

CANADIAN ABORTION RIGHTS ACTION LEAGUE (CARAL)
ASSOCIATION CANADIENNE POUR LE DROIT A L'AVORTEMENT (ACDA)

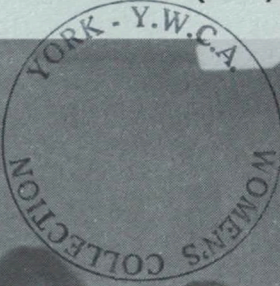
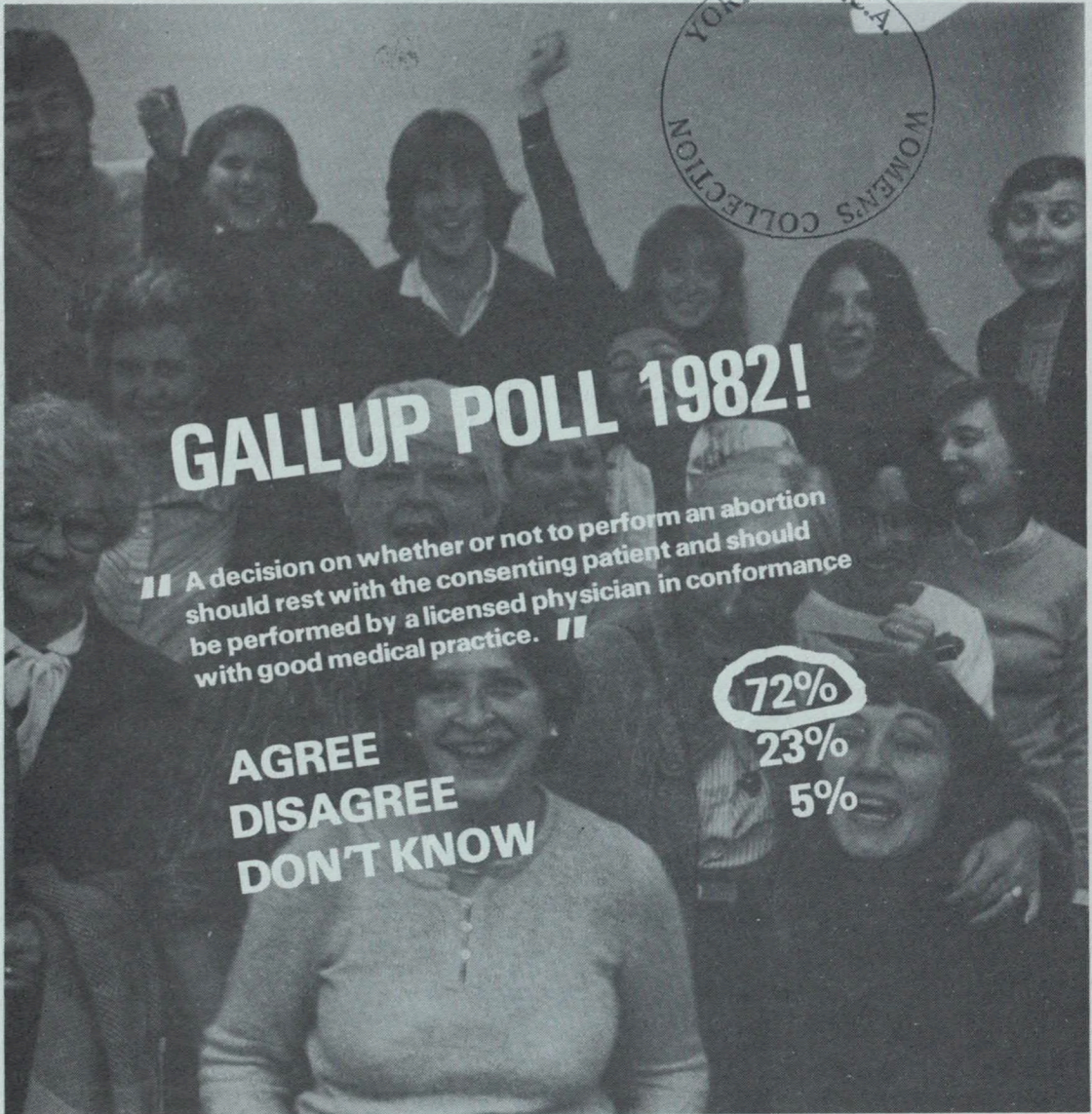
NEWSLETTER



FALL

1982

Box 935 · Station Q · Toronto, Ontario · M4T 2P1 · (416) 961-1507



GALLUP POLL 1982!

|| A decision on whether or not to perform an abortion should rest with the consenting patient and should be performed by a licensed physician in conformance with good medical practice. ||

AGREE
DISAGREE
DON'T KNOW

72%
23%
5%

From the President

The struggle, since 1969, to repeal our inadequate abortion law has often led to the question "Should CARAL continue to have as its main focus repeal, or should we be looking at interim solutions which would eventually lead to repeal?"

This issue of the newsletter gives some answers to that question. The coalition presently being formed in Toronto, the work being done by a committed group in B.C. gives some hope that free-standing abortion clinics may soon be a reality.

The article by Collins, a precis of which appears in this newsletter, confirms our suspicions that the Government's prime concern has been to avoid responsibility and leadership in all areas of fertility control.

Any of you who sent the letter to Jean Chrétien which was included in the winter issue will already have received a reply from Jacques Demers, Chrétien's Special Adviser, which indicates that he is confused when he says that the Attorney General will give careful consideration to intervening in the Borowski case - The Attorney General is the defendant in this case.

In March 1982, CARAL's delegates to the National Action Committee on the Status of Women's annual meeting and lobby asked the

Solicitor-General whether or not the Government intended to vigorously defend the present abortion legislation (as inadequate as it is) in the Borowski case. Mr. Kaplan said, "We were the government that introduced the present legislation and we are satisfied that any change would be more controversial than the present system, whether we went in one direction or the other, so our intention is to defend the legislation we have."

CARAL must continue to fight this issue on all fronts - the establishment of clinics, lobbying all levels of government and through the courts. We must also never lose sight of the final objective - repeal of the law and the right of all women to safe, legal abortion.

The new Minister of Justice, Mark McGuigan was endorsed by the anti-abortion group Coalition for the Protection of Human Life during the federal election in February 1980. CARAL has sent the letter on page 14 to Mr. McGuigan and did not receive a reply until just before press time. We'll have to bring you up to date in the next newsletter.

Noama Scarborough

A LETTER TO CARAL

Dear Friends;

First I must apologize for being so late in renewing my membership.

Just to tell you a little about our area with regard to abortion availability here (Labrador). There isn't any, we have to rely solely on the doctors at the local hospital to be heartfelt enough to refer a woman to St. John's, Nfld. This is not always reliable for when she gets there and goes before the committee she may still be refused. An example of this happened to a friend of mine two years ago and upon her return home another doctor from Nova Scotia told her of the services there. However after the expense of travelling to St. John's she was unable to go to N.S. She then thought of giving the child up for adoption however decided not to after she was born and is now trying to cope.

The only women I know of who have been successful in getting an abortion without a hassle from the medical advisors are those who can afford to travel to Dr. Henry Morgentaler's Clinic in Montreal.

In closing I have to say I am pleased with the work CARAL is doing and hope they win the fight for freedom of choice for the sake of women and children.

Yours in Sisterhood,

A member from Labrador

BOROWSKI UPDATE

In August, the Supreme Court announced their decision as to which court the Borowski challenge to the Federal Law will be heard. The case will be presented in the Saskatchewan Supreme Court. As we go to press, a court date has not been set.

NEW AFFILIATES

The following affiliates have recently joined the swelling CARAL ranks. We welcome these groups in the struggle for freedom of choice.

Unitarian Universalist Women's Federation

Maternal Health Society, Vancouver, B.C.

Citizens for Reproductive Rights, Moose Jaw, Sask.

Planned Parenthood Association of Edmonton

DIRECT MAIL UPDATE

Responses to our Margaret Laurence letter still come trickling in. To date the total gross figure is close to \$40,000.00. CARAL plans to continue using direct mail as a means of raising money for the defense fund against Borowski, as well as to enable us to supplement our operating budget.



Freedom of choice
Liberté de choix

FOR IMMEDIATE RELEASE

SEPTEMBER 23rd, 1982

72% OF CANADIANS BELIEVE ABORTION DECISION SHOULD BE WOMAN'S OWN

A Gallup Poll conducted for the Canadian Abortion Rights Action League (CARAL) in June 1982, found that 72.1% of those sampled agreed with the statement:

A decision on whether or not to perform an abortion should rest with the consenting patient and should be performed by a licenced physician in conformance with good medical practice.

23% disagreed. 77% of those aged 18-29 were in agreement. 75.2% of those aged 30-49 agreed and of those in the 50 and over age bracket, 65% agreed. Males and females were in equal agreement.

A majority of those sampled in the five regions of Canada were in agreement, with Quebecers most willing to see women in charge of the abortion decision and Maritimers least willing, although still having a majority in agreement.

A second question:

If abortion were made illegal in Canada again, women would still get them, met with agreement from 82% of respondents.

Norma Scarborough, President of CARAL, said the poll confirms what CARAL already knew, that Canadians consistently support the right of women to make the abortion decision. She said, "The laws simply do not reflect the wishes of the people."

....2

CARAL

2

SEPTEMBER 23rd, 1982

"The intense activity and shrill denunciations of the anti-abortion groups have given politicians and health care professionals a false impression of their actual numbers," she said. "We know Canadians believe women should have the right to decide if and when to bear children without interference by the state or by others who would impose their views."

"And," she said, "it is obviously clear to everyone that should opponents of abortion be successful in shutting down hospital abortion services, women will turn, once again, to illegal abortion at risk to their life and health."

Ms. Scarborough called upon federal and provincial governments to meet their responsibilities in providing access to legal abortion. "The federal government has consistently blamed the provincial governments for the lack of access, when it is their law which is the prime cause of the difficulties," she said. "At the same time, provincial governments, who are responsible for providing health care, have made absolutely no effort to fulfill their responsibilities where abortion services are concerned."

For complete Gallup Poll results send \$1.00

NEW HONORARY DIRECTOR

The CARAL Executive recently named Dr. Mary Conley as an honorary director. Dr. Conley is a family practitioner who lives and works in Victoria, B.C. She has worked tirelessly for reproductive rights. Dr. Conley introduced the cervical cap to Victoria as a method of contraception. She also performs abortions and has worked actively in all local hospital board election campaigns. We are honoured that she has officially joined us.

KAY MACPHERSON, CARAL HONORARY DIRECTOR RECEIVES ORDER OF CANADA

We congratulate Kay on being made a member of the Order of Canada. Kay's concern for women's rights and global peace spans many years. Her sense of humour and down-to-earth manner, coupled with her dedication to bettering the human condition, have been rewarded in this tangible way. Those who have worked with her know how richly she deserves the honour.

Feature Article

"The Politics of Abortion: Trends in Canadian Fertility Policy"

"Federal governments in Canada have always refused to pay the political price of a directly applied state abortion policy. This has meant that by default the doctors, and the hospital therapeutic abortion committees controlled by them, determined Canadian abortion practices. These practices largely serve the middle and upper classes and political elites."

The quote above is the introduction to an important article published by Atlantis*, the feminist scholarly journal that comes out of Halifax, in its Spring 1982 volume. In the words of the late author, Dr. Larry Collins,** the study, "The Politics of Abortion: Trends in Canadian Fertility Policy", "attempts to explain how the state managed to avoid, despite fierce public demand and controversy, establishing an equitable abortion fertility policy."

Based on extensive research (funded by a grant from the University Council for research at St. Francis Xavier University), the article puts forward a convincing case that in the controversy surrounding the

abortion issue in the last 20 years the primary concern of Canadian governments has been to maintain an evasive stance that would do them as little political damage as possible. "From the mid 1960s to the late 1970s, the state succeeded in containing the volatile abortion issue, as well as avoiding any substantive fertility policy, until reformist energies simply ran out of steam or were suffused into the political and economic conservation of the late 1970s. Then the federal government abandoned the issue, judging it safe to 'throw it into the streets'."

While couched in rhetoric and based on a particular view of how the Canadian "state" operates (with which readers may or may not agree), the Collins article is impressive in the way it pulls together government manoeuvring through the 1969 abortion 'reform', the creation and destruction of the Health and Welfare's Family Planning Division, the use of public interest groups on both sides of the issue, the Morgentaler challenge and the Badgley Committee on the Operation of the Abortion Law. The picture drawn is also entirely consistent with CARAL's experience with the federal government.

Collins first deals with the 1969 changes in the criminal code dealing with abortion. As he says,

"There is a widespread assumption, nurtured by government and the mass media, that in 1969 national abortion policy was reformed. In fact, the state has always maintained indirect control of abortion practices by keeping them illegal except under very limited circumstances. Before 1969, the government simply refused to enforce the Criminal Code's absolute ban on abortion against hospital-based doctors who maintained the polite fiction that they only performed abortions required on medical grounds...."

When political pressures in the 1960s forced the issue onto the national agenda, the state was forced to respond. Feminist and other activist reformers demanded open access to abortion. Pro-life groups, supported and guided by the hierarchy of the Roman Catholic Church, insisted that the government retain (and later reinstate) the absolute ban. Doctors were badly exposed and caught in the middle, since their abortion practices were the issue. The Canadian Medical Association sought relief by proposing a Criminal Code amendment to preserve its members' monopoly over the delivery of abortion services and to protect the doctors and their hospitals from legal

liability. The state, already in a delicate position, faced a dilemma.

The federal government's reaction was complex. It chose to give public symbolic support to the reformers, while also giving quiet reassurance to the pro-life movement. The government's strategy was to attempt to ensure that no effective state action would offend any faction. It legitimized the doctors' de facto autonomy and generally tried to steer the controversy away from the federal government and the governing party caucus. Without legalizing abortion, the 1969 reform law enshrined the rhetoric of reform while basically just legalizing established medical practices."

Collins goes on to show how the legislation supposedly permitting abortion in fact severely limited access to it and shifted responsibility for that access to doctors, hospitals and provincial governments. For example, since an abortion may legally be performed when a woman's life or health is endangered but the federal government has steadfastly refused to define what "health" means, it is left to the individual hospital therapeutic abortion committees to take the political brunt of making this decision.

The article continues with a detailed account of the farcical Family Planning Division of Health and Welfare, a 'lame duck' organization from its inception in 1970 to its effective dismantling in 1978. Apart from the limitations of its mandate (e.g., abortion would not be considered an acceptable form of birth control, and the Division could not initiate or promote birth control programs but only respond to requests for information), "the severe operational restrictions inhibited the FPD's effectiveness in reaching even its limited constituency" (primarily educational institutions and government departments). The Division maintained a low profile, was continually understaffed, censored possibly controversial material and responded slowly to requests for information. A series of checks ensured that FPD family planning grants went to noncontroversial projects which did not involve basic fertility questions or abortion referral. "Recipients whose projects attracted unfavourable press attention or irritated M.P.s by involving abortion referral were threatened with loss of financial support." And the Division never published the findings of the research completed under its auspices.

The failure of the FPD is well laid out in the article. However, the lengthy discussion also demonstrates exactly how "complex" the government's reaction was to mounting pressure on both sides of the

abortion question. Collins dismisses as "the most sophisticated and astute of the FPD's issue-containment operations" the simultaneous sustaining grants to the Planned Parenthood Federation of Canada and the Service de Regulation des Naissances (Serena), the latter being a group that advocated only the sympto-thermic method of birth control (the only method fully compatible with the teachings of the Roman Catholic Church). One might read such actions in several ways and it is a weakness of the Collins article that these grants are interpreted only as the government's sending reassuring messages to both sides of the contraception/abortion question. Throughout the article the "state" is treated as a monolithic, single-minded institution; all of the conflict is depicted as being among various public interest groups, none among elected representatives or in the civil service bureaucracy. From some of Dr. Collins' interviews alone, one can see that this was not the case.

Nonetheless, the government's evasiveness in the face of conflict is well depicted, as is the present situation.

"The controversy remains. The hard core of activist reformers is still as committed as ever, but without a large public following their efforts have shifted to the very local level. Today the conflict centres on individual hospitals where pro- and anti-

reformers battle each other for control of hospital boards, a matter safely outside the area of federal jurisdiction.

Enough middle- and upper-class women with the fortitude and money qualify for abortions under the 1969 law to keep pro-abortion groups weak and disorganized. At the same time, anti-abortion activists are mollified by the federal government's withdrawal from the area of contraception and because abortions remain illegal except under restricted circumstances. The Canadian Medical Association retains control over abortion delivery, while individual medical practitioners continue to diffuse responsibility on to abortion committees and hospitals. Finally, the federal and provincial governments can each serve up the other as the whipping boy should some pressure group demand action. Working-class women and those isolated in rural areas are left to fend for themselves and to do what they have always done."

The only significant change since Collins wrote these words is that the Borowski case is forcing abortion back onto the federal agenda; it will be interesting to see how they handle it on this go-around.

Footnotes

*Atlantis can be obtained for \$10.00 a year on subscription. Write to Mt. St. Vincent University, 166 Bedford Highway, Halifax, N.S. B3M 2J6. CARAL will send you the Collins article for \$1.00, to cover copying and mailing costs. Be sure to include your name and mailing address.

**Dr. Collins died before the article was finished; it was edited by his friend, Dr. Donald Higgins of St. Mary's University.

Across Canada

BRITISH COLUMBIA

Lion's Gate Hospital - A Victory

Two members of the Lion's Gate Hospital board of directors who are seeking to have the hospital's pro-choice abortion policy ruled invalid in the courts were defeated September 1st in a bid for re-election. George Carruthers and Michael Whelton began legal action against the hospital's therapeutic abortion committee in June. They asked the Federal Court of Canada to declare illegal those abortions performed between September 1979 and December 1980.

The hospital policy of allowing therapeutic abortions now has the unanimous support of the hospital's board of directors, as pro-choice candidates swept all four of the board's vacant seats.

The LGH board elections have been a battleground between pro- and anti-choice groups in recent years. The pro-choice lobby has won a majority of board seats during the last three years. However the margins are getting slimmer, with less than 200 votes separating winners and losers this time compared to a 4-1 majority for pro-choice candidates in 1980.

But at Victoria General in Victoria anti-abortion candidates have captured all of the 9 elected seats on the 13-member board. No abortions have been performed there since January because the medical staff refuses to submit to the strict guidelines which the Board wished to impose. All abortions in Victoria are now performed at Royal Jubilee Hospital.

Langley saw four anti-choice candidates elected to the hospital board on September 21. And in Chilliwack, on the same day, all positions on the hospital board were won by anti-choice candidates. A group of pro-choice citizens in Chilliwack is beginning to organize for the first time. Let's hope the silent majority begins to be heard at last. Chilliwack Citizens for Choice can be reached at P.O. Box 134, Sardis, B.C. VOX 1Y0

CARAL Victoria and other pro-choice groups and individuals have decided to turn their attention to promoting the establishment of clinics where first trimester abortions would be done. These clinics, as envisioned by the coalition working to establish them, would encompass contraceptive services as well.

CARAL Victoria and Concerned Citizens for Choice on Abortion have sponsored meetings with Dr. Morgentaler as guest speaker.

SASKATCHEWAN

Moose Jaw The situation at Moose Jaw Union Hospital continues to be stalemated with the Board waiting to hear the results of a "study" by the anti-abortion Minister of Health of that province. The Board asked the Minister to approve their hospital for doing therapeutic abortions even though Jean Chrétien, when he was Minister of Justice, said he did not think the hospital was in contravention of the law. (The hospital does not have obstetrical services. These are at the Catholic hospital.)

Graham Taylor, Saskatchewan Health Minister has threatened to cut medicare funding for abortion.

Saskatoon

A coalition of pro-choice supporters has formed and is beginning to

organize to combat the deteriorating political and medical situation. In September Dr. May Cohen, a CARAL Honorary Director, met with the coalition to discuss ways of fighting the anti-abortion policies of the Saskatchewan government.

It is becoming increasingly difficult for family physicians to refer their patients for medicare-covered procedures and late abortions are practically non-existent. Consequently more and more women are leaving the province to get their abortions (if they can afford it). Otherwise they are forced to continue an unwanted pregnancy. Just such an instance was reported to us by a family physician in Regina whose young patient could not afford to go to the United States for a late abortion and who could not be referred in Saskatchewan because of lack of facilities.

Prince Albert

An anti-abortion group in Prince Albert has been successful in convincing the Board of Trustees of Victoria Union Hospital there that since they do not have an obstetrical unit they may be in violation of section 251 of the Code. The Board disbanded the Therapeutic Abortion Committee on August 1. Obstetrical services are in the Catholic Hospital Holy Family.

U.S. SEX EDUCATOR SUES SASKATCHEWAN M.L.A.

American sex educator Dr. Sol Gordon has filed a libel suit against a recently elected Conservative M.L.A. Gay White Caswell.

Dr. Gordon was in Saskatchewan in June 82 to take part in a Resource Fair on Sexuality. He claims that a letter Caswell wrote to Saskatoon City Council implied that he was a pornographer and that he promotes moral confusion, pregnancy and sexual experimentation resulting in suicide. Gordon is claiming in excess of \$40,000 damages.

ONTARIO

U.S. ANTI-ABORTION PROTESTANT GROUP SETS UP IN TORONTO

The Christian Action Council, a Protestant anti-abortion movement in the U.S., has established its first chapter in Toronto. Its director is a Presbyterian Minister, Rev. Howard McPhee. Said Rev. McPhee "Catholics have carried the ball too long by themselves without support and its is time the Protestant voice was heard."

COALITION FORMED TO SUPPORT FREE STANDING ABORTION CLINICS

The deteriorating situation regarding access to OHIP-covered abortions in Toronto has prompted a renewed

call for the establishment and legalization of free-standing abortion clinics in Toronto and the province generally.

Young women and poor women are the hardest hit by the decline in services.

- Difficulties are exacerbated by
- the quotas imposed on hospital clinics and private gynecologists
 - the unwillingness of some hospitals to increase their quotas (ie Women's College Hospital recently refused to increase the number of clinic abortions from 3 to 6 a week.)
 - the decision by Toronto Western hospital to stop doing saline abortions entirely.
 - the fact that only gynecologists do abortions in Ontario and most are opted out of OHIP. The cost of an abortion in Toronto can be \$300. of which the woman is reimbursed less than a third.
 - the two and a half to three week wait between the initial contact with a referral agency or clinic and the appointment to have the abortion.
 - the unwillingness of certain communities to provide this aspect of health care. (ie women and girls from Mississauga are routinely referred to downtown hospitals.)
 - the overloading of facilities in Toronto. (In 1980 3,000 of the 16,000 abortions performed in Metro were for women from other areas of Ontario.)

A coalition of health, community and women's groups and individuals has been formed to inform the public of the need for clinics and to convince the provincial government that such clinics are long overdue. Of course CARAL is part of that coalition.

A public meeting in support of clinics will be held Thursday Nov. 18 at OISE 252 Bloor St. W. Toronto

Dr. Henry Morgentaler has said that he is prepared to open a free-standing clinic.

TORONTO'S WOMEN'S COLLEGE HOSPITAL ADMITS ITS PROGRAM ON SEXUALITY FOR TEENAGERS IS ANTI-ABORTION

In the annual report on the High School education programme for grade eleven students, Dr. John Taylor, co-ordinator of the programme says that "pro-choice presentations are left out of our sessions by choice because we feel that this approach is inconsistent with our overruling theme of RESPONSIBILITY." (emphasis theirs)

In other words, the doctors at Women's College Hospital equate pro-choice views with irresponsibility! This is not surprising when one sees that the section on abortion is presented by Dr. Heather Morris one of the founders of the anti-abortion movement in Toronto. Dr. Morris tells the students that abortion is killing

and that if any of them should get pregnant by accident they should continue the pregnancy and give the baby up for adoption. She shows a film which was made by the Right to Life Association called "Two is a Crowd" which contains inaccurate information about abortion and which equates a decision to abort with selfishness on the part of women.

After this presentation, the students are sent away with four pamphlets provided by the anti-abortion organization Right to Life. About 2,000 students annually pass through this ill-conceived and biased presentation. A captive audience for the anti-abortionists. A shocking lack of sensitivity to the community by the hospital. Nowhere in the programme are the consequences of teenage childbearing discussed. Contraception is only dealt with in the question and answer period.

Mississauga

A small item in the Catholic Register indicated that Mayor Hazel McCallion had declared October 2nd to 9th as Respect for Life Week. On investigation by CARAL it became clear that the RIGHT FOR LIFE COMMITTEE were using her name without full endorsement. She admitted that she agreed with the concept but could not endorse or make a proclamation without full support from council. This support did not come: according to the Mayor there were 2 definite

nos, 3 questioning the endorsement, 1 yes and the others provided no comments. This implies that the anti-choice groups in Mississauga are running into city council opposition but are using the Mayor's personal agreement with the concept as a means to declare that Respect for Life week has been proclaimed by the city. Be aware that this may be happening in your community. Your mayor and councillors should be aware that their names are being used for endorsement without their knowledge.

CAMPAIGN LIFE SMEAR ATTACK FAILS

In the Broadview-Greenwood Federal by-election, the anti-abortion group, Campaign Life, put a flyer in every door the weekend before voting day. The flyer described Lynn MacDonald, NDP candidate, as a "radical feminist" and a "pro-abortionist" and urged voters to defeat the "pro-abortion NDP."

Lynn won by about 2,000 votes. The other candidates were disgusted with Campaign Life's tactics and disassociated themselves from them.

St. Thomas

Anti-abortionist Terrance Horton has brought a suit against the St. Thomas-Elgin Hospital for passing a bylaw in 1978 to prevent single issue anti-abortion candidates from taking over the hospital board. Mr. Horton was one such candidate.

Horton's lawyer called the bylaw "unconscionable and oppressive". No judgement has been rendered as we go to press.

NEW BRUNSWICK

Last newsletter we told you about the decision by Moncton City Hospital to stop doing abortions. Since then, community groups have been organizing to reinstate the therapeutic abortion committee that hospital. Petitions are being circulated and are being well-received. As one organizer of the petition put it: "Everyone you speak to will sign. There's no problem at all." The hospital decision is pending.

At a recent meeting of the New Brunswick Advisory Council on the Status of Women, the members voted to take a pro-choice position and to publicize that position.

DR. MORGENTALER ON CROSS-COUNTRY TOUR

Dr. Henry Morgentaler has undertaken a cross-country tour to publicize his new book Abortion and Contraception (General Publishing, Toronto).

Dr. Morgentaler will be speaking to pro-choice groups and CARAL chapters during his tour.

CANADIAN LABOUR CONGRESS RESOLUTION ON ABORTION

WHEREAS it should be the fundamental right of each woman to choose when and if she will bear children: and
WHEREAS present Criminal Code restrictions affect the legality and availability of abortions, and highly organized campaigns are underway to further limit the right to choose: and
WHEREAS two-fifths of the population of Canada lives in communities not served by hospitals eligible to perform abortions: and
WHEREAS there is not a safe and effective method of birth control for each woman:
THEREFORE BE IT RESOLVED that the C.L.C. endorse a woman's freedom of choice by supporting the right of women to full access to abortion: and
BE IT FURTHER RESOLVED that the C.L.C. demand the removal of abortion from the the Criminal Code: and
BE IT FURTHER RESOLVED that the C.L.C. demand that free-standing medical clinics providing abortions fully covered by provincial medical plans be established: and
BE IT FURTHER RESOLVED that the C.L.C. reaffirm its policy on sex education, family life education and birth control.

Have you written a pro-choice letter to your M.P. recently?

UNITED STATES

U.S. SENATE DEFEATS ANTI-ABORTION BILL

On September 15, the U.S. Senate voted 47 to 46 to table a proposal by Senator Jesse Helms of North Carolina which would have severely restricted a woman's right to abortion.

The tabling effectively kills the bill which would have permanently banned the use of federal funds for abortions and would have encouraged legal efforts to reverse Supreme Court decisions permitting abortion in the first 3 months of pregnancy.

President Reagan had thrown his weight behind the bill, but pro-choice supporters were able to lobby effectively and the senators responded to the majority wish.

Senator Packwood, one of the leaders of the filibuster against the Helms amendment, said "By any measure of public opinion, people are 2 to 1 in favour of a pro-choice position on abortion."

It is likely, however, that the U.S. congress will continue to restrict the use of federal funds to pay for abortions through medicaid thus perpetuating inequality and forced motherhood for poor women.

Anti-abortionist Orrin Hatch of Utah agreed to delay until next year a floor debate on a proposed

constitutional amendment that would allow states to pass legislation restricting abortion.

NEW RESTRICTIONS IN INDIANA

A law in Indiana now requires doctors who perform abortions on women under 18 to notify the patient's parents. Doctors can be fined \$10,000 and be jailed up to 8 years if they fail to do so. Women under 18 who are either married or living on their own are not subject to the law.

NUNS OPPOSE EFFORTS TO RESTRICT ABORTION

The National Coalition of American Nuns opposes the efforts of Roman Catholic bishops to overturn the 1973 U.S. Supreme Court decision allowing abortion.

Sister Donna Quinn of Chicago, president of the organization, said the nuns were opposed to any bill or amendment about it and that they consider it a matter of conscientious moral choice for women to make. The nuns continue to oppose abortion but say it should remain "within the realm of women's morals to make the choice."

ARE YOU MOVING? WE DON'T WANT TO LOSE YOU. SEND US YOUR CHANGE OF ADDRESS. THE POST OFFICE HAS FREE CARDS FOR THIS PURPOSE.



Freedom of choice
Liberté de choix

September 22, 1982

The Hon. Mark McGuigan, M.P., P.C.
Minister of Justice
House of Commons
Ottawa, Ontario

Sir:

The coincidence of your appointment to the Justice Portfolio and the Joe Borowski challenge to the law on abortion, is a matter of profound concern to those of us who believe in the right of women to safe, legal abortion.

While we expect that the Minister of Justice would fulfill his responsibility to all Canadians, we have had the experience in the past of a Minister of Justice who would not separate his religious views from his political responsibilities.

Your past record of opposition to women's right to safe, legal abortion is well known. Therefore, we are writing to remind you that the Canadian people overwhelmingly support the right of women to make the abortion decision and to have access to safe, legal abortion.

A recent poll conducted by Gallup for our organization found that 72% of Canadians agreed with this position.

We seek your assurance that, as Minister of Justice, you will vigorously oppose attempts to strike down those subsections of section 251 of the Criminal Code which permit abortion under some circumstances, and further, that you will ensure that the legislation is equitably applied so that all Canadian women have access to safe, legal abortion should they need it.

Yours truly,

Norma Scarborough
President

cc
Rt. Hon. P.F. Trudeau
Rt. Hon. Joe Clark
Ed Broadbent, M.P.
Svend Robinson, M.P.
Margaret Mitchell, M.P.
Pauline Jewett, M.P.
Hon. Flora MacDonald
Pat Carney, M.P.

WAS DRED SCOTT A FOETUS? REFLECTIONS ON A FALSE ANALOGY

One of the more fanciful "arguments" used by anti-choice partisans to defend anti-abortion laws goes like this: In 1857, the U.S. Supreme Court ruled that an escaped slave, Dred Scott, was in effect not a person, but the property of his master; so too, today, a foetus is not considered to be a person but the property of the mother (to be). Just as the master had life-or-death power over the slave, so a pregnant woman seeking therapeutic abortion is exercising a similar power. And, just as the law had to be changed to recognize the personhood of the slave, so it must be changed to do the same for the foetus.

False parallels, cleverly expressed, have a rhetorical elegance which can disguise their utter lack of content. This is almost a classic of the genre. Note the dangerously open-ended nature of this kind of argument-by-analogy: the Personhood of anything can be "proven" this way. The logical fallacy is clear - such arguments assume as true the very thing they are trying to prove. Radical vegetarians, for example, could make an identical claim for the personhood of the farm animal. It is, after all, not considered a person, but the property of its owner - just like Dred Scott. Yet didn't the Emperor Caligula make his horse a consul?

For the sake of discussion, though one might propose another analogy: that between the unwillingly pregnant woman and the slave. There are many real points of similarity here. The slave is forced to produce unwillingly; the woman is forced to reproduce unwillingly. Neither the slave nor the pregnant woman have the legal right to control their own bodies.

In brief: Dred Scott has nothing to do with the debate about the personhood of the foetus because his personhood or non-personhood doesn't prove or disprove the personhood of anything else. A better analogy is that between the unwillingly pregnant woman and the slave, although that analogy, too, is imperfect: the slaves were freed, their personhood at last explicitly recognized in law., whereas emancipation of women remains a dream so long as legal restrictions on therapeutic abortion persist.

The privacy of both is denied by the state. Both must seek a dangerous underground railroad to reassert their freedom. Both, one could conclude, are persons whose full personhood is legally denied. And only by repealing or preventing such legislation are the chains of servitude finally broken.

Christmas is just around the corner and with it the worry of what to give that special person. Why not a unique gift and one that lasts a full year - a membership in CARAL.

CANADIAN MEDICAL ASSOCIATION TO
SURVEY DOCTORS ON ABORTION

A survey involving questionnaires to all obstetricians and gynecologists as well as a sampling of 20% of the organization's family doctors will ask physicians opinions on abortion, abortion legislation, experience with patients' requests for abortions and experience with Therapeutic Abortion Committees. A policy resolution based on the results of this questionnaire will go before the annual meeting in 1983.

Why not welcome Mark McGuigan to his new portfolio with a Pro-choice letter?

Abortion is illegal in Canada

STAND UP AND BE COUNTED

Sometimes we at CARAL are also guilty of misleading people. For example, when we talk about the possibility of abortion being made illegal again, we are simplifying the issue, going along with the popular misconception that abortion was made legal in 1969.

The fact is that ABORTION IS ILLEGAL IN CANADA, EXCEPT IN CERTAIN LIMITED CIRCUMSTANCES. Abortion is still a crime under the Criminal Code.

So if you're pregnant and don't want to be, you'd better be lucky enough to have access to a hospital with a therapeutic abortion committee (only about 1 in 5 hospitals do) and one that will decide that you warrant an abortion under their criteria. Or you'd better have enough money to be able to go somewhere else.

This may sound like an exaggeration with an estimated 65,000 abortions being done in Canada annually - but it's not. Unfortunately we have no idea of the numbers of women who are bearing children unwillingly or still having illegal abortions because they have no options. But we do know that one Toronto hospital clinic receives 75 telephone requests for abortion every day - the clinic only does 35 abortions a week. And we do know that teenage pregnancies are described as occurring in epidemic proportions, while governments continue to evade responsibility for ensuring that people have the information and means to control their fertility.

If you have been forced to have an illegal abortion, you know exactly what we're fighting for. If you were 'lucky' enough to have had access to a legal one, think of those others.

To date we have received a good response but we haven't reached our target. Please try to circulate the petition wherever possible.

STAND UP AND BE COUNTED

I have had an abortion. I publicly join thousands of Canadian women in demanding repeal of all laws that restrict our reproductive freedom. I understand that my name may be used, with others, in a petition to the federal and provincial governments and in advertising of our stand.

Name: _____

Address: _____

Signature

SEND TO CARAL, P.O. BOX 935, STATION Q, TORONTO, ONTARIO M4T 2P1

CARAL SLIDE-TAPE SHOW AVAILABLE FOR RENTAL

Nine-minute show includes 99 slides in a 35 mm. carousel slide tray and a cassette tape of the sound track. The tape has both audible and inaudible signals for use either in automatic advance AV cassette recorders or manually with any cassette recorder. The show is to be used with a 35 mm. carousel-type projector and a cassette tape recorder.

COST: \$10.00 plus postage and insurance.

TAPES MAY BE RENTED FOR TWO WEEK PERIODS OR BY SPECIAL ARRANGEMENT

PLEASE USE THIS ORDER FORM OR CALL THE NATIONAL OFFICE AT 1-416-961-1507

NAME OF ORGANIZATION OR INDIVIDUAL _____

NAME & ADDRESS WHERE TAPE TO BE SENT _____

TELEPHONE NUMBER OF CONTACT PERSON _____

DATE SLIDE SHOW NEEDED _____ DATE TO BE RETURNED _____

PAYMENT ENCLOSED \$ _____ BILL ME FOR POSTAGE AND INSURANCE