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**Abstract.** Peer education has been recognized as a significant means of educating youths, especially about sexual health issues. Although considered a relatively recent development, there are, however, older examples of its existence. In Canada, the *Birth Control Handbook* (1968) stands out as a stellar example of one student peer-education manual. This article establishes the *Handbook*’s student peer-education roots. But it also charts the *Handbook*’s evolution from a revolutionary student peer-education manual to a key feminist self-empowerment text within the Quebec context between 1968 and 1975. Finally, this article includes the recollections of some of the key individuals involved in the development, production and distribution of the *Handbook*. In so doing, this article confirms the *Handbook*’s significance to both anglophone and francophone student and feminist politics as well as to women seeking information about birth control.

**Résumé.** L’éducation par les pairs a toujours été reconnue comme une forme importante de diffusion des connaissances, surtout en matière de sexualité. Au Canada, le rôle joué par le *Birth Control Handbook* (1968) constitue un bon exemple d’éducation par les pairs. Le présent article cherche à retracer les origines de ce livre et à montrer comment un manuel plutôt marginal, conçu par des étudiants, devint un texte féministe dans le contexte québécois des années 1968 à 1975. Il fait aussi état des souvenirs de quelques personnes impliquées dans l’élaboration, la production et la diffusion de ce manuel. Cet article confirme finalement le rôle important que ce texte a joué auprès des étudiants anglophones et francophones, auprès des milieux politiques féministes et auprès des femmes désireuses d’obtenir des informations sur le contrôle des naissances.

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Over the last 20 years, peer education, both formal and informal, has been recognized as a significant means of educating youths, especially about sexual health issues such as unintended pregnancy, sexual orientation, and sexually transmitted infections (STIs). Peer education literature, workshops, and counsellors have been used all over the world to reach out to the young. Peer education is considered valuable because of the importance of the peer group to youths. Since peers share similar characteristics, it is assumed that they can learn about a topic from each other, teach each other important life skills and treat each other as equals in the learning process. Research shows that peer education can provide credibility, create a comfortable atmosphere, and develop collaborative learning structures. Peer education is considered a relatively recent development among students. However, there are older examples of its existence. In Canada, the Birth Control Handbook (1968), the product of a committee of McGill University students, stands out as a stellar example of one student peer-education manual. Packed with information about birth control, the publication also contained controversial editorial commentary on women’s liberation and population control.

Although the Handbook was wildly popular, with sales that numbered in the millions both domestically and internationally it has, unfortunately, elicited little attention from Canadian scholars. Those who do acknowledge its importance associate it mainly with second-wave feminist organizing only briefly identifying its student beginnings. This article establishes the Handbook’s student peer-education roots. But it also charts the Handbook’s evolution from a revolutionary student peer-education manual to a key feminist self-empowerment text within the Quebec context between 1968 and 1975. Finally, this article includes the recollections of some of the key individuals involved in the development, production and distribution of the Handbook. In so doing, this article confirms the Handbook’s significance to both anglophone and francophone student and feminist politics of the period, situating it at a point of convergence between student political activism and feminist demands for women’s reproductive rights.

During the 1960s, a “New Morality” ascribed to a situational ethics of love that sanctioned premarital sex, contributed to a rise in unintended pregnancy in young, single, middle-class white women. Unfortunately for those women who wished to prevent pregnancy, the Criminal Code long held the dissemination, sale, and advertisement of birth control to be illegal. Abortion, punishable by life imprisonment, was driven underground. The birth control pill, which had been introduced into Canada in 1961, required a doctor’s prescription. In any case, contraceptives were held to be appropriate family planning measures for married couples, not single women, to space the births of their children. As the decade wore on, married and single university students across the coun-
try began requesting their campus Health Service physicians to provide them with contraception, most notably, the pill. The Council of Associations of University Student Personnel Services (CAUSPS) reported that most of the 19 universities and colleges it surveyed indicated that if students asked, Health Service doctors would give them birth control information. But students had to be married or engaged in order to have access to contraceptives.\textsuperscript{10}

There seemed to be three main reasons for this awkward state of affairs. Institutions of higher education were notorious for denying the sexual needs of their students, especially if single. Health Service medical personnel, many of whom had faculty appointments, were often afraid of the legal consequences of dispensing contraception. Finally, university administrators were concerned about the risk of public exposure. They feared that the student grapevine would turn “confidential information between doctor and patient” into “exciting dormitory gossip” that would anger parents, excite the press and ruin their institution’s moral reputation.\textsuperscript{11} The reluctance of university Health Service doctors to meet the birth control needs of single students—thereby forcing some women to turn to illegal abortion—combined explosively with the decade’s culture of left-wing student protest to make birth control access a major campus issue.\textsuperscript{12}

McGill University, reputed to be one of the stodgiest anglophone universities in the country, was no exception. Both the province and the university were undergoing a radical transformation. A combination of economic, social, and political forces dating from the 1940s ushered in Quebec’s “Quiet Revolution” of the 1960s. The demographic change alone was stunning. Urbanization, modernization and secularization had weakened the influence of the Catholic Church as well as the pro-natalist arguments of Quebecois nationalists. During this decade, the birth rate in this mainly francophone Catholic populace was halved such that by 1970, Quebec had the lowest birth rate of the provinces.\textsuperscript{13} These rapid changes would foster radical links among Quebec’s socialists, feminists, and trade unionists.\textsuperscript{14}

While the Quebec birth rate plummeted, the student population at McGill University soared. The population increase was due mainly to the demographic bulge of the postwar baby boom. In 1960, the university’s student enrolment stood at 8,795; five years later this figure reached 12,728. The majority of students enrolling at McGill University was concentrated in the Arts and Social Sciences faculties. Often more liberal-minded than their counterparts in the pure sciences, the Arts and Social Sciences students helped elect to the student government - known as the Students’ Council of the McGill Students’ Society—candidates influenced by a New Left student movement. Its politics included opposition to American involvement in the Vietnam War, support for civil rights
and the desire to democratize the university structure. Not surprisingly, the Students’ Council became embroiled in a number of politically charged issues, ranging from tuition fee increases, to the independence of the student newspaper, the *McGill Daily*, to the use of French as a language of instruction that challenged the authority of this venerable Montreal institution in the name of popular democracy.\textsuperscript{15}

In 1967, the Students’ Council turned its attention to birth control. That autumn, Mathematics Professor Donald Kingsbury galvanized the campus with an impassioned account of illegal abortion at McGill University. He told tales of tearful “roseey cheeked [sic] daughters” seeking to terminate their unwanted pregnancies. “Do you want more?” he thundered. “I know fifty more stories like that about McGill girls in trouble.”\textsuperscript{16} Shortly after Kingsbury’s article appeared in the *McGill Daily*, the Students’ Council Internal Vice-President Peter Foster, a 19-year-old sociology undergraduate and self-described “newly-minted student activist”\textsuperscript{17} moved that:

WHEREAS morals and morality are the concern of the individual and not of society;
WHEREAS it is at present very difficult for the McGill student to obtain advice or counseling about birth control or birth control devices; and
WHEREAS the Students’ Council, as representative of the Students’ Society, has a duty to protect the rights and further the interests of the McGill student:

The McGill Students’ Council affirms the principle that the student, like any other citizen, has the right to information and counseling about birth control, as well as to any contraceptive device he may require.\textsuperscript{18}

Foster viewed his interest in birth control as an outgrowth of his involvement in student politics.\textsuperscript{19} His motion also mandated that the Students’ Council investigate establishing a number of options with the help of the Health Service and other campus medical personnel. These options were: a birth control clinic that would provide birth control information and devices to students; a campus student clinic independent of the university; and a student seminar on sex education and birth control. Nicole Leduc, President of the Women’s Union, seconded Foster’s motion. It passed with eight recorded yeas, three nays and two abstentions.\textsuperscript{20}

A month later, an engineering student on the Students’ Council moved that the student government authorize the installation of condom-vending machines in the University Centre. The University Centre was the property of the university but it was used as a site for student activities. Foster knew that engineering students were reputed to be “beer-swilling, sexist right-wingers.” Yet he allowed that his Students’ Council peer was “smarter than most, and relatively serious in his own way.” Foster seconded the motion. After some discussion, it was carried.
A very flustered Students’ Council Secretary argued that the University administration could punish the entire Students’ Council for such a vote. Students’ Council members agreed. Foster explained why. He recalled that McGill was “a pretty staid institution,” that its Principal, H. Rocke Robertson, was “as uptight an individual as you would ever care to meet” and that condom-vending machines were “extremely controversial in those days.” Therefore, a strategic compromise was reached. Clev-erly, the engineering student’s motion and the vote did not appear in the official minutes. However, the Students’ Council struck a student-com-posed Birth Control Committee to deal with the birth control motion that Foster had first raised.21

The Birth Control Committee moved quickly. Its members rejected any plans to establish a birth control clinic on campus with or without the help of the Health Service. As the McGill Daily reported, thanks to the country’s birth control laws, “no gynaecologist would be willing to stick his neck out” for such a cause. More pressing were the financial considerations; students with no or little medical insurance would certainly be unable to pay the high fees physicians could demand. In the interim, the McGill Daily printed a directory of Montreal associations and hospitals that would assist single girls seeking contraception, noting encouragingly that oral contraceptives were “a good deal cheaper than a pair of [false] mink eyelashes.”22 As a result of the Birth Control Com-mittee’s findings, the Students’ Council decided to table any plans for a birth control clinic on campus. However, it mandated Leduc to direct the Birth Control Committee to sponsor a seminar on “Morality and the McGill Student,” a “Conception Control Information Centre” and the publication of a handbook on birth control.23

Exactly why the members of the Students’ Council consented on the record to sponsor a seminar, a centre and a handbook that dealt with birth control is unclear. Technically, all three were illegal under the Crim-inal Code and, therefore, as difficult for the University administration to deal with as the installation of a condom-vending machine. The Stu-dents’ Council may have been willing to push the legal envelope because Parliament now seemed poised to pass new birth control legislation. Bills to this effect had been delayed, sidetracked or had died on the floor. However, popular support for birth control had grown; in 1961, 55% of Canadians said that birth control was not morally wrong. In 1965, that number climbed to 67%.24 The nation’s Catholics were also on board with 71% of those polled asserting that it was possible to use artificial methods of birth control and still remain good Catholics.25 Toward the end of the decade, in accordance with the more secular mood of the country, politicians like the Liberal Party’s Pierre Trudeau were declaring that “the state has no place in the bedrooms of the nation.”26
Many university students agreed, undertaking various types of peer-
education initiatives across the country. At the University of British
Columbia, a student group called the Demographic Society showed sex
education films to students, asked local politicians to apprise students on
birth control legislation and distributed family planning literature to
students. The student government of the University of Toronto came
out in support of forming a birth control committee to co-ordinate sem-
inars at women’s residences and to give students information from local
family planning organizations. In some instances, student clubs and
societies appear to have produced their own birth control literature.

However, such activities paled in comparison to the efforts of the
Birth Control Committee at McGill University. In September 1968, in
contravention of the Criminal Code, the Birth Control Committee pub-
lished the Birth Control Handbook. When asked if the Students’ Council
would face any legal repercussions, Foster thumbed his nose at the ques-
tion: “We figure if we get a lawsuit it will be a lot of fun.” Ian Hyman,
the Students’ Council External Vice-President, echoed Foster’s bravado,
claiming the country’s birth control legislation was “so stupid that even
Trudeau is about to get rid of it.”

Printed in black and white on newsprint and written in layman’s lan-
guage, the Handbook’s debut cover featured a white male doctor, masked,
gowned and bespectacled, in the act of delivering a newborn, umbilical
cord still intact. The McGill Daily pronounced that the publication
might hopefully “bridge the gap between high school hygiene courses
and street corner advisory sessions.” Eight students served as the Hand-
bok’s editorial staff. Allan Feingold, an Arts undergraduate student, was
listed as editor-in-chief. Medical consultants to the editorial staff were the
well-respected Dr. Thomas Primrose, a gynaecologist at Montreal’s Royal
Victoria Hospital and Dr. Robert Kinch, a Professor of Obstetrics and
Gynaecology at McGill University working at the Montreal General Hos-
pital. Kinch became involved in the project not only because he liked the
Handbook’s “youthful air” but also because he was personally appalled by
the often-fatal complications of illegal abortions.

Funding for the Handbook came from university student bodies from
Canada and the United States. While the Students’ Council at McGill
contributed the bulk of the monies, the student councils of 10 Canadian
universities and colleges donated as well. Students at Princeton Univer-
sity and the University of Maine similarly provided some financial sup-
port. The Birth Control Committee had been as parsimonious as possible.
Its members turned to local labour, used cheap newsprint and chose
black and white illustrations and photographs so as to facilitate the mass
distribution of the publication at the lowest cost. Nevertheless, the Stu-
dents’ Council initially lost money on the venture. But the Handbook
that Feingold claimed as “a product of thousands of hours of work,”
proved to be a hit at McGill University and beyond. Students from Quebec campuses snapped up the first run, numbered at 17,000. A proud Feingold was quoted as saying: “To print such a book indicates that we believe that students are responsible adults with the right to make decisions that affect their lives.”

In January 1969, the Birth Control Committee came out with a second edition of the Handbook. A second impression of this edition followed in March. From the first edition onward, the Handbook contained editorial commentary that betrayed the influence of the nascent second-wave feminist critique of women, sexuality, and reproduction. Upset by the sexism of male-dominated student groups on the left, women university students had begun breaking away to organize consciousness-raising meetings on women’s issues. As what became known as the women’s liberation movement began to flourish, the student movement began to decline. However, this 1969 edition firmly united left-wing student and second-wave feminist politics to suggest that the Handbook had “a major role” to play in women’s liberation. Providing women with the ability to control their reproductive functions was critical to that liberation. Such control was, however, only a precondition of that liberation. Contraceptives could make women “free agents” but they could also commodify women, turning them into “objectified human beings serving as non-intellectual sex objects.” Therefore, only a complete social revolution that would remake the economy, the labour force and the family would guarantee women’s equality with men.

The remainder of the Handbook was divided into sections dealing with reproductive anatomy, the menstrual cycle and various methods of birth control including the pill, the condom, the IUD, diaphragms and jellies, vaginal spermicides, the rhythm method, coitus interruptus, and abortion. The pros, cons, myths, levels of effectiveness and side effects associated with some methods of birth control were also touched upon. A glossary of medical and lay terms dealing with reproduction rounded out the manual. Each section was illustrated with diagrams and photographs. The diagrams were explicit, showing, for example, the ways in which certain barrier contraceptives had to be correctly inserted or fitted. Most of the photographs featured young, white women in various stages of pregnancy. Some had a tongue-in-cheek appeal. A photograph of Pope Paul VI and a quote from the Encyclical, Humanae Vitae (1968), punctuated the section on the rhythm method. In this Encyclical, Church authorities rejected all artificial forms of birth control, including the pill, in favour of the rhythm method. The Vatican’s decision ruptured its hold on many Canadian Catholics, including those living in Quebec.

Other photographs were poignant and strategic in their positioning. The section on Abortion carried two photographs juxtaposed against an excerpt from the Criminal Code on the illegality of abortion. The first
photograph was that of a young, white woman, crouched timidly against a wall, her long hair obscuring her face. The second featured a close-up of another young, white woman, her head thrown back, her features contorted in pain. Both figures gave off an air of desperation.

In their brief to the Royal Commission on the Status of Women (RCSW) the Medical Students’ Society of McGill University alluded to the reason for that desperation. They argued that unfair birth control laws forced a woman with an unwanted pregnancy to make unpalatable choices: to carry the fetus to term, to marry, to travel abroad at great expense for a legal abortion or, to obtain an illegal abortion at home.

To wit, this Handbook section also carried a piece by Professor Kingsbury on pregnancy as “the major health problem at McGill” as well as journalist Doris Giller’s sympathetic account of women “forced to risk death” if they wanted an abortion in Montreal.

At the Students’ Council meeting of May 28, Feingold successfully solicited more money to revise the Handbook. The popularity of the Handbook was growing. Requests for the publication were now coming from outside Quebec. Some Students’ Council members even envisioned distributing the publication to high schools. But Feingold first wanted to update the Handbook and to add more material.

By now Feingold was working closely with Donna Cherniak, one of the members of the Birth Control Committee and, like Feingold, an undergraduate Arts student at McGill University. The temper of the times moved them to team up as the Handbook’s main editors. Cherniak recalled, “things were exploding all over the place in terms of women’s issues and sexual freedom.” Moreover, Quebec was in the midst of a “radical” shift in terms of “family structure.” Their similar family origins also seem to have played a motivational role. Feingold was born in Israel to Holocaust survivors. They emigrated to Canada where he grew up in Montreal’s left-leaning Jewish community. Cherniak was born and raised in a Jewish household in Windsor, Ontario. There her father ran as a candidate for the Canadian Cooperative Federation (CCF), the forerunner to the New Democratic Party (NDP). Another factor that explained the duo’s participation was their romantic relationship. Having met earlier at a summer camp, they moved in together while studying at McGill. “It was a first love,” remembered Feingold. At no point did they consider their work on the Handbook illegal because, as Cherniak explained, they were fuelled by a sense of a “just cause.”

The third edition of the Handbook was published in September 1969. For the cover the duo chose a Madonnaesque image: a soft focus photograph of a young, white woman asleep in bed, arms outstretched, breasts exposed, a newborn nestling to her right. This cover girl was meant to transmit the message that although the publication was about birth control, it was not “anti-having children.”
Other than the new cover, there were three main changes to the third edition. The first set tackled the long-awaited revisions to the Criminal Code. The Trudeau government had decriminalized contraception and legalized abortion that August. Under the new legislation, contraception was no longer governed by the Code. Still, some contraceptives, like the pill and the IUD, continued to require a doctor’s prescription. Abortion was now legal, but under very restrictive circumstances. Legal therapeutic abortions were permitted only if a woman had a referral from her doctor to a hospital’s therapeutic abortion committee (TAC). The TAC, consisting of three to five doctors, had to rule that an abortion was necessary to preserve the woman’s life or health. However, hospitals were not obligated to strike TACs. And nowhere was there a consistent definition of what constituted health. Moreover, doctors could refuse to perform abortions; many remained divided over the morality of the procedure. The new law did not alleviate the problem of illegal abortion; underground abortions, which were performed by medical and non-medical personnel or which were self-induced, were estimated at 100,000 a year. The legislation’s inadequacy inflamed the women’s liberation movement to organize around the issue of access to safe, legal and affordable abortion.

Cherniak and Feingold took issue with the new law, insisting that it discriminated against women because it was made and administered mainly by men. They viewed TACs as hypocritical structures. On the one hand, many doctors on TACs refused to grant women legal abortions. On the other, these same doctors had to clean up cases of “butchered abortions every week.” Cherniak and Feingold also tried to illuminate how racial, economic, and national disparities affected women’s access to legal abortion. In the United States white women rather than black women were privileged enough to arrange legal abortions. A few women could fly to England, Israel, and Japan to get a legal abortion because they had the money to do so. Communist countries like Poland, Cuba, and China appeared more enlightened because they were the only regimes to permit abortion on demand. To help readers make the safest abortion decision possible, Cherniak and Feingold explained the functioning of the menstrual cycle and pregnancy tests, described the four main surgical abortion techniques (dilation and curettage, vacuum aspiration, hysterotomy, and saline injection), identified how women could contact abortionists (gynaecologists, surgeons, medical students, social workers, referral services on university campuses) and warned against the health risks associated with “butcher abortions” (ergot, slippery elm bark, knitting needles, coat hangers, Lysol, potassium permanganate). The two also provided prices and statistics on abortion, recommending that women have abortions before the third month of pregnancy.
The second set of changes focused on oral contraceptives. The editors asserted that the pill was “the most effective and easily used method of control available to women.” The pill required, however, a medical prescription and a doctor’s examination. While they described how the pill stopped ovulation if it were taken correctly and consistently during a woman’s menstrual cycle, Cherniak and Feingold expended a great deal of effort discussing the possible side effects of oral contraception. The editors were undoubtedly responding to Barbara Seaman’s blockbuster, *The Doctors’ Case against the Pill* (1969). Seaman, an American journalist, determined that there was ample medical evidence of fatal complications (blood clots, hemorrhage, strokes, heart disease) and negative side effects (depression, weight gain, reduced sex drive) associated with the pill. For Seaman, the medical establishment had seriously mistreated women by not giving them enough information about pill safety. Seaman’s book gave rise to what has since become standard ethical practice: informed consent. In addition, it helped kick start a grassroots feminist health movement based on the principle of self-empowerment. The feminist health movement insisted that to be empowered, women had to learn about their own bodies and take charge of their own health care. It rejected a moralistic approach to sexuality and critiqued the male-dominated medical profession for being insensitive to women’s health care needs. Finally, it proposed that activism around women’s health care include the organization of health-care collectives, clinics, and abortion referral services.

Cherniak and Feingold did not take issue with Seaman directly. They preferred to rebut criticism of the pill’s negative side effects in general medical terms that were rather forgiving. The editors suggested, “cause and effect relationships between oral contraceptives and occurrence of certain reactions have not been proven.” While they allowed that any reaction to the pill, whether “real or imagined” should be reported to the doctor who had written the pill prescription, they declared that the “major complications” associated with the pill, such as cancer and thromboembolism, were extremely rare. The pill did often cause headaches, nausea, and fluid retention, which Cherniak and Feingold dismissed as “minor side effects.” Some of these were psychologically induced; in any case, they disappeared over the first three months as women’s bodies became accustomed to the pill. Any “metabolic effects” on the thyroid, liver, glucose tolerance, or vaginal fluids were considered easily treatable. Finally, Cherniak and Feingold cited British studies that held pregnancy responsible for placing women at a much higher risk of ill health and death than the pill.

The third set of changes centred on the issue of population control and its dodgy relationship to women’s liberation. From the 1950s onward, Western population control experts with ideological roots in the eugenics
movement, theorized that overpopulation caused a host of problems. Although Canadians lived in an underpopulated country, they were warned that domestic population growth would double rapidly. The consequences would be felt in crowded cities, water and air pollution, housing shortages and inadequate hospitals, schools and transportation.\textsuperscript{62} Internationally, population control experts trained their sights on the so-called Third World. Influenced by the Cold War between the Soviet Bloc and the Western nations, they argued that overpopulated nations could be won over by Communism. Birth control became the key to stabilizing domestic and international order. In fact, disparate interests—from family planners to politicians, physicians and social justice organizations—used the threat of a global population explosion as one of the main justifications for the 1969 revisions to Canada’s birth control legislation.\textsuperscript{63}

The \textit{Handbook’s} editorial commentary in the first and second editions favoured birth control as crucial to women’s liberation. Yet both editions also implied, at least pictorially, that overpopulation was just as sound a rationale for birth control. One photograph accompanying the section on oral contraceptives featured large numbers of black men, their torsos naked and gleaming menacingly. Framed instructions for taking the pill were superimposed onto the image. Another two photographs appeared at the end of the \textit{Handbook}. The first captured a malnourished black woman flanked by two small children, the second, a city street filled to overflowing with white men and women. Not one of the photographs was captioned by text. Yet they were surely meant to illustrate that overpopulation led to poverty, hunger, and overcrowding.

The \textit{Handbook} now reversed its stance in the most incendiary fashion. Cherniak recalled receiving plenty of criticism because of the \textit{Handbook’s} image of “a massive African crowd.” Thereafter, both Feingold and Cherniak “started to get more involved in meeting some of the issues about population control.”\textsuperscript{64} Feingold cut classes to do the background reading on the subject, taking notes on small cards. “I remember reading [Frantz] Fanon,” said Feingold. “Donna may have read Betty Friedan.”\textsuperscript{65} Fanon, who wrote about the impact of colonialism on the psychology of the colonized, was popular with feminists, student activists and with Quebec nationalists. Without considering the serious matter of white privilege, they often self-identified as an oppressed and colonized people akin to blacks and slaves.\textsuperscript{66} Well-read by white middle-class anglophone women in early feminist consciousness raising groups, Friedan tackled the gap between the American domestic ideal and the dissatisfaction of American housewives. The reference to both authors indicates how intertwined were the student and feminist politics of the day.\textsuperscript{67}

The first sentence of the introduction to the \textit{Handbook} reflected Cherniak and Feingold’s bold new thinking on population control:
Any publication on contraception necessarily raises the much discussed Population Explosion, for birth control affects not only individuals, and not only the position of women in society, but also the existence of entire human races.\textsuperscript{68}

The two editors went on to claim that while living conditions for many people were unsatisfactory around the world, the population explosion was a myth based in racism. Any population increase in poor countries was perceived as a threat to a white minority that had “exploited all other races with a ferocity and viciousness incomparable to any other human injustice.” Anti-American sentiment permeated their editorial commentary. Cherniak and Feingold accused the United States of being the chief culprit, sterilizing the poor and testing contraceptive devices on African Americans, Puerto Ricans, and Mexicans. As a result of the link between birth control and population control, some women of colour were faced with a difficult choice whether or not to use contraceptives. Still, Cherniak and Feingold allowed that contraceptives had the potential to liberate all women. An independent woman did not have to “sell” her body or her mind to one man. Rather, she could work toward the transformation of society. Part of that transformation would involve socializing the children she chose to bear to believe in the equality of men and women.\textsuperscript{69}

Under Cherniak and Feingold, subsequent editions of the Handbook took an even more defiant tone. The editors imprinted on the cover a hybrid symbol, part-political, part medical, of a clenched fist around which a snake coiled. Garlanded by the phrase “Medicine for the People,” the symbol spoke to the impact of the feminist health movement on the publication. It also reflected the interaction of populist socialist, feminist, and trade unionist trends particular to the province. Cherniak and Feingold insisted that their publication was a “political act” and not a sop to “an irresponsible medical profession” or to “men who want an easy but ‘safe’ lay.”\textsuperscript{70} They chose Margaret Sanger, an American first-wave socialist feminist who coined the term birth control, as their heroine. Ironically, Sanger was an adherent of eugenics and, later, an advocate of population control.\textsuperscript{71} However, she was revered for her belief that birth control was essential to the liberation of women. Finally, Cherniak and Feingold promised those, including “right-wing doctors,” who disputed their analysis of population control “more of the same.”\textsuperscript{72}

Drawing upon medical literature, articles published in journals like Ramparts and upon the research of academics like Noam Chomsky, Cherniak and Feingold used the intellectual heft of the left to take aim at the American-financed zero-population growth (ZPG) lobby and its leading light, Paul Ehrlich. The ZPG lobby was made up of elite American industrialists, politicians, and academics who believed that drastic population control policies were required to stabilize the birth and death rates
of developing nations. In his best-selling *The Population Bomb* (1968), Ehrlich, a biology professor at Stanford University, arrived at an “emotional understanding” of the need for population control during the mid-sixties while travelling with his wife and daughter “one stinking hot night” in a Delhi taxi:

> The streets seemed alive with people. People eating, people washing, people sleeping. People visiting, arguing, and screaming. People thrusting their hands through the taxi window, begging. People defecating and urinating. People clinging to buses. People herding animals. People, people, people. As we moved slowly through the mob, hand horn squawking, the dust, noise, heat, and cooking fires gave the scene a hellish aspect....All three of us were, frankly, frightened.73

Ehrlich’s postcolonial narrative of travel to India inverted the dominant colonial travel accounts of earlier centuries. European visitors had viewed the landscape of the New World as entirely devoid of inhabitants in order to secure it for capitalist development.74 In contrast, Ehrlich, the American tourist, saw Third World nations as so peopled by brown, black and yellow bodies that capitalism had no room to take root. This dark glimpse of overpopulation and underdevelopment led Ehrlich to a blinding insight. Predicting that overpopulation would result in a severe global food-population imbalance, Ehrlich recommended that countries identified as First World take drastic measures to help nations in the Third World to bring their birth rates to heel. He even went so far as to suggest that food-producing developed nations such as Canada adopt a triage solution to punish poor countries that did not balance their birth and death rates. Populations determined to be able to survive alone would receive food aid; others would be left to starve or survive independently.

Cherniak and Feingold countered that American capitalism and the unequal distribution of resources, *not* overpopulation, was the problem. They identified the ZPG lobby as a right-wing, eugenically driven racist threat to human rights and accused ZPG theorists of wielding birth control as a genocidal weapon against poor, non-white populations they exploited for profit. They agreed that for many non-whites, birth control was the equivalent of the bombs, napalm, and defoliants Americans used to attack the Vietnamese.75

The *Handbook’s* sections on oral contraceptives, sterilization, intrauterine devices (IUDs), and abortion reflected their focus on the racist double standard of birth control. Cherniak and Feingold agreed that the pill was a nearly ideal method of contraception. Not only was it the first contraceptive that was 100% effective; it was also the “first drug to weaken male society’s control over women.”76 The editors’ ongoing endorsement of the pill was not just politically based. It may also be attributable to Kinch’s medical expertise. Kinch was appointed Chair of the Special Advisory Committee on Oral Contraceptives. The Depart-
ment of National Health and Welfare’s Food and Drug Directorate struck this Special Advisory Committee to investigate pill safety. In December 1970, the Committee’s final report was tabled. It came out in favour of low-dose estrogen pills, meaning, those with 50 micrograms or less of ethinyl estradiol or mestranol.\textsuperscript{77} Cherniak and Feingold agreed. Nevertheless, they acknowledged that G. D. Searle, the American manufacturer of the pill, had initially tested the drug on Puerto Rican women whom the pharmaceutical company had used as “Guinea pigs.”\textsuperscript{78}

The section on sterilization contained information on the sterilization of Jews in Nazi Germany, of welfare mothers in the United States and of men in India and Pakistan. The editors speculated that IUDs could be important options for women. But they also acknowledged that the devices were favoured in Latin American and Asian population control campaigns because they were cheap, easy to insert, and could not be controlled by the woman involved. Thus, both sterilization and IUDs had become more widespread in the Third World as opposed to the First.\textsuperscript{79} In discussing abortion, the editors denounced the “chauvinism” of doctors on TACs. They also asserted that poor women and black women, some of whom reported being aborted in exchange for sterilization, suffered “the worst humiliation at the hands of male doctors and their hospital boards.”\textsuperscript{80}

Pointed, powerful, and overtly Anti-American, the Handbook’s editorial commentary provoked tremendous controversy with its charges of racism and sexism. Robert Hajaly, President of the Students’ Council when the Handbook made its debut, believed that it spoke to students’ needs. Yet he realized that the editorial commentary “struck up a lot of people, including people on the left…[as] well, questionable if not outrageous…I mean, how are you going to stop it [overpopulation], either [by] birth control or starvation. Birth control is preferable to starvation.”\textsuperscript{81}

The Royal Victoria Hospital, the Montreal General Hospital, the Family Planning Association of Montreal and Dialogue, an interdenominational organization that distributed contraception information returned a total of 3,000 Handbooks.\textsuperscript{82} The town of Pembroke, Ontario banned the publication.\textsuperscript{83} In the United States, the city of Miami, Florida did the same. Copies were burned in Missoula, Montana.\textsuperscript{84} A high-profile scandal occurred at Princeton University after its Health Service mailed out a Handbook to each student. The Health Service director defended the Handbook for its medical accuracy. However, some university administrators, students and alumni denounced the Handbook for being “a Maoist political tract masquerading as a sexual information pamphlet” and accused its editors of being “Montreal communards” peddling Canadian products in the United States for profit.\textsuperscript{85} When Princeton University brass admitted that a note disavowing the editorial commentary mistakenly had not been attached to each Handbook, the story broke in
Cherniak shrugged off criticism of the *Handbook*, stating that there were “more orders than we can fill.” Indeed, requests for the *Handbook* poured in. Between 1969 and 1970, 300,000 copies were sold. The following year it was two million copies. In 1973, the numbers stabilized at over half a million, and, in 1974, at just under that amount. The frontispiece of the 1975 edition carried ordering information that ranged from 25 cents for a single copy to $90 per 1000 copies. Orders could be shipped to points in Canada, the United States, and overseas.

As a result of the *Handbook*’s widespread distribution, Cherniak and Feingold began receiving telephone calls and letters from women desperate to procure an abortion. With Professor Kingsbury’s help, they started an abortion referral service, putting the women in touch with local abortionists. Cherniak and Feingold’s apartment became a hub of activity. “So we had two things going at once,” said Cherniak, “we ran the distribution of the *Handbook* and the abortion referral service. This was before *Roe v. Wade*, so we had people coming up from the US to have abortions here.”

The abortion referrals usually went to Dr. Henry Morgentaler. Morgentaler began doing illegal abortions in Montreal in 1968. He risked arrest and imprisonment when he challenged the abortion law by establishing free-standing abortion clinics. In practice, these clinics bypassed the legal necessity of striking a TAC. Repeated attempts to prosecute Morgentaler despite jury acquittals made Canadian history. When the Parti Québécois became the provincial government, it dropped charges against Morgentaler, quietly tolerating the operation of the abortion clinics in what still was a predominantly Catholic province.

Morgentaler was personally very impressed by the *Handbook*. He did not agree with everything the editors said but he acknowledged, “there was nothing like it available…it was a great initiative, a first, a great work of enlightenment.”

Most of the *Handbook* sales were made to universities and colleges. The biggest bulk orders went to the United States. Indeed, even those Americans who faulted the publication for “mixing leftist political opinions with sex information,” regarded it an “excellent effort” for and by students. Cherniak recalled that Americans got wind of the *Handbook* once a small American paper had written about it in the summer of 1969. Thereafter it was “word of mouth. Other universities would call and say, ‘Can we get this for our student body?’ and then it just exploded. Bigger and bigger [printing] runs. Forty or fifty thousand or more at a time.”

According to Cherniak, university students welcomed the *Handbook* because it was timely, inexpensive, informative, and user-friendly. It corresponded with the notion students had of politicizing the affairs of the day. And it met the needs of universities that may not have had adequate Health Services available on campus. “It made it seem,” noted Cherniak, “like they [the Health Services] were doing something.”
University students were not the only clientele. The *Handbook* quickly became a favourite of feminists, many of whom had become sensitized to the abortion issue while at university. Feminist regard for the *Handbook* did not mean that the relationship between its editors and the women’s liberation movement was cosy: “Some sisters have objected to the fact that a man has played such an instrumental role in this publication,” noted the nervous Cherniak and Feingold, and we feel that such criticisms are understandable but in this case not really justified. Of course we feel that women and men must organize separately, but often it is best to work together. In this case it worked out well; in other cases such a contribution from a man would have been incorrect.

Some feminist groups reinforced the *Handbook*’s student connections by distributing it to university students and high schoolers. In Canada, the Abortion and Birth Control Collective of the Toronto Women’s Liberation Movement (TWLM) went further, suggesting that high school students pool their allowances to purchase the *Handbook* and pass it along to other classmates. In the United States, *Jane*, an underground group of laywomen who learned to do safe, hygienic abortions, routinely handed out copies of the *Handbook* to their clients at counselling sessions.

Chronologically speaking, the *Handbook* preceded the well-known American publication, *Our Bodies, Ourselves* (1970). It highly recommended the *Handbook* for its “detailed, complete, simple, and unbiased description of birth control methods.” Ms. magazine lauded both *Our Bodies, Ourselves* and the *Handbook* as “classic documents of the self-help movement” and for “[c]learly, factually, unpretentiously tell[ing] us how our bodies work, how to care for them, and where to go for help.” The similarities ran deeper. Like *Our Bodies, Ourselves* the *Handbook* was intended for mass distribution. Both publications championed women’s reproductive rights and both served as a kind of “companion” to which women could refer repeatedly for help.

Other than the fact that *Our Bodies, Ourselves* was a much larger work that was eventually published by the commercially successful Simon and Schuster, there were major differences between the two publications. Unlike the *Handbook*’s student origins, *Our Bodies, Ourselves* grew out of feminist consciousness raising meetings initially held by the Boston Women’s Health Book Collective. *Our Bodies, Ourselves* openly discussed lesbianism, even devoting an entire chapter to the subject. Although the *Handbook* viewed sexuality very positively, its emphasis was on heterosexual sex; it was not until the 1973 edition that homosexuality was specifically mentioned. The limited discussion was justified by the *Handbook*’s focus on birth control; after all, it was heterosexual intercourse that led to pregnancy. While highly critical of the health care doctors gave women,
Our Bodies, Ourselves was not written in the virulent, anti-American vein that marked the Canadian Handbook. Unfortunately, that same anti-Americanism distanced the Handbook’s editors from unearthing and exposing Canada’s own collusion with population control measures, past and present.\(^\text{103}\) Still, the connections Cherniak and Feingold drew among women’s liberation, racism and population control were remarkable, considering that second-wave feminists were not always sensitive to the reproductive issues faced by women of colour.\(^\text{104}\)

Just how readers of the Handbook understood those connections remains to be seen. Some white women could afford to ignore them. “I skipped the first part [editorial commentary] and then went on to the good stuff,” one white interviewee mentioned.\(^\text{105}\) Others found that the Handbook was required high school reading precisely because it tackled the subject of population control:

> Our Social Studies teacher (who was also the vice-principal, later principal, later Superintendent of Schools) had it on the reading list, as part of our study of “population and production”, where we examined population demographics around the world, food shortages, etc. etc. We each received a copy of the Birth Control Handbook.\(^\text{106}\)

Undoubtedly, most women looked upon the Handbook as a godsend when it came to information about birth control:

> Raised as a CATHOLIC, of course such things had not been discussed in the home. When I did become sexually active, I initially used the “Rhythm” method as I was WAY too shy to go to a doctor, and my male partner complained too much about condoms. This caused me some worry at some point, and I did finally go on the pill. All the information I got on either the rhythm method or the pill came from the McGill Handbook. I kept that book in a drawer (well, hidden, of course) for many years, and leafed through it often. Lord knows what I would have done without it. That, and the first “Our Bodies, Ourselves” were the sum of my knowledge about my body in those days.\(^\text{107}\)

Another grateful woman stated:

> In 1969 when I started Trent University, [the] Birth Control Handbook was in my orientation kit. I learned more about my body, sex and contraception from that book than I had from friends, teachers and parents.\(^\text{108}\)

In 1970 the first national feminist action in the country occurred when large numbers of women marched from Vancouver to Ottawa in an Abortion Caravan. They arrived in the capital on May 8 to protest the abortion law. That same year the RCSW released its final report. The Commissioners split on the subject of abortion, some favouring more liberal laws than others.\(^\text{109}\) In an attempt to break the back of the Front de libération du Quebec (FLQ), a radical organization seeking Quebec independence, the War Measures Act went into effect in the province. Many
innocent individuals were imprisoned. A feminist group, *Le Front de libération des femmes du Québec*, which united the issues of Quebec independence and women’s liberation, published a manifesto that demanded free abortion on demand. The distribution of the *Handbook* and the abortion referral service moved from the apartment Cherniak and Feingold shared to a corner of the office of the newly formed *Montreal Women’s Liberation Movement* (MWL). In the autumn of 1971, Cherniak left Montreal to begin training in medicine at McMaster University in Hamilton, Ontario. Feingold went with her, enrolling in the same program the following year. Feingold had always wanted to become a doctor. But Cherniak believed that the *Handbook* was critical to her decision, commenting, “it is through the *Birth Control Handbook* that I got into being interested in and being accepted at medical school.”

Responsibility for the *Handbook* fell to Shirley Gardiner, a young woman Cherniak and Feingold hired before leaving. Gardiner filled orders for the *Handbook*, applied for grants, did research and writing, and helped with the abortion referral service. Gardiner came from an anglophone, Protestant, working-class family in Northern Quebec. Possessing a “gut feeling” that things “weren’t fair and just,” she grew up with a sense of her own marginalization: “marginal because I wasn’t French and Catholic, marginal because I wasn’t a management kid.” She came to know about the *Handbook* through her interest in the MWL. She remembered standing outside Montreal high schools with other MWL members, offering up copies of the *Handbook* at no cost to the students. Pregnant, she wanted the flexibility the job could offer her: “I thought well, I’ll be able to bring the baby to work with me…I applied, beseeched them [Cherniak and Feingold] to give me the job and they did.” Gardiner was also drawn to the job because of her own experience of illegal abortion: “I had never told anybody about this shameful, terrible thing I had done. So here I was, with a group of women who were claiming it was damn well our right…reproductive choice is a woman’s right. That really resonated in a powerful way with me.”

Given her experience of illegal abortion, Gardiner’s hiring was ironic. Her salary came out of the profits from the *Handbook* and from donations made by Morgentaler.

As the administrative work of the *Handbook* grew, Cherniak, Feingold and Gardiner decided to separate the *Handbook* from any ongoing legal connection to the Students’ Council. At Feingold’s urging, they decided to found the Montreal Health Press/Les Presses de la santé de Montréal (MHP) and operate it as a collective. Soon after Gardiner asked her to help out as a volunteer, Marilyn Bicher began working at the MHP, filling single order requests for the publications. The two had met at Sir George Williams while doing an Honours BA in Sociology. Gardiner was, by this time, a single mother. Involved with the Jewish Junior Welfare League, Bicher was living a fairly traditional life with a husband and
three children. But she came from a working-class Jewish family in Montreal, was raised by a single mother and, like Gardiner, became an early observer of inequality of opportunity. Bicher had become sick after taking the pill. Then her diaphragm failed. Her feminist awakening came when the doctor who delivered her youngest child by Cesarean section refused her request for a tubal ligation without her husband’s written consent. She remembered that when her husband arrived shortly before she was wheeled into the operating room, “the first thing the doctor said [to my husband] was, ‘sign this [consent form].’ In case I had any ideas about who owned my body before, that crystallized it for me. I was enraged.”

Gardiner also brought Janet Torge on board. Torge and Gardiner lived close by and were both new mothers. Like Gardiner, she also appreciated being able to take her young child to work. An American by birth, Torge grew up in a white, middle-class family from Ohio but traveled widely in Europe and North America. As a rebellious “child of the sixties,” Torge remarked that during this decade, if one were not an activist, “you felt weird.” While living in Vancouver, Torge started a rape crisis centre with another woman. When she did become pregnant after going off the pill because of the negative side effects she experienced, she tried to have an abortion at Morgentaler’s clinic only to see it shut down by the authorities. In the end, she flew to England for the procedure. For Torge, the Handbook did not take an extremist approach to birth control. It was perfectly tailored for the “normal person.” The normal person, according to Torge, was most likely a heterosexual student who had to begin dealing with her own life for the first time. Unlike some of the more radical feminists who encouraged women to do their own pelvic exams, perform their own abortions and become lesbians because “men were so horrible,” Torge distinguished MHP members as “never that extreme. Ours was a leftism that was very assertive, probably slightly aggressive, but always took into account a sort of normal person...this was the information that they needed.”

Before their departure for medical school, Cherniak and Feingold came into contact with francophone feminists in an office located on the floor above them. They worked together to produce a French version of the Handbook, Pour un contrôle des naissances, which was published in February 1970. Quebec nationalism, the Quiet Revolution and the McGill Français movement had politicized both Cherniak and Feingold about the need for a French version that was not a direct translation of the Handbook. “We wanted to make sure that the French edition spoke to the women of Quebec,” stated Cherniak. “If you want to be relevant locally, local was French.”

Renée Gélinas was one of the French translators. Lisette Girouard was another. In her first year at McGill University studying French literature, a friend introduced Girouard to Cherniak and Feingold. Girouard
had never heard of the *Handbook* until that point. When she read it, she pronounced it “a marvel.” Raised in a working-class family from small-town Quebec, she had virtually no sex education at home, save what she was able to glean from the directions on a box of *Tampax*. At university she began questioning her participation in heterosexual relationships. She was drawn to the work of translating the *Handbook* because she had grown up with the idea that anything related to sex was “taboo.” She stated: “the absence of sex education, the absence of information... weighed heavily on me and when I saw all the activity there [at McGill University], I said to myself, bravo, excellent...one must contribute to distributing this type of information. It’s fundamental.”

Girouard’s involvement in the complex translation proved to be an enriching experience. She learned about reproductive biology. She also engaged in a significant cultural exchange. She realized that there was, as she put it, a group of anglophone radicals concerned with issues of homosexuality, abortion, and Quebec nationalism. They were respectful toward her when she spoke to them in French. In fact, Cherniak credits Girouard with rarely speaking to her in English, thereby getting her “through the language barriers.”

To Girouard’s great surprise, some of the anglophones she met were even more radical than the Quebecois she knew, especially when it came to the working-class movement. Yet some of them did not have working-class origins. Girouard also met for the first time individuals who were Jewish. She said she sympathized with their attempts to distance themselves from the traditional Jewish beliefs and customs of their parents, because she was trying to do the same in regard to her strict Catholic upbringing. Girouard may have projected her own struggles with Catholicism a bit too far. Traditional Jewish beliefs and customs include advancing social justice, as evidenced in the left-leaning families of both Cherniak and Feingold. Finally, Girouard surmised that it must have also been interesting for this group of anglophone radicals to find, as she put it, “a real working-class, francophone Quebecker.”

The cover of *Pour un contrôle des naissances* featured the same photograph of the bare-breasted mother and newborn. It also included the “Medicine for the People” symbol. Whereas the *Handbook*’s editorial commentary was more global in perspective, the editorial commentary in *Pour un contrôle des naissances* concentrated squarely on Quebec. It remained, however, as radical in its message as the English version. For Girouard, the French version of the *Handbook* was tantamount to the “journey taken by Quebec.” Girouard heard a few women in francophone feminist circles say they wanted to “make a baby for Quebec.” In her experience they were a small exception. However, such comments reinforced the notion that the main issue for francophones in Quebec was not overpopulation but underpopulation and the consequent threat of assimilation into a much
larger anglophone society. Girouard believed that Quebec was simultaneously undergoing a sexual revolution and a movement for the liberation of women. Therefore, it was necessary that the editorial commentary reflect the contradictions Quebec society posed to feminists who supported Quebec nationalism but feared a return to pro-natalist policies.\textsuperscript{119} The solution was to present the French version in such a way as to permit individual readers to make a choice. “We wanted,” said Girouard, “to ensure that sexuality was perceived as positive.”\textsuperscript{120} The second edition, published in February, 1971, sold 100,000 copies.

Pour un contrôle des naissances, like the Handbook was praised for its easy-to-read language and its medical accuracy.\textsuperscript{121} It was distributed, often for free, to students at Quebec francophone universities and at CEGEPS. Nevertheless, reconciling Quebec’s contradictions was no easy task. The editorial commentary reads like a high wire balancing act: a tightrope stretched taut between women’s reproductive rights and Quebec nationalism. The editorial commentary made liberal use of the pronoun “nous,” indicating a unified francophone Quebeois “we” that rendered editors and readers indistinguishable from each other. Indeed, the first sentence of the editorial commentary began: “We in Quebec have always had a tradition of large families.”\textsuperscript{122}

The remainder of the editorial commentary contained no mention of population control. Rather, it referred to Emma Goldman, a turn-of-the-century anarchist feminist and birth control advocate and to Pierre Valières, a contemporary author who compared the Quebeois to colonized black slaves. The Catholic Church was blamed for playing a large part in perpetuating the fear of one’s own sexuality. The medical profession came under the gun for not teaching individuals about contraception or, for that matter, about the simple functioning of the body. Medicine was too focused on curing rather than preventing illness; as a result, the populace had become all too dependent on physicians viewed as all-powerful. Worse, the lack of adequate numbers of doctors and the discrimination physicians exercised against women showed that the medical profession was more interested in financial profit than in serving the public. Health was not only for the rich. Local clinics run for the people by the people was a good medical alternative. A Quebeois woman needed to learn about contraceptive methods. Contraception represented a potential liberation for women. But it also could be used for the good of Quebeois society. No longer would Quebeois women perpetuate the supply of “cheap labour.” The implication was that this cheap labour could no longer serve the needs of anglophone capitalists. Rather, Quebeois women could now decide how many children to have to fight for justice in an independent Quebec.\textsuperscript{123}

The same type of shaky compromise between women’s reproductive rights and Quebec nationalism was also evident in the 12th edition of
Pour un contrôle des naissances. Appearing in 1974 and again in 1975 as Petit manuel de la contraception, the publication reflected the powerful influence of francophone feminists on reproductive rights in the province. The Manuel was seen as a contribution the editors were making to the popular education of Quebecois. It was also understood to be a collective call to action: “Quebecois and Quebecoises” had to “take charge of our health.” To assume this responsibility, the people of Quebec were called upon to establish local work committees that would organize information sessions on sexuality, contraception and abortion. Women, students, and youths would disseminate such material. Finally, each Quebecois would do his or her best to acquire the knowledge required to use contraception effectively. In Quebec, ran the editorial commentary, contraception could theoretically be opposed to Quebec independence because of the consequent drop in the birth rate of francophones. However, the women of Quebec were not to be considered baby factories. They could not return to the politics of “la revanche des berceaux.” Nor should they accept the role of caretakers of children and families in a society that wasn’t independent. Rather, Quebec women had to watch out for a government that refused to provide community resources for the care of children and that used contraception to regulate the population of the province. Their primary responsibility was to unite in the fight for access to safe contraception, free abortion and the communal raising of children.

The section on abortion, illustrated with a small photograph of women carrying signs that read, “C’est à la femme de décider,” showed that the procedure was a major sticking point for Quebec women. Although there were many hospitals in Quebec, most were Catholic. The editors charged that Catholic hospitals skirted the revisions to the Criminal Code by refusing to strike TACs. Without the ruling of a TAC, a woman was not permitted to have a legal abortion. The statistics they provided for the year 1972 revealed the extent of the dilemma. Out of 210 accredited hospitals in the province, only 23 had struck TACs. In Montreal itself, 2,336 abortions were performed in three anglophone hospitals in comparison to just 127 in two francophone hospitals. Because of the difficulty, the editors suggested that the easiest means of accessing an abortion for Quebec women was to travel to the United States. However, this solution was dependent upon the woman’s financial status. The editors professed their support for Morgentaler for challenging the abortion legislation in the courts. They reaffirmed that abortion was a “strictly personal question” because only a woman had the right to decide whether or not she wished to carry her pregnancy to term. Abortion was like any other medical service that every woman had a right to access, regardless of her economic situation. Because prevention of conception was always preferable to abortion, all women had to fight for abortion law reform and for safe, free contraception.
Gardiner claims that according to the socialist and feminist ideals of the time, the idea of functioning as a collective was important. After all, the Boston Women’s Health Book Collective was responsible for *Our Bodies, Ourselves*. Yet tensions arose out of the attempts of the MHP to act collectively. One major difficulty was deciding who was and was not part of the collective. Bicher remembers people, mostly women and very few men, floating in and out of the group. Despite the brave face Cherniak and Feingold had shown about Feingold’s participation in a collective dominated by budding feminists, difficult questions were raised about Feingold’s role. Cherniak said that Feingold “could make somebody who wasn’t the least bit interested in medicine feel guilty that they weren’t reading the *Lancet,*” a well-established British medical journal. But, as the MHP became more and more involved in feminism, she also acknowledged that he was “personally struck by the issue of what was his place as a man.” Some MHP individuals wanted to apply for grants from the federal government to publish a manual on sexual assault, others to research occupational health coverage and still others to work on prenatal care. “So we were a collective at that time and trying to define ourselves and get in sync with each other,” Bicher said. For Bicher, the collective had a core of four individuals: Cherniak, Feingold, Gardiner and herself. She commented that eventually the collective expanded and some individuals “started trying to take us over…it was a difficult time.”

A second cause for conflict was related to the language in which the MHP’s abortion referral service would be conducted. Run by anglophone and francophone women, the service was labour-intensive. It included answering telephone calls from women seeking abortions, making their counselling appointments, apprising them of their choices, explaining the procedure Morgentaler would use in an abortion, arranging for another woman to accompany them to and from the clinic and giving each a copy of the *Handbook*. There was no doubt that among individuals connected to the MHP there was a lot of “sympathy” for francophones and for the French language. There was so much sympathy that the anglophone women approved of independence for Quebec. And, “anyone who didn’t speak French well,” recalled Torge, “felt guilty about that.” Some of the francophone women decided that their commitment to Quebec nationalism required them to offer the abortion referral service only in French. The decision was “wrenching” for many of the anglophone women involved. The situation resolved itself in a number of ways. Personnel came and went, consequently shifting the political priorities, the Montreal General Hospital began to offer abortion services and Morgentaler hired his own people to do abortion referrals.
Another conflict struck at the heart of the MHP when Cherniak and Feingold ended their romantic relationship while at medical school. Ideological differences between the two had surfaced. “We were children. We grew up doing the Handbook,” said Feingold. “We evolved from being unified to having a different view of medicine.” Feingold saw himself as more scientific, Cherniak as more holistic. Their breakup became intertwined with questions about the ownership of the Handbook. Gardiner stated that Feingold “was there before we were.” From her understanding, the Handbook was “pretty much Allan’s work. Donna [Cherniak] got more and more involved and the women got more involved because of what we were saying before, in the context of reproductive choice.” Girouard too believed that Feingold was the spark behind the Handbook. However, at the increasingly feminist MHP, “everybody was on Donna’s side.” Although Feingold stayed on for some time, he and Cherniak could no longer agree on the politics. He grew more distant from the organization. As recently graduated physicians in the mid-seventies, Cherniak remained interested in public health care, training at Morgentaler’s Montreal clinic to do abortions, while Feingold decided to specialize in pulmonary medicine. Despite their differences, he asserted that he and Cherniak were right. Birth control involved issues of “resources, not overpopulation. Now we know that democracy and good public education are very important.”

By 1975, International Women’s Year, contraceptive services had become easier for single women and minors to access due in no small part to the moral panic American population growth experts engendered over the birth rate in single African American teenagers. Unwed pregnancy rates in Canada had already begun to fall; however, this shift was not attributable to contraceptive use but to the increase in the availability of therapeutic abortion for the 15-19 age group. The Criminal Code was revised yet again to include a “Morgentaler Amendment” that prevented appeal courts from overturning jury verdicts as had occurred in Morgentaler’s case.

By this point, the Handbook that began as a manual for student peer education about birth control when both contraception and abortion were illegal had transitioned into a well-known feminist self-empowerment publication that helped legions of women in North America understand their bodies better. It led to the founding of the MHP, an organization that also would later publish handbooks on STIs, menopause and sexual assault until the organization’s official closure in the year 2000. Throughout, MHP members retained the original format established by the student Birth Control Committee at McGill, focusing on mass distribution and using local labour, cheap newsprint and black and white illustrations and photographs. In the particular Quebec context, the Handbook served as a bridge between both anglophone and francophone...
student and feminist politics of the period, arguing that birth control and women’s liberation were related in complex fashion to larger issues of reproductive rights, racism, colonialism, and nationalism. Few involved in the student peer education origins of the Handbook could have foreseen the path it would take. Foster, the Students’ Council Internal Vice-President, who observed that today, condom-vending machines are now a fixture in the washrooms of McGill’s University Centre, waxed philosophical about the Handbook’s legacy: “you never know in life when or how or how much something you do is going to influence others. A lot of things happened in those days that we were convinced were of earth-shattering and lasting importance. Many of those events never amounted to a hill of beans. Other things turned out to have real significance.”

The significance of the Handbook to students, feminists, and to women seeking birth control information cannot be contested.

NOTES

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4 For an exception, see Lilya Wagner, Peer Teaching: Historical Perspectives (Westport, Conn.: Greenwood Press, 1982).


16 Donald Kingsbury, “We send her to the butcher shop,” McGill Daily, 30 October 1967, p. 5.

17 Email interview with Peter Foster, 29 November 2003.


19 Email interview with Peter Foster, 29 November 2003.

20 MSUC Box 28, Minutes of 22 November 1967, p. 2310-11.

21 Email interview with Peter Foster, 29 November 2003.


29 Owram, Born at the Right Time, p. 268.

30 Peter Foster, quoted in “Rebels with a cause,” McGill News, November 1968, p. 3.

31 Ian Hyman, quoted in “Rebels with a cause,” McGill News, November 1968, p. 3.

32 Despite numerous searches I have not yet been able to locate the first edition of the Birth Control Handbook. Information on the cover and contents of the first edition came from my interviewees and from subsequent editions of the Handbook. Copies of various editions of the Handbook and documents associated with the Montreal Health Press are housed at the Canadian Women’s Movement Archives, [CWMA] University of Ottawa. I would like to thank Lucy Desjardins and the members of the former Montreal Health Press for their assistance with this collection.


35 MSUC Box 29, Minutes of 9 October 1968, p. 2354.

36 Telephone interview with Allan Feingold, 6 February 1999.

47 MSUC Box 29, Minutes of 28 May 1969, p. 2861.
48 MSUC Box 29, Minutes of 28 May 1969, p. 2860.
49 Personal interview with Donna Cherniak, 2 July 2003.
50 Personal interview with Donna Cherniak, 2 July 2003.
51 Telephone interview with Allan Feingold, 6 February 1999.
52 Personal interview with Donna Cherniak, 2 July 2003.
53 Personal interview with Shirley Gardiner, 11 June 2003.
64 Personal interview with Donna Cherniak, 2 July 2003.
65 Telephone interview with Allan Feingold, 6 February 1999.
81 Personal interview with Robert Hajaly, 11 October 2003.
83 Freed, “A booklet that lowers the birth boom.”
84 Freed, “A booklet that lowers the birth boom.”
90 Personal interview with Donna Cherniak, 2 July 2003. Roe v. Wade refers to the 1973 American Supreme Court decision that legalized abortion in the United States.
93 Guttmacher and Vadies, “Sex on the Campus,” p. 146.
94 Personal interview with Donna Cherniak, 2 July 2003.
95 Personal interview with Donna Cherniak, 2 July 2003.
98 CWMA, Women’s Liberation Movement Files, “This is your copy of the BIRTH CONTROL HANDBOOK,” 1969.


DF, email communication with author, 9 May 1997, Toronto, Ontario.

HD, email communication with author, 6 November 1997, Edmonton, Alberta.

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