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The Politics of Abortion:
Trends in Canadian Fertility Policy[1]

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Federal governments in Canada have always refused to pay the political price of a directly applied state abortion policy. This has meant that by default the doctors, and the hospital therapeutic abortion committees controlled by them, determined Canadian abortion practices. These practices largely serve the middle and upper classes and political elites. A democratic state cannot openly embrace the resulting system whereby abortions are assuredly available to rich women but essentially denied to poor women. Consequently, the state's responses to the abortion/fertility issue have been ambiguously symbolic rather than substantive. This study attempts to explain how the state managed to avoid, despite fierce public demand and controversy, establishing an equitable abortion/fertility policy.[2]

The Pre-1969 Era

There is a widespread assumption, nurtured by government and the mass media, that in 1969 national abortion policy was reformed. In fact, the state has always maintained indirect control of abortion practices by keeping them illegal except under very limited circumstances. Before 1969, the government simply refused to enforce the Criminal Code's absolute ban on abortion against hospital-based doctors who maintained the polite fiction that they only performed abortions required on medical grounds. The state's stance had moved slowly over the decades from fatalistic unconcern to the benevolent paternalism of elite social control.[3] One potential pressure group for reform of the abortion law had arisen as family planning associations came into being in several provinces, because the pre-1969 law prohibited not only abortion but also the dissemination of information about any form of contraception. This latter prohibition was also essentially unenforced; pharmaceutical companies advertised, doctors prescribed and drug stores sold contraceptives.[4] The state was thus a silent partner to both systems of fertility control systems—abortion and contraception.

An informal abortion system had evolved within some Canadian hospitals where abortions were performed on a daily basis.[5] These hospitals established abortion committees, usually consisting of three to five doctors, who met *in camera*. No reliable statistics were kept,

*Dr. Collins had almost completed this article before he died accidentally in July of 1981. At the request of the editors of *Atlantis*, the article has been edited by his friend, Dr. Donald Higgins.

but strict quotas were imposed by these committees to avoid their hospitals' gaining reputations for being lenient on abortion. The abortion committees served to diffuse responsibility for decisions made by the individual doctor. Such decisions reflected physicians' personal moral standards and class biases, while relieving them of personal responsibility.[6] The committees further diffused responsibility by acting in the name of their hospitals, thus lending an aura of respectability to the entire illegal system. This helped to rationalize on personal and compassionate grounds those abortions actually performed as favors to friends and community elites. But fraud was often necessary, as one knowledgeable physican and official in the federal Department of Health and Welfare related: "There were 'emergency appendectomies' in Catholic hospitals and 'menstrual irregularities' requiring D and Cs (dilation and curetage)."[7] And there is no record of prosecutions against validly licensed individual doctors or against accredited hospitals. [8] Under this system abortion in the first trimester of pregnancy came to be safer than carrying a pregnancy to term; and the few women that were helped by the pre-1969 system were served very discretely and effectively.

Mounting Pressure on the State

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

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

The 1969 reform law's inequities quickly became obvious to committed feminists as well as to the highly moblized pro-life movement. Both sides challenged the medical profession's autonomy. Should pro-abortion activists prevail, the medical profession's monopoly over the delivery of medical services would be seriously eroded; doctors would be reduced to providing their services like entrepreneurs, "on demand". Pro-life activists, on the other hand, threatened the limited abortion reform that met the needs of the middle class. Both sides pressed their case on the federal government. Having failed to dampen the issue, the government resorted to manoeuvres designed to shift public perceptions of further political responsibility to act away from itself and onto the Canadian Medical Association (CMA) and the provinces. At the same time, the federal government tried to contain the socially explosive conflict between pro-and anti-abortion forces at the federal level. Although this combination of moves was very much in the tradition of the politics of Canadian federalism[9], for a time the process of elite accommodation was sorely strained.

Usually such manoeuvres are virtually invisible. "Normal" policy issues are resolved through a process of elite accommodation in which participants share common ideological assumptions regarding the scope of acceptable choices and the rules governing change.[10] The process leaves the public with almost no political role beyond that of spectator. Not knowing how or where to intervene, the public typically becomes, at most, the audience for staged conflict that accompanies gentlemanly agreement. On abortion, however, the extreme public polarization made normal elite accommodation very difficult to manage. The state struggled to maintain an elite-permissive *status quo* under conditions where traditional elite accommodation for once proved insufficient to enable elites to maintain their control over public perceptions and definitions of the issue. Further, the elites' ability to maintain control over future events surrounding the issue was weakened.

As the political debate arose in the 1960s, the elites' inability to control the issue was reflected in the position taken by the medical profession. The CMA's informal abortion practices were threatened because its effects were exposed to public scrutiny. The CMA's organizational needs, rather than any desire to make abortions available to more women, motivated its call in 1966 for abortions to become legal:

> a) where it is performed by a duly licensed medical practitioner after consultation with and approval of a hospital appointed therapeutic abortion committee, b) if performed in an active treatment hospital, c) if performed with the written consent of the spouse or guardian where the committee deems necessary, d) where the continuance of the pregnancy may endanger the life or physical health of the mother.[11]

Eventually the abortion debate became part of the CMA's internal politics, and its public positions reflected shifting power balances between pro-and anti-abortion advocates as each faction tried to control abortion policy by controlling the CMA. Its 1966 resolution, designed to protect all physicians, soon threatened to tear the CMA apart from within.[12] Liberal Member of Parliament Ian Wahn introduced the CMA's proposal in the House of Commons in October, 1967, as a private member's bill. Wahn said his bill sought "to declare what the existing law actually is and to make it entirely clear that doctors are entitled to perform therapeutic abortions which are necessary to preserve either the life or health of the woman."[13] With small but significant changes, the CMA's resolution became the 1969 abortion reform law.

The Reforms of 1969 and Responses to Them

The Commons' Standing Committee on Health and Welfare had begun in December of 1966 a review of the proposals to amend section 357 of the Criminal Code banning the advertisement and sale of "any means" of birth control. In what became part of the 1969 reform, it recommended that "dissemination of family planning information should be completely free of illegality as a matter of personal choice."[14] Here, then, were the bases for clearing the legal obstacsles to creating an abortion/fertility policy.

The medical profession and the federal government held largely compatible interests in 1969 in wanting a law to resolve shared elite concerns over liability and control without changing the current practice of restricted access. For the doctors, the new law represented an important victory. The government's objectives were more subtle. In adopting what was otherwise a copy of the 1966 CMA proposal, the government refused to define

"health" or to mention "consent" as the CMA had wanted. The new law did specify that abortions would be permitted only in provincially accredited or approved hospitals. Each of these changes was designed to limit federal responsibility.

The 1969 law's complicated procedures ensured limited access to abortion but without explicit policy. The political burden still lay with individual doctors and their committees, who had to define "health" case-by-case, and decide when "consent" was needed. The law also reminded activists on both sides of the issue that provinces accredited hospitals and thereby controlled overall availability of abortion services. In fact, the federal stance went further; it was never to deviate from the argument that if more abortions were desired than were available, the fault now lay elsewhere, with the doctors and provincial governments. In 1975 the federal government still maintained that "Abortion as a health matter, comes under provincial jurisdiction. However, as the termination of fetal life is involved, some legal aspects come within the terms of the Federal Criminal Code. The federal role is thus limited and specific."[15] By formalizing past practice, along with the social inequities, the reform law exacerbated the real social problem. Women, naturally wanting to avoid the dangers of illegal abortions or the time and expense involved in leaving Canada, got false encouragement.[16] The law required hospitals to maintain accurate statistics, so abortion demand appeared to increase dramatically.[17] Anti-abortion forces blamed the apparent increase on the law itself and attacked widespread use of artificial contraception. They pressed for a return of the absolute legal ban, and opposed family planning programmes at the federal and local level, arguing that abortion and birth control eroded traditional social values and institutions. Pro-abortion advocates focused on the law's inequities and the health hazards of illegal abortions, and demanded further Criminal Code changes plus an aggressive federal programme promoting contraception. They justified their demands on the basis of the civil right of women to self-determined fertility control.

The federal government had suffered no illusions that the issue would be resolved at the stroke of a pen. A further means of issue containment would be needed to help deflect the political heat away from the government and a badly divided Liberal Party caucus. The politically explosive nature of birth control, coupled with dissatisfaction over the abortion reform, meant that the federal response had to be cast in the narrowest terms possible. Further, all sides had to be reassured of the government's sympathetic concern. Finally, the federal government had to steer a solution without appearing to impose one beyond its elite-permissive policy.

The Federal Government's Structural Response: The Family Planning Division

In Canada, affairs of state expand or (more rarely) contract so easily that it is difficult to determine precisely what is public and what is private. The state now moved to expand, first by creating a bureaucratic structure for symbolic reassurances to all sides of the dispute, and then by recruiting private groups on each side of the issue. The groups had to be ones that the government could support, establish liaison with, and use informally as a means for collecting information. The federal government also had to be able to guide and steer each faction. The steering agency was called the Family Planning Division (FPD), and the private groups were voluntary associations—particularly the Planned Parenthood Federation of Canada (PPFC) and the Service de Regulation des Naissances (Serena).

The PPFC was to become an important instrument in the state's strategy to contain the abortion issue. The process was one the state has often followed, essentially to inspire, sometimes even to create, an interest group to make claims upon its resources.[18] From 1972, government funds literally transformed the PPFC and Serena from struggling local operations into full-blown national organizations. Both organizations operated within the dominant ideology of the liberal state, aiming primarily at reducing the disparity between the principle of universal access to contraception and the existing maldistribution within society. Being very largely dependent on federal government funding, both organizations were subject to manipulation. Supporting these organizations enabled the government to encourage that side of the reform movement most closely aligned with rather cautious incremental changes.

In April of 1969, John Munro, Minister of National Health and Welfare, seized upon a request from the PPFC for a national conference on family planning to create the Family Planning Division in his Department. The Division's terms of reference were rewritten twice at the Ministerial level to restrict its mandate as much as possible while giving the appearance of action.[19] Four basic political requirements underpinned the FPD's operations: 1) abortion would not be considered an acceptable method of birth control; 2) contraceptive use must be governed by the principle of free choice within the context of family life (hence the name Family Planning Division); 3) there would no be fertility research and no population policy established, and 4) the division would not initiate or promote birth control programmes but only respond to requests for information. According to the FPD's own internal evaluation, "It would appear that two major reasons for [its minimal terms of reference] were the sensitive nature of the subject matter itself and concern with respect to federal-provincial relations."[20]

Despite the Minister's caution, the Cabinet Committee on Social Policy rejected Munro's first FPD proposal on October 25, 1969. "It seems evident," Munro later wrote to the PPFC, "that however simple the amendment to the Criminal Code appeared to be, its accomplishment was not an easy one and it became evident that some time needed to elapse to permit the government to take any more positive action."[21] He tried again nine months later, recommending that, "Cabinet approve as a national policy a concept of family planning which respects individual choice, religious and ethical beliefs [including] grants in aid and contract research with outside persons and agencies, a family planning training programme, dissemination of family planning information," and he recommended establishing a family planning unit within the Department of National Health and Welfare.[22] Cabinet approved the recommendation but excluded a "concept of family planning as national policy," agreeing to support only "the right of Canadians to exercise free individual choice in the practice of family planning."[23] Cabinet refused to authorize additional funds for the FPD, but directed Health and Welfare to draw resources from "lower priority activities" within the department. The Family Planning Division did not actually begin operating until 1972, but without being fully staffed then or since.

Throughout its operational life, the FPD was limited by the government to a passive, reactive posture vis-a-vis the Canadian public: "An official policy, central to FPD's operation is that it responds to demands for, rather than actively promoting family planning information."[24] Responsibility for initiation and promotion was left to the provinces: "Organization and administration of family planning programmes will be assumed primarily at the provincial level."[25] The Government limited its role to supporting only educational services on request:

> The effort of informing Canadians is in terms of education rather than persuasion, remembering that education is an attempt to expand the knowledge of the population so they can make rational choices from alternatives while persuasion tries to limit choices and control perceived alternatives of the population.[26]

The FPD took no action at the grass-roots level, and was never designed to effect behavioural or demographic changes in the population at large.

This is not to say that the federal government made no assumptions regarding which part of the population should receive birth control information; it did. The Cabinet wanted FPD programmes directed toward low income groups that it knew were not being served by its restrictive abortion policy. Spreading knowledge about contraception among the poor would relieve social welfare costs and the demand for abortion:

> There is a well established association between family size and socio-economic status, maternal and child health, cultural deprivation, and educational achievement. Family planning therefore would contribute positively towards ameliorating the problems facing lower socio-economic families by controlling the birth of unwanted offspring . . . An active family planning policy would also have the salutory effect of decreasing requests for induced abortions, including illegal abortions, which are still prevalent despite the recent amendment to the criminal code on abortion.[27]

The government, however, knew it could not publicly target the poor without producing a political reaction from minority groups—that it was imposing a solution on them while leaving the luxury of choice to the middle classes:

> At present, persons from higher economic strata of society are much better informed and have far better access to family planning information and materials than persons in the low economic environment. Dissemination of family planning information should be comprehensive and widespread to give access to all segments of the population. A programme of this nature would serve to allay the fears of minority groups especially our Indian population.[28]

NHW also believed a policy of active promotion of birth control might "increase demand beyond the level of available resources."[29]

Problems with Implementation

In May of 1970, a group of women chained themselves to chairs in the Parliamentary Press Gallery demanding abortion on demand and forcing the House of Commons to adjourn its sitting. Both the Canadian Psychiatric Association and the CMA criticized the hospital committee system, and in 1971 the CMA retaliated against the government's efforts to focus responsibility on doctors by recommending that reference to abortion committees be eliminated from the Criminal Code.[30] The Royal Commission on the Status of Women criticized the law's discriminatory effect, and called on the government to permit abortion on request within the first trimester (12 weeks) of pregnancy.[31] It was becoming increasingly difficult for the state to control, within the 1969 compromise reforms, the growing political protest generated by its elite-permissive abortion policy.

Between 1972 and 1979, each of the FPD's three major programme activities was ren-

dered largely ineffective by political interference. The program activities were: the distribution of informational-educational materials on family planning and sex education; the provision (on request) of consultative services to the private sector, local government and other federal departments (such as Indian Affairs and Northern Development) which might have an interest in birth control policy; and the creation of a family planning grants program to support voluntary associations, local government agencies and university based research.

Although the Cabinet wanted FPD programmes directed towards the poor, its actual constituency consisted primarily of professional elites. Sixty percent of its publications went to educational institutions, municipal health units and PPFC affiliates. Provincial government departments ranked sixth (behind hospitals and social service agencies) in terms of publications sent by the FPD.[32] Organizations accounted for 65% of the FPD's literature, and the individuals who received the remainder were largely professionals. The Division devoted the major portion of its operational budget to information pamphlets (half of which were produced within the Department, and the other half contracted out) on such subjects as general birth control techniques, sex education and family life. At no time did the FPD distribute information on abortion, pregnancy counselling, or referral.[33]

Several operational restrictions inhibited the FPD's effectiveness in reaching even its limited constituency. The Division mailed only specifically requested items. It maintained a bibliography but would not distribute it unless specifically requested.[34] Its attentive public was largely unable to use the Division's services effectively: "A recurring comment (30%) expressed by leading figures was that FPD had a very low profile and did not advertise enough; and thus did not reach a wide enough segment of professional organizations and agencies."[35] In responding to requests, delays of up to six months were not uncommon. Censorship by the exceptionally cautious senior management frequently interfered with the writing process, or delayed publication. One author under contract expressed a typical frustration: "It took them [FPD] four years to publish a brochure they paid me to write for them. Their excuse was that it was too controversial to publish."[36] Delays and censorship rendered much of the Division's material obsolescent before it was released. Consequently the overall demand for "general birth control" and "young people" publications dropped between 1973 and 1977 as users switched to American materials.[37]

Inadequate staffing also severely limited the Division's performance. The Cabinet did not permit the FPD to hire fertility planning consultants. Instead, consultants in community education, social work and nursing were supposed to provide technical advice to provincial and voluntary agencies. However, between July 1974 and December 1976 the consultant positions were vacant 34% of the time. The position of community education consultant, who was to alert local agencies to the FPD material, was left vacant for eight months. The "resource centre officer" was down-graded to a clerical position, eliminating responsibilities for writing pamphlets and for representing the Department at family planning conferences.[38] Staff turnover was frequent and the Division did not inform its constituency of staff changes or revised job descriptions. A committee (known as the Badgley Commission) that was created in 1975 to review the operation of the abortion law reported that civil servants who developed an interest and competence in the abortion issue were likely to find themselves transferred to other duties.[39]

As the Division came under increasingly hostile political attack, consultants were given less authority to make decisions. By 1977, at

the height of the abortion debate rekindled by Marc Lalonde (who by then was Minister of National Health and Welfare) and the Badgley Commission, the FPD's consultants were devoting the bulk of their time to ministerial correspondence.[40] Consequently the credibility of the Division's consultant services was quite low among professionals and organizations. FPD's internal evaluation concluded "that the impact and consequently the effectiveness of the consultation component had been modest . . . the extent to which the service has been delivered to the respondent group is very low indeed compared to the need they express."[41]

The FPD dispersed its family planning grants under several categories: demonstration, service, training, fellowship and research, and sustaining. Grant recipients were expected to use federal funds as "seed money" and to switch to provincial government support once the project proved viable. A series of checks was imposed on the granting process to ensure that FPD money went to noncontroversial projects which did not involve basic fertility questions or abortion referral. The Division referred project applications to a government official from the province where the application originated to ensure that the FPD did not fund projects which might embarrass a provincial government. Provinces were given an opportunity to indicate if the project conflicted with their policies and whether they would be willing to provide continued support. More than half of the applicants for FPD grants were asked to alter their applications.[42] This helps to explain the absence of projects which dealt with abortion—applicants were asked if their projects dealt with abortion, and if so, to revise their submissions.[43] Recipients whose projects attracted unfavourable press attention or irritated M.P.s by involving abortion referral were threatened with loss of financial support.

The federal government specifically excluded the conducting of research from the FPD's operations because of fear of right-wing charges that it was preparing a fertility policy. No in-depth national or provincial research existed concerning the scope or nature of the problem of unwanted pregnancies, public attitudes toward fertility, or the enormous deficiencies (reported by the Badgley Commission) in the delivery of family planning services. The Division did support some university-based demographic research for "knowledge, attitude and practice", studies to evaluate need, and studies of delivery methods at the local level. [44] Although researchers, like other grant recipients, were required to submit reports of their work, the Division never published the findings of research completed under its auspices; it (including the bibliography) was classified and locked away.[45] The public gained almost nothing at the cost of almost ten million dollars over six years, but the federal government succeeded in this way in siphoning off and controlling a great deal of information which might otherwise have contributed to the political debate. The Division acted not only to steer university research as to subject area, but also to confine its dissemination.

The FPD believed that municipal and provincial government agencies would draw heavily on its grant programme, but they proved as reluctant as the federal government to openly enter this political minefield. Municipal and provincial government agencies accounted for only 7.4% and 20% respectively of total available FPD grant funds.[46] "A major difficulty," according to a National Health and Welfare internal memorandum, "is the reluctance of provincial and municipal governments to publicize resources available through their health and welfare services. Departmental officials are generally instructed to provide information and make referrals only at the request of the client.[47]

In 1978, officials in the Family Planning Division tried to get provincial officials who

had responsibilities for fertility policy to produce their own materials on pregnancy prevention. The impact of prevention on abortion demand had been made explicit by the 1979 report of the (Badgley) Committee on the Operation of the Abortion Law. As one federal official noted, "We tried to concentrate on the PR side of prevention. The idea was to get the provinces to produce their own material on family planning and sex education rather than rely on Health and Welfare which was finding it increasingly difficult to provide materials and distribute them under the Liberal Government."[48] Provincial officials were universally negative. "They argued that they couldn't possibly get such an idea through their ministers because to produce their own material would direct the political flak back on to them. Everyone wanted the federal government to continue producing the material and take the political heat, while they received the stuff for free, of course."[49]

Government and Interest Groups

The most sophisticated and astute of all the FPD's issue-containment operations was to provide sustaining grants to the Planned Parenthood Federation of Canada and the Service de Regulation des Naissances (Serena). The federal government considered the PPFC to be a very important organization, and until the dismantling of the Family Planning Division in 1978, a very close association developed between the two. The PPFC actively promoted the use of all forms of birth control, provided counselling and conducted community education campaigns. Between 1972 and 1976, PPFC received $2,157,000, 37% of the total FPD grant budget. This was the largest single grant given by the Department to any national organization. These funds enabled the PPFC to establish a national headquarters and create additional local affiliates. The latter eventually accounted for 39% of the Division's demonstration, service and training grants.[50]

The PPFC national headquarters eagerly sought a close collaborative relationship with the FPD by keeping it informed of prospective plans and activities. The headquarters also coordinated the otherwise independent activities of local affiliates to keep them informed about federal policy. But the FPD did not reciprocate equally. Relations with the Federation's frontline staff were cordial, but the PPFC had no influence upon the federal government's policy making. On one occasion the Department requested the Federation to evaluate the FPD's operations. However, the Department refused to give all of its opinions on the study, and refused to provide the PPFC with a copy of its own internal evaluation of the Family Planning Division.[51]

The federal government used the PPFC to carry out the public sector promotional function that was prohibited to the FPD. Thus the PPFC carried out activities that were too politically controversial for the government. For example, the Department used the PPFC to pressure provincial governments to assume a larger role in family planning under the terms of the federal Social Services Act being developed in 1976. Health and Welfare officials urged the PPFC to lobby the provinces "so that when it comes time for provincial ministers of welfare to discuss family planning services, they have about the same definitions as we [NHW and PPFC] have."[52]

The federal government considered Serena, which was a much smaller organization than the PPFC, to be of essentially symbolic importance, but that importance was sufficient, however, to warrant $677,000, or 11% of the FPD's grant budget over four years.[53] Serena advocated only the symptothermic method of birth control which requires periodic abstinence from sexual intercourse, that being the only method of birth control fully compatible with the teachings of the Roman Catholic Church. Thus, Serena did not meet

the fundamental criterion that grant recipients provide public information on all methods of contraception. However, supporting Serena was politically attractive. It pleased the Roman Catholic hierarchy and deflected protests of pro-life groups which considered artificial contraception immoral. FPD made this point to senior management:

> From a cost-benefit point of view, assistance to Serena may be questioned on two grounds—the effectiveness of its method of choice and its limited appeal. On the other hand, it may prove to be the most acceptable method to a significant minority of Canadians . . . . Substantial support of Serena will validate the government's claim that it wishes to ensure Canadians a free choice of family planning methods consistent with the varied cultural and religious pattern of this country.[54]

The Family Planning Division played a key role in the federal government's issue containment strategy. Through the FPD, the government sent reassuring messages to both sides in the contraception/abortion debate while doing almost nothing. Reform activists were sent the encouraging message that the government recognized their cause and their definition of the social problem. They were encouraged to believe that the government would address the consequences of its own iniquitous abortion policy by doing something tangible in the area of family planning. At the same time, conservative pro-life groups were somewhat mollified by the fact that the FPD neither considered abortion an acceptable form of birth control, nor intended to persuade individuals to practice fertility control. Instead, the FPD endorsed a "concept of *family* planning whereby a *couple* may decide according to their own beliefs and consciences, whether *they* want to use family planning methods to prevent unwanted pregnancies."[55] The family, not the individual, was thus the central unit of contraceptive decision making. Pro-life groups could not make too much out of the charge that the state threatened the natural role of women or traditional institutions. Funding the PPFC and Serena provided the government with a barometer to gauge public sentiment, monitor the impact of its limited programme, and especially to legitimize and extend its particular and narrow concept of family planning against demands for more sweeping changes. The FPD itself conducted a shadow programme, being prohibited from developing a fertility policy or promoting contraception. It could only respond to requests for information, which it carefully censored and delayed. It acted through professional elites rather than on the population directly. It had "consultants" that did not consult, but instead operated as political firemen to chastise grant recipients who annoyed an M.P. or Cabinet minister. The Family Planning Division did not succeed in drawing pro- and anti-reform protests away from the government and safely on to the bureaucracy. The increasing number of abortions, coupled with the 1969 reform inequities, made the FPD itself the target of the mounting political controversy, attacked by one side for favoring immoral birth control and by the other side for its ineffectiveness.

The Morgentaler Challenge

A major challenge to the federal government's containment strategy came in 1973 from Dr. Henry Morgentaler who subjected the abortion policy to punishing publicity. He admitted performing over 5,000 abortions for poor people on request in his clinic and published his practice openly in the Canadian Medical Association's *Journal*. In this sense he was not respectable. Arrested for violating the abortion law, he based his defence on Section 45 of the Criminal Code which protects anyone from criminal liability for an operation done with care to protect the patient's health. He was acquitted; but when the Crown appealed,

the verdict was reversed. Morgentaler went to prison for 18 months while his case went to the Supreme Court. In a split 6-3 decision of that Court, he was pronounced guilty of not applying the 1969 reform law. While in prison, he was charged again. This time, basing his defence on the common law concept of necessity, he was again acquitted. Morgentaler's case became a *cause célèbre* that spotlighted the federal government's responsibility in the eyes of activists for either permitting abortions or restricting them. Morgentaler's act was a political one which threatened state control by opening the door to abortion on demand.

Justice Minister Otto Lang intervened, consistent with past federal practice, by shifting responsibility away from the government. He warned the medical profession that too many abortions threatened the 1969 compromise by generating political controversy directed at the government. Unless the medical profession restricted the number of abortions, the strategy of containment, which served the interests of both the doctors and the state, could be lost. Through a ministerial memorandum issued in October 1974, he declared that the abortion law was to be applied "strictly: that social and economic considerations were not to be taken into account in determining whether a pregnancy lawfully could be terminated."[56] According to an official in the National Health and Welfare Department, "Lang tried to intimidate hospitals by warning their administration against too liberal application of the abortion law. The warning went out as a confidential memo, but of course it was leaked."[57]

Many wonder why Lang so openly tried intimidation. The reason will probably never become clear; he was accused of allowing his personal beliefs to interfere with his ministerial duties. But it is clear that his department was taking the political heat generated by Morgentaler's trial. It is more likely, therefore, that he over-reacted and confused his role as a member of the Government and his role as department head. As a Government member his job was containment of the issues, but as head of the Justice Department he had to respond to the legal challenge raised by Morgentaler.

The medical profession retaliated immediately. CMA President Dr. Bette Stephenson complained directly to Prime Minister Trudeau, demanded an official definition of "health", and threatened that doctors might withdraw from abortion committees: "To ask these physicians to continue to serve in this capacity under the condemnation and implied threats of the Minister of Justice is unfair."[58] In reply, Trudeau pointedly reminded the CMA that it had little grounds for complaint:

> most of the provisions of the law were significantly influenced by the recommendations of the Canadian Medical Association in 1966 and 1967 . . . . I do not see any way abortion committee decisions can be avoided, even given some iron clad definition in the law of the concept of "health". No matter what wording of any such definition might be, the decisions of the hospital abortion committees would still concern very difficult human situations. In fact, one of the benefits of not having a rigid definition of conditions under which hospital abortions may or may not be performed is that it leaves sufficient latitude for hospital abortion committees to make just decisions in the many borderline and unique cases which inevitably will arise in the course of the committee's deliberations.[59]

On January 9, 1975 Stephenson publicly called for Justice Minister Lang's resignation unless he clarified government policy.

Lang's statement generated additional controversy at the time that the federal govern-

ment was trying to dampen it, and so he had to deny it: "I have made it clear that health is a broad word that certainly includes mental and other factors."[60] The price extracted by the medical profession for his change of view was a formal government inquiry into the entire question of abortion, "including a patient profile, guidelines for facilities, procedures and personnel."[61] In September, 1975, the government appointed the Committee on the Operation of the Abortion Law under the chairmanship of Robin F. Badgley.

The Badgley Committee on Abortion Law

The Committee was a creature of the federal Justice Department which was responsible for the operation of the abortion law (but not fertility policy) and which had opposed all attempts to make abortions available to everyone. It drew the Committee's terms of reference very narrowly to ensure that the final report would not condemn the government. The Committee could not analyze or make recommendations on the underlying policy of the law.[62] The Justice Department employed Badgley for the same purpose that the Department of National Health and Welfare used the FPD—to deflect the political controversy away from the government and on to a "neutral" commission; a strategy carefully designed from the beginning to give the rhetoric to reformers and the policy to elites. All sides—doctors, pro- and anti-reformers, and the Provinces—would make their case to the Committee rather than to the federal government, which, for its part of course, would remain silent lest it interfere with the Committee's work.

To be credible, the Badgley Committee could not deny the obvious social problem caused by the government's elite-permissive abortion policy. A considerable struggle occurred over exactly how it could explain the abortion problem without implicitly criticizing the abortion law. As one witness to many of the early manoeuvrings put it, "There was blood in the halls over what it [the Committee] would actually do. No way would Justice allow it to find fault with the law. The government was not about to blame itself. That's why the supporting studies are still locked up in the vaults."[63] The formula to resolve the difficulty for the Committee came in the form of a national patient survey which detailed the epidemiological nature of abortion, but blamed medical, hospital and provincial obstacles for preventing the law's equitable operation.

The Committee's primary conclusion reproduced exactly the federal government's claim that responsibility for abortion policy did not rest at the federal level: "It is not the law that has led to the inequities in its operation or the sharp disparities in how therapeutic abortions are obtained by women within cities, regions, or provinces. It is the Canadian people, their health institutions, and the medical profession, who are responsible for this situation."[64] Cabinet alerted the Department of National Health and Welfare to the Report in December, 1976, three months before its release, and directed them to not refer to the report publicly except in response to direct inquiries, and then to cite only this conclusion.[65] The Family Planning Division's Director backed this with a directive to FPD people to remain silent about the report.[66] This was not merely because of the law's gross inequities. Previous studies had reported the grief and frustration forced upon women who sought a legal abortion.[67] This time, the report's official status and excellent documentation generated intense political pressure from all sides of the abortion debate. That pressure was directed not on the Justice Department, but on National Health and Welfare and the FPD.

The Badgley Report did link the high demand for induced abortion with systematic deficiencies in federal government policies ad-

ministered by the FPD, especially "diffuse and ineffective" efforts in public education on contraception. The Report argued convincingly for a national population policy, which had been specifically removed from the FPD's terms of reference. Finally, the Report clearly linked the reduction of abortions to effective prevention: "The critical social choices are between two sensitive issues, induced abortion and family planning . . . . The results of this inquiry clearly indicate the need for greater public effort and more resources to be allocated by all levels of government and voluntary associations for the support of family planning programs."[68] These conclusions could not be ignored, but the Family Planning Division's response set it on a collision course with other politically oriented sectors of the federal government, particularly the Prime Minister's Office and Cabinet, which were determined to keep the federal profile as low as possible.

Initially, opinions were divided within the FPD over how to respond to the Badgley Report. Some feared that widespread distribution of the report would only produce additional political pressure on the Division to expand its activities, which in turn would mobilize anti-abortion groups. One senior official attacked the Badgley Report: "Birth control information is readily available from doctors as is abortion counselling. There is no necessity for the federal government to become involved with activist programmes of dissemination of birth control information. Most women's anxieties over pregnancy are better dealt with by a psychiatrist."[69] Others in the Division thought that the Report provided a "policy window" through which the government could respond: "Badgley is a preventive mandate. It legitimizes a preventive strategy which fits perfectly with what we are trying to do. Its horrible findings, especially in the last chapter, demonstrate that nothing is being done in the area of prevention and clearly links prevention with curative treatment. Fifty thousand copies of that report ought to be everywhere."[70]

The Political Response to the Badgley Report

Marc Lalonde, Minister of National Health and Welfare when the Badgley Report was tabled, reluctantly opted for the strategy of pregnancy prevention. The Report had so aroused the public that another gesture by the Family Planning Division was necessary in order for it to continue to contain and deflect the controversy away from the government. Lalonde had already informed (in late April of 1975) provincial ministers of welfare that family planning services were not a priority in his department, but now he could not appear insensitive to the government's own findings. According to one National Health and Welfare official, "Attempts to alter the provisions of the Criminal Code were politically risky. We knew he could not move Cabinet on that point."[71] The Division did not change its research programme, and proposals to resurrect the national fertility survey were axed early, thereby eliminating the possibility of the national population policy which the Badgley Report considered a *sine qua non* of any effective preventive strategy. "The Minister feared," according to one senior manager, "that a [fertility] survey would draw attacks by anti-abortion elements who could claim the government was going to dictate people's private sexual activities. Instead we continued paying out to university-based researchers and demographers to cover the Division from political heat."[72] Lalonde approved the minimum possible incremental response at the federal level, continuing the effort to force the onus for major policy changes on to the provinces.

After arranging for a federal-provincial conference of health ministers for June 1977, Lalonde revealed the federal position on March

4th. The FPD would abandon its "response to request" stance and actively promote the idea of family planning. It would send family planning inserts with Family Allowance cheques, begin a media campaign and prepare a guide on sex education for public schools. The federal change in style, however, would have to be matched by major provincial changes of substance. Provincial governments were asked to review age of consent laws for contraceptive counselling, and discuss the "feasibility of establishing women's clinics affiliated with hospitals to provide family planning, fertility counselling, cancer screening, *abortions,* general maternal health, breast self-examination instruction and related community services including counselling in parenting and family life."[73] The federal carrot was that these services would be included as shareable costs with the provinces in the newly proposed Social Services Act.

This interventionist position died the moment it was announced. Abortion had never been mentioned during initial conference preparations. More importantly, no advance warning and persuasion had been given to the press to help ensure that the proposal would be reported sympathetically. "The statement should have emphasized women's primary health services," according to one frustrated official. "Instead, the press picked up the story, led with the abortion aspect and ignored everything else."[74] This is scarcely surprising since the Minister used the term "abortion" no less than five times in his announcement. When the state makes such a move, the intention may be to either simply test the political climate, or to intervene and change the mixture of opinion, position and activism that makes up that climate.

In this case, the anti-abortionist forces were thoroughly mobilized; provincial reaction was thoroughly negative as well, for the statement smacked of federal duplicity: "It looked like the Feds were up to the old game of putting responsibility on the provinces. He [Lalonde] made it sound like the government was about to set up street clinics where 14 year olds could get abortions on demand. We [the FPD] received over a half million pieces of mail over that speech, most of it negative."[75] The federal deputy minister of Health and Welfare ordered the Family Planning Division to not implement the proposal but to maintain its usual information-on-request policy.[76] From March of 1977 until its final dismantlement in 1978, the FPD was to find itself under almost continuous political attack by anti-abortionists, which made the Division a target for political strategists in other sectors of the government.

Sensing the direction of political response, the provincial governments backed away from Lalonde's proposals to increase the number of approved hospitals, create more abortion committees, provide contraceptive information and establish women's clinics. According to a participant, family planning had no priority at the 1977 federal-provincial conference of health ministers: "Only Ontario, Alberta and Quebec had made a public commitment to family planning prevention services. They in particular feared the backlash generated by Lalonde would spill over on to them. The provinces wanted to let current procedures continue. It was much too dangerous to try and effect changes now."[77] The provincial ministers merely agreed to review the findings of the Badgley Report vis-à-vis their own provinces. Federal officials considered that agreement essential in order to convince the provinces to act on the other measures.

By late summer of 1977, there were widespread rumours of an imminent federal election, and Monique Begin replaced Lalonde as Minister of National Health and Welfare. Begin was regarded within the Liberal Party as strong on women's issues, but weak in administrative skills. Her feminist image symbolical-

ly reassured pro-reform activists as the government withdrew the proposed Social Services Act and proceeded to dismantle the Family Planning Division. Constant attacks by anti-abortion groups kept her in the political spotlight at a time when election rumours filled the air and the government's popularity was particularly low. In October the *Ottawa Journal* reported that she was considering a departmental review of federal legislation including abortion, and that rekindled the political fire storm. "The whole mess erupted all over again just when we were recovering from the Lalonde fiasco. Anti-choice groups dredged up her old speeches from before she was Minister and branded her with them as representing current policy. She became paranoid over abortion and just withdrew."[78] Departmental officials ordered officials in the FPD to emphasize provincial responsibility in family planning and wait until after the election before developing new policy.[79]

In June of 1978, the FPD hosted a meeting with provincial health bureaucrats to discuss the provincial reviews of the Badgley Report and to share information on provincial preventive programmes. Considerable manoeuvring occurred to circumvent the Cabinet's prohibition on discussing abortion or the Badgley Report. All participants agreed beforehand that no decisions or recommendations would be made, nor advice offered. The meeting was billed as a "seminar" and funded out of the FPD's budget in order to circumvent financial review by Treasury Board, which would have prevented the meeting.[80]

Only Saskatchewan and Ontario completed provincial reviews of the Badgley Report. The other provinces shelved their reviews in light of the political controversy and denied an agreement had been reached. They acknowledged the case made by the Badgley Committee for prevention, but emphasized the political difficulty of implementing the kind of corrective policy implied in the Report: "There was a great fear of a political uproar that would follow any attempt to expand preventive programmes, and the absolute impossibility of revising the abortion law. They all agreed it was not timely to act and generally wished the issue would simply go away."[81]

The Family Planning Division is Aborted

The seminar was the last major initiative undertaken by the FPD. The division could no longer effectively contain the political conflict in light of the cumulative effects of the Badgley Committee, Morgentaler, Lalonde and Begin. Moreover, political strategists realized that general economic issues were displacing social questions as the most serious threat to the government's fragile popularity. Social policies were subordinated to the priority of economic restraint. Levels of government spending became prime targets of the Parliamentary Opposition. Against a backdrop of rising inflation, taxes and uncontrolled government spending, "women's issues" no longer captured the public's or the media's attention in the late 1970s. "We knew in the fall of '78," according to a Liberal political advisor, "that the state of the economy was a far more dangerous area and that social programmes were relatively expendable."[82] In the birth control/abortion issue, the government switched from a strategy of containment to one of abandonment by dismantling the FPD and curtailing the activities of its subsidized interest groups, all under the guise of economic restraint. The Prime Minister's Office embarked on dramatic, highly publicized spending cuts in current social programmes to make the public "feel" the restraint personally. Reductions were aimed at controversial programmes like unemployment insurance or at policies where active pressure groups would be affected, like the Family Planning Division. Reduced spending in these and other areas dramatized the federal government's commit-

ment to economic restraint while conveniently reducing programmes which generated political controversy. The FPD had the smallest constituency in terms of voter strength, yet aroused intense political protest because of the nature of its activities. From a political standpoint, the FPD was now vulnerable and unnecessary.

When it withdrew the proposed Social Services Act in the fall of 1977, the federal government had already served notice to the provinces that fertility policy was no longer a priority, including family planning services, as a shareable cost. In August of 1978, the government cut $1 million from the FPD's Family Planning Grants Programme. That Division's grant budget was the smallest of any in the Department of National Health and Welfare, yet it sustained the largest single reduction—about 50%. The Prime Minister's Office dictated about $700,000 of the cut directly.[83] Concurrently, the Department notified the Planned Parenthood Federation of Canada, which knew that its financial support would be gradually reduced, that its sustaining grant had been slashed. A senior PPFC staff member related: "It happened so quickly. We were blocked out completely; no more consultation, no more access."[84] Reducing the Family Planning Division's programmes was a purely political act: "Their purpose was to send a message to activists in the health and welfare area, particularly the anti-choice people, that the government knew that Catholics were Liberals too. To the other side, the government was giving notice that it was backing off on the issue of family planning, period."[85]

Following the budget cut, the federal government dismantled the FPD. With the budget cuts, reorganization and the freeze on hiring, the FPD virtually ceased to exist. From its inception in 1972 until September of 1978, the Director of the Division reported to the Assistant Deputy Minister for Social Services on the welfare side of the Department. The grants officer, along with the remains of his budget and the nurse consultant, were placed under the Director-General for Health Services. The community education consultant and the resource centre clerks reported to the Director-General for Health Promotion. Both operated within the Health Services and Promotion Branch, which operated primarily in a consultant capacity to the provinces. Former FPD personnel were defined as having 20% of their duties devoted to family planning matters. As of July 1979, there was only one person in the whole Department working full time on family planning projects—a public health nurse processing requests for information.[86]

Following the FPD's demise, plans were made in Ocotober of 1978 for a free vote in the House of Commons on abortion and capital punishment. The cannabis issue was scheduled for January of 1979, but that idea was dropped. The free-vote mechanism would have allowed the Liberal government to abandon the issue altogether. Health and Welfare Department officials saw every chance that all efforts in the area of fertility policy could be stopped. In the words of one official, a free vote would have "mobilized the huns" to reinstate the old abortion ban. A general revolt against the idea of a free vote in Parliament developed rapidly among the PPFC, certain other National Health and Welfare Department officials, the New Democratic Party's Women's Commission, the Liberal Party's Women's and Youth Commission, and a few Members of Parliament from both sides of the House. The government retreated.

Conclusion

In the 1960s, feminism became a mass movement and an important element in the wave of agitation which challenged and sought to reform a traditional fertility/abortion system

serving the middle class but not the poor. Public attacks on the informal system of abortion and contraception control led the medical profession to ask the state for relief which preserved their monopoly. This aid took the form of the 1969 abortion reform law. It soon became evident that the law operated inequitably and public attitudes continued to polarize on the abortion/fertility issue. The state then moved through virtually its entire repertoire of symbolic responses in pursuit of an effective strategy to contain the issue; a strategy that would preserve the elite-permissive system without damaging the government's popularity.

The federal Cabinet created the Family Planning Division as a lightning rod to channel political controversy into a bureaucratic agency which spread a message of concern while doing little. The political lightning passed through the FPD, thus insulating the government from an issue that might otherwise split the Liberal Party's Parliamentary caucus, Cabinet, or threaten the government's electoral popularity.

Although it became the arena of conflict at the federal level, the FPD had almost no substantive functions. It provided contraceptive information to an elite constituency, but not effectively. It helped maintain the dominant view of abortion as an unacceptable form of birth control, and propagated the myth that abortion and birth control were two different things. The FPD did keep lines of communication open; it listened sympathetically to reformers, encouraged their good works and, when necessary, explained why nothing could be done. It also monitored the anti-abortion activists by directing their protests onto itself. Thus everyone concerned could either talk to the Family Planing Division or yell at it. But it actually did very little. The FPD is an excellent case of what may be termed a symbolic agency. It told anti-reformers that abortion was still illegal and had no place in the state's concept of family planning. It redirected the protests of both sides with the argument that effective authority, and therefore responsibility, for health lay with the doctors and provincial governments. The Division spoke to all sides of the issue while avoiding substantive action on its own. By funding the Planned Parenthood Federation of Canada and Serena, the state encouraged the growth of a conservative and cautious reform movement, and created a seemingly autonomous response to its initiatives—a response to which the government could in turn appear to respond but which it actually controlled.

The political issues raised by Dr. Morgentaler, however, redirected the controversy squarely back to the federal government via its Justice Department. In turn, the Justice Department responded with the creation of the Badgley Commission on the Operation of the Abortion Law. Its Report gave the rhetoric and the facts to the reformers but absolved and preserved the policy for elites. The Report neatly shifted responsibility and thus the blame on to the provincial governments and the medical profession.

From the mid 1960s to the late 1970s, the state succeeded in containing the volatile abortion issue, as well as avoiding any substantive fertily policy, until reformist energies simply ran out of steam or were suffused into the political and economic conservatism of the late 1970s. Then the federal government abandoned the issue, judging it safe to "throw it into the streets". The issue has come full circle. The controversy remains. The hard core of activist reformers is still as committed as ever, but without a large public following their efforts have shifted to the very local level. Today the conflict centres on individual hospitals where pro- and anti-reformers battle each other for control of hospital boards, a matter safely outside the area of federal jurisdiction.

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

NOTES

1. This study was made possible by a research grant from the University Council for Research at St. Francis Xavier University, Antigonish, Nova Scotia, and Dr. Collins wished to thank Dr. Jon Alexander of Carleton University for insightful editorial criticisms.

2. The research for this study was based on federal and provincial governments' public documents such as those noted in the following footnotes; internal memoranda of the federal government; documents and publications from such organizations as the Canadian Conference of Catholic Bishops, Planned Parenthood Federation of Canada, and numerous 'right to life' groups; press clippings from eleven newspapers and magazines; and some ten interviews. The interviews were conducted in Ottawa between August of 1979 and October of 1980. Some of the respondents wished to remain anonymous because of their positions within the Department of National Health and Welfare, and they included medical and policy advisors. Several of the interviews were conducted with senior officials in the Planned Parenthood Federation of Canada.

3. The development of anti-abortion legislation, according to Jane Mohr, was primarily due to medical associations' astute political action to secure monopoly control over medical practices. A number of sources focus on the British and American experiences, but there is little on the evolution of abortion legislation in Canada. See J.C. Mohr, *Abortion in America: the Origins and Evolution of National Policy, 1800-1900* (New York: Oxford University Press, 1978) and G.J. Barker-Benfield, *The Horrors of the Half Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth Century America* (New York: Harper and Row, 1976). For an analysis of recent trends see J. Saltman and S. Zimmering, *Abortion Today* (Springfield, Ill.: University of Illinois Press, 1973). An excellent cross-cultural analysis is provided by M. Potts, P. Diggory, and J. Pell, *Abortion* (London: Cambridge University Press, 1977). Recent Canadian experience is provided in E.W. Pelrine, *Abortion in Canada* (Toronto: New Press, 1972).

   Illegal abortions in Canada were estimated to be between 20,000 and 120,000 from 1955 to 1966, based upon extrapolations from U.S. rates and the medical opinion that one in three pregnancies is interfered with in some way. "Legislation on the Social Services: A Brief Presented by the Planned Parenthood Federation of Canada," December, 1975, p. 2. The Departement de Demographie de l'Université de Montréal placed the number of illegal abortions at 100,000 in 1971, two years after the abortion law reform.

4. C. Swinton, "Population and Family Planning: An Overview," in B. Schlesinger (ed.), *Family Planning in Canada: A Source Book* (Toronto: University of Toronto Press, 1975), pp. 9-16.

5. J.J. Lederman and G.E. Parker, "Therapeutic Abortions and the Criminal Code," *The Criminal Law Quarterly,* vol. 6 (1963-64), pp. 38-39.

6. Graham E. Parker, "Bill C-150: Abortion Reform," *The Criminal Law Quarterly,* vol. 11 (1968-69), pp. 268-272.

7. Interview number 3, August 9, 1979.

8. Parker, *op. cit.*, p. 268.

9. See, for example, Richard Simeon, *Federal-Provincial Diplomacy: The Making of Recent Policy in Canada* (Toronto: University of Toronto Press, 1972).

10. See, for example, K.D. McRae, "Consociationalism and the Canadian Political System," and S.J.R. Noel, "Consociational Democracy and Canadian Federalism," in Kenneth McRae (ed.), *Consociational Democracy: Political Accommodation in Segmented Societies* (Toronto: McClelland and Stewart, 1974). See also Robert Presthus, *Elite Accommodation in Canadian Politics* (Toronto: Macmillan, 1973), and his *Elites in the Policy Process* (Toronto: Macmillan, 1974).

11. G.E. Parker, "Abortion: A Review of CMA Policy," *CMA,* December, 1977.

12. The anti-abortion faction within the CMA is currently on the ascendency. As of 1979 individual physicians who personally oppose abortion are not required to inform a women seeking an abortion of their views, nor to refer her to another doctor who might be sympathetic.

13. Quoted form Pelrine, *op. cit.*, p. 32.

14. *Family Planning Evaluation Report,* Department of National Health and Welfare 1977. Hereafter cited as *Evaluation Report.*

15. Quoted in L. Dulude, *Abortion in Canada: Background on the Proposed Amendments to the Criminal Code* (Ottawa: Canadian Advisory Council on the Status of Women, 1975), p. 7.

16. The delays, cost, regional inequities of access—all the horrors reported by the Committee on the Operation of the Abortion Law, were well documented before the Badgley Committee confirmed them. See Pelrine, *passim;* also *Report of the Royal Commission on the Status of Women in Canada;* and Schlesinger, *op.cit.*, part six, pp 201-240.

17. I say *appeared* to increase because cross-cultural studies have found that open abortion laws function to transfer the

"demand" from illegal unsafe abortionists (for which accurate counts are impossible to obtain) to legal safe conditions; see Potts *et.al., op.cit.*, p. 132.

18. Robert Presthus has found that close to half of all federal departments inspire such groups to make claims on their resources. R. Presthus, *Elite Accommodation in Canadian Politics, op.cit.*, pp. 78-9.
19. *Evaluation Report,* p. 8.
20. *Ibid.*
21. Letter from the Minister of National Health and Welfare to the Planned Parenthood Federation of Canada, October 9, 1970.
22. *Evaluation Report,* pp. 10-11.
23. Record of Cabinet decision, July 30, 1970. *Evaluation Report,* p. 12.
24. *Evaluation Report,* p. 81.
25. Memorandum to Cabinet, July 14, 1970. *Evaluation Report,* p. 127.
26. Department of National Health and Welfare, "The Departmental Family Planning Educational-Informational Effort as of January, 1972."
27. Memorandum to Cabinet, July 14, 1970. *Evaluation Report,* pp. 127-128.
28. Memorandum from Cabinet, July 14, 1970. *Evaluation Report,* p 81.
29. *Evaluation Report,* p. 82.
30. For the medical profession's criticism of hospital therapeutic abortion commitees see R.M. Boyce and R.W. Osman, "Therapeutic Abortion in a Canadian City," *The Canadian Medical Association Journal,* V. 103 (1970), p. 461; E. Wilson, "The Organization and Function of Therapeutic Abortion Committees," *Canadian Hospital,* vol. 48 (1971), p. 38; and K.D. Smith and H.S. Wineberg, "A Survey of Therapeutic Abortion Committees," *The Criminal Law Quarterly,* vol. 12 (1969-70), pp. 279-306.
31. *Royal Commission on the Status of Women in Canada,* 1970, p. 286. The Commission also linked contraception to demand for abortion (see pp. 275-286). For a discussion of other problems associated with the abortion law (confirmed but not discussed in the *Badgley Report*), see Pelrine, *op.cit.*, pp. 38-45, and G.D. Bouma and W.J. Bouma, *Fertility Control: Canada's Lively Social Problem* (Toronto: Longman Canada, 1975), pp.84-6.
32. *Evaluation Report,* p. 99.
33. Interview number 1, August 8, 1979.
34. *Evaluation Report,* p. 88.
35. *Ibid,* p. 109.
36. *Ibid,* p. 119.
37. *Ibid,* p. 120, 125.
38. *Ibid,* p. 81.
39. *Report of the Committee on the Operation of the Abortion Law* (Ottawa: Department of Supply and Services, 1977), p. 417. Hereafter cited as the *Badgley Report.* An analysis of the report follows later in this paper.
40. *Evaluation Report,* p. 70.
41. *Ibid.*, p. 65.
42. *Ibid,* p. 177.
43. *Badgley Report,* p. 417.
44. *Evaluation Report,* p. 165.
45. A directive in the Division blocked publication of completed research. The author of this paper was unable to obtain even a bibliography of completed work.
46. *Evaluation Report,* p. 145.
47. Memorandum from the Deputy Minister of National Health and Welfare to the Minister of Health and Welfare, March 24, 1971. *Evaluation Report,* p. 18.
48. Interview number 6, August 12, 1979.
49. *Ibid.*
50. *Evaluation Report,* p. 155, 207.
51. *Brief to the Minister of National Health and Welfare from the Planned Parenthood Federation of Canada, PPFC,* March 14, 1979, pp. 5-6.
52. "Social Services Legislation: A Report of a meeting to discuss the brief presented to the Federal Government on proposed Social Sevices Legislation," *PPFC,* January 26, 1976.
53. *Evaluation Report,* p. 207.
54. "FPD Summary on Recommendations to the Deputy Minister for fiscal year 1972-73." *Evalution Report,* p. 202. Elipses are inserted by the FPD.
55. *Report of the Committee on the Operation of the Abortion Law, op.cit.*, p. 414. Emphasis added.
56. Quoted in *CMA Journal,* vol. 112 (1975), p. 494.
57. Interview number 5, August 10, 1979.
58. Dr. B. Stephenson (President, CMA), "Abortion: An Open Letter," *CMA Journal,* vol. 112 (1975), p. 495. The CMA reprinted Stephenson's letter to the Prime Minister and his reply of November 12, 1974.
59. Letter from P.E. Trudeau to CMA President, *CMA Journal, ibid.*, p. 497.
60. *Ibid.*, p. 494.
61. "Abortion—A Review of CMA Policy," *CMA,* December, 1977, p. 1.
62. Terms of reference are stated in Chapter 3 of the *Badgley Report,* pp. 27-43.
63. Interview number 1, August 8, 1979.
64. *Badgley Report,* p. 17.
65. Cabinet Record of Decision, December, 1976.
66. Interview number 6, August 12, 1979.
67. Bouma and Bouma, *op.cit.;* Pelrine, *op.cit.; Status of Women Report, op.cit.*.
68. *Badgley Report,* pp. 25-6.
69. Interview number 3, August 9, 1979.
70. Interview number 6, August 12, 1979.
71. Interview number 1, August 8, 1979.
72. Interview number 5, August 10, 1979. According to the *Badgley Report,* the FPD approved only 3 of 7 research proposals dealing directly with induced abortion, p. 417.
73. *Statement by the Honourable Marc Lalonde, Minister of National Health and Welfare,* March 4, 1977, p. 5. Emphasis added.
74. Interview number 1, August 8, 1979.
75. *Ibid.*
76. Interview number 1, August 8, 1979.
77. Interview number 5, August 10, 1979.
78. Interview number 1, August 8, 1979.
79. *Ibid.*
80. Interview number 6, August 12, 1979.
81. *Ibid.*
82. Interview number 10, October 6, 1980.
83. Interview number 7, August 13, 1979.
84. Interview number 2, August 9, 1979.
85. Interview number 7, August 13, 1979.
86. The reorganization was outlined in chart form during interview number 8, August 15, 1979.