Race, Class and Reproductive Freedom
Women must have real choices!

by Carolyn Egan and Linda Gardner

En tant qu'activistes pour les soins de la santé et les droits à la reproduction, les auteures examinent le rôle critique qu'une analyse de classes antiraciste a joué dans la lutte pour les droits à la reproduction au Canada. Les auteures, qui sont aussi membres de la Coalition ontarienne pour les cliniques d'avortements (OCAC), ont développé et travaillé à une campagne pour l'obtention de cliniques d'avortement entièrement gratuites et elles ont obtenu un renversement de la loi fédérale sur l'avortement.

We believe that one cannot look at the impact of racism and sexism in women's lives without addressing the struggle for reproductive rights. As members of the Ontario Coalition for Abortion Clinics (OCAC), we look at this question through our experience in this organization.

Throughout the long struggle for reproductive freedom in Canada, we tried to build a political practice to which the issues and challenges of women of colour and working class women were central (Antonyshyn, Lee and Merril 109, and Lee 10).

Abortion is crucial to women's lives

Over 250,000 women worldwide, most of them women of colour, die every year from illegal abortions, and millions of others suffer serious complications. In countries such as Iran, Ireland, Mexico, and the Philippines, women are deprived of their democratic right to safe, legal abortion with terrible consequences. In the U.S., before the legalization of abortion, 50 percent of the women who died from illegal abortions in New York City were Black (Reproductive Health of Black Women 159). Prior to 1969 in Canada, illegal abortion was one of the most common causes of maternal death for poor and working-class women. In 1990 when criminal restrictions were being debated in parliament, twenty-year-old Yvonne Jurewicz died in Toronto (Toronto Star) of a self-induced abortion. Abortion is restricted and under attack by governments and right wing forces around the world who have targeted it as a symbol of women's emancipation. And it is women of colour and working class women who are most often at risk when access to abortion is restricted. For many years, women of colour have been raising concerns about the inclusion of their perspectives in the abortion rights movement. "The right to abortion can be a woman's right to life" said the Third World Woman's Committee of the Abortion Action Coalition in 1977 (Smith 86).

The crisis of access and the campaign for choice

OCAC was formed in 1982 by women health care workers from the Immigrant Women's Health Centre, Hassle Free Clinic, and the Birth Control and V.D. Information Centre in Toronto. These women felt they must challenge a system which was denying abortion to their clients. In 1969, abortion was legalized in Canada as long as it was performed in an accredited hospital with the approval of a therapeutic abortion committee. In practice, this resulted in access for middle class women, primarily white, who could afford a private gynaecologist or travel to the U.S. or Montreal where a campaign in the 1970s made abortion more accessible. Women of colour, working class women, Aboriginal women, rural women, and young women were still effectively being denied access to abortion.

OCAC began a campaign both to repeal the federal abortion law and to legalize fully-funded abortion clinics. We challenged the law by working with Dr. Henry
For many years, women of colour have been raising concerns about the inclusion of their perspectives in the abortion rights movement.

Morgentaler and establishing a clinic in Toronto. We organized a broad-based campaign clearly outlining who was being denied access to abortion and the racist, class-biased nature of the abortion law. The Morgentaler Clinic in Toronto became a symbol of women's resistance. The clinic was raided and the doctors were arrested. We became locked in a ongoing conflict with the Canadian state and the organized right. Our task was to change the balance of power in this country, and we needed a strong and representative movement to do it.

Abortion and reproductive freedom

It is a fundamental right for women to be able to make the decision as to whether or not to continue a pregnancy. But in order to make this right a reality, abortion activists must have an analysis that goes much further. We struggled in OCAC to broaden the definition of "Choice." We fought for an anti-racist/class perspective and began the process of building an organization that takes seriously the fact that we live in a world where inadequate wages make women the largest percentage of the poor, where racism is systemic, where women are subject to rape and violence, sexual and racial harassment, and still bear the major responsibility for domestic work and childcare. It is in this context that OCAC raised the demand for abortion rights. OCAC stated that for all women regardless of class, race, ability or sexuality to truly have choices in our society, we require: safe and effective birth control with information and services in our own languages and in our own communities; decent jobs, paid parental leave, free childcare, the right to live freely and openly as lesbians, an end to forced or coerced sterilization, employment equity, an end to sexual and racial harassment, the right to have the children we choose to have, and the right to full access to free abortion. All of these must be achieved if we are truly to have reproductive freedom. The struggle for abortion rights is only one part of this broader agenda and must be situated within it if we are to speak to the reality of every woman's life (Egan 30).

Many pro-choice organizations did not take up these concerns. They isolated abortion as a single issue, lobbying solely for the legal right to abortion without addressing broader issues as they affect women of colour and working class women. As Yuki Hayashi, an OCAC activist and founder of Students for Choice has said, "It begins with abortion but it goes broader, because there are all these other issues that affect the ability of women, people of colour, and teenagers. There are all these other issues that affect us, abortion is just one symbolic one" (Hayashi).

One of the most important issues often neglected by mainstream pro-choice and family planning organizations has been sterilization abuse. Coercive measures have been used in many countries to force women to limit the number of children they have. By targeting the working class, the poor, and people of colour, some governments want to stop population growth as a solution to world problems. In the 1970s, 35 percent of all women in Puerto Rico had been sterilized. Between 1973 and 1976, 3,406 women were sterilized at one Indian Health Services Hospital in Oklahoma, representing one quarter of the Aboriginal women admitted to the hospital (Shapiro 63). In Canada during the 1970s, many Inuit women in small northern communities were coerced into sterilization by government health services—a fact that OCAC brought to light in its campaign (see Lechat). Canada has a history of such abuse (McLaren 107).

Angela Davis, a Black anti-racist activist, makes the relationship between coerced sterilization and lack of funding for abortion very clear. She said that when abortion is not funded and sterilization is covered by medical insurance, this constitutes coerced sterilization (220). In the U.S., the government denies low income women payment for abortion, but it still pays 90 percent of the cost of sterilization. In Canada, both the Immigrant Women's Health Centre and the Birth Control and V.D. Information Centre dealt with women who were subjected to this kind of coercion. Prior to the overturning of the federal abortion law, therapeutic abortion committees (TACS) were a primary mechanism for coerced sterilization. TACS sometimes required women to consent to sterilization before approving their abortion. In the struggle to repeal the abortion law, OCAC always underlined the fact that sterilization was often the price paid by poor women, women of colour, and women with disabilities for access to abortion.

The legal right to abortion, as important as it is, is meaningless unless all women have access to services which can make that right a reality. Abortion must be free and OCAC has always fought for full public funding for abortion. When abortion isn't free, there can be terrible consequences.

In the U.S. the Hyde Amendment was passed in 1976 which withdrew medicaid funding for abortions, except in cases where the life of a pregnant woman was at risk. Low income women could no longer act on their decisions to end a pregnancy. As a result, many women were forced to undergo "backstreet" abortions which were less expensive but more dangerous. The first fatality was Rosie Jimenez, a Chicana woman from Texas (Jenkins 55). In the U.S. in 1969, 75 percent of the women who
died from illegal abortions were women of colour (Reproductive Health of Black Women 159). In spite of the lack of access, the mainstream pro-choice movement in the United States still does not call for free abortion, but instead concentrates on legal rights.

Reproductive rights and politics in action

A broad reproductive rights perspective allows an organization to take into account the diversity of women’s concerns. Women of colour and working class women have always been among OCAC’s members, but in order to build a strong campaign we had to build a movement that reached out beyond our own numbers. Our first outreach activities were aimed at broadening and strengthening the support and active involvement of working class women in trade unions (Egan, 1987 274), immigrant women, and women of colour (The Campaign for Abortion Clinics 10). Women Working with Immigrant Women (WWIW), a network of immigrant and people of colour groups, and the Ontario Federation of Labour (OFEL) were two of our first member organizations. More mainstream pro-choice groups saw this as a diversion from abortion. A chapter of a sister organization once asked why we always had so many AIDS activists, women of colour, activists against police violence, and others speaking at our rallies? What do these issues have to do with abortion? “Everything” is what we said. We struggled with many of our supporters and allies about the importance of race and class issues. We tried to develop a strong and inclusive movement organized on the principle of mass action with the objective of putting maximum pressure on the state from as many groups as possible.

Because of its political analysis, OCAC allies itself with organizations working with an anti-racist/class perspective on reproductive health. OCAC fought for the availability of abortion services in centres such as Women’s Health in Women’s Hands, a clinic established to serve all women with particular emphasis on immigrant women and women with disabilities. OCAC joined with Aboriginal women in demanding an end to abusive treatment and the lack of anaesthetic faced by women obtaining abortions at a Yellowknife hospital. Working with Aboriginal women, women with disabilities and others, OCAC raised the issue of sterilization abuse. It opposed for-profit sex selection clinics and the racist stereotyping of the South Asian community (OCAC Brief 16, 17). It worked with the Midwives Collective for fully funded community midwifery. It was one of the leaders in the fight against extra-billing by Ontario physicians. It strongly supported the DisAbled Women’s Network and advocated for accessible services which are sensitive to the needs of women with disabilities. OCAC worked with AIDS Action Now! to demand access to high quality health care and public funding for all HIV/AIDS treatments (Ayim 345). It joined with lesbian and gay organizations in the struggle against homophobia and violence. It worked with Somali women fighting against female genital mutilation.

But above all, anti-racist abortion rights groups must go beyond the issue of reproductive freedom and actively support other anti-racist and class struggles. OCAC was involved in mobilizing with the Black community against police violence. We actively supported the demands of the Aboriginal community for self-determination, most recently during the Oka rebellion. We have supported workers rights on the picket line. Along another vein, OCAC worked on the development of anti-racist training and educational resources for community services and organizations to help implement anti-racist policies, structures and employment practices (Rafiq 7). OCAC has attempted to show, in practice, that abortion rights can never be put forward as a single issue separated from other struggles.

The struggle ahead

All of OCAC’s work culminated in the overturning of the federal abortion law in 1988 and the defeat of a proposed new law in 1991. In response to the defeat of the proposed law, WWWW released the following statement:

Today, we applaud the death of Bill C-43, acknowledging that collective, visible actions by many different constituencies led to its defeat. We strongly support OCAC’s position that the legal right to choose, as important as it is, is meaningless unless fully funded services exist to give every woman the opportunity to make that choice in her own language and her own community... WWWW will continue to work with OCAC to ensure that every province provides full access to free abortion along with all the other demands that will ensure real choices in our lives (Women Working with Immigrant Women 1).
In Ontario, abortion is now fully covered in hospitals and the four free-standing clinics. In other provinces such as Nova Scotia, Newfoundland and Alberta the provincial governments are refusing to pay the full costs of clinic abortions and there are not enough services available in the hospitals to meet the need. Abortion is entirely unavailable in Prince Edward Island. In Northwestern Ontario, Aboriginal women must make three trips off reserves to obtain the procedure—a totally unnecessary burden which destroys any confidentiality. The fight for access to abortion must continue until every woman has reproductive freedom guaranteed.

Today, attacks on access to universal health care are occurring across the country. Abortion, and other necessary services, may soon be targeted. The Province of Ontario has stopped funding sterilization reversals which could deny women who were subject to coercive sterilization any recourse. OCAC is fighting these measures and believes that they will open the floodgates to de-listing many essential medical services, including abortion. Should this occur, it will be working class women and women of colour who will be most affected. If all health services are not funded, many women will not be able to exercise free choice. In 1992, the government of Saskatchewan was considering de-funding hospital abortions, giving into anti-choice pressure through cutbacks to health care. This was fought by pro-choice groups in the province as well as outside organizations such as OCAC. To date, abortion has remained funded in hospitals.

OCAC has differentiated itself from many pro-choice groupings in North America by trying to address the needs of women of colour and working class women in the struggle for reproductive rights (Lee 10). But this is not simple. We recognize that women’s lives are such that not all women are able to actively participate in the day-to-day organizing on these issues (Chan 175). It is difficult to know how representative our organizing is, but we try to be accountable both to our members and to the organizations with whom we work. Building strong alliances and working in coalition with organizations of women of colour and working class women must always be key priorities in an anti-racist/class pro-choice movement.

OCAC’s first goal was to repeal a racist, sexist and class-biased abortion law and fight for expanded services which would provide free abortion to all women. In order to achieve these objectives, we tried to build a broad base movement. We organized community strategy meetings, public rallies, demonstrations, pickets and forums that allowed for broad-based involvement and representation. OCAC firmly held the belief that people must be actively involved in a movement for change. We rejected the concept of a few designated leaders lobbying representatives of the state. It was only through mass mobilizing and alliance building that we had any chance of achieving our goals.

We have won some important victories for women, but the struggle for reproductive rights is by no means over. The gains we have won could be rolled back. We believe that it is only through the ongoing development of an anti-racist, class perspective with the participation and leadership of women of colour and working class women that the opportunity to win full reproductive freedom for all women exists.

Carolyn Egan is a health care worker, a member of the Immigrant Women’s Health Centre collective, the United Steelworkers of America, Local 8300, and the OCAC. She is on the community board of Women Working with Immigrant Women.

Linda Gardner is a health care worker, a member of the Advisory Committee of Gay Asians AIDS Project, the Steering Committee of AIDS Action Now!, and of Ontario Coalition for Abortion Clinics. She is a board member of the Community AIDS Treatment Information Exchange, and Maggie’s/Toronto Prostitutes’ Community Services Project.

References


Jenkins, Sabrae. “Abortion Rights, Poor Women, and Diversity.”


---

NATHALIE STEPHENS

sexe-torpille

«...un conte de Reine Sans Nom me traversait l’esprit, le conte du petit chasseur qui s’en va dans les bois et rencontre, et qu’est-ce qu’il rencontrera, fille ?...il rencontrera l’oiseau savant et tandis qu’il le prenait pour cible, ferma les yeux, visait, il entendit cet étrange sifflement: Petit chasseur ne me tue pas/Si tu me tues je te tuerai aussi. [...] Je tremblais pour l’oiseau qui n’avait que son chant.» Simone Schwartz-Bart, *Pluie et Vent sur Télumée Miracle*

Δ des hommes sont venus l’autre jour
me prendre dans mon sommeil

je rêvais tu sais
de l’oiseau de Télumée
dont le chant seul peut le sauver
quand le chasseur l’a abattu

Δ je me suis retrouvée le corps lié
par un cordon
ombilical

le mien ils m’ont dit
* Ils l’ont gardé tout ce temps.
* Ils savaient qu’ils en auraient besoin.

* Attacher le fléau social!*
* Empêcher un vomissement trop radical!*

j’ai ri de leur folie
ils n’ont pas trouvé de quoi rire

Δ sur un plateau d’argent ils
m’ont présenté
une enfant écartelée

la mienne ils m’ont dit

j’ai ri de leur plaisanterie
et cette fois-ci
eus aussi ont ri

Δ d’un œil furtif j’ai vu
un trou béant
à la place du ventre

un cri
*Bâillonné.*

Δ j’ai craché sur leur patriarcat
et ils m’ont emportée
(sans se soucier des traces de sang
—les chiens s’en occuperaient)

Δ le ventre bourré de paille

Un autre poème de Nathalie Stephens
apparaît déjà dans ce numéro.