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Travel and Inequality of Access to Abortion Services since the 1960s

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Résumé de l'article

Les déplacements constituent l'un des nombreux obstacles extra-juridiques qui limitent l'accès aux services d'avortement. Paradoxalement, les femmes se déplacent à l'échelle régionale, nationale et internationale pour contourner les obstacles juridiques et/ou extra-juridiques qui restreignent leur accessibilité. En examinant quatre exemples, qui illustrent l'inégalité d'accès aux services d'avortement au Canada et les bouleversements juridiques depuis les années 60 jusqu'à aujourd'hui, les auteures montrent que les déplacements sont un obstacle au droit à l'interruption de grossesse. Des femmes ont voyagé jusqu'en Grande-Bretagne et aux États-Unis pour un avortement quand ces pays ont assoupli leurs lois sur l'avortement. Au Canada, les femmes ont contourné la bureaucratie du système médical qui limite leur droit de choisir en se rendant à la clinique privée Morgentaler, à Montréal. Au Nouveau-Brunswick, les membres du mouvement pro-vie ont réussi à convaincre les hôpitaux de restreindre l'accès à l'avortement et le gouvernement provincial de refuser le remboursement des avortements pratiqués dans les cliniques privées, obligeant les femmes à se déplacer ailleurs. Dans le sud-est de la Colombie-Britannique, les activistes du mouvement pro-choix ont mené avec succès une campagne pour protéger les services d'avortement à l'hôpital et pour veiller à ce que les femmes des régions rurales aient accès aux services d'avortement dans leur communauté. Aujourd'hui, 25 ans après la décision majeure de la Cour suprême du Canada abrogeant la loi qui criminalisait l'avortement au pays, l'accès aux services d'avortement est difficile dans le meilleur des cas, voire impossible dans certaines régions du pays.

ARTICLE

Choice, Interrupted: Travel and Inequality of Access to Abortion Services since the 1960s

Christabelle Sethna, Beth Palmer, Katrina Ackerman, and Nancy Janovicek

Savita Halappanavar, a 31-year-old dentist living in Ireland, died on 28 October 2012 of septicemia. Even though Halappanavar was miscarrying, doctors at a Galway hospital rejected her abortion request because of their interpretation of the country's strict anti-abortion laws.[1] The death of Halappanavar may be viewed as a sombre reminder of the global consensus that abortion delivered in a safe, legal, and timely fashion is critical to women's reproductive health.[2] Today, worldwide, legal *and* extra-legal barriers continue to compromise access to abortion services. The need to travel to access abortion services, with its consequent costs, is recognized as one of many extra-legal barriers to access.[3] The further a woman must travel to access abortion services, the less likely she is to have the procedure.[4] Paradoxically, women

1. Lauren Marie Schweizer, "Savita Halappanavar: A Woman Dies During Miscarriage in Ireland," *The Law and Global Justice Forum*, 24 December 2012, <http://www.lgjf.org/ 2012/12/ savita-halappanavar-a-woman-dies-during-miscarriage-in-ireland/> (31 December 2012). This article is a condensed version of four presentations made by a panel at the Canadian Historical Association, University of New Brunswick, Fredericton, New Brunswick, May–June 2011. The sequence of the authors' names reflects the chronological order of the panel presentations.

2. David A. Grimes *et al.*, "Unsafe Abortion: The Preventable Pandemic," *The Lancet Sexual and Reproductive Health Series* (October 2006), 1–13.

3. Christabelle Sethna and Marion Doull, "Far from Home? A Pilot Study Tracking Women's Journeys to a Canadian Abortion Clinic," *Journal of Obstetrics and Gynaecology Canada,* 27 (August 2007), 640–7.

4. J. D. Shelton, E. A. Bran, and K. F. Schultz, "Abortion Utilization: Does Travel Distance

Christabelle Sethna, Beth Palmer, Katrina Ackerman, and Nancy Janovicek, "Choice, Interrupted: Travel and Inequality of Access to Abortion Services Since the 1960s," *Labour/Le Travail,* 71 (Spring 2013), 29–48.

travel at the international, domestic, and local levels to circumvent legal and/or extra-legal barriers to access. In fact, travel to achieve access is common for women in countries like Ireland and should be considered central to many women's experiences of abortion, past and present.[5] However, Canadian women's involvement in travel for access is understudied. Examination of this phenomenon reveals the extent to which access to abortion has remained elusive for many women despite changes to the legal status of abortion.

We explore Canadian women's travel to access abortion services from the 1960s onward, demonstrating the impact of inequality of access on reproductive "choice" for women.[6] In Canada, abortion was first criminalized in 1869, building on pre-Confederation statutes. The abortion law was liberalized in an omnibus bill that reformed a number of statutes within Canada's Criminal Code. It received parliamentary assent in 1969.[7] Although the reforms allowed women a "symbolic right" to abortion, they failed to provide a "corresponding right to choose" as a result of mandated stringent regulations determining access.[8] The Supreme Court of Canada (SCC) struck down the 1969 law as contrary to the *Canadian Charter of Rights and Freedoms* in 1988. This subsequent decriminalization, while hardly insignificant, yet again created "the illusion rather than the reality of access to abortion."[9]

More recently, the long-cherished concept of reproductive choice has come under attack. Although it is viewed as the philosophical precursor to "choice feminism," reproductive choice has been challenged for its narrow focus.[10]

Matter?," *Family Planning Perspectives,* 8, no. 6 (1976), 260–2; D. T. Lichter, D. K. McLaughlin, and D. C. Ribar, "State Abortion Policy, Geographic Access to Abortion Providers and Changing Family Formation," *Family Planning Perspectives,* 30 (March–April 1998), 281–287; R. T. Jewell and R. W. Brown, "An Economic Analysis of Abortion: The Effect of Travel Cost on Teenagers," *Social Science Journal*, 37 (January 2000), 113–24.

5. Ann Rossiter, *Ireland's Hidden Diaspora: The "Abortion Trail" and the Making of a London-Irish Underground, 1980–2000* (London 2009); Seth F. Kreimer, "The Law of Choice and the Choice of Law: Abortion, the Right to Travel, and Extraterritorial Regulation in American Federalism," *New York University Law Review,* 67 (June 1992), 451–519.

6. Christabelle Sethna and Marion Doull, "Journeys of Choice? Abortion, Travel and Women's Autonomy," in Stuart Murray and Dave Holmes, eds., *Critical Interventions in the Ethics of Healthcare: Challenging the Principle of Autonomy in Bioethics* (Surrey, United Kingdom 2009), 163–79.

7. Constance Backhouse, "Involuntary Motherhood: Abortion, Birth Control and the Law in Nineteenth Century Canada," *Windsor Yearbook of Access to Justice*, 3 (1983), 61–130; Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880–1980* (Toronto 1986).

8. Gail Kellough, *Aborting Law: An Exploration of the Politics of Motherhood* (Toronto 1996), 284.

9. Sandra Rodgers, "Abortion Denied: Bearing the Limits of Law," in Colleen M. Flood, ed., *Just Medicare: What's In, What's Out, How We Decide* (Toronto 2006), 107–8.

10. Meghan Murphy, "Choice Feminism: How Our Rallying Cry Got Co-Opted and Why We

Longstanding eugenic imperatives that targeted women of colour, minorities, Aboriginals, and the disabled for fertility control have tainted the meaning of reproductive choice for marginalized women. Calls for reproductive "justice" rather than reproductive choice have questioned the latter formulation's reductionist fixation on abortion. Reproductive justice insists upon the importance of access to a diverse range of legally protected reproductive choices for all women that include not only choosing an abortion, but also choosing to become pregnant, give birth, and raise children in optimal circumstances.[11] As laudable as this goal is, the ongoing inequality of access to abortion services, particularly in the context of renewed opposition to abortion in Canada, requires scholarly investigation into its relationship to Canadian women's travel.[12]

Through an examination of four specific Canadian responses to inequality of access to abortion services relative to shifts in the legal terrain from the 1960s onwards, we demonstrate that travel signifies an interruption to reproductive choice caused by legal and extra-legal barriers. Some Canadian women left the country, travelling to Britain and then to the United States for access; grassroots networks assisted women in travelling domestically to a Montreal clinic for abortion services; anti-abortion supporters lobbied successfully to restrict abortion services in New Brunswick, thereby forcing women seeking abortions to travel outside the province; and pro-choice forces banded together to protect hospital abortion services in rural southeastern British Columbia so that women would not have to travel far from their home communities.

Abortion, the Law, and Travel Abroad for Abortion Services

In the 1960s, concerned feminists, lawyers, physicians, journalists, politicians, and birth control advocates identified illegal abortion as a serious public health problem, spurring calls for reforms to the Canadian Criminal Code.[13] Various nations had already taken steps to liberalize their abortion laws. Liberalization did not necessarily lead to greater reproductive choice. These new laws arguably provided women with more access to the medical procedure, but physicians, not women, were made responsible for determining

Need To Take It Back," *Herizons*, 26 (Summer 2012), 21–3.

11. Society of Obstetrics and Gynaecologists of Canada, "Sexual and Reproductive Health, Rights, and Realities and Access to Services for First Nations, Inuit, and Métis in Canada," June 2011, <http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id= 3466> (15 July 2011).

12. Kim Fu and Andrea Bennett, "Canada is no safe harbor for reproductive rights," *Ms. Magazine*, 4 December 2012, <http://msmagazine.com/blog/blog/2012/12/04/canada-is-no-safe-harbor-for-reproductive-rights/> (6 December 2012).

13. Eleanor Wright Pelrine, *Abortion in Canada* (Toronto 1972), 58.

whether or not the procedure was necessary.[14] Liberalization occurred as the expansion of airline companies, cheaper international flights, and middle class disposable incomes made international organized tourism affordable for those living in the West. If they could manage the cost, Canadian women travelled, for example, to Japan and Sweden to access legal abortion services.[15]

Britain (excepting Northern Ireland) loosened its restrictions on abortion with the passage of the *Abortion Act* of 1967.[16] The *Act* did not have residency requirements, thereby opening up access to both residents and non-residents. Tourism industries, abortion referral agencies, feminist groups, and physicians encouraged the travel of non-resident foreign nationals to obtain legal abortions in Britain.[17] Nevertheless, access to abortion services in Britain was problematic for visitors from abroad, including Canadians. Scandalous stories about unscrupulous taxi drivers and private sector doctors who targeted and fleeced non-resident foreign nationals for profit surfaced.[18] Despite these cautionary tales, women seeking access carried on to Britain, causing consternation among physicians, politicians, and clergy.[19] It is impossible to determine accurately just how many non-resident Canadian women had abortions in Britain. Any non-resident foreign national could have provided a British residential address and would have been classified as a resident. In 1968, 105 non-resident Canadian women were recorded as procuring abortions in Britain.[20] In that same year, the recorded number of abortions performed on all non-resident foreign nationals was 1,309 of a total 23,641 abortions.[21]

14. For American studies, see Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867–1973* (Berkeley 1997); Carole Joffe, *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe V. Wade,* (Boston 1995). For analyses of the British context, see Sally Sheldon, *Beyond Control: Medical Power and Abortion Law* (Chicago 1997); Michael Thomson, *Reproducing Narrative: Gender, Reproduction, and Law* (Brookfield 1998).

15. Christabelle Sethna, "All Aboard? Canadian Women's Abortion Tourism, 1960–1980," in Cheryl Krasnick Warsh, ed., *Gender, Health and Popular Culture* (Waterloo 2011), 89–108.

16. Alvin Shuster, "Abortions in Britain increase after reforms," *Globe and Mail*, 3 September 1968.

17. "$221 plus travelling," *Globe and Mail*, 2 July 1969; Garry London, "Foreign girls come to London," *The Times*, 30 December 1968.

18. Jane Carter and George Hunter, "Abortion Hotel," *Daily Express*, 4 July 1969.

19. Ashley Wivel, "Abortion Policy and Politics on the Lane Committee of Enquiry, 1971–1974," *Social History of Medicine,* 11, no. 1 (1988), 109–135.

20. Ann Cartwright *et al.*, *Report of the Committee on the Working of the Abortion Act*, 1 (London 1974), 131.

21. Simon Rogers, "Datablog: Abortion Statistics for England and Wales," *The Guardian,* 24 May 2012, <http://www.guardian.co.uk/news/datablog/2011/may/24/abortion-statistics-england-wales> (15 May 2011).

In Canada, the government of Prime Minister Pierre Trudeau succeeded in reforming the Criminal Code in 1969. Under section 251, abortions could take place only under stringent regulations that made it impossible for many women to access abortion services close to home. A physician had to refer a woman seeking an abortion to a Therapeutic Abortion Committee (TAC) based in an accredited hospital.[22] Composed of three to five doctors, the TAC determined on a case-by-case basis whether the continuation of a woman's pregnancy constituted a threat to her life or health. However, hospitals were not obligated to strike TACs, the word "health" was never defined, and most of the hospitals with TACs were concentrated in urban centres. The law perpetuated inequality of access to abortion services; TAC approval proved to be such a time-consuming, arbitrary, and demeaning process that Canadian women continued to travel abroad if they had the means.[23]

Canadian supporters of access to abortion services used the *outflow* of non-resident foreign nationals to Britain to express their discontent with the rigidity of the Canadian abortion law. [24] However, many Britons referred to the *inflow* of non-resident foreign nationals to voice their dismay over the laxity of the British *Abortion Act*. Pressure to review the British *Abortion Act* culminated in the striking of the Committee of the Working of the Abortion Act, known as the Lane Committee. When the Lane Committee released its report in 1974, it concluded that abortions on non-resident foreign nationals had exposed several weaknesses in the way abortion services were delivered under the *Abortion Act*. It also predicted that the number of abortions performed on these women would fall once their home countries liberalized their own abortion laws. As the United States began to do just that, the figures for American *and* Canadian women travelling to Britain for abortion services decreased sharply.[25] The recorded number of abortions performed on Canadian non-resident nationals in Britain kept dropping: 297 in 1970, 67 in 1971, and 52 in 1972.[26]

The Committee on the Operation of the Abortion Law, the body the Canadian government tasked with reviewing the country's abortion law, affirmed in its 1977 report that illegal abortion deaths in Canada had decreased since its passage in 1969. However, only 20.1 per cent of hospitals had established TACs, creating serious inequality of access by region while wait times for a TAC-approved abortion averaged eight weeks, increasing the medical

22. Accreditation by the Canadian Council of Hospital Accreditation. See "Committee approves abortion law changes," *Globe and Mail*, 28 March 1969.

23. Pelrine, *Abortion in Canada*, 31–45.

24. Mollie Gillen, "Our New Abortion Law: Already Outdated?" *Chatelaine* (November 1969), 104.

25. For the evolution of American law on abortion, see Reagan, *When Abortion Was a Crime.*

26. Cartwright, *Committee on the Working of the Abortion Act*, 139.

risks associated with late-term abortions. The report conceded that Canadian women's visits to Britain slowed after 1969 due to the emergence of "abortion referral pathways" to the United States.[27] These pathways were deployed when physicians refused to refer women to TACs, when women could not satisfy TAC requirements, or when TACs deluged with abortion requests could not meet the demand.[28] The report documented the journeys of Canadian women to the United States in search of access. Geographical proximity proved to be a considerable draw. A journey to Canada's southern neighbour was more affordable than a voyage overseas. After the American Supreme Court ruled in favour of a woman's right to an abortion in the landmark *Roe v. Wade* decision in 1973 even more Canadian women began travelling across the border.[29]

As in Britain, the abortion laws of some American states did not contain residency requirements. Canadian women and out-of-state American women flocked, therefore, to states such as New York. For 1970 and 1971 combined, a total of 4,437 Canadian women were recorded as having had abortions in New York State. The following year that number rose to 5,000.[30] The large number of abortions performed in New York State on Canadian and American women led Toronto physician Cope Schwenger to observe that access had sparked "a tremendous backlash against legal abortion in Canada (and in the U. S.)," triggering debates such as the rights of the mother vs. the rights of the fetus as well as the consent of the parent or spouse vs. the rights of the minor or wife.[31] In the wake of *Roe v. Wade* such debates became the mainstay on both sides of the border between a "pro-choice" movement and a "pro-life" (or an "anti-abortion") countermovement.[32] These terms were used popularly by supporters of the movements themselves and by the media and governments at the time. Over the decades, pro-choice organizations such as the Canadian Abortion Rights Action League (CARAL) changed tactics from insisting upon the repeal of the 1969 abortion law in favour of "abortion-on-demand" to its replacement with "a woman's right to choose," in order to broaden their appeal.[33]

27. Robin F. Badgley, Denyse Fortin Caron, and Marion G. Powell, *Committee on the Operation of the Abortion Law* (Ottawa 1977), 74.

28. Badgley, *Abortion Law*, 77.

29. Badgley, *Abortion Law*, 76–8.

30. Cope Schwenger, "Abortion in Canada as a Public Health Problem and as a Community Health Measure," *Canadian Journal of Public Health* 64 (May–June 1973), 223, 225. See also "Abortions up 25.6 percent," *Canadian News Facts*, 16-30 (November 1973), 1113.

31. Schwenger, "Abortion in Canada," 225.

32. Marking the 40th anniversary of Roe *v.* Wade, *Time* magazine ran a cover story emphasizing the decline of access to abortion services and the fragmentation of the pro-choice movement in the United States. See Katie Pickert, "What Choice?" *Time,* 181, no. 1 (14 January 2013), 40–6.

33. Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto 2005), 157; Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion,*

Travel to Domestic Abortion Services

The 1969 abortion law brought inequality of access due to economic disparities among women to the forefront.[34] The Vancouver Women's Caucus (VWC) protested that only wealthy women could leave Canada to access legal abortion services while poor women could not when they launched a cross-country Abortion Caravan in 1970. This bold protest to repeal the abortion law is generally acknowledged to be "the first national action of the women's movement in Canada."[35] In her statement to the Abortion Caravan, anti-poverty activist Doris Power, who was pregnant at the time, insisted that grinding poverty forced many women to resort to illegal abortions. Making connections between economic disparity and inequality of access she stated: "We, the poor of Canada, are the dirt shoved under the rug of a vicious economy. In obtaining abortions, we pay a price second to none, *our lives*. We can't afford to fly off to England for a safe, legal abortion. We have to seek out the back street butchers."[36]

Women who travelled abroad to access abortion services were not uniformly economically privileged; some had to borrow funds or managed to scrape together just enough money for transportation, surgery, and accommodation, only to find themselves overcharged.[37] Gabrielle Hammer, a 31-year-old Canadian who flew to England for an abortion shortly before the 1969 abortion law came into effect, claimed to be "penniless" due to the inflated costs of the taxi, the abortion, and hotel. Mrs. Hammer pleaded: "What could I do? I was a complete stranger and upset about everything – so I paid."[38]

However, women's groups such as the VWC insisted that the 1969 abortion law infringed more severely upon poor women because they could rarely afford a legal abortion outside Canada. Within Canada, marginalized women were less likely to receive TAC approval for an abortion. Long-time reproductive rights activist Carolyn Egan aptly maintains that abortion was characterized by inequality of access: "if you were a low-income woman, if

and Welfare in the United States (New York 2001), 5; Catherine Dunphy, *Morgentaler: A Difficult Hero* (Toronto 1996), 127.

34. Florence Bird *et al.*, *Report of the Royal Commission on the Status of Women in Canada* (Ottawa 1970), 286.

35. Rebick, *Ten Thousand Roses*, 35; Christabelle Sethna and Steve Hewitt, "Clandestine Operation: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP," *Canadian Historical Review,* 90 (September 2009), 463–95.

36. Doris Power, "Statement to the Abortion Caravan," in Discussion Collective No. 6 of the Toronto Women's Liberation Movement, eds., *Women Unite! An Anthology of the Canadian Women's Movement* (Toronto 1972), 124. Emphasis in the original. On The Just Society Movement, see Margaret Hillyard Little, "Militant Mothers Fight Poverty: The Just Society Movement, 1968–1971," *Labour/Le Travail*, 59 (Spring 2007), 179–98.

37. Jane Carter and George Hunter, "Abortion Hotel," *Daily Express*, 4 July 1969.

38. Carter and Hunter, "Abortion Hotel," *Daily Express*, 4 July 1969.

you were an immigrant woman, if you were a First Nations woman from the north of Ontario or the interior of BC, if you were a teenager… it was very, very difficult to access abortion."[39] Indeed, a woman's class, race, age, her marital status, and even the number of children she already had could affect the decision of a TAC.[40]

Various women's groups took up the daunting task of rectifying inequality of access by making abortion referrals that included travel arrangements. They not only coached women through TAC requirements at hospitals but also networked women through abortion services in the United States, or sent women to domestic physicians such as Dr. Henry Morgentaler, who provided abortions at his freestanding Montreal clinic.[41]

A Holocaust survivor who immigrated to Canada in 1950, Morgentaler came out publicly in favour of abortion as a woman's right in 1967.[42] Thereupon he was deluged with requests from desperate women facing unwanted pregnancies in Canada and the United States. The abortions he provided in his Montreal clinic (and later in his freestanding clinics in Toronto and Winnipeg) were illegal according to the 1969 abortion law because they were neither TAC-approved nor performed in an accredited hospital. His determination to challenge this law in the courts made him the figurehead of the pro-choice movement and the subject of virulent attacks by pro-life organizations.

Despite the illegal status of Morgentaler's abortion services, his Montreal clinic was very popular during the 1970s. The examination and abortion were often done on the same day in circumstances that made the women feel safe and comfortable. One Ottawa woman recalled her 1972 abortion: "it was such a relief to go to the clinic in Montreal, where it was so clean and beautiful and the people were friendly and someone took you in and explained everything that was going to happen. Someone held your hand."[43]

This woman travelled to Montreal from Ottawa not merely because of the welcoming atmosphere at Morgentaler's clinic. She was convinced that she was ineligible for a legal abortion. She was not alone. Under the 1969 abortion law, the first step a woman took toward access was to confirm her pregnancy with her general practitioner (GP). The GP would then present her request to the nearest TAC. Access to abortion services could, however, be compromised

39. Carolyn Egan, interview with Beth Palmer, 22 December 2010, Toronto, Ontario.

40. Simon Fraser University Archives, Women's Movement Collection , F-73, Item 1, "Abortion and Women's Liberation," booklet, 1 and 11.

41. Pelrine, *Abortion in Canada*, 44–5. See also Sethna, "All Aboard;" Beth Palmer, "'Lonely, tragic, but legally necessary pilgrimages': Transnational Abortion Travel in the 1970s," *Canadian Historical Review*, 92 (December 2011), 637–64.

42. Morgentaler's socialist upbringing, his imprisonment in Nazi concentration camps, and his later involvement in the Montreal Humanist movement prompted him to challenge the abortion law. See Henry Morgentaler, *Freedom is My Passion* (Shelburne 2007).

43. [redacted], interview with Beth Palmer, 4 May 2011, Ottawa, Ontario.

early on. A woman might not have a GP. A GP might be reluctant or refuse to provide a referral. A woman might be ill at ease with a GP because GPs were the "gatekeepers" of access.[44] Consequently, women seeking access often sought the assistance of women's groups.

These groups were far more available to women who were already involved in leftist political circles. One woman who obtained a referral to Morgentaler's clinic recalled: "I knew people. It wasn't, for me, strange to go and ask people at a women's centre for help. It was pretty easy… between my connections with those [people], I do think it was easier than say I didn't have those connections."[45] Her work with leftists meant that she had a wide range of contacts to draw upon and, therefore, had little difficulty finding a women's group that referred her to Morgentaler.[46] After her GP confirmed her pregnancy, she took a day trip by bus to his Montreal clinic.

Women who were less connected to leftist political circles had to work harder for abortion referrals. As it became increasingly clear that inequality of access was a reality, wider grassroots networks began to assist women. This assistance sometimes grew organically, as was the case of a street health clinic run by teenage women in Kingston, Ontario. The street health clinic was an informal space available to people with drug addictions. Aware of the clinic's work, women facing unwanted pregnancies also arrived looking for access to abortion services.

Kingston street health clinic volunteers began providing abortion referrals and a shuttle service to Montreal. According to Elinor Rush, "there were quite a few people for whom the pregnancy was completely unwanted but there wasn't going to be an easy way to get an abortion through this new system. So, we would take those people to the Morgentaler clinic in Montreal." The transportation provision was adopted in cases of "emergency" which resulted whenever a woman did not or could not get TAC approval at the hospital in Kingston. Rush explains: "we were very young, none of us owned a car… there were older women in the community – I don't mean older, but older than us – who supported what we were doing and they would lend us their car." Volunteers would call the Morgentaler clinic, set up an appointment, and travel in pairs with the woman to Montreal. There was always a designated driver and another volunteer who would provide emotional support for the woman involved. If a woman could not afford the fees for the abortion, volunteers would take up what Rush called "very surreptitious" fundraising.[47]

Marginalized women were most reliant on the ad hoc shuttle service. They hesitated to go through the process required for TAC approval or assumed that

44. [redacted], interview with Beth Palmer, 3 May 2011, Toronto, Ontario.

45. [redacted], interview with Beth Palmer, 4 May 2011, Ottawa, Ontario.

46. [redacted], interview with Beth Palmer, 4 May 2011, Ottawa, Ontario.

47. Elinor Rush, interview with Beth Palmer, 9 April 2009, Kingston, Ontario.

a TAC would deny them a legal abortion. In one example, a woman incarcerated at the Kingston Penitentiary wanted an abortion. She believed that she would be denied a TAC-approved abortion. Like many other women who used grassroots networks to access abortion services, she had few social and personal support systems. She contacted the street health clinic, which set up an appointment with the Morgentaler clinic when she had a day pass. Volunteers then picked her up, drove her to Montreal for her abortion appointment, and returned her to the prison before curfew.[48]

Pro-Life Support in New Brunswick

MARITIME WOMEN SEEKING access to abortion services also travelled to Morgentaler's Montreal clinic due to the lack of available abortion services.[49] In New Brunswick, specifically, access to abortion services declined in the 1980s, forcing women to journey lengthy distances, sometimes at great expense.[50] The dip in access occurred largely because the strength of pro-life beliefs in the province prompted hospitals to restrict their provision of abortion services and the government to enact legislative obstacles to prevent the establishment of abortion clinics.

While the province's pro-choice activists attempted to improve access through various organizations such as the New Brunswick Advisory Council on the Status of Women (ACSW), pro-life supporters effectively lobbied the province's Progressive Conservative (PC) government to restrict access to abortion services. Ironically, former New Brunswick Attorney General G. L. Fairweather was the first PC Member of the House of Commons to support the 1969 abortion law, signifying that the abortion debate was not always divided along political lines.[51] Despite the existence of a CARAL chapter in Moncton, pro-life activists were able to block attempts to improve access to hospital abortion services in the province using rallies, pickets, and a strong media presence.[52] They scored an early victory when the Moncton Hospital,

48. Elinor Rush, interview with Beth Palmer, 9 April 2009, Kingston, Ontario.

49. For a more in-depth analysis of pro-life activism in New Brunswick, see Katrina Ackerman, "'Not in the Atlantic Provinces': The Abortion Debate in New Brunswick, 1980–1987," *Acadiensis*, 41 (Winter/Spring 2012), 75–101. I would like to thank *Acadiensis* for allowing me to reprint portions of my article.

50. Provincial Archives of New Brunswick (hereafter PANB), RS399, file 6990-8, New Brunswick Advisory Council on the Status of Women Collection (hereafter NB ACSWC), "Plan of Action on the Status of Women," 13 June 1979; PANB, NB ACSWC, RS399, file 6990-8, "Department of Health: Plan of Action on the Status of Women," 13 June 1979.

51. Grace MacInnis quoted in "First Tory announces support for change in Criminal Code on abortion, homosexuality," *Globe and Mail*, 28 January 1969.

52. "NB Right to Life Assoc. Takes Position to the Media," *Moncton Times*, 22 December 1982; "Right-to-Life Group Stages Protest," *Times-Transcript*, 22 January 1983; "Annual Meeting Concludes in Moncton: Alliance is Told Sex Education is Based on Philosophy of Failure,"

which performed two-thirds of the province's abortions, responded to pro-life antagonism by placing a moratorium on abortion for six months in 1982.[53] This hospital re-established abortion services at the end of that year with the support of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

In 1985, the battle intensified when Morgentaler publicly declared his intent to open a freestanding abortion clinic under New Brunswick's medicare system. Given his experiences in Montreal, Toronto, and Winnipeg, he laid out the advantages of a freestanding abortion clinic in the region, indicating that it would offer cost-efficiency to taxpayers and more accessibility to Maritime women. Premier Richard Hatfield rejected Morgentaler's request and the government hastily passed Bill 92 to make abortions performed in non-hospital settings illegal.[54] The passage of this legislation, which was deemed unconstitutional in 1994, was an unmistakable rout of pro-choice forces.[55] Inter-office memos demonstrate that Hatfield's government opposed abortion even though it disingenuously portrayed Bill 92 as legislation passed at the request of the province's medical community.[56]

While there are some discrepancies in the abortion statistics, the numbers indicate that access decreased substantially after the 1982 moratorium on abortions at the Moncton Hospital. In 1980, seven of the province's 34 general hospitals had TACs and performed abortions. By 1984, Chaleur Hospital in Bathurst had stopped performing abortions and the Soldier's Memorial Hospital in Campbellton had abolished its TAC. Between 1984 and 1987, New Brunswick women could obtain abortions at Dr. Everett Chalmers Hospital in Fredericton, Moncton Hospital, Oromocto Hospital, and Saint John Regional Hospital. According to statistics compiled before the government passed Bill 92, there were 449 abortions performed in the province in 1980, 430 in 1981, 223 in 1982, 263 in 1983, and 267 in 1984.

Times-Transcript, 4 July 1983; "Pro-life March Today," *Times-Transcript*, 24 September 1983.

53. "Moncton Debate on Abortion Highly Charged," *Moncton Times*, 10 December 1982; "Moncton Abortion Ban Stirs Concern," *Globe and Mail*, 5 August 1982.

54. PANB, Richard Hatfield Collection (hereafter RHC), RS417, file 6720-A-0, "Ministerial Statement," Premier Hatfield in Assembly Chamber, 25 April 1985.

55. PANB, RHC, RS417, file 6720-A-0, "Memorandum," 27 June 1985; PANB, RHC, RS417, file 6720-A-0, Minister of Health Charles G. Gallagher to President of College of Physicians & Surgeons of New Brunswick A. H., 28 June 1985.

56. PANB, RHC, RS417, file 6720-A, Deputy Minister of Justice Gordon Gregory to Attorney General Ferdinand G. Dubé, 30 April 1985; PANB, RHC, RS417, file 6720-A, J. B. to R., 29 May 1986; PANB, RHC, RS78, file 1-0143, Deputy Minister of Health and Community Services Claire Morris and Deputy Minister of Justice Gordon Gregory to Premier Richard Hatfield, 10 May 1985; PANB, RHC, RS78, file 1-0143, Deputy Minister of Health and Community Services Claire Morris and Deputy Minister of Justice Gordon Gregory to Premier Richard Hatfield, 10 May 1985.

In addition to the in-province decline in access, the government funded fewer out-of-province abortions throughout the 1980s.[57] Out-of-province abortions covered by provincial medicare occurred primarily in the neighbouring province of Nova Scotia and in the United States.[58] Moreover, New Brunswick hospitals denied at least 299 women abortions between 1982 and 1986.[59] The New Brunswick ACSW published a study in 1987, which indicated that access to abortion services was unequal across the province; notably, women living in northern New Brunswick had to travel long distances for abortion services.[60]

Government-funded abortions increased after the decriminalization of abortion in 1988. However, they needed the approval of two medical doctors in a hospital, reminiscent of TAC requirements. In 1992, there were 663 provincially-funded abortions performed in-province, all of which were performed at just four southern New Brunswick hospitals.[61] In the same year, 51 women accessed abortion services outside the province. Six of the latter group did not receive medicare funding, most likely because they did not obtain the approval of two doctors before obtaining the service at an out-of-province hospital.[62] Importantly, these figures do not take into account those women who were denied access by their GPs or by physicians at the four hospitals that performed abortions; many chose to travel to Morgentaler's Montreal clinic or to abortion services in Maine and New York. For example, the Montreal Morgentaler clinic documented that 98 New Brunswick women travelled to the clinic in 1988 and paid out-of-pocket for abortion services.[63] The fierce opposition – reported to be 65 per cent of New Brunswick citizens – to government funding for abortion clinics and to out-of-province abortions likely

57. PANB, RHC, RS765, file 10-0437, "Fact Sheet," Government of New Brunswick, 1985. Determining the actual number of out-of-province abortions is challenging as the out-of-province statistics do not account for illegally performed abortions or abortions performed outside Canada.

58. PANB, Frank McKenna Collection (hereafter FMC), RS765, file 10-3811, "Back Up-Data: Therapeutic Abortions, Out-of-Province Hospitals, By Region by Patient Residence," March 1986; PANB, FMC, RS765, file 10-3811, "Back Up-Data: Therapeutic Abortions Out-of-Province by Place of Occurrence," March 1986.

59. PANB, FMC, RS765, file 10-3809, "Number of Therapeutic Abortions Performed on N. B. Residents Outside the Province (Fiscal Year);" PANB, FMC, RS765, file 10-3809, "Note: Source: Hospital Services (from individual hospitals)."

60. PANB, RS230, NB ACSWC, file B4, "Services to Women Living in Rural Areas: A First Look," February 1987.

61. PANB, FMC, RS765, file 10-4939, "Briefing Note: Statistics on Abortions," 25 October 1993.

62. PANB, FMC, RS765, file 10-4939, "Abortions," November 1993; PANB, FMC, RS765, file 10-4939, "Briefing notes, Public Account 1991-92: Abortion."

63. "Doctor plans to open Halifax clinic by June," *Chronicle-Herald*, 21 March 1989.

dissuaded women from seeking reimbursement for abortions performed outside New Brunswick hospitals.[64]

Pro-Choice Allies in British Columbia

The pro-life movement in British Columbia also aimed to restrict access to hospital abortion services. Pro-life activists in the rural southeastern region of the province acted against access on a hospital-by-hospital basis. Such a strategy had some success throughout the country as in the example of the Moncton Hospital. One notable tactic was to elect individuals with pro-life views to serve on hospital boards in order to withdraw hospital abortion services at the local level.[65] It had an especially noticeable impact on women living in rural areas where there was already limited access to abortion services. Rural women who faced unwanted pregnancies were left with few options other than travel to another jurisdiction.[66]

Hoping to prevent pro-life activists from seizing control of the Kootenay Lake District Hospital (KLDH) board in the West Kootenay city of Nelson, local feminists, many of whom had moved to the area as part of the back-to-the-land movement, allied with women in the hospital auxiliaries to form a pro-choice coalition. Auxiliaries were volunteer women's organizations that raised money for community hospitals primarily through conservative feminine fundraising activities such as bake sales, bingos, and bazaars.[67] British Columbia feminists were already central to the pro-choice movement in Canada; after all, the VWC kickstarted the cross-country Abortion Caravan. Thereafter, feminists in the Kootenays took to monitoring threats to access. Run by a feminist collective, *Images: West Kootenay Women's Newspaper* insisted that inequality of access resulted from the decision of many hospitals not to establish TACs. Although all of the major hospitals in the Kootenays had TACs in the early 1970s, their procedures for approving an abortion varied. In Nelson, a woman needed referrals from three GPs before the TAC at the local hospital would consider her case, a requirement that was stiffer than the requirements of the 1969

64. "60 per cent pan Morgentaler clinic – poll," *Chronicle-Herald*, 16 Feb 1989. The percentage in the headline refers to Nova Scotians' responses.

65. Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria 2004), 91–104.

66. Feminists in the Kootenays followed closely the attempts to take over hospital boards at Lion's Gate Hospital in Vancouver and at the Victoria General Hospital. "A Question Of Choice," *Images*, October 1979; "Anti-abortionists Trounced," *Images*, November 1979; "Anti-Abortionists Rally," *Images*, January 1980; "Pro-choice wins, loses," *Images*, October 1981; "Pro-choice demo," *Images*, October 1981; "Anti-abortionists escalate attack," *Images*, June 1982.

67. Shawn Lamb Archives (hereafter SLA), Touchstones Nelson Museum of Art and History, Rita Moir Fonds (hereafter RMF), Box 7, Women's Centre Pro-Choice file, Untitled appeal for auxiliary volunteers (Rita Moir's notes).

abortion law. Hospitals in other West Kootenay cities like Trail, Castlegar, and Rossland also established TACs, but required only one GP's referral.[68] In an anonymous letter to the collective, one woman suggested that an alternative to this "humiliating" state of affairs was to travel across the border to Spokane, Washington, about 250 kilometers from the West Kootenays, and pay $200 for an abortion in a freestanding clinic.[69]

At the end of the 1970s, the *Images* collective warned readers that pro-life activism threatened access to abortion services. Indeed, in the 1980s, many hospitals in British Columbia, as in New Brunswick, stopped performing abortions because of pro-life pressure. In 1984, the number of hospitals with a TAC decreased by eight, and five of these hospitals were in communities that served rural areas. The hospital in Invermere, a small town in the East Kootenays, eliminated its TAC because it became too difficult to locate doctors willing to serve. The hospital in Rossland in the West Kootenays stopped performing abortions altogether. Consequently, more women had to travel to larger centres like Trail or Nelson for hospital abortion services.[70] In the winter, bridging distances from rural to urban areas in this region could involve a dangerous drive through snowy mountain passes.

Pro-life activists mobilized against the remaining hospitals that provided abortion services, sometimes borrowing tactics from the more radical movement in the United States.[71] Nelson Future Life, a pro-life group formed in 1983, displayed and disseminated graphic images that equated abortion with genocide and murder.[72] Confidential information about women seeking abortion services was leaked, leading to the harassment of these women at their homes and schools. In a deliberate act of civil disobedience, one individual even stole the aspirator unit used to perform abortions from the KLDH in Nelson. Knowing he would be arrested, he returned to the hospital later that evening with the destroyed aspirator and a library trolley he had constructed out of the cabinet housing the unit.[73] The KLDH did not stop performing abortions, but

68. Vita Storey, "Dr. Henry Morgentaler," *Images*, December 1973.

69. "Only good girls get abortions in BC," *Images,* October 1982.

70. "Abortion committees down," *Images*, July 1984.

71. On the increased militancy of the American anti-abortion movement, see Faye Ginsberg, "Rescuing the Nation: Operation Rescue and the Rise of Anti-Abortion Militance," in Rickie Solinger, ed., *Abortion Wars: A Half Century of Struggle, 1950–2000* (Berkeley 1998), 227–50; Richard L. Hughs, "'The Civil Rights Movement of the 1990s?': The Anti-Abortion Movement and the Struggle for Racial Justice," *Oral History Review,* 33 (Summer–Fall 2006), 1–24.

72. SLA, RMF, Pro-choice correspondence file 2a, "Statement by Lynne Brown on behalf of an ad hoc committee of Nelson area residents," 4 March 1988; "Brochures should have been covered, says Canada Post," *Nelson Daily News,* 25 March 1988.

73. Steve Thornton, "Appeal by defence likely: Demers given light sentence," *Nelson Daily News*, 15 October 1985; Steve Thornton, "Demers counsel planning rematch," *Nelson Daily News*, 15 November 1985.

more Nelson women went to Trail or, if they could afford the trip, to Spokane to protect their privacy.[74]

The most serious threat to women's access to abortion services in the region was an attempt by pro-life activists to gain a majority on the KLDH board in order to ban abortions at the hospital. In 1988, Nelson Future Life ran a slate of candidates against experienced pro-choice board members in that city's hospital board election.[75] Many villages and small towns in the West Kootenays had their own auxiliaries that supported the KLDH. Some of these communities were located in the Slocan Valley, which lay outside the official boundaries of the KLDH district. In recognition of the important fundraising work of their auxiliaries, residents of these communities were allowed to become members of the KLDH society so that they could vote for the board members; however, this privilege was not protected by the KLDH society by-laws. To restrict feminists in the Valley from voting for pro-choice board members, pro-life activists on the KLDH board introduced by-laws that prevented Valley residents from becoming members of the KLDH society.[76]

Hospital auxiliary members refused to accept their disenfranchisement in the KLDH society. Rita Moir and Sam Simpson, two feminists who moved to the Valley in the 1970s from Lethbridge and the Sunshine Coast respectively, decided to join the KLDH auxiliary to strengthen the coalition between the feminist community and the auxiliaries. Attending these meetings introduced Moir and Simpson to a group of women who were "so connected to every tendril of the community that it's an amazing force, those older women, because of their status, their standing." They learned that many women who appeared to hold more conservative values were nonetheless adamantly pro-choice.[77]

The ad hoc pro-choice group became a formal organization called the Nelson and District Pro-Choice Group. Auxiliary women joined the group to prepare for the next hospital board election. This coalition also raised money for an abortion fund, anticipating that pro-life activists might succeed in forming a majority on the KLDH board and ban abortions. The abortion fund would be used to defray the costs of local women travelling for access.[78] Ultimately, there was no need for this fund because the coalition tapped into political and social networks to elect pro-choice members onto the hospital board, thereby

74. Joy Green, "Guerilla tactics fail at Nelson Hospital," *Images,* Spring 1987, 12.

75. "Pro-choice forces 'caught by surprise' in KLDH vote," *Nelson Daily News*, 17 June 1988.

76. "Pro-choice forces 'caught by surprise' in KLDH vote," *Nelson Daily News*, 17 June 1988; SLA, RMF, Women's Centre Pro-choice file 1b, Letter to South Slocan Auxiliary, 28 August 1988.

77. Sam Simpson and Rita Moir, interview by Nancy Janovicek, Winlaw, British Columbia, 18 October 2010. The quotation is from Moir.

78. SLA, RMF, Pro-Choice Miscellaneous Correspondence file 2a, "Pro-Choice Strategy Meeting Minutes, 24 February [1988]."

allowing residents of the Slocan Valley to become voting members.[79] Both feminists and hospital auxiliary women wanted to "[maintain] therapeutic abortion procedures at the hospital in the spirit of freedom of choice and equality for rural women."[80]

Meanwhile, federal politicians endeavoured to recriminalize abortion. After the Canadian Supreme Court struck down the 1969 abortion law in 1988, Prime Minister Brian Mulroney introduced Bill C-43 into Parliament. The proposed legislation, which made abortion a crime if the pregnant woman's life were not at risk, made support of pro-choice candidates for KLDH board elections even more urgent.[81] Nelson Future Life was now openly requesting information about the age and marital status of women seeking access to abortion services at the hospital. Pro-choice activists worried that any reintroduction of legal restrictions on abortion would grant legitimacy to these requests.[82] The Senate voted against Bill C-43 in 1991. Its defeat did not deter pro-life activists; Nelson Future Life continued to ask for confidential patient information but the KLDH board refused such requests.[83]

Unlike the situation in New Brunswick, pro-life activists were ineffective in the West Kootenays. Some of their outlandish tactics gave them the reputation of "radical weirdoes" rather than legitimate political actors.[84] Their tactics failed at the KLDH in Nelson because a pro-choice coalition of feminists and hospital auxiliary women prevented them from gaining influential decision-making positions. Still, during the periods when Nelson Future Life was most active, some women decided to access abortion services in the Lower Mainland and in the United States.

79. "Pro-Choicers elected to KLDH board," *Nelson Daily News*, 22 June 1989; "Boundary expansion wins society members' approval," *Nelson Daily News*, 22 June 1989; Kathleen Rodgers, "Argatoff, Drew, Raschdorf elected as urban trustees," *Nelson Daily News*, 22 June 1989.

80. SLA, RMF, Women's Centre Pro-Choice file, "Memo re June 21 AGM of Kootenay Lake District Hospital Society, n.d.," (Rita Moir notes).

81. SLA, RMF, Pro-choice government Lobbying women's Centre file, Letter from Nelson and District Pro-choice Group, 8 June 1990.

82. SLA, RMF, Pro-choice government Lobbying women's Centre file, Letter from Nelson and District Pro-choice Group, 8 June 1990; "Pro-lifers target Kootenay Lake District Hospital: Protesters vow to stop Nelson abortions," *Nelson Daily News*, 16 May 1989.

83. Sam Simpson Personal Papers, Abortion Rights file, "Sam Simpson Trustee Report," April 1991.

84. SLA, RMF, Pro-Choice Government Lobbying Women's Centre file 1C, Letter from Rita Moir to Anne Edwards (MLA Kootenay).

Conclusion

International, domestic and local travel is central to many Canadian women's experiences of abortion. Legal and extra-legal barriers cause inequality of access to abortion services, thereby forcing women seeking to terminate their pregnancies to journey, often over long distances. This investigation shows that legal barriers to access within Canada led women to travel to Britain and then to the United States even after abortion was liberalized in 1969. The legal requirement that all abortions now had to be TAC-approved and performed in an accredited hospital meant that access was notoriously uneven throughout the country. Women who travelled outside and inside Canada to access abortion services acquired the money to cover their costs. However, not all the women involved were economically privileged. The ad hoc shuttle service that ferried women from Kingston, Ontario to Morgentaler's clinic in Montreal, Quebec, highlights not only the inadequacy of the 1969 law but also the financial plight of marginalized women seeking abortions.

As the examples of New Brunswick and British Columbia indicate, the pro-life movement has proved to be a significant extra-legal barrier to access. The vigorous activism of pro-life supporters in New Brunswick from the 1980s onward helps explain why in that province hospital abortion services have declined and the government has acted against clinic abortions. Across the country in British Columbia, when pro-life hospital board members threatened to shut down access to hospital abortion services in the rural southeastern region of the province, a pro-choice coalition of feminists and hospital auxiliary workers manoeuvred successfully to maintain access. Nevertheless, pro-life activism continued into the 1990s despite the striking down of the 1969 abortion law in 1988.

In a speech marking the 25th anniversary of *R. v. Morgentaler*, New Democratic Party Member of Parliament Nikki Ashton warned that Canadians should remain "vigilant" about access to abortion services.[85] Indeed, a majority Conservative government led by Prime Minister Stephen Harper has resurrected anxieties that the federal government will place legal restrictions on abortion due to the influence of members of Parliament who hold anti-abortion views. In 2010 Harper rejected the provision of Canadian funds for abortion services in his G8 global initiative on maternal and child health. This controversial decision dismisses the global consensus that abortion delivered in a safe, legal, and timely fashion is critical to women's reproductive health and casts a negative spotlight on Canadian foreign policy.[86] Although Harper has

85. Nikki Ashton, in a speech marking the 25th anniversary of *R. v. Morgentaler*, Ottawa, 28 January 2013.

86. Carl Meyer, "Domestic politicking, failure to consult blamed for G8 problems," *Embassy*, 7 April 2010, <http://www.embassymag.ca/page/view/g8-04-07-2010> (8 April 2010). One casualty of the rejection of funds for abortion services in the G8 global initiative on maternal and child health is the International Planned Parenthood Federation. It lost the funding for

categorically denied that he will re-open the abortion debate on domestic soil, Conservative Member of Parliament Stephen Woodsworth introduced Motion 312 just two years later. It was ostensibly intended to strike a Parliamentary committee to study whether or not fetuses are legally determined "persons" deserving of Criminal Code protections.[87] Rona Ambrose, the Conservative Minister responsible for the Status of Women, voted in favour of the motion, citing her misgivings about "sex selection abortion" as a form of discrimination against women. Ambrose's rhetoric can be understood as one of the ways the pro-life movement in Canada has re-branded opposition to abortion as "more pro-woman than feminism," even appropriating the concept of reproductive choice "to support the anti-abortion position."[88] The motion was voted down in Parliament, but not before many Canadians angrily denounced it as a back door attempt to place restrictions on reproductive choice.[89]

The actions of the Conservative government merit a close look at the ongoing inequality of access to abortion services within Canada. Women from northern, rural, and Maritime regions of the country face the greatest hardship in accessing abortion services, meaning that marginalized women, particularly Aboriginal women and poor women, are hardest hit.[90] There has been a cross-country decrease in the number of hospitals providing abortions; in 1977 it was 20.1 per cent of hospitals, in 2003 17.8 per cent , and in 2006, only 15.9 per cent.[91]

Varying provincial policies make it even more difficult for women to access abortion services consistently. For example, except for Prince Edward Island,

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overseas maternal health programs that the Canadian government had supported for the last forty years. See Elizabeth Payne, "Planned Parenthood is struggling to work around Canadian Politics," *Ottawa Citizen*, 23 April 2011.

87. "'Sex selection abortion' played a role in supporting pro-life motion," *Edmonton Journal*, 27 September 2012, <http://www. edmontonjournal.com/health/all/selection+abortion+played+role+supporting+prolife+motion/7308760/story.html> (16 January 2013). As a recent study shows, legal personhood for the fetus has proved to be detrimental to pregnant women in the United States, leading in some cases to their arrest and imprisonment. See Lynn Paltrow and Jeanne Flavin, "New Study Shows Anti-Choice Policies Leading to Widespread Arrests of and Forced Interventions on Pregnant Women," *RH Reality Check*, 13 January 2013, <http://www.rhrealitycheck.org/article/ 2013/01/14/new-study-reveals-impact-post-roe-v-wade-anti-abortion-measures-on-women> (16 January 2013).

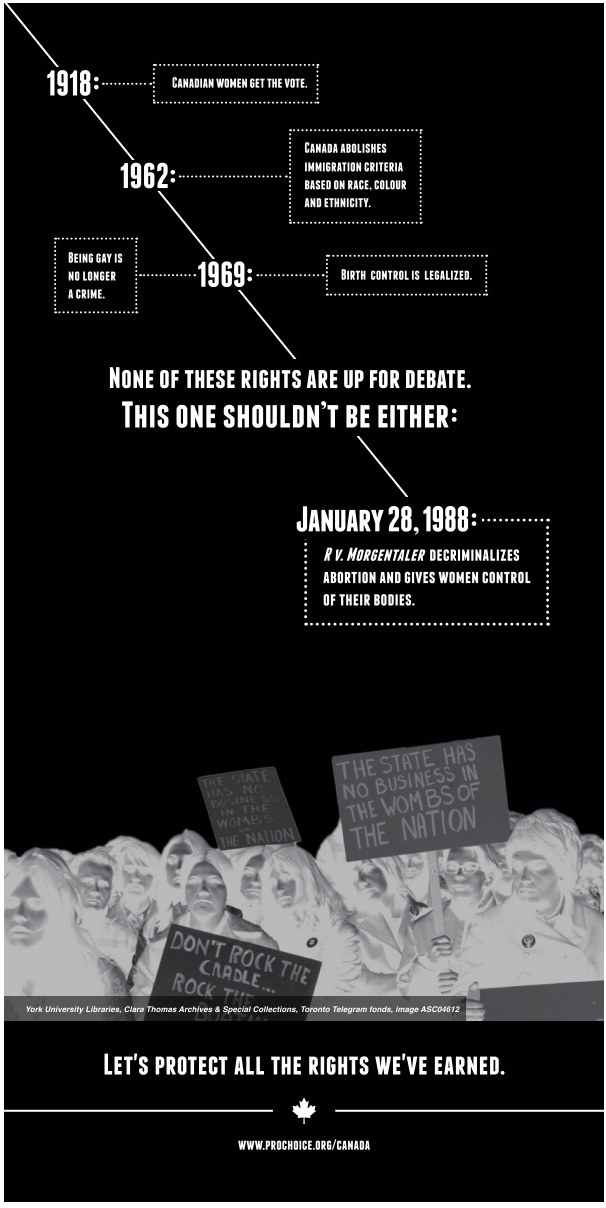
88. Paul Saurette and Kelly Gordon, "Anti-abortion movement rebrands itself," *Toronto Star*, 12 January 2013, <http://www.thestar.com/opinion/editorialopinion/article/1314122--anti-abortion-movement-rebrands-itself> (21 January 2012).

89. David McKie, "Ambrose got earful on definition-of-life vote," *CBCNews*, 5 December 2012, <http://www.cbc.ca/news/politics/story/2012/12/05/pol-ambrose-woodworth-motion-correspondence.html> (21 January 2013); Joanna Chiu, "Birth Control and Abortion Under Attack," *Herizons*, 26 (Summer 2012), 37.

90. Rodgers, "Abortion Denied," 107–36.

91. Shaw, *Reality Check*.

which has no abortion services, New Brunswick continues to have the most restrictive abortion policies in the country. Abortions are funded provincially only if they are approved in writing by two physicians and performed in a hospital by a gynaecologist. The provincial government will not pay for abortion services provided at the Morgentaler clinic in Fredericton, where



NAF Canada ad in *The Globe and Mail* January 28, 2013

most abortions in the province take place. Morgentaler is now embroiled in a court challenge against the New Brunswick government.[92] This court challenge is said to be in "limbo" due to the stalling tactics of the province and Morgentaler's advanced age.[93] Women who do go to his clinic face anti-abortion activists who have set up "crisis pregnancy centres" next door and regularly picket on clinic days.[94] The Fredericton clinic is also a vital service for many of the women who must leave neighbouring Prince Edward Island if they need an abortion. In November 2012, reproductive rights activists launched a campaign to pressure the government to reverse its policy on abortion. The Liberal government decided to retain the status quo, and Premier Robert Ghiz stated that compelling women to travel to neighbouring provinces for abortion services is "a good compromise."[95] In contrast, women living in British Columbia now have among the best access to abortion services in hospitals and clinics in the country. The province's *Access to Abortion Services Act* provides a buffer zone in which it is illegal to protest against abortion at hospitals, clinics, and at the homes of doctors who provide the services. Nevertheless, only 29 per cent of British Columbia hospitals provide abortion services.[96]

The refusal to provide abortion services should be understood as a withdrawal of medical services that contravenes the *Canada Health Act*.[97] Examining the earlier period of interruptions to reproductive choice is crucial to understanding the ongoing struggles concerning access to abortion services after the decriminalization of abortion in 1988. Decriminalization has not in practice integrated abortion into the publicly funded health care system.[98] Canadian women now travel here and there within their own country, bearing the burden of inequality of access to abortion services often in inverse proportion to their ability to undertake such travels.

92. "Morgantaler clinic worker says NB Government 'waiting for him to give up,'" *CBCNews*, 24 May 2009, <http://www.cbc.ca/news/health/story/2009/05/25/nb-abortion-morgentaler-529.html> (17 January 2013).

93. Simone Leibovitch, in an email communication with Nancy Janovicek, 20 January 2013.

94. Lianne McTavish, "The Cultural Production of Pregnancy: Bodies and Embodiment at the New Brunswick Abortion Clinic," *Topa: Canadian Journal of Cultural Studies*, 20 (Fall 2008), 23–42.

95. "Abortion policy on PEI to remain 'status quo,'" *CBCNews*, 23 December 2011, <http://www.cbc.ca/news/canada/prince-edward-island/story/2011/12/23/pei-abortion-policy-status-quo-584.html> (22 February 2012).

96. Shaw, *Reality Check*, 19.

97. Peter Twohig made this point during the question period at our CHA panel. See also Howard A. Palley, "Canadian Abortion Policy: National Policy and the Impact of Federalism and Political Implementation on Access to Services," *Publius: The Journal of Federalism*, 36 (Fall 2006), 565–86.

98. Joanna Erdman, "In the back alleys of health care: Abortion, equality, and community in Canada," *Emory Law Journal*, 56, no. 4 (2007), 1093–156.