

*File Copy*

December 3, 1984

Rt. Hon. Brian Mulroney  
Prime Minister  
House of Commons  
Ottawa, Ont.  
K1A 0A6

Dear Mr. Mulroney,

I am writing to let you know that I am one of the overwhelming majority of Canadians who believes in a woman's right to make the abortion decision.

Polls consistently show that Canadians are pro-choice, that is non-coercive, on reproductive issues. Yet, under the current law abortion is still illegal except in certain circumstances. Every year access to safe, legal abortion becomes more difficult. In some parts of the the country there is virtually no access at all.

The law does not require hospitals to provide abortion facilities and few do so. A reasonable remedy might be to provide economic incentives to hospitals that fulfill their responsibilities to their communities by providing total reproductive health care. In addition, specialized clinics where medically insured early abortions could be performed would ensure that no region is deprived of facilities.

Clinics already operate safely and efficiently in your own province. The women in the rest of Canada deserve the same kind of quality care that Quebec women already enjoy.

During the election campaign you acknowledged the inequality of access and made a commitment to address the problem. A free vote in the House of Commons has been suggested by some as a way of deciding the issue. I am not in favour of this. It cannot be that 282 Members of Parliament, 255 of them men, are the only Canadians with consciences in this matter. Such a personal issue should be decided by the woman concerned and whomever she wishes to consult, not by individuals totally unfamiliar with the circumstances of her life.

I am anxious to know what steps you plan to take to protect the rights of women and men to make decisions about whether or not to have children.

Sincerely,

*May Cohen M.D.*

*May Cohen, M.D.*

246 North Shore Blvd. West  
Burlington, Ont.  
L7J 1A4

February 20, 1985

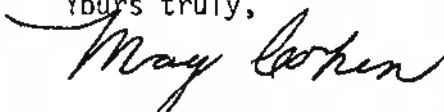
The Honorable Alan Pope  
Minister of Health  
Legislative Buildings  
Queen's Park  
Toronto, Ont. M7A 1A2

Dear Sir:

The ugly attempt by Cardinal Carter and his followers to intimidate those who support the Morgantaler Clinic cannot negate the fact that the majority of Canadians support the right of women to choose whether or not to continue an unwanted pregnancy.

The presence of this clinic is a damning indictment of your government's failure to insure equal access to safe legal abortion services in this province. We urge you to use your strongest influence to stop this disgraceful harassment. Furthermore, we urge you to recognize the Morgantaler Clinic as an accredited facility for the provision of abortion services.

Yours truly,



May Cohen, M.D.

MC/jg

cc. The Honorable Frank Miller  
Premiere

Minister of National Health  
and Welfare



Ministre de la Santé nationale  
et du Bien-être social

OTTAWA, K1A 0K9

7 IV 1986

Dr. May Cohen  
246 North Shore Boulevard West  
BURLINGTON, Ontario  
L7T 1A4

Dear Dr. Cohen:

Thank you for your letter of January 21, 1986,  
concerning funding to the Planned Parenthood Federation  
of Canada.

Since 1972, Planned Parenthood has received close to  
\$6,000,000 in financial assistance. In spite of the  
continued climate of restraint, Planned Parenthood is  
still the second largest recipient of the more than 51  
voluntary agencies to receive financial support from  
the Sustaining Grants to National Voluntary Health  
Organizations Program.

I appreciate your interest in the financial needs of  
this agency. However, I hope that you will bear in mind  
the magnitude of the need expressed by many worthwhile  
organizations, and the limited resources available for  
programs such as the Sustaining Grants for National  
Voluntary Health Organizations.

The decline in the level of funding for Planned  
Parenthood is in keeping with the policy of my

... 2

Page 2  
Dr. May Cohen

Department, with respect to voluntary organizations, which consistently has been to support a portion of central office expenditures while encouraging a broader base of support from other sources.

As family planning services are an essential part of health care, their delivery falls within the area of provincial responsibilities. The Government of Canada does not have the jurisdictional authority to develop and provide services at the local level. Information on contraception is available in all provinces either through the departments of health, voluntary agencies, physicians' offices or at family planning clinics.

Some provinces purchase family planning services from voluntary agencies, whereas others have decided to use the publicly funded community health systems for this program. This variance is in keeping with the provincial government's authority to decide which course of action they wish to pursue.

You may be interested to know that my Department is now reviewing the priorities and activities of the various programs to include a focus on birth planning and sexuality education. Your views, and those of other Canadians who have written to me, will be taken into consideration during this process.

I wish to thank you for expressing your concerns and your continued interest in family planning matters.

Yours truly,

A handwritten signature in dark ink, consisting of the name 'Jake' followed by a stylized 'Epp'.

Jake Epp

December 5, 1986

Hon. Barbara McDougall, M.P.  
Minister Responsible for the Status of Women  
Export Building  
151 O'Connor St., 4th Floor  
Ottawa, Ont. K2P 1T3

Dear Hon. McDougall:

The "compromise" offered by the Minister, Monique Vezina, in response to the cross-country protest against cancellation of the federal abortion data program, creates an even greater fiasco for the following reasons.

(a) We will now have two data systems which are neither identical in numbers nor comparable for selected characteristics.

(b) Counts of abortions from provincial physician payment files (for provinces other than Quebec) over the past few years have continued to be lower than counts of abortions produced by Statistics Canada from hospital reports. The former does not include abortions performed by salaried doctors, or in clinics where the bill is paid by the patient, or in the United States.

(c) The promised three-year report on socio-demographic and medical data will be based on the count from hospital reports and not on the count from physician payment files. Consequently the trends in characteristics cannot be related to the trends in numbers. The data from physician payment files cannot be classified by marital status or even single age levels -- only age groups.

(d) A report every three years is absurd, if the government has any pretensions to support prevention of problem pregnancy. England and Wales not only publish a full annual report, but also a mini quarterly report. Our own research on adolescent pregnancy in Ontario reveals very rapid declines in rates of pregnancy and abortion in localities with more developed preventive programs. Prevention is only a meaningless platitude -- not a policy and not a program -- if we cannot monitor trends continuously and carefully with detailed data by locality.

Statistics Canada has been producing extremely useful data to monitor service delivery under the 1969 Act. It certainly can be improved by the addition of more detail (on services as well as individuals) and by inclusion of abortions performed in free-

standing clinics wherever they may be. However, these additions and inclusions can be made just as readily and, -- upon which we have now built up analysis of trends over 17 years. Changing to a different data base gives a less complete count, a loss of continuity, and a loss of fit concerning the valuable socio-demographic and medical detail.

Processing and analyzing two data systems is obviously more expensive than one -- for both Statistics Canada and all researchers.

Cancellation of the program, under the predecessor of Monique Vezina, was purportedly to reduce the budget of Statistics Canada. That was an extraordinarily short-sighted decision. Ms. Vezina has responded to widespread protest, but she is dependant upon the same advisors who made the first mistake. This "compromise" face-saving gesture does not serve at all the prime justification for any data -- evaluation of policies and programs towards problem prevention and treatment-- and it will cost much more money to process and analyze.

Sincerely,

May Cohen, M.D.

/jg

Also sent to John Epps (m. of H & W) / FC  
Barbara Mc Dougall  
Ray ~~Hughes~~ ~~Shay~~  
1. Brian Mulroney December 5, 1986  
answers received

Hon. Monique Vezina, M.P.  
Minister Responsible for Statistics Canada  
Main Building  
Wellington St.  
Ottawa, Ont. K1A 0A6

Dear Hon. Vezina:

The "compromise" offered by the Minister, Monique Vezina, in response to the cross-country protest against cancellation of the federal abortion data program, creates an even greater fiasco for the following reasons.

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Sincerely,

May Cohen, M.D.

/jg





McMASTER UNIVERSITY

Department of Family Medicine

1200 Main Street West, Hamilton, Ontario, L8N 3Z5  
Telephone: (416) 521-2100

December 9, 1986

The Honorable Murray Elston  
Ministry of Health  
Hepburn Block, Queen's Park  
Toronto, Ont.

Dear Mr. Elston:

I am writing to you with respect to the current controversy over the rationalization of hospital services in Guelph.

It is my understanding that the plan called for the provision of all acute care services at St. Joseph's Hospital and the conversion of the General Hospital to a chronic care/rehabilitation facility. Although it is my understanding that a hold has now been placed on this decision for a short period of time while the controversy is explored, I wish to express my tremendous concern at the possibility that reproductive health care services will be provided in an institution which, because of its religious beliefs (which are certainly not those of the entire community), would limit those services by excluding the availability of sterilization and therapeutic abortion.

As has already been pointed out by both Dr. Caroline Smith-Pelletier, President of the Medical Staff at St. Joseph's and Dr. Michael Tovell, Chief of Obstetrics and Gynecology at the General, implementation of this plan would create significant difficulties and health hazards for the women of Guelph.

I would urge you to declare that the Ministry of Health cannot find acceptable any plan to limit the provision of services in a community because of rationalization of services when such limitation is due not to the lack of facilities or expertise within the community, but merely to the insistence of one religious group that all members of society be forced to adhere to its own beliefs.

Sincerely yours,

May Cohen, M.D.

MC/jg

cc. Dr. Carolyn Smith-Pelletier  
Dr. William Tovell

Dr. Carolyn Smith-Pellettier  
Ste. 101 300 Willow Road  
Guelph, Ontario  
N1H 7C6  
(519) 823-5140

Dr. William M. Tovell  
320 Eramosa Rd.  
Guelph, Ontario  
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(519) 821-2440

Dr. Peter Blair  
Ste 446  
125 Delhi St.  
Guelph, Ontario  
N1E 4J5  
(519) 837-2460

FC

June 9, 1988

Editor  
The Spectator  
44 Frid Street  
Hamilton, Ont.  
L8N 3G3

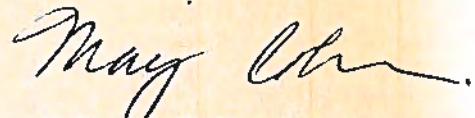
To the Editor:

I wish to respond to the article concerning abortion written by Norman E. Donnelly, president of the Hamilton Right to Life on June 1. Mr. Donnelly expresses his personal opinion that "life begins at conception; this is a proven scientific and legal fact". This may indeed be Mr. Donnelly's definition of the beginning of life and with his personal belief in this definition, he has every right to exclude abortion as an option for himself. However, contrary to what Mr. Donnelly says, there are a variety of definitions of the beginning of life for the concept of life is complex. Indeed, Dr. Daniel Callaghan, a Catholic theologian, wrote a number of years ago that the words "human and life, were themselves, open to divergent and different definitions". He stated, "when drawing lines, for example, asking when does life begin, these lines do not draw themselves and scientific data would not of itself, draw lines for it. Decisions must be made about how we want to use the data and these decisions will reflect our moral policy." He goes on to state that any definition of human must take account of the interaction of biological, psychological and cultural factors and that there were different schools of thought which seek to define the beginning of life, either in terms of genetic factors, developmental factors or social factors. Mr. Edward Keyserlingk of the Canadian Law Reform Commission, stated that "scientific data, as regards the beginning and end of human life, only becomes relevant and essential knowledge if we have prior moral policy definitions of human life and human death. The data alone does not compel any particular moral policy". Yet Mr. Donnelly insists that his definition of life be imposed on all members of our society.

He then goes on to dismiss a number of objections to the type of anti-choice law Mr. Donnelly would like to impose on all Canadians. His response to these objections are outrageous in their disregard of factual information as well as in their callous disregard of women. More specifically, he dismisses the

women who find themselves in the unfortunate position of carrying an unwanted pregnancy. After these visits, many of them have chosen to continue the pregnancy but others have chosen to terminate it. I believe that women (and men) have the right to choose the number and spacing of their children and if indeed, they do have this right then it must include the right to abortion as one of the options available. The issue of abortion is one in which people of moral sensitivity come down on both sides and a pluralistic society must leave room not only for honest differences of opinion but for the acts that result from these differences.

Sincerely yours,



May Cohen, M.D.

MC/jg

May Cohen, M.D.

246 North Shore Blvd. West  
Burlington, Ont.  
L7J 1A4

FC

August 8, 1988

Right Honorable Brian Mulroney  
Prime Minister of Canada  
Langevin Block  
House of Commons  
Ottawa, Ont. K1A 0A4

Dear Right Honorable Mulroney:

You have recently been reported in the media as stating that you are opposed to "abortion on demand". Unfortunately, none of the reports define exactly what you mean by this statement, and I am writing to you to ask for clarification of your definition of this phrase.

As a practicing physician, I find that no medical service is available "on demand", nor do I enter into any therapeutic decision with respect to any patient concern without careful consideration of the indications as well as the risks and the benefits. This is true as well in discussing the options which a patient faces in dealing with an unwanted, unplanned pregnancy. I have counselled many women who find themselves in this position and some of them decide to continue with the pregnancy while others feel that the best course for them is to consider termination. At no time has any patient whom I have counselled entered into this decision lightly and without very carefully weighing all the issues and their implications for the woman, her family and the fetus. Other physicians, I am sure, do the same. This counselling occurred prior to the Supreme Court decision of January and has continued since that time in spite of the fact that we have been functioning without a law. I would hardly consider this type of medical care reflective of a decision made "on demand". Furthermore, I consider the implications of the statement "abortion on demand" to be demeaning both to the pregnant women and to the physician whom she consults.

I look forward to your early response for I would like to believe that our elected leaders have carefully thought through the meaning of phrases they use when speaking to the public.

Sincerely yours,



May Cohen, M.D.  
Professor

MC/jg

cc. M.P. Bill Kempling

FILE COPY

May Cohen, M.D.

246 North Shore Blvd. West  
Burlington, Ont.  
L7J 1A4

December 6, 1989

Mr. Bill Kempling, MP  
House of Commons  
Ottawa, Ont. K1A 0A6

Dr. Mr. Kempling:

I am writing to you with respect to the proposed abortion legislation which is currently under discussion following second reading.

I believe that this legislation is a significant step backward for women. I have been in Family Medicine practice for many years and during the course of that time I have had occasion to counsel many women faced with the need to make a decision about an unwanted and unplanned pregnancy. All these women have seriously considered the impact of termination of the pregnancy versus continuing the pregnancy using as the criteria for their decision their personal understanding about whether or not, in their life circumstances, they could provide appropriate support to a new life. Such women are not criminals and neither they nor the physicians who help them should be placed at risk of being considered as criminals.

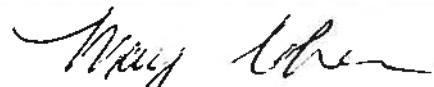
The Supreme Court of Canada in its decision concerning Dr. Henry Morgentaler recognized women's rights, personal autonomy and security of the person. Criminalizing their right to choose is not in keeping with the spirit of this decision.

Even though it has been stated that it is highly unlikely that physicians will be sued or charged as a result of their decision with respect to the potential impact of an unwanted impact on a woman's health and well being, nonetheless, no physician should have to face even the remotest possibility of such a situation. Given the history of the anti-choice movement in choosing to harass women through the courts, as evidenced this past summer, the possibility of legal harassment of physicians is not at all remote. We have already seen past examples where anti-choicers have harassed physicians who delivered appropriate health care to women.

This decision to deliver medically appropriate care should not occur under even the remotest shadow of criminal prosecution. Furthermore, the proposed legislation does nothing to address problems which existed with respect to abortion services in Canada even when the Badgley Report was tabled over a decade ago. Access to abortion services will still be spotty and will be totally dependant not on the choices which women make, but on the political decisions made by individual politicians and the moral stance of individual physicians. This can hardly be described as a just situation.

I believe that all MP's should recognize that they have the personal right to make choices about their own lives and about their own morality but it is important for them to support the right of women to make choices about their own reproductive lives, for these choices can only be made in the context of each individual woman's situation.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "May Cohen".

May Cohen, M.D.

MC/jg

DEC 19 1989



The Canadian  
Medical  
Association

L'Association  
médicale  
canadienne

P.O. Box/C.P. 8650  
1867 Alta Vista  
Ottawa, Canada  
K1G 0G8

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FACSIMILE  
(613) 731-9013

December 12, 1989

Dr. May Cohen  
Professor  
Department of Family Medicine  
McMaster University  
1200 Main Street West  
Hamilton, ON  
L8N 3Z5

Dear Dr. Cohen:

Thank you for your letter of November 6, 1989. My apologies for replying only now, but preparations for a CMA response to Bill C-43 have taken up almost all of my time.

As to your letter itself, I shall bring it to the attention of the Committee on Ethics which is in the process of readying a discussion document on the status of the human foetus for dissemination to various CMA Divisions, Affiliates and relevant other interested parties. I am sure that your points will be taken into account by the Committee when it reviews responses to the discussion paper.

Sincerely yours,

E.-H.W. Kluge, Ph.D.  
Director  
Department of Ethics  
and Legal Affairs

EHWK:sl



FILE COPY

McMASTER UNIVERSITY McMASTER UNIVERSITY  
DEPARTMENT OF FAMILY MEDICINE 1200 Main Street West, Hamilton, Ontario L8N 3Z5 (416) 521-2100

February 26, 1990

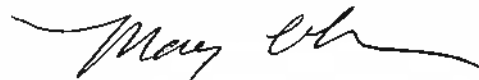
The Honourable Kim Campbell  
Minister of Justice  
Ottawa, Ont. K1A 0A6

Dear Madam:

As the newly appointed Minister of Justice, I would urge you to give serious consideration to stopping the proposed legislation recriminalizing abortion by choosing not to bring it back to the House of Commons for a third reading.

As a physician, I support the stand of the Canadian Medical Association as well as that of the Society of Obstetricians, Gynecologists of Canada and the Canadian Psychiatric Association, all of which have emphasized the fact that the decision to perform an abortion should be regarded strictly as a medical decision and a medical responsibility. As a physician who has counselled many women dealing with the painful problem of unplanned and unwanted pregnancies, I do not wish to feel threatened by the possibility of harassment by anti-choicers who will take it upon themselves to question the validity of a medical decision made between myself and my patient. The anti-choice movement has already demonstrated its willingness to harass both patients and physicians and a recent report in the Hamilton Spectator (copy enclosed) emphasized the plans of members of the anti-choice groups to use this legislation for this purpose.

Sincerely yours,



Dr. May Cohen  
Professor  
Department of Family Medicine

MC/jg

cc. CARAL

Cohen5/Campbell.F26

*Jerry and May Cohen*

246 North Shore Blvd. West  
Burlington, Ont.  
L7T 1A4

September 26, 1990

The Hon. Kim Campbell  
Minister of Justice  
House of Commons  
Ottawa, Ontario  
K1A 0A6

*Keep all  
get  
answer*

Dear Ms. Campbell:

The situation regarding abortion since the passage of Bill C-43 on May 29 has deteriorated alarmingly.

You spoke of this bill as being an entitlement to women for access to abortion services across this country. Events since its passage have indicated that nothing could be further from the truth.

All over the country doctors are withdrawing their services and refusing to do abortions because they fear prosecution and harassment under the legislation.

The Canadian Medical Association warned that this would happen and this prediction has come true. There is actually less access today than there was before passage of Bill C-43 and less even than there was under the old legislation, section 251 of the Criminal Code.

You must be aware of the reduction of service in Winnipeg, Brantford, Brockville, and Sault Ste. Marie.

You must be aware that doctors in Ottawa, St. Catharines, Niagara Falls, and Cambridge are being harassed and picketed by anti-choice fanatics and that these doctors, especially in smaller centres feel vulnerable and could easily withdraw their services if they have not already done so. As you know, doctors in Halifax, Calgary and Edmonton have announced they will stop providing abortions when the legislation comes into force.

In view of this serious erosion of access and its direct association with the passage of Bill C-43 I urge you not to proclaim this dangerous and harmful legislation.

Even if you did not foresee the dire consequences of this legislation you can no longer ignore its detrimental effects. You can no longer deny that a potential tragedy is in the making.

Please act before women begin todie again. Do not proclaim Bill C-43.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "May Cohen". The signature is fluid and extends to the right.

May Cohen, M.D.

MAR 26 1991

Minister of Justice  
and Attorney General of Canada



Ministre de la Justice  
et Procureure générale du Canada

A. Kim Campbell, P.C., Q.C., M.P./c.p., c.r., députée

March 19, 1991

Dr. May Cohen  
Professor  
Department of Family Medicine  
McMaster University  
1200 Main Street West  
Hamilton, Ontario  
L8N 3Z5

Dear Dr. Cohen:

Thank you for sharing your concerns regarding abortion. I regret that I was unable to reply earlier.

As you may be aware, Bill C-43, "An Act respecting abortion", was passed by the House of Commons on May 29, 1990, and was subsequently referred to the Senate Standing Committee on Legal and Constitutional Affairs for study. The Committee reported Bill C-43 without amendment.

Following several days of debate, Bill C-43 was subject to a free vote in the Senate on January 31, 1991, and was defeated.

With the defeat of Bill C-43, there is no legislative framework at the federal level to deal with the matter of abortion. I wish to assure you that I remain concerned with the harassment suffered by doctors who provide abortion services and I intend to raise this matter with my provincial colleagues, at the earliest opportunity.

As in the three years which have passed since the Supreme Court of Canada rendered its decision in Morgentaler, abortion will continue to be regulated through the responsibility of the provincial governments for the delivery of health care services, as well as the standards set by the medical profession itself. The government does not intend to bring forward another bill in this Parliament which would place abortion within the Criminal Code.

I appreciate your having taken the time to express your views on this deeply personal and divisive issue.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'A. Kim Campbell'.

A. Kim Campbell

Ottawa, Canada K1A 0H8