

# MEDICAL REFORM GROUP OF ONTARIO NEWSLETTER

Volume I Number 2  
April, 1980.

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... Dominating the activities of the Medical Reform Group of Ontario at this time are plans for the next general meeting, to be held in Toronto on May 23 and 24.

... On April 1, the MRG appeared before Justice Emmett Hall's Health Services Review '79 Commission to argue that opting out and cutbacks threaten the principles of "reasonable access" to and "universal coverage" for health care.

... Membership continues to grow: we now have close to 200 physicians and medical students as members (about two thirds of these are from Ontario) and several dozen more associate members. Our mailing list includes another 100 or so who have yet to indicate whether they intend to join.

... Working groups in Toronto and Hamilton have been active in a number of areas: occupational health, environmental health, health and underdevelopment, community health centres, women and health... Resolutions from these working groups will be a prominent part of the upcoming general meeting.

... Outside Ontario, prospects appear good that sister groups will be formed in five or six other provinces in the not too distant future. Preliminary plans are being drafted for a national magazine which could serve to link these together and to provide a forum for in-depth articles on the social and political dimensions of health and medical care.

More than ever, we need the active support of as many members as possible if the Medical Reform Group is to realize its potential as a progressive voice within the medical profession. At this stage in our history, we are doing much more than adopting stands on



single issues: we are developing an alternate vision of medical care in Canada- one which speaks to the social, political, and economic forces which shape the health of Canadians. It is no mean task, given the predominance of the traditional medical ideology. The extent to which we are able to succeed will depend entirely on our ability to mobilize the ideas and active support of as many sympathetic physicians as possible, and to transform our individual concerns and aspirations into collective policies to reflect our view of the kind of health system we would like to build.

For this reason, we urge all members to make every effort, not only to come to the May general meeting, but to come prepared with resolutions, suggestions, criticisms, and ideas to help shape the future of our Group.

## Have You Paid Your 1980 Membership Fees?

A reminder to those who have yet to return a membership form and/or pay the 1980 membership fees, that these are now past due:

Graduate Physicians .... \$25

Medical Students ..... \$15

Non-physicians ..... \$5

If you plan to join, but have not done so, please return the enclosed membership form as soon as possible. Only paid up members will be eligible to vote at the general meeting.

For those who wish to remain on our mailing list, but do not want to be counted as members, the cost is the same as the cost of the membership category for which you would be eligible.

## CONSTITUTION

The constitution of the Medical Reform Group of Ontario, as adopted by the general membership in October 1979, is available, and is being sent to all paid members.

### FROM OUR HIGH COST OF MEDICAL CARE DEPARTMENT

Cairo (UPI- Special) The deposed Shah of Iran is running into financial difficulties because of his health problems and expenditure on security, his chief spokesman said today.

"The Shah is worth less than many American millionaires, but he is a multi-millionaire. But at the rate he spends money for security and health, he has financial problems, and it's not easy for him."

- Toronto Star, April 2



## Brief to the Hall Commission

### Opting out puts poor second, Ontario MD group tells review

By SYLVIA STEAD

An Ontario doctors' group called opting out of the Ontario Health Insurance Plan completely unacceptable yesterday because it denies equal health care for the poor.

"We see a two-stream health system — one for the rich and one for the poor. There is clinic care at OHIP rates and the doctor charging more at the office," Dr. John Frank, a spokesman for the Medical Reform Group of Ontario, said. The group represents 200 doctors and medical students.

Dr. Frank told Mr. Justice Emmett Hall, who is conducting a federal review of health services, that this results in decreased access to health care for the poor and the elderly.

Some people cannot afford to pay the extra fees to opted-out doctors and in some parts of Ontario there are few doctors in the insurance plan, the doctors' group said.

Their brief noted that all urologists in Peel, Halton and Welling-

ton counties, all obstetricians-gynecologists in Nipissing and all anesthetists in Middlesex have opted out.

The trend to opt out is disturbing because the poor have more health problems than the rich, the brief said.

The poor are short-changed, not only because of doctors' opting out, but because doctors find it difficult to identify themselves with them, Dr. Frank said.

"Medical training develops middle-class values in us all. Doctors tend to be not as sympathetic, so the poor don't like doctors as well and are reluctant to go. This further adds to their health problems," Dr. Frank told the hearing.

The group also argued for an end to OHIP premiums, which it called a regressive form of taxation. The brief suggested that the cost be borne by personal and corporate income taxes.

appeared before the Health Services Review '79 Commission headed by Mr. Justice Emmett Hall, to present a thirty page brief based on the resolutions on opting out and cutbacks adopted at the October general membership meeting.

The Hall Commission has been travelling the country, listening to submissions from a cross-section of interested individuals and organizations on the present problems and future priorities of the Canadian health care system. The

Commission's final report is scheduled to be tabled in June. It should carry considerable weight in shaping future federal health policy: a

previous commission chaired by Justice Hall laid much of the groundwork for our federal medicare plan.

The Toronto hearings were crowded with briefs from many organizations and only scantily-attended by the media; our appearance was covered by the Toronto Globe and Mail (see above clipping) and the Toronto Star. Our hearing seemed sympathetic, if rushed, and our views echoed those of many other groups who appeared before the Commission. But it remains to be seen what the Commission will recommend in its final report.

The brief will also form the basis for future work on issues of economics: it is apparent that our ideas on alternative methods of payment, and the stringency of our position on opting out and how to end it, need to be developed.

One copy of the brief is included free of charge for all paid up members. Others can purchase it for \$5 from the Medical Reform Group. Additional copies are available at this price. The cost reflects the fact that the brief was expensive to produce and print, and our treasury is limited.

To Order:      Send \$5 to      The Medical Reform Group of  
Ontario; P.O. Box 366, Station J,  
Toronto, Ontario M4J 4Y8



# The General Meeting - May 23, 24

The all-important general meeting of the Medical Reform Group of Ontario is scheduled for Friday evening, May 23, and all day Saturday, May 24. Final details have yet to be arranged, but a draft agenda is included here.

Full details, including copies of resolutions, will be mailed to all members early in May. REMEMBER, only paid members will have voting privileges.

## RESOLUTIONS

Any chapter, working group, or individual member is welcome to submit resolutions to the general meeting. Affiliate (out-of-province) members may submit resolutions by mail, even if they are unable to attend the meeting.

We are asking, for the sake of both time and money, that resolutions be kept to two 8½ by 11 pages-one page for the resolution itself, and one page for supporting information, if any.

Because we will be sending the draft resolutions to members in advance of the meeting date, all resolutions must be submitted by May 1, 1980. If you cannot meet this date, please notify the Steering Committee of your intent to submit a resolution by contacting one of the Steering Committee members or by writing to the provincial box number. Only resolutions of an emergency nature will be accepted after this date.

It appears now that there will be resolutions dealing with:

- Administration of the Medical Reform Group
- Health & Underdevelopment
- Community Clinics
- Women and Health
- Occupational Health
- Environmental Health
- Medical Reform Group Magazine

## DRAFT AGENDA

### Friday, May 23

7:30 - 8:00 PM	Registration
8:00 - 9:30	Introduction & Welcome Resolutions & fact sheets available
	Small group discussions
9:30 -	Social activities

### Saturday, May 24

9:00 - 9:30	Registration
9:30 - 10:30	Reports
10:45 - 11:45	Resolutions and business from the Steering Committee
12:00 - 1:00	Resolutions from the Economics Working group
1:00 - 2:00	LUNCH
2:00 - 5:00	Resolutions from the other Working groups- Health & Underdevelopment, Women & Health, Environmental Health, Occupational Health, Community Health Centres

Saturday Evening PARTY



## AGENDA

Suggestions for additions to the agenda will be accepted provided they reach us before May 2. As it now stands, Saturday will be devoted to the business of the Medical Reform Group, while Friday evening will be more educational and informal.

## ACCOMMODATION

Accommodation for out of town members, either with a billet or at a reasonably-priced hotel can be arranged. Please let us know your needs well in advance.

## PARTY

There will be a party following the general meeting on Saturday; members and friends are welcome. Details and time to be announced.

# Where Do We Go From Here?

It is now a year and a half since the first meetings that led to the formation of the Medical Reform Group, and half a year since our formal constitution and emergence as a public voice for progressive physicians. Our initial successes, and the support we have found both within the medical profession and without, have far exceeded our expectations, but they have raised many new questions, both philosophical and practical.

\*\*\* The work involved in the day-to-day operation of the Medical Reform Group has expanded exponentially. With a mailing list of over 300, mounting requests for information, two active chapters and six active working groups, and burgeoning organizing campaigns in other centres, our small pool of volunteers is being overwhelmed, and we will need to consider hiring paid workers, even if only on a part-time basis.

\*\*\* Some of the problems of organization of our activities could be obviated if we had a permanent office to both house our files and provide a place where members could come to volunteer time to assist with such tasks as mailings. We could also begin to develop a library.

\*\*\* These considerations, however, require money. Our fees



are only adequate to meet our current expenses such as producing and mailing materials, and holding meetings. And at this stage of our development, costs are high since we expend a considerable sum in contacting other interested physicians and publicizing our existence. Do we:

- raise membership fees?
- create new categories of membership (eg sustaining) to solicit donations?
- undertake other fund-raising activities?
- try to meet all our needs through an expanded emphasis on volunteer labour?
- or?

\*\*\* Two thirds of our current members are from Ontario. Organizing sister groups in other provinces is a priority, and we hope to have the groundwork for a national organization by the fall of 1980. Money, and the active involvement of as many out-of-province members as possible are obviously two fundamental prerequisites. However other questions arise:

- How closely should other groups adhere to the model of the Ontario group?
- What structure should a national organization have?
- What is the position of Quebec members on being members of a national organization?

\*\*\* Our membership now includes a wide cross-section- from medical students to department chairmen in medical schools, and from part-time G.P.'s to orthopedic surgeons and psychiatrists. Our active members, however, tend to be young general practitioners, and our areas of activity reflect this. How do we involve other members in a more active role? It is significant, for example, that we do not have any ongoing activity in the area of medical education.

\*\*\* We are faced with increasing demands for speakers and public spokespeople for the group, and those who have taken on these roles in the past are over-extended. We need, as well, to develop more effective methods of presenting our ideas to the public and to the media.

\*\*\* Finally, the underlying political and social philosophy of the Medical Reform Group is being shaped now. Our goal has been to create a broadly-based organization to maximize our impact in the area of medical reform. Inevitably there will be those for whom the MRG does not go far enough, and unquestionably, to many others, our ideas will be branded as, in the words of one unidentified M.D. critic, 'more worse than the Communist (sic)'. What has been so exciting for those of us who have been actively involved in the MRG up to now has been the extent to which the similarities of our convictions overshadow our differences.

Implicitly or explicitly, considerations such as these will be prominent at the general meeting. We would like to know your thoughts.



## FROM THE WORKING GROUPS

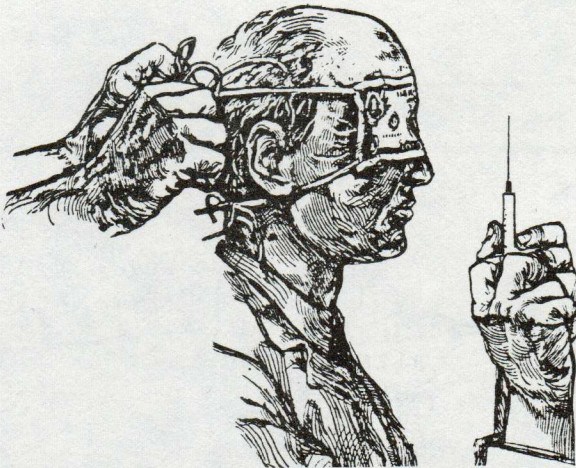
Reports on the activities of the various working committees of the Medical Reform Group of Ontario will be a regular feature of the newsletter.

ALL OF THE GROUPS WELCOME NEW MEMBERS. They can be reached by phoning the contact person listed for each group, or by writing to the working group in care of the provincial or local box number.

We hope that the news presented here is as comprehensive and up to date as possible. Please let us know of any activities we are not covering.

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### Economics



The granddaddy of the MRG's working groups, the economics working group consists of about 15 people from both Toronto and Hamilton. The recent focus of the group has been the preparation of our brief to the Hall Commission which will serve as well as the basic working document for future activities in the sphere of health care funding and

medical economics. Our public activities have pointed up the need for the Medical Reform Group to develop policy on a number of questions arising from our stands on opting out and physician payment. For example:

- Under what circumstances do we favour salary, capitation, and fee for service, and what are the advantages and disadvantages of each method? What specific changes are needed, and how extensive should they be?

- Do we favour compulsory arbitration and the right to strike for doctors? Should doctors be unionized?

- What is the best method of bringing opted out physicians back into medicare, and how stringent should our policy on this be?

These and other questions will be addressed in resolutions being prepared for the general meeting.



Beyond the adoption of policy, we need as well to plan future public activities in the sphere of health care economics, and welcome input and ideas from other members. Bring your thoughts to the general meeting, or even better, become involved in the group itself.

CONTACT: John Frank (Toronto)  
(416) 536-3781

Annalee Yassi (Hamilton)  
(416) 547-9108

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## Community Health Centres

A working group of about five people centred in Hamilton has been investigating community health centres as a means of delivering health services, and recently sponsored a public meeting on the topic.

They have developed a position paper and will be presenting a resolution to the general meeting.

CONTACT: Bob James (Hamilton) (416) 627-3914

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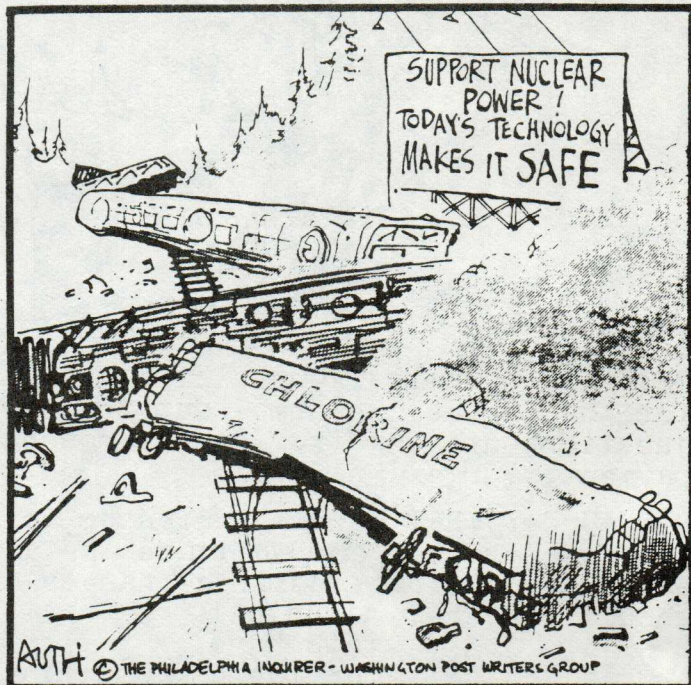
## Environmental Health

There are about five members of the environmental health working group, based in Toronto. A preliminary working paper has been drafted, and the group plans to look at a variety of topics, including:

- Human ecology
- The ecology of health and disease
- Development- national & international
- Global impact of human activity & pollutants

The group is developing a bibliography and a catalog of resources in the field of environmental health, and has plans for a presentation to the May general meeting.

CONTACT: Trevor Hancock (Toronto)  
(416) 278-4308





## Health & Underdevelopment

Formerly called Health in the Third World, this working group has broadened its perspective to the problems of health and underdevelopment, and plans to look at, among other issues, native health care in Canada. The group is based in Toronto.

### MEDICAL AID TO NICARAGUA

A joint meeting was held in February with the Medical Aid to Nicaragua committee (MATN) to hear Father Michael Czerny, a Jesuit priest recently returned from Nicaragua. In the wake of the overthrow of the Somoza dictatorship, Nicaragua is faced with a critical shortage of health care personnel and supplies. MATN has raised in excess of \$35,000 for medical aid, and has obtained donations of drugs from several Canadian drug companies, and placed a nurse and a physician in a clinic in Managua for three months.

The working group has been discussing means of participating actively in MATN's efforts. An MRG member, Dr. Chris Mills has gone to Nicaragua on a two year contract with CUSO; one possibility that has been considered is to undertake to supply another physician to work in Nicaragua. Funding is the major obstacle, but members who are interested in being involved in this project are encouraged to get in touch.

### EL SALVADOR

In March, the Health and Underdevelopment working group met with a visiting delegation from El Salvador. We learned of the critical problems in medical care facing that country. Casualties of the recent conflicts have been unable to seek treatment in regular hospitals, for the hospitals are under military surveillance, and the military has been known to carry off the wounded from their hospital beds. There are plans to establish mobile emergency medical units in the countryside, but funds and supplies are a major obstacle.

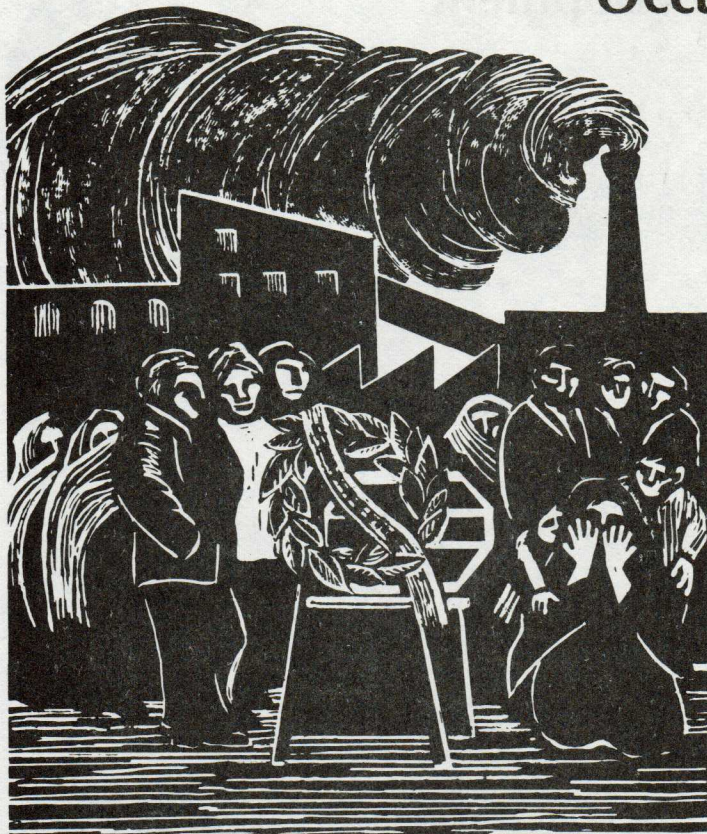
As a long range objective, the group hopes to be able to develop a network to channel funds, supplies, and personnel to areas where there are urgent medical needs. The obstacles, of course, are considerable, but input from other interested members is welcome. We also plan to introduce resolutions to the May meeting.

CONTACT: Michael Stogre (Toronto)  
(416) 763-4664





## Occupational Health



(Rini Templeton, NACLA)

An occupational health working group has been active in Hamilton for about a year. They co-sponsored a public forum on the hazards of low level exposure to asbestos in early December; several hundred people came to hear Dr. William Nicholson of the Mount Sinai Hospital in New York outline his recent research on low level asbestos exposure in public buildings.

The group has also become active in occupational health education in the Hamilton area. Several members are involved in a course given in the Labour Studies

program at McMaster, and a proposal for a program has been submitted to the Hamilton and District Labour Council.

In Toronto, a two day seminar with members of the Toronto Occupational Health Resource Committee (TOHRC) was conducted for MRG members. Covering such topics as Information, Legislation, Workmen's Compensation, and Health Hazards for Hospital Workers, the seminar was enthusiastically received, though sparsely attended. An excellent kit of materials prepared by TOHRC for the seminar is available for \$4 (payable to TOHRC) from the provincial box number.

For reasons of convenience rather than ideological animosity, a second occupational health working group is being founded in Toronto.

Both groups plan to present resolutions to the general meeting.

<u>CONTACT:</u>	Hamilton	Clyde Hertzman	(416) 689-6480
	Toronto	Brian Gibson	(416) 698-4068



## Women & Health

As yet, although our membership is approximately equally divided between men and women, there is no ongoing working group dealing with issues of women's health. The Steering Committee feels that it is important that the MRG develop policy on issues of women and health, and will be presenting resolutions to the general meeting.

Individual members, of course, are welcome to submit resolutions on these (or other) issues.

### A Medical Reform Group Magazine?

As the Medical Reform Group grows in size, and this newsletter with it, it is inevitable that we should begin to look at the possibility of an expanded publication for the MRG. Although the time and cost involved present obvious obstacles, the benefits would be considerable, and a proposal for a national magazine is being developed for presentation to the general meeting.

Briefly, this working group will ask the Medical Reform Group to set its sights on developing a quarterly magazine or journal which would serve as a national voice for the group. Each issue would feature articles on a given theme (for example, methods of physician payment, medical ethics, medical education, health and work) and news of activities of the Medical Reform Group. In addition to providing a forum for debate and education, the magazine would also provide a focus for particular working groups, and would aid in the development of MRG policy. Furthermore, it would provide a focus and serve as a unifying force for a national organization.

Our membership include a number of people with considerable expertise in such areas as medical economics, preventive medicine, occupational health, health administration, medical education, and health care systems in other countries. A magazine could enable us to share this interest and expertise.

More discussion at the forthcoming general meeting, but members interested in becoming involved with this project are urged to phone or write the provincial box number.

CONTACT: John Marshall (Toronto)  
(416) 921-7087



## FROM THE STEERING COMMITTEE

The Steering Committee has up to eleven members: four each from Hamilton and Toronto, and one each from Northern Ontario, Southwestern Ontario, and Eastern Ontario. There is one vacancy, from Toronto. The Treasurer is Debby Copes, the Liaison Co-ordinator, Nick Kates, and the Secretary, John Marshall.

The recent activities of the Steering Committee are reflected in this newsletter. In summary, however, the Steering Committee has:

- issued a press release on the MRG's existence, and our positions on opting out and cutbacks
- developed and produced an introductory brochure
- participated in the preparation of the brief to the Hall Commission
- co-ordinated the newsletter and provincial mailings
- handled many requests for interviews, speakers, etc.
- co-ordinated plans for the general meeting

Organizing and expanding our membership has been given high priority, and we plan to have campaigns underway shortly in a number of centres.

We are studying material prepared by the Canadian Health Coalition, a broad coalition of labour, church, and social organizations formed "to make common cause to save medicare, and to press for long overdue and urgently needed improvements in our health care system", with a view to joining. The goals of the Coalition are very close to our own: a decision on membership will be made at the next Steering Committee meeting.

The Steering Committee plans to submit resolutions on staff, funding, organizing priorities, and publication policy to the general meeting, along with a budget and financial report.

Copies of the minutes of Steering Committee meetings are available upon request.

## Medical Reform Group Brochure

The long-awaited pamphlet on the Medical Reform Group will be available by April 21. 10,000 copies are being printed, with plans to distribute these widely to other physicians. The pamphlet is available in bulk, free of charge, to members who will undertake to distribute it, and has been designed to be of use in organizing campaigns.



## FROM THE REGIONAL CHAPTERS

### Toronto

The Toronto chapter now numbers in excess of fifty members, and meets regularly at the South Riverdale Community Health Centre. A monthly mailing is sent to all members to keep them informed of activities and meeting times.

The next regional meeting is Tuesday, April 22, 7:30 PM at South Riverdale Community Health Centre, 126 Pape.

The chapter can be reached at:

P.O. Box 366,  
Station J,  
Toronto M4J 4Y8

OR: John Marshall (416) 921-7087

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There are more than forty members in the MRG's Hamilton chapter, which, in addition to regular meetings, has sponsored public meetings on the drug industry and community health centres. The Hamilton chapter publishes a newsletter, due to appear soon, and by all accounts, a very ambitious project.

### Hamilton

The Hamilton chapter can be reached at:

P.O. Box 1019,  
Hamilton L8N 3R1

OR: Nick Kates (416) 627-9078

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### Southwestern Ontario

There are a handful of members in London and scattered members in other southwestern centres. There have been two meetings in London, and a membership

drive is planned shortly for both London and Sarnia.

On May 14, an introductory meeting for interested physicians in the Owen Sound area will be held, thanks to the efforts of Michelle Ludington, a nurse from Kincardine who is an MRG member.



The Southwestern Ontario chapter can be reached through:

Barb Lent  
929 Waterloo Street  
London (519) 438-9578

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## Eastern Ontario

There are a handful of members in Kingston, though no recent activities, and a growing number of members from the Ottawa region. A membership campaign is planned for the Ottawa area, and a first organizational meeting has been tentatively scheduled.

Before June 15, the Kingston chapter can be reached through:

Rob Ward  
46 Clergy Street E. #1  
Kingston (613) 544-1395

The Ottawa chapter can be contacted through:

Greg Blaney  
Centretown Community Resource Centre  
100 Argyle Street  
Ottawa (613) 233-9358

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At this time we have only four members from Northern Ontario, and no active chapter. Plans for organizational activities here will be discussed in May at the general meeting.

## Northern Ontario

The chapter can be reached through:

Gretchen Roedde  
Bear Island  
Lake Temagami POH 1C0

OR: Write the provincial box number.

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### ARE YOU MOVING?

Please notify us as soon as possible of any change in address, so that we can continue to keep you abreast of the activities of the MRG.



## OUTSIDE ONTARIO

There has been considerable interest in the activities of the Medical Reform Group outside of Ontario, and our affiliate (out-of-province) membership now stands at about fifty. No formall-constituted groups have yet been formed, but the prospects appear good in five or six other provinces. Current prospects are as follows:

BRITISH COLUMBIA      Ten to twelve members or physicians who have expressed interest in the Vancouver area. Developments should be forthcoming.

ALBERTA      Several members in Calgary, one in Medicine Hat, and several others scattered around the province. Two Alberta members have expressed interest in working to form a group there.

SASKATCHEWAN      All sixteen physicians at the Saskatoon Community Clinic have joined, and there are several more members in Regina. However, no volunteers yet to undertake organizing.

MANITOBA      A handful of members from Winnipeg, including two physicians at Klinik Inc. One or two others outside Winnipeg. Interest in organizing further.

QUEBEC      About ten members or interested physicians, all from the Montreal area. There seems to be considerable interest in forming a Quebec group, and preliminary organizing efforts have begun.

MARITIMES      Seven members in Halifax, although preliminary efforts to form a group there appear to have been unsuccessful so far. Several other members scattered throughout the Maritimes.

The success or failure of the Medical Reform Group outside Ontario hinges on the energy and commitment of our out-of-province members. A number of people have written expressing a willingness to undertake organizational activities in their province. A kit of materials and suggestions for founding a group is being prepared and will be mailed out shortly. We apologize for the delay. And if you have not yet written, but are able to help organize in your province, please write to the provincial box number and let us know.

Included in this kit will be the names and adresses of MRG members or those on our mailing list in each province. If you do not want your name included, please notify us at once.



We hope to have the foundation for a national organization by the fall of this year. Although there are obstacle both practical (the expense of meetings) and political (the degree of autonomy of provincial groups, the position of Quebec), the advantages are enormous.

Those who have indicated a willingness to aid in organizing will be contacted shortly. Others are urged to volunteer: the more assistance, the easier the task.

Please keep us informed of all activities of interest to other MRG members; we would like to see this section of the newsletter better reflect the interests and needs of members outside Ontario.



## Introductory Package

An introductory package of materials on the Medical Reform Group of Ontario, including the pamphlet, our latest newsletter, resolutions, and regional news will be sent free of charge to potential members.

Please let us know of others who might be interested in receiving the material or joining the Medical Reform Group.



## OF INTEREST...

The newsletter will publish (free of charge for now), details of upcoming events of interest to MRG members, want ads, etc. The publication of announcements does not necessarily imply endorsement by the Medical Reform Group of Ontario.

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GROUP OF MRG PHYSICIANS starting a community-oriented practice in Toronto. Interests: work with ethnic communities, family work, maternal and child care, as well as other aspects of general practice. Seeking like-minded doctors to join us as associates, partners, or part-time.

Maria Wawer 691-3237

Marsha Cohen 967-7475

HEALTHSHARING is a new Canadian magazine on women's health which speaks to both the personal and political concerns of women regarding health care. Published quarterly, it covers a broad range of concerns from occupational health to holistic medicine to childbirth.

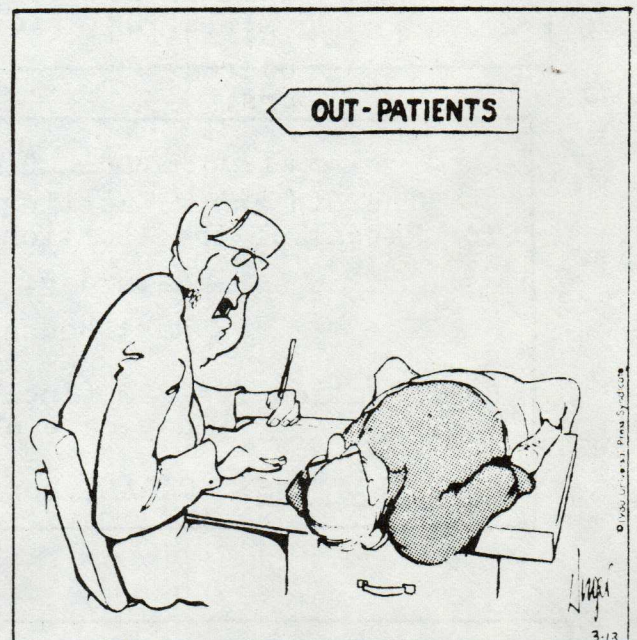
Available from:

Women Healthsharing  
P.O. Box 230,  
Station M,  
TORONTO M6S 4T3

(416) 968-1363

Rates: Individual \$5.00  
(4 issues)  
Institutional \$10  
Sustainer subscription  
\$25

HERMAN



"Surely you must know if you have health insurance..."



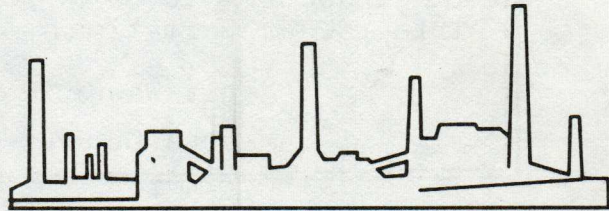


The Canadian Medical Group of Amnesty International has been involved in documenting the physical and psychiatric sequelae of torture in political refugees, and in opposing participation in torture by physicians. The group has examined more than 200 torture victims from Latin America, and is preparing a major study on the sequelae of torture.

Donations and assistance with letter-writing campaigns and medical examinations are needed. For more information

Contact: Genevieve Cowgill  
33 Wood Street  
#405  
TORONTO

The Occupational Health and Safety Training Centre of the Ontario Federation of Labour publishes an excellent newsletter called AT THE SOURCE, containing news and views on occupational health and safety, as well as brief abstracts on current research in the field. It is available from:



O.F.L. Occupational Health and Safety Training  
Centre,  
Suite 703,  
15 Gervais Drive,  
DON MILLS, Ontario

#### CARAL Annual Meeting

The 6th annual meeting of the Canadian Association for Repeal of the Abortion Law is being held:

Saturday, April 26 10:00 to 5:00  
Hart House, University of Toronto

Registration fee \$20 (includes luncheon). Billeting and day care available.

REGISTRATIONS: CARAL, Box 935, Station Q, Toronto M4T 2P1

THE MEDICAL REFORM GROUP OF ONTARIO  
P.O. Box 366, Station J,  
TORONTO M4J 4Y8

Editor of this issue:  
John Marshall MD