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Some groups, such as Alliance for Life, have advocated that we teach our children to say no to sex, to maintain their chastity. I can understand the desire to return to a simpler, more sheltered time, but, from a practical perspective, I cannot image how such messages would be an effective counter-measure in the prevailing climate. Also, I think that historically sexual ignorance and repression have not worked particularly well in the past, and in the current climate their effectiveness seems even less likely.

So, to my mind, unless we can give women and young people the tools of knowledge and self-esteem in the area of personal sexuality, we will not get very far in changing the circumstances that lead to unwanted pregnancy and abortion. We certainly will not eliminate the need for abortion by making it increasingly difficult to obtain a safe procedure.

From a jurisdictional perspective, this government has argued that it is up to the provinces to ensure that abortion services are provided and are accessible. It has been pointed out that the harassment of doctors and clinics is a matter of provincial, not federal, jurisdiction. That is fine in theory, except that the provinces have done very little to date to protect doctors, and that is certainly part of the reason why some doctors have already withdrawn services and why so many others say they are going to do so. Many of our witnesses, including the Government of Ontario, pointed out that provincial Attorneys General have been most reluctant to take action.

Regarding the availability of abortion services, we are hardly starting from a positive position. As I said earlier, I really do not have to tell you that access is highly uneven across the country, and in several provinces there is little or no service whatsoever. In most rural areas, and in the north, abortion services are non-existent.

The Minister of Health for Ontario enumerated for us a 70 to 80 per cent withdrawal of services in the regions of Ontario outside of Toronto. How can this bill establish or improve access when its main effect, even before passage, has been to drive doctors away from providing the service where it has been previously available? Withdrawal is expected to be greatest in hospitals because their public boards are likely to come under greater pressure than clinics, and yet, in most provinces, the procedure is only covered by health insurance if it is performed in a hospital. This trend will restrict access even further for those with the least ability to pay.

Honourable senators, I keep referring to the Ontario government because, although we invited participation from every provincial government on this issue, as the Legal and Constitutional Affairs Committee does on any issue that has a jurisdictional element to it, only the Ontario government chose to appear before our committee, and they wondered how the provinces could act to improve or even maintain access, even if they have the will and the resources to do it, if, under the new bill, fewer and fewer doctors are willing to perform the service?

[Senator Fairbairn.]

Further, in the face of this bill, areas like Toronto and Montreal, that have been reasonably well served by hospital procedures, are rapidly losing doctors willing to take the risk. We were told that the Montreal General Hospital, which provides a large proportion of the abortion services in the province of Quebec, will stop all procedures if this bill is proclaimed. Women's College Hospital in Toronto expects to have similar problems and, at the moment, is on notice by 30 per cent of its doctors that they will withdraw services if the bill becomes law.

The consequence can only be that desperate women, who lack the means to travel to the few remaining services or outside the country, will have to bear children they cannot support, or they will once again be forced, as they were 20 years ago, to submit to so-called back-street measures that will place their health at great risk. These are women who know they cannot nurture and care for a child as it should be cared for. In their situation, in their minds, an abortion is a more reasonable decision than bearing a child they cannot look after and who may end up neglected, abused or abandoned. In many cases, another child would mean that children already in a family would also suffer.

I find it incongruous that one of our witnesses advocated a complete moratorium, if we were able to get the national will to do it, on abortion for a number of years so that a substantial financial investment could be made in research on artificial ways of saving and sustaining fetuses when, as a society, we lack the means to look after and nurture the children and the families that are already here.

During the decade of the 1980s a constant one million Canadian children lived in poverty, a figure that is not improving. It became common public knowledge in the past decade that at least one out of ten Canadian women are abused by their partners and that about one out of four girls under the age of 18 are sexually abused. Do we really want legislation that puts further pressure on these women and the families they are trying to hold together? I ask that because we should understand that those women and very young teenagers are the ones who will bear the brunt of this law. They are the ones without the means or the support to travel even farther afield for the procedure.

Honourable senators, if we pass this legislation, are we, in good conscience, prepared to follow up with funds and policies to reduce the need for abortion? While the government has pledged money for research over the next three years—\$500,000 a year—it is going to take much more than research to counter poverty and to educate and to change attitudes. We have yet to see the long-promised national child-care program from this government, something that is desperately needed to assist single and low-income parents in becoming self-sufficient.

Another indicator of our approach to family policy leads us to consider the fact that the Family Allowance has steadily declined in real value since its introduction in 1945. Related to this, food banks have become a major source of nutrition for families on welfare, who cannot absorb even one extra expense