

Abortion

Twenty years after a landmark ruling that gave women more rights to have *abortions*, the issue remains contentious

Saturday, December 15, 2007

Tag: 0712150576

Edition: Final

Section: News

Length: 166 lines

Page: 18

The nurse beckons from outside the procedure room. She is standing by a counter. On it is a glass dish. It contains a small pinkish liquid swirl. She pulls down her surgical mask, and with a latex-gloved finger pokes at a tiny, feathery mass. "That's what we are looking for," she says. "That little bit of fluff."

It can be done using local anesthetic in less than 10 minutes. It is safe, requires little recovery time and almost no medication.

Statistics Canada says 100,039 Canadian women had an *abortion* in 2004, the last year for which statistics are available. Another 337,072 did not have an *abortion*.

According to the Guttmacher Institute and the World Health Organization, about 40% of pregnancies in development countries -- including Canada -- are unintended. Both organizations say 28% of all unintended pregnancies in developed countries end in *abortion*.

What follows here is not a debate about whether it is right or wrong. Not a discourse on whether the nurse at Toronto's Morgentaler clinic was pointing at the byproduct of social evil or choice.

Twenty years ago next month, on Jan. 28, 1988, the Supreme Court of Canada ruled in favour of a case brought years earlier by Dr. Henry Morgentaler.

COMMITTEE DECISION

His lawyers argued a situation in place since 1969, where a woman seeking an *abortion* had to find and convince a three-member therapeutic *abortion* committee it was medically necessary to protect her health, violated the Charter of Rights and Freedoms.

From then on, it would be a woman's choice to terminate or continue her pregnancy. There are no limits on when. Abortion is treated like any other medical service. Except it is most definitely not. We don't talk about abortion in Canada because for the most part, we don't want to.

One 27-year-old Ottawa woman, who has had two abortions, tries to explain why. She's comfortable with

her decisions but knows others, including a close friend, would not be.

"People are judgmental and they look at you differently. For sure. Even if they agree with it," she said, "she (her friend) looks at me as a lesser person because I did that. And so would other people."

The country's right-to-life movement has worked tirelessly to keep its cause alive since 1988.

"People are coming up who have lived with the Morgentaler decision a long time," says Mary Ellen Douglas, national organizer of Campaign Life Coalition. "They don't come to the issue with the same feeling we did. I think our attitude was 'let's stop the horrible killing.' I think the feeling was we'd be able to do this in five years and go back to our families."

Past serious challenges to the Supreme Court ruling failed and there aren't any on the horizon in Canada, certainly nothing like what is happening in the United States, next month also marking an anniversary, the 35th, of 1973's abortion-legalizing decision, Roe v. Wade. But there is a movement afoot here to implement certain gestational limits.

"I personally don't think we should have a prohibition on early abortion, because I think if you can't enforce it, then overall it does more harm than good," said Margaret Somerville, founding director of the Centre for Medicine, Ethics and Law at McGill University.

"But Canada is unique in the Western world for having no prohibition on abortion at all. You can have an abortion the day before you give birth in Canada and that is perfectly legal."

Morgentaler, now 84, says the fight is far from over.

"I think the way people think, it's other people's problem, and as long as it doesn't affect them personally, there's not much action on that," he said. "Also, Canadians mostly believe the issue has been solved."

Morgentaler warns while abortion may be legal in Canada, a variety of factors are at work to limit access. Those problems were reflected in a major survey of abortion access released this year by Canadians For Choice (CFC), an Ottawa-based group created after the Canadian Abortion Rights Action League (CARAL) dissolved in 2004.

Building on a 2003 CARAL study, CFC research co-ordinator Jessica Shaw contacted 791 hospitals, posing as an out-of-province 22-year-old, 10 weeks pregnant, without a family doctor or any nearby family and friends, seeking an abortion.

Among her findings:

- Abortion services are available in one of every six Canadian hospitals; a percentage that has dropped to 15.9% from 17.8% in 2003.
- In three out of four calls, hospital staff did not know if their facility offered abortions.
- The average waiting time for an abortion is two weeks, but can be four and as much as six. Until new funding came through, that was the length of the wait in Ottawa, proving access problems are not limited to small towns.
- Limits on when abortions can be performed vary widely among hospital and facilities -- from 10 weeks to 22 weeks.
- Travel time and expenses are an issue. Shaw also encountered hospital staffers who tried to mislead or ridicule her.

"One nurse, in Central Canada, said 'well, if you are thinking about having an abortion, you might want to first consider checking yourself into the inpatient psychiatric ward at the mental hospital,'" recalls Shaw, "because obviously you are not in a good frame of mind."

CFC executive director Patricia LaRue says after 20 years, the study shows women are still having to fight to have an abortion.

"We think if we ever need it, it's going to be there," she said, "but we don't need to take a position on it until we ever need it."

The way Canada's health care system is structured can explain some of the obstacles to access. Health care is a provincial responsibility and subject to political will. In the months after the Supreme Court decision, many provinces moved to restrict abortion funding.

In New Brunswick, Morgentaler is suing the province over its policies, which funds hospital abortions only under restrictions he says violate the Canada Health Act. And not all provinces include abortion in their reciprocal billing agreements.

"There's very clearly a two-tier system at work," said Christabelle Sethna, an associate professor at the University of Ottawa Institute of Women's Studies.

"Women are sort of ping-pong balls between provinces and different health care levels and facilities."

Sethna is studying the explosion of privately operated abortion clinics in Canada since the Morgentaler decision: 45% of abortions are now done in clinics, compared to 7% in 1988. And while it is considered both "appalling" and "urgent" whenever news surfaces of Canadians who have to travel or pay for CAT scans or MRIs, said Sethna, "none of the discussion that is taking place about wait times and access to medical procedures like cancer treatments or hip replacements is going on about abortion."

In the August edition of the Journal of Obstetrics and Gynaecology of Canada, Sethna reported on how access issues affect low-income women. In a survey done at the Toronto Morgentaler Clinic, she found women with incomes of less than \$30,000 were more likely than wealthier women to have travelled between 200 to 1,000 km to have their abortion.

Vicki Saporta, executive director of the National Abortion Federation, agreed the access issue may not be a problem for women with money and means to travel.

"But it is a problem for many low-income women or immigrants or students who may not have access to the services they need," she says.

Joyce Arthur, co-ordinator of the Abortion Rights Coalition of Canada (ARCC), says because abortion is an unpopular topic, federal governments tend to have a "hands-off approach."

"And if no one is doing anything to improve access," she says, "it's probably going to decrease."

OTHER FACTORS

There are other factors at work. Medical schools in Canada provide little instruction on abortion. More than half of Canada's abortion providers are near retirement age. The doctor shortage, size of the country and anti-abortion doctors who may conscientiously object to providing the service or information about it are also factors.

Pro-abortion and anti-abortion groups agree it still needs to be an issue.

On one side, LifeCanada president Joanne Byfield says the goal is to get people outraged.

"You don't decide who is a human being by listening to a judge or a government," she said. "These are inalienable human rights."

On the other hand, the Morgentaler decision may have protected the right to choose an abortion, but it didn't ensure abortion services will be available, says Joanna Erdman, adjunct professor at the University of Toronto's International Reproductive and Sexual Health Law Programme.

FETUS GROWTH

Developments at 15 weeks

The fetus now measures about 4 in. long and weighs about 2 ounces (about the size of an apple). The primitive air sacs in the lungs begin to develop and taste buds are forming. The legs are growing longer than the arms and can move all joints and limbs. Eyelids are still fused shut, but can sense light. If you shine a flashlight at the tummy, for instance, it'll likely move away from the beam.

Illustration:

3 photos

1. photo by Tony Caldwell, Sun Media

Patricia LaRue, the executive director of Canadians for Choice, and Jessica Shaw, the staffer who did a study on the problems with access to abortion. The posters on their hands clearly show how they feel about the subject, which remains hotly debated.

2. photo

3. graphic

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Access to *abortion* a matter of geography Provincial policies have created vastly different systems in Canada

Saturday, December 15, 2007

Tag: 0712151008

Edition: Final

Section: News

Length: 49 lines

Page: 20

Memo: *Abortion*

Series: Part 1 of 4

BY ANN MARIE MCQUEEN

Abortion access on Canada's east and west coasts varies as much as the distance between them.

B.C. has one of the highest *abortion* rates in the country. Some 29% of hospitals perform *abortions*, augmented by private clinics. The province adopted an Access to *Abortion* Services Act, which criminalizes anti-*abortion* behaviour. New Brunswick on the other hand, short of Prince Edward Island where no abortions are performed, has the lowest rate.

Successive provincial governments have not changed a provincial policy which only funds hospital abortions.

A New Brunswick woman needs to be in her first trimester, secure the approval of two different physicians -- an obstetrician-gynecologist and a family doctor -- and have the procedure performed by a different obstetrician-gynecologist.

Each year in New Brunswick, some 700 women refer themselves to Morgentaler's clinic in Fredericton, where they pay between \$550 and \$750 for an abortion.

Dr. Henry Morgentaler is suing the province to have abortions at his Fredericton clinic covered in a case launched in 2003. The case was set to go to trial last spring, but is now stalled as a justice decides on a provincial move to prevent Morgentaler from having standing in the case.

Health Minister Michael Murphy is waiting for the justice to rule, said a spokesperson. Former federal health minister and Liberal MP Ujjal Dosanjh (Vancouver-South) launched federal-provincial mediation on the issue, but the process ended when the Liberals lost the election.

There are transfers that go to the provinces as a result of federal spending power and the Canada Health Act, he said, and the provinces are supposed to use them to provide medically necessary services to their

citizens.

There are recent legal precedents to the New Brunswick clinic funding issue: In August 2006, a provincial Superior Court ordered the Quebec government to reimburse 45,000 women who paid for part of the fees for abortions at private clinics between 1999 and 2006. In a case resolved last year, two Jane Does sued Manitoba on the issue of clinic funding. The government opted to insure clinics while the case was still pending, and a court later ruled it was their obligation to do so.

Illustration:

photo of DR. HENRY MORGENTALER

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Taking the risk

Desperate to end a pregnancy, women put their health in jeopardy

Saturday, December 15, 2007

Tag: 0712151009

Edition: Final

Section: News

Length: 76 lines

Page: 20

Memo: *Abortion*

Series: Part 1 of 4

BY

Patricia Stuart couldn't believe it, when her sister, a former clinic manager, took her inside the Fredericton, N.B. Morgentaler Clinic.

"I almost cried when I went in there and just saw how comforting it was, how cozy, how comfortable, the way the staff treated all the women," she said.

"And then I thought, 'oh damn, why didn't they have this 40 years ago?'"

The 65-year-old mother of three and grandmother of one, a just-retired secretary who lives in Nanaimo, B.C., pauses for a second or two.

"I'm just glad it's there now."

Before 1988, when Dr. Henry Morgentaler took his *abortion* rights battle all the way to the Supreme Court and won, before 1969, when women had to convince a therapeutic *abortion* committee of at least three doctors the *abortions* they sought were medically necessary, there were hotel rooms and kitchen tables. There was sneaking around and fear.

Stuart is telling her story publicly now, because she thinks it's important for people to know what it used to be like for a young girl without many options.

It was the early 1960s and Stuart was living in Toronto, engaged to an older man. She was just 19, and pretty naive. The couple's birth control consisted of a soda pop douche and she got pregnant. Her boyfriend didn't really want a baby and Stuart knew she wasn't ready.

So he found someone, an abortionist. One night he drove her to a hotel where the "abortionist" was waiting.

"I was kind of scared," Stuart recalls, "but, you know, a trusting person."

The man told her to take a warm bath, and she did. He told her that to properly perform the procedure, for the proper lubrication to occur, they would need to have sex first. Stuart knew it wasn't right but she was scared.

"I didn't know what would happen if I tried to run away," she said. "Well, I was naked and the door was probably locked."

After, the abortionist pulled out a turkey-baster type implement and put it inside Stuart. She could tell he wasn't a doctor, and what he was doing wasn't doing anything.

She didn't tell her fiance the whole story. But she was definitely still pregnant. He knew of a doctor at one of Toronto's hospitals who was still interning. This doctor was known to help out women like her.

His wife was a nurse, and the procedure was performed on the couple's kitchen table.

"I still think of this young doctor, and really quite admire him," Stuart said. "He stole sterilized sheets and a speculum, and whatever we needed."

The doctor gave her an injection into her spine to relax the lower half of her body. She was nervous, and she could tell he was too.

"He said, 'you know you really can't say anything about this,'" she recalls.

It was early in the pregnancy, and the doctor was having trouble dilating Stuart's cervix, and soon told her he couldn't finish. He said he'd done enough that she would abort, perhaps that night, or the next day.

He gave her the name of his hospital with these words: "Tell them nothing. Tell them you did it yourself, or whatever you have to say."

Stuart could barely walk, she had cramps and she was bleeding. Her sister and a friend took her to the hospital. She told the staff she'd tried to give herself an *abortion* but they knew right away.

The doctor found the needleprick at the base of her spine.

"He grilled me for awhile and I just kept lying through my teeth," says Stuart. "At the time I was more worried about this young doctor, who put his whole career on the line."

The next afternoon Stuart expelled her very tiny fetus. She scooped it out of the toilet and showed it to the nurse on duty.

"I think I aborted," Stuart told her. "I started to cry. She said 'yes you've aborted. Isn't that what you wanted?'"

Stuart was angry for a long time after her illegal *abortion* experience. Over the years, she has let it go.

"Now I look at that and I say 'that's what I was then, I didn't have all the information I should have had, and I'm a lot wiser now,'" she said. "No regrets. I'm just glad I survived it and could go on to have children."

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- 57% of current doctors performing abortions are age 50 or older.
- There are about a third fewer abortion providers now than 25 years ago.
- Only 5% of abortions are done in hospitals where doctors are training.
- A 2005 McGill University study showed 40% of medical schools don't teach any aspect of abortion procedure in pre-clinical years.
- The same study found more class time is dedicated to teaching about Viagra than abortion law, policy procedures, and pregnancy options.

Illustration:

photo by A.D. Wilson, Sun Media

Dr. Jean Guimond of Montreal performs abortions at the women's health centre in Gatineau.

Keywords: NATIONAL

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Issue divides doctors Some feel they are helping patients, others refuse to provide referrals

Sunday, December 16, 2007

Tag: 0712160578

Edition: Final

Section: News

Length: 96 lines

Page: 7

Memo: *Abortion*

Series: Part 2 of 4

BY

Dr. Jean Guimond doesn't hesitate when asked how he reconciles a 30-year career with a version of the Hippocratic Oath.

The one that some anti-*abortion* doctors point to. The one with the phrase: "I will not give a woman an abortive remedy." Guimond flashes his middle finger.

"I'm sorry the photographer is gone," he said.

He's laughing, but grows serious as he explains his opinion. "The fetus is not a patient," said Guimond. "The patient I am helping is the woman who is pregnant."

The Montreal obstetrician-gynecologist estimated he performs 2,500 *abortions* a year, alternating between hospitals and clinics around Quebec.

Guimond started working at a Chicoutimi hospital in 1975. There, he was confronted with women who were pregnant and did not want to be. He started to spend hours on the phone, making arrangements for them to travel to Montreal. Soon he moved to a public community health centre, where a few staffers performed *abortions*, covering themselves by calling it a "menstrual extraction."

By 1984, while performing *abortions* at another clinic, he began receiving threatening letters and asked for police protection and began to wear a bulletproof vest to work.

Guimond has performed *abortions* in the most unlikely places, including basements and near heating systems. He was part of the province's first "committee du vigilance," renegades who in those early days called themselves The Red Angels.

At 59, he has no plans to retire, though in a couple of years he may scale back to four days a week. Like most providers, he splits his time between a number of clinics.

"For me, it's the best medicine practice," said Guimond. "I'm really sure that I'm helping people."

Guimond is a rare breed, willing to boldly put his face and name to a procedure still steeped in stigma and moral controversy. Certainly most family doctors and obstetrician-gynecologists don't perform *abortions*. A whole other group -- Physicians for Life -- who don't believe they should be done at all.

The doctors who belong struggle with whether to counsel or refer a patient for an abortion. A handful, including the organization's president, Vancouver family physician Dr. Will Johnston, refuse altogether.

When a woman comes to him with an unintended pregnancy, Johnston says he helps her in other ways.

"For the pro-life physician, the woman with a pregnancy, where she is in deep doubt about whether she wants to carry it forward," said Johnston, "is really an example of someone who needs careful listening, a lot of information, and where there's another patient's life who is hanging by a thread."

The simmering issue of conscientious objection blew up last year when the Canadian Medical Association Journal (CMAJ) published an editorial by a pair of Canadian law professors calling on physicians to ensure abortion access.

The issue forced the CMA to clarify its position: No doctor should perform a procedure they are morally opposed to. But some doctors, said Blackmer, appear to be interpreting the lengthy policy as if they don't have to provide a patient with any other information.

The moral argument seems to have invaded medical schools as well, which generally aren't doing much to prepare a new crop of abortion providers to take over when the likes of Dr. Guimond retire. Studies by the North American organization Medical Students for Choice show medical schools in Canada spend an average of less than one hour teaching about abortion during four years of medical school.

Pierze Turner, a 30-year-old third-year resident at the University of Toronto, was frustrated when she was randomly placed at a Catholic Hospital for her first two years. She wants to become an abortion provider, and the hospital's policies about reproductive health were completely incongruent with her own views.

"I was very open about my intentions, just because I wanted to address the shortfalls in the system," she said.

University of Ottawa law professor Sanda Rodgers, who co-wrote the CMAJ piece with Jocelyn Downie, director of Dalhousie University's Health Law Institute, says the current situation is "a failure of our medical schools."

"All students should be receiving training unless they have specific conscientious objections," she said. "In other words, you have to opt out, and that's not happening."

STATISTICS

Some statistics from the North American organization Medical Students For Choice:

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'I rose to the challenge' Morgentaler says he's proud to have helped women despite opposition

Monday, December 17, 2007

Tag: 0712161324

Edition: Final

Section: News

Length: 69 lines

Page: 6

Memo: *Abortion*

Series: Part: 3 of 4

BY

He doesn't remember anything about that particular *abortion*. He certainly hadn't planned for it to be his last.

In June of 2006, Dr. Henry Morgentaler suddenly fell ill and needed emergency heart bypass surgery. Though he has recovered and works part-time giving interviews and overseeing the operation of his six private clinics fanned out from Edmonton to Fredericton, the continent's most notorious *abortion* doctor no longer performs the procedure which has defined him to a nation.

He gets a little more time these days, to slip in a trip to the movies and theatre, a game of chess or ping pong.

"I was a master at ping pong," he says, smiling.

It's been almost 20 years since the Supreme Court of Canada ruled in his favour, giving women in this country the legal right to choose. It's also been 40 years since Morgentaler performed his first secret *abortion*, on the daughter of a friend.

Now 84, Morgentaler estimates he personally performed about 100,000 of the procedures during a 35-year career. He says he's also taught his methods to at least 100 doctors, and he smiles a little, recounting the figure.

"Over the years, we created a cadre of doctors who are specialized in *abortion* procedures," he says, "and they are practicing across the country."

Much of what Morgentaler fought for was done in the middle of controversy: legal fights for over access - like the one he is waging in New Brunswick - a 10-month jail stint, countless threats of violence, at times near-constant police escorts, ongoing clashes with protestors and the 1992 firebombing of his previous

Toronto clinic.

"Every mother a willing mother," goes the Morgentaler motto, "every child a wanted child."

In an interview conducted at his spacious office inside the Toronto clinic, he says he is proud of what he has done.

"In particular because I was able to do that in spite of so much opposition, in spite of the fact I was risking enormous things," he said. "I have a tremendous sense of accomplishment that I was able to help women get over the dilemma of an unwanted pregnancy and have *abortions* which protected their lives, their health and their future fertility."

These days he is particularly pleased with "Henry: The Movie," a documentary about his life which premiered at a Toronto gala in September.

Morgentaler has four grown children, the oldest who works as a doctor in Chile. Another son is in law school, a son and daughter in the midst of their undergraduate studies. Like any proud papa, Morgentaler shows off their photos and lists their accomplishments.

The Poland-born Jewish doctor has said before his dedication to women may have had to do with losing his mother at Auschwitz during the Second World war. She, along with Morgentaler and his brother, were rounded up and sent there in 1944. An older sister died in another camp.

But now he just says he was in a position to help. Along the way, only two things scared him: that a woman might die in his care, and that he might go to jail, not for performing *abortions*, but for doing so incompetently.

It was a hard decision, he said, made easier along the way by his conviction helping women was his duty, as a medical doctor, and as a humanist.

"I rose to the challenge," he said.

Illustration:

2 photos

1. file photo

It's been almost 20 years since Canadian women gained the right to choose an abortion. Dr. Henry Morgentaler, above, says he was in a position to help women.

Keywords: OTHER NEWS

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Emotional impact precedes procedure

Monday, December 17, 2007

Tag: 0712161325

Edition: Final

Section: News

Length: 55 lines

Page: 6

Memo: *Abortion*

Series: Part: 3 of 4

BY

She is tiny, with a runner's body and 25. Her boyfriend waits outside. Their eyes are the same colour.

Her thin thighs are propped up in stirrups, and shaking.

She's nervous about whether there will be pain. Later, she says "I was also cold."

In her last year of university, for her, now, an *abortion* is the only option.

"I still live with my dad," she explained earlier, in her counselling session. "I make \$300 to \$400 a month. I could by no means support a child."

She found out she was pregnant on Wednesday and as this is Toronto and not northern Alberta or Ontario or even Ottawa, she is having an *abortion* the following Monday. She has been nervous and unable to function. She hasn't even been to class. "I couldn't imagine waiting," she said. "It's been bothering me a lot."

In the procedure room, a nurse rests a gloved hand on her shoulder. Another asks her where she would love to work when she finishes school.

The doctor explains the procedure will take just three minutes.

"Just remember," she says, "you have instruments inside you, so it's important not to move."

The doctor begins by inserting a series of ever-widening rods to dilate her cervix. Then she inserts a hollow tube, attached to an aspirator. Soon red fluid flows through the tube, as the doctor's arm moves back and forth.

There are several loud suction sounds.

"There we go," says the doctor. "Everything went just fine."

With pre-and-post *abortion* counselling and a short recovery time, she will be in and out of the clinic in just two hours. They do 36 *abortions* a day here at the Toronto Morgentaler Clinic Monday to Saturday, taking extra appointments on Monday nights.

"They come here from all over," a nurse explains, outside the procedure room. "Mexico... Sudbury, Timmins."

Mostly they don't want to wait, she explains. "Or it's not available," says the doctor. "Or they don't want to be in that small town," another nurse chimes in. "Or they work in the hospital."

Sipping gingerale shortly after in the recovery area, across from a quiet, South Asian woman wearing a wedding ring, she's relieved. The *abortion* felt like menstrual cramps.

Several weeks later when contacted, she seems to have taken the procedure in stride - but not lightly. She recovered physically.

Emotionally she's well, too.

"I had had known since I was sexually active that that could happen," she explains. "It had been something I thought about and I just knew that was the best decision."

Keywords: OTHER NEWS

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Debate going unnoticed Politicians reflect Canadians' apparent unwillingness to re-open discussion

Tuesday, December 18, 2007

Tag: 0712171435

Correction: Due to an editing error in an article published in the Dec. 18 issue titled Debate going Unnoticed, Liberal members of the cross-party Parliamentary Pro-Life Caucus were referred to incorrectly. Those members are anti-*abortion*. regrets the error. (, December 19, 2007)

Edition: Final

Section: News

Length: 128 lines

Page: 7

Memo: *Abortion*

Series: Part: 4 of 4

The images are huge, pasted to the side of a large truck which hits Calgary streets several times a week, its sole mission to shock the public into action.

They show bloody, aborted human fetuses. A blur of red at first, but upon drawing closer, one can make out tiny fingers and toes. The truck first appeared in August, part of a campaign launched late this summer by a five-year-old pro-life organization called the Canadian Centre for Bio-Ethical Reform. The group, an offshoot of a similar organization in the U.S., is also responsible for something called the Genocide Awareness Project. The traveling exhibit also uses stark pictures to compare *abortion* to atrocities like the Holocaust.

"We want to make *abortion* unthinkable," says director Stephanie Gray.

Gray says the images are of real aborted fetuses, though she won't say where the centre got them or how. They capture first trimester *abortions*, she says, because that is when the majority happen and that is where most public opinion supports a woman's right to choose.

The trucks aren't going anywhere. The group has plans to roll their campaign out across Canada, though Gray won't say when.

She argues the gruesome photos are necessary to jolt a complacent public into a discussion.

"A lot of people in general just don't want to talk or think about *abortion*," says Gray. "And if we try to engage them in a discussion in terms of a debate...we found that you just don't reach the majority of people in society you need to reach because they are indifferent."

Gray has already scored major local media coverage for both the graphic truck images - "they are really harsh," one woman told Canadian Press - and the Genocide project. But such press is rare for pro-lifers, who 20 years after Dr. Henry Morgentaler won his Supreme Court of Canada fight to have *abortion* decriminalized are still working tenaciously to spread their pro-life message. They have been invigorated by a new crop of under-30 supporters like Gray, even if their movement has not sparked incremental changes like those seen in the U.S.

Making the fight harder, they say, is an almost complete lack of political will to resurrect the issue. It's just about the only thing pro-lifers and pro-choicers agree on: unlike the U.S., they don't see a serious debate or reform movement anytime soon.

It's not for lack of wanting. The Abortion Rights Coalition of Canada (ARCC) estimates 63% of Conservative MPs are pro-life, though the most vocal are largely mum on the issue these days save for a failed private member's bill or two. They also estimate there are 21% pro-life Liberals, some part of the cross-party Parliamentary Pro-Life Caucus with up to 70 members, co-chaired by Liberal MP Paul Steckle (Huron-Bruce) and Conservative MP Maurice Vellacott (Saskatoon-Wanuskewin).

Pro-choicers point to what little specific language Prime Minister Stephen Harper has used when pressed on the issue. Despite a policy passed at the Conservative Party convention not to resurrect the abortion debate, Harper has seemed to stress "this" government would do nothing on the issue which some interpret as leaving the door open for movement in case of a Conservative majority. But no one seems to think that is really going to happen either.

"I just believe Harper when he says he doesn't want to legislate on abortion," says Joyce Arthur, ARCC coordinator. "I just think it's not his thing. He's never said whether he's pro-choice or anti-choice (pro-choice lingo for pro-life) He's not willing to legislate against it."

Mary Ellen Douglas, national organizer of the Campaign Life Coalition, says the pro-life movement can't depend on any party in Canada.

"Stephen Harper made it quite clear before the election he had no intention of opening this issue and he has stayed with that," she said. "He's not pro-life. We still have people thinking he's pro-life."

The lack of action reflects the prevailing view of Canadians, most who are content to leave a woman's legal right to an abortion where it is, says Arthur Schafer, director of the Centre for Professional and Applied Ethics at the University of Manitoba.

"In fact, so overwhelming is the consensus that even the political party known as the Conservative political party of Canada... probably a great majority whose members, are passionately opposed to abortion and would love to reintroduce it," he said, "that party won't mention it."

And so if there can't be a big debate, then there will be small ones.

Pro-choicers are adamant there be no "chipping away" of the current wide-open legal situation. They point to a 2005 Gallup poll which showed 52% of respondents would like to see Canadian abortion laws "remain the same" and 20% see them "less strict." Pro-lifers want gestational limits, pointing to public outrage at several high-profile Canadian cases of women murdered in their third trimester and an annual LifeCanada-sponsored Environics poll, which this fall showed while only about 1/3 of the public believes life begins at conception, 2/3 of the public supports some form of legal protection for the fetus at some point during a pregnancy.

"People realize that these are babies, and the mom wants the baby," says

LifeCanada president Joanne Byfield. "It's ridiculous, and again, I think it just points to the disconnect between what we're told Canadians believe by politicians and the media and what the polls show they actually believe."

Most doctors in Canada won't perform an abortion past 22 weeks.

Morgentaler's limit is 26 weeks. Pro-lifers will point to abortions done in the later stages of pregnancy - of the 103,619 abortions done in Canada in 2003, 2.5% were done between 17 and 20 weeks, and less than a per cent were done after 20 weeks - as evidence this situation won't do.

Pro-choicers point out this number is miniscule, with the abortions likely performed because of serious health problems in either the unborn child or its mother.

Last year Steckle introduced a failed private member's bill to make performing an abortion after 20 weeks an indictable offence. And Conservative MP Leon Benoit introduced a private member's bill making it a separate offense to kill or injure an unborn child, but it sunk at committee. Edmonton-Sherwood Park MP Ken Epp hopes to have second reading of his reworking of that bill - introduced last month - before Christmas. And with specific wording to exclude "conduct relating to the lawful termination of the pregnancy," he has much-higher hopes that not only will pro-choicers leave it alone, it will also pass.

Still, Douglas - a 37-year veteran who jokes she's "been around almost as long as Henry" - says there is always hope.

"We are a very hopeful group of people," she says. "And we know, maybe not tomorrow, not even in my lifetime, but we know this will turn around."

Illustration:

2 photos


1. photo of STEPHANIE GRAY

Centre for Bio-Ethical Reform

2. file photo

Stephanie Gray of Canadian Centre for Bio-Ethical Reform says her groups' anti-abortion campaign, using trucks displaying a graphic image of an aborted fetus, will soon roll out across the country. It started this August in Calgary.

Keywords: OTHER NEWS

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