

Abortion and the struggle for reproductive justice



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Abortion and the struggle for reproductive justice

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Why are abortion rights under attack?

Michelle Robidoux

For over 25 years, Canada has had no legal restriction on abortion. This was the result of a hard-fought battle to repeal an unjust abortion law.

Since 1988, when the Supreme Court struck down the abortion law, support for women's right to choose has grown steadily. A 2010 Environics poll showed that 74 per cent strongly or somewhat agree with the statement "Every woman who wants to have an abortion should be able to have one", up from 66 per cent in 2000.

Yet abortion rights are under attack here and around the world:

- In Spain, where abortion has been available on demand up to 14 weeks of pregnancy since 2010, a Conservative government has sought to impose a ban except in cases of rape or threat to the woman's health.
- Across the US, some 300 anti-abortion measures were introduced at state and local levels in 2013 alone.
- And in Canada, while there have been no direct attempts to recriminalize abortion since the early 1990s, many back-door attempts to restrict access have been put forward. In 2010, the Harper government introduced its Maternal Health Initiative at the G8 summit, which excludes funding for abortion in developing countries. This, despite the fact that 47,000 women die each year from unsafe abortion procedures – one of the leading causes of maternal mortality. Harper has effectively imposed a measure on poor countries that he has not yet been able to get away with in Canada.

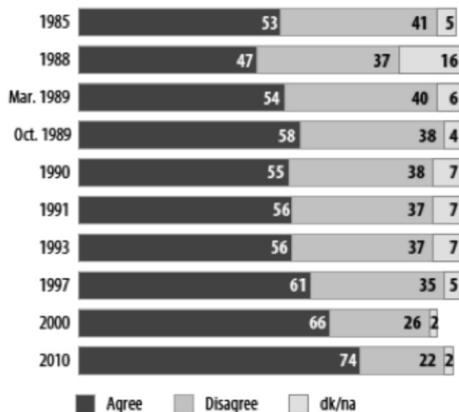
What is behind these attacks? Why are gains that were made – sometimes decades ago – now under systematic threat?

Economic crisis and women's oppression

The effects of the financial crisis that erupted in 2008 are still being felt around the world. In many countries, unemployment has skyrocketed and incomes have declined.

Every woman who wants to have an abortion should be able to have one

1985 - 2010



The world's wealthy and the governments that do their bidding are pushing austerity measures to make workers and the poor bear the cost of this crisis.

In the workplace, workers are facing speedups, cutbacks and more pressure to perform unpaid work.

Outside the workplace, many of the gains working people won in the past – healthcare, pensions, childcare, education, human rights legislation, the right to organize unions – are under threat and being rolled back. There is a wholesale drive to privatization and marketization of public services.

Parallel to this push to austerity is an ideological drive aimed at convincing us that if we fall on hard times, it is our own fault. Crucially, the idea that the family – and specifically, women in the family – should pick up the slack is reinforced at every turn. Whether it is care for the elderly, or childcare, or tending to a sick family member, the notion that women are the designated nurturers who must juggle jobs and work in the home is back with a vengeance.

The cost of 'social reproduction' – the shopping, cooking, cleaning required to keep workers ready to work, as well as the care for the elderly, the sick and young children – is carried by the family. Whether subtle or crude, the message is hammered home – in advertising, news reports, on TV and in Hollywood – that it is principally women's role to provide this care.

Along with reinforcing the view that women are by design society's 'nurturers', these ideas seek to impose the compulsory heterosexual nuclear family as the only possible model of relationships in society. Any alternatives to this model undermine the myth of women as 'natural caregivers'.

In 2012, the Society for the Protection of Unborn Children (SPUC), an anti-choice and anti-gay lobby group based in the UK, distributed fliers suggesting that legal same-sex marriage would lead to an increased number of abortions. "Legalised same-sex marriage will increase confusion about what it means to be a man or woman and removes natural conception from the idea of marriage," the pamphlet states. "We must protect real marriage because it protects children in the womb." Bizarre leaps of logic aside, this illustrates how anything outside the narrow confines of heterosexual marriage and procreation is perceived by the right as a threat to the institution of the family.

Contradiction

The lived experience of millions of women and men continually clashes with this ideology. The majority of Canadians do not live in these ‘traditional’ arrangements. Fewer than half of Canadian families have a married couple at their centre. Common law couples, single parent families and other domestic arrangements now account for a majority of Canadian families. Women today have relatively more control over their sexuality and their lives than in previous generations. And more women work outside the home in paid employment than ever before.

The more ideas about women’s role in the family are out of sync with reality, the more relentlessly the right attempts to promote them.

Right-wing ‘think tanks’ have mushroomed in Canada over the past decade in an attempt to push anti-abortion, anti-gay and anti-union positions into the mainstream. One of these, the Institute of Marriage and the Family Canada (IMFC), published a report in February 2014 claiming to show that “marriage is more prosperous”. Much cited in the mainstream media, the report argues “that governments should take the economic benefits of marriage seriously and continue to form policies in all areas that are marriage friendly”:

“Consider [...] that marriage partners benefit from consolidated friend and family support networks during high risk periods, like death of a family member or being laid off. Stable families benefit from economies of scale and the flexibility to share in the division of paid and unpaid labour.”¹

The report concludes, “Both government and business benefit from healthy families, and their actions can strengthen – or weaken – family stability. Governments should consider tax initiatives and youth education campaigns that promote marriage. Businesses should think about how their marketing portrays marriage, and how their workplace practices affect work-life balance.”

But the report acknowledges that it does not answer the question of whether marriage creates wealth, or whether the wealthy are more likely to get married. When asked about this, a spokesperson deflected the issue, saying “A better question might be whether the wealth of marriage is inaccessible to those who are lower income”, exposing the ideology that underpins the report and makes its findings completely bogus.²

Presumably, if marriage is a source of prosperity and stability, then same-sex marriage should be welcomed. But the IMFC has been one of the most strident voices opposing same-sex marriage, claiming that it will destroy the family.

1 “The Marriage Gap Between Rich and Poor Canadians”, IMFC, <http://www.imfcanda.org/sites/default/files/event/CMD-FINAL.pdf>

2 <http://www.ctvnews.ca/canada/report-highlights-marriage-gap-between-rich-and-poor-canadians-1.1702934#ixzz2w4XcO1oR>



The only model of marriage they want to promote is heterosexual marriage, preferably procreative.

The IMFC also supports income-splitting policies which overwhelmingly benefit wealthy families, and opposes full-day kindergarten, state-funded childcare, euthanasia and abortion.

These think-tanks work hand-in-hand with Conservative politicians to push changes in state policies. In a speech marking the IMFC's 5th anniversary, Minister of Social Development and anti-choice activist Jason Kenney congratulated the IMFC:

“Every week, every month, this Institute – through the op-eds that it writes, the research papers that it publishes, the conferences that it holds and the ideas it presents – brings an absolutely critical perspective to a range of policy issues that we need to hear frankly more loudly and more consistently in Ottawa. So it’s our hope that the Institute will continue to grow in its reach, in its influence, in its activity [...] the family is the basic unit of society, it is the first of the little platoons of civil society of which Edmund Burke spoke. It is the bulwark of human liberty. It is an institution which preexists the state. [...] We must never forget that the family is the best social program, it’s the best daycare program, it’s the best school, because it operates on the principle of self-giving love, something that no government, no state or bureaucracy can emulate.”

Kenney went on to encourage the IMFC to “take the long view. You never win fundamental policy debates overnight [...] When the Fraser Institute started writing about markets and fiscal responsibility in the late 1970s, they were an outlier. By the mid 1990’s it had become a new conventional wisdom [...] It often takes a decade or two, to plant the seeds and bring them to fruition.”³

This is part of the landscape in which women’s reproductive rights are increasingly contested. Public opinion is strongly pro-choice, and most members

3 <http://youtu.be/bv-6oLACZow>

of the ruling class are probably far-sighted enough to see that it is in their economic interest for working class women to have control over their fertility if they want to maintain a stable, relatively cheap female workforce.

But the capitalist system as a whole also relies heavily on the existence of the nuclear family for the reasons outlined above. Encouraging anti-choice forces strengthens the ideology of the family and women's traditional role within it. If they want to compel individual women to take responsibility for the needs of every family member, and thereby save themselves the cost of providing childcare, seniors' residences, social services and healthcare, the ruling class has to bolster these ideas. Meanwhile, working class women will still have no choice but to work outside the home.

Fighting oppression, fighting austerity

Control of women's reproduction has been key throughout the history of the capitalist system. The intensification of state control of reproduction is part of the broader battle over who will bear the cost of social reproduction – society as a whole, or the private family. It presupposes the extension and intensification of sexist ideas, of a discourse which infantilizes women – discrediting our capacity to make decisions in our lives.

In the intersection of economic crisis and cuts to social services, we see a system pushing working-class women to shoulder the unpaid execution of the tasks of care, maintenance and reproduction of workers – both day-to-day, and generationally. Women's unpaid labour in the home is hidden behind the ideological screen of women's "natural inferiority", in order to lengthen the unpaid work day and maximize the benefits of women's labour to the system as a whole. In a time of crisis this deflects the very real conflict between classes towards a conflict between men and women, with dire consequences and implications for the ability of workers to mount a united fight.

The crisis is producing a toxic blend of sexism, racism, anti-gay bigotry, islamophobia and xenophobia because our rulers know that their legitimacy is questioned by millions. Movements like Occupy Wall Street and Idle No More, as well as the revolutions throughout the Arab world terrify those who want to keep the capitalist system afloat. They have no solutions to the economic crisis and the system is failing to meet people's needs. So they resort to scapegoating and divide and conquer tactics. In Canada, this has meant an all-out assault on Indigenous people who are resisting unfettered expansion of tar sands, fracking and mining on their lands. It has meant a refusal to call an inquiry into the hundreds of missing and murdered Indigenous women. It has meant defunding of organizations critical of the government's policies on women, human rights, labour rights, the environment, Palestine, and more.

Understanding what is driving the attacks on these hard-fought gains, and the promotion of virulent sexism, is essential if we are to mount an effective fight back to defend these gains and to push the fight for reproductive justice forward.

Reproductive justice and the campaign to overturn the federal abortion law

Carolyn Egan

An historic battle took place in this country in the late twentieth century between the women's movement, its allies and the Canadian state. A major victory was won when the Supreme Court of Canada overturned the federal abortion law in January of 1988. At the time the campaign was situated in the broader context of reproductive freedom. Abortion rights was seen as one of a number of demands that the women's movement was struggling for in the fight for reproductive rights for all.⁴

Access to abortion before 1969

Before the law was struck down there was access to abortion but it was a very privileged access. In 1969 legislation had been passed which allowed abortions to be performed if they took place in an approved or accredited hospital with the consent of a therapeutic abortion committee. The committee was made up of three doctors whose role was to determine whether the continuation of a pregnancy would impact on the physical or mental health of the woman. If they decided it did, the woman would be able to have an abortion. There was uneven interpretation of the law across the country and many hospitals did not establish committees. The law was unjust and denied women the right to make decisions over their reproductive health.

In practice it resulted in very inequitable access. Women with economic resources who could afford a private gynecologist or travel to the US or Montreal could get an abortion. Many racialized women, Indigenous women, working class, rural and young women did not have access. In spite of the claims that Canada had universal health care, there was a two-tiered system.

⁴ Carolyn Egan, "The Right to Choose" (*Our Times*, June 1985), 30.

In Toronto, workers from the Immigrant Women's Health Centre, the Birth Control and VD Information Centre and Hassle Free Clinic decided that they had to challenge a system that was denying abortions to many of those using their services. They spoke everyday with women who were being treated in a humiliating and degrading manner and made to leap through hoops to access abortion. They felt strongly that the federal law was fundamentally flawed in that it took the decision out of the hands of women and was racist and class biased in its application. They and others formed the Ontario Coalition for Abortion Clinics (OCAC) in 1982.

The group thought long and hard about how best to change an increasingly desperate situation for so many women. We looked at the circumstance in the province of Quebec where CLSCs (community health centres) and Centres de Santé des Femmes (women's health centres) were providing abortions to women in their own communities. A lesson was learned from our sisters in Quebec and we modeled our campaign after theirs. The strategy was the combination of a doctor willing to challenge the law and a broad and representative movement willing to fight for the necessary changes.

A mass action, United Front approach

OCAC was a grass-roots, activist organization; a united front. The immediate objectives were to overturn the federal law and to legalize freestanding clinics providing medically insured abortions.

OCAC took a mass action approach. We did not leave the campaign to lawyers or to the lobbying of politicians. We believed that tens of thousands of women and men would come into the streets across the country to fight for women's reproductive freedom. Groups took up the cause in every province and the Canadian Abortion Rights Action League fought side by side with us. Members and allies spoke to labour unions, to community organizations, on campuses and to faith communities. At the very start we won a resolution at the Ontario Federation of Labour convention supporting the campaign and individual unions followed suit. Women Working with Immigrant Women, a coalition of immigrant and racialized women's organizations, was a strong supporter helping to organize meetings and active support in diverse communities. More and more groups and individuals joined the struggle. We began building a broad united front step by step and the popular support grew.

The membership set out to win full access to free abortion for all women. OCAC made clear in its organizing that it should be a fundamental right for all women to make the decision to terminate a pregnancy and that fully funded facilities must be in place to allow them to do so. It also felt that the movement needed an analysis that went much further. The group believed that women must also have the right to bear the children they choose to bear. This was a perspective that activists from the Immigrant Women's Health Centre had put

forward in earlier campaigns to remove barriers to abortion, sexual health and the support services required to continue a pregnancy.

Expanding the definition of ‘choice’

We were aware of the limits of the notion of “choice”. Full access to free abortion, as significant an advance as that would be, does not guarantee that all women have choices over their lives or having children. The definition of “choice” was broadened in our organizing. OCAC stated that for all women to have real choices in our society, they require safe and effective birth control services in their own languages and their own communities, decent jobs, paid parental leave, childcare, the right to live freely and openly regardless of their sexuality, an end to forced or coerced sterilization, employment equity, and of course, full access to free abortion. All were required if women were to have reproductive freedom.⁵

OCAC tried to ensure that the demand for abortion access was never seen in isolation, but as one of a number of interdependent struggles. We tried to make this concrete by challenging the coerced sterilization that First Nations women, Black women and women with disabilities were facing. We held joint forums on the issues with women speaking about the injustices that they were experiencing. Healthcare workers said that therapeutic abortion committees sometimes refused abortions unless a woman agreed to be sterilized. We fought for child care as a woman’s right and campaigned against extra billing by doctors. AIDS activists spoke at our rallies outlining the pressures on HIV positive women to have abortions and tubal ligations. We worked very closely with the Midwives Collective fighting to have their services paid for by the state and available to all.

We believed that the choice to have a child can never be free in a society where many women earn so much less than men, in which quality childcare and affordable housing are not available, where inequity and discrimination are systemic. We found this reproductive rights perspective to be vital to the success of our organizing because it reflected the reality of women’s lives, broadened the base of the movement, and explicitly dealt with issues of class and race.

Defending the Morgentaler clinic in Toronto

OCAC worked with Dr. Henry Morgentaler and in 1983 he opened a clinic challenging the federal criminal code. The clinic became a symbol of women’s resistance to an unjust law. A long campaign against two levels of government and an organized anti-choice movement began.

Women were making appointments for abortions at the clinic knowing full well that the government viewed it to be “illegal”. They faced police surveillance and anti-choice harassment standing up to both, and demanding their right to abortion by defying the law. They were from many backgrounds including women without health cards, women from northern reserves, and those who

⁵ Carolyn Egan, “The Right to Choose” (Our Times, June 1985), 30.



could not speak English. They were the true heroines of the movement risking exposure and arrest but they continued to come. Safe houses were established in the neighbourhood, and volunteer escorts accompanied women to the clinic protecting them from anti-choice harassment.

It did not take long before the facility was raided by the police and Drs Morgentaler, Scott and Smoling were arrested and the medical equipment seized. This was not unexpected and OCAC had been building broad support. We knew we were going to be in a long drawn out campaign. We had to change the balance of power in the country, and while the issue had to be in the courts because of the arrests, the critical task was mobilizing the strong support that we knew was there for women's reproductive rights. Judges do not sit in isolation and we had to show that the law was unenforceable and make sure that a jury would not convict the doctors.

In linking struggles OCAC was able to build a wide campaign through demonstrations, marches and rallies in which thousands participated. Speakers from many communities spoke about the situation they were facing and why we had to work together to address the inequities that so many women were up against. We always tried to involve ourselves in movement building. Through our organizing we were able to broaden the participation of trade unionists, students, AIDS activists, people of colour, and immigrant women's organizations in the



campaign. We understood that without active participation and the support of thousands no change would occur. A strong united front was built.

After the raid we were caught in the courts for almost a year on a constitutional challenge through which the state tried to demobilize the movement. An Ontario Supreme Court Justice ruled that the federal abortion law was constitutional. He stated that the Charter of Rights and Freedoms protects only those rights that are spelled out in law or “rooted deeply in our traditions”. Well abortion is certainly rooted in women’s traditions. In the actual trial, the jury unanimously rejected this by finding the doctors innocent. The government appealed the acquittal but the clinic reopened and the movement gained a tremendous momentum.

Building a mass movement to overturn the abortion law

The goal was to build a visible, mass movement which fought together for women’s reproductive freedom. The full message was often lost in the media presentations where most attention was given to the single issue of overturning the federal abortion law. We undoubtedly could have done it better. Achieving the best balance between short and long term goals, between the polemical value of the choice slogan and the constraints of such arguments was sometimes difficult. We didn’t always make the right decisions and were under tremendous pressure with so much at stake. There were many debates about the best way forward. Strategic complexities and dilemmas were not made easier in

a movement that was constantly under direct attack from the state and the conservative right.⁶

OCAC was a voluntary organization raising money through donations, garage sales and benefits with one staff person at the height of the struggle. We openly debated questions, scheduling general membership meetings every two weeks and always tried to choose the course of action that would involve the largest number of people. At strategic junctures we advertised open public strategy meetings to involve everyone interested in determining our next steps. Many people who could not commit themselves to the organization in an ongoing way could attend.

When the Supreme Court finally overturned the existing abortion law it was through the strength of a broad and representative movement. It was a collective victory in which tens of thousands played an active role. The fact that OCAC understood that the state was not neutral and was not acting in the interests of women was critical to the success of our campaign. We believed that only a mass movement could change the balance of forces in the interest of all women. The united front strategy that was adopted was the key to the success.

There was a spontaneous demonstration of thousands of supporters outside the Morgentaler Clinic when the decision of the Supreme Court was announced. Women and men were dancing in the street! Similar rallies erupted across the country. Freestanding clinics were legalized in Ontario fully covered by the healthcare system and clinics began to open in other parts of the country as well. There were a number of facilities in Ontario that were able to provide abortions to women without health cards as a result of our organizing. This was a huge breakthrough for women without status.

Attempts to recriminalize abortion fail

It did not take long before the Conservative government in Ottawa began the process of introducing new legislation recriminalizing abortion. Because of the strong roots that had been developed a major campaign against a new law was launched. “Women are not Criminals” was the slogan. There was wide support from groups such as the National Organization of Immigrant and Visible Minority Women, the Canadian Labour Congress, the National Council of Jewish Women, the Federation des Femmes du Quebec, the United Church of Canada, the Canadian Medical Association, AIDS Action Now! and a large range of provincial and local organization across the country. There were national days of action and large numbers came out into the streets. Tragically during this period a young woman, Yvonne Jurewicz, died in Toronto of a self-induced abortion because she believed a legal procedure was not available.

During the campaign against the new law and for increased access, anti-choice forces began another assault. “Operation Rescue”, as they called it, started

⁶ Ontario Coalition for Abortion Clinics, “Feminist Struggles and State Regulation: Controlling Women’s Reproductive Rights” (RFR/DRF Volume 17, Number 3, Fall 1998), 111.

in Toronto in the fall of 1988 and attempted to blockade the entrance to the Morgentaler Clinic. They physically and verbally harassed women seeking abortions. OCAC organized defence of the clinics rejecting the argument that it should be left to the police to protect the facilities. Supporters would sometimes spend the night when we were given advance warning and would be outside waiting for them to arrive in the early morning. We would link arms chanting, “Racist, sexist, anti-gay, born again bigots go away”, “Campaign Life your name’s a lie. You don’t care if women die”, chants that reflected the politics of the campaign.

It would not be unusual for members of the United Steelworkers, the Black Women’s Coalition, AIDS Action Now!, Women Working with Immigrant Women, the Canadian Auto Workers, Aboriginal activists, Eco-Media, and the International Socialists to stand shoulder to shoulder defending the clinics. Because of the strong mobilization and community support “Operation Rescue” was stopped. This speaks to the strength of the movement building strategy and the active alliances of the united front. Those who defended the services believed that the clinics were legal and accessible as a result of their collective struggle and were committed to defending them. This broad support created the political pressure to defeat the legislation in the Senate in 1991 after it narrowly passed in the House of Commons.

As Women Working with Immigrant Women (WWIW) said in a statement when the law was defeated: “Today we applaud the death of Bill C43 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. WWIW will continue to work with OCAC to pressure the federal government to implement the Canada Health Act to ensure that every province provides full access to free abortion and to insist that the provinces provide this critical service with all the other demands that will ensure real choices in our lives...”⁷

Success and the ongoing struggle for full access

There are now over thirty freestanding clinics providing funded abortions across the country. Access is much wider than when the campaign began in the early 1980s and sexual health services are more widely available, but the fight for reproductive justice is far from over. Prince Edward Island is still forcing women to go to the mainland to access abortions, and New Brunswick refuses to fund clinic procedures. Hospital amalgamations and health care cuts are reducing reproductive services in many areas. Women are still being harassed as they enter clinics. The Conservative government initially refused to fund

⁷ Judy Vashti Persad, Salome Loucas, Women Working with Immigrant Women. Statement issued on the defeat of Bill C43 (1991).

International Planned Parenthood and now gives money on the condition that it is allocated only in countries where abortion is illegal. There is no national childcare program. Equal pay for work of equal value is still a dream for many. Employment equity has not been implemented. Systemic racist and sexist discrimination still exists and many of the other services necessary for women to have real choices in their lives are not in place. Private members bills are regularly being introduced in the House of Commons to create barriers for women. To date all have been defeated.

Support for reproductive justice is still very strong across the country. While the overall strategic situation has changed, the lessons of the campaign that was waged still remain relevant. The principles and tactics that were used created a broad united front for reproductive rights. This overturned the federal abortion law and created a network of clinics making abortion much more accessible for women who were previously denied, initial and partial victories for sure, but still major gains for women's reproductive freedom. We continue to fight for reforms, and the longer term goal of women's liberation for all will only occur with an end to capitalism and the creation of a society where exploitation and oppression are things of the past.

A version of this article is being published in "Canadian Abortion Experiences: Voices of Choice"

Reproductive justice now

Jesse McLaren

Thanks to the pro-choice movement, Canada is one of the only countries in the world with no law on abortion. Having no legal barrier does not raise abortion rates (Canada has low abortion rate, lower than the US where there is less access to contraception), but it does ensure that abortions happen earlier and safer – 90 per cent before 12 weeks, 97 per cent by 16 weeks and only a fraction of a per cent beyond 20 weeks, for fetuses that are unviable or a threat to the woman's health.

The legacy of the mass movement continues to shape attitudes towards abortion a generation after the Morgentaler decision. In 2010, an Environics study showed that 74 per cent of Canadians agree with the statement: “every woman who wants to have an abortion should be able to have one.” This is up from 66 per cent in 2000.

But there are still barriers to abortion and reproductive justice. There are no providers in PEI and in many rural areas, and New Brunswick refuses to pay for clinic abortions – in violation of the Canada Health Act. More broadly there are still major barriers to reproductive justice – including violence against women (especially aboriginal women); oppression of indigenous, migrant, disabled, lesbian and trans women; and a lack of childcare and pay equity.

Harper's agenda and the pro-choice movement

As part of the neoliberal assault on women, Harper has undermined all aspects of reproductive justice – denying a national childcare program, opposing pay equity and trans rights, challenging indigenous sovereignty and refusing to investigate missing and murdered aboriginal women, defunding women's groups and refugee health, and attacking abortion.

But while Harper has a majority inside Parliament, and a bigoted base that wants to recriminalize abortion, the majority outside Parliament is pro-choice. Not confident to directly attack abortion, Harper repeats his refrain “we won't reopen the abortion debate”, while his MPs try to organize support for their anti-choice policies, and the anti-choice movement tries to mobilize on the ground – through caravans, rallies, and pickets at clinics and politician offices.



These endless anti-choice attacks take aim at particular aspects of abortion, trying to reframe the issue as part of an overall goal to recriminalize abortion. It has been crucial for the pro-choice movement to mobilize against every anti-choice policy, connecting them to their overall agenda, and advocating for abortion rights as part of broader movements for reproductive justice.

“Fetal Rights” and the criminalization of abortion

The more traditional anti-choice argument is that fetuses should be considered human, that they should have rights, and that abortion (especially late term abortion) should be restricted.

While the Tories have done nothing to counter violence against women, they have twice tried to add a second count of murder (for the fetus) when a pregnant woman is killed – in 2006 with Bill C-291 Unborn Victims of Violence Act and in 2008 with Bill C-484 Unborn Victims of Crime Act – which sparked protest across the country.

In 2012 the Tories proposed Motion 312, to change the criminal code definition of human being, claiming the Morgentaler decision was outdated and there was new science about the beginnings of life. Ten Tory cabinet ministers, including Rona Ambrose (Minister for the Status of Women) and Jason Kenney (Harper’s right-hand man) supported the motion, and there was an anti-choice caravan across the country trying to build support. But there was protest across the country. In Toronto on June 28, the anniversary of the Stonewall uprising, a few dozen anti-choice zealots were confronted by 100 pro-choice activists, chanting “Women’s rights are here to stay, We’re never going back!”

The end goal of fetal rights is the criminalization of abortion – which does not stop it but only makes it dangerous for women. In 2006 a Liberal MP proposed Bill C-338, which would criminalize abortion after 20 weeks, and in 2013 three Tory MPs called on the RCMP to investigate late-term abortions as homicides – sparking a pro-choice picket in Mississauga including labour and community members. Late-term abortions are very rare, and women who choose to terminate later-term pregnancies are usually in desperate circumstances, with nonviable fetuses or pregnancies that threaten their health.

Austerity and the defunding of abortion

The austerity agenda has added defunding to the anti-choice arsenal. The Harper government's most confident attacks on abortion have been against abortion abroad – defunding International Planned Parenthood except in countries where abortion is illegal, and imposing a “maternal health plan” that excludes abortion. The plan initially excluded contraception as well, until public outcry, and ignored the 47,000 women who die every year from unsafe abortion. While a Liberal motion to challenge the anti-choice plan was undermined by Liberal anti-choice MPs, the pro-choice movement challenged Harper in the lead up to the G20 – including leading the mass demonstration with a banner “maternal health includes abortion”. In response, a frustrated Tory Senator told women's groups to “shut the fuck up” on abortion.

Provincially there are also attacks on abortion as part of austerity agendas. The government of New Brunswick has stubbornly refused to cover clinic abortions, while the anti-choice in Ontario are trying to build a campaign to defund abortion – with pickets at MPP offices and rallies at Queen's Park. Claiming that “the cost of our current healthcare system is skyrocketing with no apparent solution,” and that “we want scarce money directed toward saving lines, not taking them,” the anti-choice movement is arguing that abortions are not “medically necessary” and so should be defunded.

First, this scapegoats women for the underfunding of healthcare. Canada has a very low abortion rate that has been declining. Our healthcare problems are not because of women's reproductive choices but because of privatization and cutbacks. Instead of defending public healthcare from billions of dollars of cutbacks, the anti-choice claim there is “no apparent solution” other than blaming women and defunding the small portion of healthcare that provides safe access to abortion – specifically for poor and working class women who can't afford private healthcare.

Secondly, claiming abortion is not “medically necessary” is false on two counts. Every year 47,000 women die globally because they don't have access to abortion, making abortion essential to women's health. Furthermore, it's up to women to determine what's a “medical necessity” for their own bodies. Using any other abstract criteria revives the paternalistic notion of the “therapeutic abortion committee” that was defeated by the women's movement a generation ago. It's

New Brunswick: crisis in access

The Morgentaler Clinic in Fredericton, New Brunswick, the only free standing clinic in the Maritimes, announced that it will close in July 2014. This is a serious attack on access to abortion for women in eastern Canada affecting not only women in New Brunswick, but also women from PEI where there is no access to abortion.

Each year, 800-900 women have had abortions at the Fredericton clinic, despite the lack of government funding. Under anti-choice Regulation 84-20, the provincial government denies funding to the clinic because it does not provide abortions in a hospital and with the prior approval of two doctors. The province's failure to fund the clinic for the last 20 years and the \$1 million in legal fees spent suing the province, forced it to close.

Delays put women's lives at risk

After July 2014, the only access to abortion in New Brunswick will be in a hospital and after the approval of two doctors who deem it "medically necessary." The requirement to schedule appointments with two doctors for access to abortion services – in a province where over 1,000 women are on a waiting list for a family doctor – wastes time and resources, and it is dangerous. "A delayed abortion increases the psychological and medical risks to women, which is one of the main reasons Canada's Supreme Court threw out the abortion law in 1988 – it violated women's constitutional right to bodily security by imposing arbitrary delays that put women's health and lives at risk," says the Abortion Rights Coalition of Canada (ARCC).

Impact on women in PEI

The closure of the Morgentaler clinic particularly impacts women in PEI where there is no access to abortion. Fifty per cent of PEI women seeking abortions travel to the Fredericton clinic. Travel costs, childcare, lost work time, and the cost of the procedure make it especially difficult for low-income women.

That the government of New Brunswick has been able to deny funding to an abortion clinic for two decades, against the Canada Health Act, shows the complicity of the federal government in failing to enforce the law – as part of its many anti-choice policies.

Access to abortion is, and should be entirely up to women. Any other abstract criteria denies women's control over their own bodies, and revives the paternalistic "therapeutic abortion committees" that were defeated by the women's movement a generation ago.

important to expose the austerity-driven attacks on abortion rights, and the Tories supporting them.

Discrimination Against Women

One of the most insulting anti-choice strategies is to hijack the banner of women's rights and claim that restricting abortion supports women. In 2010 the Tories proposed C-510 (against "coerced abortion") and in 2012 proposed Motion 408 against "sex-selection abortion".

There is no evidence that sex-selection abortion is a phenomenon in Canada; 90 per cent of abortions occur before 12 weeks (before sex determination is reliable) and 97 per cent by 16 weeks (before routine ultrasound). One study found higher male:female child ratio in women from India, but this accounted for less than 1 per cent of births and could be accounted for by other factors.

While ignoring facts, Motion 408 served three functions. First it advanced a fetal rights argument, equating the termination of a female fetus with discrimination against a female human, and calling for restricting abortion in order to protect women. Some were quick to call for limiting ultrasounds to pregnant women to guard against sex-selection abortion, a paternalistic attitude that revives the notion of "therapeutic abortion committees" to police women's reproduction.

Second, Motion 408 was a nod to the Tories' racist base. Like Jason Kenney's ban on women wearing the niqab during citizenship ceremonies, Motion 408 allows the Tories to make the xenophobic claim that discrimination against women is exclusively a problem of immigrant communities, and that the Tories and the Canadian state are the protectors.

Third, like the ban on the niqab, Motion 408 makes sex-selection abortion a scapegoat for the Tories' broader attack on reproductive justice. The Tories might care about "female fetuses" but they don't care about real discrimination against women – including missing and murdered aboriginal women, women workers facing discriminatory employment insurance criteria, women refugees facing criminalization and healthcare cuts, lesbian and trans women fighting for basic human rights recognition, mothers denied a national childcare program, women's rights groups that Harper defunded, or women internationally denied abortion funding by Harper's "maternal health plan."

But pro-choice mobilizations – including a national day of action for reproductive justice in October 2012, and International Women's Day protests in 2013 – undermined support for Motion 408, including forcing Ambrose to publicly back away from it. Harper then squashed it in committee before it could come to a vote.

The best way to stop discrimination against women is to build a mass movement defending abortion rights, connected to broader struggles for reproductive justice and women's liberation. This means taking on the Tories and their endless anti-choice policies, and the capitalist system that seeks to control women's reproduction.

Reproductive rights in the US

Christine Beckermann

The historic Supreme Court decision that struck down Canada's abortion law was a huge blow the anti-choice movement in this country. In the months following the decision they worked overtime to try to find a way to reimpose restrictions on abortion and to push further, calling for an outright ban.

Looking to the United States for ideas and inspiration, they began to emulate the clinic blockades that had been successfully carried out in the US. With no law in place, their strategy aimed to block access to abortion services to create the impression that there would be chaos in the streets if no new abortion law was implemented.

The strategy failed because the pro-choice majority mobilized to defend the clinics and keep them open. The clinic blockades were eventually abandoned, and the attempt to create a new law failed. Since then, those wishing to turn back the clock on women's rights to reproductive healthcare have been unable to attack abortion rights head on. But they have continued to look south of the border to see what strategies they can adopt to try to chip away at access to abortion.

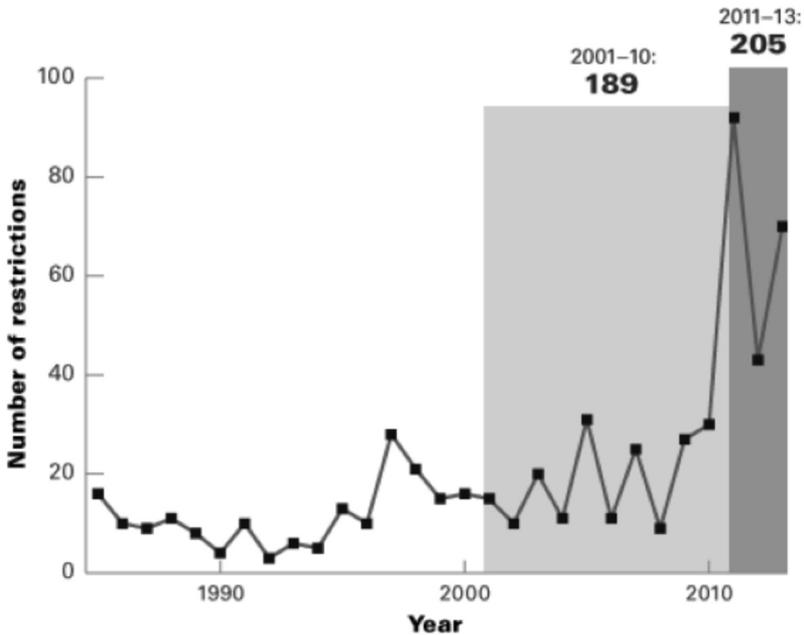
Roe v. Wade

The legal right to abortion in the United States is largely based on the 1973 Supreme Court decision in the case of *Roe v. Wade*. The Court issued a 7-2 decision in the case, striking down a Texas law prohibiting abortion and holding that states cannot interfere with access to abortion during the first trimester of a pregnancy. In the second trimester, states can only regulate to protect a woman's health, while in the third trimester states can legislate up to a full ban on abortion, except where the woman's life is in jeopardy.

Before this decision, abortion was illegal in two thirds of states and 1.2 million women a year resorted to illegal abortions. According to the NARAL, as many as 5,000 women died annually as a direct result of unsafe abortions.⁸

⁸ <http://www.prochoiceamerica.org/media/fact-sheets/abortion-distorting-science-safety-legal-abortion.pdf>

More abortion restrictions were enacted in 2011–2013 than in the entire previous decade



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Source: <https://www.guttmacher.org/statecenter/updates/2013/statetrends42013.html>

Immediately after the Roe decision, anti-abortion activists pursued legal and political avenues to try to overturn or weaken the new rights to abortion services. The Supreme Court has dealt with many abortion-related cases. While the decision in the case of Roe v. Wade still stands, the increasingly conservative Supreme Court has allowed numerous restrictions in recent years, including upholding waiting periods, mandatory “education”, parental consent laws, and limits on funding for abortions.⁹

And the Court has made it more difficult to challenge laws unless they prohibit abortions outright. According to Planned Parenthood, many restrictions on abortion have been upheld, including requirements that women make

⁹ <http://www.prochoiceminnesota.org/about-us/roe-v.-wade.shtml>

multiple trips to an abortion provider and suffer an enforced delay prior to obtaining an abortion.

State restrictions

While the Supreme Court has dealt with many challenges to *Roe*, State governments have led the way in blunting the impacts of the decision. And these restrictions have been increasing dramatically in recent years. According to the Guttmacher Institute, more state abortion restrictions were enacted in 2011-2013 than in the previous decade.

In 2013 alone, 39 states enacted 141 provisions related to reproductive health and rights. Of these, half of the provisions restricted access to abortion.

Measures implemented by state governments include parental consent laws for minors seeking abortions, ‘counseling’, performance of ultrasound prior to an abortion, and preemptive bans on abortion in the event that *Roe v. Wade* is overturned.

These trends in state-level restrictions meant that in 2013, 56 per cent of US women lived in one of the 27 states that are hostile to abortion, compared to 31 per cent of women who lived in of the 13 states hostile to abortion in 2000.

Among the most egregious bills on abortion was one in Kansas, where the House passed a bill that would shield doctors from malpractice if they withhold medical information from a pregnant woman if such information could result in the decision to abort. It would also prevent abortion training in state funded settings. The Bill did not pass the Senate; however, the Governor of Kansas stated he would likely sign the Bill if it had.

While changes at the state level are overwhelmingly aimed at restricting access to abortion, there are some notable exceptions. For example, in 2013 California improved access by expanding the types of providers permitted to perform medical and surgical abortion.

And legislation to restrict a woman’s right to access reproductive health services is not going unchallenged. Most notably, Texas senator Wendy Davis riveted people both inside and outside the US when she successfully filibustered a bill that would force many clinics in the State to shut down. The Bill passed shortly after when Governor Rick Perry called a special session of the legislature. Shortly after the Bill passed, the University of Texas released a report estimating that 22,000 women would be denied medical care as a result of clinic closures and service reductions – roughly 1 in 3 women seeking an abortion

This speaks to an issue that goes well beyond Texas. While the anti-abortion movement has looked for any and all means to restrict access, the successes they have achieved disproportionately affect poor and working class American women. Women who are enrolled in Medicaid have, as documented in a policy paper by the Guttmacher Institute,¹⁰ been pawns in the debate over abortion access since *Roe*.

10 <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html>

The Hyde Amendment, which was passed by Congress in 1977 and upheld by the Supreme Court, bans federal funding for abortion in almost all circumstances. As Rep Henry Hyde said during the debate, “I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill.”

From their “defund abortion” campaign to the motions and private members bills introduced in the House of Commons, the Canadian anti-choice movement has tried to steal a page from their US-counterpart’s playbook. Up until now, these strategies have had little-to-no traction. And each new motion that’s introduced makes the strategy of “chipping away” at access to abortion clearer.

It’s important for the pro-choice movement in Canada to continue to stay mobilized and to expose each new motion, private members’ bill, and call to cut funding for abortion, as part of a wider agenda to roll back access to reproductive rights.

Abortion rights internationally

Ayesha Adhami

“Because I decide” and “It’s my right, it’s my life” were just some of the banners hoisted in Spain during February 2014 in what have been called some of the largest demonstrations in the country supporting a woman’s right to choose. In December, Spain’s conservative People’s Party passed a bill in cabinet that – if passed in parliament – will see abortion rights seriously curtailed, by: a) being restricted to incidents of rape or instances of mental or physical health risk to the mother; b) requiring parental approval for the procedure; and c) enforcing stricter conditions on applications for aborting a fetus due to fetal deformation. The move is a blow to the progressive decriminalization of abortion which happened in Spain in 2010, when the country’s lawmakers legislated abortion access on demand until the 14th week of pregnancy.

In February of 2013, Turkey saw a prohibitive abortion law drafted by its government despite the rate of maternal fatalities due to unsafe abortions dropping from 50 per cent in the 1950’s to 2 per cent today, after abortion was legalized in 1983.

Serbia, a country which also committed at the 1994 UN Conference on Population and Development to improve sexual health education and resources for women, just passed a positive-seeming healthcare law for pregnant and new mothers at the end of 2013 that includes “Article 5” which requires all abortions to be reported to the government including identification of details of the patient. With compliance from service providers, this will create a government record of all pregnancy terminations.

Unfortunately, Spain, Serbia and Turkey’s situations are hardly unique and provide a snapshot of the contradictions that historically challenge the pro-choice movement all over the world.

According to an “Abortion Law Map” put out by the Centre for Reproductive Rights (CCR) in 2011, almost 60 per cent of the world’s population lives in countries with relaxed abortion legislation and popular support for the right to choose. In fact, over 20 countries have eased their abortion laws since the first incarnation of the map was released in 1998. CCR reports for example, that

in Great Britain, abortion laws – which were initially implemented to approve abortions only on socioeconomic grounds (“actual or reasonably foreseeable environment”) – have been more broadly interpreted on the ground which has made the procedure more freely accessible to women there.

The picture is not black and white; countries typically fall into broader categories of abortion rights: those countries where pregnancy termination is strictly prohibited, or with the ban set aside only if the woman’s life is in danger. In others, an abortion can be had if the pregnancy adversely affects a mother’s mental or physical health. Costa Rica, as well as 68 other countries falls into that category. There are also countries that will allow abortion based on socio-economic conditions, such as the aforementioned Great Britain, Belize and Zambia. And finally the countries where abortion access is open and unfettered.

Translation and enforcement of legislation

Regardless of the law, the real problems for women who wish to access abortions often arise due to how legislation is translated and enforced.

As Canadians, we know that though abortion is legal and available on demand, as well as having wide popular support, there are no service providers on Prince Edward Island, which forces women to go out of province for the procedure. In New Brunswick, the provincial government refuses to fund abortion procedures in clinics. In this country where there are no legal restrictions on abortion, women in some areas are forced to look outside of their location for service and/or pay costs out of pocket. This trend of poorer women and women living in rural areas having no access or obstructed access to pregnancy termination can be extrapolated out through the developed and the developing world.

In India, abortion is permitted on socioeconomic grounds, but due to poor or no implementation of the law, safe abortions are virtually inaccessible. In Egypt and Haiti, abortions remain criminalized unless a woman’s life is at risk and deemed a “necessity”; a woman or provider who goes through with the procedure can only use the “necessity” defence once they are criminally charged, and even then, there is no guarantee that the defence will be accepted at trial. In countries like Chile, Malta, El Salvador and Nicaragua, all exceptions to abortion bans have been removed from each country’s legislations, making them the most prohibitive abortion laws on the global stage.

The interpretation of what qualifies as a mental or physical health risk is not standardized internationally, and varies from country to country. While the World Health Organization (WHO) defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,” not all countries take into account this definition of health to determine risk when assessing the permissibility of abortion. Colombia and Ghana, for example, will consider some interpretation of mental or physical



danger to a woman's health in permitting abortions, whereas Zimbabwe and Monaco strictly view danger through a physical health risk lens. In New Zealand, a broader interpretation of the law takes into account the psychological effects of rape or incest and is also influenced by the age of the woman or girl seeking the service.

In April of 2013, world attention was focused on Galway, Republic of Ireland, when a 31-year-old dentist from India, Savita Halappanavar, died at the University Hospital because they refused to perform an abortion on a 17-week-old unviable fetus. Despite Halappanavar's numerous requests to terminate the pregnancy, she was informed that she could not get an abortion because "...Ireland was a Catholic country..." and subsequently, she died of septic shock, E. coli in her bloodstream and a miscarriage.

Halappanavar's death could have been prevented under a 1992 Republic of Ireland Supreme Court ruling known as the "X case" which made abortion available in any situation where a woman's life was at risk from the pregnancy or a she showed a "credible threat" of suicide.

However, without hard and fast rules by which Irish medical service providers could gauge when an abortion could be carried out, many of them do not want to court the legal risks. According to Dr. Peter Boylan, an expert witness at the inquest into Halappanavar's death, she could have survived the miscarriage if she had gotten an abortion within the first three days of her stay in the hospital,

but since there was no evidence of a significant risk to her health at the time, the procedure would have been considered illegal and therefore inaccessible under Irish law.

Access to abortion is critical for maternal health

Abortion laws internationally continue to have a fatal impact on maternal health. In 2008, the World Health Organization (WHO) reported these devastating figures:

- 21.6 million women access unsafe abortions worldwide each year
- 18.5 million of those occur in developing countries
- 47,000 die from complications of unsafe abortions each year
- Deaths due to unsafe abortions account for almost 13 per cent of all maternal deaths

With such deadly implications of oppressive abortion legislation worldwide, it is critical to focus on access to abortion as a human right and a right of self-determination and expression of one's personhood that does not require justification. It is critical to support women and men who are challenging their countries across the globe to improve the quality of a woman's life from the ground up – provide education, job opportunities and sexual health education and resources – such as access to contraception and abortion services – as well as stability, security, justice and safety from the increased levels of sexual violence we continue to see played out internationally. Only then can choice truly be a choice.

It is imperative to also argue against the false statements of the anti-choice movement with the cold hard facts. For example access to abortion does not increase abortion; South Africa, which legalized abortion access in 1997 has the lowest rate of abortions of all African sub-regions. The same can be said for Northern and Western Europe.

The pro-choice campaigns and movements around the world continue to persevere and are truly inspiring. Reproductive rights activists in Spain have organized marches and even “freedom trains” to rally the public and prevent the current bill from being passed in the country's general assembly; this has produced 80 per cent popular support for a woman's right to choose and access to abortion in Spanish polls. Activists in Serbia continue to fight against Article 5 and for patient confidentiality. Thousands of Turkish women and supporters took to the streets and brought international attention to their concerns. And of course, as one of the first acts of its presidency, the Obama administration overturned the Bush administration's ban on funding international family planning organizations worldwide, to the tune of \$30.5 billion in 2012 alone.

Internationally, the fight for reproductive justice for all is ongoing. We in Canada must be clear that what we struggle for here, we must also defend for women across the globe.

Women's liberation and reproductive justice

Faline Bobier

One of the central demands of the Women's Liberation Movement of the 1960s and 70s, the so-called Second Wave women's movement, was the demand for access to abortion, as in the popular slogan 'free abortion on demand'.

Women's ability to control their fertility, to decide when and with whom they have children, is obviously critical to their ability to live free and independent lives. The battles that were fought in order to achieve at least some measure of this freedom did manage to score some hard-won gains, in Canada, the US and around the world.

However, as the austerity agenda has been sharpening women's oppression, we are seeing some of those gains being rolled back, as in numerous attempts by Tory backbenchers here in Canada to reintroduce through the back door, challenges to women's reproductive rights. As yet, they have been unsuccessful, but it is by no means true that abortion is equally available across this country. Women in rural areas, women without the economic means to pay for abortions, or to travel to a city where they can procure an abortion, First Nations women, are all disadvantaged by the current system of unequal access.

Attacks on women's reproductive rights are an international phenomenon. In October 2012 in Ireland, Savita Halappanavar went to a hospital with a miscarriage, and died a week later after being repeatedly denied an abortion – according to Ireland's draconian law. Her death sparked mass protests across the country, including 15,000 marching on the Irish Parliament in Dublin. Like Canada, Ireland criminalized abortion in the 1860s, as part of capitalism's control over women's bodies in order to enforce the nuclear family. Savita's death shows the need to reverse all abortion laws and other barriers, in order to achieve the slogan at her vigils: Never Again.

On the question of women's reproductive choice, as with many other indicators of equality for women, it seems we are fighting just to stand still, or in some cases, to go backward.

But women (and men) are not just standing by and letting a woman's right to control her body be taken away. In Spain, for example, there have been mass protests in recent months against government plans to dramatically limit access

to abortion – a move that would create some of the strictest anti-abortion laws in Europe.

The backlash against feminism (the men's rights movement), which is an attempt to trivialize and roll back real gains that women have made, must be opposed wherever it rears its ugly head. It has nothing to do with rights, but is about consolidating and deepening the inequality between men and women. It also has nothing to offer the vast majority of men in society.

There is a proud Marxist tradition on the question of the fight for women's liberation and the fight for reproductive justice, that sees the struggle for socialism and the struggle for women's liberation as one struggle – which has been a feature of revolutions from Russia 1917 to Egypt 2011.

Women's lives have changed in some fundamental ways, both as a result of the post-war economic boom and the struggles of the Women's Liberation Movement. Access for the first time to relatively available contraception meant that women of the sixties generation were some of the first to be freed from the constant fear of unwanted pregnancy. It also made it possible to separate sex for procreation and sex for pleasure, meaning that women could have more freedom in defining our sexuality apart from our ability to give birth. It meant women could have the choice when or whether to have children and the freedom to choose their sexual partners.

Capitalism, women's oppression, and the role of the family

So why are these and other manifestations of women's oppression (violence against women, discrimination at work, the persistence of women's lower wages) returning with a vengeance at this particular historical juncture?

To see what's really at work we need to look at how women's oppression is structured in capitalist society and at the role of the family under capitalism. Today, although the majority of women aren't solely dedicated to giving birth and raising children, the role of the family still has enormous economic and ideological benefits for the system: economic because individual families undertake the entire costs of bring up the next generation; ideological because families are encouraged to see themselves as atomized, self-contained units. People within those family units are encouraged to blame themselves for the shortfall between the idealized image and the reality. If the family falters because of outside pressures such as racism, poverty or unemployment, individual family members blame themselves or each other, rather than looking to the system which structures these inequalities. These pressures lead to individual violence within the family, which is often targeted against women and children.

The family is seen by many as a haven from a brutal world that otherwise treats each of us as a mere cog in the impersonal machine. The family can be the one place where we can expect to receive unconditional love and support, although this is often not the case. The 'ideal' family is endlessly promoted in the

media, advertising and popular culture. And this ideal family is almost always the heterosexual family with husband, wife and children.

While traditional ideas about the family do not fit the reality of society today, their resilience reflects the fact that the family has survived as a dominant social structure, despite many profound changes in how we live and work. The fact that individual families can be made to feel responsible, not just for raising the next generation of workers, but for looking after workers who are no longer fit or able to work – the elderly, the sick, people with disabilities, etc. – is of immense benefit to capitalism. The capitalist state is less and less willing to provide any supports to individuals and families who fall through the cracks-witness the continuing attacks on the public sector, the welfare state and public healthcare. This is particularly evident in countries on the sharp end of capitalist crisis, such as Greece, where pensions have been slashed in half and unemployment is edging up to 30 per cent. The family under capitalism bears an impossible burden – with less and less resources and more and more pressure on individual members of the family – and particularly on women in the family, who are still seen as the primary care givers even though they will most often also be working for wages outside the home. Ruling class or wealthy women are able to escape this burden by hiring nannies, housemaids and caregivers, options that are not available to working class and poor women.

This is why in any revolutionary situation there is often a questioning of the role of the family, and of women's oppression within the family, which encompasses questions of women's control over their reproductive lives.

The Bolsheviks and the Russian Revolution

There has been a critique in some feminist quarters arguing Marxism is either a male-dominated theory or that it completely sidesteps questions of oppression and deals only with economic exploitation. However, this critique is really a critique of Stalinism, of the brand of 'socialism in one country' that came to dominate under Stalin in Soviet Russia.

If we look to the actual experience of the Russian Revolution in 1917 and the years immediately following the first successful workers revolution in history, we can see how central the question of fighting women's oppression, as well as fighting racism and national oppression were, to the Bolshevik Party, the grouping of revolutionary Marxists who led workers and peasants in the revolution against Tsarism and the autocracy in Russia.

This was true, both in the lead up to the October revolution and in the years immediately following. Lenin, one of the leaders of the Bolshevik Party, could rightly be proud of the Bolsheviks' record on questions of oppression, especially when compared to Western capitalist countries that were far wealthier than was Russia at the time:

“In the course of two years soviet power in one of the most backward countries of Europe did more to emancipate women and to make their

status equal to that of the “strong” sex than all the advanced, enlightened, “democratic” republics of the world did in the course of 130 years.

Enlightenment, culture, civilization, liberty – in all capitalist, bourgeois republics of the world all these fine words are combined with extremely infamous, disgustingly filthy and brutally coarse laws in which woman is treated as an inferior being, laws dealing with marriage rights and divorce, with the inferior status of a child born out of wedlock as compared with that of a ‘legitimate’ child, laws granting privileges to men, laws that are humiliating and insulting to women.”

But these achievements were not achievements of a few leaders but of the mass of Russian workers and oppressed, including, of course, all the women who participated in their own emancipation.

In fact, the Russian Revolution began with a demonstration of women demanding bread on International Women’s Day. One of the leading revolutionaries, Alexandra Kollontai, played a central role, both in the leadership of the Bolshevik Party and in the struggle to achieve women’s liberation as a part of the revolutionary movement.

Kollontai was born into a wealthy family but spent her life connecting the fight for women’s liberation to the fight against capitalism – including the need to break free from the nuclear family that stifles sexuality and controls women’s reproduction in order to enforce unpaid domestic labour for women.

The Bolsheviks brought in many legal reforms to alleviate the worst forms of oppression rampant under Tsarism, such as removing homosexuality from the criminal code, and legalizing divorce on demand and abortion on demand.

However, the Bolsheviks recognized the limits to these legal reforms in a country where poverty and backward religious ideas about women’s place reinforced women’s oppression on a daily basis. This is why Kollontai and Inessa Armand, another leading Bolshevik, were tasked with the founding of the Zhenotdel – a department organized by and for women, which encouraged participation in the revolution across the country, helped with literacy, promoted communal crèches and kitchens to free women from domestic work, and provided sex workers with education, jobs and free medical care.

Kollontai is sometimes caricatured as a thinker who was concerned only with ‘free love’. She was deeply interested in the question of sexual freedom for women, and in working to create a world where women (and others) could define their sexuality apart from the stranglehold of traditional roles. But she realized that sexual freedom would not really exist for the vast majority of women (working class and poor women) unless the material conditions existed for this freedom to flourish, including the freedom to choose or not to choose to have children. A socialist society could only be built on the basis of free and equal participation of women in the creation of the new society:

“If in certain circumstances the short-term tasks of women of all classes coincide, the final aims of the two camps [women of the ruling and upper classes and working class women], which in the long term determine the direction of the movement and the tactics to be used, differ sharply. While for the feminists the achievement of equal rights with men in the framework of the contemporary capitalist world represents a sufficiently concrete end in itself, equal rights at the present time are, for the proletarian women, only a means of advancing the struggle against the economic slavery of the working class.”

When Kollontai refers to ‘feminists’ here, she is speaking specifically of middle-class or bourgeois feminism of the time, which limited the struggle to achieving equality with their privileged brothers. Kollontai insists that the struggle for an end to women’s oppression and the brutal capitalist system that thrives on this oppression must be taken up by both working class women and men:

“The women’s world is divided, just as is the world of men, into two camps; the interests and aspirations of one group of women bring it close to the bourgeois class, while the other group has close connections with the proletariat, and its claims for liberation encompass a full solution to the woman question. Thus although both camps follow the general slogan of the “liberation of women”, their aims and interests are different. Each of the groups unconsciously takes its starting point from the interests of its own class, which gives a specific class colouring to the targets and tasks it sets itself. ... However apparently radical the demands of the feminists, one must not lose sight of the fact that the feminists cannot, on account of their class position, fight for that fundamental transformation of the contemporary economic and social structure of society without which the liberation of women cannot be complete.”

For young women today the struggle for reproductive justice encompasses the right to free access to abortion but it implies much more than that, if it is to be truly inclusive. It includes having access to free information about available contraception methods, the economic equality and independence that would allow women to truly choose when and whether to have children, the absence of forced sterilization for women who have historically been subjected to it, including racialized women, Indigenous women and women with disabilities.

More than that, the struggle for reproductive justice must be linked to the wider struggle to rid humanity of a system that constantly thwarts all our attempts to live truly human lives. This is a struggle that can be most effective when it is waged by working-class women and men together, as was the case in Canada when the abortion law was struck down in 1988.

This victory was won through a strategy that saw workers’ organizations as integral to the fight, whether we look at the struggle in Quebec, where the first ‘illegal’ abortions were performed in clinics housed inside trade union buildings,

or in Ontario where OCAC (the Ontario Coalition for Abortion Clinics) built a united fightback to defend abortion clinics, in which women, men, LGBT activists and trade union members participated to take on the right-wing bigots who desperately wanted to keep women down and locked within traditional women's roles.

Kollontai lived to see the reversal of gains that women (and men) made after the Revolution as Stalin turned his back on the efforts to build socialism and reinstated all the old divisions that had existed in Tsarist society. For Russia to compete on the world capitalist stage required not only taking away any control workers had gained in the workplace, but also pushing women back into the private home and reasserting the burden of housework and child care. To strengthen these backward measures Stalin instituted 'Medals for Mothers', rewarding women who bore the largest number of children.

We see the same attempts by ruling classes today to shred the social safety net, to drive down workers' conditions and wages (for both women and men) and to push all the functions of caring for children and rearing the next generation of workers back on the private family and on women in those families. We need to build a movement that will fight to defend reforms in the here and now but one that also has a vision of how we together can build a different society that will allow for the full flowering of freedom.

We can look to Kollontai's writing and to the struggles that she participated in to achieve real liberation for women as an inspiration today:

"It's important to write all this down, not just for myself, but for others, for all the women who'll live later. Let them see we weren't heroes or heroines. Sometimes we were strong, and sometimes we were weak, but we believed in our goals, and we pursued them passionately."

Today, more than sixty years after Kollontai's death, we find ourselves in a world where all the things Kollontai and the Bolsheviks fought for have still not been achieved. This is testimony to the fact that to truly achieve women's liberation, including reproductive freedom, we need to smash the system that constantly reproduces inequality and oppression.

To achieve socialism, a system where women are liberated and have reproductive freedom, the leading activists in the working class have to be organized into a revolutionary socialist party. The party must be a party of action, and it must be democratic. The International Socialists are an organization of activists committed to helping in the construction of such a party through ongoing activity in the mass organizations of the working class and in the daily struggles of workers and the oppressed.

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