ABORTION LAWS ARE KILLING PEOPLE

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On Saturday evening, after the march, the Women's Caucus held a panel discussion at the Georgia Hotel. About 100 people showed up, which was near capacity. A fair number of those in attendance had not been in the march.

Mrs. Mary Stolk, a nurse and mother of six who works in the Caucus' Abortion Information Center in the Labour Temple, was the first to speak. The featured speaker was Dr. Richard Foulkes. an administrator ("but not speaking as a representative") from the Royal Columbian Hospital in New Westminster.

Dr. Foulkes is well acquainted with the defects of the present abortion laws (he has spoken on Jack Webster's radio show about abortion) and would like to see the present laws repealed. Abortion, he feels, should not be governed by the Criminal Code or appeal boards. It should be treated like any other operation of equivalent risk to the patient-being a matter between a woman and her family doctor.

Here are a few facts and ideas from his speech: Abortions date back to the earliest recorded times, from primitive cultures to ancient Greece and Rome. They were performed before "quickening" (10 weeks) and were permitted by law and religious dictums "even in England" until around the time good ol' Pope Pius 9 came out against it. He decreed that the soul entered the fetus at the moment of conception so that destroying the fetus at any time would be murder.

It was about this time that all Christian countries adopted a similar view, which led to legal restrictions against abortions.

The new Canadian law has modified the Catholic position by marking a theoretical point in gestation where the fetus becomes "a birth". This point in the new law is now is now 27 weeks (compared to the former 20 weeks).

-- According to Section 209 of the Criminal Code, anyone causing a miscarriage or death of the fetus after the 27 week limit is liable to a charge of murder. (This apparently goes for the pregnant woman who aborts herself, but conviction is rather unlikely, as she would have to testify against herself.)

-- Section 237, The Abortion Law, provides heavy penalties (life) for such a woman and/or her abortionist, with one exception:

The abortion may be performed by a qualified medical practitioner, other than a member of an abortion committee, in an accredited hospital, AFTER the committee has reviewed the case and the majority (2 out of three) have decided that "... in its opinion the continuation of the pregnancy...would or would be likely to endanger her life or health ..."

-- Deficiencies in Section 237 are many. There are no grounds to terminate for rape or incest unless it can be shown to affect the woman's health! Neither does it allow for cases where the fetus is endangered by genetic defects or infectious diseases like German measles, or even known teratogenic agents such as Thalidomide. The only way these cases can be covered by Sec. 237 is when the fear of bearing a defective child is shown to be harming the mother's mental health.

Also ignored by the law are cases where a poor family cannot afford another child. This can be an even more serious problem when the family's income depends in part or totally on the ability of the mother to work. "There is no suggestion that it may be the democratic right of a woman in todays world to have a free choice in whether or not she will procreate," said Dr. Foulkes. "Perhaps the most important defect in the present law is in the procedure laid down in the legislation, particularly the need for a review by a committee. Equally as defective are the rules and procedures laid down by the hospitals."

-- Catholic hospitals (of which there are quite a few) don't allow abortions - or sterilization. Thus, a disproportionately heavy burden falls on public hospitals. This is aggravated by the law's insistence that the hospital must be accredited. Less than 1/2 of B.C.'s hospitals are accredited - and THESE are mostly less than 100 bed institutions! With the shortage of hospital beds so bad that in the General some patients requiring critical surgery must wait months, no wonder so few abortions are passed by the boards!

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There are two questions that should be asked:
(1) Should Catholic hospitals, now almost completely supported by public funds, be allowed to deny any service that the public requires?
(2) Why is accreditation necessary in the case of an abortion only, when far more dangerous operations are not placed under this restriction?

-- Defects in the committee system are quite serious. They may not meet often. Members may be biased in either direction. Deliberate attempts may be made to keep down the number of abortions not only to protect bed spaces but the "reputation" of the hospital. And enthusiasm for the job is apparently not too great, as board members are often criticized, it's crummy work and they Don't Get Paid.

So not only are many deserving applicants turned down, but there is also so much delay that a lot of women who applied very early in pregnancy aren't given a decision until the fetus has reached the stage (past 10 weeks) where more serious surgical procedures are necessary - such as hysterotomy or miniature caesarean section. These operations carry a much higher risk of death or injury than normal delivery, and a longer stay in hospital, as well as increased danger of mental and physical strain for the patient (already in poor condition).

Figures illustrate the problems of committee delays. The death rate of hospital abortion is the same in the U.S. and Sweden - 1 in 1,000. This is due to delay in both countries. In Sweden, from an involved committee system, and in the States, from inadequate legislation. But in places where the majority of abortions are done before ten weeks with a minimum of hassle, i.e., Hungary, Czechoslovakia, Poland, U.S.S.R., the mortality rate appears to be less than 5 per 100,000. This is less than one-third of the death rate in the U.S. for getting your tonsils out...

As in the case of hospital accreditation, abortion is the only medical operation that requires review by committee, with the occasional exception of sterilization in some hospitals. Red tape and formalities must be eliminated in the interest of the patients well being.

-- But there will still be another big hangup. That is the competition between abortion and such cases as cancer in the event of bed shortages. Abortion will have to be given emergency priority as well as such cases because of the ten week safety limit. But perhaps clinics set up just for abortions, would be the answer to this.

Early cases (up to ten) can be carried out under strict aseptic conditions, by qualifie medical personnel with minimum risk.

Thus, clinics could handle abortions in the early stages and those past the ten week limit could be handled in hospitals.

The only way enlarged hospitals and special clinics will be available to handle the demand will be for the public to hassle the governments into parting with the money for them. (It's up to you - start screaming!)

-- Deaths in the U.S. from criminal abortions last year were 10,000. In Canada the figure was around 2,000. THIS MAKES CRIMINAL ABORTION A #1 PUBLIC HEALTH PROBLEM. If it was anything else, everyone would be all excited, but it's a taboo subject, so it just gets ignored.

-- Furthermore, about 20,000 women in Canada were admitted to hospitals last year, suffering from complications of butcher abortions. If social reasons are not enough to make the government change its stand, economics should. The rough cost of treating these women was $6 - 7 million dollars.

No one knows how many criminal abortions are performed in Canada each year, and few "butchers" are caught. But the demand for legal abortions is increasing all the time and must be answered.