratic MP for Hamilton
Mountain

How did you like my courageous silence on abortion?

—Prime Minister Brian Mulroney
as quoted in Michel Gratton's
memoirs

He talks about the rights of the unborn. But do you see money so school kids don't go hungry, or an increase in the minimum wage to lift families from poverty? Nothing. I find it disgusting, the hypocrisy, the arrogance.

—B.C. Opposition leader
Mike Harcourt about
Premier Bill Vander Zalm

ACROSS CANADA: In The Wake

ALBERTA

In February Health Minister Marvin Moore announced that the Conservative government in Alberta would only permit abortions which take place in hospitals, and which have the approval of a second physician for the procedure.

The president-elect of the Alberta Medical Association, Dr. Sandy Murray, immediately denounced the government's directive. "I think it is not in the best interest of good patient care," said Dr. Murray. The decision creates delay for the patient and extra costs to the health care system, which will pay \$44 consultation fee to the second physician.

Anti-choice activists rallied in Edmonton early in February, urging supporters to get involved in a letter-writing campaign to politicians. The federal government has indicated it is receiving 2,000 letters a week on the abortion question but would not divulge the content of the mail.

Pro-choice activists met the same day, and heard the Alberta Coalition for Access to Abortion ask for a campaign for publicly-funded free-standing abortion clinics. The Coalition stated that few doctors and few hospitals perform abortions, and that Health Minister Moore's announcement that abortions in hospitals would be covered did not go "nearly far enough." The government had not yet announced its two-doctor policy.

Following the announcement that a second physician will replace the role formerly played by therapeutic abortion committees, Jane Templeman of the Abortion Caucus said she plans to advise women that they are not required by law to give reason or justification for seeking an abortion. This system will require a woman seeking an abortion to undergo a second physical examination.

American Doctor Welcomes Decision

The provincial nurses' strike which had virtually ended abortions in the province was settled in February, and hospitals again began performing the procedure.

An American doctor who sees hundreds of Canadian women each year for abortions called the Supreme Court decision a "miracle." Dr. Baird Bardarson of Renton, Washington said he hopes the decision will "ruin our business from Canadian women down here." "Alberta does a lousy job for women," Bardarson said, "We get women down here from Edmonton who've just spent twenty-three hours on a bus. I think it's a crime that for this relatively easy procedure, a woman has to spend twenty hours on a bus and about \$200 U.S. of her own money." Bardarson felt that Canadian doctors should not insist on general anaesthesia for abortions or hospitalization. He characterized abortion as a simple procedure. "You have state-funded medicine, so it's healthy for women to stay out of hospital and good for the economy," he added.

The provincial health plan fee for abortions in Alberta is \$84.75. The abortion fee — among the lowest in Canada — discourages doctors from performing the service.

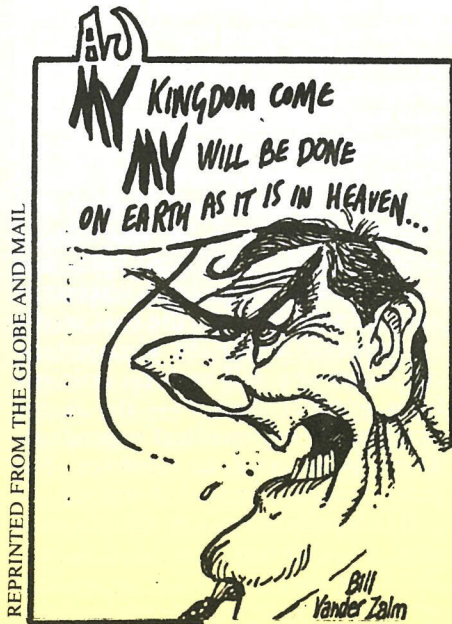
6,544 abortions were performed in Alberta in 1985.

The provincial government has recently reversed its de-insuring of tubal ligations, contraceptive counselling and vasectomies, but not of birth control counselling.

BRITISH COLUMBIA

The Supreme Court decision sparked a renewed crusade from anti-choice Premier Bill Vander Zalm who initially declared that his government would only fund abortions when a woman's life was physically endangered by the pregnancy.

The premier stunned the audience at a meeting in Powell River during February by covering his ears and saying he didn't want to hear questions about the pregnancies of incest and rape survivors. When challenged on the issue of women who become pregnant through such forms of male violence, the premier suggested they would be "cheating" if they applied to the Criminal Injuries Compensation Board for the cost of the abortion service.



The Premier's regulation had also stipulated that a second medical opinion was necessary for abortion to be eligible for government coverage. The B.C. Medical Association president, Dr. David Jones, said the second opinion requirement was unacceptable as it makes the second doctor into a "therapeutic abortion committee of one, which the Supreme Court has ruled unconstitutional".

Dr. Jones went on to say that the premier had not consulted with nor sought the advice of the medical association. "I don't think the premier recognizes the practicalities of how a doctor would deal with a life-threatening emergency", Jones said, explaining that in such an emergency a doctor would provide appropriate medical care immediately and worry about insurance coverage later.

The B.C. Civil Liberties Association immediately sought an injunction, to prevent the premier's restriction of provincial funds for abortion services. The B.C. Supreme Court quashed the regulation promulgated by Vander Zalm.

Since the B.C. court ruling, the B.C. government has agreed to reimburse women who had paid for their own abortions while the ban was in force, and has restored funding for abortions.

Immediately following his rebuke by the B.C. court, Premier Vander Zalm announced plans to spend more than \$2 million on an anti-abortion campaign stressing marriage and family stability and playing down birth control.

Lois Boone, NDP health critic, blasted the campaign as "another example of his pushing his own views down our throats. Mr. Vander Zalm has tried to impose his views on abortion on everyone in this province and now his views on birth control are coming through."

In early April Premier Vander

Zalm announced an expansion of the campaign into \$20 million in public programs to discourage abortion and promote family life. The program includes nearly \$2 million in advertising aimed at women who are experiencing an unwanted pregnancy. Brochures on marriage preparation will be distributed with marriage licenses. There will be increased funding for homes for women who "require alternate living arrangements during pregnancy" and an increase in the infant-care portion of the provincial day-care subsidy. Press conference materials distributed by the government also indicated that additional funding will be spent on existing counselling and support services for single mothers. Press reports indicated that the material released at the initial press conference made no mention of abortion.

Vander Zalm's \$20 million anti-abortion program drew immediate criticism from many sides.

Pro-choice spokespeople pointed out that Vander Zalm's proposals to decrease the number of abortions in B.C. failed to address the causes of unwanted pregnancy. They said that instead of improving access to birth control, or funding low cost contraception, or providing more and better sex education in the schools, millions of dollars of public funds is being spent on folksy commercials promoting family life and old fashioned shelters for pregnant women.

The critics also pointed out that there will be no increase in infant day-care spaces despite Vander Zalm's announcement of subsidies.

Immediately after launching this program, the B.C. government announced its intention to cut back welfare payments to single mothers who do not enter the paid workforce after the birth of their child. Public outcry was so great that Vander Zalm was forced to reverse this decision.

Efforts for Clinic Renewed

Pro-choice groups in B.C. have renewed their promises to open a clinic and called on the government to open other clinics around the province. Vander Zalm strongly opposes the prospect of a free-standing clinic in B.C.

B.C. medical insurance pays doctors \$106 for performing an abortion, which does not include the hospital costs. Women paying for their own abortions in B.C. in February paid approximately \$460 for a hospital abortion on an outpatient basis, much more if required to stay overnight. Close to 11,000 abortions were performed in B.C. last year.

MANITOBA

Pro-choice activists in Winnipeg celebrated the Supreme Court decision. "We've had a long and difficult struggle", said Ellen Kruger of the Coalition for Reproductive Choice. "Today, I'm proud to be a Canadian woman."

Charges against Dr. Morgentaler in Winnipeg, which were stalled pending the outcome of the Supreme Court decision were "eliminated" by the decision, in the view of then Attorney-General Vic Schroeder. "There no longer is a law on which charges against Dr. Morgentaler could be prosecuted in court", the Attorney-General concluded on January 29.

In the wake of the decision Dr. Morgentaler's Manitoba lawyers demanded the return of \$20,000 worth

of medical equipment seized by police raids on the clinic, and filed for the licensing of the clinic by the province's College of Physicians and Surgeons. While the equipment was being held as evidence the clinic had remained open but functioned only as referral agency for women who travel, usually to North Dakota, for abortions.

New Government's Attitude Uncertain

Dr. Morgentaler's Manitoba clinic has now been approved by the College and is preparing to re-open. Political changes in the province have re-opened the issue. New Conservative Government leader Gary Filmon indicated at the start of his election campaign that he would not permit the Morgentaler Clinic to operate if he was elected, then retracted the statement the next day when anti-choice crusader Joe Borowski jumped on the Conservative party bandwagon. According to news reports, he then clarified his stance by saying that he would close free-standing abortion clinics and reinstitute therapeutic abortion committees if able to under provincial jurisdiction. New opposition leader Sharon Carstairs has skirted a definite position on access to abortion.

There were 2,351 abortions in the province of Manitoba in 1985.

NEW BRUNSWICK

The New Brunswick government announced on February 12 that it would disband all therapeutic abortion committees in the province and would cover (under certain circumstances) abortion services with a fee to physicians of \$120. In order to be covered by medicare, the abortions must be performed in an accredited hospital (some hospitals are not accredited) by a specialist in obstetrics or gynaecology (there are only 33 in the province) and must be "medically required" according to two physicians. The requirement for two medical opinions stems from an old clause in the Public Hospitals Act that can be traced back to the 1950's.

Despite the ruling of the Supreme Court a spokesperson for the Attorney-General claimed that the province's second opinion rule is not inconsistent with federal law.

A spokesperson for the New Brunswick Medical Society had previously stated that the society was waiting for government direction to the hospitals. The Society will not allow its members to perform an abortion outside a hospital.

Slightly more than 300 abortions were performed in New Brunswick in 1986, with many women forced to leave the province to obtain the procedure.

NEWFOUNDLAND

The Conservative provincial government in Newfoundland reacted to the Supreme Court decision by disbanding the three therapeutic abortion committees operating in the province and stating that it would cover abortions under the provincial health insurance plan. Doctors are currently paid \$84.50 for performing abortions in Newfoundland.

No Policy on Free-Standing Clinics

The government has not stated any policy with regard to free-standing clinics or commercial clinics. In early February, the executive direc-

e of The Supreme Court's Decision

tor of the medical association said the Supreme Court decision had thrown Newfoundland's medical community into "complete turmoil."

St. John's General Hospital, the one hospital in the province that performs abortions on a regular basis, has issued new guidelines on when abortion would be permitted. These guidelines are very restrictive, including obtaining the approval of a gynaecologist, a psychiatrist and a social worker. The one doctor at that hospital who performs abortions became ill earlier this year; when his replacement became unavailable, Newfoundland women were left virtually without access to abortion.

A public opinion survey conducted in the federal riding of St. John's East last December showed that the majority of respondents would have supported the decision the Supreme Court made in January. Asked if they felt that the "decision whether to have an abortion should be a personal one by a woman and her doctor, without legal restrictions", sixty-four percent said that they either agreed or strongly agreed with the statement. Support was strongest among young women, and more women agreed than men. Only among Roman Catholics over the age of sixty-five did agreement with the statement fall below fifty percent of those polled in the category.

NOVA SCOTIA

Health-care workers in Nova Scotia fear that the result of the Supreme Court decision in that province will actually be a decrease in access to abortion services. Asking to remain anonymous, a worker stated "Before, abortions were done very quietly. I'm afraid this could whip up the opposition to pressure the government."

The province announced the disbanding of the hospital abortion committees, although several hospitals maintained their committees. The government also advised that it will continue to pay for abortions under the provincial health plan. Health Minister Noel Matheson said each hospital would have to decide whether or not it will perform abortions, and one of the ten hospitals that was providing abortions has now decided to withdraw the service. By and large the Nova Scotia government has kept very quiet on the subject. Premier John Buchanan refused to comment on the Supreme Court decision, but the government has stated that it will not permit free-standing abortion clinics.

Dr. Morgentaler's announcement in 1986 that he would open an abortion clinic in Halifax met with immediate threats of closure and prosecution from the provincial government of John Buchanan. Since the Supreme Court decision Dr. Morgentaler has once again announced that he is exploring the prospect of a free-standing clinic in the Halifax or Fredericton areas.

ONTARIO

In response to the Supreme Court decision, Ontario Attorney-General Ian Scott immediately dropped the charges pending against Drs. Morgentaler, Scott and Nikki Colodny. "The Supreme Court of Canada has set out what the law of Canada is," Scott said at a news conference, "The decision is binding and final and brings this case to an end." The

announcement was made January 29, 1988.

New Democratic Party Leader Bob Rae called on the government to open free-standing clinics in areas where hospitals were refusing to provide the service, while interim Conservative leader Andy Brandt expressed concern about the possible proliferation of abortion clinics across the province, which he opposes.

In the week following the decision abortion inquiries at the free-standing clinics doubled. It appears that the decision to decriminalize abortions makes the clinics more attractive to women.

Decision Celebrated

The reaction of pro-choice activists to the Supreme Court decision was an ecstatic celebration outside the clinic on the day of the decision. Mounted police kept pro-choicers on the sidewalk and off the street as speeches of celebration and congratulations were made. Anti-choice activists looked on bitterly.

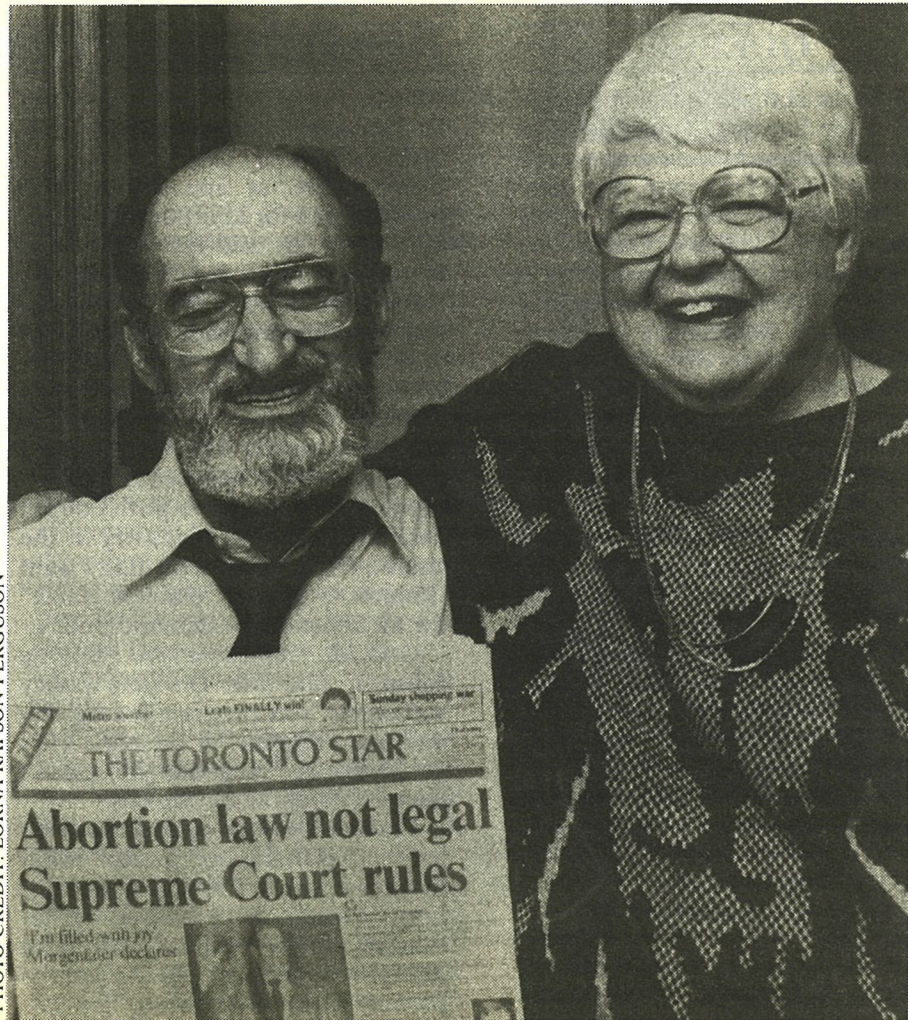
A rally a week after the decision saw 200 pro-choice supporters burn s.251 of the Criminal Code on the steps of the provincial legislature. Demonstrator Anne Fourt of the Ontario Coalition for Abortion Clinics warned supporters "last week we won free choice, now we must win free access."

And a merchants and residents group that has endured years of sharing the same street with the Morgentaler Clinic and a constant picket by anti-choice activists have reacted to the decision with an effort to get the anti-choicers off the street. "We've shown restraint for all this time, but now that the courts have ruled on abortion we want those people out of here", said realtor Neil Wright. Campaign Life head Jim Hughes responded "there is no way we'll stop what we're doing."

Committees Ordered to Disband

The Ontario Liberal government revoked the regulation in its Public Hospitals Act governing therapeutic abortion committees on February 12, informing any reluctant abortion committees in the province to disband. Prior to that act, the provincial government indicated that it would cover abortions with a standard physician fee of \$100.30, providing they are done by qualified doctors, and whether they take place in or outside of hospitals. Health Minister Caplan had announced that the committees would be scrapped the day after the Supreme Court decision came down.

The Ontario Health Insurance Plan \$100 physician's fee for an abortion anticipates the abortion being done in a hospital facility, where overhead costs of the the operating room, nursing staff, etc.—totalling \$1,000 in one Toronto hospital — are covered by the hospital. In a free-standing clinic the cost of an abortion is usually \$300, but only the \$100 physician's fee is currently being paid by OHIP. Both the Morgentaler and Scott clinics have met with the Health Ministry since the Supreme Court decision. Peter Fraser, Executive Director of the Ontario Medical Association, said that the government will have to find an option that makes it possible for the government to provide for the overhead costs of free-standing clinics similar to the way it pays overhead for hospitals.



Henry Morgentaler and Norma Scarborough celebrate January 28, 1988.

The Ontario government is moving to develop regulations on abortion services that they hope will be consistent with the Supreme Court decision. The province's College of Physicians and Surgeons has been asked to establish medical standards, and may recommend that after a certain date abortions are only performed in hospitals. The Public Hospitals Act may be amended to regulate where abortions may take place. The College of Physicians and Surgeons has asked a committee of gynaecologists and obstetricians to do a technical study of abortion. The committee will visit the Morgentaler and Scott clinics, and travel to the U.S. to view free-standing clinics in that country. Dr. Morgentaler has offered his expertise to the government.

About 30,000 abortions took place in Ontario last year.

PRINCE EDWARD ISLAND

"We all realize there are not going to be abortions here next week", said Alice Crook of CARAL P.E.I. in response to the Supreme Court decision, "but the ball is definitely in the court of the doctors and the legislators to do something now"

In P.E.I., no abortions have been performed since 1982. Health Minister Keith Milligan announced early in February that the government would cover the cost of "medically necessary" abortions performed in hospitals, or out-of-province hospital abortions approved by a provincial three-doctor committee. Following the announcement the executive board of the Prince County Hospital confirmed that it will not allow abortions to be performed in that hospital. Along with P.E.I.'s six other hospitals which also do not provide abortion services, this hospital confirmed that in spite of the new decision abortion is not available in Prince Edward Island.

The director of the Prince County hospital, Wayne Carew, said that the hospital's decision was expected and "reflected community standards". Those standards do not seem to be consistent with the judgement

of Canada's highest court or the provisions of the *Charter of Rights* of this country. Mr. Carew did say that if a woman's life were at stake the hospital's doctors would perform an abortion, neglecting to add that if they did not they would likely be liable in a malpractice suit. The Prince County hospital was the last hospital in P.E.I. to have a therapeutic abortion committee.

The Queen Elizabeth Hospital in Charlottetown announced that it would not grant any physician privileges to perform abortions. One gynaecologist had stated his willingness to perform the procedure there, but was told that if he pursued the matter all his hospital privileges could be revoked. On the day following the Supreme Court decision, the Justice Minister of the P.E.I. government made a statement which seems to belie these hospitals' policies. Minister Wayne Chevie refused to comment on the judgement before he had read it, except to say that it represented the law of the land. "Right now, if someone were to present themselves at a hospital in P.E.I. and ask for it (an abortion), then I'd say that the Supreme Court of Canada decision stands and that's a matter for a patient and her doctor", Chevie said. Apparently the minister was not speaking for the government and does not intend to enforce this position.

Legislature Resolves Against Abortion

In April the opposition Conservatives introduced a resolution to the legislature opposing the performing of all abortions in the province. The Minister of Health introduced an exception in the case of a life-threatening pregnancy, and the wording of this exception (which was seen by some as a loophole) was hotly debated. The resolution, which does not have the force of law, was passed by the Legislative Assembly. Pro-choice supporters across the country were horrified.

Each year an estimated 400 women leave P.E.I. to have safe abortions they cannot receive in their own province.

QUEBEC

Pro-choice activists in Quebec celebrated the Supreme Court decision with a march in Montreal and a rally at the Union Française. The demonstration and march was sponsored by the Coalition Québécoise pour le droit à l'avortement libre et gratuit. Spokeswoman Dominique Daigneault L'Archevêque told demonstrators "We've won the match, but not the game."

But staff at the Morgentaler Clinic in Montreal had little time to celebrate. Returning to work on the Friday following the decision they discovered that rocks had been hurled through the clinic windows, the alarm system did not work and the clinic was strewn with glass. A second incident occurred on the Friday, when an unidentified person hurled a rock through the clinic's front door. Police said that these were the most serious acts of vandalism since the clinic opened in 1968. The clinic remained in operation.

Activists Call for Accessibility

Pro-choice activists continued undaunted in their call for accessible free abortion in the province. "Refusal of the right to abort is designed to force women to have children... and is an authoritative, pernicious and often coercive way to rule over the body and lives of all women," said Marie Vallée of the Quebec Federation of Family Planning.

The Quebec government has allowed free-standing clinics to function in that province since 1976, and has funded abortions that took place in them over the same period of time. But there were also thirty to thirty-five hospital abortion committees in the province at the time of the Supreme Court's decision. Most of them have now been disbanded or are in the process of disbanding.

Health officials are looking at ways of streamlining and financing abortion in view of the decision. Pro-choice activists have raised concerns about the distribution of access, as two-thirds of abortions performed in Quebec in recent years are performed in Montreal, where only one-third of the province's women live.

Government Silence

The provincial government has gone quiet on the issue, leaving whatever changes are to come to be made by administrators. Silence by the provincial government is less than satisfactory to pro-choice activists. "What we got was nothing" said Coalition member Johanne Deschamps, "There's no plan. There's no publicity and there's no budget." There is fear that hospitals which have disbanded committees are withdrawing the service, and referring all women to Montreal. "In some places they have been saying 'We don't have a committee, so we don't do abortions', Ms Deschamps added.

The extension of abortion services to free-standing clinics and the coverage of abortions in those clinics occurred during the Parti Québécois government of René Lévesque. The current Liberal administration merely inherited the system that operates today, and did little about it, similar to the current reaction. Approximately 20,000 abortions took place in Quebec last year.

SASKATCHEWAN

After January 28, the news from the Saskatchewan government was confusing. Premier Grant Devine, a Conservative, at first seemed prepared to pay for abortions in hospitals. Then, in mid-February, amid accusations of having "flip-flopped", Devine announced that the provincial health insurance plan would only cover abortions which are life-threatening or medically necessary, without defining what medically necessary means. The Premier said that his party is opposed to providing public funds for "a birth control mechanism" or an "industry in the street". He stated that he didn't want Canada to have a "claim to fame" for an abortion on demand policy.

CARAL representative Bonnie Johnson said Mr. Devine's policy will create "one program for the rich and one program for the poor. He's obviously deciding that he doesn't have any respect for the law."

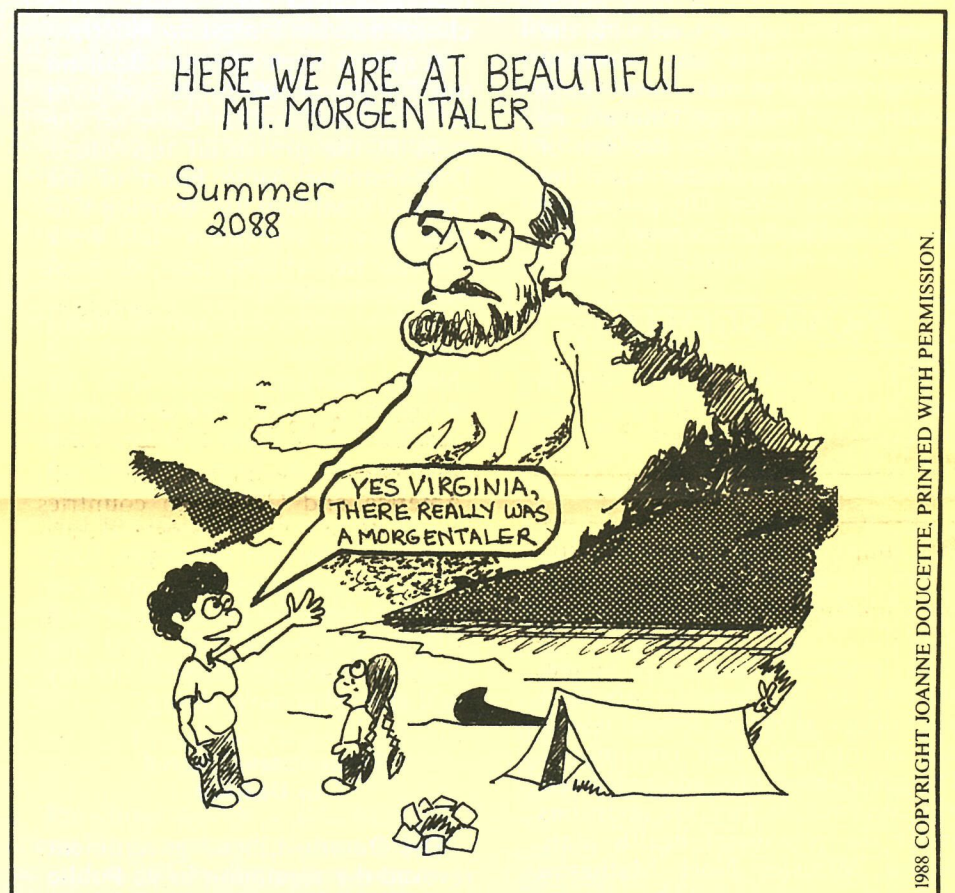
Premier Devine vowed to push for federal legislation to "protect" what he views as the "rights of the unborn." He has also promised legislation to protect hospital staff from disciplinary action if they refuse to participate in an abortion. The Saskatchewan College of Physicians and Surgeons' policy is that abortions should be done in accredited hospitals and after "professional counselling" in abortion and its alternatives by a second physician or counsellor. Asked by the provincial government to help define medical necessity, Dr. Lowell Loewen, deputy registrar of the College stated that he doesn't "think medical necessity needs to be (re) defined. It's been defined for years." He added that the College did not look forward to the establishment of free-standing abortion clinics in the province. "Right now the regulations in place with respect to free-standing surgical clinics would prevent the establishment of free-standing abortion clinics", he explained, adding that the members of the College "don't agree with abortion on demand."

In 1986, there were 1,197 abortions performed in Saskatchewan.

LITERATURE AVAILABLE FROM CARAL OFFICE

Some of you have asked about the various publications available from the CARAL office. The following is a list of publications. For large orders, please contact us.

Freedom of Choice (also in French)	Facts on Abortion (also in French)
Why Freedom of Choice?	Anti-Abortion Violence on the Rise
Answers to Anti-Choice Arguments	Abortion & the Holocaust: A Deceitful Equation
Suggested Reading	"The Silent Scream": A Study in Deception
Reproductive Rights - Responses to Common Misunderstandings	Life - Prolific or Humane
Abortion: A Question of Catholic Honesty	Clearing Away the Fog on Conception When Are Abortions Performed?
Badgley Report Quotations	Chronology of Court Cases: Dr. Morgentaler and Others
Childbirth by Choice (also in French)	Quotations From Report on Therapeutic Abortion Services in Ontario
Beware the "Research Shows" Ploy	Fake Abortion Clinics A Pro-Life Front for Emotional Violence
Press Release re: Gallup Poll, 1982	Why My Abortions Were No Dilemma
How to be a Pro-Choice Activist	Summary of the Morgentaler Decision in the Supreme Court of Canada
Abortion Clinics Under Siege	The Provincial Situation in Response to the Supreme Court Decision
The Politics of Abortion	The "Eclipse of Reason" Information Sheet
Précis of "Medical Effects of Late Abortion and Mandatory Motherhood"	
Mental Health Consequences of Abortion and Refused Abortion	
Was Dred Scott a Fetus? - Reflections on a false analogy	
When Does Life Begin?	
Why Free-Standing Clinics? Why Now?	



Coalition Organizes Against Recriminalization

Representatives of national feminist, labour, health, religious and professional organizations held a news conference in Ottawa on March 24, 1988 to announce their strong opposition to the recriminalization of abortion.

These national associations stressed that the spirit and substance of the Supreme Court decision is getting lost in the current debate. They pressed the government to move their focus away from recriminalization and toward positive actions like ensuring equal access to abortion facilities, and to education about sexuality and contraception.

The fourteen groups which do not want the federal government to recriminalize abortion include, among others, the Canadian Labour Congress, Planned Parenthood Federation of Canada, the Society of Obstetricians and Gynaecologists, the Canadian Unitarian Council, the National Action Committee on the Status of Women, the National Council of Jewish Women and the National Association of Women and the Law.

Hnatyshyn Turns Down Meeting with Coalition Representatives

Despite repeated attempts to meet with Justice Minister Ray Hnatyshyn over a several week period, representatives of five of the national groups opposing recriminalization of abortion were told by the Minister's office that he did not and would not have time to meet with them. The Minister has had time, however, to meet with Emmett Cardinal Carter, who is lobbying to have all abortion recriminalized. Pro-choice supporters were amazed that the Minister of Justice would choose to hear from a leader of one religious group on what kind of abortion law he wants and not from representatives of several large and very credible mainstream national associations speaking for a broad base of Canadians opposing any new abortion law.

Remembering Illegal Abortions— Can You Help?

The Childbirth by Choice Trust has started a project to compile and publish Canadian women's stories about their illegal abortions. It is important that these stories be collected, particularly from older women and health care professionals, before they are lost to us. They are a significant part of our history and a reminder of the times we are fighting not to repeat.

Are you willing to share your story or that of someone close to you? Or have you had experience with illegal abortion in your professional capacity — as a nurse, doctor, social worker?

If you are interested and would like more information, please write to Kathy Greenwood, Childbirth by Choice Trust, 344 Bloor Street West, Suite 306, Toronto, Ontario M5S 3A7 or call 416-961-1507.

The stories will be published anonymously and confidentiality will be absolutely respected.

AUSTRALIA

A "day after" pregnancy test has been developed by researchers in Australia, and a test kit is being made available for use in research laboratories. The test is able to detect PAF — platelet activating factor — a substance which is known to be released by an embryo within hours of embryonic formation. Development and marketing of kits for general use may follow further research.

Nationwide Report Initiated

The Western Australia Abortion Law Repeal Association (ALRA) has initiated a nationwide report on access to abortion in Australia. While in some Australian states, such as Victoria, abortion is legal, it remains a criminal offence in the states of Western Australia, Queensland and Tasmania.

Australian women who have had difficulties in obtaining an abortion in the last five years have been invited to write to the Women's Electoral Lobby, which has offered to help collate the information. The information collected for the report is expected to be a vital tool for Australian pro-choice activists. "We certainly know some of the problems in this area but we don't know so much about the numbers involved, and this report will include vital evidence", said Ruth Shnookal, co-ordinator of the Abortion Choice Group. "There is no comparable report in Australia into access to abortion", she added.

BRAZIL

Two important struggles are currently underway in Brazil. Feminists are working to legalize abortion and to stop the testing of a new contraceptive "vaccine" on women.

To legalize abortion Brazilian women need to collect 30,000 signatures on a petition in order to have the issue included in the final phase of discussions on the new Brazilian Constitution. Although they do not have precise statistics, Brazilian abortion rights activists say that investigations have revealed that approximately a million women in that country obtain illegal abortions every year, and that 40,000 of them die as a consequence.

The vaccine is part of a Population Council research program. It consists of a part of the hormone chorionic gonadotropin, which is produced by the placenta in its initial phases of development, and functions to maintain the pregnancy. If a woman is vaccinated with this, when she becomes pregnant the antibodies it has stimulated in her body will attack the same hormone when it is produced by the placenta.

The vaccine is currently being used in Australia and some Asian countries. The Brazilian research is to determine how long the antibodies will live in a vaccinated woman, or the length of the period of sterility induced by the vaccination. Researchers proposed to recruit forty sterile women, and through blood tests determine the longevity of the stimulation of antibodies by the vaccine.

Feminists fear that the vaccine could render women permanently sterile, and are looking for another victory in their struggle against the use of experimental contraceptives in Brazil.

BELGIUM

Another fifty doctors and patients have been acquitted of involvement in abortions by a court in Ghent, Belgium. The law making abortions illegal was passed in 1867, and pro-choice campaigners in that country see the recent decision as a step in their fight to have abortion legalized. Belgium is a staunchly Roman Catholic country. The latest in a series of bills to liberalize abortion laws died in parliament when the government of Wilfried Martens fell last fall.

CHINA

An anticipated baby boom has caused the government to replace its minister in charge of birth control. Wang Wei, head of the state Family Planning Commission was replaced by Peng Peiyun, a woman, in January.

Statistics compiled by the State Statistical Bureau indicate that China's population is currently growing at the fastest rate in four years. Part of the blame for the crisis has been put on the country's strict one-child-per-family rule, which certain sectors of the population, particularly in the countryside where traditional values retain influence, are not readily adopting.

China's population is now 1.072 billion, and current increases in the birth rate threaten plans to limit the population to 1.2 billion people by the turn of the century.

COSTA RICA

Twenty-three women from Latin America and Caribbean countries met in Punta Arenas, Costa Rica in May of 1987 for a workshop on "Problems and Strategies with respect to Unwanted Pregnancy in Latin America." One delegate outlined the perspective of the workshop: "In Latin America, a woman is never more alone than when she confronts an unwanted pregnancy."

Legislation legalizing abortion has been presented recently in Brazil, Columbia and Uruguay, and has failed in all cases. Decriminalization, availability of services, cost of abortions were all studied cross-nationally during the workshop.

Decriminalization of abortion is essential. The workshop delegates heard that clandestine abortion is the leading cause of maternal mortality in Latin America and the Caribbean.

GREAT BRITAIN

Bill to Control Technological Advances Announced

The Thatcher government has made public its intention to bring in legislation which will deal with genetic manipulation, cloning and the production and maintenance of human embryos.

Under the proposed legislation genetic manipulation and cloning in order to produce identical or human-animal hybrids would be made a criminal offence. It would also be an offence to create, use or store a human embryo without a license from the government.

Four hundred and ninety test-tube babies were born in Britain last year, where the in-vitro technology was pioneered. Given the huge Thatcher majority, the legislation is very likely to become law.

NORTHERN IRELAND

The International Tribunal on Abortion took place in Belfast, Northern Ireland in October, leading to a series of recommendations to the Thatcher government. Northern Ireland has been excluded from the 1967 Abortion Act of the British Parliament, with the result that the liberalization which occurred more than twenty years ago in Britain has not occurred in Northern Ireland.

"The non-extension of the 1967 Abortion Act to Northern Ireland ensures that doctors in Northern Ireland have no clear guidelines as to whether to perform an abortion or not. The law remains ambiguous and results in serious inconsistencies in its application. Pregnancy as a result of rape or incest or in cases of severe risk to a woman's health do not guarantee an abortion," said Carole Tongue, Member of the European Parliament, at the close of the Tribunal.

The Tribunal concluded that a woman should have the right to make a free decision about her own pregnancy, that women are the best judges of their own situation, and all choices, including that of abortion, should be available to them. There should be comprehensive advice, information, sex education, contraceptive provision and ante/post natal medical care available to all women in Northern Ireland.

As a result of these conclusions the Tribunal declared that the Thatcher government has an obligation to extend the 1967 Abortion Act to Northern Ireland.

Evidence presented to the Tribunal suggested that about 500 abortions are performed annually in Northern Ireland, and that at least 20,000 women from Northern Ireland have travelled to England to seek abortions in the twenty years since the act has been in force in the rest of the United Kingdom.

SOVIET UNION

The Soviet Union has eased abortion restrictions, extending the termination period from twelve to twenty-eight weeks. It has also added a wider range of non-medical reasons for the procedure including the death or imprisonment of the father.

The measure is intended to decrease the number of illegal abortions in that country, as they often cause women's death or sterility. On average a Soviet woman, who has little or no access to contraception, will have four abortions in her lifetime.

UNITED STATES

New Regulations Challenged in Courts

The Reagan Administration's Department of Health and Human Services (DHHS) is being challenged in courts across the United States. DHHS sought to impose new regulations which ban all federally-assisted family planning counseling. The intent of the ban is to ensure that abortion is never mentioned at family planning services or clinics that receive federal funding. The regulations were to come into force March 3, but the enforcement has been temporarily barred by a Federal district judge in New York State. A temporary injunction was granted following application by lawyers for the American Civil Liberties Union.

A similar step was successful in Colorado, and legal actions are pending in Boston and elsewhere. The State and City of New York have also filed actions.

The regulations would strip all federal funding from agencies that did abortion counselling or offered the service. The court challenges follow lobbying by a broad range of pro-choice, medical and health groups against the regulations, which run directly against the constitutional right to abortion recognized in the United States in 1973.

Physicians' groups have noted that failure to provide a woman with abortion information and referral could result in malpractice lawsuits. The physician is required to withhold abortion information even in a life-threatening situation. Critics have called the regulations "mandatory malpractice".

Planned Parenthood announced in a press release that they "cannot and will not adhere to these new regulations because they run counter to our fundamental principles."

Senate Removes Anti-Discrimination Measure

The U.S. Senate has approved a measure that will effectively repeal regulations designed to protect women who have or want to have an abortion from discrimination. Before passage of the measure an anti-sex discrimination statute ensured that every comprehensive health plan in the U.S. would include coverage of abortion services. In addition, all hospitals and clinics receiving federal funds were required to provide abortion services. The passage of this amendment made possible the new DHHS regulations gagging abortion information and eliminating abortion services in federally-funded health care institutions.

Kate Michelman of the National Abortion Rights Action League called the Senate vote "a grave loss".

Anti-Choice Influence Blocking Sale of Abortion Drug

The threat of a complete boycott of the products of any pharmaceutical company that sells abortion-inducing drugs by anti-choice followers is said to be cowering pharmaceutical corporations. The drug RU 486, which is expected to come on the market in France, China, England and other countries, is not likely to make the U.S. market.

"The reasons are obvious," said an unidentified pharmaceutical executive, who believed that if his company sold an abortion-inducing drug it would suffer greatly from a boycott by members of the National Right to Life. The Upjohn Company of Michigan suffered a similar boycott when it tried to develop a comparable drug a few years ago.

When taken alone RU 486 induces abortions in eighty to eighty-five per cent of very early pregnancies (less than six weeks after last menstruation). Its effectiveness then drops sharply. It can also cause severe bleeding, and failure to expel the fetus, requiring surgical abortion. When taken with prostaglandins, the success rate may be as high as ninety-five percent in first trimester pregnancies. Prostaglandins, which is now on the market in the United States, can induce abortion by itself. But, when taken alone, it must be taken in high dosages which cause nausea, vomiting, diarrhea and severe abdominal cramps. Women generally prefer surgical abortions to prostaglandin-induced abortions.

Student Complains of Intimidation in Catholic School

The parents of an eleven-year-old girl have complained that a teacher intimidated her into writing a letter against abortion to the Peterborough Civic Hospital, according to a newspaper report. The girl, Melissa Rock, was a student at a government-funded Catholic School. According to the parents, the letter was required as part of a Grade 6 class project last November, during the height of the abortion controversy in that city. (see last issue — ed.)

At first Melissa refused to write the letter, saying that she wasn't sure what she thought about the issue. "The teacher told her in no uncertain terms that she will compose a letter on abortion or she will write him a letter explaining why she refused to", Melissa's mother, Teresa Rock, told a reporter. The child assumed the letter would go to the

principal and cause her expulsion, so she copied a form letter against abortion to be sent to the hospital.

Later, Melissa, who had been a A student, brought home a report card with dramatic drops in her grades in twenty out of twenty-two areas. At that point her parents withdrew her from the school, and wrote to the education director. "It is our opinion that... her initial refusal to co-operate resulted in a report card that is total nonsense", their letter states.

The school, a board member and the teacher have all denied the Rocks' allegations.

Medical Association Creates Special Committee

The Canadian Medical Association has struck a special committee to examine all medical, legal and ethical aspects of abortion in view of the absence of federal legislation.

"Given that medical practice is a provincial jurisdiction we expect to be called upon to express some opinions on what is happening in

Surrogate Motherhood Ruled Illegal in Baby "M" Appeal

The New Jersey Supreme Court has ruled that 'surrogate' motherhood for money is illegal, in an appeal hearing of the case of the former Mary Beth Whitehead. However, the court affirmed the awarding of custody to the father of the child, William Stern, deciding that he and his wife could give the child the best home. Mary Beth Whitehead Gould was awarded visitation rights.

"I did not begin this public crusade, but I am gratified to see that surrogacy has been discredited and delighted to know that my relationship with my daughter will continue

for the rest of our lives," Ms Whitehead Gould said after the decision.

Her lawyer, Harold Cassidy, declared the decision the "death knell for commercial surrogacy." The judgment stated that motherhood for money is "illegal, perhaps criminal and potentially degrading for women." In a unanimous opinion the court attacked surrogacy as a practice that violates laws against baby selling.

CHAPTER FORMING

Montrealers interested in forming a CARAL chapter should contact

Harriet Sugar Miller
350 Prince Arthur West
#1611
Montreal H2X 3R4
or phone (514) 843-6038
between 9 am and 5 pm.

U.S. COURT ORDERS C-SECTION ON CANCER PATIENT

An American woman in the last stages of terminal cancer has been forced to have a caesarian section against her will, and against the wishes of her family and her physicians. The woman, reported in the press as A.C., was the victim of an action by the George Washington University Hospital. The hospital's lawyer requested an emergency ruling from the District of Columbia Court of Appeals, on whether or not the hospital was obliged to perform a caesarian section to remove a twenty-six-week-old fetus from A.C.'s womb before she died. At the same time as the woman was being prepared for surgery, the court ruled the hospital was so obliged. The fetus was not viable and died as soon as it left her womb. A.C. died two days later. The surgery is listed on A.C.'s death certificate as a contributing factor in her death.

A.C. dealt with cancer for most of her life. At thirteen she had bone cancer, spent years in and out of hospitals, eventually losing a leg. At twenty-seven she was married and believed to be free of cancer, and so became pregnant. In June of 1987 a large tumour was diagnosed on her lung — she was terminally ill. It was after this diagnosis that the hospital administration consulted their lawyer, who in turn went directly to the court system. A.C. and her family were unaware of the hospital's actions.

A.C. was well enough to state "I don't want it done" in response to the suggested caesarean section. The attorney for the fetus described the legal proceedings this way: "all we are arguing is the state's obligation to rescue a potential life from a dying mother." In this case the woman, alive and offering no consent to the surgery, had no rights. The fact that the surgery shortened her life is not disputed by the Court, but referred to as a matter of hours or days. It is a clear-cut case of the non-viable fetus having legal rights which were denied to the woman carrying it. As a legal entity, the fetus—a potential life—had more rights than a living woman.

While this case is extreme it is not an isolated incident. Twenty-four American women have been ordered by courts to have caesarian sections, and several U.S. states have a statute that allows every person the right to refuse extraordinary treatment, except for pregnant women.

The purpose of CARAL is to ensure that no woman in Canada is denied access to safe legal abortion. Our aim is the continued decriminalization of abortion, and the establishment of comprehensive contraceptive and abortion services, including appropriate counselling, across Canada.

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