

# PRO-CHOICE NEWS SUMMER 1985

*A National Forum  
of news and opinion  
on abortion rights*

## PARLIAMENTARY COMMITTEE HEARS FROM CARAL ON EQUALITY

Canada's abortion law violates all of the equality guarantees in the *Charter of Rights and Freedoms*, CARAL told the Parliamentary Committee on Equality Rights in June.

The Committee, which has been holding public hearings across the country following the coming into force of s. 15 of the *Charter*, heard CARAL National's brief from Norma Scarborough in Toronto. CARAL chapters and women's groups supporting choice gave evidence of the equality violations in hearings in Edmonton, Regina, Winnipeg, Ottawa and Halifax.

Scarborough told the Committee that the government's proposal to change the wording of s. 251 of the *Criminal Code* (the abortion law) to apply to "persons" rather than to "female persons" would be a ludicrous attempt to mask discrimination.

"The fact is that only women can have abortions, as only women can become pregnant. Our law discriminates by limiting a woman's right to control her fertility. A man suffers no such restrictions on his reproductive choice," Scarborough said.

"Further, the law treats a medical procedure that pertains only to women in a way it treats no other medical procedure. Any man is free to decide on medical treatment in consultation with his physician, but a pregnant woman has no such freedom in making the abortion decision; if she can gain access to a hospital with an abortion committee, a group of strangers will decide her future."

Scarborough went on to say that to the extent that any benefit is conferred by the law, in that some women can get legal abortions, it is conferred unequally. The widely differing abortion rates and numbers of therapeutic abortion committees across the country are evidence of this inequality of benefit.

The law ensures inequality in its operation, the Committee heard, by failing to provide that any therapeutic abortion committees will exist or that any hospitals will perform abortions. The law says that for an abortion to be approved a TAC must certify that the continuation of the pregnancy would or would be likely to endanger the woman's life or health. But the law does not define health, resulting in a vague standard being applied differently from hospital to hospital and even from week to week as committees rotate.

CARAL also objected that the law's requirement that abortions be performed only in hospitals means delay, increased risk to health and often the necessity of women leaving their communities to seek an abortion.

Scarborough pointed out that in Quebec, where the federal law has been ignored since three juries refused to convict Dr. Morgentaler in the 1970s, women can obtain safe abortions in doctors' offices, women's health clinics and community health clinics.

CARAL recommended that s. 251 be repealed or, at the least, that the hospital and TAC requirements be removed from it and the World Health Organization definition of health be added. National also recommended that the federal govern-

ment should require that the provinces provide access to abortion and that federal transfer payments should be tied to the provision of service.

The brief was greeted favourably by M.P. Mary Collins (PC-Capilano), who noted that a recently released public opinion poll showed that the majority of Canadians favour choice on abortion. Collins and other committee members had questioned pro-choice advocates in other cities as to whether they thought the time was appropriate to push for change.

M.P. Svend Robinson (NDP — Burnaby) told CARAL he agreed that the abortion law discriminates against women and that he had recently tabled a private member's bill to repeal the abortion provisions in the *Criminal Code*.

Chairman Patrick Boyer (PC — Etobicoke-Lakeshore) absented himself during Scarborough's presentation. In Halifax he had suggested that s. 15 of the *Charter* might be used to argue for the rights of fetuses.

**Readers can obtain a copy of CARAL National's brief by writing to the Toronto office and enclosing \$1 to cover printing and postage costs.**

### Introducing: PRO-CHOICE NEWS

With this issue we introduce a new name and a new look for CARAL's Newsletter. Henceforth, it will be known as *PRO-CHOICE NEWS: A national forum of news and opinion on abortion rights*. We believe this more accurately conveys what the Newsletter has become. Those of you who are long-time CARAL supporters will know how much the Newsletter has changed over the years. Your input has been helpful to us throughout this process. We hope that your continued support and our ongoing efforts to improve the quality of *PRO-CHOICE NEWS* will enable us to reach an even wider audience.

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Looking at the actions and statements of various provincial and federal politicians and comparing them with the results of the opinion poll reported on in this issue, it certainly appears that our elected representatives are less prepared to trust women with the abortion decision than ordinary Canadians are.

Over the last two years the Saskatchewan government has been actively involved in restricting access to abortion in that province. In this issue you will read about their latest attack on legal abortion, a bill that seems designed to try to frighten women out of having abortions and/or to impede their doctors to the point where they give up doing the procedure.

If the bill becomes law, women wanting an abortion will have to endure detailed descriptions of "the probable physiological and anatomical characteristics of the unborn child" and of the abortion procedure. If informed consent is really the aim of this bill, shouldn't it require that women be informed about the risks of pregnancy and childbirth?

In Nova Scotia, Premier Buchanan has threatened any cabinet member who disagrees with his stand against abortion clinics with expulsion from the cabinet. In P.E.I., a CARAL proposal that the government cooperate with Dr. Morgentaler in opening a clinic was turned down flat.

When pro-choice groups made presentations to the Parliamentary Committee on Equality Rights, which toured the country in May and June, some of the Committee members questioned whether the timing was right to push for change. They clearly indicated that they feared their colleagues in Parliament would move to a more restrictive law if the issue were raised at all.

In the recent opinion poll conducted by *The Globe and Mail* newspaper, over half of those surveyed agreed that every woman who wants an abortion should be able to have one. This is a great response! In the face of a law that indicates that our political leaders don't trust women to make reasoned, moral decisions about abortion for themselves, over half the population is prepared to say they dis-

agree. An even higher proportion want the abortion procedure to be more accessible.

The Committee on Equality Rights now has an opportunity to educate their Parliamentary colleagues, both about what Canadians are saying on the abortion issue and about the ways in which the abortion law violates women's equality rights. It is their duty to take this advocacy role and we will be watching for their report.

In the meantime, you can assist this process by once again, or for the first time, letting your M.P. know that you support safe legal abortions for women who make these decisions.

*Norma Scarborough*

# Poll Finds Majority Favours Choice

Another opinion poll has found that the majority of Canadians favour choice on abortion. The poll, which was conducted for *The Globe and Mail* newspaper and released in June, found that 53 percent of Canadians surveyed agreed with the statement: "Every woman who wants an abortion should be able to have one."

A larger majority (60 percent) thought the government should ensure that there are abortion facilities in areas where hospitals do not currently perform abortions. Forty-three percent of respondents favoured allowing abortions to be performed in medical clinics as well as in hospitals.

"This is quite a good response, considering the lack of familiarity Canadians have with clinics that perform abortions," said Caroline Lindberg, CARAL national coordinator. "People are not well-informed about their advantages and most people automatically think of hospitals for any kind of surgical procedure."

"The jury acquittals of Dr. Morgentaler indicate that when people are educated about clinics they are supportive of having early abortions performed in them," Ms Lindberg told a television reporter.

The minority that opposed abortion in all cases was no greater than 4 percent, and even those who would oppose abortion if a woman's health is at stake represent only 16 percent of Canadians. *The Globe and Mail* (June 15) reported that "Atlantic Canada is the only region where opposition to freedom of choice is higher than support." But the survey found that opinions on abortion were more closely related to education, income and size of the community in which respondents lived than to the region of the country.

Support for the freedom of choice position climbed to 62 percent among those with post-high school education. Respondents in the higher income groups and those living in larger communities tended to be more supportive of choice.

The age group that is most likely to be personally affected by abortion (18 to 29-year-olds) were also the most favourable; 58 percent of them agreed with the statement, as compared with 41% of the respondents over 60 years of age.

In response to further questions about when a woman should be able to obtain a legal abortion, 78 percent of those surveyed thought it should be possible if the abortion has been approved by a therapeutic abortion committee; 87 percent approve if the woman's health is endangered; 93 percent approve if the woman's life is endangered.

The *Globe* report also stated that, "Religious differences on access to abortion are not as great as might be expected." Sixty percent of Protestants and 57 percent of Catholics surveyed favoured increased access to abortion facilities. While more Protestants agreed that a woman should be able to obtain an abortion when she wanted one, a high proportion of Catholics (47 percent) also took this position.

## YWCA AWARDS CARAL PRESIDENT

CARAL President Norma Scarborough has been given the 1985 Woman of Distinction award for community service by the YWCA of Metropolitan Toronto. In giving the award, the YWCA cited Norma's fight for women's freedom of choice.

As well as her work in ensuring access to abortion for Canadian women, which includes being a founding member of CARAL, Norma has been an executive member of the National Action Committee on the Status of Women. For several years she has sat on the steering committee on the status of women for the board of education she works for. In fact, she was nominated for the award by the high school principal's association in the district.

We at CARAL are very proud of Norma and are gratified by the recognition of her contribution.



Norma Scarborough congratulated at YWCA awards dinner

## Remembering Illegal Abortion – Can You Help?

In her book *Bronx Primitive* (Harper and Row, 1982), author Kate Simon tells the story of Dr. James, who the children only saw leaving their houses as they returned from school and whose visits left their mothers "resting" in bed.

After Simon became an adult, she discovered that Dr. James, a member of a famous intellectual family and a prosperous, well-known physician, had spent his retirement years as an abortionist to the poor immigrant women of the Bronx.

For these women, as Simon says, "...there was no sex information, no birth-control clinics, nothing but knitting needles, hat pins, lengths of wire, the

drinking of noxious mixtures while they sat in scalding baths to prevent the birth of yet another child."

Some of these women died from the infections caused by these abortion methods. Dr. James devoted himself to saving the lives of poor women by performing safe abortions for them.

According to Simon, even the authorities knew what he was doing and mostly left him alone. Occasionally he would be arrested and a few phone calls would bring his colleagues flocking to court to protest and argue until he was released.

Several years before her death, Simon's

mother confided that she had had 13 abortions and that her last child had been born because Dr. James thought another abortion would be too hazardous.

We know that many Canadian women have had illegal abortions. Some of you who responded to our supporters' survey last year told us you, or someone you knew, had had such an experience.

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, 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 Leslie Pearl, Childbirth by Choice Trust, 40 St. Clair Avenue East, Suite 310, Toronto, Ontario, M4T 1M9 or call (416) 961-1507.

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

### PRO-CHOICE NEWS

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The purpose of CARAL is to ensure that no woman in Canada is denied access to safe legal abortion. Our aim is the repeal of all sections of the Criminal Code dealing with abortion, and the establishment of comprehensive contraceptive and abortion services, including appropriate counselling, across Canada.

# MORGENTALER APPEAL HEARD BY ONTARIO COURT

Five justices of the Ontario Court of Appeal have reserved their decision in the appeal from the jury acquittal of Drs. Morgentaler, Scott and Smoling. Judgment is not expected until the fall.

Two and a half weeks before the commencement of the appeal, a coalition of anti-choice groups applied to the Chief Justice for leave to intervene in the hearing. The Catholic Women's League of Canada, the Hamilton Right-to-Life Association, the Alliance for Life and the Coalition for the Protection of Human Life sought permission to raise issues concerning the selection of the jury. The process of jury selection was not impugned by the Attorney General, and counsel on his behalf opposed the coalition's application. Morris Manning, counsel for the doctors, also argued that the coalition was not entitled to intervene. The application was dismissed.

## Crown Says Harm "Insignificant"

On April 29 the hearing of the appeal commenced. Counsel for the Attorney General of Ontario argued that the defence of necessity was unjustified and should never have been put to the jury. Jim Blacklock suggested to the court that the risks which increase with each week of delay are not a sufficient threat to a woman's life or health to constitute the kind of emergency required by law if the defence of necessity is to apply. Saying that any harm inflicted by delays is "insignificant", he argued that the women who went to the Morgentaler Clinic could have reapplied to a hospital committee or gone to the U.S.A. Morris Manning argued on

behalf of the doctors that a woman in an unwanted pregnancy is in an emergency situation. Mr. Justice Dubin's reply was "Who says that?"

The prosecution also argued that Morris Manning's address to the jury was improper because it invited the jury to disregard the law. Crown counsel at the trial did not object to the remarks.

## Judge Claims Balance in Law

Morris Manning, in his argument, attacked the federal law on abortion as unconstitutional. He also challenged the power of the Crown to appeal jury acquittals, as a violation of the *Charter of Rights and Freedoms*. The Court of Appeal questioned Mr. Manning extensively about the basis for the necessity defence and also suggested that the law was a compromise between the rights of women and protection of fetuses. In Mr. Justice Dubin's words "Parliament has tried to balance the interests of the unborn child with the health of the mother."

## Defence Arguments Rejected

Because it did not require the Crown to respond to arguments that the prosecution of Dr. Morgentaler was an abuse of process and that the abortion law represents cruel and unusual punishment contrary to the *Charter of Rights*, the court evidently rejected these arguments.

In responding to some of the other issues raised by Morris Manning, Counsel Bonnie Wein maintained that the right to an abortion is not a concept rooted in

Canadian tradition, and that the "moral purpose" of s. 251 is protection of the unborn. She argued against any right to privacy being implicit in the *Charter* and she also argued that inequalities of access are irrelevant as far as the law is concerned. Mr. Justice Dubin seemed to concur with Ms Wein's argument that women do not have a "right" to abortion in Canada.

She also told the five judges that s. 251 does not constitute infringement of the right to freedom of religion or conscience nor does it contravene s. 15 of the *Charter*, which says that everyone is equal before the law and would prohibit discrimination on the basis of sex. She said the law is "not a true gender discrimination, but a discrimination based on biological necessity."

## Manning Urges Charter be Invoked

Arguments in support of the law were also advanced by Arthur Pennington, on behalf of the Attorney-General of Canada. Mr. Pennington's submissions emphasized the interests of the fetus.

Mr. Manning, in his submissions, pointed out that lawyers for the Crown appeared to have misunderstood his earlier arguments. "The question is not whether there was a right to an abortion, but whether there should be a right to an abortion," he said. He urged the court to invoke the *Charter of Rights and Freedoms* so as to recognize such a right.

(continued on page 5)

# "You Told Us..."

*Contributions to the Pro-Choice Defence Fund often come with letters to us or Dr. Morgentaler. They cheer us on and offer insight into people's commitment to the pro-choice struggle. Some of them touch us deeply. We offer you some excerpts from these letters.*

"Dear Dr. Morgentaler:

I saw you skiing a few weeks ago and I wanted to go up and shake your hand. However I decided to let you enjoy your day in peace, and I didn't want to draw attention to you in case your opponents were present.

Please keep fighting for what we all believe in, and know that we're behind you!"

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"I am eighty years old but I have a vivid memory of the dread and resentment that shadowed many a good marriage because of the prospect of unwanted pregnancy. Until we have better methods of birth control, the safe abortion is important and necessary. No child should be born of a bitterly resented pregnancy."

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## Morgentaler Appeal

(continued)

A few days after the conclusion of the appeal, Ontario Coalition for Abortion Clinics staged a mock theatrical display in front of the courthouse. Demonstrators, wearing courtroom gowns, reenacted portions of the appeal, interspersing satirical commentary.

Should the court decide to allow the Crown's appeal, it would order a new trial. Drs. Morgentaler, Scott, and Smoling would have the right then to appeal to the Supreme Court of Canada. If the Court unanimously strikes down the abortion law, or simply dismisses the Crown's appeal, the prosecution could seek leave to take the matter to the Supreme Court. If a judge of the Court of Appeal dissented on a point of law, the Crown would then not require leave in order to appeal to the Supreme Court.

"I recently became pregnant for the first time and I'm thrilled about it. Thankfully there are people like Henry Morgentaler to help those women who are not."

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"I really appreciate and admire Dr. Morgentaler's courage and that of the people working with him. I am presently seeking an abortion in Alberta and am really worried about the legal procedures I will have to go through. I find it extremely humiliating to have to ask permission from "authorities" on an issue that affects me, my body and my future. If I am refused an abortion, I and only I will have to face the consequences, like losing a job, depression on account of this, having to use up my savings and then fall back on welfare, i.e. living in poverty."

\*\*\*

"I have been part of the large and silent majority of women in this country who are pro-choice but preferred to let others more capable, more eloquent, and more courageous do our fighting for us. No longer! After seeing "The Silent Scream" and all its distortions and after observing the harassment and slander that many people (the doctors, nurses, and women who run and use the clinics) must endure. I feel it is time I start to actively support the pro-choice movement."

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"In the past 10 years that I've worked in the travel business I've ticketed many young women who fly to Seattle (from Edmonton) for a weekend. They get a few days notice, end up in a cheap hotel close to X hospital. Tell me, what are they going for? They are scared to death, have never travelled, and spend \$300 to fly down, plus hotel, meals, and "spending money". It's a good guess why they go down. Stupid isn't it?"

## Callwood Honoured by F.S.A.

June Callwood, noted journalist, community activist and CARAL honorary director, was honoured in April by the Family Service Association of Metro Toronto for her contribution to families. Our congratulations for the well-deserved recognition.

## NEW CARAL CHAPTERS

We are delighted to welcome two new chapters to the fold:

CARAL/ Niagara (Ontario)  
CARAL/ Fraser Valley (B.C.)

If you live in either of these areas, please find the address for your chapter on the back of this newsletter and make contact with them.

"I am a practicing registered nurse, a graduate of 1954 who remembers vividly the deaths of young women as a result of backroom abortions arriving too late at hospital for any of us to reverse their conditions.

In 1956 I wore the 'shoes of the fisherman'. Pregnant, unmarried. The horrors of the above fresh in my mind I chose to marry. I've had a happy life and my children have since produced 4 delightful grandchildren. So why am I on your side? It is because to this day I resent that I made my choice out of the very real fear of the alternatives...Surely what is important is the education of young women, the offer of support through whatever choices they make, and the assurance of expert care and facilities if their choice is abortion."

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"I don't like abortions but I know that the service that you offer is much preferable to what ultimately happens when this service is not available. I lost a class mate who was a young lady medical student in 1959 because of a 'kitchen table' type of an abortion. In 1961, when I was working at the Toronto General Hospital as a junior intern we were not even allowed to give out any birth control advice due to the insane policy of the obstetrical department at that time.

I must say I admire your 'guts'. I think it is easy to be a 'hero' such as Steve Fonyo because everybody hates cancer but on the other hand, you are fighting for something in which there is a difference in opinion...I understand that you had a coronary while you were in prison. You are obviously a principled man and I just want to help you in my small way to carry the torch."

## The Outcasts



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# Pro-Choice Position a Moral One Religious Experts Tell AGM

Even those on the pro-choice side of the abortion debate can get caught up in thinking that the other side has chosen the higher road of morality and the road of religion. Catholic theologian Marjorie Reiley Maguire told the CARAL annual general meeting in May. "Too often we forget that our's is as much or more a position of religion as the other side and has as much going for it in terms of morality, or more, than the other side," she said.

Maguire was the keynote speaker for the AGM session on Faith and Choice: Religious Perspectives on Abortion. Her address was followed by a panel discussion moderated by Rev. Chris Raible of the First Unitarian Congregation in Toronto and participated in by Ruth Evans, Deputy Secretary for Christian Development for the United Church of Canada, and Tom Harpur, religion columnist and former Anglican priest. Rabbi Bernard Baskin was also to be a member of the panel but, unfortunately, was unable to attend.

In her address, Ms Maguire focused on dispelling the notion that anti-choicers own the "moral" position from a religious perspective. She pointed out that there has always been diversity of opinion on the issue between and within religious groups.

*"Too often we forget that our's is as much or more a position of religion as the other side ..."*

In Judaism, for example, the fetus is not recognized as a person until the head has emerged in the birth process. Abortion has sometimes been a moral obligation, not just a possibility for choice, when it was necessary to save the life of the woman. This principle has, in modern times, been extended beyond saving the physical life of the woman.

Among the Christian churches, Ms Maguire said, there are whole faith groups that see choice on abortion as a right of the woman. She was critical of the Catholic Church's position on abortion for violating the principles of ecumenism



Marjorie Reiley Maguire

and failing to recognize the pluralism within the Church itself on the issue.

"Until 1869, the majority position within the Church was that life was not ensouled until sometime after conception. So today, when officers of the Church want to excommunicate Catholics who hold a different position, they are really going against the diversity that is part of Catholic history," Ms Maguire said.

She went on to describe the message being conveyed about God by the anti-choice position as blasphemous and sacrilegious, "because it conveys the idea of a God who's materialistic, who's concerned only with biological life, who does not really believe in the dignity of persons and, ultimately, a God who really hates women and does not value women as responsible moral agents."

Ms Maguire also attacked the fallacy that life is sacred in our western moral ethic, pointing to the wars we have allowed for centuries as evidence.

"Our dominant ethic is that persons are sacred. Life is not the absolute; to make it so is sometimes to betray the sacredness of persons," she said. "When a pregnant woman is forced to undergo a pregnancy in the name of life, a person is being sacrificed to an abstract value."

The possible personhood of the fetus is an area Ms Maguire thought pro-choicers should be prepared to talk about in working to develop a new societal ethic around abortion. "We can never really establish when personhood begins, because it is a philosophical, not a biological, concept. It is a value judgment that society makes to welcome a new member and to say that from this time on this member will be considered the moral and legal peer of all other members of society and will have rights which can never be taken away."

"If you're going to pick a moment when personhood begins and you are a religious person, why pick one that is purely physical?" she asked, referring to the moment of conception. "It can be characterized as much by pain or fear if rape or poverty are involved. Why not pick a moment of love and self-giving?"

Ms Maguire would pick the moment when the pregnant woman consents to the pregnancy. "Life within the body of a woman cannot become a member of the human community without her welcoming it into that community. Society can't go beyond the body of the woman to welcome it."

*"If you're going to pick a moment when personhood begins ... why not pick a moment of love and self-giving?"*

Ruth Evans felt that Maguire's comments rang true to a woman's experience — that is, a woman experiences the developing human life as a person if she has covenanted to continue with the pregnancy. But Ms Evans was not sure that we need to be able to say at what moment we feel this is a person. "All we need to do is be clear, legally and morally, about the point after which abortion should not be performed," she said.

Tom Harpur pointed out that up to the end of the first trimester, a high percentage of pregnancies end in spontaneous abortions. "If these are persons," he said, "God doesn't seem to have a very high regard for them."

(continued on page 7)

## Presbyterians Affirm Policy on Abortion

At the last general assembly of the Presbyterian Church in Canada delegates overwhelmingly re-affirmed the Church's support for abortion if needed to preserve a woman's life or health. The assembly had been asked by anti-choice elements within the Church to oppose any move by the government to make abortion more accessible and to review the Church's position with respect to fetal rights.

## Pro-Choice Position a Moral One

(continued)

The panelists agreed that abortion is a religious issue. In Harpur's words, "It deals with what we are going to do with our adulthood in the face and sight of God."

He went on to say that the problem is that a lot of patriarchal religion is aimed at keeping people in general, and women in particular, as dependent, immature children. "The message of the New Testament for me is that God is calling us into a maturity and an adulthood and that He does not want dependent serfs. He wants people taking responsibility for their lives."

Mr. Harpur pointed to sexuality as the one area where organized religion still has a hold in keeping people subject because of their sensitivity and guilt about it. Ms Evans agreed that all the Churches have lagged behind where sexuality, and particularly women's sexuality, is concerned. But both she and Rev. Raible thought that women are now making an important contribution to theology.

"There is a fundamental power issue between the sexes as to who gets to make the decision and who gets to develop the kind of ideologies that mold us when we make the decisions. As women are given a voice in developing the kind of theology that determines the abortion debate, then we will have some kind of freedom," Ms Evans said.

## AGM Notes

Participating in the CARAL AGM is like having the newsletter presented by the key actors in the stories. Members get the chance to put voices and faces to the groups fighting for choice across the country, and representatives get to exchange ideas and information firsthand.

As new regions get organized every year, unfamiliar faces join the ones that are known nationally — Norma Scarborough, Henry Morgentaler, Morris Manning — to testify to the spirit of the pro-choice movement.

Emotions are mixed. There is frustration about the need to carry on this fight at all. There is anger at the politicians who remain unmoved or who are openly hostile in the face of obvious injustice to women. There is dismay at the tactics of irrational anti-choicers. But there is also satisfaction and excitement about the work being done by pro-choice individuals and groups in every province.

It was obvious from the Chapter reports that the clinic trial in Toronto this past year had educated many people about the abortion issue. Tours by Dr. Morgentaler and by theologian Marjorie Maguire had drawn terrific public and media attention. Showings of the NFB films *Abortion: Stories from North and South* and *Democracy on Trial: The Morgentaler Affair* had also drawn crowds, and the Pro-Choice Defence Fund was in the black.

In addition to their fundraising activities, groups had continued the ongoing work of education and lobbying. During the election campaign last fall, hundreds of thousands of pro-choice postcards were distributed, and the candidates were canvassed for their positions on the issue.

Individual hospital battles continued to be a focus for some groups as anti-choicers continue to mount harassment campaigns. In P.E.I., where a new CARAL chapter started last year, there is an ongoing effort by the opposition to shut down the one remaining therapeutic abortion committee, although the TAC has not approved an abortion in several years.

In York Region (close to Toronto), anti-choicers tried to gain control of the board of a hospital that has not been built yet, in order to keep abortions from ever being done there. These stories are repeated across the country; some of them are reported in our Across Canada section.

The latest round of anti-choice publicity hype, the film *The Silent Scream*, was screened in the AGM afternoon session, followed by the excellent rebuttal film from Planned Parenthood (U.S.). [The films are reported on elsewhere in this issue]. It was a good demonstration of the continuing need for those who support choice to counter misinformation with information and emotional manipulation with reason.

## Videos and Slide-tape Show Available

CARAL National has a nine-minute presentation which includes 99 slides and a 35mm carousel slide tray and a sound-track on cassette. The tape has both audible and inaudible signals for use in automatic advance AV cassette recorders or manually with any cassette recorder. A 35mm Kodak carousel type projector and a cassette tape recorder are required for viewing.

Available on VHS is *Abortion: Stories from North and South*, and *A Response to the Silent Scream*. Any one of these programs can be rented from the CARAL office for \$10 plus postage and insurance. They are available for two-week periods or by special arrangement.

Order by form below or call us at (416) 961-1507.

Name of Group or Individual \_\_\_\_\_

Program requested \_\_\_\_\_

Address where program to be sent \_\_\_\_\_

Name and telephone number of contact person \_\_\_\_\_

Date Needed \_\_\_\_\_

Date to be returned \_\_\_\_\_

**P.E.I.**

**P.E.I. Government Refuses to Address Lack of Access to Abortion**

A petition urging the P.E.I. government to seriously consider an offer from Dr. Henry Morgentaler to help the province establish an abortion clinic was presented to the Minister of Health, Albert Fogarty, by CARAL/P.E.I. The petition had been circulated for one week and was signed by approximately 140 women and men. Mr. Fogarty reiterated his previously expressed opposition. He said the P.E.I. government would prosecute if a clinic is opened.

The only hospital in P.E.I. that has a therapeutic abortion committee has not approved an abortion for three years. At this year's annual general meeting of the Prince County Hospital a motion to eliminate the TAC was again defeated. Last year anti-choice groups fell only three votes short of abolishing the TAC; this year they lost by 248 votes. But no changes in hospital policy are expected, so the retention of the TAC means little for P.E.I. women who may need abortions.

**NOVA SCOTIA**

**Premier Muzzles Cabinet Colleagues**

In Halifax to address supporters at Dalhousie University at the invitation of the Student's Union, Dr. Morgentaler announced that he might open his next clinic in Nova Scotia. Premier John Buchanan responded by saying that the government would oppose and prosecute such a clinic. He also vowed to expel any member of his cabinet who publicly disagreed with his stand.

A CARAL member, who was appalled by this threat, wrote to the Premier that "in a nation that prides itself on freedom of speech and civilized parliamentary procedure, I would expect that an apology to your colleagues would be a gentlemanly course of action." Premier Buchanan's reply, set out here in its entirety, was "It is obvious that you do not understand parliamentary government or you would not have made the uninformed statement in your letter of March 29. We believe in Cabinet solidarity in Nova Scotia."

**ONTARIO**

**Fourteen on Trial for Trespassing at Morgentaler Clinic**

Fourteen anti-choice demonstrators arrested for trespassing on the property of the Morgentaler Clinic on Harbord Street in Toronto raised the defence of necessity at their trial in the Provincial Court. All were represented by lawyer Angela Costigan. Several of the accused testified that they believed it was necessary for them to block the clinic steps in order to prevent women from entering.

Defence witnesses included a retired gynecologist who presented ultra-sound pictures of fetuses. Ms Costigan argued that her clients were "forced to break the law in an effort to stop the greater crime of murder". The prosecution ignored Ms Costigan's "necessity" arguments, which lasted five hours and dealt with the relevant question of whether the accused had trespassed at 85 Harbord Street. Judge Arthur Meen reserved his decision and will deliver judgment in September.

**Access Recognized as Problem During Ontario Election Campaign**

The recent provincial election in Ontario saw leaders of all three major parties recognize inequality of access to abortion services. NDP leader Bob Rae expressed support for women's health centres providing a wide range of birth control services, including abortion. Both Tory leader Frank Miller and Liberal leader David Peterson opposed abortion in clinics. Neither Mr. Miller nor Mr. Peterson proposed realistic solutions to the problem, but CARAL was pleased to see the inequities in access acknowledged. In a brief presented to all three men, CARAL's recommendations included "approval" (within s. 251 of the *Criminal Code*) of the Morgentaler Clinic and the establishment of women's health centres throughout the province.

Anti-choice tactics during the campaign included an editorial in the Catholic Register encouraging voters to spoil their ballots in the absence of any anti-choice candidate in their riding. And in Oriole riding, Ontario Solicitor General John Williams was defeated by pro-choice Liberal Eleanor Caplan by almost 4,000 votes. Mr. Williams had the support of the anti-choice lobby, and last year he criticized his own party because of police protection of the Morgentaler Clinic.

**Hospital Trustees Ousted by Anti-Choicers**

Last year we reported on the battle between pro- and anti-choice groups over the election of trustees to the board of a hospital that has not yet been built. The fight continued at this year's annual elections at the Markham-Stouffville Hospital, resulting in the defeat of six incumbent trustees. The planning chairman, a board member since 1964, and a former chairman of the hospital board as well as two doctors were among those who lost to candidates backed by the local Roman Catholic parish.

The names of trustee candidates who opposed abortion were announced at mass four days before the hospital meeting. A majority of the 472 people present at the meeting were members of the congregations of two Catholic churches in the area.

Local MPP Don Cousens expressed concern that the takeover of the board by anti-choice advocates might endanger pledges to the building fund for the hospital. Cousens, along with the Markham Mayor, the board vice-chairman and the hospital president met with Bishop Leonard Wall to ask for his help in seeking the voluntary resignation of five new trustees to enable five of the ousted trustees to be reappointed. At least three of the new trustees have refused to consider this request and Trustee Alan Cormack said that if many residents withdrew their support "I'd have to ask, does Markham deserve to have the hospital?"

The hospital is scheduled to open in 1988 and the loss of several experienced trustees is considered a serious blow at this stage.

**Planned Parenthood Funding Attacked by Local Anti-Choice Group**

At a meeting of the Waterloo Region Council where approval was being sought for a provincial grant to Planned Parenthood, a local anti-choice spokesperson appeared to attack the family planning organization. Following the remarks made by Reverend William McEwan, a Lutheran minister and a member of Cambridge Right-to-Life, "The Silent Scream" was screened in the council chamber. Wendy Newberry of Planned Parenthood told the councillors that only 2% of the women contacting Planned Parenthood in the last year sought abortions. The grant for \$20,950 was ultimately approved with 13 votes in favour and 11 against.

**ONTARIO (continued)**

**Anti-Choice Group Occupies Premises Beside Morgentaler Clinic**

An anti-choice offshoot of the evangelical Renaissance Canada group has opened a drop-in centre next door to the Morgentaler Clinic on Harbord Street in Toronto. The group, which calls itself Choose Life Canada, will be operating as "The Way Inn" and plans to provide "counselling" and to show "The Silent Scream". The group is led by Reverend Kenneth Campbell.

The *Globe and Mail* reports that Reverend Campbell has been associated with a variety of causes in the past decade, including Anita Bryant's anti-homosexual crusade, protests against sex education and various books used in public schools, and most recently a protest against the appearance of rock star Prince. "Choose Life Canada" was founded on the day Dr. Morgentaler was acquitted by an Ontario jury last year. Women entering the clinic continue to have escorts accompany them and there is also a back door to the building.

**No Change in Kingston General Hospital Policy**

A task force, set up in response to pressure from a local anti-choice activist, has studied abortion services at Kingston General Hospital. Its first report recommended no changes in the hospital's present policy of therapeutic abortions. Other recommendations included encouraging the provision of information to the community regarding sexuality and birth control, and continuation and development of programs to support women choosing to continue unplanned pregnancies. KGH receives about 700 applications for abortions each year, and very few are refused. The task force recognized that women would continue to seek abortions whether they were available at KGH or not.

Anti-abortion spokesperson Mary Ellen Douglas denigrated the recommendations, saying that "It's a proven fact that giving out more birth control information leads only to an increase in abortion." At its next meeting the KGH Board of Directors voted 17-3 to accept the task force recommendations.

**Hospital Ordered to Grant Privileges**

The Woodstock General Hospital has been ordered by the Ontario Hospital Appeal Board to grant the visiting and surgical privileges that it had previously refused to Dr. Leslie Smoling.

The hospital is reported to have rejected Dr. Smoling's application last year for fear that his appointment "would adversely affect the hospital's image". The appeal board ruled that there was no evidence that there would be any negative impact on the hospital, externally or internally. Dr. Smoling was acquitted last fall on a charge of conspiring with Dr. Henry Morgentaler and Dr. Robert Scott to perform abortions. An appeal by the Crown has been argued and judgment is presently reserved.

**QUEBEC**

**Abortion Services Under Attack in Ste-Thérèse**

The anti-choice movement has recently become more vocal and active in the province of Quebec. The "Coalition pour la vie" has announced its intention to be active in the election which is expected this year. Abortions in Quebec are available not only in hospitals and in private clinics but also in at least eight provincially funded clinics, mostly in the Montreal area.

Anti-abortion activists are also trying to erode access to abortion by influencing hospital and clinic administrators and boards. In Ste-Thérèse, the abortion services of the CLSC (community health clinic) are under attack. In February an anti-choice group began to pressure the CCSC to stop providing abortions, menstrual extractions and morning-after pills. The board of directors agreed to consider the matter at a meeting which they decided to hold in camera.

On May 13 the board decided to continue the pregnancy termination services until September. On May 26 elections were held to fill various positions on the board and four anti-choice representatives were elected. There is some concern over the fate of abortion services in Ste-Thérèse given the composition of the new board.

Local pro-choice activists mobilized the support of hundreds of individuals and dozens of groups between February and May. Come September, these voices will undoubtedly be heard again.

**BRITISH COLUMBIA**

**Hospital Representatives Refuse to Take Stand Against Clinics**

The British Columbia Health Association decided, at its annual general meeting, not to oppose free-standing abortion clinics in the province. Five hundred members voted on a resolution to advise the Minister of Health not to approve clinics such as those operated by Dr. Morgentaler in other provinces, and to limit abortions to hospitals.

The chair of the Board of Lions Gate Hospital, who opposed the resolution, said the association should not take a political stand on the issue. A board member for Richmond General Hospital, which submitted the resolution, maintained that it was brought forward in the best interests of "quality of patient care". Richmond General Hospital no longer performs abortions. The Association represents the administrators and boards of 150 hospitals in B.C.

**NEW BRUNSWICK**

**New Brunswick Premier Calls for Changes in Abortion Law**

Some members of the New Brunswick Legislature applauded Premier Richard Hatfield when he announced that the province had rejected an offer from Dr. Morgentaler to establish a clinic as a pilot project. Mr. Hatfield stated, however, that he planned to ask the provincial Ministers of Justice and Health to discuss changes in the current law with other provinces and the federal government. He said that changes are necessary, and with the *Criminal Code* under federal jurisdiction but health and administration of justice provincial concerns, more discussion is needed and a political solution must be found. In New Brunswick as in other provinces most abortions are performed in the urban centres with little or no access in outlying areas.

**Traduction française du bulletin**

Si vous désirez recevoir la version française du bulletin, veuillez avvertir le bureau national. Fournissez votre nom et adresse avec votre demande, s'il vous plait.

**SASKATCHEWAN**

**Controversial Bill Referred to Saskatchewan Court**

A private member's bill introduced in the Saskatchewan Legislature by Gay Caswell, MLA, has been referred to the province's Court of Appeal.

Bill 53 would require doctors to provide women seeking abortion with information including "the probable questionable age of the unborn child" at the time of the abortion, "a detailed description of the probable physiological and anatomical characteristics of the unborn child", and a description of risks attending the abortion including "mortality risks, morbidity risks, risks of subsequent sterility, risks of effect on future pregnancy, and risks of psychological reactions and emotional responses."

The bill would make it an offence to obtain or perform an abortion unless the woman has consented in writing, at least 48 hours after receiving all the required information. Both Premier Grant Devine and Minister of Health Graham Taylor have expressed support for the bill.

Physicians have criticized it as an attempt to interfere with the doctor-patient relationship, legal experts have questioned the constitutionality of the legislation, and women have protested the obvious and serious attack on their lives and health.

The bill would place numerous additional complications in the path of any woman seeking an abortion. With delay increasing risk to the woman's health, the implications are clear. The bureaucratic hurdles might well persuade doctors and hospitals to stop providing abortions altogether. This would be particularly disastrous in a province with only three therapeutic abortion committees, a shockingly high rate of adolescent pregnancy and a government which funds groups such as "League for Life" to promote an anti-contraceptive program in schools.

While Bill 53 was being debated, opponents of the legislation were speaking out. Critics included Citizens for Reproductive Choice, the Saskatoon Abortion Rights Association, Saskatoon Women's Reproductive Rights Movement, the Saskatchewan Action Committee on the Status of Women, Regina Status of Women, The National Association of Women and the Law, the Saskatchewan Federation of Labour, C.U.P.E.,

Saskatchewan Division, Regina Health-sharing, the United Church of Canada, the Saskatchewan Association of Human Rights and the Lesbian Association of Southern Saskatchewan. Spokespersons for a coalition of these groups, representing about 190,000 people, met with Health Minister Graham Taylor but could not dissuade him from supporting the bill. But before second reading, the provincial Attorney General's resolution to refer the matter to the Court of Appeal was unanimously passed.

CARAL National has expressed its extreme concern and disapproval of the proposed legislation to the Saskatchewan government, as well as federal MPs from the province and the federal Ministers of Health and Justice.

**MANITOBA**

**Manitoba Authorities Harass Dr. Morgentaler**

In Winnipeg, the Morgentaler Clinic was raided March 23 and again on March 30. During each raid, police removed equipment worth about \$3,000. The Coalition for Reproductive Choice began collecting money after the first raid to replace seized equipment.

The day before the second raid, the Manitoba College of Physicians and Surgeons suspended Dr. Morgentaler's licence for 7 days. Upon application by the College a few days later, a Manitoba judge upheld the licence suspension and granted an injunction ordering the doctor not to practice in the province until the issue of the licence suspension was resolved at a trial. Six abortions that had been scheduled to take place at the Winnipeg clinic had to be cancelled. At least two of the women involved travelled to North Dakota for abortions. Free abortions at Dr. Morgentaler's Toronto clinic were offered to all these women.

The question of Dr. Morgentaler's right to practice in Manitoba remains unresolved following a hearing before Mr. Justice James Wilson of the Court of Queen's Bench. Mr. Justice Wilson reserved judgment and the temporary injunction continues in force. Dr. Morgentaler is still awaiting trial on criminal charges in Manitoba, now 7 in number. Each of the two March raids gave rise to three charges and one charge remains outstanding for the 1983 raid while the Manitoba government awaits the outcome of the appeal in Ontario.

In reply to a letter from CARAL protesting the latest series of raids, the Attorney General of Manitoba wrote (in part): "My understanding of the position of the N.D.P. is that it strongly supports change in the existing law. It is not my understanding that the party, with respect to this or any other issues, supports violations of the existing laws. No doubt individual members can and do support actions amounting to civil disobedience on this and other issues but that is a different matter altogether."

**ALBERTA**

**"Ruffian" Fined for Assault on Dr. Morgentaler**

The anti-choice assailant who sprayed Dr. Henry Morgentaler with ketchup at Calgary International Airport on January 15 was fined \$750 just over a month later. Larry Heather pleaded guilty to assault but is reported to have said, after sentencing, that he had no regrets and might repeat his action under the right circumstances. Judge Hubert Oliver said "Such ruffian-like conduct...is becoming all too prevalent and the rights of individuals are being eroded by those who increasingly resort to violence in furtherance of their own interests."

**Funding for CBCA Attacked by Anti-Choice**

In a battle over municipal support for a local birth control agency, Calgary's Coalition for Life argued that the city should cease to fund the Calgary Birth Control Association. Despite the anti-choice attack, the CBCA again received over \$150,000. Most of the money is used to pay counsellors who advise women on a variety of family-planning methods. But bowing to pressure, the city also decided to give \$27,000 to Teen Aid, a group which promotes chastity as the only method of birth control.

**French Translation of Newsletter**

If you would like to have a French translation sent with your PRO-CHOICE NEWS, please let the CARAL office know. Be sure to include your name and address with your request.

**U.S.A.**

**Clinic Bombing Trial Ends With Jail Sentences**

Ten-year prison sentences ordered against two men who bombed three Florida abortion clinics last Christmas were described as "lenient" by both sides of the abortion debate when the judgment was given in May. The two 21-year-old men were also ordered to pay over \$350,000 for the damage that resulted. The wife of one and the fiancée of the other of the men were convicted of being involved in the conspiracy and given 5-year probationary sentences and \$5,000 fines.

The four young people had been depicted by defence lawyers as being confused by the conflicting messages they were getting from authority figures. The U.S. Supreme Court says that abortion is legal, while the President and their religious leaders tell them abortion is evil. Both men had confessed to the bombings, saying that God ordered them to put the clinics out of business.

There have been 29 bombings of abortion clinics in the U.S. since 1982. Other acts of vandalism have included the ramming of a clinic in California by an anti-abortionist driving a World War II-vintage amphibious assault vehicle.

**Anti-Abortion Policy Leads to Cutbacks in Population Aid**

Following our report last fall on the anti-abortion stand taken by the U.S. at the International Conference on Population, the U.S. Agency for International Development (AID) cut off funding to the International Planned Parenthood Federation (IPPF). The IPPF, which is the world's largest private, voluntary organization supporting family planning services in developing nations, was receiving about \$11 million annually in direct funding and another \$3 — \$4 million in free contraceptive supplies.

Since 1973, Congress has prohibited the use of U.S. population funds to pay for abortions, but the new policy makes any foreign non-governmental agency ineligible for aid if it is in any way involved in abortion-related activities. To retain its funding, the IPPF would have had to refuse assistance to any of its member associations that used their own funds for such activities as abortion referral or counselling.

Governments involved in abortion-related activities can apparently still receive AID assistance, so long as U.S.

funds are segregated and used only for approved purposes. But \$10 million pledged to the U.N. Fund for Population Activities has reportedly been held back while AID decides whether the Fund still qualifies for assistance.

**Silent No More**

In response to the attention-grabbing attacks on legalized abortion by anti-choicers in the U.S., the National Abortion Rights Action League (NARAL) has launched a year-long campaign titled Abortion Rights: Silent No More. The campaign was launched in May with a series of nation-wide "speak-outs" in which women and men read accounts of abortions performed before the operation was legalized in 1973. The speakers also read letters from women who had obtained safe, legal abortions since that time.

The purpose of the campaign is to redirect attention to women and what abortion means to them. The personal, emotional approach will be conveyed through means such as an advertisement showing women of different ages and races, one of them holding a baby. The copy reads, "We are your mothers, your daughters, your sisters, your friends, and abortion is a choice we have made."

**Courts Play Vital Role as States Restrict Abortion**

The U.S. Supreme Court has agreed to hear appeals from lower court judgments that struck down laws restricting abortion in Illinois and Pennsylvania. Individual states have continued to pass such laws since abortion was legalized in 1973, and most of them have been struck down as infringing on a women's fundamental right of privacy. But concern has been expressed for the future, as it is expected that the Supreme Court will be dominated by Reagan appointments before the end of the President's term.

Many of the laws in question attempt to prevent abortions through psychological attacks on the pregnant woman. The Illinois law, for example, contains a provision that forces doctors to tell their patients the state's view that life begins at conception. "Fetal pain" bills proposed in Texas and half a dozen other states would require doctors to anesthetize the fetus before an abortion. The American College of Obstetricians and Gynecologists has denied that a fetus can feel pain in the early stages of pregnancy.

(USA continued on page 14)

**SWITZERLAND**

**Abortion Ban Defeated by Voters**

In a June referendum, 69% of Swiss voters turned down an initiative to include a right-to-life clause in the constitution. The clause would also have forced legislators to ban any contraceptive that destroyed the embryo from the moment of conception. Thus, an I.U.D., which prevents a fertilized egg from implanting in the uterus, would have been illegal.

Swiss law currently allows abortion if there is serious risk to the woman's health.

**GREECE**

**Legal Abortion Anticipated**

Decriminalization of abortion is anticipated in Greece as a result of the re-election in June of Prime Minister Andreas Papandreou's Panhellenic Socialist Movement party. Although an estimated 300,000 abortions are performed annually in Greece (mostly in doctors' offices), they are not legal and women are subject to the attendant costs and risks.

The Prime Minister's wife, Margaret Papandreou, has been active with the Greek women's union in publicly campaigning for legalized abortion. Before the election campaign, PASOK wrote into its manifesto a program of free family planning, with contraceptives and abortion to be paid for by social security.

**SPAIN**

**Abortion Law Revised**

Spain's abortion law was revised this spring after that country's Constitutional Tribunal ruled that the law violated the constitutional guarantee of the right to life. Abortion was completely banned in Spain until 1983, when a bill was passed to permit abortion in cases of malformation of the fetus, rape or danger to the woman's life. Before the bill was signed into law, it was appealed by the right-wing opposition.

The court judgment did not say that abortion itself was unconstitutional, and in May the Spanish parliament passed a new bill which would allow abortion in limited circumstances, including rape or incest.

# Interview With Gail Singer

Since its release last fall, the NFB film *Abortion: Stories From North and South* has been honoured with awards by the Academy of Motion Picture Arts and Sciences, San Francisco's Golden Gate Film Festival and the film festival at Creteil, France. This powerful documentary presents the experiences of women in Ireland, Japan, Peru, Thailand, Canada and Colombia to show that "Abortion is a common daily occurrence in almost every country of the world. Only the laws and the conditions under which abortions are performed vary from place to place and from time to time."

We interviewed the film's director, Gail Singer:

**CARAL:** What prompted you to make a film about abortion?

**Singer:** I thought about the subject for several years and while I didn't think that everybody should have abortions, I didn't believe that people who wanted to have one should have to stoop so low as we had to before 1969 in Canada and as we continue to have to, in some respects. I began to explore the experience of women in other places and it disgusted me.

What happened eventually was that a set of images got fixed in my mind that represented the spirit of women who were confronted by abortion on a kind of daily basis; who, if it wasn't them it was their

mother or their sister or their daughter or their auntie; who confronted it from the comfort of their middle class home or the poverty of South America.

The images emerged from the discussions that I had, which probably amounted to thousands of hours and the reading that I did. I tried to get my hands on every learned article and popular magazine and popular and scientific book that had been written.

So certain images got fixed in my mind as being both typical and in a strange way courageous and meaningful. And I hoped that when I actually saw these things that they would have that kind of power that they had for me. I think that's all you can do as a film maker, is make a connection yourself and hope that it has a universal quality to it that is transmittable.

**CARAL:** Why did you choose the particular countries you did?

**Singer:** These countries, while they don't present the widest spectrum of experience, are fairly representative of certain kinds of situations.

Japan, for example, which is one of the most highly industrialized countries in the world, has a very peculiar situation in that abortion has been legal, given a set of conditions, since about 1948. However, there is a curious secrecy that still prevails, and as opposed to, for example, Hungary

or Poland, where a woman will have an abortion and then she will say so to her family, in Japan it's treated as shameful.

But the only person on whom shame is cast is the woman, as if no man has anything to do with making her pregnant. And as if the country hasn't come to the decision that not only was abortion permitted for eugenic reasons, but also for population reasons. So the shame is totally inappropriate.

Four of the six countries in which I filmed were in the midst of a turmoil about abortion. As a consequence of that people were able to confront the subject perhaps more easily than they would have if it hadn't been in the news and talked about.

The scene in Ireland in the pub came about because they were in the midst of incorporating a law into the constitution which forbade all forms of abortion under any circumstances. It was already illegal, but there were some humane considerations like the possibility of death for the mother. There may be some humane doctors who would still respond in those circumstances but they would be breaking the law just as doctors here broke the law before 1969 by doing so-called D and Cs for women who were pregnant.

I think the forces that scored the victory in Ireland were really surprised at the amount of dissent there was. The dissent was based not so much on personal needs and desires but on the uneasy feeling raised in people when it was pointed out to them that what they were doing was prohibiting somebody else from making her decision in a way that was safe and fair to her.

Now there is only one recourse for a woman wanting an abortion and that is to leave the country. And in fact some politicians were in favour of the idea of testing every woman who left the country to see if she were pregnant. Somewhat like the Roumanian situation where every woman has to have a pregnancy test every month.

**CARAL:** What did you want people to learn from the film?

**Singer:** I know the frustration for some people about the film is that there isn't anything conclusive about it. Somebody said to me, "Gail, I thought I'd see the film and be able to say something to my  
(continued on page 13)



Director Gail Singer on Location

# "The Silent Scream": Chilling Propaganda

An American anti-choice film, which is being widely distributed in the U.S. and Canada as an "educational tool", has been criticized by medical experts and others as being unscientific, factually incorrect, sensational and dishonest.

*The Silent Scream* is drawing a lot of attention because it depicts the abortion of a 12-week-old fetus. But what is actually seen through the use of ultrasound pictures would have little impact without the emotionally manipulative, misleading narrative of Dr. Bernard Nathanson, former abortionist and anti-choice spokesperson.

A variety of techniques are used to evoke the desired effect in the viewer, including:

- soft, reassuring-sounding music that introduces us to Dr. Nathanson;
- his use of scientific terms to establish his authority;
- continual use of the words "child" and "unborn child" to describe the fetus at even the earliest stages of development;
- grisly descriptions of the abortion procedure; and
- the use of a demonstration model that is much larger than the fetus being aborted.

Experts who have viewed the film have reacted most strongly to Dr. Nathanson's portrayal of the fetus as feeling pain and purposefully moving to try to avoid the abortion instrument. "Now we discern the

chilling silent scream on the face of this child who is now facing imminent extinction," he claims.

According to Dr. Martin Gillieson, director of gynecological ultrasound at the Ottawa General Hospital, what Dr. Nathanson points to as the "silent scream" of the fetus is actually the space between the head and the chest, not the mouth.

Critics of the film agree that pain impulses could not be received or perceived by the fetus at this stage of development, that crying or screaming would not be possible and that the movement of the fetus is a reflex reaction, not a purposeful one. Even a one-cell organism, like an amoeba, will reflexively move or display a withdrawal reaction when touched.

## "A Desperately Bad Thing"

"It's a desperately bad thing to imply," Dr. Robert Eiben said about the suggestion that a 12-week-old fetus could feel pain. "There is a difference between a reflex and a subjective experience." Dr. Eiben is president of the U.S. National Child Neurology Society and a pediatric neurologist at Case Western Reserve Medical Center.

"The notion that a 12-week fetus screams in discomfort is erroneous," said Dr. Hart Peterson, acting chairman, department of pediatric neurology, Cornell Medical Center.

## Gail Singer Interview (continued)

mother who is against abortion, something that would ease her mind, that would explain to her my position." And I don't think such a thing exists.

I can't imagine a time ever, into infinity, where there is a clear-cut case for or against abortion. I think that it's something that people have to think about for themselves. But that's the moral issue. That's not the practical issue of availability and access. And I can't ever imagine not helping and supporting a woman who needs to find a safe abortion.

I think that people who are unwilling to look at that are unwilling themselves to assume responsibility for their own actions and are unwilling to have others, particularly women, assume

responsibility for their own actions.

Society has always used means to regulate births, before the current methods of birth control were used. People used potions and herbs and abortions since the beginning of time. So it's not as though this has just dawned on us in the 20th century.

The practices we see in the film have gone on since time immemorial and I think that by placing us in history, and not looking at just the last 10 or 25 years, that we have a much better chance of understanding the appropriateness and relevance of safe abortions. It's absolutely clear from history and from today that no amount of legal intervention is going to stop abortions.

In the film Dr. Nathanson claims that technology such as ultrasound has "convinced us that beyond question the unborn child is simply another human being, another member of the human community, indistinguishable in every way from any of us."

A panel of internationally known and respected medical experts, assembled by the Planned Parenthood Federation of America to critique the film, disagreed. "A fetus of 12 weeks cannot in any way be compared to a fully formed functioning person. At this stage in gestation, only rudiments of the organ systems are present. The fetus is incapable of conscious thought; it is incapable of essential breathing. It is instead an in utero fetus with the potential of becoming a child."

Apart from the medical inaccuracies and misleading statements, critics have also pointed out that the film completely ignores consideration of the pregnant woman. It avoids the question why there is an abortion debate in the first place and the pressures that bring women to seek abortion.

## No Solutions Advanced

Further, the film does not advance solutions to the abortion problem. There is no mention of sex education, contraception or contraceptive information which would reduce the number of unwanted pregnancies and, thus, the need for abortion.

In the U.S., the film has been distributed to every member of Congress and the transcript has been read into the Congressional Record. It has been aired on television in the U.S. and Canada and it is being shown in schools in both countries.

Winnipeg anti-abortion activist Joe Borowski sent copies of the film to local hospitals. Roman Catholic archbishops and Premier Howard Pawley, among others, before discovering that someone had spliced X-rated sex scenes into a number of the tapes. The tapes had to be recalled, to Borowski's embarrassment.

**Planned Parenthood of Seattle has produced an excellent rebuttal tape which is also being shown in Canada. An information sheet, "The Silent Scream" — A Study in Deception, can be obtained by writing to CARAL.**

# Teen Pregnancy: Study Shows Rates Vary With Attitudes

Although the incidence of teenage pregnancy has actually been dropping in Canada and other western countries over the last 10 years, the number of teenage women still becoming pregnant and awareness of the impact of pregnancy on teenagers' lives have resulted in more attention being focused on the problem.

According to Statistics Canada data, there were 40,891 teenage pregnancies in 1983 (down from 54,545 in 1975). Over 25,000 women under 20 gave birth and over 15,000 had abortions. In 1983, teenagers represented one-quarter of all women having abortions.

At a recent conference in Montreal on adolescent health care, doctors told delegates that the consequences of teenage pregnancy are devastating. The chances of teenage mothers finishing school, getting a good job and getting married are minimal. The children of adolescent mothers are generally at higher risk for infant death and are more likely to weigh less, have poorer grades and be subject to child abuse and neglect.

Dr. Richard Boroditsky, past president of Planned Parenthood Manitoba, told the conference that two-thirds of sexually active teenagers who do not use contraception will be pregnant inside of two years, but only 27 percent of sexually active teenagers use some form of contraception regularly.

Concern about the high incidence of teenage pregnancy in the United States led the Alan Guttmacher Institute to do a comparative study of adolescent pregnancy and childbearing in developed countries. The researchers were looking to identify factors that influenced reproductive behaviour in this age group.

The study, released this spring, revealed that teenage pregnancy rates are lower in countries where there is greater availability of contraceptive services and sex education.

Contrary to what might have been expected, lower birth rates among teenagers in other countries were not the result of higher abortion rates. Countries with lower birth rates also tended to have lower abortion rates. The 37-country study showed that there also tended to be lower teenage birth rates in countries with more liberal attitudes about sex and those with a more equitable distribution of income.

Country case studies were done in Canada, England and Wales, France, the Netherlands, Sweden and the U.S. In 1981, Canada's pregnancy rate was 44 per 1,000 teenage females ages 15 to 19, less than half the rate in the U.S. (96) but more than three times the rate in the Netherlands (14). England and Wales and France had rates comparable to Canada's, but Sweden's pregnancy rate was lower (35).

In Canada, the study showed wide variations in pregnancy rates across the country. Quebec has the lowest incidence at 25.5 per 1,000, while Alberta and Saskatchewan have rates of 65 and 62 respectively. It is interesting to note, as the *Toronto Star* did in an article on the Guttmacher study (May 3, 1985), that Quebec is considered to be "the province least dominated by religious forces" while Alberta and Saskatchewan are in the heart of the "Bible Belt". The study found that teenage pregnancy tended to occur more frequently in countries where "religiosity" is higher.

The European countries with lower pregnancy rates also displayed different attitudes from the U.S. regarding their involvement with the problem. "Pregnancy, rather than adolescent sexual activity itself, is identified as the major problem." The study found that the governments of these countries, rather than trying to discourage teenagers from having sexual relations, "have demonstrated the clear-cut will to reduce levels of teenage pregnancy."

## Doctors Training at Morgentaler Clinic in Toronto

Five physicians from the Toronto-Hamilton area have announced that they are prepared to staff the Toronto Morgentaler Clinic in the future, if the need arises. At a press conference attended by twenty physicians, Dr. Nikki Colodny stated the need for repeal of the law and establishment of free-standing clinics. The doctors said they were responding to an ongoing medical emergency and the desperate need of women for better access to abortion.

Quebec, similarly, was one of the first provinces to enter the field of family planning and is the only provincial government to pay for out-of-hospital abortions. In contrast, provincial or municipal governments in Alberta and Saskatchewan are funding "sex education" programs that try to persuade teenagers of the dangers of intercourse, contraception and abortion.

Canada's lower overall pregnancy rate (as compared with the U.S.) has been attributed to our universal health plan. This gives teenagers access to medical services, although contraceptives are not free to them as they are in some European countries.

For a report of the Guttmacher study, see "Teenage Pregnancy in Developed Countries: Determinants and Policy Implications," *Family Planning Perspectives*, Vol. 17, Number 2, March/April 1985.

## United States

(continued from page 11)

### Drug Company Boycotted by Anti-Choicers

The National Right to Life Association has called for a boycott of products made by the Upjohn company because it manufactures prostaglandins. The drugs are used by some hospitals to induce second-trimester abortions, and one of the products, which is in suppository form, has been seen as possibly being appropriate for home use. (Such a product is now available in Japan).

In response to the boycott threat, the Upjohn company released a statement saying it is not developing nor does it intend to market any product to be used for first-trimester or "do-it-yourself" abortions.

Meanwhile another American company and a French firm are both reported to be testing drugs which a woman could take before there was any diagnosable pregnancy. The steroids act to prevent a fertilized egg from implanting in the uterine wall or to trigger the discharge of an already implanted egg.

## LIFE - PROLIFIC OR HUMANE

(The following is an excerpt from essays contained in *Common Sense Revolution* by Allan Elliott, 1980, Dreadnaught. Reprinted with permission of the author.)

Reproduction of all living creatures involves intricate organization of biological systems combined with prolific production of potentially living matter. Trees, and all plants, produce enormous numbers of seeds. Fish produce thousands of eggs and fertilizing milt. Male animals emit semen which contains thousands of lively sperms. Every seed, egg or sperm contains all the vast amount of chemical information required to form a new individual if circumstances allow this. Usually the production of a new individual requires the opportunity for a male and a female germ (reproductive cell) to combine and share information. But many other factors must be propitious for the rare successful germ or pair of germs to begin to develop into a new organism. Millions of these germs or mated germs simply dissolve into their lifeless constituents. The rare ones that begin to develop need nutrition and other favourable circumstances if they are to grow to be healthy creatures. For many animals, including mankind, an essential circumstance is parental care and love.

The beginning of reproduction is not the actual joining of male and female germs. It occurs earlier than that. It begins with the instinctive, natural, beautiful sense of attraction between male and female and the arousal of love, warmth and erotic feelings. It requires preparation, the building of a nest, the storage of food, and organization of protection for

the young. People can now control the production of children and we have no right to produce children who will not be welcomed with love and care.

This control can occur at various stages. The sexual drive is a natural drive, which has assured the continuation of all species including mankind. It is an extremely powerful drive which cannot be denied by most creatures. Avoidance of simple attraction between sexes is a form of birth control. Restraint from actual sexual activity is a more immediate form of birth control. But celibacy and virginity can be exercised completely by few persons or in rare circumstances. This being so, unless the parents are prepared for the responsibility of raising a child, the conjunction of a sperm and egg or the emplacement of a fertilized egg must be prevented. By some form of contraception, all the sperms and eggs must be allowed to dissolve and no favoured one may be kept to develop.

The urge of love or sheer erotic drive between man and woman, or inexperienced girl and boy, can often overcome responsible action. Contraception may also be mis-applied or, sometimes, fail. Then a mated egg may survive and be ready to develop. Do the potential parents now feel they want and can care for a child? If so, they and the child-to-come may be blessed. But if a child is not wanted or cannot be cared for, then in the name of love and humanity, no child must develop. Abortion in wholesome circumstances by qualified doctors is morally required.

I do not consider a sperm, an ovum, an embryo or a fetus to be a human being. One is not a person until one is conscious of oneself and surroundings and can feel the need of love. Consciousness cannot exist until brain and body have developed to the stage when consciousness and life as a separate individual are possible. By abortion, or any means of preventing the development of a new person, one is not killing anybody but rather is responsibly refraining from bringing into the world an unwanted human being who is likely to have an unhappy life. One is also avoiding great distress, even disaster, to the unwilling mother. Humane responsibility requires that potential parents allow no child to be born until proper preparation has been made and they can welcome with delight a much desired child.

## "You Asked Us"

**Q: Why should a woman have the right to choose abortion when there are people waiting to adopt children?**

**A:** To those individuals waiting to adopt, it may seem tragic and frustrating that some women choose to terminate unplanned pregnancies. But to suggest that a woman continue a pregnancy because others wish to have a child is to manifest a complete disregard for that woman. Surely no one would suggest that any woman be compelled to become pregnant against her will in order to provide a child for someone else. And yet there are those who would force women to continue accidental pregnancies for precisely this reason.

Pregnancy is not a trivial experience. Under the right circumstances it can be a joyful event, but it is always a process that profoundly affects a woman's body and a woman's life. Compulsory pregnancy is a repulsive notion which treats the pregnant woman as a mere incubator. In addition, it treats the emotional trauma of giving up the child after birth with great insensitivity.

A woman who has freely chosen to complete a pregnancy and place the child for adoption is in a far different position than one who had no alternative. If the most fundamental and profound decisions in our lives are made for us by others we are robbed of the self-respect and integrity that are essential to a healthy adult life. The individual woman is the only one with the moral authority and the knowledge of her own character to decide whether she will do more harm to herself and those close to her, than good to others, if she chooses to continue an unplanned pregnancy.

Infertility can be the source of tremendous disappointment and sorrow when it affects an individual who wishes to become a parent. But the solution can never be to impose biological parenthood on someone who does not wish it.

There is also a certain bitter irony in the fact that while some couples wait for available babies, unwanted children in other parts of the world die of hunger. If babies were not deemed unacceptable by prospective parents on the basis of racial or ethnic origin, or the religion of their biological parents, there might be no waiting period at all.



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