

A Region at Odds: Abortion Politics in the Maritime Provinces, 1969-1988

by

Katrina Ackerman

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

The inaccessibility of abortion services in the Maritime Provinces remains a constant topic in the media, and yet little research has been conducted to explain the barriers to the procedure in the region. Despite many excellent studies on the barriers enforced at a provincial level after the Supreme Court of Canada case *R. v. Morgentaler* (1988), which decriminalized abortion nationwide, few studies provide insight into the reasoning for strong opposition to abortion access in the region. This dissertation endeavours to fill this gap in the scholarship through a historical analysis of abortion politics in the Maritime Provinces between 1969 and 1988. When the federal government liberalized the abortion law in 1969 at the behest of the women's movement, Canadian Bar Association, and Canadian Medical Association, opposition to the medical procedure came to the forefront. Medical professionals, politicians, clergy, and citizens quickly united to form pro-life organizations and became a powerful countermovement in the region. Through an exploration of medical society, government, and social movement organization records in conjunction with interviews with residents, this dissertation offers insight into the effectiveness and longevity of pro-life activism in New Brunswick, Nova Scotia, and Prince Edward Island. Furthermore, it illuminates the financial, physical, and psychological costs of attempting to terminate pregnancies in the region.

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I have been fortunate to receive mentorship from professors from coast-to-coast. During my undergraduate degree at Vancouver Island University, a number of professors, including Cheryl Krasnick Warsh, Stephen Davies, Deanne Schultz, John Hinde, and Helen Brown helped me hone my research skills and become passionate about history. At the University of New Brunswick, my Master's supervisor Linda Kealey, as well as my graduate seminar professors Donald Wright and Gail Campbell, pushed me to become a better writer and introduced me to various types of history. During my doctoral degree, I was able to work with professors from the University of Guelph and Wilfrid Laurier University through the Tri-University program, including Alan Gordon, John Sbardellati, Geoffrey Hayes, Julia Roberts, and Heather MacDougall. Each professor imparted invaluable wisdom and for that, I am very grateful.

One of the great outcomes of this doctoral research was the friendships made along the way. My doctoral cohort—Whitney Wood, Carla Marano, Andrea Gal, Jodey Nurse-Gupta, Michelle Filice, Frank Maas, and Geoff Keelan—made reading two hundred books in one year more bearable and I credit them for helping me survive ‘the dark days.’ I was also lucky to meet and collaborate with Christabelle Sethna, Beth Palmer, Nancy Janovicek, Shannon Stettner, and Kristin Burnett on various projects.

Due to the controversial nature of my research, I have often turned to my family to keep grounded. Studying an emotional and contentious topic for six years has not always been easy, but my siblings and parents were always available to talk on the phone when I needed to process information or a pep talk. Thomas, who has been by my side throughout this journey, has provided unwavering support. He does, however, hope that we will discuss abortion less often now at dinner parties.

Lastly, I owe thanks to the men and women who took time out of their busy days to complete the online survey and participate in interviews for the study. As it was my first foray into oral history, I appreciated their patience and understanding as I learned the craft. I was particularly impressed by the interview participants’ kindness. People welcomed me into their homes or met me in public spaces, from coffee shops and restaurants to schools, to share their stories and memories. I am most grateful to the women who shared their abortion experiences. Thank you.

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Introduction

Emerging from a decade that saw the rise of civil, aboriginal, and language rights activism, as well as the emergence of gay liberation and student movements, members of the burgeoning women's movement entered the 1970s with a sense of optimism. The decade promised equality for Canadian citizens and the opportunity for women to improve their status outside the home. With the newly elected Liberal Prime Minister Pierre Trudeau's call for a 'just society' and the subsequent introduction of a national health insurance plan, the health of Canadians became a national priority, regardless of one's socioeconomic status. The drive for universal health care services fueled women's campaigns for legalized abortion and birth control in Canada in their efforts to gain greater control over their lives. Members of the women's liberation movement argued that control over one's fertility was essential to women's equality in Canadian society and their activism contributed to the legalization of birth control and abortion in 1969.

The federal government's amendment to the abortion law in 1969 only allowed access to the procedure when a woman's life or health was endangered by the pregnancy, however, and this limitation compelled women from across Canada to mobilize and challenge the remaining restrictions during the 'Abortion Caravan.' In 1970, a group of women from Vancouver traveled to Parliament Hill to demonstrate their dissatisfaction with the new law. The 'Abortion Caravan,' an homage to the 'On To Ottawa Trek'—the journey of unemployed men to the national capital in 1935—stopped in major cities across Canada, enlisting the support of nearly 500 people. Once in Ottawa, the activists held demonstrations in front of Parliament, at the Prime Minister's residence, and, to the dismay of politicians, within the House of Commons. The protest within the legislature escalated after thirty women surreptitiously chained themselves to chairs in the

galleries and demanded Members of Parliament remove abortion restrictions.¹ The ‘Abortion Caravan’ was a defining moment for abortion rights activists as it demonstrated that the women’s movement would not remain complacent and abide by the 1969 amendment.

Throughout the 1970s and 1980s, men and women tirelessly worked to overturn the abortion law. Activists formed the Canadian Abortion Rights Action League (formerly Canadian Association for the Repeal of the Abortion Law) and the Ontario Coalition for Abortion Clinics and worked alongside abortion rights activist Dr. Henry Morgentaler and numerous medical professionals to create unrestricted access to abortion services.² Building on the momentum generated during the 1960s, the newly formed abortion rights movement became a powerful social movement and eventually succeeded in overturning the abortion law through the Supreme Court of Canada case *R. v. Morgentaler* (1988).

Abortion rights activism arose out of the women’s liberation movement, a social movement that developed out of frustration with the failure of leftist organizations, such as the student movement, to address the issue of women’s oppression.³ An opportunity for Canadian women to express their concerns with the state of women’s equality emerged between 1966 and 1968, when the House of Commons Standing Committee on Health and Welfare held hearings

¹ Christabelle Sethna and Steve Hewitt, “Clandestine Operations: The Vancouver Women’s Caucus, the Abortion Caravan, and the RCMP,” *The Canadian Historical Review* 90, 3 (September 2009): 464; Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin Canada, 2005), 38; Myrna Kostash, “The Rising of Women,” in *Long Way From Home: The Stories of the Sixties Generation* (Toronto: James Lorimer & Co, 1980).

² Janine Brodie, Shelley A. M. Gavigan, and Jane Jenson, *The Politics of Abortion* (Toronto: Oxford University Press, 1992); and Gail Kellough, *Aborting Law: An Exploration of the Politics of Motherhood and Medicine* (Toronto: University of Toronto Press, 1996).

³ Alison Prentice et al., *Canadian Women: A History* (Toronto: Harcourt Brace Jovanovich, 1988), 352; Dominique Clément, *Rights in the Age of Protest: A History of the Human Rights and Civil Liberties Movement in Canada, 1962-1982*, PhD Thesis, Memorial University, 2005, 2; Nancy Adamson, “Feminists, Libbers, Lefties, and Radicals: The Emergence of the Women’s Liberation Movement,” in *A Diversity of Women: Ontario, 1945-1980*, eds. Joy Parr (Toronto: University of Toronto Press, 1995), 252-280.

across the nation to receive citizens' opinions on proposed amendments to laws that criminalized a number of activities, including abortion, birth control, and homosexuality.⁴ Due to the significant number of issues raised by women during the hearings, the federal government established the Royal Commission on the Status of Women (RCSW) in 1967 to address the unequal treatment of women in Canada. The recommendations in the RCSW's report (1970) provided a road map for organizations intent on ensuring equality for women. Members of the women's movement formed the National Action Committee on the Status of Women (NAC) the following year, which became an "umbrella structure" for the hundreds of women's organizations established throughout the 1970s and 1980s to make sure that governments improved the status of women nationwide.⁵

The women's movement created avenues for women to work towards change within and outside government.⁶ By the late 1970s, the federal government and the majority of provinces had established advisory councils on the status of women (ACSWs), which offered women an opportunity to participate in public decision-making processes and further the goals of the movement. Through these governmental and non-governmental organizations, the movement combatted a number of women's issues, including sexism in the workplace, pay equity, violence

⁴ Barbara M. Freeman, *The Satellite Sex: The Media and Women's Issues in English Canada, 1966-1971* (Waterloo: Wilfred Laurier University Press, 2001), 167-8.

⁵ Jill Vickers, Pauline Rankin, and Christine Appelle argue that the NAC was primarily the "coordinating institution" for the women's movement in English Canada. They argue that the NAC was less successful coordinating with the women's movements in Quebec and First Nations communities. Vickers, Rankin, and Appelle, *Politics as if Women Mattered: A Political Analysis of the National Action Committee on the Status of Women* (Toronto: University of Toronto Press, 1993), xi-xii, 4-11.

⁶ Alexandra Dobrowolsky, "The Women's Movement in Flux: Feminism and Framing, Passion and Politics," in *Group Politics and Social Movements in Canada*, ed. Miriam Smith (Toronto: University of Toronto Press, 2014), 154.

against women, and inequitable access to birth control and abortion services.⁷ Not all women supported abortion access. When the founding members of the NAC argued that a pro-choice position was a condition for involvement in the organization, both the Catholic Women's League and Imperial Order Daughters of the Empire withdrew support for the organization.⁸ At the provincial level, ACSWs similarly faced internal politics over controversial "issues of conscience," such as abortion.⁹ The aims of the women's movement and traditional women's groups did not always align, but the centrality of the abortion issue in feminist organizations gave the movement a clear cause to rally around. The women's movement's efforts in the realm of abortion rights activism culminated with the decriminalization of abortion in 1988. Through cooperation with medical professionals, the movement helped defeat the abortion law.

Efforts to decriminalize abortion and improve the status of women created contentious debates nationwide and the "mood of hope" that sparked radicalism and social justice movements in the 1960s did not persist into the 1980s.¹⁰ Anti-feminist organizations Alberta Federation of Women United for the Family and REAL Women of Canada emerged in the 1980s to counter feminist efforts they deemed anti-family and launched campaigns to discredit feminist

⁷ Nancy Janovicek, "'If it saves one life, all the effort . . . is worthwhile': Crossroads for Women/Carrefour pour femmes, Moncton, 1979-1987," *Acadiensis* 35, 2 (Spring 2006): 27-45.

⁸ Vickers, Rankin, and Appelle, *Politics as if Women Mattered*, 108, 279.

⁹ G. Edward MacDonald, *If You're Stronghearted: Prince Edward Island in the 20th Century* (Charlottetown: Prince Edward Island Museum and Heritage Foundation, 2000), 388.

¹⁰ "Female Radicalism Has Died at UNB, Says Feminist," *The Brunswickan*, 22 February 1974. Also see Ian Milligan, *Rebel Youth: 1960s Labour Unrest, Young Workers, and New Leftists in English Canada* (Toronto: UBC Press, 2014), 175; Beth Palmer, *Choices and Compromises: The Abortion Movement in Canada 1969-1988*, PhD Dissertation, York University, December 2012, 6; Ian McKay, "For a New Kind of History: A Reconnaissance of 100 Years of Canadian Socialism," *Labour/Le Travail* 46 (2000): 69-125; Joy Parr, "Introduction," in *A Diversity of Women: Ontario 1945-1980* (Toronto: University of Toronto Press, 1995), 14; Bryan D. Palmer, *Canada's 1960s: The Ironies of Identity in a Rebellious Era* (Toronto: University of Toronto Press, 2009).

organizations.¹¹ The dismantling of the social welfare state further hindered the women's movement's attempts to address social inequalities.¹² Governmental efforts to address inflation and unemployment, as well as a looming economic crisis, caused a reduction in funding for non-governmental organizations, such as the Planned Parenthood Federation, that aimed to increase women's access to reproductive health care services. The women's movement's lobbying efforts became less effective throughout the 1980s as governmental efforts to cut back on funding for social programs became paramount.

In the midst of these public policy changes, a powerful countermovement to the women's movement emerged in the 1960s and 1970s to create extralegal barriers to abortion services. Through the coalition of economic and social conservatives, the 'New Right' bridged religious divides and national boundaries, garnering support from people around the globe who supported traditional social mores, including opposition to abortion.¹³ Throughout the 1970s and 1980s, citizens formed "pro-life" organizations to demonstrate their opposition to abortion and convince

¹¹ Prentice et al., *Canadian Women*, 365; Karen Dubinsky, *Lament for a 'Patriarchy Lost'? Anti-feminism, Anti-abortion, and R.E.A.L. Women in Canada* (Ottawa: Canadian Research Institute for the Advancement of Women, 1985).

¹² Judith Fingard and Janet Guildford argue that many historical studies on women's political activism end in the 1970s, the period in which "postwar expansion and reform of welfare programs ground to a halt." Fingard and Guildford, "Introduction," in *Mothers of the Municipality: Women, Work, and Social Policy in Post-1945 Halifax*, eds. Judith Fingard and Janet Guildford (Toronto: University of Toronto Press, 2005), 20; Parr, "Introduction," 13; Janet Guildford and Suzanne Morton, "Introduction," in *Making up the State: Women in Twentieth-Century Atlantic Canada*, eds. Janet Guildford and Suzanne Morton (Fredericton: Acadiensis Press, 2010): 17; William K. Carroll and Murray Shaw, "Consolidating a Neoliberal Policy Bloc in Canada, 1976 to 1996," *Canadian Public Policy* 27, 2 (2001): 195-217; Keith Archer and Marquis Johnson, "Inflation, Unemployment and Canadian Federal Voting Behaviour," *Canadian Journal of Political Science* 21, 3 (September 1988): 569-584; Sylvia Bashevkin, "Losing Common Ground: Feminists, Conservatives and Public Policy in Canada during the Mulroney Years," *Canadian Journal of Political Science* 29, 2 (June 1996): 211-242.

¹³ Martin Durham and Margaret Power, "Transnational Conservatism: The New Right, Neoconservatism, and Cold War Anti-Communism," in *New Perspectives on the Transnational Right*, eds. Martin Durham and Margaret Power (New York: Palgrave Macmillan, 2010), 133.

government agencies, medical professionals, and women that termination was not an acceptable option for unwanted pregnancies.¹⁴ The movement was particularly effective in the United States. In 1973, the United States Supreme Court liberalized the abortion law through the court case *Roe V. Wade*, which allowed women unrestricted access to abortion in the first trimester of pregnancy. The Supreme Court ruling compelled Protestant and Roman Catholic organizations to work together to overturn the decision.¹⁵ The passage of the Hyde Amendment in the United States in 1976, a provision that prevented the use of government health insurance for abortions, heralded the first of many efforts to eliminate funding for abortions federally and through non-governmental organizations abroad.¹⁶ The Hyde Amendment became a model for pro-life organizations intent on creating bureaucratic barriers to the medical procedure. Throughout the 1970s and 1980s, the New Right heightened anti-abortion harassment of abortionists and access to abortion declined substantially by the 1990s.¹⁷

While the effectiveness of the New Right in other Western countries has been debated, it was particularly successful in the Republic of Ireland due to the emergence of an effective pro-

¹⁴ I use the terms ‘pro-life’ and ‘pro-choice’ as they were the terms used by activists throughout the period. I also use the terms ‘anti-abortion’ and ‘abortion rights’ interchangeably throughout the thesis to provide variance. Both ‘anti-abortion’ and ‘abortion rights’ describe the activists’ position in the debate and were not terms used by the competing social movement to debunk their opposition. For further analysis of framing devices in the abortion debate, see Dawn McCaffrey and Jennifer Keys, “Competitive Framing Processes in the Abortion Debate: Polarization-vilification, Frame Saving, and Frame Debunking,” *Sociological Quarterly* 41 (December 2000): 41-61.

¹⁵ Katrina Ackerman, “‘Not in the Atlantic Provinces’: The Abortion Debate in New Brunswick, 1980-1987,” *Acadiensis* 41, 1 (Winter/Spring 2012): 75-101.

¹⁶ Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York: New York University Press, 2005); Melissa Haussman, *Abortion Politics in North America* (Boulder: Lynne Rienner, 2005).

¹⁷ Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 248.

life movement.¹⁸ The strength of Roman Catholic pro-life groups in the country paved the way for the passage of anti-abortion legislation in 1983. Article 40.3.3, or the Eighth Amendment, provided legal protection for the unborn child in the Republic of Ireland and demonstrated the power of the social movement.¹⁹ The transnational nature of the pro-life movement was a formidable force, as activists effectively drew on strategies from various organizations to obstruct access to abortion services globally.

The relationship between restrictive access to abortion services and the strength of pro-life activism is under examined in the Canadian context. While there have been numerous studies that explore the efforts of pro-choice activists to overturn the abortion law between 1969 and 1988, few studies have investigated the emergence and perseverance of its successful countermovement. Sociological studies on pro-life activism in Canada have focused on the religious and cultural aspects of the movement, but the impact of pro-life activism on public policy making remains understudied.²⁰ Investigating the influence of the pro-life movement on government decision-making processes is central to understanding why abortion access

¹⁸ J. Christopher Soper, "Divided by a Common Religion: The Christian Right in England and the United States," in *Sojourners in the Wilderness: The Christian Right in Comparative Perspective*, eds. Corwin E. Smidt and James M. Penning (New York: Rowman and Littlefield Publishers, 1997), 175; and Martin Durham and Margaret Power, "Introduction," in *New Perspectives on the Transnational Right*, eds. Martin Durham and Margaret Power (New York: Palgrave Macmillan, 2010), 1-10.

¹⁹ Abigail-Mary E. W. Sterling, "The European Union and Abortion Tourism: Liberalizing Ireland's Abortion Law," *Boston College International and Comparative Law Review* 20, 2 (Summer 1997): 387. Also discussed in Ackerman, "Not in the Atlantic Provinces," 78.

²⁰ Michael W. Cuneo, *Catholics against the Church: Anti-abortion Protest in Toronto, 1969-1985* (Toronto: University of Toronto Press, 1989); Sam Reimer, *Evangelicals and the Continental Divide: The Conservative Protestant Subculture in Canada and the United States* (Montreal & Kingston: McGill-Queen's University Press, 2003).

decreased throughout the 1980s in many areas of Canada.²¹ In the Maritime Provinces, access to the procedure worsened in the 1980s as the pro-life movement gained strength within the health profession and through intensified lobbying tactics at the provincial and federal levels. The Supreme Court's *R. v. Morgentaler* ruling in 1988 did not significantly alter the barriers to abortion shaped by the pro-life movement in the region. The provinces unapologetically upheld barriers to the procedure, indicating the pervasiveness of anti-abortion beliefs in the Maritime region and their influence on public policies. Despite limited access to services in New Brunswick, Nova Scotia, and Prince Edward Island (PEI), abortion debates in the three provinces have received minimal attention in the literature.²² Only recently have scholars explored why PEI has not provided abortions on the Island since 1982.²³ As anti-abortion government policies remain in place in 2015, exploring pro-life activism in the region in the late twentieth century is essential for understanding public policy decisions in the present day.

A comparative analysis of the cultural, economic, political and social barriers to abortion in New Brunswick, Nova Scotia, and PEI between 1969 and 1988 offers a nuanced analysis of

²¹ 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, 4 (June 2006): 565–586.

²² For example, see Rachael Johnstone, *The Politics of Abortion in Canada After Morgentaler: Women's Rights as Citizenship Rights*, PhD Dissertation, Queen's University, 2012; and Lianne McTavish, "The Cultural Production of Pregnancy: Bodies and Embodiment at a New Brunswick Abortion Clinic," *Topia: Canadian Journal of Cultural Studies* 20 (Fall 2008): 23-42.

²³ Christina Clorey, "Votes and Vetoes: A Discursive History of Abortion Politics in Prince Edward Island from 1980-1996," M.A. Major Research Project, McMaster University, August 2007; Margaret Mary Ness Doyle, "An Island Solution to an Island Problem?: A Study of Women's Rights on Prince Edward Island and Ireland, 1841-1988," M.A. Thesis, University of Prince Edward Island, April 2010; Heidi MacDonald, "Maintaining an Influence: The Sisters of St Martha (Charlottetown) encounter the 1960s-1980s," *Atlantis: A Women's Studies Journal* 32, 1 (2007): 94, 95; Colleen Macquarrie, JoAnn MacDonald, and Cathrine Chambers, "Trials and Trails of Accessing Abortion in PEI: Reporting on the Impact of PEI's Abortion Policies on Women," University of Prince Edward Island (January 2014): 1-57, Last Accessed on 22 May 2015 <<http://colleenmacquarrie.blogspot.com/2014/01/research-report-understanding-for.html>>

why access to the procedure declined throughout the period. Despite the Canadian Medical Association and the women's movement's attempts to repeal the abortion law and eliminate unnecessary barriers to the procedure across Canada, the emerging pro-life movement curtailed their efforts. Pro-life organizations proliferated throughout the Maritime region and extralegal barriers to abortion services increased within hospitals in response to extensive lobbying campaigns. By the mid-1980s, PEI stopped providing abortion services and only four hospitals in southern New Brunswick offered the service. As a result, the majority of abortions performed in the region occurred at the Victoria General Hospital in Halifax. Due to the limited access to abortion services in the region, women frequently traveled out-of-province and country for the procedure, prompting Morgentaler to establish freestanding abortion clinics in Nova Scotia and New Brunswick following the Supreme Court ruling in 1988. Exploring interactions between governmental and non-governmental organizations, including medical societies, the women's movement, and Right to Life Associations (RTLAs), demonstrates the complex nature of abortion provision in the Maritime Provinces and the extent to which interest groups and social movement organizations shaped abortion policies.

The Importance of Place

Place is a central theme explored throughout this dissertation to explain the unequal access to abortion services in the region. Unlike the rest of Canada, the Maritime Provinces maintained high rural populations throughout the 1970s and 1980s, which heightened the challenge of improving access to abortion services, especially considering the regional economic disparity.²⁴

²⁴ I have chosen to not focus specifically on abortion politics in Newfoundland and Labrador because the province's late entry into Confederation raises cultural, economic and political issues that are beyond the scope of this dissertation. Margaret Conrad, "Mistaken Identities? Newfoundland and Labrador in the Atlantic Region," *Newfoundland Studies* 18, 2 (2003): 161.

Due to the small population size and rural nature of the region, as well as the long travel distance to metropolitan cities in and out-of-province, an examination of abortion politics in the Maritime Provinces offers insight into the impact of the rural-urban divide on abortion access. Between 1971 and 1986, PEI's population increased from 111,635 to 126,640. Throughout that period, PEI's population remained 62 percent rural. New Brunswick and Nova Scotia's rural populations also remained high. New Brunswick's population was 634,560 in 1971 and increased to 709,445 in 1986. Like PEI, the rural population increased from 43 to 51 percent over the fifteen-year period. Nova Scotia's population grew from 788,965 in 1971 to 873,175 in 1986, and its rural population similarly rose throughout the period, from 43 to 46 percent. In stark contrast, the population of Canada remained 24 percent rural throughout the period.²⁵ The rural nature of the region created unique challenges for women living in areas that did not provide abortion services, as well as in towns and cities with an active pro-life organization.

With the increase in transnational scholarship, it is necessary to explore the significance of localism, nationalism, and transnationalism in conjunction to determine how factors, including religion, informed people's worldviews. Throughout the Maritimes, pro-life activists worked tirelessly to protect their local communities from 'abortion on demand' while participating in national petitions and studiously following global abortion politics.²⁶ As religious organizations were centrally involved in pro-life organizations, it is important to illustrate the prominence of religion in the Maritime region. While census figures do not demonstrate how often citizens frequented religious institutions, they offer insight into denominational affiliation. As indicated

²⁵ Population, Urban and Rural, by Province and Territory," Statistics Canada, 2011 Census of Population <<http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62d-eng.htm>>

²⁶ Provincial Archives of New Brunswick (hereafter PANB), RS417, File 6720-A: G. G., Grand Falls to Premier Richard Hatfield, 17 November 1985; and Mrs. F. J. T., Grand Falls to Premier Richard Hatfield, 18 November 1985.

in the charts that follow, the Roman Catholic Church maintained the highest number of adherents in each of the three provinces.²⁷ Although affiliation with the Catholic Church did not determine individual beliefs on abortion, the Vatican staunchly opposed abortion and remained centrally involved in international abortion debates throughout the period.²⁸ Organizations affiliated with the Catholic Church, such as the Catholic Women’s League and Knights of Columbus, provided financial and voluntary support to RTLAs, and Catholic publications, such as Charlottetown’s *Diocesan News* and Saint John’s *The New Freeman*, disseminated global pro-life news, enabling citizens to establish identities that spanned local, provincial, and national boundaries.

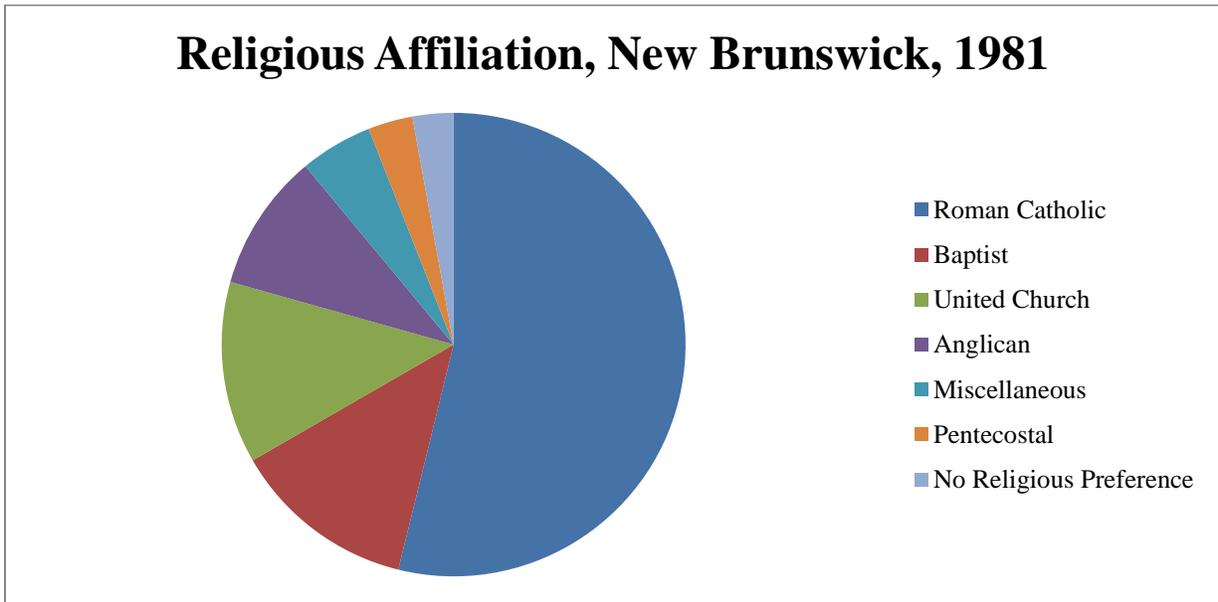


Figure 1: New Brunswick: Population: Language, Ethnic Origin, Religion, Place of Birth, Schooling, 1981 Census of Canada, Statistic Canada.

²⁷ From a national perspective, 11,212,015 (46 percent) of 24,083,495 Canadians were affiliated with the Roman Catholic Church in 1981. New Brunswick: Population: Language, Ethnic Origin, Religion, Place of Birth, Schooling, 1981 Census of Canada, Statistic Canada; Nova Scotia: Population: Language, Ethnic Origin, Religion, Place of Birth, Schooling, 1981 Census of Canada, Statistic Canada; Prince Edward Island: Population: Language, Ethnic Origin, Religion, Place of Birth, Schooling, 1981 Census of Canada, Statistic Canada.

²⁸ Haussman, *Abortion Politics in North America*, 52-54, 133-135.

Religious Affiliation, Nova Scotia, 1981

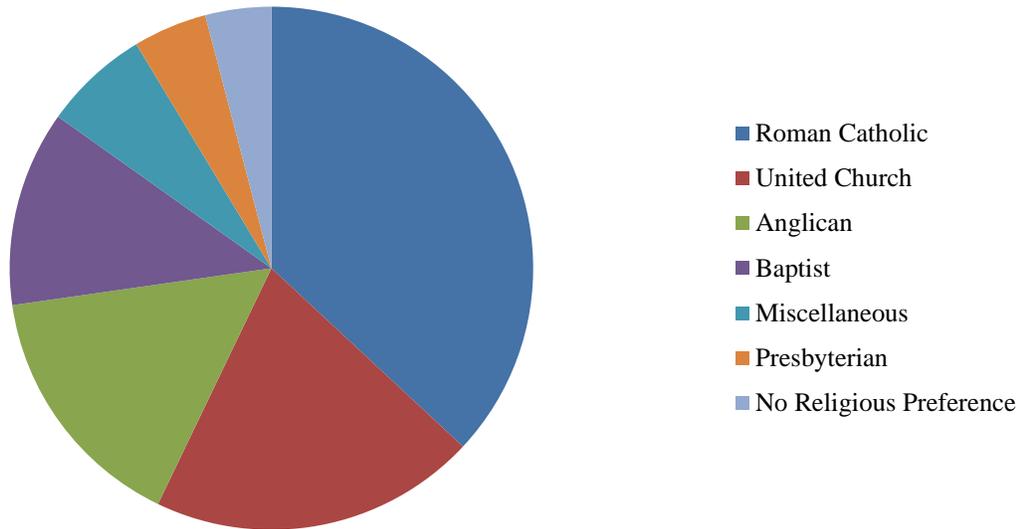


Figure 2: Nova Scotia: Population: Language, Ethnic Origin, Religion, Place of Birth, Schooling, 1981 Census of Canada, Statistic Canada.

Religious Affiliation, PEI, 1981

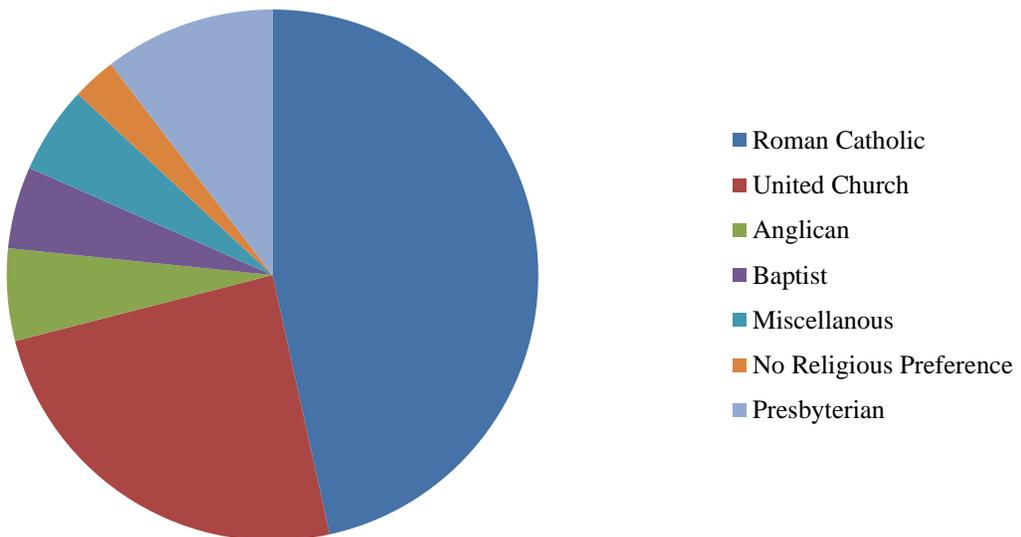


Figure 3: Prince Edward Island: Population: Language, Ethnic Origin, Religion, Place of Birth, Schooling, 1981 Census of Canada, Statistic Canada.

Studies on the pro-life movement in the Maritime Provinces identify the role of the Catholic Church and Conservative Protestant churches in pro-life organizations, and yet few historical investigations have sought to explain the influence of the movement on provincial governments. Scholars have suggested that anti-abortion activism contributed to politicians' unwillingness to promote a woman's right to choose an abortion, but there is little research to explain the emergence and longevity of anti-abortion activism in the region. Reginald W. Bibby argues that the Maritime Provinces had the highest religious commitment and anti-abortion advocacy in Canada during the 1970s and 1980s, but he does not explain why this manifestation of religious activism occurred.²⁹ Furthermore, examining the abortion debate solely from a cultural perspective does not sufficiently explain the provincial governments' public policy decisions. In addition to religious pressures facing politicians, there were economic stresses that certainly would have affected the governments' opposition to funding family planning projects and abortion clinics.

The Maritime Provinces remained an "economically and politically marginalized region" throughout the late twentieth century; therefore, it is not surprising that the provincial governments limited funding for services deemed 'non-essential,' such as reproductive health matters.³⁰ As historians Janet Guildford and Suzanne Morton indicated in their analysis of women's political activism in Atlantic Canada, political scientists and sociologists have extensively theorized the reasoning for the region's economic issues. Throughout the twentieth century, the economically depressed provinces struggled to provide equivalent public services received elsewhere in Canada and decried the failure of the federal government to deal with

²⁹ Reginald W. Bibby, *Fragmented Gods* (Toronto: Irwin Publishing, 1987), 90, 116, 161.

³⁰ Fingard and Guildford, "Introduction," 14.

regional disparities.³¹ In the decades following World War II, the Maritime Provinces wanted guarantees that the federal government would provide equalization transfers and regional development incentives, but the provincial governments were unable to put aside their separate interests to put pressure on Ottawa.³² Despite the existence of the Council of Maritime Premiers, an agency created to ensure the provinces coordinated positions on matters involving the federal government, the governments failed to put forward a unified regional voice in the face of significant economic, political, and social transformations. As a result, economic underdevelopment remained a central concern for the provincial governments throughout the 1970s and 1980s, and undeniably influenced budgetary decisions. This thesis situates debates over family planning funding and the decrease in access to abortion services within the context of regional economic disparity.

Social Movement Organizations and the Bureaucratic Nature of the Abortion Law

Drawing on social movement organization theories on resource mobilization, emotion, and political processes, this thesis offers insight into the effectiveness and longevity of the pro-life movement in the Maritime Provinces. As Matthew Baglole's analysis of anti-bilingualism activism in New Brunswick demonstrates, right-wing activists' successful resource mobilization

³¹ Barry Ferguson, "Impossible Conditions of Equality," *Canadian Historical Review* 84, 4 (December 2003): 558, 561; E. R. Forbes, *Challenging the Regional Stereotypes: Essays on the 20th Century Maritimes* (Fredericton: Acadiensis Press, 1989); Raymond B. Blake, "Canada, Newfoundland, and Term 29: The Failure of Intergovernmentalism," *Acadiensis* 41, 1 (Winter/Spring 2012): 49-74; Raymond B. Blake, *Canadians at Last: Canada Integrates Newfoundland as a Province* (Toronto: University of Toronto Press, 2004); Donald J. Savoie, *Pulling against Gravity: Economic Development in New Brunswick during the McKenna Years* (Montreal: Institute for Research on Public Policy, 2001).

³² Robert Finbow, "Dependents or Dissidents? The Atlantic Provinces in Canada's Constitutional Reform Process, 1967-1992," *Canadian Journal of Political Science* 27, 3 (September 1994): 469, 482; Corey Slumkoski, *Inventing Atlantic Canada: Regionalism and the Maritime Reaction to Newfoundland's Entry into Canadian Confederation* (Toronto: University of Toronto Press 2011), 11.

tactics are too often ignored or overshadowed in the historiography of social movements.³³ This is particularly the case in the historiography of abortion in Canada. Interest groups, including the Canadian Medical Association and NAC, worked to create equal access to abortion services through institutionalized means, such as “lobbying or by contributing to electoral campaigns.” In contrast, social movement organizations, such as the RTLAs “tend[ed] to rely on a mix of routine and nonroutine [sic] tactics.”³⁴ The wide range of participants involved in the RTLAs—from clergymen and nuns to nurses, doctors, and teachers—provided the movement with authority when lobbying governments and hospital corporations. The issue of who the “protagonists” within the pro-life movement were is not clear-cut, as people were involved in various ways. Church organizations provided a significant amount of resources and support whereas some individuals merely showed up at hospital boards meetings to vote against Therapeutic Abortion Committees (TACs) when asked by their local RTLA.³⁵ The various and unusual resources and tactics employed by RTLAs became essential to their success and the decrease in access to abortion services by the 1980s.

More recently, sociologists have identified the impact of emotion on social movement engagement. Ray Sin argues for the “centrality of emotions in social movements” and contests the assertion that emotions weaken the effectiveness of organizations. Sin convincingly demonstrates that pro-life organizations use ‘moral shock,’ whether through images of bloody

³³ Matthew Baglole, “‘Many Closet Supporters Will Come Forward’: New Brunswick’s Confederation of Regions Party,” in *Mobilizations, Protests, and Engagements: Canadian Perspectives on Social Movements*, eds. Marie Hammond-Callaghan and Matthew Hayday (Black Point: Fernwood Publishing, 2008), 165.

³⁴ “Introduction: Social Movements: Conceptual and Theoretical Issues,” in *Readings on Social Movements: Origins, Dynamics and Outcomes*, 2nd edition, eds. Doug McAdam and David A. Snow (New York: Oxford University Press, 2010), 4; Haussman, *Abortion Politics in North America*, 82-83.

³⁵ “Social Movements: Conceptual and Theoretical Issues,” 5.

fetuses or emotional rhetoric to “engender a critical reflection on one’s own belief system and world view.” ‘Moral shock,’ therefore, becomes the basis “for collective action to occur.”³⁶ In the pro-life movement, visual mediums, such as images of alleged late-term abortions, effectively superseded the authority of medical professionals who denied the accuracy of the images; the visual created a visceral reaction to the medical procedure that stayed with the viewer. Pro-life organizations capitalized on these emotions and inspired mass mobilization, despite opposition from medical societies and women’s organizations. The emotional nature of the cause allowed the pro-life movement to bridge religious and linguistic divides and mobilize citizens throughout the region.³⁷

Several political opportunities in the late twentieth century also shaped the nature of abortion politics in the region. Morgentaler’s challenges to the prevailing legal restrictions on abortion in the early 1970s provided the pro-life movement with a ‘villain’ to rally against. The abortion rights doctor performed thousands of abortions at his family clinic, ignoring the regulations set out in the abortion law, and created backlash from both medical professionals, politicians, and pro-life activists. As the medical community remained divided on fetal viability and at what gestational stage abortion was acceptable, pro-life activists were able to draw on diverse resources—from money to scientific research and sympathetic doctors—that supported

³⁶ Ray Sin, “Emotionally Contentious Social Movements: A Tri-Variate Framework,” *Social Thought & Research* 30 (2009): 109.

³⁷ The role of language and ethnicity in relation to individual beliefs regarding abortion are not investigated as these themes fall outside the purview of this dissertation. While language does not appear to be a determinant for one’s position on abortion during this period—many Acadian men and women were at the forefront of the New Brunswick pro-choice movement—it is hoped that this dissertation will generate interest in the topic and compel future researchers to explore these themes in depth.

their cause.³⁸ Furthermore, politicians were careful to not take a stance in the contentious debate unless they held strong personal beliefs on the matter or saw a political opportunity.³⁹ When New Democratic Party (NDP) Member of the Legislative Assembly (MLA) Alexa McDonough promoted a liberalized abortion policy in the Nova Scotia legislature in 1988, she faced ridicule and backlash whereas New Brunswick's Progressive Conservative Premier Richard Hatfield received applause from MLAs on both sides of the legislature when he declared the province's opposition to abortion clinics in 1985. While this dissertation does not explore the partisan nature of abortion politics, it is clear that not all Progressive Conservatives opposed access to abortion services just as not all NDP members were pro-choice. New Brunswick's Progressive Conservative Member of Parliament Gordon Fairweather distinguished himself as an abortion rights advocate throughout the period whereas Manitoba's NDP government disappointed the women's movement by taking Morgentaler to court for opening an abortion clinic in 1983.⁴⁰ The Manitoba's NDP government engaged strategically in the abortion debate in the 1980s, much like the Progressive Conservative governments in New Brunswick, Nova Scotia, and PEI. As politicians were elected to Parliament and the Legislative Assemblies every four years, they often pandered to the electorate and based their decisions on the political tide.

In addition to exploring the barriers to abortion influenced by pro-life organizations, this thesis situates the abortion debates within broader intergovernmental relations over health care

³⁸ Miriam Smith, "Introduction: Theories of Group and Movement Organizing," in *Group Politics and Social Movements in Canada*, ed. Miriam Smith (Toronto: University of Toronto Press, 2014), xxi.

³⁹ Suzanne Staggenborg, *Social Movements*, 2nd Edition (Don Mills: Oxford University Press, 2012), 20; Sidney G. Tarrow, *Power in Movement: Social Movements and Contentious Politics*, 3rd Edition (New York: Cambridge University Press, 2011), 28-29.

⁴⁰ Smith, "Introduction," xxvi; Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford Publishing, 2004), 107-109.

funding and provisions. In order to understand the challenges women faced in accessing abortion services in the post-1969 period, it is important to examine the intergovernmental conflicts surrounding the procedure. Hospitals and medical professionals faced unexpected challenges after the liberalization of the abortion law in 1969 due to the constitutional division of power over health care within the federal system. The *British North America Act, 1867* provided provincial governments with power over local matters, including public hospitals, but the federal government remained centrally involved in the abortion debate because it was responsible for criminalizing abortion and establishing regulations, as well as providing transfer payments for health care.⁴¹ The federal law mandated that authorized hospitals establish TACs, with a minimum of three physicians, and approve abortions that endangered a woman's life or health. The bureaucratic nature of the law had several consequences for the Maritime Provinces. The regulation strained hospital resources, created resentment amongst staff, and caused many hospitals to impose extra legal barriers to decrease the number of abortion procedures performed.⁴² The decline in funding for family planning associations throughout the 1970s and 1980s exacerbated the issue. As unwanted and unplanned pregnancies continued to rise, hospitals faced increasing requests for abortion services. Furthermore, doctors became frustrated with their lack of professional control over their abortion decisions due to the regulatory power of the bureaucracy. An analysis of the negotiations between various government jurisdictions, interest groups, and social movement organizations invested in reproductive politics demonstrates the complexity of providing equitable health care in the region.

⁴¹ Achsah Turnbull, "Abortion Access Restricted: The Effect of the Division of Powers on Abortion Services in Canada," M.A. Thesis, University of Ottawa, 2014.

⁴² "Information for Physicians in Nova Scotia Regarding Therapeutic Abortions," A Statement by the Department of Obstetrics and Gynaecology, Dalhousie University, *The Nova Scotia Medical Bulletin* (October 1974): 168; *The Report of the Committee on the Operation of the Abortion Law* (Ottawa: Ministry of Supply and Services Canada, 1977).

As the lawmakers responsible for the Criminal Law Act Amendment, 1968-69 understood, with progress comes risk, and their amendments were designed to mitigate risk associated with legalized birth control and liberalized access to abortion services.⁴³ In many ways, the bureaucratic nature of the abortion law served to mitigate risk. By loosely defining ‘health’ in the amendment, it became possible for hospital administrators, doctors, and politicians to defer blame for the unequal access to the medical procedure in the province. The tenets of the law mediated women’s entitlement to the procedure, thereby providing a way in which the governments could manage the economic costs of abortion services and medical professionals could negotiate their involvement in the procedure.

The bureaucratic chaos created by the abortion law unexpectedly created a political opportunity for the RTLAs. The large bureaucratic processes created by the abortion law provided the mechanisms for pro-life organizations to challenge the medical community’s “expert knowledge” over abortion and draw on emerging medical technologies to refute the medical necessity for the procedure.⁴⁴ The emergence of ultrasound technology provided a visualization of the unborn child and became a powerful tool employed by activists to create emotional investment in the cause and argue that the rights of the fetus superseded the rights of women to obtain an abortion. In contrast, the Canadian Medical Association and the women’s movement attempted to work both inside and outside the government, which impeded their efforts to improve access to both family planning and abortion services in the region. An analysis of these bureaucratic processes in conjunction with pro-life strategies demonstrate how activists

⁴³ Christopher Dummitt, *The Manly Modern: Masculinity in Postwar Canada* (Vancouver: UBC Press, 2007), 1, 13, 15.

⁴⁴ Dummitt, *The Manly Modern*, 25, 15.

avoided the bureaucratic ‘red tape’ and successfully shaped access to reproductive health care services in the region.

In the end, the collateral damage was women’s agency over their health. Many women lost their agency in their attempts to obtain abortions in Maritime hospitals. Those willing to face the bureaucratic process often experienced shame and stigma in their local hospitals and strove to keep their procedure a secret. Other women found their agency through abortion tourism. Due to the ineffectual nature of the abortion law, women with the economic means often left their home provinces for abortions and overcame the feelings of powerlessness associated with the bureaucratic system. By avoiding the TAC process, women remained in control of their abortion decision, but there was a financial cost. As will be demonstrated throughout the dissertation, women paid the cost of the struggles between the bureaucracy and social movement organizations.

Sources: Archival and Oral History

Examining the history of abortion politics in three provinces was a daunting task due to the various stakeholders involved in the debates. While there was an abundance of government documents available through the New Brunswick provincial archives, similar files for PEI and Nova Scotia were destroyed, unprocessed, or limited in scope.⁴⁵ The records of the Department of National Health and Welfare at Library and Archives Canada provided intergovernmental perspectives on abortion, but access to files in the mid-1980s remained limited. Despite these challenges, I drew on RTLA records in PEI and New Brunswick, as well as women’s organization files through the Canadian Women’s Movement Archives in Ottawa to gain insight into various organizations’ abortion-related activities. In addition, the *Canadian Medical*

⁴⁵ The PEI provincial archives only possessed files on abortion for the years 1988-1989.

Association Journal and medical society bulletins in Nova Scotia and PEI were useful for examining the debates that ensued within the medical profession after abortion became legal under certain circumstances.⁴⁶ Oral history was also an important tool for reconstructing the history of abortion politics in the region. In 2013, I collected over 100 survey responses for my study, “A Comparative Study of the Cultural, Economic, Political, and Social Barriers to Abortion Services in the Maritime Provinces, 1969-1996,” which was approved by the University of Waterloo’s Office of Research Ethics. I disseminated the online survey and interview information through university mailing lists, radio and newspaper interviews, pro-life and pro-choice contacts, and Kijiji advertisements. I used the survey to find interview participants for the study and then obtained additional interviews through word-of-mouth.⁴⁷ I interviewed forty-eight people, the majority of whom were women, in person or on the telephone.⁴⁸ Many of the interview participants preferred to remain anonymous and I do not use pseudonyms throughout the study for those unnamed. I chose to emphasize the region in which the women lived instead of using false names for those wishing to remain anonymous. The interviews provided an opportunity to investigate citizens’ motives for joining social movement organizations, as well as to explore the agency of women who sought abortion services during this period.

One of the challenges facing feminist scholarship is ensuring that the voices and perspectives of those with whom we disagree are not written out of history. As the ‘personal is

⁴⁶ The New Brunswick Medical Society would not allow third parties to view their records. However, I was able to view some Medical Society files on abortion through PANB and the College of Physician and Surgeon of New Brunswick records to offer some insight into the medical society’s stance on the issue in the 1970s and 1980s.

⁴⁷ I do not use the survey responses extensively as most of the participants discussed present day beliefs rather than historical memories. I was able to capture these memories in the interviews.

⁴⁸ I did not use interviews that focused on the post-1988 period.

political,' feminist scholarship on abortion frequently marginalizes female voices that do not support abortion access. By juggling feminist activism and research, scholars often struggle to empower and validate narratives that stand in opposition to their own advocacy.⁴⁹ Despite these challenges, many feminist scholars have risen to the challenge and offered invaluable insight into the various strategies pro-life women employed to create a powerful countermovement. As Kristin Luker demonstrated in her ground breaking study of anti-abortion activism in the United States, the pro-life movement became so effective after *Roe v. Wade* because activists, many of whom were housewives, worked on the campaign approximately 40 hours per week from home, using the telephone and letter-writing campaigns to gain the support of politicians.⁵⁰ In the Canadian context, the women's movement's focus on abortion rights campaigns created backlash from pro-life women and instigated the formation of anti-feminist organizations, such as Birthright and REAL Women of Canada, as well as heightened involvement in women's church organizations and RTLAs.⁵¹

The success of pro-life groups in the Maritime Provinces was due in large part to the collaboration of passionate women who vehemently believed in protecting the right to life of the unborn child. This passion can also be a great impediment for feminist scholars undertaking oral history. Sharing authority with interview participants and creating a "democratic cultural

⁴⁹ "Introduction," in *Women's Words: The Feminist Practice of Oral History*, eds. Sherna Berger Gluck and Daphne Patai (New York: Routledge, 1991): 1-4; Kristin Blakely, *Women of the New Right in Canada*, PhD Thesis, Loyola University Chicago, 2008, 3.

⁵⁰ Kristin Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1984), 224.

⁵¹ The PEI representative for the National Advisory Council on the Status of Women in 1974 was a founding member of the PEI RTLA. PEI RTLA Records, "Association Newsletter," 3, August 1974; Louise Summerhill, *The Story of Birthright: The Alternative to Abortion* (Libertyville, IL: Prow Books/Franciscan Marytown Press, 1973). For a discussion of anti-feminist organizations, see Dubinksy, *Lament for a 'Patriarchy Lost'?*; Blakely, *Women of the New Right in Canada*, 2008.

practice” is complicated by the intense polarization over abortion and the conflicting recollections scholars must sift through on both spectrums of the debate.⁵² The endeavour is complicated even more by the trust bestowed upon the researcher to interpret the interviewees’ memories respectfully, and the sometimes contradictory academic responsibility to question and investigate the validity and rationality of the interviewees’ assertions. While these challenges make it nearly impossible to be “objective, neutral, or balanced” when writing oral history, incorporating these sources into historical research is one way in which scholars can demonstrate the conflicting and competing views that shaped public policy decisions.⁵³

Chapter 1 begins with a discussion of abortion politics in the years leading up to the 1969 federal amendment, and the subsequent debates that ensued within the medical profession once abortion became legal under certain circumstances. While early scholarship described doctors as “gatekeepers” to abortion access, an examination of issues of the *Canadian Medical Association Journal* and provincial medical society bulletins demonstrates that the situation was much more complex. Dissent began to emerge within the national and provincial medical societies as doctors opposed to abortion became involved in pro-life organizations. While the Canadian Medical Association passed policies that supported greater access to the procedure, pro-life doctors and hospital staff continued to enforce extralegal barriers to abortion services in the Maritime Provinces, demonstrating growing fissures within the medical community over the controversial procedure.

⁵² Stacey Zembrzycki, “Project,” in *According to Baba: A Collaborative Oral History of Sudbury’s Ukrainian Community* <<http://www.sudburyukrainians.ca/project.html>>; Steven High, “Sharing Authority in the Writing of Canadian History: The Case of Oral History,” in *Contesting Clio’s Craft: New Directions and Debates in Canadian History*, eds. Christopher Dummitt and Michael Dawson (London: Institute for the Study of the Americas, 2009), 21-46.

⁵³ Zembrzycki, “Project,” in *According to Baba: A Collaborative Oral History of Sudbury’s Ukrainian Community* <<http://www.sudburyukrainians.ca/project.html>>

In chapter two, an exploration of the strategies and tactics employed by pro-life organizations demonstrates that the lack of consensus within the medical community enabled the pro-life movement to challenge medical authority over abortion and capitalize on the bureaucratic barriers to the procedure. The Maritime Provinces serve as a case study to explore how social movement organizations drew on transnational strategies to facilitate engagement in rural and remote areas of the country. In many ways, the rural and tight-knit nature of the region aided in the dissemination of information as citizens were able to effectively draw on their social networks, whether through church, work, or voluntary associations, to increase involvement in their organization. Furthermore, the increasing involvement of medical professionals in the pro-life movement emboldened the RTLAs efforts. In PEI, the RTLA focused on electing pro-life members on hospital boards to ensure that abortion was inaccessible to Island women.⁵⁴ Using transnational pro-life literature as well as local strategies, PEI activists were able to disband the only two TACs in the province. While the pro-life organizations were not nearly as successful in New Brunswick and Nova Scotia, chapter two demonstrates that abortion access decreased throughout the region in the 1980s due to pro-life activists' tireless campaigning.

In chapter three, I examine the collaboration between federal and provincial governments, and various governmental and non-governmental agencies to achieve a shared goal—lowering the rate of unwanted pregnancies. This chapter offers a nuanced analysis of the negotiations between governments and non-governmental organizations, as well as between government departments and staff, over the issue of family planning funding. As demonstrated in chapter three, the 'state'—which includes the political governments and the “constellation of

⁵⁴ Prior to the construction of the Confederation Bridge in 1997, citizens were essentially isolated during winter unless they could afford to travel by air. See Doyle, “An Island Solution to an Island Problem?” 10.

agencies and officers sharing in the sovereign authority”—was not monolithic.⁵⁵ Interest groups and social movement organizations played key roles in policymaking and worked alongside government agencies and departments to address family planning concerns. Despite pressure from the federal and provincial ACSWs and family planning organizations, both the federal and provincial governments limited funding for the programs due to rising economic concerns. The backlash from pro-life organizations also hindered the efforts of organizations, such as Planned Parenthood, to lower the high rate of teenage pregnancies. Pro-life activists’ efforts to prohibit sex education in the school system impeded family planning organizations’ campaigns. By examining the interactions between government and non-governmental organizations, chapter three illuminates the “complexity and inconsistencies of the state in its dealings with women” in the region and offers insight into the challenges of lowering the high number of unplanned pregnancies.⁵⁶

Chapter 4 highlights the consequences of inadequate family planning resources and limited abortion access in the region by drawing on medical studies and interviews with women who sought abortions between 1969 and 1988. Throughout the period, women encountered shame and stigma in hospitals and their communities as they confronted unwanted pregnancies. Due to the limited number of hospitals willing or able to perform abortions in the Maritime Provinces, many women chose to travel out-of-province or to the United States to access abortion clinics. Through an analysis of women’s stories, chapter four illuminates the emotional, financial, and physical costs of abortion barriers in the region.

Chapter 4 also investigates how essentialism in the women’s movement provided an opportunity for pro-life women to undermine abortion rights activism in the Maritime Provinces

⁵⁵ Guildford and Morton, “Introduction,” 12-13.

⁵⁶ Guildford and Morton, “Introduction,” 13.

and reinforce barriers to abortion. In the early 1970s, women's organizations called on politicians to reform the abortion law, arguing that legislators were not representing the views of women. However, women's organizations overlooked the fact that many women strongly opposed abortion and were leading forces in the pro-life movement. While female pro-life activists believed that women deserved equal pay for equal work, and supported other facets of second wave feminism, opposition to abortion remained the dividing line in women's organizations. In the late 1970s and early 1980s, many mainstream women's organizations remained silent on the abortion question in an attempt to remain neutral, which impeded the efforts of CARAL and other local pro-choice organizations to improve access to abortion services. As chapter four demonstrates, many women experienced shame and stigma during their abortion experience due to the pervasiveness of pro-life beliefs and pro-choice activists' struggle to gain traction for their movement in the region.

The final chapter focuses on Morgentaler's attempts to increase access to abortion services in the Maritime region and the public policy decisions that emerged in response to the interactions between the doctor and legislators. Morgentaler's controversial reputation as an abortion provider, and his unwillingness to abide by laws he deemed unjust, created mixed emotions within the medical profession and the legislature. However, when the doctor proposed to establish abortion clinics in the Maritime region, with or without the consent of the provincial governments, legislators reacted negatively and quickly enforced regulations to prevent 'abortion on demand' in the region. Chapter 5 explores how the pro-life movement, as well as political and economic concerns, compelled the provincial governments to restrict access to abortion after the Supreme Court deemed the abortion law unconstitutional in 1988.

Various stakeholders shaped abortion politics between 1969 and 1988, and their involvement in the debate offers insight into the complex nature of abortion provisions in the Maritime region. The lack of consensus in the medical community over the issue created an opportunity for the emerging pro-life movement to convincingly demonstrate the immorality of abortion and counter the efforts of abortion rights activists to liberalize access to the procedure in Canada. While family planning organizations endeavoured to lower the need for abortion services, a lack of funding and support from government officials stunted sex education programs. Women bore the consequences of these failed initiatives. An examination of abortion experiences in the Maritime Provinces demonstrates that psychological, physical, and economic costs were high for women forced to travel out-of-province or country for the procedure. Even those able to obtain the procedure in a provincial hospital reported negative experiences due to the shame and stigma associated with abortion in the region. Despite Morgentaler and abortion rights activists' efforts to overturn the abortion law and increase access to the procedure in the Maritime region, the pro-life movement's successful campaigning throughout the 1970s and 1980s proved too challenging to overcome.

Chapter 1

In Defence of Reason

“Abortion is unacceptable to our profession. Had the physicians been asked one simple question—Should doctors perform abortions?—their response would have been overwhelmingly ‘No,’” argued Vancouver doctor, Brian Frazer, in response to the Canadian Medical Association’s abortion survey.¹ When the association conducted a grassroots survey on individual doctors’ views in 1983, the results were not surprising—most physicians deemed abortions acceptable under certain circumstances, but there was little consensus on the parameters for approving abortions. The 1983 survey, and Frazer’s reaction to the results, illuminated an issue that had plagued the profession for over a century: when was abortion acceptable? The criminalization of abortion in 1892 placed physicians in a precarious situation—they could perform abortions and potentially face prosecution or reject female patients with the knowledge that the women might die by attempting to procure their own abortion. When the federal government liberalized the abortion law in 1969 and allowed doctors to perform abortions to preserve a woman’s life and health, many doctors became unwilling gatekeepers to a highly sought-after and disdained procedure. By 1983, it was evident that Canadian doctors’ authority over abortion was illusory.

For over a century, the scientific community grappled with the question of when human life begins, and the moral dilemma did not subside when the federal government amended the abortion law in 1969 and gave authority over the decision-making process to family doctors and

¹ Brian Frazer, “The CMA Abortion Survey,” *Canadian Medical Association Journal* (hereafter *CMAJ*) 129 (15 December 1983): 1259.

Therapeutic Abortion Committees (TACs).² Disagreements over the morality of terminating pregnancies created internal divisions within the Canadian Medical Association and fostered anti-abortion sentiments in provincial medical societies throughout the 1970s and 1980s. In the Maritime Provinces, some doctors demonstrated their opposition to abortion by writing letters to the *Canadian Medical Association Journal*, but also by enacting extralegal barriers to the procedure. Whether physicians refused to refer a woman based on conscientious objections or fought the creation of a TAC at their local hospital, physicians played central roles in the restrictive nature of abortion access in the Maritimes. This chapter explores the struggles the Canadian medical profession faced in light of liberalizing views towards abortion access. While many women and medical practitioners called for simpler access to abortion services and decried the complex parameters set out in the abortion law, hospital board members and doctors steadfastly opposed to abortion ensured that access was limited through bureaucratic measures.

This chapter begins with an examination of the national debates surrounding abortion prior to the liberalization of the law in 1969 and demonstrates that there was concern within the leading medical society in the Maritime Provinces, the Nova Scotia Medical Society, in the years leading up to the amendment. The lack of consensus surrounding the 1969 amendments would lead to greater dissent within the medical community in the decade following the amendment. As scholars have often described doctors as gatekeepers to abortion services, this chapter explores at the length the challenges both the Canadian Medical Association and the provincial medical societies in the Maritime Provinces faced in their attempts to create consensus on the divisive issue.³ An examination of medical society bulletins, journal articles, and the federally

² Wendy Mitchinson, *The Nature of their Bodies: Women and their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), 137-38.

³ Brodie et al., *The Politics of Abortion*, 102; Kellough, *Aborting Law*, 284

commissioned study on the operation of the abortion law illuminates the medical society's seemingly impossible task of providing equitable access to abortion services due to resistance from colleagues, hospital corporations, and politicians.

The 'Priests of the Body'

Debates over abortion in the Canadian medical profession can be traced back to the nineteenth century, when abortion was first criminalized in the colonies. Canada followed the initiative of other western nations, including Great Britain and the United States, by criminalizing abortion in 1892. Self-induced abortions were common before “quickenings”—when a woman felt the fetus move between the third and fifth month in pregnancy. The emergence of anti-abortion stances mid-century coincided with the efforts of ‘regular’ doctors to distinguish their profession from ‘irregular’ medicine. Medical societies used aspects of science and religion to argue that life begins at conception and condemned alternative medical practitioners—particularly midwives, homeopaths, and eclectics—for performing abortions. By presenting an anti-abortion stance that was “partly scientific, partly moral, and partly practical,” the ‘regulars’ established a profession based on high moral standards and claimed a superior status.⁴ As physicians strove to enhance their professional status in the nineteenth century and become “priests of the body,” the medical literature stressed that moral health care practitioners did not perform abortions.⁵ When the federal government criminalized abortion and birth control in 1892, women’s efforts to control their fertility became more clandestine. Physicians were faced with the predicament of helping

⁴ James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy 1800-1900* (New York: Oxford University Press, 1978), 73, 322, 35-37, 238.

⁵ Tracy Penny Light, *Shifting Interests: The Medical Discourse on Abortion in English Canada, 1850-1969*, PhD Dissertation, University of Waterloo, 2003, 36-55, 214; Mitchinson, *The Nature of their Bodies*, 132-159; Constance Backhouse, “The Celebrated Abortion Trial of Dr. Emily Stowe, Toronto, 1879,” *Canadian Bulletin of Medical History*, 8 (1991): 159-87.

their patients obtain safe contraceptive methods or turn them away knowing that they might seek alternative practitioners for assistance or attempt to procure their own abortions.

At an individual level, medical professionals' responses within the debate varied as they reconciled the reality of women's experiences with their professional and legal responsibilities. As American historians Tanfer Emin-Tunc and Leslie Reagan illuminated, licensed practitioners performed a significant number of criminal abortions in the United States and the success of their procedures can be credited to the development of surgical techniques and technologies throughout the nineteenth and twentieth centuries.⁶ In cases where women were unable or unwilling to find a licensed practitioner to perform an illegal abortion, some women attempted to self-abort unwanted fetuses by inserting foreign objects or liquids into their vaginas and uteruses, which often caused pain, bleeding, and sometimes death. While the abortion law did not prohibit doctors from discussing abortion and birth control with their patients as long as there were medical grounds, fear of prosecution for involvement in a case that resulted in death or serious injury dissuaded some doctors from offering advice.⁷ Physicians' responses to abortion began to shift during the interwar period due to greater concern for the plight of women faced with unwanted pregnancies.⁸ Women struggling to support their families during the economic downturn highlighted the need for fertility control and the willingness of mothers to risk their lives to terminate pregnancies.⁹ By mid-century, therapeutic abortions were increasing and

⁶ Tanfer Tunc, *Technologies of Choice: A History of Abortion Techniques in the United States, 1850-1980*, PhD Dissertation, Stony Brook University, May 2005, 13-14; Reagan, *When Abortion Was a Crime*.

⁷ Wendy Mitchinson, *Body Failure: Medical Views of Women, 1900-1950* (Toronto: University of Toronto Press, 2013), 160-166.

⁸ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1997* (Toronto: Oxford University Press, 1997), 9-38; Penny Light, *Shifting Interests*, 57-73, 103, 193-210.

⁹ Mitchinson, *Body Failure*, 178, 188.

doctors began to profess their support for abortions performed for both health and socioeconomic reasons.¹⁰

In the late 1950s, individual women as well as members of professional organizations, including the Canadian Bar Association and Canadian Medical Association, called for amendments to the Criminal Code of Canada to legalize contraceptives and therapeutic abortions due to the ineffectiveness of the law. Certainly many medical professionals were unwilling to perform abortions due to moral beliefs, but the greatest opposition appeared to arise from the criminal nature of the procedure. While doctors were concerned about the maternal mortality rate and the poor socioeconomic conditions facing many single and married women, many were unwilling to risk prosecution or loss of their medical license, however slim the possibility.¹¹ As women continued to seek abortions and contraceptives, regardless of the law, women's organizations became instrumental in liberalizing access to abortion services.

Women's reproductive rights activism in the 1960s, as well as pressure from the medical profession to amend the criminal law concerning abortion and birth control, prompted the federal government to investigate societal beliefs on the issues through nationwide hearings. During the House of Common Standing Committee hearings between 1966 and 1968, the Commission quickly learned from doctors and women that abortions frequently occurred regardless of the procedure's illegal status.¹² Representatives of the Canadian Medical Association called on the government to revise the law so that the decision to perform abortions fell under the medical

¹⁰ Penny Light, *Shifting Interests*, 136-170.

¹¹ Shannon Stettner, *Women and Abortion in English Canada: Public Debates and Political Participation, 1959-70*, PhD Dissertation, York University, 2011, 74; Ian Maxwell, "Medical-Legal Enquiries: Legislation Regarding Abortion," *The Nova Scotia Medical Bulletin* (June 1968): 126.

¹² Freeman, *The Satellite Sex*, 167-8.

profession's purview, thereby protecting their professional status and women from the risks associated with illegal abortions.

While the federal government was responsible for amending the Criminal Code of Canada, health care provisions fell under provincial jurisdiction and provincial medical societies were concerned about the application of a liberalized abortion law. The Canadian Medical Association and Canadian Bar Association recommended that hospitals establish special committees to oversee the application of therapeutic abortions, but there was a lack of consensus at the provincial level regarding who should sit on the committees and what circumstances were admissible for abortions. The multiplicity of views on how to liberalize the law without providing free access to the procedure became a prominent issue for medical societies.

Debates within the Nova Scotia Medical Society in the mid-1960s demonstrate the diverse views on the topic and the challenges facing provincial societies as it became increasingly likely that physicians would frequently receive request for abortions if the federal government amended the law. Prominent obstetricians and gynecologists from Dalhousie University's faculty of medicine discussed the issue at length, as there was concern regarding how the therapeutic abortion committees would operate in larger centers, like Victoria General Hospital. Members of the Nova Scotia Medical Society established panel discussions with the support of the Medical Legal Society of Nova Scotia after a study arguing that one out of twenty women sought criminal abortions annually was publicized. While one lawyer spoke on behalf of the unborn child's right to life, the majority of the panelists supported legal abortion under some circumstances. Panelist J. McD. Corston, Associate Professor of Obstetrics and Gynecology at Dalhousie University, argued that abortions had been performed openly in accredited hospitals for years and women's voices, rather than "presumptuous male" voices, should be heard on the

issue.¹³ Whereas some obstetricians and gynecologists advocated therapeutic abortion committees, Corston proposed a tribunal consisting of a family doctor, social worker, and a female representative with children that would seek consultation with a medical specialist. Despite support for therapeutic abortions in certain circumstances, the panelists still advocated restrictions on access to the procedure.

H.B. Atlee, Emeritus Professor of Obstetrics and Gynecology at Dalhousie University, distinguished himself from his colleagues by arguing that women should hold complete authority over choosing abortion. Atlee criticized the Canadian Medical Association and Canadian Bar Association's abortion amendment recommendations because they were "designed simply to legalize medical intervention where the life of the mother and well being of the child are at stake," which overlooked the fact that abortions performed "for medical reasons [were] a fraction of a percent." Atlee asserted that high mortality and morbidity rates were the real issue and Canadians needed to end this "human wastage." He argued that doctors and legal professionals should have no authority over abortion and "a woman should be as free to obtain an abortion as she now is to obtain an automobile. She simply requests that a properly qualified doctor do the abortion in a properly run hospital. It should be as simple as that."¹⁴ Atlee recommended that the section on abortion in the Criminal Code be rescinded because giving doctors authority over abortion referrals would not stop women from obtaining the procedure, legal or not.

¹³ J. McD. Corston, "Medical-Legal Enquiries: Legislation Regarding Abortion," *The Nova Scotia Medical Bulletin* (August 1968): 156.

¹⁴ H. B. Atlee, "Medical-Legal Enquiries: Legislation Regarding Abortion," *The Nova Scotia Medical Bulletin* (June 1968): 127.

In response to recommendations from women's organizations, provincial and national medical societies, and the Canadian Bar Association, politicians submitted three separate Private Member's Bills in 1967 to revise the abortion law and two years later, Omnibus Bill C-150, the Criminal Law Amendment Act, 1968-69, liberalized the abortion law.¹⁵ Much to the chagrin of many doctors and women's organizations, the amended abortion law did not create clarity regarding the legality of performing the procedure. Omnibus Bill C-150 legalized the termination of pregnancies that endangered women's lives or health, but abortions needed to be approved by Therapeutic Abortion Committees (TACs), consisting of at least three physicians, and performed in accredited hospitals. By failing to define in depth the circumstances in which abortion was legal, the law provided an opportunity for anti-abortion and abortion rights doctors to interpret the meaning of health at their discretion.

The common-sense notion that medical knowledge was objective, and doctors would approve abortions based on rational and scientific grounds, informed the amendment.¹⁶ However, the ambiguous wording within the law allowed TACs to determine the meaning of 'health' on a case-by-case basis and TACs began to receive innumerable requests from women seeking abortions for socioeconomic, psychological, and physical reasons.¹⁷ Despite the liberalization of the law, some doctors argued that abortion availability decreased after 1969 due to the screening

¹⁵ Penny Light, *Shifting Interests*, 209; Donald F. Smith, "Therapeutic Abortion—Should the Law Be Changed?" *Nova Scotia Medical Bulletin* (June 1967): 120.

¹⁶ Kellough, *Aborting Law*, 15.

¹⁷ "Matinee," Henry Morgentaler interviewed by Helen Hutchinson on CBC radio, 18 June 1970; Henry Morgentaler, *Abortion and Contraception* (Toronto: General Publishing, 1982), x. When the federally appointed Badgley Commission researched the impact of the abortion law nationwide in the mid-1970s, the findings indicated a significant reduction in maternal deaths due to fewer women self-inducing or seeking illegal abortions. However, it also indicated that abortion services were inequitable across Canada. LAC, RG106, Box 65, File 1230-C6, "Summary of the Report," Committee on the Operation of the Abortion Law, 5.

process required in hospitals.¹⁸ The severity of accessibility to abortion services did not receive significant media attention until 1973, when Montreal family doctor Henry Morgentaler proclaimed that he performed five thousand illegal abortions over five years in his clinic due to the restrictive nature of the abortion law.¹⁹ Morgentaler's proclamation highlighted the need for the government to reassess the abortion law and the willingness of some doctors and women to circumvent the law.

The abortion law was problematic because it included a number of restrictions that dissuaded smaller hospitals from offering abortion services, thereby requiring women to travel to urban hospitals for the procedure and often out-of-country or province to illegal abortion clinics. In addition to only allowing accredited hospitals with gynecological and obstetrical services to perform abortions, only obstetricians and gynecologists were allowed to perform the procedure; however, they could not serve on a TAC and perform the procedure. As many small, accredited hospitals did not have the labour force to put an obstetrician or gynecologist on the committee, the "logical candidates" were not chosen to serve on the TAC.²⁰ At a joint meeting with federal government officials in January 1970, association representatives raised their concerns regarding the role of obstetrician-gynecologists on TACs and the struggle for smaller hospitals to obtain accreditation. Department officials told the profession to focus on seeking "ministerial approval of the hospital rather than attempting to realize any revisions in the legislation." Government officials stressed that "while the Criminal Code is a Federal statute, interpretation and enforcement is a provincial responsibility. The counsel and interpretation of the provincial

¹⁸ Gerald Waring, "Parliament Hill: M.D.s, Hospitals Criticized for Unrealized Expectations," *CMAJ* 102 (6 June 1970): 1234.

¹⁹ Henry Morgentaler, *Abortion and Contraception* (Toronto: General Publishing, 1982), x.

²⁰ "Therapeutic Abortion: Criminal Code Amendments," *CMAJ* 101 (1 Nov 1969): 21 and 23. Meeting of the Council on Community Health Care, 18-19 September 1968.

attorneys general should be considered paramount.”²¹ Because each province could interpret the law differently, access to abortion services was not equitable across Canada. Northern and rural areas of Canada that were unable to meet the TAC requirements laid out under the abortion law simply did not offer services. The inequitable access to abortion services in Canada prompted backlash from the growing women’s movement.

One year after the federal government liberalized the abortion law, members of the women’s movement confronted the Canadian Medical Association and stressed the need for a revised abortion law. In Winnipeg, young women crashed the General Council luncheon and called for the medical profession to adopt a policy that supported free abortion on demand as well as access to free and safe contraception. According to an article in the *Canadian Medical Association Journal*, “the young women did not get their way, but they did win an open meeting with the Board of Directors who said they would look into the whole question of abortion, including its social aspects.”²² Three abortion rights activists also picketed the Canadian Medical Association Publications Office in May 1970 and distributed literature, much to the amusement of the doctor on staff.²³ According to *Canadian Medical Association Journal*’s Parliament Hill reporter Gerald Waring, these women were a part of a growing movement that argued women had the “right to control of the female biological function.”²⁴ While the president of the Canadian Medical Association argued at the 1970 annual meeting that the medical profession was adapting to Canadians’ liberal societal attitudes, women’s groups were not happy with the speed at which change was occurring.

²¹ “Council on Community Health Care: Therapeutic Abortion,” *CMAJ* 102 (31 Jan 1970): 132.

²² “The Physician and the Liberal Society: Understanding in Winnipeg,” *CMAJ* 103 (18 July 1970): 193 and 195.

²³ A.D.K. “Aequanimitas: C.M.A. Anti-Abortion,” *CMAJ* 102 (20 June 1970): 1342.

²⁴ Waring, “Parliament Hills,” 1234.

National and provincial medical associations also began to take a stand against the abortion law in 1970. In June 1970, the Canadian Psychiatric Association voted to support the removal of abortion from the Criminal Code and became the first Canadian medical organization to argue that the procedure should be a decision between a woman and her doctor. The Canadian Psychiatric Association's decision asserted that TACs forced medical professionals to violate their medical principles by making medical decisions without seeing their patients.²⁵ Furthermore, conservative-minded physicians on TACs approved few abortions, which meant TACs with a liberal reputation were overwhelmed by applications. According to an editorial in the *Canadian Medical Association Journal*, most psychiatrists were not happy with the gatekeeper role pushed on physicians and believed that "motherhood is too vital a role to be forced on any woman who is not prepared to accept it." The Canadian Psychiatric Association was not alone in its dissatisfaction with the law. At the British Columbia Medical Association's annual meeting in 1970, delegates endorsed the eradication of an abortion law and several months later the Medical Students' Society of McGill University vocalized their support for the Canadian Psychiatric Association's stance on abortion.²⁶ Individual doctors also spoke in favour of the Canadian Psychiatric Association's stance and called for the repeal of the abortion law.²⁷

²⁵ They also indicated that it should involve her husband, if she had one. "Editorials: Abortion in Canada," *CMAJ* 103 (1 August 1970): 298-299.

²⁶ "Board of Directors Meeting—Therapeutic Abortion Study Major Association Project: Finance Committee Reports 'Mild Optimism' for Year," *CMAJ* 103 (21 Nov 1970): 1211; Alan V. Pavilanis, President of Medical Students' Society of McGill University, "Correspondence," *CMAJ* 103 (7 Nov 1970): 1089.

²⁷ A number of doctors wrote the *CMAJ* in support of the Canadian Psychiatric Association's position and to refute anti-abortion opinions. Dr. Makaroff wrote his letter of approval from Oakalla Prison Farm in Burnaby, BC, after being arrested for performing illegal abortions. R. Makaroff, "Correspondence: Therapeutic Abortion," *CMAJ* 103 (5 December 1970): 1316; J. F. Roseborough, "Correspondence: Therapeutic Abortion," *CMAJ* 103 (26 September 1970): 648; J. E. Boulding, "Correspondence: Therapeutic Abortion," *CMAJ* 103 (26 September 1970): 645, 648; W.G. Burrows, "Correspondence: Therapeutic Abortion," *CMAJ* 103 (5 December 1970):

Despite a growing acceptance for accessible contraception and therapeutic abortions in the medical community, the profession was conflicted over the pervasive Christian worldview that life begins at conception. The doctors who spoke before the Standing Committee in 1967 represented the views of 20,000 Canadian Medical Association members, but their position on abortion was not unanimously accepted.²⁸ Some medical professionals, such as the Catholic Physicians Guild of Manitoba, challenged the reasoning behind a liberalized abortion law during the hearings.²⁹ When medical professionals called for greater liberalization of abortion access in 1970, doctors opposed to abortion became concerned with the direction of the medical profession. P. G. Coffrey, a doctor from Kemptville, Ontario, argued that the medical profession was lowering its moral standards because “to perform an abortion on an embryo, fetus or unborn child (call it what you like), which is alive, is immoral for the reason that this is taking a human life.”³⁰ Coffrey believed that with additional research on the subject, doctors would find that “[l]ife is a continuum from conception to death, and one cannot arbitrarily say that at some moment between conception and birth ‘life’ begins.”³¹ Coffrey could not understand how physicians overlooked the fact that at conception “certain genes from the father combine with certain genes from the mother to make an individual male or female who is genetically unique.” In an article submitted by Coffrey nearly a year later, he questioned whether many doctors

1316; R. N. Borsch, “Correspondence: Therapeutic Abortion,” *CMAJ* 102 (28 March 1970): 642; Henry Morgentaler, “Correspondence: Therapeutic Abortion,” *CMAJ* 102 (25 April 1970): 876; R. N. Borsch, “Correspondence: Therapeutic Abortion,” *CMAJ* 102 (30 May 1970): 1209, 1211.

²⁸ Penny Light, *Shifting Interests*, 198-99

²⁹ Cuneo, *Catholics against the Church*, 5; Penny Light, *Shifting Interests*, 202.

³⁰ P. G. Coffrey, “Correspondence: Therapeutic Abortion,” *CMAJ* 102 (17 January 1970): 91.

³¹ For a similar argument, see P.B. Walsh, “Correspondence: Abortion,” *CMAJ* 102 (28 March 1970): 644.

supported abortion because they could not see the unborn child or its development.³² Throughout 1970, numerous medical professionals opposed to abortion argued that the fetus was not a tissue—women carried human beings—and should not be disposable.³³ Whether women’s lives superseded the lives of fetuses remained unclear.

Anti-abortion sentiments intensified within the profession when the Canadian Medical Association passed a new abortion policy in 1971 that supported abortions for socioeconomic or mental health reasons. The Canadian Medical Association’s Council on Community Health Care proposed that abortion be treated as a “matter to be decided upon by the patient and physician concerned” and approved on “non-medical social grounds.”³⁴ The policy passed with a vote count of 78 to 74 General Council members.³⁵ The “marathon” abortion debate was “perhaps the most heated and emotional debate ever witnessed by observers of General Council.”³⁶ The Canadian Medical Association continued to debate the abortion policy at the annual meetings throughout the 1970s, further demonstrating internal divisions within the medical society over abortion. The association remained opposed to “abortion on demand” and asserted that no

³² P.G. Coffrey “Correspondence: Therapeutic Abortion,” *CMAJ* 103 (21 November 1970): 1196.

³³ L. L. de Veber, “Correspondence: Therapeutic Abortion,” *CMAJ* 103 (26 September 1970): 645; Z. Gorecki, “Correspondence: Therapeutic Abortion,” *CMAJ* 103 (26 September 1970): 645; Eduard Upenieks, “Correspondence: Therapeutic Abortion,” *CMAJ* 103 (26 September 1970): 645; Cesar Heine, “Correspondence: Therapeutic Abortion,” *CMAJ* 103 (7 November 1970): 1088; Cesar Heine, “Correspondence: Therapeutic Abortion,” *CMAJ* 102 (30 May 1970): 1211.

³⁴ D.A. Geekie, “Abortion: A Review of CMA Policy and Positions,” *CMAJ* 111, 5 (7 September 1974): 475.

³⁵ “Abortion Issue Gets Scrutiny Today,” *Halifax Chronicle Herald*, 8 June 1971; “78-74 Decision after Heated Debate: Doctors Back Non-Medical Abortions,” *The Globe and Mail*, 8 June 1971.

³⁶ Dr. W.D.S. Thomas, President of the Canadian Medical Association, “Address,” 1980 Annual Meeting of the Medical Society of Nova Scotia, *Nova Scotia Medical Bulletin* (December 1980): ix-x.

practitioner or hospital should be forced to perform the procedure.³⁷ While the medical society attempted to clarify the policy by defining abortion as the “termination of pregnancy before 20 weeks of gestation,” dissatisfied members called for a federal commission on abortion so that the Canadian Medical Association could “build a scientific base for decisions on abortion.”³⁸ In the meantime, the association based the 20 weeks cut-off date on “current medical knowledge” that argued fetal viability was dependent on “fetal weight, degree of development and length of gestation: extrauterine viability may be possible if the fetus weighs over 500 [grams] or is past 20 weeks gestation, or both.”³⁹ The association’s policy troubled a number of doctors and prompted provincial medical associations to address the issue.

The Canadian Medical Association’s abortion policy created internal divisions within provincial medical societies. In PEI, physicians opposed to abortion put forward an amendment at the 1974 annual meeting to demonstrate that the Canadian Medical Association’s position was not representative of the provincial association. One doctor gave notice of motion to end the PEI society’s affiliation with the Canadian Medical Association at the next annual meeting because of its stance on abortion. The physician requested that the PEI society “set up a Special Committee of the Executive to promote to CMA the equal human rights of the unborn fetus with a view to changing the present policy of the CMA with regard to abortion.”⁴⁰ The Executive established the committee to explore the views of their members and the questionnaire indicated

³⁷ D. A. Geekie, “CMA Policy Review on Abortion,” *CMAJ* 119, 7 (7 October 1978): 807-808.

³⁸ The federal government established a federal commission on the operation of the abortion law in 1975. “Association News,” *CMAJ* 105, 5 (4 September 1971): 522-523; Geekie, “Abortion,” 476, 477; “Association News,” *CMAJ* 113, 1 (12 July 1975): 59.

³⁹ The association clearly outlined these parameters for the public in 1988. “Induced Abortion: CMA Policy,” Canadian Medical Association, 1988 < <http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD88-06.pdf>>

⁴⁰ Public Archives and Records Office (hereafter PARO), PEI Medical Society Fonds: “Report of the Special Study Commission on Abortion,” Appendix B, 10 June 1975; Minutes of PEI Medical Society Executive Meeting, 16 April 1975.

that 38 of the 59 respondents (60 per cent of doctors responded to the questionnaire) agreed with the Canadian Medical Association's position and 21 disagreed. A report was not presented to the Canadian Medical Association regarding the rights of the unborn because the "committee would be acting on behalf of a minority group within [the] society."⁴¹ The Executive was confident that their report justified supporting the association's abortion policy, but the nature of the anti-abortion comments summarized in the report suggested that many doctors were unlikely to remain silent on the issue. The lack of discussion on when life begins perturbed some members and one doctor argued that laypeople should sit on the TACs if hospitals permitted abortions for non-medical reasons. A few doctors viewed the acceptance of abortions as morally incomprehensible, while another physician commented on how irresponsible it was for society to force unwanted children into the world. The anonymous referendum provided a forum for physicians to voice their concerns regarding the implications of abortion provisions and demonstrated the pervasiveness of anti-abortion sentiments within the society.

The Canadian Medical Association's 1971 abortion policy also fostered unease in the New Brunswick Medical Society. At the 1973 annual meeting, the New Brunswick representatives of the Canadian Medical Association Council on Community Health were concerned that a decrease in the birth rate as well as an increase in abortions influenced the availability of adoptable babies. As some families struggled to reproduce, there was a growing fear that abortion would diminish adoption opportunities. The representatives also argued that abortion affected the "increase in cervical incompetence and an increase in infertility because of

⁴¹ PARO, PEI Medical Society fonds: "Report of the Special Study Commission on Abortion," Appendix B, 10 June 1975; Minutes of PEI Medical Society Executive Meeting, 16 April 1975.

complications.”⁴² On 25 January 1975, members of the New Brunswick Medical Society met in Sussex to discuss the practice of abortion “on wider grounds than was ever intended by C.M.A. policy.” The 12 doctors present at the meeting formulated a resolution arguing that TACs needed to adhere to the abortion law and emphasize that abortion was not a responsible family planning alternative. Furthermore, the resolution argued that the “C.M.A.’s resolution of 1971 that there is justification on non-medical social grounds for the deliberate termination of pregnancy” was undesirable.⁴³ The Executive of the New Brunswick Medical Society sent the Canadian Medical Association’s abortion policy to district representatives and planned to hold a vote at the annual meeting to determine if the resolution would be circulated to members as a questionnaire. The result of the vote is uncertain, but it is clear that anti-abortion sentiments continued to grow in the province throughout the 1980s.⁴⁴ For instance, New Brunswick pro-life doctor Carolyn Barry, a prominent member of the provincial Right to Life Association (RTLTA), gave talks to citizens about the development of the fetus and published articles in local newspapers that argued life begins at conception.⁴⁵ Barry and other anti-abortion doctors used their professional status to protest the liberalizing views on access to abortion services and acceptability of abortion as a medical procedure.

While some Maritime physicians openly contested the abortion law through participation in pro-life activities, others utilized extralegal barriers to prevent female patients from receiving

⁴² There is no indication of whether these figures represent complications from illegal abortions. PANB, RS765, File 8-0009, New Brunswick Medical Society, “Reports for the 1973 Annual Meeting,” in Moncton, New Brunswick, 9-11 September 1973: 18.

⁴³ PANB, RS765, File 8-0006, York-Sunbury-Queens Medical Society, 7 May 1975.

⁴⁴ Unfortunately, the result of the vote was not included in the medical society file and the New Brunswick Medical Society minutes are inaccessible to the public.

⁴⁵ PANB, MC 1848, 17316, File 30, “Abortion Clinic Coming to N.B.” Newspaper clipping in Dr. Everett Chalmers’ Abortion File, 30 March 1988; NB RTLTA records, Board Minutes, Caraquet, New Brunswick, 17 September 1983.

abortions. The Department of Obstetrics and Gynecology at Dalhousie University issued a statement in 1974 to condemn the “number of tragic delays” in arranging therapeutic abortions.⁴⁶ The department argued that physicians were required to inform their patients that they could seek another medical professional if the doctors conscientiously objected abortion services or decided a specific patient should not terminate their pregnancy. Furthermore, the department indicated that incomplete referral letters as well as letters sent to the incorrect regional hospital caused inexcusable delays. Physicians were responsible for familiarizing themselves with the regional hospitals’ regulations and responding promptly to the time sensitive case. The department argued that few abortions would need to be performed after 10 weeks if doctors followed the procedures cautiously. Despite the department’s detailed statement, inefficient administration and conscientious objections continued to cause abortion delays. In 1977, Dr. S. C. Robinson asserted that abortion delays caused by “procrastination or by bungling in making arrangements” forced women to undergo abortions mid-trimester, increasing risk and trauma during the procedure, as will be discussed at length in chapter four.⁴⁷ While many of the abortion delays were accidental errors, there was also an increasing concern that some doctors were intentionally delaying the abortion application process to prevent abortions from occurring.

The Operation of the Abortion Law

The Canadian Medical Association’s call for a federal study on the abortion law came to fruition in 1975 after several years of women’s, church, and medical organizations pressuring the federal government to address the issues of access nationwide. In 1972, the Family Health Division in

⁴⁶ “Information for Physicians in Nova Scotia Regarding Therapeutic Abortions,” A Statement by the Department of Obstetrics and Gynaecology, Dalhousie University, *The Nova Scotia Medical Bulletin* (October 1974): 168.

⁴⁷ S. C. Robinson, “The Status of Therapeutic Abortion in Nova Scotia,” *The Nova Scotia Medical Bulletin* (February 1977): 11.

the Department of National Health and Welfare recognized that the amendments to the Criminal Code did not adequately serve the needs of patients or medical professionals. Drawing on findings by the Canadian Psychiatric Association, the Canadian Medical Association, the Alberta Medical Association, the United Church of Canada, and the Report of the Royal Commission on the Status of Women, the Family Health Division recommended that the TAC requirements be removed from the Criminal Code. By amending the law, abortions could become a medical decision determined by a patient and her doctor “subject to the usual hospital professional control and review as for any other surgical procedure. Provisions of the Criminal Code would then apply only to abortions performed by unqualified individuals or in facilities not approved for the purpose.”⁴⁸ While the Trudeau government was not willing to reopen the abortion debate in Parliament, the federal government established a Committee on the Operation of the Abortion Law in 1975 to explore the aftermath of the abortion law amendments and appease interest groups that argued abortion access was inconsistent throughout the nation. The Committee quickly found that abortion services across Canada were inequitable and the medical profession was partly responsible for the lack of access. The Committee, chaired by sociologist Robin F. Badgley, conducted interviews and surveys in each province and provided invaluable insight into the administration of abortion services. *The Report of the Committee on the Operation of the Abortion Law* (the Badgley report) confirmed what the national and provincial medical societies’ annual meetings documented throughout the 1970s: the use of the term ‘health’ in the abortion

⁴⁸ LAC, RG29, Accession 1996-97/698, Box 55, File 6756-2-16 Part 2, Department of National Health and Welfare, “Position Paper on Abortion Policy—Family Health Division,” Brief from the Chairman of the Family Health Division, Canadian Public Health Association to Members, 12 May 1972.

law permitted health practitioners to interpret the meaning as broadly or narrowly as they wished.⁴⁹

Access was particularly uneven in the Maritime Provinces, with New Brunswick and PEI enacting both legal and extralegal barriers to abortion. While statistics indicated that only half of Canadian “accredited general hospitals with medical, surgical, and obstetrical services” established TACs, access to services was even worse in the Maritimes. Twelve of the 24 accredited hospitals with appropriate surgical services established TACs in Nova Scotia whereas only 2 out of 6 and 8 out of 18 accredited hospitals formed TACs in PEI and New Brunswick, respectively.⁵⁰ The governments enacted a number of barriers to abortion services: New Brunswick stipulated that eligible hospitals needed “obstetrical beds, an operating theatre, and a medical audit committee” and PEI “had no formal statement of guidelines,” but approved applications based on “medical staff complement” and available facilities. In both provinces, the requirement for “obstetrical services” or “medical staff complement” prevented women living in rural and northern areas from accessing abortions locally. Due to these restrictions, the Badgley report argued that two-thirds of women living in New Brunswick and PEI did not have access to abortion services in their community.⁵¹

Researchers also found that residency requirements in the Maritime Provinces created impediments to accessing abortion services provincially. New Brunswick hospitals set the

⁴⁹ “Climate is Warm at BCMA Annual Meeting,” *CMAJ* 112 (7 June 1975): 1339; M.E. Krass, “Assessment of the Structure and Function of the Therapeutic Abortion Committees,” *CMAJ* 116 (9 April 1977): 786.

⁵⁰ *The Report of the Committee on the Operation of the Abortion Law* (Ottawa: Ministry of Supply and Services Canada, 1977): 90-93, 108, 112, 124-5. The number of “accredited general hospitals with medical, surgical, and obstetrical services” and TACs was also low in the Yukon and Northwest Territories (2 out of 3), Manitoba (9 out of 26), and Saskatchewan (9 out of 33).

⁵¹ While access to abortion was better in Nova Scotia, metropolitan areas performed the majority of abortions and became responsible for providing referral sources for women living in rural areas, as well as in regions where hospitals chose to not perform abortions.

second highest requirements for TACs in Canada, including high residency and quota requirements. By only allowing women from a specific region, and capping the number of abortions performed in a given time period, access to abortion procedures remained limited in the province. The Committee argued that in an unnamed Maritime hospital, the barriers to abortion were dubious:

[T]he residency requirement was strictly invoked because the hospital had received a large number of applications from the region. It was felt that if these applications were approved, the balance of the hospital's services would be destroyed. The only exception to this rule at this hospital was when a personal request was made by a physician whose practice was outside of the hospital's defined patient catchment area.⁵²

The unnamed Maritime hospital's response was questionable since none of the hospitals surveyed in the Maritimes encountered issues related to volume of work or meetings regarding abortion—likely, because two out of three Canadian citizens still thought abortion was illegal under any circumstance in 1976. The restrictive nature of abortion access in the Maritimes became of greater concern when out-of-province hospitals that previously accepted Maritime patients introduced residency requirements, forcing many women to seek illegal providers or travel to the United States for the procedure.

Religious morals as well as professional ethics compelled some Maritime hospitals and medical professionals to enact restrictions on abortion provisions. One Maritime hospital approved abortion requests based on rape and if there was proof of 'fetal defects,' but they often rejected applications submitted by women aged 16-35 if they were not extreme cases because they "should know better."⁵³ Many nurses who were present during abortions also objected to their role in the procedure, as they experienced significant personal anxiety and frustration. The

⁵² *The Report of the Committee on the Operation of the Abortion Law*, 259, 261, 128.

⁵³ *The Report of the Committee on the Operation of the Abortion Law*, 265, 268.

Registered Nurses' Association of Nova Scotia issued a statement in 1971 that recognized nurses' rights to withdraw from aiding in abortion services due to religious, moral, or ethical reasons without "censure, coercion, termination of employment or other forms of discipline, provided that in emergency situations the patient's right to receive the necessary nursing care would take precedence over exercise of the nurse's individual beliefs and rights."⁵⁴ A third of Canadian nurses indicated that they did not want to participate in abortion procedures, but very few nurses filed formal grievances regarding their participation in abortion services. Despite anti-abortion sentiments within the medical profession, the Committee found that 97.1% of the hospitals participating in the study were able to recruit staff for abortion services.

On a national level, many doctors wanted an earlier gestational cut-off limit for abortion services, but the Badgley report indicated that physicians were unaware of the administrative loopholes that delayed abortions, particularly in the Maritime Provinces. Surprisingly, the report demonstrated that "[l]ess than 1 out of 200 physicians in the national physician survey (0.5 percent) accurately knew or reported the actual length of time (8.0 weeks) between when a woman had initially consulted a physician and when the operation was performed."⁵⁵ The majority of physicians believed abortions should be performed prior to 12 weeks and 59.3 percent of physicians believed abortions should be cut off by 16 weeks. On average, it took 9.2 weeks from the moment a woman living in the Maritimes consulted a doctor to the moment the abortion was performed, which was 1.2 weeks above the Canadian average. This meant that women who learned they were pregnant any later than three weeks gestation would not be able to obtain an abortion in the Maritime Provinces. The lack of awareness regarding gestational issues was exacerbated by the fact that 77.9 percent of respondents had never served on a TAC and

⁵⁴ *The Report of the Committee on the Operation of the Abortion Law*, 284-291.

⁵⁵ *The Report of the Committee on the Operation of the Abortion Law*, 217-223, 139.

two-thirds were merely affiliated with hospitals that had TACs. Only a third of physicians in each region argued that abortions should be allowed until 20-weeks' gestation, whereas 40 percent of obstetricians-gynecologists, the physicians most likely to perform abortions, promoted 20 weeks as the limit.⁵⁶ The responses highlighted the extent to which many physicians were unaware of the ineffectiveness of the TACs and the unnecessary delays caused by miscommunication and errors.

The Badgley report was an important contribution to the abortion discourse as it highlighted the ineffectiveness of the abortion law, but more importantly, it demonstrated the significant number of medical professionals and hospitals willing to enact barriers to prevent access. The report proved that the Canadian Medical Association's 1971 abortion policy was a prescription that many doctors ignored. The policy did not change how anti-abortion doctors responded to abortion requests. Throughout the late 1970s and early 1980s, the Canadian Medical Association continued to grapple with the abortion issue as hospitals and anti-abortion doctors increasingly restricted access to the medical procedure.

Although abortion remained a constant topic of debate in the *Canadian Medical Association Journal* throughout the 1970s and 1980s, Nova Scotia doctors engaged more frequently in the national discourse than other Maritime physicians and predominately promoted the right to life of the fetus.⁵⁷ Advances in prenatal surgeries increasingly challenged physicians

⁵⁶ *The Report of the Committee on the Operation of the Abortion Law*, 215.

⁵⁷ Ralph L. Matthews, "Abortion—A Positive Experience?" *CMAJ* 116 (23 April 1977): 836; M.T. Casey, "Abortion," *CMAJ* 126 (1 May 1982): 1032; Carlos Del Campo, "An Objective Social Reason to Reconsider Abortions," *CMAJ* 129 (1 July 1983): 12. One exception was P.L. Loveridge's, a doctor from Pubnico, argument that it would be "incredibly pompous and conceited of doctors to set themselves up as defenders of [moral] standards," as suggested by Dr. Coffrey, since doctors "represent, to a large extent, an economically favoured and advantaged section of society." P.L. Loveridge, "The Canadian Abortion Law," *CMAJ* 116 (5 February 1977): 238.

to determine if the rights of the pregnant woman superseded the rights of the fetus. The increasing use of ultrasound imaging during pregnancy convinced many physicians that the fetus is a human being. As a result, there was growing fear that therapeutic abortions would escalate in cases of fetal abnormalities. The notion that abortion was acceptable in cases of neural tube defects, Down's syndrome or German measles, troubled Maurice A. Nanton, a cardiologist at Izaak Walton Killam Hospital for Children in Halifax. Nanton argued that physicians needed to support affected families rather than permit the destruction of human life.⁵⁸ As will be discussed in chapter two, Nanton represented a growing number of doctors who could not reconcile developments in prenatal medicine with increasing demand for access to abortion services.

Due to widespread beliefs that life begins at conception, anti-abortion doctors contested the requirement for doctors to refer their patients to another physician if they were anti-abortion. Many doctors recognized a colleague's ethical objection for refusing to participate in abortion services, but they argued that the conscientious objectors were still required to refer patients to another physician.⁵⁹ At the 1978 Canadian Medical Association Meeting annual meeting, the Committee on Ethics presented a report that reworded the Code of Ethics to indicate that a physician prevented from "recommending some form of therapy" based on personal ethics was required to inform the patient of "other sources of assistance." The chair of the committee argued that the association received over 100 letters from citizens concerned that women were "put on a merry-go-round of being shuffled" amongst pro-life professionals until the abortion time cap passed. A Maritime obstetrician, with twenty years of experience, argued that they never had to

⁵⁸ Maurice A. Nanton, "The Periodic Health Examination," *CMAJ* 125 (1 September 1981): 419.

⁵⁹ J. D. Wallace, "Canadian Medicine Has Already Provided the Patient with a Bill of Rights," *CMAJ* 113 (8 November 1975): 888.

direct patients who wanted abortions: “they know where to go.”⁶⁰ The issue was so contentious that the council decided to remove the wording that forced the doctor to recommend another source of assistance to their patient—instead, the doctor was required to indicate that they were religiously or morally prevented from recommending a therapy, such as abortion.

At the Canadian Association of Manufacturers of Medical Devices annual meeting in 1981, director of the Clinical Research Institute of Montreal’s Centre for Bioethics recognized the complexity of the issue and argued that to formulate medical ethics, such as when life begins, researchers needed to combine data with “experience, multi-value logic, dialogue and collaboration.”⁶¹ In the case of determining whether life begins at conception, the topic required a lot more embryological data. The ethical debates regarding abortion continued to surface within the medical profession as anti-abortion doctors would not be pressured into performing a procedure they found morally reprehensible.

Attempts by citizens and doctors to prevent hospitals from performing abortions demonstrated that the abortion law merely gave the illusion that medical professionals held authority over abortion decisions. When a Halifax man sought an injunction at the Victoria General Hospital in 1979 to stop his estranged wife from obtaining an abortion, the TACs decision was quashed. The hospital conceded in response to the husband’s litigation—despite the fact that there was no legal status for a biological father to act on behalf of an unborn child—and the woman did not obtain an abortion.⁶² The mandate for hospitals to establish TACs also created

⁶⁰ “Ethics Problem Reappears,” *CMAJ* 119 (8 July 1978): 61-62.

⁶¹ David Woods, “Minefield of Medical Ethics Explored at Annual Assembly of Medical Devices Manufacturers,” *CMAJ* 124 (1 June 1981): 1522.

⁶² Bernard M. Dickens, “Abortion: 2. Fetal Status and Legal Representation,” *CMAJ* 124 (1 February 1981): 253; Bernard M. Dickens, “Abortion: 3. Therapeutic Abortion Committees and Third Parties,” *CMAJ* 124 (15 February 1981): 362-363. The Badgley report found that two-thirds of hospitals required the consent of the woman’s spouse. *The Report of the Committee on*

power struggles within hospitals to the frustration of doctors. In attempts to gain authority over hospital boards and abolish a hospital's TAC, citizens elected members based on their abortion stance and replaced experienced hospital board members. The struggle for control over hospital boards in British Columbia in the 1970s and 1980s created conflicts between hospital staff and doctors. Annual meetings became a "circus," with thousands of people becoming members to vote on the abortion issue.⁶³ After anti-abortion activists were elected to the hospital board at Surrey Memorial Hospital in 1980 and disbanded the TAC, doctors withheld participation in hospital committees until the hospital reinstated abortion services three weeks later.⁶⁴ The Canadian Medical Association feared that hospitals and patient care suffered as a result. Despite the organization's concerns, anti-abortion doctors supported pro-life activism within hospitals.

Pro-life doctors more prominently distinguished their anti-abortion stance from the Canadian Medical Association in the 1980s and demonstrated that they were unwilling to be associated with the Canadian Medical Association's abortion policy. In 1981, Physicians for Life and Les Médecins du Québec pour le Respect de la Vie requested that the Canadian Medical Association publish their statement on abortion, which rejected President Dr. W.D.S Thomas's "pro-abortion stand" and supported hospital boards that protected the rights of unborn child despite pressure from doctors. Furthermore, the organizations asserted that the Canadian Medical Association's abortion statement should reflect the views of physicians who "respect human

the Operation of the Abortion Law, 259. In 1980, the Canadian Medical Association removed spousal consent from its abortion policy.

⁶³ The Vancouver General Hospital faced tremendous pressure from pro-life groups throughout the 1970s and 1980s. See Palmer, *Choices and Compromises*.

⁶⁴ Thomson, *Winning Choice on Abortion*, 87-89.

life.”⁶⁵ In response to growing anti-abortion antagonism within the organization, president and practising obstetrician-gynecologist Dr. W. D. S. Thomas called for a review and statement on reproductive health policies, including abortion, sex education, and family planning, at the annual meeting of the Canadian Medical Association in Halifax in 1981, ten years after the association altered its abortion policy.⁶⁶ In response to a Newfoundland doctor requesting censure against the president for promoting his personal opinion on abortion, Thomas contended that he did not personally disregard the moral, ethical and religious views on the issue—the association’s policy focused solely on the medical and legal considerations and recommended the removal of references to TACs in the Criminal Code. In his call for a review of reproductive health policy statements, Thomas recognized that a review could intensify divisions within the medical profession and argued that the risk did not negate the profession’s responsibility to the public.⁶⁷ As abortion polarized medical professionals nearly to the same extent as the public, the Canadian Medical Association recognized the need to re-examine the abortion policy to offer current perspectives on the medical procedure.

Anti-abortion doctors continued to battle with liberalizing abortion perspectives with unwavering resolve. Debates within the *Canadian Medical Association Journal* became so intense that scientific editor Peter M. Morgan published a note in 1983 entitled, “This is not the Place to Blow Your Top or Vent Your Spleen,” to discourage offensive and aggressive letters on

⁶⁵ Dr. Walter J. Kazun, President of Canadian Physicians for Life and Dr. Rene Jutras, President of Les Médecins du Québec pour le Respect de la Vie, “Statement on Abortion,” *CMAJ* 125 (15 October 1981): 922.

⁶⁶ W.D.S. Thomas “The 1981 Presidential Valedictorian,” *CMAJ* 125 (15 October 1981): 907-908; Kevin L. Linegar, “Abortion,” *CMAJ* 125 (15 August 1981): 337-338.

⁶⁷ W.D.S. Thomas, “The 1981 Presidential Valedictorian,” *CMAJ* 125 (15 October 1981): 907-908.

subjects, such as abortion, circumcision, and nonsurgical eye care.⁶⁸ Morgan argued that editors did not “want to share with the author the responsibility for questioning a colleague’s competence or for claiming that a well known organization is subverting society.” Morgan encouraged writers to spend more time researching the subject and formulating an argument instead of submitting offensive and emotional letters that the medical editor must edit. Despite backlash from the journal, anti-abortion doctors remained steadfast in their opposition to the association’s abortion policy.

In response to complaints that the 1971 abortion policy merely reflected the opinions of the Council on Community Health and the Board of Directors, the Canadian Medical Association passed a notice of motion in 1983 to review the wording in the abortion policy and survey individual physicians based on the legal, ethical and moral aspects of abortion.⁶⁹ Dr. Arthur Parsons, a Nova Scotia doctor and long-time member of the ethics committee, convinced fellow doctors that they could not ask the association to define words, such as life, health, and socioeconomic if they wanted an answer. Instead, he helped broaden the motion, which called for a general review of therapeutic abortions in Canada to determine whether the 1971 abortion policy still reflected the views of physicians, and if revisions to the policy were necessary.⁷⁰ With the help of a consultant, the association “drew the names of 2000 physicians from the association’s membership file to get a statistically valid sample.”⁷¹ The Canadian Medical Association staff argued that the sample of 1/15 of Canadian physicians proportionately represented membership based on province and speciality. One thousand, six hundred and fifty

⁶⁸ Peter P. Morgan, “This is Not the Place to Blow Your Top of Vent Your Spleen,” *CMAJ* 128 (1 May 1983): 1045.

⁶⁹ Normand Da Sylva, “Abortion: CMA Reviews its Position,” *CMAJ* 128 (1 January 1983): 57.

⁷⁰ “Abortion Issue to be Born Again Next Year,” *The Medical Post*, 8 September 1981.

⁷¹ Da Sylva, “Abortion,” 57; “Therapeutic Abortion and the Criminal Code: Physician Opinion Survey,” *CMAJ* 129 (1 August 1983): 261-272.

three doctors returned fully or partly completed questionnaires, many of which were younger and female doctors. Based on the responses, the survey indicated that the majority of doctors supported the termination of pregnancy after the first trimester if the woman's life or physical health was in danger and if the fetus was physically abnormal. The question of whether abortions should be performed in hospitals or provincially approved abortion clinics during the first trimester evenly split respondents. The survey also indicated that anti-abortion doctors only constituted approximately 5.1% of respondents. However, many Canadian physicians criticized the association for creating a flawed survey.⁷² When asking physicians who, besides a woman and her doctor, should be involved in determining whether an abortion should be performed, the only option for anti-abortion doctors was 'other.' Anti-abortion doctors condemned the questionnaire for presupposing that abortion was acceptable.

When the Canadian Medical Association released a public statement on abortion in 1985, reasserting its policy position that abortion could be justified for medical and non-medical reasons, it provided the appearance of consensus within the organization. The "CMA Policy Summary: Abortion" asserted that there was "general support" for the association's position in the 1981 survey.⁷³ The location of the "general support" remained unclear. As the Badgley report indicated, regionalism greatly influenced access to the procedure due to extralegal barriers created by anti-abortion doctors and hospital staff. While the Canadian Medical Association proclaimed support for access to abortion services, members of the medical profession remained at odds.

⁷² Brian Frazer, "The CMA Abortion Survey," *CMAJ* 129 (15 December 1983): 1259; Paul de Bellefeuille, "The CMA Abortion Survey," *CMAJ* 129 (15 December 1983): 1259-1260; Donovan Brown, "The CMA Abortion Survey," *CMAJ* 129 (15 December 1983): 1260; P. G. Coffrey, "The CMA Abortion Survey," *CMAJ* 129 (15 December 1983): 1260.

⁷³ "CMA Policy Summary: Abortion," *CMAJ* 133 (15 August 1985): 318A.

Conclusion

As Thomas predicted in 1981, the association's attempt to address the abortion issue merely intensified divisions within the Canadian medical profession. Anti-abortion doctors could not reconcile their beliefs within the dominant medical discourse and formed separate organizations to address their concerns. While the Canadian Medical Association condemned the federal government for its unwillingness to revise the abortion law, Canadian doctors could not reach consensus on the issue. The abortion debate polarized medical professionals and caused hospital corporations to establish distance from the issue. The lack of clear regulations in the abortion law meant that blame for inequitable access to the procedure was deferred: to colleagues, hospital administrators, and federal and provincial governments.

The internal divisions created by the Canadian Medical Association's liberal abortion policy created a political opportunity for pro-life groups. Instead of convincing colleagues that access to abortion was part of Canada's new 'liberal society,' the association's position intensified anti-abortion sentiments and many doctors and scientists became key figures in the transnational pro-life movement. Throughout the 1970s and 1980s, the pro-life movement capitalized on support from anti-abortion medical professionals, using their research in campaigns to stop hospitals from offering abortion services. By understanding the bureaucratic barriers to the procedure, the pro-life movement was able to challenge medical authority over abortion decisions by eliminating TACs in local hospitals. The lack of consensus over the justification for the procedure in the medical community created a formidable social movement organization that challenged both doctors and hospitals to provide scientific reasoning for offering abortion services.

Chapter 2

On Behalf of the Unborn

The dissemination of anti-abortion sentiments in the international scientific community was instrumental in the formation of the Canadian pro-life movement. Throughout the 1950s and 1960s, diagnostic innovations allowed medical practitioners to define and treat fetal abnormalities, thereby classifying the fetus as a patient.⁷⁴ In 1963, New Zealand obstetrician and gynaecologist A.W. Liley and colleagues at the National Women's Hospital in Auckland performed an intrauterine blood transfusion on a fetus suffering from erythroblastosis, a fetal disease in which antibodies passed through the placenta attack red blood cells and could cause heart failure.⁷⁵ Following the successful procedure, Liley became 'the father of fetology' and a prominent anti-abortion advocate. The continuous advances in diagnostics and perinatal medicine challenged the necessity for aborting 'abnormal' fetuses and provided a scientific basis for anti-abortion sentiments in the 1960s.

The fascination with the fetus was not a new phenomenon in the late twentieth century. American historian Sara Dubow indicates that the "meanings ascribed to the fetus" have a long past and were informed by the social and cultural politics of the time. Whereas nineteenth-century Western society recognized fetal life during "quickenings," technological advances throughout the twentieth century enabled doctors and patients to witness fetal development through images and instigated the "fusion between the unborn and born." By the 1970s, arguments for the acknowledgement of fetal personhood rested on the "authority of science but

⁷⁴ "'Cri du Chat': Syndrome: Chromosome Deletion Causes Severe Retardation," *Journal of the American Medical Association* 197, 13 (26 September 1966): 40-41; "Fetology: The Fetus Becomes a Patient," *Journal of the American Medical Association* 198, 1 (3 October 1966): 43-44.

⁷⁵ Linda Bryder, *The Rise and Fall of National Women's Hospital: A History* (Auckland: Auckland University Press, 2014), 98.

did not necessarily use the facts of science.”⁷⁶ Pro-life activists drew on the scientific research to illustrate the immorality of abortion, but as historians have indicated, the ‘scientific arguments’ were often distorted in pro-life campaigns.

The birth of fetology (prenatal pediatrics) and the use of ultrasound imagery during pregnancy convinced members of the newly formed pro-life movement that the rights of women did not supersede the rights of the unborn child. After the thalidomide scare in the late 1950s, when many women who took the medication for morning sickness and insomnia gave birth to babies with missing limbs and other abnormalities, doctors and patients argued that abortion was medically necessary due to the psychological stress of bearing a baby with abnormalities.⁷⁷ The eugenics element of the argument—that women could justifiably abort fetuses with fetal defects—became a central issue for pro-life activists. Comparisons to the use of euthanasia to eradicate disabled people in Nazi Germany were frequently drawn and pro-life groups argued that Canada, as well as other countries with abortion services, were permitting an “Abortion Holocaust.”⁷⁸ While extremist in nature, the comparison garnered media attention and generated membership in the movement. By drawing on studies of fetal development and advances in

⁷⁶ Sara Dubow, *Ourselves Unborn: A History of the Fetus in Modern America* (Oxford: Oxford University Press, 2010), 3, 41, 43, 59.

⁷⁷ Dubow, *Ourselves Unborn*, 64-66; Susanne M. Klausen and Julie Parle, “‘Are We Going to Stand By and Let These Children Come into the World?’: The Impact of the ‘Thalidomide Disaster’ in South Africa, 1960-1977,” *Journal of Southern African Studies* (8 June 2015); Barbara Clow, “‘An Illness of Nine Moths’ Duration’: Pregnancy and Thalidomide Use in Canada and the United States,” in *Women, Health and Nation: Canada and the United States since 1945*, eds Georgina D. Feldberg (Montreal: McGill-Queen’s University Press, 2003), 45-66; Christine Chisholm, “Thinking About Thalidomide in Transnational History: Canada and South Africa,” *Active History*, 28 October 2014 < <http://activehistory.ca/2014/10/thinking-about-thalidomide-in-transnational-history-canada-and-south-africa/>>

⁷⁸ “Clergyman Fears New Holocaust: Take Hard Line on Abortions,” *The Guardian*, 27 April 1982. For further discussion of comparisons to Nazi Germany and the Holocaust, see Ackerman, “‘Not in the Atlantic Provinces,’” 91-92.

prenatal medicine, the transnational pro-life movement was able to convince citizens around the world that abortion was not a justifiable medical procedure.

The Canadian medical community was divided over the justification for abortion, as indicated in chapter one, and factions arose throughout the 1970s and 1980s to provide a medical voice for the unborn child. The involvement of anti-abortion doctors in the pro-life movement allowed grassroots organizations to speak with authority on the issue. Drawing on the research of American scholars, such as Rosalind P. Petchesky and Tanfer Emin-Tunc, this chapter demonstrates that the emergence of pro-life organizations converged with increasing opposition to abortion in the international medical community and created a lasting relationship between religion and science within the transnational pro-life movement.⁷⁹ Central to the movement's success, however, was its ability to create changes to abortion access through the hospital system. As demonstrated in chapter one, it was at the discretion of accredited hospitals to establish TACs and the pro-life movement quickly saw a political opportunity to decrease access to the procedure.

The formation of anti-abortion groups in the Maritime Provinces was not unique, but the social movement organization's ability to shape societal and governmental responses to abortion provides an important case study for the impact of transnational politics in a regional setting.⁸⁰

⁷⁹ Rosalind Pollack Petchesky, "Foetal Images: The Power of Visual Culture in the Politics of Reproduction," in *Reproductive Technologies: Gender, Motherhood, and Medicine*, ed. Michelle Stanworth (Cambridge: Polity Press, 1987), 57-80; Emin-Tunc, *Technologies of Choice*.

⁸⁰ For examples of American studies, see Luker, *Abortion and the Politics of Motherhood*; Faye D. Ginsburg, *Contested Lives: The Abortion Debate in an American Community* (Berkeley: University of California Press, 1989); M. Patricia Fernandez Kelly, "A Chill Wind Blows: Class, Ideology, and the Reproductive Dilemma" in *Challenging Times: The Women's Movement in Canada and the United States*, eds. Constance Backhouse and David H. Flaherty (Montreal & Kingston: McGill-Queen's University Press, 1992): 251-267; Rosemary Nossiff, "Abortion Policy Before Roe: Grassroots and Interest-Group Mobilization," *Journal of Policy History* 13, 4 (2001): 463-478; Carole Joffe, *Doctors of Conscience: The Struggle to Provide Abortion Before*

The attempts of some Canadian doctors to prove that abortion was a necessary medical procedure compelled some citizens to establish the pro-life organization in the 1970s to counter the idea that there were rational and logical reasons for abortions. While religious organizations, such as the Catholic Church, contributed significantly to the movement's longevity, international scientific research that illustrated fetal development was central to the pro-life organizations' success.⁸¹ The "reformatory" aspect of the social movement organization's campaign, which emphasized the need to eradicate the threat to unborn babies, compelled emotional and financial investment in the cause and fueled advocacy.⁸²

This chapter begins with an analysis of the emergence of the pro-life movement in Canada and its influence on the Maritime region. An examination of the roles of church organizations in the provincial pro-life organizations offers insight into the rapid success of the social movement organization in the provinces. The use of scientific research in the Right to Life Association's (RTL) strategies and tactics, however, was central to the increase in membership and had a long-term impact on attitudes to abortion. By exploring these tactics in depth in PEI, the only province to eliminate abortion services indefinitely, this chapter illustrates how the RTL was able to not only remove access to abortion in the 1980s, but also ensure the longevity of the movement on the Island. The PEI RTL's tactics included lobbying medical professionals, hospital boards, and politicians, and disseminating anti-abortion literature at

and After Roe V. Wade (Boston: Beacon Press, 1995); Reagan, *When Abortion Was a Crime*; and Patricia Jasen, "Breast Cancer and the Politics of Abortion in the United States," *Medical History* 49 (2005): 423-444. For examples of Canadian pro-life studies, see Cuneo, *Catholics Against the Church*; Bibby, *Fragmented Gods*; John G. Stackhouse, "The Protestant Experience in Canada Since 1945," in *The Canadian Protestant Experience, 1760-1990*, ed. George A. Rawlyk (Burlington, ON: Welch Publishing Company, 1990): 198-252, and Reimer, *Evangelicals and the Continental Divide*.

⁸¹ Cuneo, *Catholics Against the Church*.

⁸² "Social Movements: Conceptual and Theoretical Issues," 1, 3.

community events to demonstrate the inhumane nature of the procedure and create a visceral reaction.⁸³ The pro-life organizations in New Brunswick and Nova Scotia were not as successful in their lobbying campaigns, and yet the declining access to abortion services outside of Halifax, particularly in northern and rural regions of the two provinces, can be attributed to the pro-life movement. The number of abortions performed in New Brunswick hospitals decreased significantly by the mid-1980s and Nova Scotia hospitals, with the exception of Victoria General Hospital, provided few abortions throughout the period. An examination of pro-life campaigns throughout the Maritime region illustrates that in their efforts to eradicate abortion the organizations drew on transnational pro-life literature and medical research to provide scientific reasoning for opposition to abortion and quickly became a countermovement not only to abortion rights activism, but also to the mainstream medical community.

The “Hard, Cold Scientific Fact”: The Emergence of Pro-Life Activism in Canada

Early evidence of the influence of international anti-abortion research on Canadian abortion politics appears in the House of Commons debates in the late 1960s. Members of Parliament passed Omnibus Bill C-150 on 14 May 1969 and liberalized the abortion law, but the debates associated with the amendments heightened emotions within the legislature and demonstrated significant opposition to the procedure. Numerous representatives, including Maritime politicians, protested that the Omnibus bill forced socially conservative representatives to vote in favour of the liberalization of abortion and the decriminalization of homosexuality if they wanted amendments to numerous laws to pass, including the Parole, Penitentiary, and National Defense

⁸³ The Vancouver General Hospital in British Columbia was also lobbied extensively by pro-life groups and received a lot of media attention throughout the 1970s and early 1980s. Palmer, *Choices and Compromises*, 80-142.

Acts.⁸⁴ Melvin McQuaid, the PEI Progressive Conservative representative for Cardigan, called for a free vote on the abortion issue. McQuaid wanted to ensure representatives were not bullied into voting for issues they abhorred and to find a quick answer to the country's stand on abortion. He argued that religious groups, including Catholics, Protestants, and Jews, were not trying to force their beliefs upon Canadians; instead, abortion opponents were "convinced that foetal life is human life and that to destroy human life at any stage is deliberate, premeditated, cold-blooded murder."⁸⁵ Drawing on "publications" issued by the Canadian government and the international scientific community, McQuaid argued that the "fact" that life begins at conception was not merely a theological argument—it was a "hard, cold scientific fact which has not yet been disproved."⁸⁶ Despite McQuaid's concerns, the federal government moved forward with liberalizing the abortion law. In an attempt to preserve the rights of socially conservative citizens, Progressive Conservative Halifax-East Hants representative Robert McCleave moved an amendment to ensure that hospitals and medical professionals were not legally obliged to perform abortion—however, the amendment was promptly rejected.⁸⁷ The politician's attempts to curtail the liberalization of the abortion law did not discourage the burgeoning anti-abortion movement. McQuaid correctly argued that religious groups were not the sole opponents to the new law—as seen in chapter one, many medical professionals condemned liberalized access to abortion—but religious institutions quickly became powerful participants within the growing anti-abortion movement.

⁸⁴ Melvin McQuaid, Cardigan, *House of Commons Debates*, 1st Session, 28th Parliament, Volume 8, 13 May 1969, 8648-9. H. Russell MacEwan from Central Nova also called for a free vote. See H. Russell MacEwan, Central Nova, *House of Commons Debates*, 1st Session, 28th Parliament, Volume 1, 24 January 1969, 4794-5.

⁸⁵ Melvin McQuaid, Cardigan, *House of Commons Debates*, 1st Session, 28th Parliament, Volume 5, 11 February 1969, 5380-3.

⁸⁶ McQuaid does not indicate in his speech which "publications" corroborated his assertions.

⁸⁷ Gerald Waring, "Report From Ottawa," *CMAJ* 100 (10 May 1969): 870.

Pro-life activism has largely been associated with conservative Protestantism and Catholicism, but anti-abortion sentiments were present in a variety of Christian institutions and enhanced the network of pro-life advocates in the early 1970s.⁸⁸ Mainstream Protestant denominations, including the Presbyterian, United, and Anglican Churches, demonstrated support for a revised abortion law; however, the churches' support for the procedure when a woman's life or health was at risk seemed to contradict their recognition of the sanctity of human life and fostered divisions within the organizations throughout the 1970s.⁸⁹ In the Maritime Provinces, the United Church's "Statement on Birth Control and Abortion" (1972), which argued that abortion was acceptable under certain medical and socioeconomic circumstances, compelled the presbyteries of PEI, Chignecto, and Pictou to send memorials to Maritime Conference of the United Church to protest the institution's liberal stance. The Division of Congregational Life and Work of the General Council recommended that the Maritime Conference re-examine the statement on abortion to resolve "widespread misunderstanding and misrepresentation" of the United Church's position.⁹⁰ Concerns continued to grow throughout the 1970s as Statistics Canada reported dramatic increases in legal abortions. In 1974, the Halifax and Inverness-Guysborough presbyteries questioned the Church's reasoning on abortion and requested the appointment of a new council to reconsider the issue based on new scientific research regarding

⁸⁸ While conservative Protestant churches are often associated with the emergence of anti-abortion beliefs, Canadian Baptists were slow to address the issue in the 1970s and were forced to draw on theological arguments from liberal mainstream denominations initially, such as the right of the mother to decide whether to abort, to formulate a position on abortion. See Eric MacKinnon, "'Conviction and Compassion': Atlantic Baptists and the Abortion Issue," MA Thesis, Acadia University (2000): 30.

⁸⁹ *Social Action Handbook: The Presbyterian Church in Canada*, ed. Gail V. Turner, 4th edition (2004): 5-7; *The Abortion Question*, ed. Bruce Alton, 17-20.

⁹⁰ "The Abortion Question," 17; Record of Proceedings, 48th Annual Meeting of the Maritime Conference, The United Church of Canada, Volume 2, Sackville, New Brunswick, 25-28 May 1972, 168; Minutes: 1971-1972, Chignecto Presbytery, The United Church of Canada, 55.

fetal development.⁹¹ With the rise in fetal technologies and advances in perinatal medicine, United Church officials in the Maritime Provinces questioned the rights of women to choose abortion and challenged the increasing liberal attitudes towards abortion.⁹²

The Catholic Church's anti-abortion position was arguably the most influential in the emergence of a Maritime pro-life movement due to the strength of Roman Catholicism in the region. As indicated in the introduction, the Catholic Church was the dominant religious institution in the region, and the influence of the Vatican's anti-abortion stance on a significant number of adherents is undeniable. When Pope Paul VI reaffirmed the Church's anti-abortion position in the 1968 encyclical *Humanae Vitae*, the transnational grassroots movement grew in strength and became a prevailing force in Canadian abortion politics.⁹³ The Knights of Columbus and Catholic Women's League chapters quickly entered the debate to defend the unborn child and both religious organizations provided significant resources for the newly formed national organization, Alliance for Life, including financial support and a strong membership base.⁹⁴ Throughout the late 1960s and early 1970s, activists' networks continued to grow due to the

⁹¹ "Division of Mission in Canada," Record of Proceedings, 50th Annual Meeting of the Maritime Conference, The United Church of Canada, Volume 2, 23-26 May 1974, 126-127.

⁹² For an example of United Church members' involvement, see "Right-to-Lifers Walked from Chatham to Newcastle," *The New Freeman*, 23 October 1982. Two presbyteries vocalized their opposition to the Supreme Court ruling in 1988. See Maritime Conference Archives, 64th Annual Meeting of the Maritime Conference, United Church of Canada, 12-15 May 1988: Petition from Miramichi Presbytery to Maritime Conference; Petition from Malagash-Wallace Pastoral Charge to Maritime Conference.

⁹³ *Encyclical letter of Pope Paul VI on the Regulation of Birth, Humanae Vitae*, Clause 14, 1968, http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_pvi_enc_25071968_humanae-vitae_en.html.

⁹⁴ Eldon M. Woolliams, Calgary North, *House of Commons Debates*, 1st Session, 28th Parliament, Volume 1, 23 January 1969, 4734-5. Cuneo, *Catholics Against the Church*, 6-7. For examples in the Maritime Provinces, see "New Brunswick Knights of Columbus Held Mid-Winter Seminar," *The New Freeman*, 13 February 1982; "Pro-Life Advocate Spoke at KC Seminar," *The New Freeman*, 5 March 1983; "St. Mary's CWL Council Elect Officers, Review Year," *The New Freeman*, 30 April 1983.

participation of the Catholic Church in abortion politics. Catholics formed grassroots institutions, including Birthright, to provide women with alternatives to abortion and promote the sanctity of human life.⁹⁵ The formation of Birthright chapters in the Maritime Provinces as well as the dissemination of *The New Freeman*, a weekly newspaper published by the Catholic diocese of Saint John, fostered activism by informing citizens of abortion politics around the globe and enabling them to establish identities that spanned local, provincial, and national boundaries.⁹⁶ Catholic activists were at the forefront of the regional movement and provided the financial and active support necessary to challenge liberalizing attitudes towards abortion.

Growing awareness that abortion services were performed for ‘non-medical’ reasons ultimately compelled Maritime residents to establish provincial and local pro-life organizations to protect and recognize the rights of the unborn child. Shortly after the Canadian Medical Association passed a policy that approved abortions performed for non-medical reasons in 1971, anti-abortion opposition grew considerably in the region. Within a day after the association liberalized their abortion policy at the annual meeting in Halifax, the Halifax-Dartmouth Council of Churches, which was representative of the Anglican, Baptist, Christian, Lutheran, Presbyterian, Roman Catholic, Salvation Army and United churches, declared opposition to abortion except when the procedure was medically necessary to save the life of the mother.⁹⁷ Newly formed medical groups, including Nurses for Life and Canadian Physicians for Life also attempted to combat the notion that abortions were legitimate medical procedures by distancing

⁹⁵ Summerhill, *The Story of Birthright*.

⁹⁶ “Editors Call ‘Right to Life’ Groups Top Newmakers of ’72,” *The New Freeman*, 12 January 1973.

⁹⁷ “Abortion Opposition Declared,” *The Chronicle Herald*, 9 June 1971. With advances in reproductive technologies, pro-life activists began to argue that abortion was never necessary. Personal Interview in Southern New Brunswick (2 of 2), 7 February 2013.

themselves from the association's position.⁹⁸ Citizens from a variety of professional backgrounds joined pro-life groups in the early 1970s to contest growing approval for abortion access. Maritime pro-life organizations became affiliated with Alliance for Life, including Nova Scotians United for Life, New Brunswick RTLA, and PEI RTLA in 1971, 1973, and 1974, respectively, to provide a voice for the unborn child.⁹⁹ In the case of the New Brunswick organization, a registered nurse from New Jersey was at the forefront of the provincial movement. The nurse traveled to Sussex, New Brunswick to visit her parents and organized a meeting at the local Anglican Church to discuss the abortion issue with members of all denominations.¹⁰⁰ Within a year, the first provincial organization emerged and became instrumental in disseminating pro-life ideology. Throughout the 1970s and 1980s, the local organizations grew from dozens of members to thousands.¹⁰¹

Transnational pro-life discourse, which combined scientific and moral reasoning for anti-abortion beliefs, was central to convincing citizens to become social advocates in the region. Activists drew on international medical research, including the work of French pediatrician and geneticist Jérôme Lejeune, Liley, and American pediatric surgeon C. Everett Koop, to

⁹⁸ Cuneo, *Catholics against the Church*, 6-7; "Association News," *CMAJ* 113, 1 (12 July 1975): 51, 59.

⁹⁹ Prince Edward Island Right to Life Association records (hereafter PEI RTLA): "Association Newsletter," 1, February 1974; "Association Newsletter," 2, March 1974; "Association Newsletter," 3, August 1974; "Nova Scotia: Friends for Life," *The Interim*, 26 June 1984 <<http://www.theinterim.com/issues/pro-life/nova-scotia-friends-for-life/>>; Nova Scotia Archives (hereafter NSA), RG89, Volume 4, File 9, Brief to Nova Scotia Advisory Council on the Status of Women from Nova Scotians United for Life, Halifax, Nova Scotia, 18 March 1987. Despite numerous attempts to gain access to Nova Scotians United for Life's archives, my emails and phone calls remain unanswered. Therefore, this study only provides a glimpse into pro-life activism in Nova Scotia.

¹⁰⁰ New Brunswick Right to Life Association Records (hereafter NB RTLA), Newspaper Clippings: "Abortion Question to be Discussed," Summer 1972; "History of Right-to-Life Organization," date unknown.

¹⁰¹ Dr. J. C. Bourque to the Editor, *The New Freeman*, 4 March 1972.

demonstrate that the fetus was alive and human in the womb and deserved the right to life.¹⁰² In addition to advances in perinatal procedures, the increasing use of ultrasound imaging in prenatal medicine highlighted gestational development and bolstered citizens' emotional investment in the cause to prevent access to abortion services.¹⁰³

The international research began to appear in pro-life campaigns in the Maritime Provinces in the early 1970s. In one of the earliest campaigns using gestational arguments, *The New Freeman* published a "Diary of an Unborn Child" in May 1973, which attempted to provide a voice to an unborn child from the moment of conception until the day of the abortion. On the day of conception, the diary read, "Today my life began...I am as small as a seed of an apple...And I am going to be a girl. I shall have blond hair and blue eyes. Just about everything is settled though, even the fact that I shall love flowers." By assigning characteristics to the fetus, including its gender, physical appearance, and personality traits, the author drew on scientific advances, including research on DNA, to impose personhood on the fetus. The discovery that "the 'secret of life' resided in DNA meant that one's identity was determined primarily at the moment of fertilization between egg and sperm, and secondarily at the moment of meiosis, the moment of genetic division and recombination between egg and sperm."¹⁰⁴ Drawing on the authority of the scientific discoveries, the author described when the fetus's heart began to beat, as well as the growth of its fingers, limbs, and hair. After illustrating that the fetus's heart was

¹⁰² PEI RTLA, "A Brief to the Board of Trustees of Queen Elizabeth Hospital from the PEI RTLA," September 1980; PANB, RS417, File 6700-2, Unknown to New Brunswick Premier Richard Hatfield, 7 April 1977.

¹⁰³ PANB, RS417, File 6720-A, Association Pro-Vie de la Peninsule Acadienne to Physician, 20 July 1988; Petchesky, "Foetal Images," 57-63. American doctors argued that pro-life advocates, such as Dr. Nathanson, misused scientific data, compelling several physicians to write a book about the reality of abortion and the development of the fetus based on scientific grounds. See Harold J. Morowitz and James S. Trefil, *The Facts of Life: Science and the Abortion Controversy* (New York: Oxford University Press, 1992).

¹⁰⁴ Dubow, *Ourselves Unborn*, 58.

“strong and healthy,” the author concluded, “Today my mother killed me.”¹⁰⁵ By establishing the similarities between the unborn and born babies, the author endeavoured to demonstrate the immorality of abortion procedures. In addition to creating a narrative for an unborn child, activists published an advertisement that provided detailed descriptions of abortions and the damage inflicted on the unborn children throughout the procedures.¹⁰⁶ The emotional imagery was a strategy used by pro-life groups to shock citizens and increase membership.¹⁰⁷

By the late 1970s, the use of ‘science’ for anti-abortion campaigns was clearly distorted.¹⁰⁸ According to the New Brunswick RTLA, medical advances indicated that all “the major organs are formed during first two months of pregnancy, and in the next seven months the baby simply grows larger. The baby, after five months, produces all the hormones necessary to maintain pregnancy.”¹⁰⁹ While all essential organs began to develop during the first trimester, it was common knowledge in the medical community that fetal development during the second and

¹⁰⁵ NB RTLA Records, Newspaper Clippings, “Diary of an Unborn Child,” *The New Freeman*, 5 May 1973. Interestingly, a member of the RTLA scratched out ‘girl’ and replaced it with ‘boy’ throughout the article.

¹⁰⁶ NB RTLA Records, Newspaper Clippings, “Four Ways to Kill An Unborn Child,” *The New Freeman*, 5 May 1973.

¹⁰⁷ Sin, “Emotionally Contentious Social Movements,” 109. For an early discussion of the “scare tactics,” see “Women Suppressed by Existing Abortion Laws,” *The Dalhousie Gazette*, 25 February 1972.

¹⁰⁸ In a letter to New Brunswick Minister of Health Brenda Robertson, New Brunswick RTLA Educational Liaison Peter Ryan argued that four and five month fetuses were “regularly being aborted” and “some fetuses have survived these abortions while others born premature at this age also survive...” Le Centre d’études Acadiennes Anselme-Chiasson, Université de Moncton, Blanche Bourgeois-Scholfield Fonds, Letter from Peter Ryan, New Brunswick RTLA Educational Liaison to New Brunswick Minister of Health Brenda Robertson, 26 July 1979. Also see “The Abortion Debate: A Matter of Choosing Rights,” *The Dalhousie Gazette*, 20 November 1980; NSA, RG89, Volume 4, File 9, Brief to Nova Scotia Advisory Council on the Status of Women from Nova Scotians United for Life, 18 March 1987.

¹⁰⁹ NB RTLA Newspaper Clippings, “‘Right to Life’ Again Seeking Public Support,” *The Kings County Record*, 3 November 1976.

trimesters was essential to the baby's survival.¹¹⁰ Despite the distortion of prenatal findings, pro-life groups continued to receive the support of medical professionals and use scientific arguments to build community support. When discussing the rationality for abortion procedures after rape, Peter G. Ryan of the New Brunswick RTLA argued in *The Moncton Transcript's* Public Opinion column that "rape pregnancy is extremely rare (it appears that rapists tend to have an unusually high incidence of sterility also that there commonly is a psychosomatic reaction in the rape victim's body that renders her temporarily infertile)."¹¹¹ The denial of "rape pregnancy" was not unique to the New Brunswick pro-life movement and was indicative of the increasing use of 'science' to engender support for the movement.¹¹²

The idea of 'fetal personhood,' which would become central to pro-life activism and instigate the movement's attempt to provide legal protection for the fetus in the Canadian *Charter of Rights and Freedoms*, is often traced back to Lennart Nilsson's photographic series in *Life* magazine in 1965.¹¹³ Nilsson, a Swedish photographer, endeavoured to document the stages of reproductive development and was able to do so once fetuses were surgically removed from the womb "for a variety of medical reasons."¹¹⁴ Despite this clarification, the image of an

¹¹⁰ LAC, RG29, Accession 1996-97/698, Box 54, File 6756-2-14, Director General, Health Standards Directorate, "Memorandum to File," 16 May 1978.

¹¹¹ PANB, RS765, File 10-1818, Peter Ryan, "Public Opinion," *The Moncton Transcript*, 30 July 1982.

¹¹² For a recent example of this pro-life argument, see "GOP Congressman: Rate of Pregnancies from Rape is 'Very Low,'" *The Washington Post*, 12 June 2013.

¹¹³ In "Fetal Images," Petchesky indicates that *The First Nine Months of Life*, a book detailing fetal development, was publicized in a June 1962 issue of *Look* magazine. Rosalind Pollack Petchesky, "Fetal Images: The Power of Visual Culture in the Politics of Reproduction," *Feminist Studies* 13, 2 (Summer 1987): 268. For an example of discussions on fetal personhood in the *Charter of Rights and Freedoms*, see "The Right to Life—and the Charter of Rights," *The Catholic Register*, 24 January 1981; Le Centre d'études Acadiennes Anselme-Chiasson, Université de Moncton, Clement Cormier Fonds, Sample Letter.

¹¹⁴ Carol Williams, "Campus Campaigns against Reproductive Autonomy: The Canadian Centre for Bioethical Reform Campus Genocide Awareness Project as Propaganda for Fetal Rights,"

eighteen-week fetus became central in pro-life campaigns and bolstered the assertion that a fetus deserved legal protection. The co-opting of the Nilsson image epitomized pro-life tactics during this period. Two decades later, American pro-life group National Right to Life Committee helped produce *The Silent Scream* (1984), a film narrated by Dr. Bernard Nathanson that claimed to illuminate fetal pain as viewers watched an abortion procedure through ultrasound imagery. In spite of criticism from the international medical community, which argued that a fetus could not feel pain or produce a scream “without air in the lungs,” the film became wildly successful across North America and demonstrated the effectiveness of “medicotechnical” arguments.¹¹⁵ The use of shocking images and films in the transnational pro-life movement ensured emotional investment in the cause and became central to the success of the RTLAs in the Maritime Provinces.¹¹⁶

Activists relied on science to strengthen their arguments, and the misrepresentation became a concern for both doctors and government officials. On 11 May 1978, the Acting Assistant Deputy Minister of Health Programs telephoned the Director General of the Health

Active History, 22 December 2014, < <http://activehistory.ca/papers/paper-18/>. Karen Newman, *Fetal Positions: Individualism, Science, Visuality* (Stanford: Stanford University Press, 1996), 10-11; *Life* magazine quoted in “Drama of Life before Death: Lennart Nilsson’s Landmark 1965 Photo Essay,” *Time*, 4 March 2013.

¹¹⁵ Petchesky, “Fetal Images,” 265-267. Petchesky argues that the film was inspired by an article published in *New England Journal of Medicine* by “a noted bioethicist and a physician, claiming that early fetal ultrasound tests resulted in ‘maternal bonding’ and possibly ‘fewer abortions.’” According to the authors, both affiliated with the National Institutes of Health, upon viewing an ultrasound image of the fetus, ‘parents [that is, pregnant women] probably will experience a shock of recognition that the fetus belongs to them’ and will more likely resolve ‘ambivalent’ pregnancies ‘in favor of the fetus.’ Such ‘parental recognition of the fetal form,’ they wrote, ‘is a fundamental element in the later parent-child bond.’”

¹¹⁶ In Halifax, films such as *Whatever Happened to the Human Race?*, *The Abortion of the Human Race*, *The Slaughter of Innocents*, *Death by Someone’s Choice*, *Basis for Human Dignity*, *Truth and History* were shown by pro-life groups. “Public Service Announcements: Thursday to Thursday,” *The Dalhousie Gazette*, 22 January 1981; and “Pro-Life Uses Shock Tactics,” *The Dalhousie Gazette*, 31 October 1985

Standards Directorate in regards to a Member of Parliament's plan to speak about abortion on 12 May 1978, "Right to Life" day, which was presumably scheduled to coincide with Mother's Day. Department officials presumed that the Member of Parliament obtained the information from the Ottawa Right to Life television news broadcast, which argued that "at three months, a fetus is capable of sucking its thumb and therefore the conclusion is drawn that it is a viable entity." According to the Director General, the Member of Parliament "was apparently under the impression that it was possible for fetuses of three months or less to be viable if given the right intensive care, and if this were true it would colour her whole approach to the matter." The Director General contacted four paediatricians "with a special interest in problems of premature newborns and newborn intensive care" at Dalhousie University, University of Toronto, University of Western Ontario, and University of Manitoba to verify the Member of Parliament's claim. The Director General argued that the doctors:

were quite emphatic that the technology does not exist anywhere in the world to produce survival in thirteen week human fetuses. None of them had heard of a survival below twenty-three weeks gestation (and it seemed probable that all four of them had heard about the one case at this age). Even survival at twenty-six weeks (when the fetus would weigh between 600 and 800 grams) is unusual.

The doctors also specified that women who delivered premature babies often had unreliable menstrual histories and, therefore, they were much further along than they presumed. One doctor argued that if the Member of Parliament "could get 13-week fetuses to survive, he would offer her a job in his unit tomorrow!"¹¹⁷ While the leading doctors jested over the absurdity of the claim, there was a growing concern that pro-life activists were undermining the authority of medical doctors over abortion.

¹¹⁷ LAC, RG29, Accession 1996-97/698, Box 54, File 6756-2-14, Director General, Health Standards Directorate, "Memorandum to File," 16 May 1978.

When Joseph Borowski, a prominent Canadian pro-life advocate, spoke before the New Brunswick RTLA's annual convention in November 1982, he argued that doctors were the "greatest culprits in this whole mess." Comparing doctors in Canada who performed abortions to doctors involved in the Nazi government's human experiments in Germany, Borowski asserted, "No government is forcing any doctor to pick up those instruments and perform operations."¹¹⁸ Borowski, a former Manitoba Cabinet Minister for the New Democratic Party, was a central figure in the Canadian pro-life movement in the 1970s and 1980s, partially due to his extremist language and radical activism, but largely because he launched a case before the Saskatchewan Court of Queen's Bench arguing that the abortion law contravened the rights of the unborn child under the Canadian *Bill of Rights* (1960). During the 1983 court case, international doctors, including Liley, Nathanson, and Lejeune testified on behalf of the unborn child.¹¹⁹ The judge dismissed the case, arguing that the unborn child was not protected by the *Charter of Rights and Freedoms*.¹²⁰ Despite the failure of the national movement to obtain legal protection for the unborn child, activists made great strides at the local and regional levels in the Maritime Provinces by continuing to challenge the medical reasoning for abortion services.

Activists kept the abortion debate in public consciousness by constantly participating in community events and using graphic images and plastic models of fetuses to demonstrate the inhumane nature of abortion. Throughout the region, the organizations hosted pro-life

¹¹⁸ "'It's Time for Action,' Speaker Tells Pro-life Meeting," *The New Freeman*, 20 November 1982.

¹¹⁹ "Joseph Borowski and the Trial of the Century," *The Interim*, 30 September 1983.

¹²⁰ Aldean Stachiw, "Manitoba's Abortion Story: The Fight for Women's Reproductive Autonomy: 1969-2005," M.A. Thesis, University of Manitoba, 2006, 95, 144. The case was eventually heard by the Supreme Court in 1988, but the abortion law had already been struck down as unconstitutional and, therefore, the Court argued in March 1989 that they would not rule on a law that was no longer valid. See Mollie Dunsmuir, "Abortion: Constitutional and Legal Developments," Law and Government Division, Government of Canada, 18 August 1988 <<http://www.publications.gc.ca/Collection-R/LoPBdP/CIR/8910-e.htm>>

workshops, spoke at schools, wrote letters to newspapers, distributed newsletters, petitions, books and films and lobbied politicians to disseminate anti-abortion information. Pro-life groups also established Respect for Life weeks, ran newspaper and radio advertising campaigns, and set up Right to Life booths at exhibitions and malls to increase involvement in the movement.¹²¹ Members of various congregations demonstrated support by launching fundraising campaigns, holding executive positions in pro-life organizations, promoting respect for the unborn child in sermons, and in the case of one Roman Catholic Chaplain at Dalhousie University, frequently writing rebuttal essays to pro-choice articles or advertisements.¹²² By the early 1980s, anti-

¹²¹ For Prince Edward Island activism see: PEI RTLA, "Association Newsletter," 4, 3, September 1979; "Abortion Ruling Disputed: PEI's Right to Life Chairmen Speak for 'Rights of Unborn Child,'" *Diocesan News*, 27 February 1977; PEI RTLA, "Respect Life Week from May 28-June 3," 24 May 1978; PEI RTLA, "Association Newsletter," December 1979; "Public Forum," H.N., Montague, *The Guardian*, 21 June 1980. For New Brunswick activism see: NB RTLA Records, Photo of Pro-Life Display at McAllister Mall, 7 November 1981; "Proclamation," *The Kings County Record*, May 1977; NB RTLA, "New Brunswick Right-to-Life Holds Tag Days," April 1978; "Miramichi Dateline: Santa Maria Ladies Group Marks First Anniversary," *The New Freeman*, 13 March 1982; "N.B. Pro-Life Movement at Crossroads; More Financing Needed," *The New Freeman*, 15 May 1982. For Nova Scotia activism see: "Re: Halifax Infirmary's Obstetrical Program," *Debates and Proceeding of the House of Assembly of the Province of Nova Scotia*, 2nd Session, 51st Parliament, Volume 2, 20 March 1975, 1378; "Pro-Life Groups Aim to Cut Growing Number of Abortions," *The Chronicle Herald*, 22 February 1978; "Birthright—An Organization Offering Alternative to Abortion," *The Chronicle Herald*, 29 December 1979; NSA, Accession 1992-587 (90-33), 16-1002.2, File Abortions July 1983-December 1983, Cape Breton Right to Life Newsletter, June 1983. For an example of Roman Catholic Chaplain Fr. Joe Hattie's responses, see "Lover is Stronger than Kindness: Letters," *Dalhousie Gazette*, 24 March 1983.

¹²² MacDonald, "Maintaining an Influence," 96-99; "Public Forum," *The Guardian: Sisters' Council*, Charlottetown to Editor, 12 July 1980; Board of Directors of Catholic Family Services Bureau, Charlottetown to Editor, 18 June 1980; D.G., Member of the Social Action Commission to Editor, 21 June 1980; PEI RTLA: Board to Valade Vitae Services, "A Proposal for the Employment of an Educational Liaison Officer(s)," 14 November 1977; President W.W. to Sister T.V., Executive Director, Valade Vitae Service, 11 May 1981; NB RTLA: Board of Directors Meeting Minutes, 31 January 1981; Board of Directors Meeting Minutes, 6 June 1981; Financial Statement for 1 November 1984 to 31 October 1985; Interview in Southern New Brunswick, (1 and 2 of 2), 7 February 2013; Interview with Anita Keating, Fredericton, 6 February 2013; "N.B. Pro-Life Staff Makes Every Dollar Count," *The New Freeman*, 20 November 1982.

abortion activism was widespread in the Maritime region and activists drew on the support of medical professionals opposed to abortion in attempts to decrease access to the procedure.

In addition to holding prominent positions within pro-life organizations, doctors were often guest speakers at community events to demonstrate the role of science in anti-abortion beliefs. In the early stages of the pro-life movement, physicians opposed to abortion often wrote in religious publications, including *The New Freeman* and *The Atlantic Baptist*, and were quoted in pro-life literature to provide a scientific background for pro-life arguments.¹²³ As the organizations grew in size and importance, numerous pro-life doctors were centrally involved in community outreach seminars, conferences, and executive organizational decisions.¹²⁴ North American doctors spoke at pro-life events throughout the region and demonstrated the divisiveness of the issue within the medical community. Canadian doctors Barry de Veber and Heather Morris, as well as American physicians Jack Willkie and Nathanson, spoke before hundreds of Maritime residents about the scientific basis for pro-life beliefs.¹²⁵ The involvement of doctors in the anti-abortion movement provided assurance to activists that eradicating

¹²³“The Abortion Dilemma,” *The Atlantic Baptist*, 1 October 1968; “Women Not Given Facts in Abortions, MD Says,” *The New Freeman*, 21 July 1973; Dr. J.C. Bourque to the Editor, *The New Freeman*, 30 June 1973; George Gilmore records, NB RTLA File 1983-2000, “Re: Interim report of task force on Chemicals in the Environment and Human Reproductive Problems in New Brunswick,” G.W. Gilmore, Newcastle to Minister of Health Charles Gallagher, 27 May 1983.

¹²⁴ PANB, RS 765, File 10-0041, “Preliminary Draft: A Conference on Abortion,” Reverend J. G. of St. Michael’s College Invitation to Deputy Minister of the Department of Health and Welfare Dr. J.G.C, 10 February 1972; PEI RTLA, “Pro-Life Newsletter,” December 1979; “Diocesan Notebook,” *The New Freeman*, 30 April 1982; “Local Doctor Issues Challenge to Protect Life at all Levels,” *The New Freeman*, 3 July 1982; “Pro-Life Workshop Set for Moncton,” *The New Freeman*, 27 February 1982; “At Sussex Right-to-Life Meeting: Most Abortions Performed for Convenience, Charges Physician,” *The New Freeman*, 17 April 1982; “Abortion a ‘Privileged’ Procedure,” *The Chronicle Herald*, 29 June 1985.

¹²⁵ PEI RTLA: “Association Newsletter,” 3, 3, September 1978; “Association Newsletter,” 3, 4, December 1978; “Respect Life Week from May 28-June 3,” 24 May 1978; “Association Newsletter,” December 1979; “Morris Speaks to Right to Life Group,” *The Guardian*, 27 June 1979; NB RTLA, “New Brunswick Right-to-Life Holds Tag Days,” Newspaper Clipping, April 1978.

Therapeutic Abortion Committees (TACs) at local hospitals was not only justifiable, but also necessary.

Many hospital employees joined pro-life organizations due to their personal opposition to abortion. Pro-life activists argued that hospitals placed employees in a moral dilemma by forcing them to witness horrific acts, such as an unborn child being torn apart limb by limb during the procedure.¹²⁶ The traumatic nature of the procedure, the organization argued, caused undue stress: “Nurses are sometimes asked to assemble the fetal parts after they have been ripped apart in a suction abortion, to deliver the dead baby after a saline abortion, and to dispose of the live baby after a hysterotomy.”¹²⁷ Former PEI RTLA president Judy Chaisson indicated that she witnessed similar traumatic procedures while she worked as a clerk in the operation room in Ontario because she was required to send the specimen to the lab.¹²⁸ Activists argued that doctors were not the only medical professionals affected by the procedure—hospital staff, including anaesthesiologists, nurses, and lab technicians were involved in the procedure—and therefore doctors alone should not be authorized to determine the medical necessity for abortions.

Hospitals became the focus of pro-life campaigns in the late 1970s and early 1980s as activists strove to eradicate TACs at local hospitals and prevent abortions performed for non-medical reasons. In 1975, Vancouver General Hospital in British Columbia became the first hospital targeted by pro-life activists, and over the next decade, activists throughout the province

¹²⁶ PEI RTLA, “Brief to the Government of PEI,” 1981; “Commission under Attack for Position on Abortions,” *The Guardian*, 11 February 1977; “Abortion Ruling Disputed: PEI’s Right to Life Chairmen Speak for ‘Rights of Unborn Child,’” *Diocesan News*, 27 February 1977; Telephone Interview with Elizabeth Crouchman, New Brunswick, 21 October 2013.

¹²⁷ PEI RTLA, “A Brief to the Board of Trustees of Queen Elizabeth Hospital from the PEI RTLA,” September 1980.

¹²⁸ Telephone Interview with Judy Chaisson, PEI, 22 April 2013.

attempted to take over hospital board corporations during “mammoth” annual meetings.¹²⁹

Because abortion committees were not mandatory and only hospital boards were responsible for establishing committees at accredited hospitals, the organizations elected pro-life members to the boards and voted against abortion committee bylaws to establish barriers to abortion access.¹³⁰

By holding key positions within the hospital corporations, pro-life activists hoped that abortion provisions would no longer be legally or medically permissible. Unlike campaigns in British Columbia, PEI activists were able to gain control of the hospital boards and implement lasting changes. Whereas doctors in British Columbia withheld participation in hospital committees when hospital boards eliminated TACs, PEI doctors followed the directives of the newly elected boards.¹³¹ The reality that abortions were often being performed for socioeconomic and mental health reasons convinced many PEI citizens and physicians that there was no rational, scientific justification for abortion. The merger of two Charlottetown hospitals provided a political opportunity for the provincial pro-life movement to demonstrate their organizational efforts. Through collective action at hospital board elections, activists elected pro-life members to the hospital corporations and systematically eroded medical authority over abortion.

Prince Edward Island: A Life Sanctuary

A closer analysis of hospital lobbying campaigns in PEI demonstrates how pro-life arguments circumvented the dominant medical discourse on abortion and influenced provincial abortion policies. Throughout the 1970s, provincial activists challenged the two hospitals with TACs,

¹²⁹ Palmer, *Choices and Compromises*, 83; Thomson, *Winning Choice on Abortion*, 77-104.

¹³⁰ LAC, RG29, Accession 1996-97/698, Box 5, File 6752-2-16 part 1: Henry Morgentaler, “Unwanted Pregnancy: Abortion and the Medical Profession,” *Doctors for Abortion Law Repeal*, Montreal, 1970; and “Short Review of Abortion in Canada.” “Abortions: Tough Moral Question Haunts Society,” *The Guardian*, 4 March 1978.

¹³¹ Thomson, *Winning Choice on Abortion*, 89.

Prince Edward Island Hospital in Charlottetown and the Prince County Hospital in Summerside, to stop approving abortion applications. However, a tangible opportunity to limit accessibility to abortions in PEI did not arise until the amalgamation of the Catholic Charlottetown Hospital and the government-funded Prince Edward Island Hospital into one newly constructed Queen Elizabeth Hospital. Hospitals were under no obligation to establish a TAC and the RTLA saw the amalgamation as an opportunity to convince board members against offering abortion services at the hospital. Access to publicly funded abortion services was already relatively limited after the Hospital and Health Services Commission (HHSC)—the provincial body responsible for implementing guidelines and a payment policy for abortion services—decided in 1976 that they would not approve payment for abortions unless there were concrete medical grounds for the procedure.¹³² Access to abortion services steadily decreased and in 1978, Statistics Canada reported that PEI’s abortion rate was the lowest in Canada.¹³³ The knowledge that accessibility to abortion services was comparatively low in the province did not lessen pro-life activism.¹³⁴ The RTLA’s lobbying efforts escalated to the extent that in 1980 Dr. Prowse, executive director of the HHSC, became concerned that citizens were confusing ‘abortion on demand’ with TACs.¹³⁵ Despite assertions that the TACs at the Charlottetown and Summerside hospitals followed strict

¹³² Some PEI doctors argued that the HHSC’s decision was arbitrary, did not reflect the present law, and forced doctors to refer women with the economic means to abortion clinics in Massachusetts, Maine, or New York. PARO, PEI Medical Society Fonds, “Health Services Commission to Chairman, Board of Trustees, All Hospitals; Administrator, All Hospitals; All Physicians,” 17 September 1976. PARO, PEI Medical Society Fonds, Executive Meeting, Minutes, 9 June 1976; “Commission under Attack for Position on Abortions,” *The Guardian*, 11 February 1977; “Commission to Retain Authority on Abortions,” *The Guardian*, 17 February 1977; Marilyn MacDonald and Suzanne Babin, “The Region: Our Abortion Law Doesn’t Do What It’s Meant to Do,” *Atlantic Insight* (July 1980): 10-11; Marian Bruce, “Prince Edward Island: Abortion Squabble Sours Mixed Hospital Marriage,” *Atlantic Insight* (July 1980): 12.

¹³³ “Abortion Rate Low on Island,” *The Guardian*, 19 July 1978.

¹³⁴ PARO, PEI Medical Society Fonds: Executive Meeting Minutes, Charlottetown, PEI, 23 July 1979; Executive Meeting Minutes, Charlottetown, PEI, 9 January 1980.

¹³⁵ “Dr. Prowse Defends Policy: ‘Abortions Not Out of Hand,’” *The Guardian*, 25 March 1980.

procedures when dealing with applicants and were confident that abortions were not getting out of hand, activists argued that medical professionals were not qualified to determine the necessity for abortions—abortion was a moral issue, not a medical decision.¹³⁶ Furthermore, the declining abortion rate convinced the RTLA that abolishing the abortion committees in Charlottetown and Summerside was a feasible objective.

Perhaps the PEI organization's most divisive action to co-opt medical authority was its request for citizens to withhold donations to the Queen Elizabeth Hospital Equipment Fund until the hospital board decided whether to establish a TAC. Numerous citizens were outraged that the RTLA was imposing its values on all citizens—some went so far as to argue that the association was blackmailing the hospital.¹³⁷ However, letters published in the Charlottetown newspaper also provide insight into why some PEI residents stridently lobbied members of the community.¹³⁸ One citizen believed that withholding funds was important because “the hospital board...will listen NOW. Money talks. It is our most eloquent speaker in this issue. If we ignore this opportunity to speak out, will we get another?” Another citizen asserted that as a “nurse who respects life,” she wanted the “best equipment for the new hospital. But short of refusing to pay taxes and going to jail, withholding support for the fund [was] the only method [she had] to force the Board to take responsibility, make the decision and stop straddling the fence.” Furthermore,

¹³⁶ PEI RTLA, “A Presentation to the Board of Trustees of the Queen Elizabeth Hospital,” November 1980; “Hospital Funding Questions: Abortion Controversy Growing,” *The Guardian*, 23 April 1980.

¹³⁷ “Public Forum,” *The Guardian*: F.G., Charlottetown, 17 April 1980; K.J.M., Charlottetown, 24 April 1980; K.D., Charlottetown, 25 April 1985; J.E.G., Summerside, 26 April 1980; Mrs. D.C., New London, 29 April 1980; D.S., Winslow, 30 April 1980; D.S., 18 June 1980; PEI RTLA, Executive Director Kenneth W. Ezeard, Queen Elizabeth Hospital to President D. P., 31 January 1980.

¹³⁸ “Public Forum,” *The Guardian*: D.P., 5 July 1980; M.M., Cornwall, 6 May 1981; B.M., 7 May 1981; A.B., 13 May 1980; A.B., 20 June 1980. Also see Clorey, “Votes and Vetoes,” 1-56. Clorey examines the letters to the editor during this period at length.

she questioned why doctors or medical personnel were even involved in the decision making process. Since doctors were medical authorities and not ethical authorities, she argued that “the question of which of the unborn will be allowed to live is an ETHICAL question.”¹³⁹ While the organization’s attempt to thwart the hospital’s fundraising efforts was not entirely successful—the Executive Director of the Queen Elizabeth Hospital argued that the campaign may have actually backfired since the hospital quickly reached its fundraising goal—the campaign heightened awareness for the pro-life cause and propelled grassroots activism on the Island.¹⁴⁰

The RTLA was not able to convince the board of directors that a TAC was unnecessary, but the RTLA was not discouraged. It understood that the RTLA could overturn the board of directors’ decision if two-thirds of the hospital corporation members voted against establishing a TAC at the annual meeting.¹⁴¹ Prior to the hospital’s 1981 annual general meeting, the RTLA sent information letters to members to ensure the meeting ran smoothly and effectively. The letter reminded activists that membership cost \$1.00 and was open to any Island citizen 18 years or older. The hospital did not allow proxy votes, so registration would open an hour and a half before the meeting commenced with registration lists arranged alphabetically on ten tables to speed up the process. The association planned to give out a pro-life ‘fact sheet’ at the door to provide voters with additional information.¹⁴² The information sheet instructed members to vote on item ‘h’ in the medical by-laws, and once the by-law was moved and seconded by the board, “pro-abortionists” would receive the opportunity to discuss the issue before the vote. The letter advised members that:

¹³⁹ “Public Forum,” S.P., Parkdale, *The Guardian*, 3 May 1980

¹⁴⁰ Marian Bruce, “Prince Edward Island,” 12.

¹⁴¹ PEI RTLA Records, ‘A Presentation to the Board of Trustees of the Queen Elizabeth Hospital,’ November 1980.

¹⁴² PEI RTLA, President R.P. to Members, 1981; “Action on Abortion Committee,” *Diocesan Bulletin*, 5 April 1981.

In the event of discussion, selected pro-life speakers will respond to all pro-abortion arguments, speaking from prepared texts. AS SOON AS POSSIBLE, WE CALL FOR THE VOTE (all holler 'Question!'). Chairman will say 'All in favor?'" Do not respond. Chairman will say 'Contrary' Respond! A recess will follow, the board will convene, delete the T.A.C. clause(s), then propose the adoption of the by-laws without the therapeutic abortion committee. This time we vote IN FAVOR of the amended by-laws.

One pro-life doctor was concerned that the resolution would fail if activists did not compromise and allow a provision for abortions when a pregnancy endangered a mother's life. The organization declined his suggestion and went forward with their anti-abortion amendment.¹⁴³ Activists saw the proposed amendment as a slippery slope and did not want to create any avenues for doctors to perform abortions in the Charlottetown hospital.

In addition to voting against including a TAC in the hospital corporation by-laws, the organization planned to elect pro-life members to the board of directors to ensure that community members with an anti-abortion stance managed the hospital. The RTLA gave members a list of pro-life candidates from which to choose: a former director of public health nursing; a protestant lawyer who was involved in numerous charitable organizations; a provincial government employee trained in social work, and a former employee of the Prince County Family Services Bureau; a wife of a clergyman; the chairman of the Diocesan Pastoral Council; an administrator of the village of Cornwall who was also director of the United Way; a minister and executive director of the PEI branch of the Canadian Mental Health Association; and lastly, a Charlottetown lawyer.¹⁴⁴ The slate of Protestant, Catholic, and highly educated pro-life board members provided assurance that the resolution would not be easily overturned.

¹⁴³ Interview with Ann Marie Tomlins, Charlottetown, PEI, 11 February 2013. According to Tomlins, the doctor was happy that they ignored his advice, after the fact, because the RTLA was successful.

¹⁴⁴ PEI RTLA, President R.P. to Members, 1981.

The efforts of the RTLA culminated on 25 June 1981 when the members of the Queen Elizabeth Hospital voted against a TAC. Membership grew from 200 members in 1980 to over 3000 members in 1981 with 1796 people attending the annual meeting to cast votes.¹⁴⁵ Citizens traveled from all over the Island and braved a downpour to attend the meeting hosted at the local arena.¹⁴⁶ Ann Marie Tomlins, a prominent figure in the regional pro-life movement, was the president in 1981 and she recalled that “[they] sent letters out to churches and groups and just asked for support and it came. There were busloads from all over the Island...and at least four times as many of us. At least four times.”¹⁴⁷ One interview participant remarked that the crowd was “bigger than at many of the hockey games.”¹⁴⁸ Activists remembered waiting in line for hours before being able to cast their votes and the board comically attempting to rush through its usual business as over a thousand people waited to vote on the abortion issue.¹⁴⁹ The board then took a 45-minute recess to tally the votes and after hours of anxiously waiting for the decision, it informed members that the vast majority of the 1796 members voted against establishing a TAC. The pro-life organization was also able to elect their slate of pro-life candidates onto the hospital board. The RTLA ensured that their candidates would succeed: “if there was a lawyer being presented by the hospital...we put in a more qualified lawyer. If there was a doctor we put in a more qualified doctor, etc., so that the people we put in were...there for years and...did a wonderful job...Our slate won.”¹⁵⁰

¹⁴⁵ “Large Hospital Membership to Vote on Abortion Issue,” *Patriot*, 2 June 1981.

¹⁴⁶ “Doreen Beagan: An Island Warrior,” *The Interim*, October 2006.

¹⁴⁷ Interview with Ann Marie Tomlins, Charlottetown, 11 February 2013. When Tomlins moved to Nova Scotia, she became the executive director for Council for Life Nova Scotia. She would later run for the Christian Heritage party and participate in Operation Rescue in Buffalo, New York.

¹⁴⁸ Interview with Doreen Beagan, Charlottetown, 17 February 2013.

¹⁴⁹ Phone Interview with PEI Resident, 9 March 2013.

¹⁵⁰ Interview with Ann Marie Tomlins, Charlottetown, 11 February 2013.

Their victory at the Queen Elizabeth Hospital assured activists that eliminating access to abortion on the Island was not only possible, but also very likely, and they immediately focused their attention on disbanding the TAC at the Prince County Hospital in Summerside. Doreen Beagan, who would later become the president of REAL Women PEI, was one of the pro-life activists elected as a member of the board of trustees at the Summerside hospital in the 1980s and she remembered the slow process in which the organization elected members onto the board annually, beginning in the late 1970s.¹⁵¹ The association labeled the Prince County Hospital the “abortion centre of P.E.I.” because more than half of the abortions performed in the province annually occurred at the hospital, prior to the closure of the Prince Edward Island Hospital in Charlottetown.¹⁵² The hospital responded to anti-abortion activism by amending the abortion bylaw in the early 1980s to ensure that only abortions performed to save a mother’s life were acceptable. However, the RTLA was not satisfied with the Prince County Hospital’s amendment and the pro-life organization formed a special committee in 1982 to study the procedures and by-laws at the hospital to abolish the TAC.¹⁵³ In addition to encouraging pro-life members to pay the \$10 fee required to become a member and receive voting rights at the Prince County Hospital’s annual meetings, the organization disseminated pro-life ideology by organizing film

¹⁵¹ Interview with Doreen Beagan, Charlottetown, 17 February 2013; Interview with Ann Marie Tomlins, Charlottetown, 11 February 2013.

¹⁵² “Therapeutic Abortions on Decrease in P.E.I.—On the Rise in every other Province,” *Journal-Pioneer*, 19 July 1978; PEI RTLA: “Association Newsletter,” 3, 3, September 1978; “Association Newsletter,” 4, 3, September 1979; “Pro-Life Newsletter,” 5, 1, February 1980; President Ann Marie Tomlins to John R. Mungall, Administrator, Prince County Hospital, 7 September 1980; “Anti-Abortion Group Passes Resolution,” *The Guardian*, 27 April 1981. PARO, PEI Medical Society Fonds, “Report of the Special Study Commission on Abortion,” Appendix B, 10 June 1975.

¹⁵³ “Public Forum,” Friends of the Prince County Hospital, *The Guardian*, 5 June 1984.

showings and talks for church groups and high school classes in an attempt to increase its support base.¹⁵⁴

While the pro-life movement lost the motion to abolish the TAC at the 1984 annual meeting, pro-life members replaced several key members of the hospital corporation and indicated their resolve to achieve their goal from within the hospital.¹⁵⁵ The realization that voters considered the election of trustees and the removal of the TAC as the same issue troubled several Summerside residents. The hospital's executive director, Wayne Carew, explained that once members removed the TAC from the hospital bylaw, the board could not reverse the decision.¹⁵⁶ A former director of nursing was concerned that if members of the hospital corporation replaced trustees with inexperienced pro-life citizens for three-year terms there would be tensions and bitterness between staff and hospital employees.¹⁵⁷ Summerside residents lamented that "outsiders" were replacing trustees who devoted their life to improving health care and many hospital employees rallied behind veteran board members to prevent the election of pro-life members to the hospital board in 1985.¹⁵⁸ The abortion issue intensified that year when citizens called the Prince County Hospital board members at home to express their views on the

¹⁵⁴ "Association to Fight Abortions at Hospital," *The Guardian*, 28 April 1982; "Lively Debate Appears Likely Over Abortions," *The Guardian*, 29 June 1982; "Debate on Abortion Failed to Materialize," *The Guardian*, 30 June 1982; "P.E.I. Anti-Abortionist Vows to Continue Fight," *The Guardian*, 29 December 1982; "Abortion Struggle Continues," *The Guardian*, 27 April 1984.

¹⁵⁵ "Prince County Hospital Vote: Abortion Committee Stays," *The Guardian*, 8 June 1984.

¹⁵⁶ "Hospital Meeting Thursday: Meeting to Air Controversial Abortion Issue," *The Guardian*, 5 June 1984.

¹⁵⁷ "Public Forum," *The Guardian*: L.B., Summerside, 6 June 1984; A.C., Charlottetown, 15 June 1984.

¹⁵⁸ "Public Forum," Friends of the Prince County Hospital to Editor, *The Guardian*, 5 June 1984; "Employees Upset Pro-Life Group," *The Guardian*, 5 June 1985.

abortion issue prior to the annual meeting.¹⁵⁹ The abortion debate was arguably more emotional at the Prince County Hospital because activists were not electing board members to a new hospital. Instead, the RTLA strategized to replace an experienced board of directors, and the chairperson, who had held the position for thirty years.¹⁶⁰ The pro-life motion was defeated again in 1985, but the organization successfully filled seven of the eight positions available on the hospital board and demonstrated their determination to succeed the following year.¹⁶¹

By 1986, after almost a decade of gradually electing pro-life trustees and increasing membership for the hospital corporation, the movement was able to abolish the abortion committee in Summerside. Churches organized buses and citizens traveled across the Island to attend and vote at the annual general meeting.¹⁶² On 3 June 1986, 1374 members of the Prince County Hospital Corporation attended the meeting and 978 voted to abolish the TAC.¹⁶³ In an interview following the hospital meeting, Dr. Douglas Tweel, spokesperson for PEI Medical Society, argued that the removal of the bylaw was a “non-issue” because it did not change the status quo.¹⁶⁴ Although the government last reported abortions on the Island in 1982, the

¹⁵⁹ “Hospital Meeting Nears: Carew Seeks Calmer Abortion Debate,” *The Guardian*, 31 May 1985.

¹⁶⁰ “Public Forum,” Concerned Citizens of Prince County Hospital to Editor, *The Guardian*, 10 April 1985; Interview with Doreen Beagan, Charlottetown, 17 February 2013.

¹⁶¹ “Anti-Abortionists Lose; Committee Will Stay,” *The Guardian*, 6 June 1985.

¹⁶² A woman from Summerside recalled making the effort to book a babysitter that evening so she could vote against the TAC. Interview in Summerside, PEI, 22 July 2013; “Few Islanders Expect to See Abortions Available for at least the Rest of the Decade,” *Journal-Pioneer*, 9 June 1986. In Vancouver, pro-life activists also organized buses for people living outside the city to attend the annual meeting. Unlike the PEI hospitals, which served a significant percentage of the province, Vancouver General Hospital chose to enforce residency requirements to prevent ‘outsiders’ from voting. Thomson, *Winning Choice on Abortion*, 81.

¹⁶³ “P.E.I. Now Only Canadian Province Where Abortion Cannot Be Obtained,” *Journal-Pioneer*, 4 June 1986; “Meeting Abolishes Abortion Committee by a Vote of 978-396,” *The Guardian*, 4 June 1986;

¹⁶⁴ “Both Sides Assessing Vote on Committee,” *The Guardian*, 6 June 1986; PARO, Box 27, 95-003, Abortion 1988 File, Keith Milligan to C.C., Charlottetown, 7 April 1988.

dissolution of the TAC was a symbolic victory for the pro-life movement and PEI became the first pro-life province.

The PEI RTLA's ability to challenge the medical community's authority over abortion in the 1980s and successfully abolish TACs on the Island demonstrates the power of a well-organized and active social movement organization. Due to the small size of the province, activists were able to draw on their social networks and increase involvement in the organization during crucial times, such as hospital board meetings. Furthermore, the support of pro-life medical professionals provided authority to the movement, particularly when challenging the Charlottetown and Summerside hospitals' involvement in abortion services.

Abortion Access in New Brunswick and Nova Scotia

While pro-life efforts in New Brunswick and Nova Scotia were not nearly as successful, the provincial hospitals were undeniably influenced by campaigns to eradicate TACs. The New Brunswick RTLA was not able to eliminate abortion services in the province, but it successfully decreased abortion access through extensive lobbying campaigns in the 1980s.¹⁶⁵ The Moncton Hospital was an "important centre for action" because it performed two-thirds of the province's abortions.¹⁶⁶ Former RTLA president George Gilmore recalled a unique protest at the Moncton Hospital in which Father Charles Mersereau and former pro-life president of the New Brunswick RTLA David Little performed a historical ritual of exorcism in the hospital. With the help of a hospital employee, Mersereau and Little found the "hospital abortion chambers" and sprinkled holy water throughout the room. When their activities were revealed, the men let their bodies go "limp and were dragged out by police." Gilmore indicates that the police did not lay charges to

¹⁶⁵ "Right to Life Passed Resolutions, Elected Executive," *The New Freeman*, 27 November 1982.

¹⁶⁶ George Gilmore Records, NB RTLA 1984-1999 File, Issues Addressed.

avoid publicity of the incident. While this particular protest was unique, the Moncton Hospital was a constant site of pro-life demonstrations and vigils.¹⁶⁷

When the Moncton Hospital stopped performing abortions in June 1982 due to “tremendous psychological pressure” from activists, the RTLA used the opportunity to convince the hospital that New Brunswick citizens did not support abortion access.¹⁶⁸ The pro-life organization collected 33,000 signatures to prevent future abortions; however, to the dismay of the RTLA, the eighteen-page pro-life “proclamation” did not stop the TAC from resuming services after a six-month moratorium.¹⁶⁹ In response to the decision, Little argued that the Moncton Hospital’s TAC members “have no idea what they’ve done. We’ve just begun the fight.”¹⁷⁰ The RTLA demonstrated their resolve to continue fighting against abortion access several months later at a Mother’s Day protest in front of the Moncton Hospital, which attracted between 600-700 people.¹⁷¹ Due to extensive lobbying campaigns throughout the 1980s, the number of approved procedures at the Moncton Hospital diminished significantly.¹⁷² In the year prior to the Moncton Hospital protests, the province recorded approximately 430 abortions. In 1984, two years after the moratorium, the provincial number of abortion procedures decreased to

¹⁶⁷ NB RTLA: Moncton Hospitals Protest Photos, 1983; and Board Meeting Minutes, 19 April 1986; “Moncton Debate on Abortion Highly Charged,” *The Moncton Times*, 10 December 1982; “Pro-Choice Groups March in Fredericton: Right to Life Spokesman Voices Outrage,” *The Times-Transcript*, 3 October 1983.

¹⁶⁸ “Moncton Debate on Abortion Highly Charged,” *The Moncton Times*, 10 December 1982.

¹⁶⁹ “At the Sussex Right-to-Life Meeting: Most Abortions Performed for Convenience, Charges Physician,” *The New Freeman*, 17 April 1982.

¹⁷⁰ “Hospital Decision on Abortions Rankles Moncton’s Archbishop,” *The New Freeman*, 15 January 1983.

¹⁷¹ “Protest Abortions Moncton Hospital,” *The New Freeman*, 21 May 1983; “600 Join in Hub Pro-Life March,” *Telegraph Journal*, 9 May 1983.

¹⁷² For an analysis of the Moncton Hospital debates, see Ackerman, “Not in the Atlantic Provinces,” 75-101.

approximately 267.¹⁷³ By the mid-1980s, only four of the seven provincial hospitals with TACs performed the procedure and all of the hospitals were located in the province's larger cities in southern New Brunswick.¹⁷⁴ The provincial RTLA continued to pressure government officials and hospitals to stop offering the procedure and the decrease in access indicates that the organization was moderately successful.

Part of the RTLAs success can be attributed to the members of the New Brunswick medical community who promoted the scientific discourse throughout the 1980s and wielded their medical authority to limit a woman's ability to obtain an abortion in the hospital system. Doctor Steven Gader of Campbellton, an active member in the pro-life movement, "was instrumental in disbanding the city's therapeutic abortion committee" according to *The New Freeman*.¹⁷⁵ Gader was not alone in his strong opposition to abortion services. In 1982, 119 physicians publicly announced their opposition to abortion in the RTLA's eighteen-page pro-life proclamation, and many continued to vocalize their stance throughout the mid-1980s.¹⁷⁶ In 1985, twenty-five male physicians, seven of whom resided in northern New Brunswick, submitted a pro-life petition arguing that "to attempt to meet the problem of unwanted pregnancy by the taking of unborn life is a misguided and destructive act against humanity, itself. Therefore, it is an act against women as well as against men. It is our wish to see the practice of abortion in

¹⁷³ PANB, RS417, File 6720-A, Deputy Minister of Health and Community Services Claire M. Morris to J. B., 22 March 1984.

¹⁷⁴ The smaller hospitals located in northern New Brunswick were lobbied extensively. NB RTLA Records, Minutes of 1982 Annual General Meeting in Saint John, New Brunswick, 6 November 1982.

¹⁷⁵ "At the Sussex Right-to-Life Meeting: Most Abortions Performed for Convenience, Charges Physician," *The New Freeman*, 17 April 1982.

¹⁷⁶ "Public Opinion," G. N., (Spokesman) Committee for the Retention of Abortion Rights, Moncton to Editor, *The Moncton Times Transcript*, 3 January 1983; "Public Opinion," Dr. R. H. B. to Editor, *The Moncton Times Transcript*, 5 February 1983; PANB, RS417, File 6720-A, President M. D., B. M., Rev. P., I. L., M. C., D. D., T. A., C. A. W., P. A., Dalhousie Chapter of Alliance for Life, to Premier Richard Hatfield, 2 August 1984.

Canada stopped.”¹⁷⁷ The number of signees was not particularly significant—there were approximately 800 doctors in New Brunswick at this time—but the willingness of the doctors to support the pro-life cause, in opposition to the Canadian Medical Association’s position, further strengthened the resolve of the RTLA.

New Brunswick did not become a pro-life province, despite the hopes of the provincial association.¹⁷⁸ It is unclear if disputes within the RTLA stunted the movement, but media headlines in the 1980s, as well as comments in the organization’s meeting minutes, indicated that the New Brunswick organization confronted dissent within the ranks.¹⁷⁹ After leaders within the RTLA, Ryan and Little, stepped down from their full salaried positions in 1983, the Northern Carleton RTLA chapter called on President Sharon Ludwig to resign. In the report, the chapter argued:

Sharon Ludwig has been requested several times by our chapter via their board members to voluntarily step down from the Presidency due to her obvious conflicts with other board members. Her attitude has only hindered [sic] and destroyed the effectiveness of our Association. She has repeatedly refused. Therefore, with regret we feel the following motion is our only recourse, if we hope to preserve our Association, not for ourselves, but for the sakes of the innocent unborn children and other victims of the abortion mind set. Due to her blatant abuse of power, unco-operative attitude and contentious spirit, I move: 1) That Sharon Ludwig be removed from the office of President of the New Brunswick Right to Life Association....¹⁸⁰

While the emergence of conflicts within the social movement organization was not surprising, it provides one explanation for why the organization was unable to reach its goal and eliminate

¹⁷⁷ PANB, RS765, File 10-0437, Petition from Medical Doctors of New Brunswick, 27 June 1985.

¹⁷⁸ “Right to Life Embarks on Signature Ad Campaign,” *The New Freeman*, 9 October 1982.

¹⁷⁹ NB RTLA Records, Minutes of the Board of Directors Meeting, Fredericton, New Brunswick, 11 April 1981; “Little, Ryan No Longer with Right to Life,” *The Moncton Times Transcript*, 20 May 1983; “Mystery Surrounds Right to Life Group’s Leaders,” *The Moncton Times Transcript*, 21 May 1983.

¹⁸⁰ NB RTLA Records, “Report of the Northern Carleton Chapter.”

access to the procedure in the province. Despite attempts to eradicate abortions at the four remaining hospitals with TACs, abortion remained an option for women facing unwanted pregnancies in the province.

Similar to campaigns in Moncton, the Victoria General Hospital in Halifax became the focus of pro-life efforts to limit abortions in the province due to the high number of procedures performed at the hospital, in comparison to other institutions in the region.¹⁸¹ Throughout the 1980s, the pro-life group exerted pressure on the Victoria General Hospital to decrease access to abortion services, and over time, received support from a number of politicians. “Respect Life Month of October” received official recognition from Premier John Buchanan and several municipalities, and politicians attended pro-life events. Transnational pro-life activists Dr. and Mrs. Willke traveled throughout the province to speak on the “Respect Life” theme, and went so far as to call the Victoria General Hospital the “killing centre of the province.” When asked for his response, chair of the Victoria General Hospital’s TAC Dr. Kushner argued that he was distressed by the label, as he viewed the hospital as a health centre that provided people the power to choose an abortion with the guidance of the committee. Furthermore, he contended that the Willke’s espoused a “minority viewpoint.”¹⁸²

¹⁸¹ Throughout the 1970s, pro-life Members of the Legislative Assembly requested the number and cost of abortions performed at the Victoria General Hospital and questioned whether the province offered ‘abortion on demand.’ For examples see: “Re: Halifax Infirmary’s Obstetrical Program,” *Debates and Proceeding of the House of Assembly of the Province of Nova Scotia*, 2nd Session, 51st Parliament, Volume 2, 20 March 1975, 1378; “Re: Small Percentage of Disapproved Abortions,” *Debates and Proceeding of the House of Assembly of the Province of Nova Scotia*, 3rd Session, 51st Parliament, Volume 1, 20 May 1976, 2235; “Applications for Abortion At V.G.” *Debates and Proceeding of the House of Assembly of the Province of Nova Scotia*, 5th Session, 51st Parliament, Volume 1, 21 February 1978, 292; “Abortion on Demand in N.S.” *Debates and Proceeding of the House of Assembly of the Province of Nova Scotia*, 5th Session, 51st Parliament, Volume 1, 25 April 1978, 1877.

¹⁸² “Abortion and Human Life: An Occasion for Deep Reflection,” *The Chronicle Herald*, 29 October 1985; “VG ‘Killing Centre,’ Doctor Says,” *The Chronicle Herald*, 25 October 1985.

Whether the Willke's viewpoint represented the minority was debatable, but pressure to investigate abortion access at the Victoria General Hospital continued to increase. At the annual Knights of Columbus state convention in Cape Breton in 1985, delegates passed a resolution to pressure the provincial government to investigate the high number of abortions through the creation of a task force.¹⁸³ Due to heightened pro-life lobbying, Kushner told reporters he saw no problem with pro-life groups' call for a provincial investigation at the Victoria General Hospital, as the hospital had "nothing to hide. If they (the government) want to investigate, they're perfectly at liberty to because they pay the bills. It would just mean a bloody nuisance."¹⁸⁴ In the past, the government "had steadfastly refused" pressure from anti-abortion groups to review the policies at the Victoria General Hospital as abortion fell under federal law.¹⁸⁵ In response to continued criticism for over two-thirds of the province's abortions being performed in Halifax, the Minister of Health Gerald Sheehy contended that he personally opposed 'abortion on demand,' but the federal abortion law "makes it completely and utterly legitimate for an abortion committee to approve an abortion."¹⁸⁶ Despite lobbying campaigns, the Victoria General Hospital performed up to eighty percent of abortions in the province by 1984 and the numbers did not wane throughout the 1980s.¹⁸⁷

Nova Scotia pro-life activists were more successful at limiting abortions in other regional hospitals. Only nine of the twelve Nova Scotia hospitals with TACs performed abortions in 1984 and the gap between hospital numbers was tremendous. While Victoria General Hospital

¹⁸³ "Task Force Requested to Study Reasons for 'High' Abortion Rate," *The Chronicle Herald*, 20 May 1985.

¹⁸⁴ "Group Seeking Abortion Probe," *The Chronicle Herald*, 9 October 1985.

¹⁸⁵ "Morgentaler Vows to Make Abortion Election Issue," *The Chronicle Herald*, 21 July 1984.

¹⁸⁶ "Abortion," *Debates and Proceeding of the House of Assembly of the Province of Nova Scotia*, 1st Session, 53rd Parliament, Volume 6, 15 June 1982, 3936-3940.

¹⁸⁷ NSA, RG89, Vol 4, File 9, "Choice is the Issue: A Brief by CARAL/Halifax on Reproductive Choice," March 1987.

performed 1412, Sydney, Colchester, and Valley Health Services performed 98, 71, and 57, respectively. The remaining five hospitals performed between 26 and 9. According to a Halifax chapter of the Canadian Abortion Rights Action League, the hospital corporations placed rigid quotas on the number of procedures performed and enforced strict cut-off dates. Hospitals with TACs experienced lobbying similar to the campaigns in PEI and their limited number of services likely reflected pressure from pro-life groups.¹⁸⁸ Hospitals that did not establish TACs were often run by religious organizations. In Sydney, the St. Rita Hospital would not perform abortion or many gynecological services; “women [had] to be transferred to Sydney City Hospital when they need[ed] gynecological services delivering babies,” which meant that the hospital transferred women to Sydney City Hospital for services.¹⁸⁹ Religious opposition to abortion also influenced other regional hospitals. According to one interview participant, the Sisters of St. Martha’s central role in the Antigonish hospital, which did not perform abortions, would have made local pro-life activism in the area unnecessary.¹⁹⁰ Nova Scotia pro-life lobbying campaigns continued throughout the province in the 1980s, with limited success, and demonstrated the regional nature of the debates.

Conclusion

An examination of pro-life activism in the Maritime region provides insight into the power of effective social movements, but also the fragility of medical authority over abortion. By drawing on the support of religious institutions, the organizations were able to disseminate anti-abortion

¹⁸⁸ NSA, Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985: “Abortion: A Brief Submitted to the Board of Directors of Yarmouth Regional Hospital,” Yarmouth and Area RTLA, May 1985; Co-Presidents A.M. and C.D. to Yarmouth and Area RTLA to Secretary of Board of Directors G. M., YRH, 15 May 1985.

¹⁸⁹ NSA, Accession 1990-057-17, Royal Commission on Health Care Nova Scotia Files, Newspaper Clippings—Hearings, Sydney, 4 May 1988.

¹⁹⁰ Telephone Interview, Antigonish, 22 April 2013.

literature to large networks and increase interest in the movement. Furthermore, the participation of international scientists and doctors in the movement provided legitimacy and authority to anti-abortion beliefs. Instead of supporting the mainstream medical community's position that abortion could justifiably be performed for non-medical reasons, activists found doctors, hospital employees, and government officials who opposed the procedure and were willing to speak out against the Canadian Medical Association's abortion policy. The success of the PEI pro-life organization and the decrease in services offered at Nova Scotia and New Brunswick regional hospitals was indicative of the growing fissures within the medical community and intense pro-life lobbying campaigns. It also illustrated the intimate and personal nature of political confrontations in the region. Due to the small population and geography of the region, citizens and medical professionals that participated in confrontations at hospital board meetings were not able to maintain anonymity, like in cities such as Vancouver. The pro-life organizations used the emotional and personal political confrontations to build support for their cause, but also to suppress opposition from medical professionals and the women's movement.

While pro-life activists influenced access to abortion services in provincial hospitals throughout the region, women's liberation groups and pro-choice organizations in the Maritime Provinces strove to counter the movement by disseminating abortion referral and family planning information. Despite the strength of pro-life activism, women's groups struggled to liberalize reproductive health policies through bureaucratic channels. An analysis of family planning institutions and pro-choice activism in the next chapter will provide insight into why unwanted pregnancies continued to rise throughout the period. Economic concerns, as well as opposition from pro-life groups, stunted the women's movement's efforts to limit the number of unplanned and unwanted pregnancies, and decrease the need for abortion services.

Chapter 3

‘The End Justifies the Means’: Family Planning Organizations and Intergovernmental Relations

The End Justifies the Means: Neither truth nor logic has ever hindered the ‘Right to Life’ people. They’ll say or do just about anything to further their cause. Their literature portrays abortion as ‘cosmetic surgery’ used by careless, wanton women as casually as birth control. They indoctrinate children in the schools with propaganda disguised as ‘textbooks,’ and often use these children in their marches and publicity stunts. They claim the availability of birth control is responsible for the rising teenage birth rate, and that, if we simply do away with birth control education, the problem will miraculously disappear.¹

The proliferation of pro-life organizations throughout the 1970s and 1980s prompted heated debates over abortion access throughout Canada, but just as important were the pro-life campaigns to limit funding for family planning organizations and sex education in the school system. In the pamphlet, “You know them as the ‘Right to Life’ People. They Oppose Abortion. But Did You Know...,” the Canadian Abortion Rights Action League (CARAL) chastised pro-life organizations for stunting family planning educational campaigns and inhibiting efforts to reduce teenage pregnancy. The struggle for control over family planning education emerged after the legalization of birth control devices and the dissemination of contraceptive information in 1969. When the federal government liberalized the abortion law, it also removed the nearly century-old ban on selling, advertising, and using contraceptive pharmaceuticals and devices.² The ability for women to use contraceptive devices legally coincided with the implementation of the national health insurance plan, which provided Canadians with universal access to health care services. Both federal and provincial governments became embroiled in family planning

¹ NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, File Abortions July 1983-December 1983, “You know them as the ‘Right to Life’ People. They Oppose Abortion. But Did You Know...” Pamphlet. NS ACSW President F. C. to Minister of Health G. Sheehy, 19 December 1983.

² Mitchinson, *Body Failure*, 159.

debates in the late twentieth century, as the women's liberation movement impressed upon the government the need for universal access to family planning services to achieve a reduction in therapeutic abortions requests.

This chapter explores the concerted efforts of federal and provincial governments, medical societies, and women's organizations to reduce the high number of unwanted pregnancies, and their subsequent impact on the social and economic well-being of citizens. Drawing on interprovincial and federal-provincial correspondence, as well as the records of non-governmental and governmental agencies, including provincial Advisory Council on the Status of Women (ACSW) and Right to Life Association (RTLA) records, this chapter demonstrates how polarization over abortion access became detrimental to efforts to lower the high teenage pregnancy rate in the Maritime Provinces.³ An exploration of government records offers insight into the challenges policy analysts and politicians faced in their attempts to provide services that divided, rather than unified, its constituency. In addition, the demands for increased funding for family planning efforts occurred during the "first waves of neoliberalism," the period in which the federal and provincial governments moved away from the "expansionist state" model.⁴ As both levels of government endeavoured to manage the economic and political risk associated with universal access to controversial health care services, such as abortion and birth control, family planning organizations struggled to convince the governments that the social and economic risk of unwanted pregnancies was greater.

³ While some Canadian municipalities provided support for family planning clinics, this chapter focuses on the coordination between provincial and federal governments. "Association Presents Brief on Family Planning to Minister of National Health and Welfare," *CMAJ* 113 (23 August 1975): 320.

⁴ Guildford and Morton, "Introduction," 17.

The formation of the federal and provincial ACSWs provided an opportunity for women to make a difference from within the government, and yet, the limits of their power quickly became known as the government began the process of economic restructuring.⁵ The “multi-vocal” nature of the state and political interference often incited frustration, and at times apathy, due to the inability of the ACSWs to implement programs they deemed essential.⁶ Medical societies similarly faced obstacles both within their profession and through their collaboration with government departments. Creating a unified voice to incite change at the federal and provincial levels of government was an impossible task due to the varied opinions of doctors, as indicated in chapter one. While many physicians enthusiastically supported sex education campaigns, the backlash from colleagues, parents, and pro-life groups remained a concern, and an impediment to family planning initiatives.

While women’s organizations hoped that both levels of government would prioritize women’s health needs and fund a nationwide family planning program, the rise of neoliberal policies curtailed their efforts. Adding to the obstacles non-governmental organizations faced in convincing policy makers to support their proposals, anti-abortion and religious groups conflated sex education with abortion rights advocacy and lobbied governments to keep sex education out of school curriculum. Despite efforts from a variety of stakeholders to reduce unwanted pregnancies, a reduction in government funding and opposition from anti-abortion groups

⁵ Janet Guildford, “Persistence on the Periphery: Advisory Councils on the Status of Women in Atlantic Canada to 2000,” in *Making up the State: Women in Twentieth-Century Atlantic Canada*, eds. Janet Guildford and Suzanne Morton (Fredericton: Acadiensis Press, 2010): 231.

⁶ Sharon Myers, “The Apocrypha of Minnie McGee: The Murderous Mother and the Multi-Vocal State in 20th Century Prince Edward Island,” in *Making up the State: Women in Twentieth-Century Atlantic Canada*, eds. Janet Guildford and Suzanne Morton (Fredericton: Acadiensis Press, 2010): 32-33; Guildford, “Persistence on the Periphery,” 231.

hindered family planning organizations' attempts to reduce the need for abortion services in the Maritime Provinces.

Fertility Management in the Twentieth Century

The historiography of abortion and birth control in late-nineteenth century Canada has convincingly demonstrated that women continued to manage their fertility through illegal and extralegal means.⁷ Women sought advice from willing physicians, obtained clandestine services from midwives, alternative, and regular doctors, and if all else failed, used illicit methods to prevent their own pregnancies.⁸ With the emergence of a birth control movement in Great Britain and North America in the 1920s, public acceptance of contraceptive counseling increased. Although birth control was prescribed for medical reasons, the onset of the Great Depression provided support for fertility management for socioeconomic reasons. As Wendy Mitchinson argues in *Body Failure* (2014), doctors could easily mask socioeconomic reasons as medical reasons by the 1940s with little fear of criminal prosecution.⁹ While women were increasingly able to access birth control methods throughout the twentieth century, the measures frequently failed and women unwilling to carry an unwanted pregnancy to term continued to seek abortion services.

Although many women successfully managed their fertility throughout the early twentieth century, the consequences of the law were sometimes tragic, as Katherine McDonald's maternal family learned during the 1910s.¹⁰ A cousin of McDonald's grandmother shot herself

⁷ McLaren and McLaren, *The Bedroom and the State*, 9-38.

⁸ Penny Light, *Shifting Interests*; Mitchinson, *The Nature of their Bodies: Women*; Backhouse, "The Celebrated Abortion Trial of Dr. Emily Stowe, Toronto, 1879," 159-87.

⁹ Mitchinson, *Body Failure*, 160-162, 172.

¹⁰ Katherine McDonald, Personal Interview in Ottawa, Ontario, 3 April 2013. McDonald was the President of Nova Scotia Advisory Council on the Status of Women from 1993-1996 and then

during the First World War when faced with a second unwanted pregnancy. The first time she became pregnant, the young woman's mother was able to get her on a steamer to London to obtain an illegal abortion through her connections as a nurse. However, when she became pregnant again a year later, she was unable to get to London because of the war and committed suicide. The cousin's death illuminated the repercussions of the law and prompted McDonald's grandmother to join international birth control crusaders in their cause. McDonald's grandparents marched alongside Margaret Sanger in New York and became vocal pro-choice Catholics. Years later, tragedy shook the family again when a cousin of McDonald's mother became pregnant with her fifth child, against her doctor's wishes, and both the child and mother died in childbirth.

The tragedies that arose from unplanned and unwanted pregnancies were central to the long history of pro-choice activism in McDonald's family and their dismissal of the Church's anti-contraceptive stance. When Pope Paul VI declared birth control a sin in his 1968 papal encyclical, *Humanae Vitae*, McDonald's mother refused to support an institution that undervalued women's lives.¹¹ McDonald's mother left the Church, despite coming from a well-known Catholic family in Halifax with many relatives in the clergy, in an attempt to politicize her opposition the Church's anti-birth control and abortion stance. Her mother did not believe her use of contraceptives was a sin and refused to go to Church weekly to ask for forgiveness for controlling her fertility. The emerging women's liberation movement provided a voice to

moved to Ottawa to start Action Canada, a reproductive rights non-governmental organization. As discussed in chapter five, McDonald also became involved in the movement because her request for an abortion was denied in 1972.

¹¹ Encyclical letter of Pope Paul VI on the Regulation of Birth, *Humanae Vitae*, Clause 14, 1968, http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_pvi_enc_25071968_humanae-vitae_en.html. The Roman Catholic Church also declared opposition to birth control in the 1930 encyclical "Casti Connubi." See Mitchinson, *Body Failure*, 161.

women, such as McDonald's mother, who were no longer willing to accept the status quo in relation to fertility management.

The frequency of unwanted pregnancies prompted other Catholic women to question the Church's stance on family planning. Although birth control prescriptions became available to married women in 1961, religious opposition to the use of unnatural family planning methods caused many women inner conflict.¹² A woman from PEI recalled hearing her mother discussing birth control with her Catholic Women's League friends in 1963, shortly after the Pill became accessible to married women in Canada.¹³ Her mother's friends believed that abortion was wrong, but they debated whether they should listen to the Roman Catholic Church in regards to its anti-birth control stance. The constancy of pregnancy meant that the women miscarried frequently and they became frustrated with their lack of control over their fertility. When her mother miscarried and bled all over the floor at home, she chose sterilization to prevent future pregnancies. Throughout the 1960s, increasing exasperation due to the frequency of unwanted pregnancies prompted women to pressure religious and political institutions to take a stand in the heated birth control debate.

An opportunity to demonstrate support for the legalization of birth control arose when the federal government established a Royal Commission on the Status of Women (RCSW) in 1967 to tackle the unequal treatment of women in Canada. Out of the 469 briefs the Commission received, 69 referenced the issue of birth control and 30 recommended the legalization of

¹² Christabelle Sethna, "The University of Toronto Health Service, Oral Contraception, and Student Demand for Birth Control, 1960-1970," *Historical Studies in Education* 17, 2 (2005): 270.

¹³ Telephone Interview, Western PEI, 22 February 2013.

contraceptive information and devices.¹⁴ In addition to receiving letters and briefs from individual women and organizations, the Commission held hearings across Canada in 1967 to collect women's grievances and quickly learned that birth control remained a prominent issue.¹⁵ Polls indicated that 41 percent of Canadian Catholics disagreed with the Church's ban on contraceptives, and in the province of Quebec, which had the largest Catholic population in Canada, there was increasing support for the Church to liberalize its stance.¹⁶ The demand for legalized birth control came to fruition in 1969, when the federal government removed birth control from the Criminal Code and made it legal to distribute contraceptive devices under the Food and Drug Act.¹⁷ Legalizing birth control received support from the RCSW, but the Commissioners argued that educational campaigns required implementation to prevent unwanted pregnancies. While many women "generally disregarded" the anti-contraceptive law prior to 1969, "the possibility of prosecution hindered the family planning activities of public health departments, voluntary agencies, hospitals and physicians."¹⁸ The Commission's recommendations for family planning campaigns became a central focus for women's organizations in the 1970s and 1980s.

¹⁴ LAC, RG106, Vol 97, File 1300-3 Part 1, "Briefs Received by the Royal Commission on the Status of Women in Canada on Birth Control," 3 February 1972.

¹⁵ Shannon Stettner, "'He is Still Unwanted': Women's Assertions of Authority over Abortion in Letters to the Royal Commission on the Status of Women in Canada," *Canadian Bulletin of Medical History* 29, 1 (2012): 151-171; Joan Sangster, "Invoking Experience as Evidence," *The Canadian Historical Review* 92, 1 (March 2011): 135-161.

¹⁶ Sethna, "The University of Toronto Health Service, Oral Contraception, and Student Demand for Birth Control, 1960-1970," 286.

¹⁷ Freeman, *The Satellite Sex*, 167.

¹⁸ Canadian Women's Movement Archives, University of Ottawa Archives and Special Collections (hereafter CWMA), Box 150, Canadian Women's Coalition to Repeal the Abortion Laws (Toronto, ON): Brief, Correspondence and other material, 1971-1973 File, Department of National Health and Welfare report, "Review of Abortion Legislation and Experiences in Selected Countries, 1970" quoted in "The Situation with Abortion and Birth Control in Canada."

Optimism fueled Atlantic Canadian women's political activism in the 1960s and 1970s, and this was particularly the case in the family planning movement that emerged in the late twentieth century.¹⁹ On campuses, the distribution of the McGill Birth Control Handbook invigorated young women by inciting discourse within the student newspapers and stimulating the creation of student-led feminist organizations.²⁰ Off campuses, women's organizations formed throughout the Maritime Provinces to address the multitude of concerns raised by the RCSW report. One of the ways in which the federal government committed to addressing women's issues was through establishing an ACSW. By the late-1970s, all three Maritime Provinces established the machinery for women's political involvement through provincial advisory councils and interdepartmental committees, such as Nova Scotia's Interdepartmental Committee on the Status of Women.²¹ The agencies provided an avenue for women to place pressure on both levels of government to implement the Commission's recommendations, including a nationwide family planning initiative.

The federal government made strides in the family planning program in the early 1970s by distributing grants to governmental and non-governmental organizations and funding research initiatives to disseminate effective family planning information. A year after the federal government legalized provision of birth control information and services, the government passed a policy that Canadians had a "right to exercise free individual choice in the practice of family

¹⁹ Guildford and Morton, "Introduction," 11-12.

²⁰ "Ignorance is not Purity," *The Dalhousie Gazette*, 21 November 1969; "Handbook Long Overdue at U.N.N.," *The Brunswickan*, 28 November 1969. For a discussion of the birth control handbook, see Christabelle Sethna, "The Evolution of the *Birth Control Handbook*: From Student Peer Education Manual to Feminist Self-Empowerment Text, 1968-1975," *Canadian Bulletin of Medical History* 23, 1 (2006): 89-118.

²¹ The ACSWs were arms of the provincial and federal governments, whereas Nova Scotia's interdepartmental committee contained representatives from each provincial government department and agency. NSA, RG 25, Vol 653, Status of Women File 2, "Interdepartmental Committee on the Status of Women," *IDC Bulletin* 1, 1 (Spring 1985).

planning.”²² Theoretically, all Canadians could obtain family planning services, but a number of factors, including age, location, and economic circumstances limited access. Women living in rural and northern communities without the financial means to travel for family planning services were particularly disadvantaged in terms of managing their fertility. In 1972, three years after the governmental legalized birth control, the Department of Health and Welfare created a family planning division, which disseminated birth control information to the provincial and territorial governments and provided grants for family planning projects.²³ In addition to contributing \$100,000 to the Family Planning Federation of Canada, the Minister of Health and National Welfare announced the first National Conference on Family Planning in February 1972 to address the needs of governmental and non-governmental agencies. In response to the high demand for funds, the family planning division allocated sixty percent of its family planning funding to national agencies and gave the remaining funding to provinces for “professional training programs, conferences and research studies.”²⁴ Throughout the 1970s, the federal government aided provinces with the integration of family planning programs through “three year demonstration grants,” funding through the Canadian Assistance Plan, Federal-Provincial Fiscal Arrangements, and later, the Establishing Programs Financing Act (EPF), 1977.²⁵ The

²² Quoted in “Association Presents Brief on Family Planning to Minister of National Health and Welfare,” *CMAJ* 113 (23 August 1975): 319.

²³ CWMA, Box 8, Canadian Advisory Council on the Status of Women File, “The Royal Commission Report: 10 Years Later,” October 1979.

²⁴ LAC, RG29, Accession 1996-67/698, Box 54, File 6756-2-10, “Therapeutic Abortion.”

²⁵ LAC, RG29, Accession 1996-97/698, Box 54, File 6756-2-14, Monique Begin, National Health and Welfare to Mr. Svend Robinson, M.P., House of Commons, Ottawa, 11 February 1981.

majority of programs founded at the provincial level received support from federal family planning grants throughout the 1970s.²⁶

In the Maritime Provinces, federal funding spurred the formation of various family planning projects with the support of many volunteers.²⁷ In October 1972, Fredericton, Sackville, and Saint John family planning associations formed Planned Parenthood New Brunswick (PPNB) to act as a liaison between non-governmental and governmental organizations on a provincial basis.²⁸ Activists on PEI applied for funding through the federal government in 1972 and formed the Family Planning Association of PEI in 1972.²⁹ Members of the medical community, including doctors, nurses, and social workers offered instructional information to volunteers on referral services.³⁰ In Nova Scotia, the first Well Woman Clinics opened in 1973-74 and offered family planning services in some clinics.³¹ In addition, mobile teams through Planned Parenthood and family planning organizations became central to disseminating information to the rural population.³² Through start-up grants from the federal government, as

²⁶ “Association Presents Brief on Family Planning to Minister of National Health and Welfare,” *CMAJ* 113 (23 August 1975): 320.

²⁷ CWMA, Box 31, Fredericton Women’s Action Coalition (Fredericton, NB): Pamphlet ‘Women and the Law in New Brunswick’ File. Pamphlet.

²⁸ PANB, RS765, File 9-3601, “Hospital Based Family Planning: A Brief Presented to Emergency and Outpatient Department Services Committee of the New Brunswick Health Services Advisory Council,” Planned Parenthood New Brunswick, 14 December 1981.

²⁹ CWMA, Box 150, A Women’s Newsletter, Charlottetown, PEI File, “A Women’s Newsletter,” September 1975.

³⁰ PARO, PEI Medical Society Fonds, Executive Meeting Minutes, Charlottetown, PEI, 8 November 1972; PARO, PEI Medical Society Fonds, A.L.R. to President of PEI Medical Society, Appendix A, 8 November 1972.

³¹ CWMA, Box 137, Women’s Health Education Network, Nova Scotia File, “Well Woman Clinic Project 1982 Organization Manual and 1982 Report,” Truro, Nova Scotia.

³² CWMA, Box 150, Women’s Newsletter, Charlottetown, PEI File, “A Women’s Newsletter,” January 1975.

well as small grants from the provinces, family planning organizations began to emerge throughout the Maritime Provinces.³³

A successful model for instituting family planning measures was located in northern New Brunswick at Edmundston Hotel Dieu, a Roman Catholic hospital that declined to perform therapeutic abortions, but approved a family planning clinic. While the hospital was unwilling to offer abortion services, it established a medical ethics committee to review the issue of birth control and the committee recommended that the hospital offer preventative measures through a family planning clinic.³⁴ Shortly after the federal government established the family planning division and set aside funds for family planning initiatives, the Family Planning Association formed in Edmundston and received funding for three years. Following the three years of federal funding, the Hospital Board managed and financed the Edmundston Family Planning Clinic. As a doctor was only present one day per week, it was the responsibility of the two nurses to provide information, counselling, as well as perform pregnancy, cancer, and sexually transmitted disease testing. By 1979, Madawaska County, the region in which the Edmundston clinic resided, continued to report lower percentages of teenage births—5.1% lower than the provincial average—despite the absence of abortion services. While the teenage pregnancy rate continued to rise throughout the province during this period, volunteers argued that their clinic was helping to counter unplanned pregnancies.

The Edmundston clinic was the “only one of its kind” in the province, despite efforts to establish clinics in Bathurst and Saint John. One of the central issues encountered was recruiting

³³ *The Report of the Committee on the Operation of the Abortion Law*, 411.

³⁴ PANB, RS765, File 9-3601, “Edmundston: Family Planning Clinic A Success,” *EX AEQUO* in “Hospital Based Family Planning: A Brief Presented to Emergency and Outpatient Department Services Committee of the New Brunswick Health Services Advisory Council,” Planned Parenthood New Brunswick, 14 December 1981.

physicians and volunteers...because it was not integrated into the hospital system.”³⁵ While advocates argued that family planning clinics were economically and socially profitable for the province as fewer visits to family doctors were required for counselling services, obtaining the required support from the provincial governments once the three year federal grants ended became a central issue for family planning organizations.

A variety of stakeholders expressed their concerns regarding the federal-provincial contributions to family planning organizations in the mid-1970s. When delegates for the federal ACSW met in Vancouver in 1975, Chairperson Dr. Katie Cooke warned of the difficulty of providing services to women in suburban and rural areas and the need for governmental oversight over family planning projects to ensure that they received adequate operational funds. The Council requested that the federal government provide funding for a comprehensive, national birth-planning program. A year later, the ACSW issued “A Statement on Birth Planning,” which called on the federal government to coordinate intergovernmental and voluntary efforts to establish family planning programs. The organization recognized that a comprehensive birth-planning program would require a substantial increase in funding, but the Council argued that the expense was necessary.³⁶ The Canadian Medical Association similarly advocated for a national approach to family planning, as it had become a “national problem of

³⁵ PANB, RS765, File 9-3601, “Edmundston: Family Planning Clinic A Success,” *EX AEQUO* in “Hospital Based Family Planning: A Brief Presented to Emergency and Outpatient Department Services Committee of the New Brunswick Health Services Advisory Council,” Planned Parenthood New Brunswick, 14 December 1981.

³⁶ LAC, RG106, Volume 97, File 1300-3 part 1, “A Statement on Birth Planning: ACSW Recommendations,” 22 September 1976. The Council tried to rebrand ‘family planning’ as ‘birth planning’ because unmarried and teenager mothers hesitated or refused to use those services. See LAC, RG106, Volume 97, File 1300-3 part 1, Chair of ACSW K.C. to Minister of National Health and Welfare Marc Lalonde, 27 June 1975.

considerable magnitude.”³⁷ The Association criticized the Department of National Health and Welfare for only allocating a small percentage of its budget for family planning efforts and suggested that provincial governments use funds from transfer payments to support family planning organizations.³⁸ Both the Canadian Medical Association and the ACSW pressed for increased funding to implement effective services.

The federally commissioned report on the operation of the abortion law similarly determined that family planning funding was insufficient. When the Badgley Committee assessed the cost of therapeutic abortion services in the mid-1970s, the Committee discovered that the amount spent on “effective preventive measures” was far lower than the amount spent on live births and abortions. According to the report, in “broad terms of per capita expenditures it was estimated that \$0.58 was spent by each Canadian in 1974 to pay for the costs of therapeutic abortions and \$1.61 for the immediate costs associated with normal childbirth,” whereas only “\$0.24 was spent on federal and provincial family planning measures.”³⁹ While the Committee questioned the effectiveness of family planning efforts, the report demonstrated that the government’s commitment to preventive measures was wanting.

Much to the dismay of the ACSW, the Canadian Medical Association, and family planning organizations, the federal government did not intend to increase funding for family planning measures and began to dismantle the family planning division in 1977. The shift towards fiscal conservatism emerged in the mid-1970s as the nation faced rising health care

³⁷ LAC, RG106, Volume 97, File 1300-3 Part 1, Canadian Medical Association President B.S. to Prime Minister of Canada P.E. Trudeau, “Re: Abortion—National Family Planning Program,” 18 September 1974.

³⁸ “Association Presents Brief on Family Planning to Minister of National Health and Welfare,” *CMAJ* 113 (23 August 1975): 322.

³⁹ *The Report of the Committee on the Operation of the Abortion Law*, 419.

costs, inflation, and a recession.⁴⁰ Therefore, the government framed the federal grants as “start-up funding” and policy analysts argued that the programs had “little direct impact on the public.”⁴¹ At a provincial health ministers’ conference in June 1977, the ministers decided that since family planning fell within provincial jurisdiction, each province would choose its own course, despite pressure from various stakeholders to establish national standards.⁴² The federal government remained involved in the matter by contributing “consulting and grant services towards the establishment of a preventive service delivery system suited to the needs of the respective populations.”⁴³ In other words, the federal government shifted its focus to the promotion and publicity of family planning information and left the responsibility of providing and maintaining accessible family planning services to the provinces.

The Department of National Health and Welfare’s new policy regarding family planning programs dramatically influenced organizations that previously relied on federal funding for operational costs. With the introduction of EPF in 1977—a new cost-sharing arrangement between the federal and provincial governments—the Family Planning Grants Program reduced its budget by 50 percent.⁴⁴ The federal government argued that the provinces received substantial assistance through the Canadian Assistance Plan, which covered social services, such as family

⁴⁰ Heather MacDougall, “Federal–Provincial Fiscal Arrangements and Established Programs Financing Act,” In *Making Medicare: The History of Health Care in Canada, 1914-2007* (2010) < <http://www.historymuseum.ca/cmhc/exhibitions/hist/medicare/medic-6c02e.shtml>>

⁴¹ *The Report of the Committee on the Operation of the Abortion Law*, 415.

⁴² LAC, RG29, Accession 1996-97/698, Box 53, File 6756-2-1 part 8, Draft form letter from departmental assistant.

⁴³ LAC, RG29, Accession 1996-97/698, Box 54, File 6756-2-14, Minister of National Health and Welfare Monique Begin to Member of Parliament Mr. Svend Robinson, 11 February 1981.

⁴⁴ LAC, RG 106, Volume 42, File 1300-3 Part 2, “Background Notes on Birth Planning and Conception Control.”

planning projects.⁴⁵ The federal ACSW countered that the fixed cost-sharing arrangement created insurmountable challenges for organizations attempting to obtain the funds required to implement family planning programs.⁴⁶ The EPF replaced transfer payments for health care and education with block grants and tax points, which were equalized and increased as the economies expanded. However, over time, the federal government decreased the growth rate of the entire transfer and provincial governments entered a period of restraint.⁴⁷ While the reduction in federal grants placed immense pressure on the provincial governments to increase their contributions to family planning organizations, many of which required assistance to remain operational, economic concerns hindered the organizations' efforts to receive additional funding.⁴⁸

Throughout the late 1970s and early 1980s, the New Brunswick ACSW worked alongside Planned Parenthood to increase access to family planning services through provincial funding. In 1979, the New Brunswick ACSW created a Plan of Action that included a recommendation for family planning clinics in hospitals, similar to the services provided in Edmundston.⁴⁹ PPNB built on the groundwork laid by the ACSW and presented a brief to the provincial government in December 1981 requesting that regional hospitals add family planning clinics to outpatient services. Large cuts in funding from the federal government meant that family planning organizations needed the support of three provincial government departments to

⁴⁵ LAC, RG106, Volume 42, File 1300-3 Part2, Minister of National Health and Welfare Monique Begin to President of Planned Parenthood Federation of Canada J.E., Date Unknown.

⁴⁶ "More Family Planning is Urged as Ottawa Trims Budget," *The Globe and Mail*, 25 November 1976.

⁴⁷ Frank J. Strain, "Debts Paid and Debts Owed: The Legacy of Mulroney's Economic Policies," in *Transforming the Nation: Canada and Brian Mulroney*, eds. Raymond B. Blake (Montreal and Kingston: McGill-Queen's University Press, 2007): 42-60.

⁴⁸ "Women Press for New Rape Laws," *The Dalhousie Gazette*, 30 January 1975.

⁴⁹ CWMA, Box 74, New Brunswick Advisory Council on the Status of Women (Moncton, NB): Briefs and 1 Leaflet re: Meech Lake, 1980-1983, 1987 (1 of 3) File, "An Ounce of Prevention or a Pound of Cure: Women, Emergency, and OutPatient Services," 14 December 1981.

be effective: Health, Social Services, and Education. As demonstrated by Ontario's family planning measures, successful reduction in teenage pregnancy required a three-pronged attack. Instead of requiring doctors to provide the information, many of whom did not "have the time, the willingness nor the expertise to adequately fill this need," the province needed to develop "education, counselling and clinical services" to find a solution for unwanted and unplanned pregnancies.⁵⁰

While the cost-benefits of providing the preventative service lacked a thorough study, Planned Parenthood affiliates argued that savings were high due to physicians' delivery charges and the cost of providing pre and post-natal care for unwanted pregnancies within hospitals. Furthermore, activists asserted that the New Brunswick government spent \$4.8 million annually on social assistance for one and two-parent families under the age of nineteen, as well, as half a million annually on children surrendered to Social Services.⁵¹ Under the assumption that some pregnancies were unplanned and unwanted, PPNB suggested that the government would save millions of tax dollars if it focused on educating young men and women about family planning methods and helped prevent adolescent pregnancies. After examining Planned Parenthood's submissions to the Department of Health, a New Brunswick policy analyst recognized that "there is a real need at this time for a very definitive commitment from Public Health Services in assuming a large portion of responsibility for the co-ordination of family planning services" as the programs "all fall within the realm of public health activities." She drew on Ontario's recent decision to budget 4-5 million for family planning programs as an example of how to prioritize

⁵⁰ PANB, RS765, File 9-3601, "Hospital Based Family Planning: A Brief Presented to Emergency and Outpatient Department Services Committee of the New Brunswick Health Services Advisory Council," Planned Parenthood New Brunswick, 14 December 1981.

⁵¹ PANB, RS765, File 9-3601, "Hospital Based Family Planning: A Brief Presented to Emergency and Outpatient Department Services Committee of the New Brunswick Health Services Advisory Council," Planned Parenthood New Brunswick, 14 December 1981.

the service within Public Health Services.⁵² However, the economic concerns facing the provincial government during the early 1980s recession derailed family planning projects. When PPNB requested \$60,000 in funding, the government recognized the “potential cost savings from preventing unwanted pregnancies,” but argued that budgetary restrictions influenced the government’s decision to provide \$33,000 for 1983-1984.⁵³

The provincial government’s response to the issue of family planning took longer than the ACSW and family planning organizations hoped, but the government acted on its pledge to establish family planning clinics in hospitals by the mid-1980s. The heated abortion debate within the Moncton Hospital in 1982, and the six-month moratorium on abortion services, arguably provided the impetus the government required to find funds for start-up and operational costs within the Department of Health’s budget.⁵⁴ Both the NB ACSW public relations director Rosella Melanson and head gynecologist at the Moncton Hospital Robert Caddick chastised the provincial government for not implementing a family planning clinic in Moncton.⁵⁵ The heightened debates brought attention to the high number of unwanted pregnancies in the province and the government’s lack of initiative to address the issue. Several months after the Moncton Hospital resumed abortion services, the government allocated funds for the creation of a family planning clinic within the hospital and was “embarking on a program to establish a

⁵² PANB, RS765, File 8-0417, Memo from A.R. to C.D., “Comments on Planned Parenthood Brief,” 17 March 1982.

⁵³ PANB, RS765, File 9-3601, President of Planned Parenthood New Brunswick A.S Assistant Deputy Minister of Health C.M., 7 December 1982; PANB, RS765, File 8-0418, Minister of Health Charles G. Gallagher to Mrs. A.L., Planned Parenthood Moncton Association, 8 July 1983.

⁵⁴ PANB, RS765, File 8-0418, D.P, Executive Director of Planned Parenthood New Brunswick to Brenda Roberston, Chairperson of the Office of Social Reform, 17 June 1983.

⁵⁵ “Hospital Decision on Abortions Rankles Moncton’s Archbishop,” *The New Freeman*, 15 January 1983.

family planning clinic in each of the province's Regional Hospitals.”⁵⁶ By 1985, only two of the regional hospitals, Saint John and Bathurst, had not acted on the Minister's commitment and established family planning clinics within the hospital system.⁵⁷ In a letter to Planned Parenthood Moncton Association, Minister of Health Charles G. Gallagher indicated that the “direct and indirect financial costs associated with those unwanted pregnancies and subsequent childbearing are substantial, not to mention the element of human suffering which often accompanies them.” The government's decision to make “an investment in family planning services” received support from a variety of stakeholders, including high school teachers and voluntary organizations, such as l'Association du Planning des Naissances de Kedgwick-St-Quentin.⁵⁸ While unwanted pregnancies remained a central concern in the province, the government's integration of family planning clinics in the regional hospitals was the culmination of a decade long struggle to improve health services for women in the provinces and an undeniable achievement for family planning organizations.

Nova Scotia and PEI's non-governmental organizations faced similar struggles and frustration in their efforts to obtain funding from the provincial government for family planning projects. Planned Parenthood Association of PEI announced in April 1981 that it would close its doors that month if the province did not step in and replace the funding the organization

⁵⁶ PANB, RS765, File 8-0418, Minister of Health Charles G. Gallagher to J. M., Executive Director of Planned Parenthood Fredericton, 7 July 1983.

⁵⁷ PANB, RS765, File 8-0420, PPNB Executive Director D. D. to Director of Public Health D.W., 30 January 1985

⁵⁸ PANB, RS765, File 8-0418: Draft to C.L., St-Quentin, New Brunswick; E.H., Sackville, New Brunswick to Minister of Health Charles G. Gallagher, 3 May 1983; N.C. to Minister of Health Charles G. Gallagher, Sackville, New Brunswick, 3 May 1983; and Minister of Health Charles G. Gallagher to President D.F. of l'Association du Planning des Naissances de Kedgwick-St-Quentin, 7 July 1983.

previously received from the federal government.⁵⁹ In Nova Scotia, Planned Parenthood Association of Nova Scotia (PPNS) similarly requested funds annually from the provincial Department of Health, stressing that rural affiliates suffered the most from the lack of support. When assessing Planned Parenthood's grant proposal in 1981, a Department of Health memorandum indicated that provincial government officials attempted to convince the Sydney City Hospital to fund the family planning project, but after a long discussion, the hospital argued that it was not a "high priority" since obstetrical services were not offered at the hospital. As St. Rita's, Sydney's Catholic hospital, was unwilling to become involved in family planning programs, the Department of Health officials wondered if provincial funding would "maintain a reasonable level of service to the Community" without the support of the hospitals.⁶⁰ In response to a request for additional funding from Sydney's Family Planning Resource Team a couple months later, the administrator of Health Care Institutions for the Department of Health indicated that no additional funding was available and the Team should focus on voluntary efforts to "keep the service alive until times are more favorable."⁶¹ By the 1983-84 fiscal years, Sydney, New Glasgow, and Yarmouth affiliates struggled to remain operational despite relying on volunteers to provide services.⁶²

⁵⁹ PEI RTLA Records, Newspaper Clippings File, "Planned Parenthood Needs Funding Badly," Unknown Publisher, 4 April 1981. While the PEI government records reviewed for this study did not provide insight into the funding requests from provincial family planning organizations, an examination of the PEI Medical Society records indicate that Planned Parenthood of PEI lobbied the medical community for support in 1982, indicating that the organization remained active for at least another year. PEI Medical Society, Executive Meeting Minutes, 6 October 1982.

⁶⁰ NSA, RG25, Volume 662, Number 3, Department of Health Memorandum re: Family Planning Grant, A.T. to J.M., 4 June 1981.

⁶¹ NSA, RG25, Unprocessed Accession 1991-312 (356), 1980-81, 16-0504.2, Administrator of Health Care Institutions, Nova Scotia Department of Health A.T. to C.D.R., Family Planning Resource Team, Sydney City Hospital, 19 August 1981.

⁶² NSA, RG25, Volume 662, Number 3, The Planned Parenthood Association of Nova Scotia, "Request for Funds, 1983-1984." In the Nova Scotia legislature, Alexa McDonough argued in

Family planning organizations centred on the high rate of teenage pregnancies in the Maritimes in the 1970s and 1980s to elicit support from politicians and policy makers. According to statistics compiled by PPNS, 2040 teenagers became pregnant in 1976 and 361 of these young women were 16 years old or younger.⁶³ The organization estimated that teenage live births in 1976 cost the province \$3,294,600. In addition, the province spent \$3,793,609 on social assistance for unmarried mothers and \$419,888 on therapeutic abortions. In 1976 and 1980, Nova Scotia had the third highest rate of teenage live births in the country and was only surpassed by New Brunswick and the Northwest Territories. Nova Scotia exceeded the Canadian average by over 50%.⁶⁴ When PPNS attempted to calculate the total cost of unwanted pregnancies to taxpayers in 1982, they drew on the most recent figures available and argued that the province spent approximately \$13,610,095.82 on unmarried mothers.⁶⁵ The Association contended that the figures were conservative and were included in their submission to the Nova Scotia Legislature to demonstrate that Planned Parenthood requested 136 times less money than what the government spent on “post-conception services” for unmarried mothers.

1988 that PPNS’s funding had been frozen for five years. “Abortion Attack on NDP,” *The Daily News*, 9 March 1988. Furthermore, regional representatives for the National Action Committee on the Status of Women argued that PPNS lost its United Way funding in the early 1980s. See CWMA, Box 853, National Action Committee on the Status of Women: Regional Reps 84—NB/NS/PEI File.

⁶³ NSA, RG25, Volume 679, Number 5, Planned Parenthood Association of Nova Scotia, “The Facts: Cost Benefits of Family Planning.”

⁶⁴ PPNS argued in their 1982 submission that PEI had the third highest rate of teenage pregnancies, but their population size skewed the results. NSA, RG89, Volume 2, Number 5, V.M. Research Assistant for Department of Health, “The Consequences of Inadequate Family Planning: A Discussion Paper.” 22 November 1979; NSA, RG25, Volume 662, Number 3, Planned Parenthood Association of Nova Scotia to Nova Scotia Legislature’s Select Committee on Health, “Submission,” 24 November 1982; NSA RG25, Vol 657, Number 8, Nova Scotia Department of Health, Family Planning Project, 1979-1981, “The Director’s Report.”

⁶⁵ NSA, RG25, Volume 662, Number 3, Planned Parenthood Association of Nova Scotia to Nova Scotia Legislature’s Select Committee on Health, “Submission,” 24 November 1982.

Expenditures for Nova Scotia Department of Health Services		
Approximate Medical Costs (Hospital and Doctors' fees) for Live Births to Unwed Mothers	\$3,779,520	January-December 1978
Medical Costs Re: Therapeutic Abortions	\$588,577,50	January-December 1979
Family Benefits to Unmarried mothers	\$7,913,466	April 1980-March 1981
Foster Care to Children of Unmarried Mothers	\$1,043,539.64	January-December 1980
Temporary Care to Children of Unmarried Mothers	\$131,000	January-December 1980
Family Court Costs Re: Situations of Unmarried Parents	\$153,992.68	April 1979-March 1980
Total	\$13,610,095.82	Estimated Expenditures in 12 Month Period

Figure 4: Planned Parenthood Association of Nova Scotia Submission to Nova Scotia Legislature, 1982

The Nova Scotia Department of Health's budgetary restrictions prevented PPNS from receiving the full amounts they requested, despite the attempts of one government researcher to convince her superiors that investing in Planned Parenthood would save the government money in the future. A research assistant for the Department of Health argued that the "token grant" of \$27,360 provided to PPNS in 1978 demonstrated "no commitment by [sic] Government to a comprehensive family planning program."⁶⁶ She argued that the government's inactivity cost taxpayers a minimum of \$7,993,738 based on "illegitimate births" and therapeutic abortion figures for young, unmarried women in 1977. Despite efforts to "stir up interest at the political level for developing a comprehensive birth planning program," the research assistant argued in

⁶⁶ NSA, RG89, Volume 2, Number 5, V.M. Research Assistant for Department of Health, "The Consequences of Inadequate Family Planning: A Discussion Paper." 22 November 1979.

1979, “To date we have met with just about zero success.”⁶⁷ Two years later, a Department of Health memorandum between government officials indicated that there was not “sufficient political backing...to enable the [Planned Parenthood Association of Nova Scotia] request to be met.”⁶⁸ Due to the high rate of unplanned pregnancies in the 1980s, politicians and government officials argued that they were not convinced that the family planning initiatives were effective, and therefore, worthy of funding.

The organizations’ focus on cost saving measures was not a new tactic for feminists. As Erika Dyck’s analysis of eugenics efforts in Alberta in the 1920s and 1930s demonstrates, feminist organizations stressed the economic benefits of their programs to receive support from the provincial government.⁶⁹ Reducing the costs caused by undesirable individuals, including those unwanted, was a useful strategy in the 1930s. While the language used by feminist organizations in the 1980s differed, the emphasis on cost-saving measures remained equally prevalent in their lobbying efforts. Stressing the economic risk associated with unwanted pregnancies was one way in which the organizations endeavoured to shift public policy and create government-funded family planning programs. Interestingly, the family planning organizations’ arguments became most prominent during the economic recession in the 1980s, which was often described as the worst economic crisis since the 1930s.⁷⁰

⁶⁷ NSA, RG89, Volume 2, Number 5, Research Assistant for the Department of Health V.M. to Solicitor, Lands & Forests M.T., “re: IDC on the Status of Women,” 9 July 1979.

⁶⁸ NSA, RG25, Volume 662, Number 3, Department of Health Memorandum from A.T. to J.M., 6 November 1981.

⁶⁹ Erika Dyck, *Facing the History of Eugenics: Reproduction, Sterilization and the Politics of Choice in 20th century Alberta* (Toronto: University of Toronto Press, 2013), 12-14.

⁷⁰ In the United States, pro-life activists drew on the eugenic arguments present in early twentieth-century family planning organizations to discredit Planned Parenthood Federation and defund the organization. See Mary Ziegler, “Roe’s Race: The Supreme Court, Population Control, and Reproductive Justice,” *Yale Journal of Law and Feminism* 25, 1 (2013): 1-50.

Throughout the 1970s and early 1980s, Planned Parenthood affiliates and local family planning organizations worked alongside federal and provincial ACSWs to implement programs that would lower the rate of unwanted pregnancies and decrease requests for therapeutic abortions. Despite their efforts, family planning organizations relied on government funding to remain operational, and the decrease in federal transfer payments impeded activists' attempts to gain support from provincial governments. The challenge of obtaining government funding increased throughout the 1980s as pro-life activists lobbied politicians to redirect money to organizations that supported natural family planning methods, but more importantly, did not offer abortion counselling. As medical societies, government departments, and women's organizations demonstrated that sex education programs in the school system would help reduce the number of unwanted pregnancies, pro-life activists endeavoured to prevent Planned Parenthood and other organizations that supported a woman's right to choose an abortion from influencing school curriculum.

The Plight of Young, Unmarried Pregnant Women

Doctor: I have some good news for you, Mrs. Jones.

Patient: It's Miss Jones, Doctor.

Doctor: I have some bad news for you, Miss Jones.⁷¹

One of the primary concerns voiced within government departments, family planning organizations, and the medical community was the high rate of teenage and unwanted pregnancies, and what projects or policies they could implement to curb the problem. When the RCSW tabled their report in December 1970, the Commissioners recommended that provinces and territories establish a "family life education" program, including sex education, which would

⁷¹ "Gesundheit!" *The Dalhousie Gazette*, 28 January 1972.

begin in kindergarten and end in secondary school.⁷² Following the publication of the report, a variety of stakeholders, including medical societies and women's organizations, pressured the Maritime Provinces to act on the Commission's recommendation and attempt to lower the frequency of teenage and unwanted pregnancy through new curriculum within the school system. However, the backlash from pro-life and religious organizations became an overwhelming impediment for family planning groups and stunted attempts to increase access to contraceptive counselling.

As interview participants and reports compiled by women's organizations indicated, sex education was poorly incorporated into school curriculum and information about birth control and abortion were commonly absent from course content throughout the 1970s.⁷³ Interviews conducted for this study demonstrated that sex education was minimal at best and non-existent at worst, so the young women turned to each other for contraceptive counseling.⁷⁴ Therefore, the high number of young women leaving school due to unplanned pregnancies was not surprising. The New Brunswick ACSW stressed the importance of education, highlighting that in 1979, "13% of all newborns were born to teenager mothers... a major factor in the school drop-out rates of girls." The Council worried that the lack of education "poorly equipped [women] to support themselves and their children, and 80% of today's teenage mothers [were] choosing to raise their

⁷² *Report of the Royal Commission on the Status of Women* (Ottawa: Crown Copyrights, 1970): 405.

⁷³ CWMA, Box 14, Canadian Women's Coalition to Repeal the Abortion Laws (Toronto, ON): Brief, Correspondence and other material, 1971-1973 File, "The Situation with Abortion and Birth Control in Canada."

⁷⁴ Telephone Interview, 24 April 2013; Personal Interview with Colleen MacQuarrie, Charlottetown, PEI, 11 February 2013; Telephone Interview, Western PEI, 22 February 2013; Personal Interview with Kim Holman, Halifax Area, 8 February 2013.

own children.”⁷⁵ Furthermore, the stark increase in births to unmarried mothers, from 4.3% in 1960 to 15.3% in 1982, demonstrated the failure of family planning efforts to date. The Council determined that three out of seven one-parent households lived in poverty in 1981.⁷⁶

Teenage pregnancy rate continued to increase into the 1980s and women’s organizations endeavoured to uncover the reason for unplanned pregnancies. In “Project Unwed Mothers,” Moncton researchers discovered nine out of ten teenage girls did not consider adoption and a significant proportion did not complete high school.⁷⁷ Out of the forty-seven young women who participated in the study, thirty-two percent dropped out of high school in grade eight and nine. Seventy percent of the women did not use any form of contraception and the reasons ranged from it being their first time having intercourse to a fear of the Pill’s side effects, religious conviction that contraception was wrong, or a belief that they would not get pregnant. While the women thought they were educated on family planning, the researchers argued that myths about contraception—including the belief that they could not become pregnant after their first sexual experience and that they could miss a few days of taking the pill without getting pregnant—frequently emerged during the interviews. Researchers also interviewed guidance counsellors and principals in the area schools and found consensus regarding the need for sex education at an earlier grade. The implementation of a non-compulsory sex education course for grade nine

⁷⁵ CWMA, Box 74, New Brunswick Advisory Council on the Status of Women (Moncton, NB): Briefs and 1 Leaflet re: Meech Lake, 1980-1983, 1987 (1 of 3) File, “An Ounce of Prevention or a Pound of Cure: Women, Emergency, and OutPatient Services,” 14 December 1981.

⁷⁶ CWMA, Box 77, Nova Scotia Advisory Council on the Status of Women (Halifax, NS): Briefs of Various Subjects, 1981-1988 (1 of 3) File, “A Response to the Task Force on Family and Children’s Services by the Nova Scotia Advisory Council on the Status of Women,” 15 April 1986.

⁷⁷ CWMA, Project Unwed Mothers (Moncton, NB): 1 Report, 1983 File, “Project Unwed Mothers: Report, November 29, 1982-May 27, 1983.” Nationwide, nearly 85% of adolescent women kept their babies if they carried the pregnancy to term in 1981. Diane Sacks, “Pregnancy among Teenagers,” *CMAJ* 124 (15 April 1981: 959).

students in September 1983, which was only taught at seventy percent of the schools, was considered “too little, too late” to curb the rising teenage pregnancy rate.⁷⁸

In Nova Scotia, the ACSW repeatedly impressed upon the government the significance of family planning education and expressed dissatisfaction with the response. Throughout the 1980s, the ACSW asserted that the reduction of teenage pregnancies was the responsibility of “parents and educators” and recommended the implementation of a compulsory family life education program.⁷⁹ The 70-80 teenage, unmarried mothers who were added to the Family Benefits Program annually “likely had little or no knowledge of sex education,” argued the Council.⁸⁰ The frustration intensified throughout the 1980s due to the Council’s inability to convince the province to address the issue of unplanned pregnancies. After the publication of a report entitled “Vulnerable Mothers, Vulnerable Children,” the ACSW appealed to the provincial government, “WE AGAIN RECOMMEND THAT A SEQUENTIAL FAMILY LIFE SCIENCE PROGRAM BE MANDATORY IN ALL SCHOOLS IN NOVA SCOTIA. It is not enough to say that the program is available, but it must be mandatory so that school boards are obliged to provide the program.”⁸¹ The organization asserted that the government could curb sexual irresponsibility through a comprehensive education program.⁸²

⁷⁸ CWMA, Box 94, Project Unwed Mothers (Moncton, NB): 1 Report, 1983 File, “Project Unwed Mothers: Report, November 29, 1982-May 27, 1983”; PANB, RS765, File 8-0420, Planned Parenthood New Brunswick to Director of Public Health D.W., 30 January 1985.

⁷⁹ CWMA, Box 78, Nova Scotia Advisory Council on the Status of Women (Halifax, NS): Briefs of Various Subjects, 1981-1988 (1 of 3) File, “A Response to the Task Force on Family and Children’s Services by the Nova Scotia Advisory Council on the Status of Women,” 15 April 1986.

⁸⁰ CWMA, Box 78, Nova Scotia Advisory Council on the Status of Women (Halifax, NS): Briefs on Various Subjects, 1981-1988 (2 of 3) File, “Submission to the Law Amendments Committee Concerning Bill 60 and 61,” 6 May 1983.

⁸¹ CWMA, Box 78, Nova Scotia Advisory Council on the Status of Women (Halifax, NS): Briefs on Various Subjects, 1981-1988, 3 of 3, “Brief Presented to the Select Committee on Health-

While the provincial advisory councils pinpointed sex education curriculum as central to changing attitudes towards birth control, as chapter one explained, medical professionals were the “gatekeepers” to contraceptive counselling and birth control devices, and their opinions remained paramount in the birth control debate. Many organizations came out in support of family planning education and services shortly after the legalization of birth control. The Canadian Nurses Association declared their support for nationwide family planning programs in April 1971 and recognized their profession’s important role in delivering the service to Canadians.⁸³ A few months later, the New Brunswick Association of Registered Nurses appealed to the federal government in September 1971 to establish a “concerted program of Family Planning” as a way to reduce the need for therapeutic abortions.⁸⁴ The Canadian Medical Association similarly declared its support for providing family planning advice and information to patients, voluntary and health agencies, and aid in establishing family planning facilities nationwide in 1971.⁸⁵

The Canadian Medical Association strove to provide a unified voice on family planning matters, but opinions on unwanted pregnancies were diverse and contributed to the inadequacy of family planning education nationwide. By the mid-1970s, the General Council determined that disseminating sex education information would be a challenging task without the support of

Public Hearings,” February 1983. “Hearings Slated on Unwed Mothers’ Plight,” *The Chronicle Herald*, 28 January 1982.

⁸² CWMA, Box 78, Nova Scotia Advisory Council on the Status of Women (Halifax, NS): Briefs on Various Subjects, 1981-1988, 3 of 3, “Brief Presented to the Select Committee on Health-Public Hearings,” February 1983.

⁸³ LAC, RG106, Box 95, File 1230-C6-2, “CNA Statement on Family Planning,” Canadian Nurses’ Association Meeting, 1 April 1971.

⁸⁴ LAC, RG106, Box 95, File 1230-C6-2, Executive Secretary of the New Brunswick Association of Registered Nurses J.A. to Office of the Prime Minister, 13 September 1971.

⁸⁵ President of the Canadian Medical Association Dr. W.D.S. Thomas, “Address,” 1980 Annual Meeting of the Medical Society of Nova Scotia, *The Nova Scotia Medical Bulletin*, December 1980, x, xii.

medical schools. The Association acknowledged that medical schools needed to “strengthen the sex education and adolescent medicine components of their curricula” before physicians could effectively educate the public and reduce the number of unwanted pregnancies. At a medical student conference in June 1973 funded by a family planning grant, students criticized family planning content provided by medical schools and highlighted the prominent role doctors held in contraceptive counselling.⁸⁶ A decade later, members of the General Council contended that family planning education remained inadequate within public and medical schools.

Although the medical profession remained centrally involved in the delivery of family planning methods—between eighty to ninety percent of women went to their general practitioner for family planning counselling—many physicians were unable or unwilling to offer advice on the subject due to insufficient training and knowledge.⁸⁷ Physicians were the “chief source” of contraceptive information as obtaining information from other sources was a “hit-or-miss affair in Canada,” particularly in rural and northern regions of Canada. However, two-thirds of doctors were unwilling to give information to teenagers fourteen years or older and one-third refused to provide contraceptive counseling to women aged sixteen or older.⁸⁸ In response to the lack of cooperation from many doctors, the Council on Community Health recommended that the Canadian Medical Association create a birth control handbook as doctors’ offices were “devoid of any material” and both provincial and federal levels of government “refuse[d] to look squarely at the question because of its political implications.”⁸⁹ In recognition of the important role

⁸⁶ “Association Presents Brief on Family Planning to Minister of National Health and Welfare,” *CMAJ* 113 (23 August 1975): 321.

⁸⁷ “Association Presents Brief on Family Planning to Minister of National Health and Welfare,” *CMAJ* 113 (23 August 1975): 342; LAC, RG29, Accession 1996-67/698, Box 54, File 6756-2-10, “Therapeutic Abortion.”

⁸⁸ *Report of the Royal Commission on the Status of Women*, 367-9.

⁸⁹ “Council Agrees Advice on Sex Problems Needed,” *CMAJ* 108 (3 February 1973): 369.

physicians held in disseminating birth control information, Dr. Diane Sacks called on her colleagues to broach the subject with their adolescent patients during clinic visits to ensure they received proper contraceptive counselling and did not rely on “misinformation” provided by magazines, parents, or teachers.⁹⁰

Convincing all doctors to provide contraceptive counselling was not an easy task. Whereas abortion rights activist Dr. Henry Morgentaler framed unwanted pregnancies as a disease, and therapeutic abortions a necessary treatment, many doctors remained morally opposed to contraceptive counselling.⁹¹ When the PEI Medical Society conducted a special study on abortion in the mid-1970s, a physician wrote in a questionnaire, “I disagree vehemently with this ethic-moral-religious stance of CMA. In my professional experience education on family planning will have little if any effect on the abortion question.”⁹² The strong opposition to contraceptive counselling increased throughout the 1970s and created conflict within the medical profession.⁹³

When the Canadian Medical Association encouraged provincial societies to take a leading role in sex education programs in 1981, the PEI Medical Society established a special sex education committee, which created recommendations that countered the objectives set by the national body. The recommendations encouraged doctors to take part in sex education programs in schools and work with the “local clergy to assist in discussing the moral and

⁹⁰ Sacks, “Pregnancy among Teenagers,” 959-960.

⁹¹ LAC, RG29, Accession 1996-97/698, Box 55, File 6752-2-16 Part 1, Henry Morgentaler, “Unwanted Pregnancy: Abortion and the Medical Profession,” Doctors for Abortion Law Repeal.

⁹² PARO, PEI Medical Society Fonds, “Report of the Special Study Commission on Abortion,” Appendix B, 10 June 1975.

⁹³ For example, see Andrew B. Murray to the Editor, *CMAJ* 124 (1 April 1981): 851; and *The Report of the Committee on the Operation of the Abortion Law*, 379-419.

philosophical aspects of the program.”⁹⁴ The committee defined sex education as “more than just the bare biological facts” and asserted that the school programs needed to “shape the attitudes, standards and values of the individual.” The committee argued that while some studies highlighted the effectiveness of sex education lowering the high rate of teenage pregnancies, “there are also a number of good studies to the contrary.” The committee warned the organization to show “caution...before embarking on an expensive program of Sex Education in the schools,” as they worried that the dissemination of birth control information would not be effective at preventing teenage pregnancies and would encourage teenagers to explore their sexuality.

When submitting its recommendations to the executive members of the PEI Medical Society, the sex education committee acknowledged that they did not have local data to support their assertions, but it was their “feeling” that they should offer a “judgmental” approach in the school system. Prominent philosophies espoused in the program would include “pre-marital chastity or continence, marital fidelity and marital monogamy.” The committee also argued that contraceptive counselling did not need to be included in the sex education program as it was “readily obtained” and they did not want to condone irresponsible sexual behaviour, such as pre-marital sex. Furthermore, the committee argued that presenting information on contraceptive use in a classroom full of teenagers would “create a great deal of animosity among parent groups.”⁹⁵ When the executive members reviewed the committee’s recommendations in November 1981, several members expressed concern about the lack of contraceptive counselling and the

⁹⁴ PEI Medical Society, “Report on the Council of Medical Education, CMA, May 25-26, 1981, Ottawa, ON,” Executive Meeting Minutes, Summerside, PEI, 17 June 1981.

⁹⁵ PEI Medical Society, “Report on the Council of Medical Education, CMA, May 25-26, 1981, Ottawa, ON,” Executive Meeting Minutes, Summerside, PEI, 17 June 1981.

suggested “judgmental approach,” but after extensive discussion, they decided that consensus would not be possible and decided to support the recommendations.⁹⁶

Throughout the Maritime Provinces, the hesitancy of doctors and political parties to support sex education in the school system was certainly influenced by personal morality, but individuals also feared a backlash from pro-life and religious institutions that adamantly opposed birth control. In response to family planning groups’ efforts to increase knowledge of birth control methods in the 1970s, individuals, clergymen, and RTLAs countered by promoting natural family methods, such as the ovulation or ‘Billings’ method, which entailed women assessing their cervical mucus and abstaining from intercourse during the period in which the mucus was more fertile.⁹⁷ In 1977, the chairpersons of the RTLA, Anna and Gil Collins, recommended that women use the Billings methods because “the pill and other birth controls are harmful to women’s bodies.”⁹⁸ Nova Scotians United for Life president Terry Hare similarly advocated natural family planning methods and argued that the “real problem is the widespread application of birth control pills over shadowing natural and more effective contraception.”⁹⁹

Citizens and interest groups not only condemned the use of birth control pills and condoms, they

⁹⁶ PEI Medical Society, Executive Meeting Minutes, 12 November 1981. However, the Society appeared to change its official position on family planning education when it publicized its support for Planned Parenthood the following year. In response to effective lobbying from Planned Parenthood, the Society promoted a greater focus on “better parenting” as well as a comprehensive education program for adolescent mothers. See PEI Medical Society, Executive Meeting Minutes, 6 October 1982.

⁹⁷ “Natural Method Explained: Letter to the Editor,” *The Dalhousie Gazette*, 8 April 1976; “Family Planning Method is a Success,” *The Dalhousie Gazette*, 17 January 1980; “Congrats to Med. Soc.: Letters to Gazette,” *The Dalhousie Gazette*, 17 January 1980.

⁹⁸ The Collins’ quoted in “Abortion Ruling Disputed: PEI’s Right to Life Chairmen Speak for ‘Rights of Unborn Child,’” *Diocesan News*, 27 February 1977.

⁹⁹ “Pro-Choice Anti-Abortion Groups Battle in N.S.,” *The Dalhousie Gazette*, 20 September 1984.

promoted natural family planning methods solely for married couples.¹⁰⁰ Pro-life groups argued birth control was responsible for the rising teenage pregnancy rate, and therefore, abstinence was the only appropriate option for unmarried women.¹⁰¹ Mr. Collins, a guidance counsellor for Morell regional and consolidated schools, as well as co-chair of the PEI RTLA, indicated that he would not offer contraceptive counselling to teenagers. Stressing the “dangers of early sexual activity,” Collins recommended abstinence as “by far the best solution” and argued that “it’s unhealthy for a teenager to have an active sex life.”¹⁰² Abortion rights activist Allison Brewer’s recollection of her childhood ‘sex education’ in the Atlantic Provinces suggested that Collins’ method was not unique. Brewer moved from Fredericton to St. John’s in her teens and she recalled that her educators taught horror stories, instead of contraceptive information, to frighten the students into abstinence.¹⁰³

When questioned about the increasing teenage pregnancy rate, pro-life activists were quick to blame Planned Parenthood for encouraging promiscuity and ‘pro-abortion’ attitudes. In an interesting occurrence in PEI, a citizen mistook the provincial RTLA for Planned Parenthood, which sent the president of the RTLA into a bold condemnation of the organization. In their newsletter, the president referred to Planned Parenthood’s activities as “godless humanism that

¹⁰⁰ “Wrong on Three Counts: Letters,” *The Dalhousie Gazette*, 31 March 1983; “More on Abortion: Letters,” *The Dalhousie Gazette*, 19 February 1981.

¹⁰¹ NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, File Abortions July 1983-December 1983, “You know them as the ‘Right to Life People. They Oppose Abortion. But Did You Know...’ Pamphlet. NS ACSW President Francene Cosman to Minister of Health G. Sheehy, 19 December 1983; Family Planning: Improvement is Sought in Counselling Service,” *The Telegraph Journal*, 4 January 1983; NSA, Accession 1990-057-17, Newspaper Clippings, Royal Commission on Health Care Nova Scotia File, Newspaper clippings for Hearings in Sydney, 4 May 1988; ‘We Can Make a Difference,’ Pro-Lifers Told: Weekend Talks Range from Mercy Killing to Abortion,” *The Chronicle Herald*, 25 May 1987.

¹⁰² The Collins’ quoted in “Abortion Ruling Disputed: PEI’s Right to Life Chairmen Speak for ‘Rights of Unborn Child,’” *Diocesan News*, 27 February 1977.

¹⁰³ Personal Interview with Allison Brewer, Halifax, Nova Scotia, 8 February 2013.

would destroy the family, that would give a woman life or death power over her children.”¹⁰⁴ He included a statement of Planned Parenthood’s policy in the newsletter and argued that it was unacceptable to Islanders:

We’ve been told for ten years what they were after, but it’s hard to really grasp it until you see it in print. Look carefully. Who is not mentioned? No fathers, no family, no child, no society, no morality, no God... Your Association will be working diligently to keep Planned Parenthood out of our schools. You must help us to tell the authorities in health and education that we won’t stand for Planned Parenthood’s brand of sex education being taught to our children.

In what was presumably an attempt to shame its supporters, the newsletter included the names and places of employment for the Board of Directors. According to the RTLA, Planned Parenthood and family planning organizations that distributed birth control and abortion referral information were responsible for the increasing number of unwanted pregnancies.

Similar to the hospital board election campaigns discussed in chapter two, pro-life opposition to family planning efforts in the small and rural places served to silence individuals that promoted sex education. It was through these political confrontations that the pro-life movement gained greater traction in the debates over family planning. By consistently challenging the rationale for birth control and sex education, the governments’ hesitancy to risk political backlash over funding the programs increased.

National and provincial pro-life organizations were also not afraid to condemn federal and provincial governments for funding family planning projects, as they believed the organizations treated abortion as a birth control method. Alliance for Life censured the federal government for refusing their request for a family planning grant and argued that the government increased the abortion rate by funding the Family Planning Federation, which “lent respectability

¹⁰⁴ PEI RTLA, Pro-Life Newsletter, December 1979.

to abortion by allaying it with contraception.”¹⁰⁵ A member of the Kensington, PEI Catholic Women’s League also chastised the federal government for funding organizations that supported abortion access and requested that the Department of National Health and Welfare redirect their funding for Planned Parenthood to SERENA, an organization that promoted “a much more Christian method of birth control.”¹⁰⁶ When the Badgley Committee reported their lack of faith in family planning organizations decreasing unwanted pregnancies, pro-life groups used this information to bolster their attacks on family planning associations.¹⁰⁷ At the provincial level, pro-life organizations focused on dismantling Planned Parenthood affiliates and demonstrating their ineffectiveness. In New Brunswick, a member of the Miramichi RTLA branch sent all Members of the Legislative Assembly (MLAs) a brochure entitled ‘The Threat of Planned Parenthood,’ an article written by the Toronto Right to Life in 1980.¹⁰⁸ The brochure challenged MLAs to question the use of government funds to support an organization that represented an attack on the family. The provincial RTLA also attempted to prevent the United Way and the Department of Health from funding PPNB.¹⁰⁹ As the PEI affiliate did not apply for membership

¹⁰⁵ LAC, RG29, Volume 1801, File 55-14-5, Part 2, Alliance for Life Treasurer E.K. to Minister of National Health and Welfare Marc Lalonde, 4 April 1974. When criticized for not providing grants to anti-abortion groups, such as Alliance for Life, the federal government argued that it assisted unmarried and pregnant mothers through the Canada Assistance Plan and emphasized that sex education and other preventative programs needed support to lower the teenage pregnancy rate. See LAC, RG29, Volume 1801, File 55-14-5, Minister of National Health and Welfare Marc Lalonde to F.A., Toronto, Ontario, 5 December 1973.

¹⁰⁶ LAC, RG29, Accession 1996-97/698, Box 53, File 6756-2-1 Part 8, Convenor of Communications and Public Relations of the Kensington, PEI Catholic Women’s League M.G. to Minister of National Health and Welfare Monique Begin, 22 November 1978.

¹⁰⁷ PEI RTLA, Pro-Life Newsletter, December 1979.

¹⁰⁸ NB RTLA, Minutes of Board of Directors Meeting, Salvation Army in Sussex, NB, 28 January 1984; George Gilmore records, “Pro-Life Commentary: The Threat of Planned Parenthood,” *Northumberland News*, 1983

¹⁰⁹ PANB, RS765: File 8-0377, Executive Meeting, 21 November 1980; File 8-0362, W. J. M. to Premier Richard Hatfield, 23 June 1980; File 8-0377, Minutes of Board of Directors’ Meeting, 7

in the United Way, the PEI RTLA focused its attention solely on discrediting the organization and asking the provincial government to withhold tax dollars from their pro-abortion adversaries, including Planned Parenthood and the ACSW.¹¹⁰

Despite the efforts of provincial ACSWs, family planning groups, and government departments to provide sex education through the school system, many pro-life parents endeavoured to prevent their children from receiving the formal education, which consequently shaped the education of their classmates.¹¹¹ In a brief to the provincial government in 1981, the PEI RTLA called on the government to ensure that Health and Social Services employees were “not counselling abortion for health or birth control reasons.”¹¹² The organization also emphasized the need for “teaching of life respecting values” and including “pro-life literature and groups” in the educational system. The provincial RTLAs worked to foster “wholesome” and “proper” sex education.¹¹³ When American pro-life activists Dr. and Mrs. J.C. Willke spoke before 300 attendees at an Alliance for Life conference in Moncton in 1983, they argued that Planned Parenthood taught a “failure philosophy,” which assumed young people would “fail sex education.” Mrs. Willke asserted that “the only place for a new life is within a marriage” and young people needed to accept that responsibility.¹¹⁴ Several years later, Association Pro-Vie de la Peninsule Acadienne, which was located in a northern New Brunswick village, argued in a

February 1981; and File 8-0417, Association Harmonie Famille, Zenobie Hache to Chairman of PPNB, 17 June 1982.

¹¹⁰ The Director of PEI United Way was one of the board members PEI RTLA nominated for the Queen Elizabeth Hospital Board of Directors in 1981. PEI RTLA, Pro-Life Newsletter: February 1980; Brief to the Government of PEI, 1981.

¹¹¹ PEI RTLA, “Brief to the Government of PEI,” 1981.

¹¹² PEI RTLA, “Brief to the Government of PEI,” 1981.

¹¹³ PEI RTLA, W.W. to Executive Director, Valade Vitae Service, Winnipeg, Manitoba, 11 May 1981; NB RTLA, Form Letter in Newspaper to Federal Government/MP Thomas M. Bell, Saint John-Lancaster, 6 May 1973.

¹¹⁴ NB RTLA Records, Newspaper Clippings, “School Sex-Education Changes Recommended,” *Telegraph Journal*, 4 July 1983.

letter to the head gynecologist at the Moncton Hospital that instead of providing abortion services, the government “il faudrait commencer par éliminer ou prévenir ces grossesses non désirées par une éducation sexuelle appropriée basée sur des valeurs morales saines qui apportent le respect et la maîtrise de soi.”¹¹⁵ The pro-life movement successfully implemented moralistic curriculum after placing pressure on the provincial government. The New Brunswick RTLA lobbied the “Board of Education” and to their success, the Curriculum Committee for Sex Education chose to include the film, *An Every Day Miracle: Birth*, in their resource material for schools.¹¹⁶

It is important to note that the RTLAs did not reach consensus on the sex education issue. When New Brunswick Minister of Health Brenda Robertson responded to criticism from the New Brunswick RTLA for funding abortion, she argued that the RTLA could help prevent the need for abortions by “promoting the acceptance of the dissemination of sound information concerning control of conception.” New Brunswick RTLA Educational Liaison Peter Ryan informed the Minister of Health, “There really is no consensus within the pro-life movement on the best way to prevent distressful pregnancies from occurring. Some would promote contraceptive information and use while others would emphasize the importance of sound moral development in young people.” Ryan indicated that there was “disagreement amongst pro-lifers about the morality of contraception.”¹¹⁷ While some people within the pro-life movement were “struggling with this issue,” others believed that access to contraceptive information should be at

¹¹⁵ PANB, RS765, File 6720-A, Association Pro-Vie de la Péninsule Acadienne to New Brunswick Physician, 20 July 1988.

¹¹⁶ NB RTLA, Minutes of Board of Directors Meeting, Salvation Army in Sussex, NB, 28 January 1984.

¹¹⁷ NB RTLA Records, Newspaper Clippings, “Pro-Life Report,” 27 October 1979.

the parents' discretion.¹¹⁸ Instead of including sex education in school curriculum, the governments and schools could "reach the children through the parents." A prominent member of the New Brunswick RTLA indicated that her mother, a registered nurse, did not allow her to take biology because the values taught in school did not support their values at home. In addition, discussion of sex in the household did not occur as it was strictly for married couples.¹¹⁹ Leaving sex education to parents received the support of PEI's Minister of Education. Fred Driscoll argued that "sex education [was] the responsibility of parents, not schools" and attempted to keep family planning a private matter.¹²⁰

After years of lobbying from the women's movement, the New Brunswick government agreed to work with Planned Parenthood to produce multi-media campaigns. In the mid-1980s, the Department of Health and Social Services collaborated with Planned Parenthood to create advertisements to bring awareness to issue of teenage pregnancy, but the emphasis on creating an inoffensive message diluted the advertisement.¹²¹ After pre-testing the media campaign and reviewing 239 questionnaires filled out by students from across the province, researchers determined that the campaigns were ineffective. The executive director of PPNB argued that the vague messages contained in the media campaigns "seemed to be a politically necessary first step in order to acquaint people with the topic of sexuality."¹²² The response from students was so negative that the government dropped the multi-media campaign. The political consequence of taking a strong stand in the family planning debates was presumably too great.

¹¹⁸ PEI RTLA, "Brief to the Government of PEI," 1981; "Benefits of Serena Outlined at Pro-Life Conference," *The New Freeman*, 27 November 1982.

¹¹⁹ Personal Interview, Southern New Brunswick, 7 February 2013.

¹²⁰ Brian Berube, "Sex Education: The Physician's Role," *CMAJ* 123 (18 October 1980): 776.

¹²¹ PANB, RS765, File 8-0418, "Status Report and Recommendations for the TV Campaign on Teenage Pregnancy," Communications and Federal/Provincial Relations, 27 June 1983.

¹²² PANB, RS765, File 8-0419, Executive Director D.P. to M.S. Director of Program Development, Department of Health, 17 February 1984.

When the Minister of National Health and Welfare John Munro declared that “[e]ventually every child born in Canada will be a wanted child” at the Family Planning Federation of Canada gathering in 1971, the challenge of instituting programs in the face of competing interest was underestimated. Despite his optimistic speech, Munro’s emphasis on the need to safeguard the “ethnic and religious beliefs of Canadians” foreshadowed the challenges that would later emerge between family planning and pro-life organizations.¹²³ In many ways, pro-life groups were successful in their attempts to halt sex educational campaigns in the Maritime Provinces. Thirty-one percent of young men and women surveyed in Queens County, Nova Scotia in 1985 were unaware that family planning services existed. A further seventy-three percent were hesitant to ask health providers for information due to the “social stigma” associated with birth control.¹²⁴ Young men and women also indicated that it was too embarrassing to purchase contraceptive methods in pharmacies due to the lack of privacy in small communities.¹²⁵ An interview participant who grew up in a county with one of the highest teenage pregnancies rates in Nova Scotia argued that the challenge of obtaining confidential contraceptive devices was central to the lack of contraceptive use. Obtaining condoms from the pharmacy was a risk because everyone in town would know what you bought. At one point, there was a discussion of putting a condom machine in the school, but controversy arose and halted further dialogue.¹²⁶ Another interview participant recalled discussions of contraception being

¹²³ “Adequate Family Planning Services Needed,” *The Dalhousie Gazette*, 26 November 1971.

¹²⁴ CWMA, Box 78, Nova Scotia Advisory Council on the Status of Women (Halifax, NS): Briefs of Various Subjects, 1981-1988 (1 of 3) File, “A Response to the Task Force on Family and Children’s Services by the Nova Scotia Advisory Council on the Status of Women,” 15 April 1986.

¹²⁵ NSA, Unsorted Accession, 1991-312 (356), 1980-81, 16-0504.2, PPNS to ACSW, “The Concerns of Women in Nova Scotia: Sexuality/Family Planning/Fertility Control,” 20 March 1987.

¹²⁶ Telephone Interview, Nova Scotia, 6 July 2013.

fraught with drama in eastern PEI in the mid-1980s.¹²⁷ As there was backlash to condom advertisements in the university newspaper *The Dalhousie Gazette* in the 1980s, the negative response to accessible contraceptive devices within high schools is not surprising.¹²⁸

The presence of misogyny within the medical profession in relation to female sexuality was another obstacle young women faced when seeking birth control information or devices. As one doctor argued in the *Canadian Medical Association Journal*, the effectiveness of family planning campaigns rested on the willingness of physicians to “enlighten themselves further on current trends in contraception and to become more acutely aware of the realities of sex, sexual attitudes and their effect on the adolescent.”¹²⁹ However, misogynistic responses to sex education and its impact on unwanted pregnancies prevailed within the medical profession throughout the period. Dr. Kushner, a psychiatrist at Dal Student Health argued in 1972, “It’s not the promiscuous, sinful girl who gets pregnant. She’s on the pill. It’s the nice young innocent girl who goes to a party and gets drunk and screwed the same night.”¹³⁰ A decade later, Dr. Andrew B. Murray questioned the effectiveness of sex education programs and suggested that physicians update the old adage, “Nice girls don’t” to “Smart girls don’t.”¹³¹ The attitude that smart and respectable girls avoided premarital sex, as well as the fear that doctors would notify parents of

¹²⁷ Personal Interview, Charlottetown, PEI, 15 February 2013. Also quoted in Katrina Ackerman, “In Defence of Reason: Religion, Science, and the Prince Edward Island Anti-Abortion Movement, 1969-1988,” *Canadian Bulletin of Medical History* 31, 1 (Winter 2014): 131.

¹²⁸ “Condoms Tasteless: Letters,” *The Dalhousie Gazette*, 2 March 1978; “Julius Schmid Makes the Most Popular Brands of Condoms in Canada. So Why Would We Want to Talk to You About other Methods of Contraception?” *The Dalhousie Gazette*, 25 January 1980.

¹²⁹ Berube, “Sex Education,” *CMAJ* 123 (18 October 1980): 776.

¹³⁰ “Women Suppressed by Existing Abortion Laws,” *The Dalhousie Gazette*, 25 February 1972.

¹³¹ Andrew B. Murray to the Editor, *CMAJ* 124 (1 April 1981): 851.

their visit, was a central reason many young women did not seek birth control from their family doctors.¹³²

Despite the Council of Medical Education's optimism that nationwide media campaigns led by physicians would aid in the dissemination of sex education within schools, and their own profession, doctors' attitudes towards family planning varied considerably and sometimes weakened family planning efforts.¹³³ When the Canadian Medical Association reiterated its support for nationwide family planning initiatives and the profession's important role in lowering teenage pregnancies in 1985, a significant percentage of its members—thirty-nine percent—was unaware of the Association's stance.¹³⁴ The inconsistent response from doctors within the provincial and national medical societies undermined the efforts of those actively attempting to lower the rate of unwanted pregnancies and encourage teenagers to seek advice from medical professionals.

Conclusion

While the “problem” of unmarried, teenage mothers was not a new phenomenon in late twentieth century, the initiatives to prevent unwanted pregnancies illuminates the complex nature of

¹³² “Teens Using Less Birth Control,” *The Dalhousie Gazette*, 16 September 1982; “Teenage Pregnancy Rising Dramatically,” *The Chronicle Herald*, 18 July 1981. One PEI woman recalled family doctors calling parents when the young women requested birth control. Telephone Interview, Western PEI, 22 February 2013.

¹³³ PEI Medical Society, Guidelines and Recommendations of the Sex Education Committee to the Executive of the PEI Medical Society, Appendix E, Executive Meeting Minutes, Summerside, PEI, 17 June 1981.

¹³⁴ Hilary A. Southall, “Special Report: The Canadian Medical Association Membership Survey: Opinions on Issues Facing the Medical Profession,” *CMAJ* 133 (15 November 1985): 1037; CMA Policy Summary: Family Planning/Contraception,” *CMAJ* 133 (15 September 1985): 598A.

instituting controversial federal and provincial public policies.¹³⁵ The optimism that emerged after the RCSW propelled women into action and fostered a period of heightened grassroots activism. As this chapter has demonstrated, however, government decision-making cannot be understood without exploring how economic, cultural, and political considerations influenced public policies.¹³⁶ When the federal and provincial governments entered a period of restraint in the mid-1970s, economic concerns superseded the requests of family planning groups.

Examining the complex battles between governmental and non-governmental organizations also highlights the various mechanisms employed to shape social change. Federal and provincial ACSWs and Planned Parenthood affiliates struggled to work alongside public health nurses, doctors, hospitals, and government departments to diminish the high number of teenage pregnancies and reduce requests for therapeutic abortions, but funding restrictions and pro-life opposition hindered the implementation of educational programs. Despite pressure from medical societies, women's organizations, and government employees, the federal and provincial governments adjusted the funding for social programs, thereby undermining the efforts of the non-governmental organizations.

As Margaret Conrad demonstrated in her essay "Remembering Firsts," focusing on the conservatism in the Maritime region unfairly overlooks the concerted efforts of governmental and non-governmental organizations to shift the political culture and bring women's needs to the forefront of political campaigns.¹³⁷ As we will see in the next chapter, however, the women's

¹³⁵ Sharon Wall, "They're 'More Children than Adults': Teens, Unmarried Pregnancy, and the Canadian Medical Profession, 1945-61," *Canadian Bulletin of Medical History* 31, 2 (2014): 49-69.

¹³⁶ Guildford and Morton, "Introduction," 10.

¹³⁷ Margaret Conrad, "Remembering Firsts: Female Politicians in the Atlantic Provinces in the 20th Century," in *Making up the State: Women in Twentieth-Century Atlantic Canada*, eds. Janet Guildford and Suzanne Morton (Fredericton: Acadiensis Press, 2010): 58.

liberation movement underestimated the resolve of women whose worldviews did not match their own. In response to the homogenization of women's opinions in newly formed women's organizations, and the assumption that all women supported birth control and 'abortion on demand,' a powerful countermovement arose. Due to rigorous pro-life activism in the late 1970s and early 1980s, many women experienced shame when obtaining abortion services in the Maritime Provinces and chose to keep their medical procedure a secret. Furthermore, the bureaucratic 'red tape' established by the abortion law created unexpected challenges for women living in rural and northern communities. The consequence of the bureaucratic processes and pervasiveness of pro-life views in the region was that many women were stripped of their agency.

Chapter 4

The “dark” and “well-kept secret”: Abortion Experiences and Feminist Activism

The shame and stigma fostered by the pro-life movement shaped women’s abortion experiences, as well as their lack of engagement with feminist activism in the Maritime Provinces. By the late 1970s, feminism became synonymous with pro-abortion and the women’s movement’s attempts to promote equality between the sexes through women’s organizations was hindered by citizens’ opposition to abortion access or their fear of adorning the pro-abortion label. As indicated in chapter two, the abortion experiences discussed in this chapter occurred during the time in which the pro-life movement relentlessly lobbied hospital corporations and charitable organizations, disseminated anti-abortion petitions, and set up educational booths at community events, malls, and educational institutions to increase membership and inform the public of the right to life of the unborn child.¹ Due to the pervasiveness of pro-life ideology, support for access to abortion was an unspeakable subject in many communities to the extent that local pro-choice activism often went unnoticed.

Many excellent Canadian studies highlight the barriers to abortion services after the law was liberalized in 1969, and yet the experiences of women living in the Maritime region have received minimal attention in historical research.² In this chapter, women’s narratives through survey responses, oral interviews, newspaper articles, and medical journals are explored to offer

¹ See Ackerman, “In Defence of Reason,” 117-138.

² For example, see Lianne McTavish, “The Cultural Production of Pregnancy: Bodies and Embodiment at a New Brunswick Abortion Clinic,” *Topia: Canadian Journal of Cultural Studies* 20 (Fall 2008): 23-42; Johnstone, *The Politics of Abortion in Canada After Morgentaler*. Several studies examine the political debates over abortion in the region, but women’s abortion experiences remain unexplored in the historical record.

insight into the challenges of obtaining abortions in rural, tight-knit communities.³ The administrative barriers to hospital abortions created a chaotic situation for women struggling to terminate their pregnancies. The bureaucratic process failed many women. Those unwilling, or unable, to jump through the administrative hoops to obtain the time-sensitive procedure often traveled out-of-province for the procedure at great personal cost. One consequence of the restrictions on abortion services was the loss of women's agency. As this chapter demonstrates, many Maritime women paid the financial, physical, and psychological costs of inequitable access to the procedure.

Women's experiences in hospitals and freestanding abortion clinics are examined throughout the chapter to highlight the barriers to the procedure in the region and their impact on women's lives. In an online survey conducted for this study, eleven women indicated that they obtained abortions between 1969 and 1988, and nine women indicated that they obtained abortions after the decriminalization of the law in 1988. The majority of the abortions were performed in Nova Scotia due to the Victoria General Hospital's comparatively liberal abortion stance and the opening of a private abortion clinic in Halifax in 1989. However, this chapter does not discuss abortions performed after 1988, the year in which the Supreme Court of Canada struck down the abortion law. Twenty-five oral interviews conducted by the Canadian Abortion Rights Action League's (CARAL) researcher Nancy Bowes, which detail the experiences of

³ In 2013, I collected 100 survey responses for my study, "A Comparative Study of the Cultural, Economic, Political, and Social Barriers to Abortion Services in the Maritime Provinces, 1969-1996," which was approved by the University of Waterloo's Office of Research Ethics. I used the online survey to find interview participants for the study, and then obtained additional interviews through a snowball effect, as discussed in the introduction. I interviewed forty-eight people in-person or on the telephone, some of whom preferred to remain anonymous and others who wanted their names known. I did not use pseudonyms. In addition, see Nancy Bowes, *Telling Our Secrets: Abortion Stories from Nova Scotia*, Canadian Abortion Rights Action League/Halifax (Halifax: 1990).

women who obtained abortions in Nova Scotia between 1985 and 1989, are discussed throughout the chapter to provide further insight into the barriers to the procedure within the health care system. An examination of Maritime women’s abortion experiences through interviews and medical discourse illuminates the extent to which regionalism and pro-life activism shaped access to abortion services and quieted discussion surrounding a common health care concern.

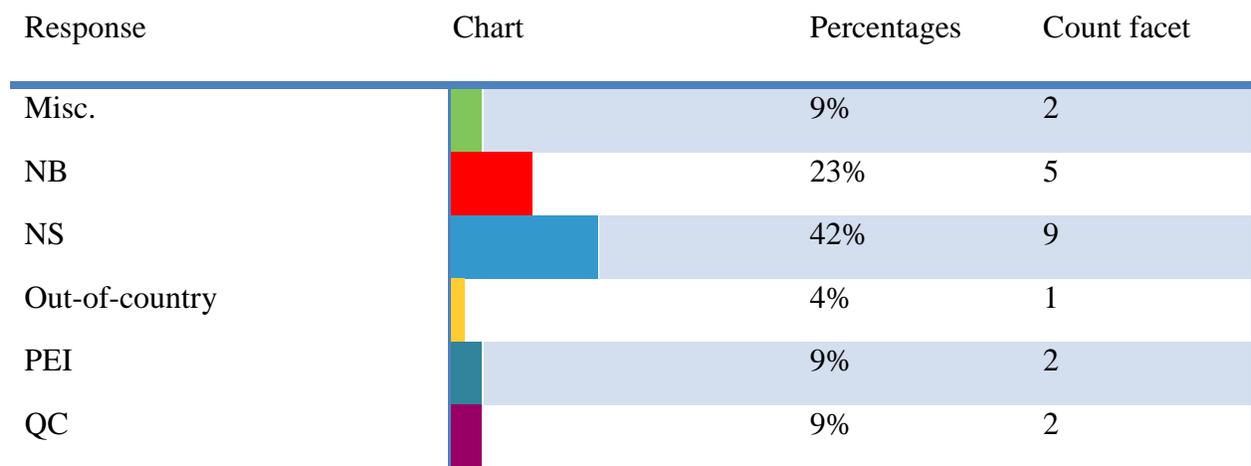


Figure 5: A Comparative Study of the Cultural, Economic, Political, and Social Barriers to Abortion Services in the Maritime Provinces, 1969-1996, Fluid Surveys, 2013.

As indicated in the previous chapters, the liberalization of the abortion law in 1969 did not receive widespread support within the hospital system and access to the procedure was limited throughout the Maritime region and elsewhere. In the years following the liberalization of abortion, hospital employees’ varied reactions to abortion accessibility contributed to the stigma and silence associated with the procedure. A woman who worked in the operating room at the former Miramichi Hospital in Newcastle in the 1970s remembered that the staff only performed a couple abortions annually, but many of the women she worked with did not like being involved in the procedures and vocalized their opinions.⁴ Hospital staff, including nurses, residents and interns, communicated their disapproval of abortion procedures in “verbal and non-

⁴ Telephone Interview, Northern New Brunswick, 4 February 2013.

verbal ways” and argued these factors contributed to what some doctors called “post abortion psychiatric sequelae.”⁵ Some patients already encountered psychological difficulties prior to the abortion procedure due to ambivalence or guilt regarding the pregnancy, so judgment from physicians and hospital staff perpetuated the abortion stigma and inhibited patients from seeking support after the procedure. Throughout the 1970s, it became clear to hospital staff and women seeking an abortion that it was not a standard procedure within the medical community.

While hospitals established TACs throughout the Maritime Provinces after the 1969 amendment, the abortion referral system was unclear and the barriers appeared insurmountable for women living in rural communities. Hospitals were not required to form TACs, and the voluntary nature of the system ensured unequal access to abortion services throughout the region. In an attempt to avoid the administrative hoops necessary to obtain a provincially funded abortion in the early 1970s, women with the financial means went abroad or to illegal clinics in Canada and the United States.⁶ When a former Miramichi Hospital employee required an abortion, she went to an illegal abortion clinic in Montreal to keep her identity anonymous and the procedure a secret. The woman’s ability to obtain the abortion was “pure luck” since her family doctor was new to northern New Brunswick and had out-of-province contacts.⁷ She traveled to a house in Montreal run by a women’s organization and the staff helped her line up an

⁵ Charles J. David, “An Overview of Psychiatric Aspects of Therapeutic Abortion,” *The Nova Scotia Medical Bulletin* (December 1973): 249. One psychiatrist argued that there was no empirical evidence to suggest that ‘psychiatric sequelae’ was caused by abortion and instead argued that abortions were predominately “therapeutic” for “well-motivated” women. LAC, RG29, Accession 1996-97/698, Box 55, File 6756-2-16 (2), Department of National Health and Welfare, Appendix A: The General Consensus (Extracts from numbered bibliographic references) in Psychological Effects of Abortion by C.M.M., 31 May 1973.

⁶ 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.

⁷ Telephone Interview, Northern New Brunswick, 4 February 2013.

abortion for the next day. A doctor performed the abortion in a strip mall clinic and rushed her out the door due to the illegality of the procedure. She remembered feeling as if she was going to faint, but she was grateful that she was able to obtain the procedure quickly. Unfortunately, many women did not have the funds or the contacts to travel out of the region for abortions and instead faced innumerable administrative barriers to access the procedure locally throughout the 1970s. The administrative hoops women jumped through to access abortion services in the Maritime Provinces were extensive due to the small population, strong anti-abortion sentiments within the medical profession, and some doctors' fear of the 'pro-abortion' label.

Other women faced similar harrowing abortion experiences, as indicated by the work of Judith Wouk, a former employee for Halifax's Family Planning Association in the 1970s. Wouk quickly learned that, in actuality, the patient needed the approval of five doctors to receive an abortion: a family doctor or referral doctor, a surgeon to perform the procedure, and at least three members of the TAC.⁸ However, the number of referrals and doctors required to approve an abortion request remained unclear throughout the 1970s and 1980s.⁹ Due to the challenge of finding willing physicians, the association sent a survey to clinics to find out which doctors would perform the procedure. When the survey responses were minimal, Wouk called doctors directly to find out their position on abortion. She discovered that one doctor referred his patients, but he did not want to be on a list, whereas other doctors opposed to abortion stated that they would never refer anyone or perform abortions. When asked if the TAC rejected many

⁸ Personal Interview with Judith Wouk, Ottawa, Ontario, 4 April 2013.

⁹ "The View from the Medical Society." *The Dalhousie Gazette*. 25 February 1972; CWMA, Box 138, File Women's Information and Referral Service (Halifax, N.S.), "Understanding the Law: A Guide for Women in Nova Scotia," 1981.

applications, she recalled that getting access to the committee was the primary challenge due to family doctors stalling women.¹⁰

Many times, family doctors either were misinformed or did not want to be responsible for recommending abortions that were not medically necessary, so they stalled the process by transferring women to a psychiatrist for an abortion referral. The second referral created barriers for women who wanted abortions for socioeconomic reasons and were unwilling to perform a mental illness to get a referral.¹¹ Katherine McDonald, an eighteen-year-old Nova Scotia woman did not obtain an abortion in 1972 because the psychiatrist she saw for a second referral deemed her healthy and capable of carrying a child to term.¹² The psychiatrist told McDonald that to be eligible for a therapeutic abortion he would need to declare her mentally ill and warned her that this label would follow her throughout the rest of her life. Her mother suffered from mental illness and the notion that she would also carry this stigma stopped her from going back to her family doctor and asking for a second opinion from someone else. Her parents opposed her decision to keep the baby, but she did not tell them about her psychiatrists' advice, as she did not

¹⁰ A statement issued by the Department of Obstetrics and Gynecology, Dalhousie University in 1974 corroborates her recollection. See "Information for Physicians in Nova Scotia Regarding Therapeutic Abortions," A Statement by the Department of Obstetrics and Gynaecology, Dalhousie University, *The Nova Scotia Medical Bulletin* (October 1974): 168. Another woman living in Nova Scotia recalled similar hurdles while helping women through this process. Telephone Interview, Nova Scotia, 2 May 2013.

¹¹ A Nova Scotia woman discussed her experience performing a mental illness for a psychiatrist in Bowes, *Telling Our Secrets*, 28. In another instance, a New Brunswick doctor informed her patient in 1988 that she needed a performance, including tears, to convince the TAC that the patient was medically unstable and a good candidate for an abortion. The doctor also hinted that the patient should mention her sleep and eating behaviours. Interview with Clarissa Hurley, Fredericton, New Brunswick, 5 February 2013. Also see CWMA, Box 33, Halifax Women's Bureau (Halifax, NS): 2 Leaflets, 1 Pamphlet and 1 Set of Questions to Ask Campaigning Candidates, 1972-1973 File, "Women and the Law in Nova Scotia." Beth Palmer's dissertation also illuminates the pressure for women to convince the TAC that they were too crazy, sick, or weak to have a baby. Palmer, *Choices and Compromises*, 93.

¹² Personal Interview with Katherine McDonald, Ottawa, Ontario, 3 April 2013.

want to hurt her mother's feelings by acknowledging her fear of being labeled mentally ill. Due to her mother's opposition to her keeping the baby, the parents sent McDonald to live at a family cottage in New Brunswick and later to live with a cousin. Eventually she went to Birthright and lived with a pro-choice family that housed eighteen unwed women. She originally planned to give her baby up for adoption, but she was fortunate to give birth to her son during the period in which the province established social assistance for unmarried mothers.¹³ While McDonald was happy that she did not have the abortion, her experience highlighted the psychological pressure facing women attempting to obtain the time sensitive procedure.

Psychiatrists also shared concerns over their new legal responsibility and the ambiguous nature of determining the validity of a woman's abortion request without the definition of health provided to practitioners. As the Criminal Code amendment did not define 'health,' medical professionals became responsible for deciding how broadly or narrowly to apply the term 'health' on a case-by-case basis. In an article written in the *Nova Scotia Medical Bulletin* in 1973, Charles J. David, an assistant professor in the department of psychiatry and faculty of medicine at Dalhousie University, offered an overview of the challenges facing psychiatry when attempting to assess abortion requests under the amended abortion law. David highlighted the complexity of "satisfying the criteria as laid down by the new law" due to the ambiguity of the legal wording, such as assessing 'health' and what constituted 'normality,' which was not easy to resolve within the profession. David also argued that personal beliefs, including religious, ethical and philosophical beliefs, the 'abortion taboo' in the medical profession, and social

¹³ Interview with Katherine McDonald, Ottawa, Ontario, 3 April 2013. She kept her baby, much to the chagrin of her mother, and proudly proclaimed that she was on social assistance at the behest of her father. Her father stressed the importance of McDonald becoming independent and argued that she would pay more in taxes throughout her life than she would ever receive from the government while on welfare.

values influenced the medical professional's willingness to approve abortion requests. Psychiatrists were accustomed to applying "traditional" criteria to abortion requests, including a history of "precipitated post-partum psychotic reactions," schizophrenia, lobotomy, and suicidal or homicidal tendencies. However, the ambiguity of the new abortion law left room for a second set of criteria: women with "mild suicidal ideation," "mild neurosis," "pronounced emotional or intellectual immaturity," and socioeconomic issues that would foster "serious psychological hardship." David outlined a multitude of reasons as to why women of all ages requested abortions, and argued that psychiatrists needed to provide help and support due to the personal, familial, and social conflicts the patients encountered while making the decision.¹⁴ Despite the attempts of prominent medical professionals to create an awareness of the challenges facing women, anti-abortion views intensified throughout the region and consequentially created extralegal barriers to abortion services.

Extralegal Barriers to Abortion Services

Many citizens recognized abortion as unavoidable and supported access to services within the hospital system, but the vocal and tireless anti-abortion activists intensified the stigma surrounding the procedure, especially in places with small populations. When an eighteen-year-old PEI woman required an abortion in 1978, her parents were adamant that no one find out about the abortion because they lived in a small, staunchly Catholic, anti-abortion community.¹⁵ The woman grew up in a Protestant household, and while her parents were devastated that she had had sex out of wedlock, they supported her abortion decision. However, they advised their daughter to tell her friends that she was in Halifax for the weekend, rather than admitting that she

¹⁴ David, "An Overview of Psychiatric Aspects of Therapeutic Abortion," 247-249.

¹⁵ Personal Interview, Charlottetown, PEI, 13 February 2013.

was in the PEI Hospital in Charlottetown having an abortion. Eventually she told her friends about the abortion and despite disapproval from many of her Catholic peers, they remained friends. The secretive nature of abortion access was common due to the polarization of beliefs surrounding the procedure in the 1970s and 1980s and illuminated the extent to which the heightening abortion debate quieted pro-choice sentiments, especially in communities with a pro-life presence.

In addition to pressure from pro-life activists, doctors faced the unenviable task of determining if parental consent was required for abortion requests from minors. Parental consent policies for people under the age of majority varied by province and territory, but also by hospital, which created challenges and concerns for doctors tasked with approving abortion requests from minors.¹⁶ The Badgley report illustrated the lack of clarity regarding age of consent. Researchers argued that “Subsection 4 of section 251 of the Criminal Code provides the ‘therapeutic abortion exception’ to the offense of procuring a miscarriage under section 1” and consent from a minor would appear to satisfy that provision. However, the report suggested that in what was presumably an attempt “to not infringe upon provincial jurisdiction over physicians and hospitals, subsection 7 of section 251 provides that: ‘Nothing in subsection (4) shall be construed as making unnecessary the obtaining of any authorization or consent that is or may be required, otherwise than under this Act...’”¹⁷ As health care regulations fell under provincial jurisdiction, federal policy makers were careful to not include legislation that overstepped their jurisdictional authority. The challenge of determining when an adolescent could obtain an abortion without parental consent, therefore, often fell to doctors serving on TACs. The unclear

¹⁶ J.S. Bennett, “Lawyers, Economists, Health Professionals Join to Discuss Health and the Law,” *CMAJ* 113 (18 October 1975): 797.

¹⁷ *Report of the Committee on the Operation of the Abortion Law*, 237-8.

guidelines created stress for young women and doctors, which prompted the national medical society to call on governments to revise and clarify their policies.

In 1972, the Canadian Medical Association recommended that all provinces and territories lower the age of consent to 16 for “medical, surgical, and dental treatment,” and expressed concern over legal uncertainty pertaining to family planning procedures.¹⁸ However, not all provincial governments agreed with lowering the age of consent to accommodate abortion requests. For example, the Nova Scotia government took a clear stance against allowing minors to choose abortions without parental consent the same year in which the Canadian Medical Association requested a change in provincial regulations. After becoming aware of therapeutic abortions performed on minors without parental consent, the Nova Scotia Hospital Insurance Commission issued a statement to all public and psychiatric hospitals, arguing that “an abortion should never be carried out on a minor without the consent of the parent or guardian, except under the most unusual circumstances on the advice of the hospital’s solicitor. To do otherwise is to invite a major legal suit.”¹⁹ According to Nova Scotia regulations, women under the age of 19 required the signature of one parent and married women, regardless of age, needed their husband’s signature.²⁰ The legal uncertainty and ambiguous wording within the abortion law created unequal access to abortion services across the country.

¹⁸ “Association Presents Brief on Family Planning to Minister of National Health and Welfare,” *CMAJ* 113 (23 August 1975): 341; “Family Planning/Contraception: CMA Policy Summary,” *CMAJ* 133 (15 September 1985): 598A.

¹⁹ NSA, Unprocessed Accession 1992-163/004, 16-0006.2, Hospital Releases 1972, G.G.S., Executive Director of Nova Scotia Hospital Insurance Commission to Administrators of Public and Psychiatric Hospitals, 11 February 1972.

²⁰ CWMA, Box 33, Halifax Women’s Bureau (Halifax, NS): 2 Leaflets, 1 Pamphlet and 1 Set of Questions to Ask Campaigning Candidates, 1972-1973 File, “Women and the Law in Nova Scotia.”

When the Badgley Commission visited hospitals throughout Canada in the mid-1970s to determine the effectiveness of the abortion law, all of the hospitals analyzed in PEI, Nova Scotia, New Brunswick, Manitoba, Saskatchewan, and both territories “used the age of legal majority as the required age of consent for the performance of the abortion procedure.”²¹ Despite concern from medical professionals, the provincial governments’ unwillingness to lower the age of consent stemmed from an expectation that anti-abortion organizations would argue the change encouraged promiscuity, “popularize[d] therapeutic abortion among minors as a method of birth control,” and “remove[d] parental responsibility in child care.”²² Parental consent concerns came to the forefront in abortion decisions, as it was a time sensitive procedure and created stress for all parties required to participate in the decision-making process.

The issue of consenting minors and parental pressure emerged in a Fredericton woman’s abortion experience in the mid-1980s, and created long-lasting trauma for the patient involved. When thirteen-year-old Anita Keating found herself confronted with the stigma of teenage pregnancy, her mother convinced her to have the abortion secretly at Fredericton’s Dr. Everett Chalmers Hospital. Keating asserted that she “didn’t really have a choice. My mother made the decision for me.”²³ After going to a reproductive health clinic in Fredericton and discussing the pregnancy with counsellors, Keating and her boyfriend wanted to give the baby up for adoption, but her mother’s fear of the shame and stigma associated with teenage pregnancy played a central role in the daughter’s abortion decision. Keating remembered, “It was my mother saying basically, ‘What will the people at church think of me?’ and she arranged it.” While it is unclear if the Dr. Everett Chalmers Hospital applied parental consent policies for therapeutic abortions,

²¹ *Report of the Committee on the Operation of the Abortion Law*, 239.

²² LAC, RG106, Box 65, File 1230-C6, “Memorandum: Meeting of Ministers of Health, June 22, 1977,” Director Family Planning to Assistant Deputy Minister.

²³ Personal Interview with Anita Keating, Fredericton, New Brunswick, 6 February 2013.

Keating's mother was centrally involved in convincing her family physician that the procedure was in her daughter's best interest. As indicated in David's analysis of the "psychiatric aspects of therapeutic abortions," parental pressure was common in abortion decisions due to the stigma associated with teenage pregnancy and unmarried mothers.²⁴ Keating did not remember if the heated abortion debates in New Brunswick influenced her mother's reaction to her pregnancy, but she recalled that her mother was concerned about her own reputation when pressuring her daughter to have an abortion. According to Keating, "It was more of, 'What will they think about me as a mother if my daughter is pregnant at 13 and has a baby?' It was more about 'how will they perceive me for your actions?'" As Keating's mother gave birth to her at 17, the challenges of raising a child as a teenager also would have factored into the mother's decision. Keating went through with the abortion, but she regretted the procedure and lamented her lack of choice.²⁵

Although Keating did not attribute her regret or shame to the pervasiveness of pro-life ideology in the region, her recollections signaled that local anti-abortion activism at least partially influenced the shame she associated with her abortion. Shortly after the procedure, Keating attended a local Baptist church with her mother and sat through an anti-abortion sermon that became formative in her rejection of institutional religion. During the sermon, the pastor argued that "anybody who had an abortion for any reason was going straight to hell and would never be forgiven." Keating walked out of the Baptist church and never went back. Keating's abortion was performed during the intensification of pro-life activism in New Brunswick. As indicated in chapter two, anti-abortion activists lobbied hospitals to disband TACs, launched

²⁴ David, "An Overview of the Psychiatric Aspects of Therapeutic Abortions," 248.

²⁵ After the Supreme Court of Canada struck down the abortion law in 1988, several women who regretted their abortions wrote to the College of Physicians and Surgeons of New Brunswick and Premier Frank McKenna to urge him to prohibit abortion clinics. For one example, see College of Physicians and Surgeons of New Brunswick Records, Abortion 1985-1990 File, J.C., Haute Aboujagane to Premier Frank McKenna, 26 February 1988

campaigns in local newspapers, including printing graphic images of aborted fetuses in garbage cans to shock and upset citizens, and garnered enough attention to bolster membership in the Right to Life Association (RTLTA) throughout this period. With the rise in anti-abortion sentiments, public support for pro-choice activism waned. However, Keating's personal experience did not stop her from supporting women who requested abortions. Keating wished she did not have the procedure, but she continued to promote informed choice as well as counselling—a service she did not receive—to ensure that her friends would not regret their decision. While parental pressure to have the abortion remained a central aspect of her experience and fueled her regret, the intensification of pro-life ideology in the region in the 1980s must have contributed to her psychological trauma, especially at such a young and formative age.

Throughout the 1970s and 1980s, the anti-abortion sentiments fostered by the pro-life movement influenced medical professionals' behaviour within the small communities and created a stressful experience for the staff and patients. Due to the rural nature of the communities, doctors and patients feared a breach of confidentiality. While some women were afraid that someone would recognize them at the hospital, others were more concerned about the medical clinic staff reading their charts and telling people about the abortion request.²⁶ A breach of confidentiality came to fruition at one clinic when a woman was in her family doctor's waiting room a long time after her therapeutic abortion and the "nurse commented gratuitously: 'It's really no problem having two [children], you know'...She was an older woman...She was the one that made me feel the worst."²⁷ It is unclear if other people in the waiting room heard the comment, but her recollection illustrated the vulnerability of her situation. While other women

²⁶ Personal Interview with Regena Russell, Charlottetown, PEI, 14 February 2013.

²⁷ Bowes, *Telling Our Secrets*, 61.

did not experience breaches of trust, it was enough of a concern that doctors informed patients that they would not mention the abortion on medical charts. A Cape Breton woman noted that her doctor did not put the abortion on her chart because she lived in a small town and worried that the staff would read the chart.²⁸ In another case, a woman from Annapolis Valley indicated that she was lucky to have a female doctor who called her at home to inform her of the appointment so that the office receptionist did not learn about the abortion. This same woman needed another referral and the second doctor offered to write “regular office visit” on her chart to keep the visit confidential.²⁹ A fear of judgment and negative consequences arising from public knowledge of their abortion decision was commonly experienced throughout the region.

Despite the medical procedures occurring decades ago, many women vividly recalled the day of their procedure due to the tense atmosphere in the hospital waiting and operating room, as well as the varied responses from staff. The waiting room in Termination of Pregnancy Unit at the Halifax hospital received the most criticism from women, as it was a tiny and cramped room, and intensified the shame the women already experienced. The waiting room crammed approximately twenty-five people into a space the size of a bathroom or closet, many interview participants indicated. The small space was an issue because the hospital forced patients to wear a “johnnyshirt” (hospital gown) in the waiting room, despite many protestations. Four women recalled feeling humiliated when the staff required them to sit in the room in hospital gowns, amongst fully dressed men and women who accompanied the patients seeking abortions. One woman recalled crying when she asked a nurse if she could wait in another room and the employee denied her request. She did not shave her legs and feared judgement, so she chose to

²⁸ Bowes, *Telling Our Secrets*, 62.

²⁹ Bowes, *Telling Our Secrets*, 62

stand by the door until it was time for the procedure.³⁰ The uncomfortably small space gave many patients the impression that the hospital did not take their health care needs seriously. A Nova Scotia woman argued that Victoria General Hospital did not treat abortion like “a legitimate medical procedure, so it’s sort of been relegated to this...storeroom space, with no proper services.”³¹ While many of the interview participants indicated that there was little discussion in the waiting room, Regena Russell made a point of asking another patient if she was getting a therapeutic abortion to let her know that she was not alone.³² Russell noticed that the young woman was very upset and since the hospital prohibited companions from holding their hands during the procedure, she wanted to break the silence in the room and bring some comfort to the girl before her abortion. Disrupting the shame associated with abortion in the Termination of Pregnancy Unit would have been a great feat because of the patients’ apprehensions, which was exacerbated by the requirement to wear a hospital gown in a cramped waiting room.

Women who obtained abortion services at the Halifax hospital reported very different experiences, from hostile and harsh to empathetic and considerate nurses and gynecologists. Russell recalled that the doctor who performed the abortion at Victoria General Hospital was judgmental at the first consultation and she left his office in tears because he made her feel like a bad person. Even when she was on the table receiving drugs before the procedure, the doctor paternalistically admonished Russell for her mistake.³³ Other women who sought the procedure at Victoria General Hospital also reported the lack of empathy Russell witnessed. Several women recalled experiencing excruciating pain during the abortion and the nurses and doctors ignored their concerns. As a woman from the Metro area recalled, “Nothing really prepares you for this

³⁰ *Telling Our Secrets*, 41-43, 49.

³¹ Nova Scotia woman quoted in *Telling Our Secrets*, 65.

³² Personal Interview with Regena Russell, Charlottetown, PEI, 14 February 2013.

³³ Personal Interview with Regena Russell, Charlottetown, PEI, 14 February 2013.

really mean nurse who is busy saying, ‘Don’t scream, don’t scream, you’re going to scare the other patients.’”³⁴ Unfortunately, several women who obtained abortions at the Victoria General Hospital documented painful experiences, and some may have interpreted this as punishment for their decision.³⁵

In an article on abortion services in Halifax, *The Dalhousie Gazette* described in detail a negative abortion experience at the Termination of Pregnancy Unit in which a woman named “Linda B.” endured physical pain throughout the procedure, despite informing medical staff of her concerns. The doctor performed a pelvic exam and then told Linda that she would feel a “pinch” when he injected a local anesthetic into her cervix. However, Linda’s discomfort intensified throughout the procedure:

The pain is excruciating. Linda tells the nurse she is going to faint, and is told this is a perfectly normal reaction. The numbness in her belly does not last for long. As the instrument dilating her cervix clicks, there are successive spasms of still more pain, despite the anesthetic. The doctor reaches for the curette and she feels pressure as it probes its way into her womb. The vacuum suction is flicked on, the cramps become unbearable. Linda clenches her teeth, feels her hands grow cold as she grips the sheet draped over her legs.³⁶

Determining whether the inadequacy of local anesthesia was intentional, a form of punishment for the women’s ‘mistakes,’ is challenging to discern and requires further research due to the

³⁴ Seven of the twenty-five women interviewed by Nancy Bowes in Nova Scotia reported post-abortion complications, from infections to incomplete abortions. Quotation taken from *Telling Our Secrets*, 35, v.

³⁵ In Martin Pernick’s research on anesthesia and professionalism in the nineteenth century, he argued that while some “saw pain as biologically and emotional functional, other critics of anesthesia portrayed physical suffering as punishment; in their view anesthesia constituted an attempt to circumvent the chastisements inflicted by some higher power...”Pernick, *A Calculus of Suffering: Pain Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), 49.

³⁶ “The Right to Choose,” *The Dalhousie Gazette*, 31 October 1974.

“unsharability” of pain and its subjective nature.³⁷ However, Linda and the women’s narratives documented in *Telling Our Secrets* indicate that the pain experienced throughout the procedure troubled many patients and prompted questions about the adequacy of health care provided within the Termination of Pregnancy Unit.³⁸

The mixed reactions of staff involved in abortion procedures were common in Maritime hospitals, which heightened the turmoil many women experienced while having the procedure. When thirteen-year-old Keating went for her abortion at Dr. Everett Chalmers Hospital in Fredericton, she remembered hostile treatment from the anesthesiologist. Keating cried as she entered the operation room and recalled the anesthesiologist having a “kind of shut up you did it to yourself kind of attitude.”³⁹ One nurse came over, hugged her, and wiped the tears off her face as she went to sleep. Keating’s negative experience within the hospital system was not unique. However, unlike the other women discussed in this chapter, Keating did not want to terminate her pregnancy and the experience was psychologically traumatic for her.⁴⁰ As Keating’s recollection demonstrated, outside factors, including familial and personal relationships, informed her abortion experience. More commonly, the tight quarters and mixed responses from hospital staff contributed to the shame and stigma the women experienced.

The women’s lack of agency during their abortion experiences was central to their negative memories. While all of the women except Keating wanted to have an abortion, they

³⁷ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 4-5.

³⁸ While there is plenty of discussion on ‘fetal pain’ in the literature, women’s pain during abortion procedures, and the reason for the pain, is understudied.

³⁹ Personal Interview with Anita Keating, Fredericton, New Brunswick, 6 February 2013.

⁴⁰ Psychological trauma was common for women pressured by parents or “emotionally blackmailed” into having abortions. David, “An Overview of Psychiatric Aspects of Therapeutic Abortion,” 248. In *Telling Our Secrets*, two male partners threatened women with violence if they did not have abortions. See *Telling Our Secrets*, 20-21.

were not prepared for the feelings of powerlessness that they encountered once they entered the Termination of Pregnancy Unit. The chaotic situation, with dozens of women tightly squeezed into a small waiting room, potentially reflected broader bureaucratic issues within the hospital system.

Between 1970 and 1988, access to abortion services decreased considerably in the region due to numerous New Brunswick, Nova Scotia, and PEI hospitals abolishing TACs or increasingly rejecting applications.⁴¹ By the 1980s, the Victoria General Hospital in Halifax and the Moncton Hospital performed the majority of abortions in the region. However, Victoria General Hospital became the main hub for abortions in the region. In 1984, the Halifax hospital performed 1412 abortions, whereas the largest abortion provider in New Brunswick, Moncton Hospital, performed approximately 175 abortions and the second largest abortion provider, Dr. Everett Chalmers Hospital in Fredericton, performed 74.⁴² According to New Brunswick government statistics, residents' requests for publicly funded abortions that occurred out-of-province most often came from the U.S.A. and Nova Scotia.⁴³ Due to the lack of access to abortions in PEI, New Brunswick, and rural areas of Nova Scotia, the Victoria General Hospital became responsible for providing Atlantic Canadian women with access to the time sensitive procedure and this pressure created issues within the hospital system.

The pressure on the Halifax hospital to provide the majority of the abortions in the region created a hotbed for post-abortion complications due to the long wait times.⁴⁴ Out of the twenty-

⁴¹ Ackerman, "Not in the Atlantic Provinces," 95-100.

⁴² NSA, RG89, Volume 4, File 9, "Choice is the Issue: A Brief by CARAL/Halifax on Reproductive Choice," March 1987; PANB, RS765, File 10-3809, "Number of Therapeutic Abortions Performed in N.B. Hospitals (Calendar Year)."

⁴³ PANB, RS765, File 10-3811, "Back Up-Data: Therapeutic Abortions Out-of-Province by Place of Occurrence," March 1986.

⁴⁴ "Women Fight for Reproductive Rights," *The Dalhousie Gazette*, 20 November 1986.

five women that Bowes interviewed between 1985 and 1989, seven women reported eight post-abortion complications.⁴⁵ Two of the women's abortions were unsuccessfully performed and they were forced to return for second abortions late in pregnancy. Four women "retained products of conception" and two experienced post-abortion infections. Fortunately two of the four women were able to expel the remaining tissue at home. The other two women had to return to the Termination of Pregnancy Unit for the vacuum extraction method, also known as D&C. One woman recalled that the staff treated her wonderfully, but both women could not understand why their physicians did not examine the tissue they removed during the procedure, which was a central part of performing abortions. Perhaps most surprising, two of the twenty-five women reported continued pregnancies. In one case, it took one patient five weeks before the medical staff would believe she was still pregnant and begrudgingly scheduled a second abortion. The woman's fears and stress heightened when she was lying on the operating table and overheard her new gynecologist grumble, "They botch a job, and I get to do their dirty work."⁴⁶ Unfortunately, the ability for doctors to perform abortions without post-abortion complications was difficult because of bureaucratic issues within the hospital system.

Due to the delays created by administrative barriers, a significant number of Canadian patients underwent the procedure in hospitals at an advanced gestational age and faced abortion complications.⁴⁷ In Badgley report, the federally commissioned researchers determined that in 1974 the rate of complications for the most commonly used method for first trimester abortions,

⁴⁵ One of the women experienced two types of post-abortion complications.

⁴⁶ Nova Scotia woman quoted in *Telling Our Secrets*, 56.

⁴⁷ A. Wadhera, "Legal Abortions among Teenagers in Canada, 1974 through 1978," *CMAJ* 122 (21 June 1980): 1386-1390; Ellen R. Wiebe, "Retention of Products of Conception after Therapeutic Abortion," *CMAJ* 134 (1 March 1986): 505.

D&Cs, was 28.3% nationwide.⁴⁸ The complication rate nearly doubled for the saline method, which was performed in the second trimester. Second trimester abortions were highest in Newfoundland, PEI, Nova Scotia, and Manitoba, and complications were highest in hospitals that did not perform many abortions.⁴⁹

By the mid-1970s, Nova Scotia researchers recognized an increase in abortion complications provincially due to a high number of abortions performed in the second trimester. Between 1971 and 1974, second trimester abortions increased from 12 to 31%, which meant a number of women were susceptible to greater risk and trauma.⁵⁰ Surgeons used the suction D&C method for abortions performed prior to twelve weeks gestation and the rate of an additional procedure for retained products was 0.7%. The intra-amniotic saline method, which involved the instillation of saline solution into the amniotic sac to induce uterine contractions, was commonly performed in second trimester abortions because a D&C was deemed too difficult after 16 weeks. Unfortunately, the chance of complications increased significantly when doctors performed the saline method—30% of the patients required additional procedures to remove retained products of conception.⁵¹ In a questionnaire patients returned six weeks after the procedure, many women identified post-abortion consequences, including bleeding, pain, and

⁴⁸ Complications included retained products of conception, laceration of the cervix, perforation of the uterus, haemorrhage, infection, and in very rare instances, death. *Report of the Committee on the Operation of the Abortion Law*, 309-312, 322.

⁴⁹ *Report of the Committee on the Operation of the Abortion Law*, 310.

⁵⁰ S.C. Robinson, "The Status of Therapeutic Abortion in Nova Scotia," *The Nova Scotia Medical Bulletin* (February 1977): 11; Glenn Brodie, "Cervical Tears Following Mid-Trimester Saline Abortion," *The Nova Scotia Medical Bulletin* (February 1977): 13-14.

⁵¹ William E. Brenner and David A. Edelman, "Dilations and Evacuation at 13 to 15 Weeks' Gestations versus Intra-Amniotic Saline after 15 Weeks' Gestation," *Contraception* 10, 2 (August 1974): 171-180.

“mental disturbance” requiring treatment.⁵² Between 1978 and 1982, first trimester abortions increased from 72.3% to 78.6%, which signaled an improvement in providing access to first trimester abortions.⁵³ However, considering that the abortion rate increased throughout the 1970s and 1980s, and New Brunswick and PEI hospitals either stopped performing abortions or decreased access, it is not surprising that post-abortion complications continued to be an issue in the Victoria General Hospital.

The inaccessibility of abortion services in the Maritime region was not unique; throughout Canada, access to abortion services depended on individual hospital boards and hospitals with liberal stances, such as Victoria General Hospital, often became overburdened with abortion requests. The ability of anti-abortion pressure groups to decrease access by lobbying hospital boards concerned doctors nationwide, including those who sympathized with the movement.⁵⁴ As discussed in chapter two, inexperienced citizens were elected to hospital boards based on proposals to abolish TACs and many doctors feared that the care of patients and the operation of their hospital would suffer as a result. However, some doctors also criticized the futility of liberal TACs, which “do nothing more than rubber stamp abortion certificate applications.” In 1980, the President of the Canadian Medical Association lamented the ineffectiveness of TACs and recommended a repeal of the abortion law, arguing that some committees received over 100 applications weekly and approved the majority of the abortions due to the burden of dealing with the requests. In these larger hospitals, he argued that “with a slight alteration of the age and marital status information, I could get an application for a

⁵² Claudia Resch and S.C. Robinson, “Therapeutic Abortions and its Complications in Halifax, N.S.,” *Nova Scotia Medical Bulletin* (April 1973): 67.

⁵³ NSA, Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985 file, “Nova Scotia Abortions Performed.”

⁵⁴ D. Laurence Wilson, “Medical Schools and Affiliated Teaching Hospitals in the ‘80s,” *CMAJ* 126 (1 June 1982): 1335.

therapeutic abortion approved for my cat.”⁵⁵ While hospitals in larger centers, including Toronto and Vancouver, liberally approved abortions, it was not as simple for women residing in less populated areas. Doctors frequently encountered abortion requests from women who were not their patients and many became frustrated with the responsibility of determining whether a woman they just met was a suitable candidate for an abortion procedure. For example, in late November 1979, Dr. Cameron from Dalhousie Family Medicine indicated that the clinic had five patients referred to them for abortions in the last month.⁵⁶ Doctors at Dalhousie Family Medicine then decided whether to refer the woman to a psychiatrist or instead refer her to a TAC based on their first encounter. Due to the nature of the abortion law, Cameron and his colleagues became unwilling gatekeepers to the local TAC.

The challenge of finding a doctor to approve an abortion request left many women in a precarious situation. For those unwilling or unable to traverse through the administrative system, abortion tourism was one way in which women could reclaim their agency. Instead of asking for permission in a doctor’s office, women could travel to an abortion clinic in the United States, Montreal, or Toronto without having to justify their decision. The economic costs of out-of-province abortions, as well as the illegality of abortion clinics in Canada, however, remained an obstacle for women without the financial means.

Abortion Tourism in the 1970s and 1980s

During the early 1970s, women unable to access abortions in a provincial hospital often used commercial abortion referral agencies to find a provider across the Canadian border. Shortly after the federal government amended the abortion law in 1969, commercial abortion referral

⁵⁵ W. D. S. Thomas, “Address: 1980 Annual Meeting of the Medical Society of Nova Scotia,” *The Nova Scotia Medical Bulletin* (December 1980): x.

⁵⁶ “Abortion: A Life or Death Dilemma,” *The Dalhousie Gazette*, 29 November 1979.

agencies, which were located in New York, New Jersey, Michigan, and Pennsylvania, ran advertisements in student newspapers, including Halifax's *The Dalhousie Gazette*, Fredericton's *The Brunswickan*, and Charlottetown's *Cadre*, offering access to abortion clinics.

Advertisements, such as "Low Cost, Safe, Legal Abortion in New York," endeavoured to attract women across the border for the out-of-pocket procedure.⁵⁷ According to the Badgley report, commercial abortion referral agencies "routinely told [women] that obtaining an abortion was illegal in Canada, misinformation was given about the actual costs involved, and alleged trained counsellors were paid on a commission basis." The report criticized the opportunistic nature of the commercial abortion referral agencies—some charged women money without obtaining confirmation of pregnancy—and argued that the referral agencies existed because "there was a demand for their services which was not otherwise being met."⁵⁸

In what was presumably an attempt to curb the number of women traveling out of country at high cost for abortion services—many of whom still thought abortion was illegal—the Family Planning Association began to run abortion referral service advertisements in *The Dalhousie Gazette* to encourage young women to seek abortions in Nova Scotia.⁵⁹ In 1980, pro-choice activists established the Abortion Information and Referral Services (AIRS) to ensure women living in the Dartmouth-Halifax area received access to safe and legal abortion services. The organization advertised their voluntary services in a variety of forums, including *The Dalhousie*

⁵⁷ For example, see "Low Cost, Safe, Legal Abortion in New York," *The Brunswickan*, 19 February 1971; "Abortion: Pregnancies up to 12 Weeks Terminated from \$175.00," *Cadre*, 4 October 1971; "Abortion: Pregnancies up to 12 Weeks Terminated from \$175.00," *The Dalhousie Gazette*, 28 January 1972; "The Facts about Abortion Referral Service," *The Dalhousie Gazette*, 28 January 1972.

⁵⁸ *Report of the Committee on the Operation of the Abortion Law*, 383-386.

⁵⁹ "Abortion Information, Counselling, and Referrals," *The Dalhousie Gazette*, 5 March 1971; *Report of the Committee on the Operation of the Abortion Law*, 128; "Women Suppressed by Existing Abortion Laws," *The Dalhousie Gazette*, 25 February 1972.

Gazette, the student newspaper, as well as in flyers and pamphlets.⁶⁰ The service operated on Mondays, Tuesdays, and Thursdays from 5-7 pm and provided women with confidential information, including the names of sympathetic doctors as well as the locations of abortion clinics outside of Nova Scotia. However, not all family planning organizations in Nova Scotia supported abortion services.⁶¹ For instance, a Cape Breton woman traveled to a Halifax family planning clinic to confirm her pregnancy and when she asked about abortion services, the nurse informed her that abortion was not discussed at that clinic.⁶² Throughout the 1980s, the AIRS line continued to hear stories of family planning clinics denying women abortion-related assistance.

Due to the AIRS line's inability to ensure that local family planning clinics would provide non-judgmental information on abortion services, women with the financial means traveled out-of-province to abortion clinics in Massachusetts, Maine, New York, Quebec, and Ontario.⁶³ Determining the exact number of women who traveled out-of-country was

⁶⁰ "Abortion Information," *The Dalhousie Gazette*, 20 November 1980; CWMA, Box 1, Abortion Information and Referral Service (Halifax, N.S.), 1979-1981 File: Donation Letter, 8 March 1981; Pamphlet.

⁶¹ The Nova Scotia Family Planning Association was "more interested in prevention than cure; they would rather talk about contraception. 'We prefer not to do abortion referrals but are willing to do it as a last alternative.'" See "Women Suppressed by Existing Abortion Laws," *The Dalhousie Gazette*, 25 February 1972.

⁶² Bowes, *Telling Our Secrets*, 26.

⁶³ One employed and married New Brunswick woman knew that she did not stand a chance of getting an abortion in the province, so she traveled to New York for an abortion in the late 1980s. Telephone Interview, New Brunswick, 31 May 2013. An interview participant from a very active pro-life family recollected her brother taking his girlfriend to New York and paying for her abortion. Personal Interview, Southern New Brunswick, 1 of 2, 7 February 2013. PARO, PEI Medical Society Fonds, Executive Meeting, Minutes, 9 June 1976; "Commission under Attack for Position on Abortions," *The Guardian*, 11 February 1977; "Commission to Retain Authority on Abortions," *The Guardian*, 17 February 1977; Marilyn MacDonald and Suzanne Babin, "The Region: Our Abortion Law Doesn't Do What It's Meant to Do," *Atlantic Insight* (July 1980): 10-11; Marian Bruce, "Prince Edward Island: Abortion Squabble Sours Mixed Hospital Marriage,"

challenging, as many American clinics did not keep separate statistics for their Canadian patients.⁶⁴ Some women also chose the illegal route. Women went to doctors' offices in Montreal, including Dr. Henry Morgentaler's Montreal clinic and later to Toronto, after the first clinic opened in 1983.⁶⁵ Throughout the 1980s, approximately 500 Atlantic Canadian women traveled to the Morgentaler clinic in Montreal annually for illegal abortions.⁶⁶ While it is not clear how many abortion requests Nova Scotia hospitals rejected throughout the 1980s, New Brunswick government records indicate that at least 299 women's requests for abortions were denied by TACs between 1982 and 1986. The number of denied applicants who left the province for the procedure is unclear.⁶⁷ PEI officials could not determine the exact number of residents who traveled out-of-province for abortions throughout the 1980s, but the estimations ranged from 200 to 650 annually.⁶⁸

Atlantic Insight (July 1980): 12; NSA, RG25, Volume 603, File 3, "Counselling Procedures for the Undesired Pregnancy," Planned Parenthood Association of Halifax, February 1980.

⁶⁴ The number of Canadian women who sought abortions in the United States increased from 1,073 in 1979 to 3,484 in 1984, according to an article in *The Dalhousie Gazette*. These numbers did not account for clinics that did not keep separate statistics for Canadian women. "Women Fight for Reproductive Rights," *The Dalhousie Gazette*, 20 November 1986; NSA, RG89, Volume 4, File 9, "Choice is the Issue: A Brief by CARAL/Halifax on Reproductive Choice, March 1987," President of NS ACSW D.F.S. to Minister of Health Ron Russell, 14 October 1987.

⁶⁵ Bowes, *Telling Our Secrets*, 7.

⁶⁶ "Doctor Plans to Open Halifax Clinic by June," *The Chronicle Herald*, 21 March 1989.

⁶⁷ PANB, RS765, File 10-3809, "Number of Therapeutic Abortions Performed on N. B. Residents outside the Province (Fiscal Year);" "Note: Source: Hospital Services (from individual hospitals)."

⁶⁸ Alice Crook, "Abortion: A Pro-Choice Perspective," *Common Ground* (May-June 1985): 16; "Abortion Controversy Fires Island Emotions," *The Guardian*, 12 January 1985; "Both Sides Assessing Vote on Committee," *The Guardian*, 6 June 1986; "Abolishing Committee Puts Issue in Spotlight," *The Guardian*, 6 June 1986; PARO, Box 27, 95-003, Abortion 1989 File, A.C., Southport, J'N B., Cornwall, J.M., Parkdale to Minister Keith Milligan, 14 April 1989.

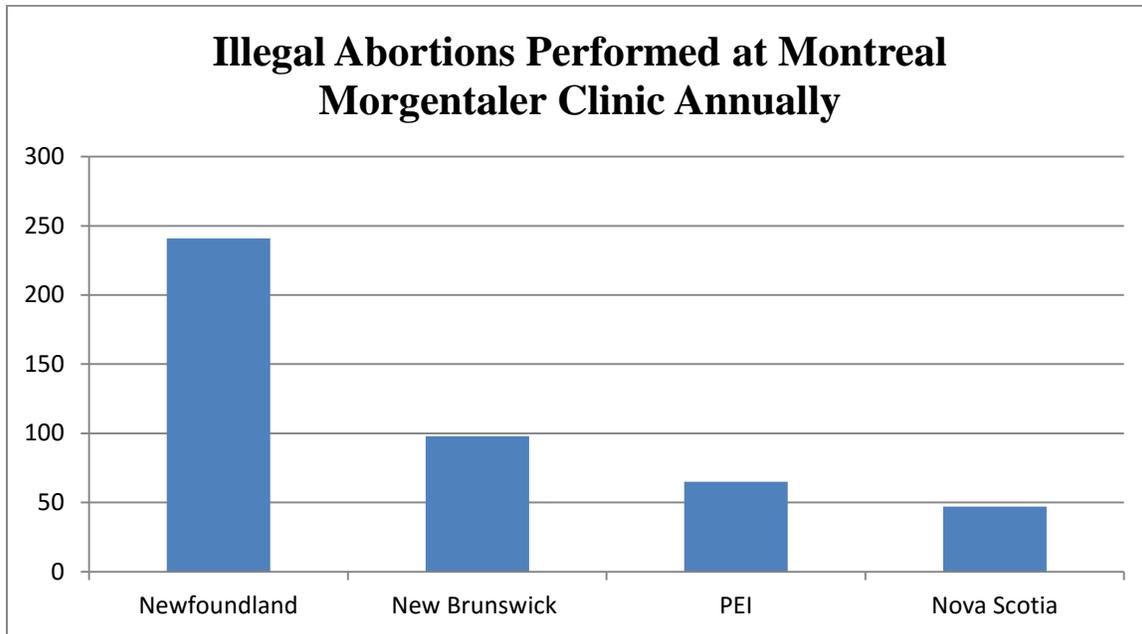


Figure 6: “Doctor Plans to Open Halifax Clinic by June,” *The Chronicle Herald*, 21 March 1989.

The inequitable access to abortion services in the Maritime Provinces did not produce the same level of pro-choice activism that emerged in other provinces. As Ann Thomson demonstrated in her analysis of British Columbia abortion politics, pro-life activists consistently attempted to create barriers to abortion services, but pro-choice forces were able to mobilize enough citizens and doctors to maintain access to the procedure throughout the provincial hospitals.⁶⁹ This same mobilization did not occur in the Maritime Provinces. Despite the efforts of pro-choice activists to gain support from the provincial advisory councils on the status of women (ACSW) members and create a visible presence in the region, polarization over abortion hindered abortion rights activism for much of the 1980s. By framing pro-choice activists as ‘pro-abortion,’ pro-life groups successfully ensured that an effective abortion rights movement did not emerge in the region.

⁶⁹ Thomson, *Winning Choice on Abortion*.

Feminist Activism and the 'A' Word

The efforts of Canadian pro-choice groups to help women obtain safe and legal abortion services are well documented; however, many women interviewed for this study did not notice or become involved in pro-choice activism, in spite of their own abortion experience.⁷⁰ Exploring pro-choice activities in the region, and the subsequent backlash from pro-life women provides insight into the challenges of mobilizing abortion rights activism in the region. The 'abortion on demand' slogan used by abortion rights activists in the early 1970s did not galvanize mass support from women's organizations in the region, as was hoped, and the issue of framing the movement's goals to gain supporters was a problem throughout the period. As women's organizations strove to gain consensus, the controversial nature of abortion compelled many organizations to focus on less volatile issues. Due to the unwillingness of many mainstream women's organizations to tackle the abortion issue, pro-choice groups struggled to gain traction in the region and their efforts often went unnoticed.

An examination of Canadian Women's Movement Archives files, as well as student-run university newspapers, illuminates the efforts of women to create a pro-choice movement in the Maritime Provinces.⁷¹ One of the early organizations to form in response to the 1969 amendment

⁷⁰ Rebick, *Ten Thousand Roses*; Brodie et al., *The Politics of Abortion*, 102, 116; Kellough, *Aborting Law*; Sethna and Hewitt, "Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP," 463-495; Christabelle Sethna, "All Aboard? Canadian Women's Abortion Tourism, 1960-1980," in *Gender, Health and Popular Culture*, ed. Cheryl Krasnick Warsh (Waterloo: Wilfred Laurier University Press, 2011), 89-108; Beth Palmer, "'Lonely, tragic, but legally necessary pilgrimages': Transnational Abortion Travel in the 1970s," *The Canadian Historical Review* 92, 4 (December 2011): 637-64; Stettner, "'He is Still Unwanted,'" 151-171.

⁷¹ CWMA, Box 57, Mount Saint Vincent University (Dalhousie University, Halifax, Nova Scotia): Leaflets, Collection of Clippings, 1984-85 Calendar and Other Material, 1969-1998 File, Letter, 6 October 1969; "Women's Lib," *The Brunswickan*, 27 November 1970; "Women's Lib," *The Brunswickan*, 12 February 1971; "Abortion is a Human Right—Make it a Civil Right," *The Dalhousie Gazette*, 12 February 1971.

to the abortion law was the Nova Scotia Coalition for Abortion Law Repeal. The Coalition was part of a movement to unite Canadian women from Halifax to Victoria at a cross-country conference held in Winnipeg in March 1972 to overturn the remaining abortion restrictions.⁷² Nova Scotia women's organizations also confronted the issue of abortion on home terrain early on in the movement. Representatives from across Nova Scotia voted on a recommendation to remove abortion from the Criminal Code of Canada at a provincial women's conference held at Mount Saint Vincent in October 1974. One hundred and thirty women voted in favour, 38 voted against the recommendation, and 21 people abstained. Despite the efforts of women's organizations to create a pro-choice movement, the pro-life movement was quickly building a support base. Two years after the conference, the Report of the Nova Scotia Task Force on the Status of Women indicated that submissions to the public hearings were divided on the topic of abortion.⁷³

Throughout the 1970s, women's organizations in the region endeavoured to increase their involvement in the pan-Canadian pro-choice movement. In 1974, the PEI Women's Newsletter voiced its support for the Canadian Association for the Repeal of the Abortion Laws in an attempt to "counter the pressure group that Pro-Life has become."⁷⁴ Not all groups were eager to take a bold pro-choice stand initially. When the PEI Family Planning Association decided to change its name to Planned Parenthood Association, which they deemed a "less timid, more encompassing" name, the organization argued that the association was for women "in favour of

⁷² "Abortion Law Speech Tonight" *The Mail-Star*, 14 February 1972.

⁷³ CWMA, Box 78, Nova Scotia Task Force on the Status of Women (Halifax, NS): Herself/Elle-Meme Report, Speeches, 1976 (1 of 2) File, Herself Elle-Meme: Report of the Nova Scotia Task Force on the Status of Women, March 1976, Halifax, Nova Scotia, Canada.

⁷⁴ CWMA, Box 150, Women's Newsletter, Charlottetown, PEI File, A Women's Newsletter, Summer Edition, 1974.

legalized abortion or not,” indicating its effort to remain inclusive.⁷⁵ Months later, the organization adopted a bolder stance, indicating that it “subscribes to the concerns and purposes of CARAL, we have become an affiliate of this organization. Individual members are also desperately needed.”⁷⁶ PEI was not alone in its struggle to build a pro-choice support base. The proliferation of pro-life groups throughout the region stunted efforts to create a grassroots abortion rights movement.

Much to the frustration of women’s organizations, the provincial ACSWs were hesitant to take a stand on abortion. In the early 1970s, young feminists, such as Dalhousie University student Ruth Taillon, believed that “All women can agree with Women’s Lib concepts—equal pay, education and abortion rights.” Taillon, a former member of the Toronto Women’s Caucus, underestimated the strength of traditional family beliefs in the region.⁷⁷ The increasing pro-life presence compelled the ACSWs to remain silent on the issue of abortion, despite criticism from the women’s movement. In an International Women’s Day march organized by the Nova Scotia Women’s Action Committee with the support of 16 women’s organizations, 160 people protested the government’s “inaction concerning women’s issues” and condemned the ACSW for being “slow and bureaucratic, an ineffective body” that feared the press.⁷⁸ After years of criticism launched at the ACSW, the Nova Scotia agency released a motion in 1983 “that a stand would not be taken because of the great diversity of opinions on this matter within the

⁷⁵ CWMA, Box 150, Women’s Newsletter, Charlottetown, PEI File, A Women’s Newsletter, April 1975.

⁷⁶ CWMA, Box 150, Women’s Newsletter, Charlottetown, PEI File, Women’s Newsletter, January 1975.

⁷⁷ “Campaign on Abortion,” *The Dalhousie Gazette*, 15 October 1971.

⁷⁸ “Feminist Rally,” *The Dalhousie Gazette*, 13 March 1980.

Council.”⁷⁹ The Nova Scotia ACSW was not the only women’s organization fearful of backlash. Planned Parenthood Nova Scotia was similarly criticized for its unwillingness to act radically on the issue of abortion. According to the former Family Planning Director of the Nova Scotia Department of Health (DOH):

I have not found Planned Parenthood at any level in N.S. to give leadership [on abortion and the Pill] and the reason is obvious—you’ve been (as we used to say back in the 60s) co-opted. You’re all on the DOH payroll and so of course you have to be somewhat discrete. We have you by the short ones, pals...Frankly in the past two years, it often seemed as if there was a role confusion between us—the DOH is the establishment and PP is the visionary, the mover, and if necessary, the radical. That’s the point and the responsibility of a ‘voluntary organization.’⁸⁰

The fear of losing government funding was a serious concern for family planning organizations, as discussed in chapter three. While many of the organizations wished to promote reproductive rights issues, the economic consequences of taking a controversial stance dissuaded some organizations from providing leadership on abortion rights activism.

The New Brunswick and PEI ACSWs were similarly nervous about adopting a stance on abortion, and struggled to remain neutral despite criticism on both sides of the debate. In PEI, the ACSW chose to remain quiet on the issue when the Queen Elizabeth Hospital deliberated establishing a TAC in the early 1980s because the issue was so divisive.⁸¹ In New Brunswick, the cessation of abortion services at the Moncton Hospital in June 1982 brought the issue to the

⁷⁹ NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985, President of Nova Advisory Council on the Status of Women F.C. to Minister of Health Gerald Sheehy, 26 March 1985.

⁸⁰ NSA, Unprocessed Accession 1991-312 (356), 1980-81, 16-0504.2, J.D. to U.W., 1 August 1981.

⁸¹ Personal Interview with Dianne Porter, 14 February 2013.

forefront.⁸² The New Brunswick ACSW was flooded with calls from concerned citizens after the hospital stopped providing services and the Council was under pressure to adopt a stance.⁸³ The New Brunswick ACSW was the only organization in the Maritime Provinces to adopt a pro-choice stance in the early 1980s. In September 1982, the ACSW adopted a motion that “pregnant woman should be the one to make the decision about continuing or interrupting her pregnancy, and THAT government-sponsored services should offer information about all options available to her.”⁸⁴ The divisiveness of this position quickly gained criticism from pro-life women. When ACSW chairperson Madeleine LeBlanc told a reporter that “[b]ehind a beautiful name like pro-life, is a fascist movement who wants to impose their own view on the government and the population,” a number of New Brunswick residents wondered whether the ACSW actually represented all women.⁸⁵ The opposition from women against abortion did not stop pro-choice mobilizing campaigns. Pro-choice groups continued to form throughout the Maritime Provinces in the 1980s and by the end of the decade, all of the provincial ACSWs publicly acknowledged

⁸² PANB, RS399, File 6780-9, Chairman Madeleine LeBlanc quoted in “Advisory Council Has No Position on Abortion Issue,” *The Moncton Times*, 2 July 1982.

⁸³ PANB, RS399, File 6780-9, “LeBlanc: Scientific Survey Only Way to Get Answers,” *Saint John Telegraph Journal*, 7 January 1983.

⁸⁴ PANB, RS399, File 1-4010, “Notice of Motion,” September 1982; “Robichaud Will Ignore Issue: Abortion Controversy Could Turn Roast into a Battle,” *The Moncton Times*, 9 September 1982.

⁸⁵ “Robichaud Will Ignore Issue: Abortion Controversy Could Turn Roast into a Battle,” *The Moncton Times*, 9 September 1982; Personal Interview, Southern New Brunswick, 1 of 2, 7 February 2013. Opposition to abortion also prevented marginalized women from joining the Council. In Brenda L. Beagan’s study of the Nova Scotia ACSW, she found that being a feminist did not necessarily mean that one was pro-choice, and some Acadian, Black Baptist, and First Nations women felt alienated by the pro-choice requirement within the Council and were less inclined to take part in meetings and activities. See Brenda L. Beagan, “Diversifying the Nova Scotia Advisory Council on the Status of Women: Questions of Identity and Difference in Feminist Praxis,” *Atlantis: A Women’s Studies Journal* 21, 1 (1996): 75-84. An interview participant recalled that the Pictou Women’s Centre in Nova Scotia also required that you were pro-choice. Telephone Interview with Bernadette MacDonald, Nova Scotia, 2 May 2013.

support for abortion access.⁸⁶ Despite the efforts of pro-choice groups to create awareness for women's reproductive issues, the organizations were unable to address the decreasing access to abortion services in the region.

In interviews with residents who supported abortion access but did not join pro-choice organizations, they often mentioned mundane reasons, including voter apathy, busy lives, and a lack of interest in political organizations, to explain why they did not participate in the movement. Many interview participants indicated that they were 'not joiners' and, therefore, would not have participated in pro-choice activities, such as demonstrations or meetings.⁸⁷ Others did not recall an opportunity to sign a petition. In one case, a PEI woman indicated that as a public servant, she would never sign anything that would end up on a Member of Parliament's desk.⁸⁸ For many women who supported abortion access, participation in the movement was not their priority. A woman from rural PEI indicated that it was always the wrong place and wrong time for her. She would hear about a pro-choice event after the fact and think, "Oh, I should have been there," but it never happened because life was too busy.⁸⁹ This disinterest in pro-choice activism was not unique to the Maritime Provinces; however, the mixed reactions towards involvement in pro-choice activism offers a more nuanced perspective on the challenges abortion rights activists faced in the region.

⁸⁶ CWMA, Box 735, Briefs: New Brunswick File, Une presentation au Sous-comité des droits à l'égalité par Le Conseil consultative sur la condition de la femme du Nouveau-Brunswick, 29 August 1985; CWMA, Box 735, Briefs: Nova Scotia File, Women's Health Education Network, "Notes for a Presentation to the Boyer Committee on Equality Rights," 6 June 1985.

⁸⁷ Personal Interview with Former Northern New Brunswick Resident, Fredericton, New Brunswick, 5 February 2013; Personal Interview in Halifax Area, Nova Scotia, 6 February 2013; Telephone Interview, Nova Scotia, 9 February 2013.

⁸⁸ Personal Interview with Former Northern New Brunswick Resident, Fredericton, New Brunswick, 5 February 2013; Telephone Interview, Halifax Area, Nova Scotia, 6 July 2013; Personal Interview in Charlottetown, PEI, 13 February 2013.

⁸⁹ Telephone Interview, PEI, 12 March 2013.

The challenge of mobilizing abortion rights activism was also reflective of the pervasiveness of pro-life sentiments and its quietening effect. For example, women noted a lack of pro-choice activism in rural and northern areas of the provinces, as well as in communities with a Catholic majority, such as Antigonish, Nova Scotia.⁹⁰ A woman who grew up in a small northern New Brunswick town with a strong Catholic presence laughed when asked if there was a feminist movement in the province and claimed, “Especially not in the North Shore!”⁹¹ In Cape Breton, a predominately Roman Catholic region of Nova Scotia, the silence surrounding abortion stifled pro-choice activism. One woman indicated that she witnessed many ‘left wing’ activities in Cape Breton, including support for women’s rights, but abortion was an unspeakable subject in her community due to the widespread pro-life sentiments that the Roman Catholic Church cultivated.⁹² When Bowes, the researcher for the CARAL study on abortion access in Nova Scotia, attempted to gain insight into Cape Breton women’s abortion experiences, she struggled to find participants. Bowes eventually recruited two Cape Breton women by staying in Sydney for four nights and advertising a phone number in the local paper.⁹³ The reluctance of Cape Breton women to participate in the study highlighted the stigma associated with abortion in the community, but more importantly, the lack of participation in abortion research contributed to the perception that few women on the island sought the procedure.

Several women from New Brunswick, Nova Scotia, and PEI identified as pro-choice in the 1980s, but they did not want to confront pro-life activists or be labeled ‘pro-choice.’ In small communities, women could not engage with pro-choice activism anonymously; it would have

⁹⁰ Telephone Interview, Northern New Brunswick, 4 February 2013; Telephone Interview, Antigonish, 22 April 2013.

⁹¹ Personal Interview with Former Northern New Brunswick Resident, Fredericton, New Brunswick, 5 February 2013;

⁹² Telephone Interview, Cape Breton, Nova Scotia, 23 April 2013.

⁹³ Bowes, *Telling Our Secrets*, 5.

become a part of their identity.⁹⁴ One woman who grew up in a feminist Protestant household in PEI, but resided in a “really, really Catholic community,” became aware of the influence of anti-abortion activists at an early age:

I was probably nine or ten and I went with my friend...to her aunt’s yard sale and her aunt was hard core Right to Life and gave us each—I can’t remember if it was earrings or a pin of the baby’s feet—that symbol of the anti-abortion movement. And...because of course I was a nine or ten year old girl and I thought that they were really cute and I had no idea of the significance of the symbolism. And so I wore my little feet home and my mom freaked out...she sort of felt that it was...I mean, one completely inappropriate to give abortion propaganda to someone else’s kid and also really felt that it was directed at her because she would have been known as someone who didn’t adhere to the very popular anti-choice sentiment in our community.⁹⁵

The abortion debate within her community illuminated the divisions between Protestant and Catholics on the Island and she became aware that her family thought differently than many of her friends and neighbours. The difference in opinion subtly shaped women’s lives. Former PEI ACSW chairperson Dianne Porter recalled an instance when a pro-life activist refused to let their children play together because of Porter’s pro-choice stance.⁹⁶ Abortion was so divisive in some communities that pro-life and pro-choice women did not socialize. Several pro-life women indicated that they did not “travel in those circles” or it “seemed like everyone was on the same page” despite involvement in professional women’s organizations, such as the Women’s Institute.⁹⁷

The lack of awareness of pro-choice activities in PEI was plausible because the founding pro-choice activists were ‘from away.’ Studies by sociologists Godfrey Baldacchino and Andrea

⁹⁴ Personal Interview in Charlottetown, PEI, 15 February 2013.

⁹⁵ Personal Interview in Charlottetown, PEI, 15 February 2013. Also quoted in Ackerman, “In Defence of Reason,” 117-138.

⁹⁶ Personal Interview with Dianne Porter, 14 February 2013.

⁹⁷ Telephone Interview, Western PEI, 20 February 2013; Telephone Interview, PEI, 9 March 2013.

W. Bird demonstrated that being ‘from away’ in PEI was a social distinction that carried prejudice.⁹⁸ As the founding members of the PEI CARAL chapter grew up in Ontario and Quebec, both their pro-choice stance and outside status set them apart from their neighbours and colleagues. J’nan Brown and Alice Crook moved to PEI in the late 1970s and early 1980s and formed the PEI CARAL chapter in 1985. Brown and Crook faced many challenges while attempting to establish a pro-choice movement on the Island.⁹⁹ Several new PEI residents joined the PEI CARAL chapter in the mid-1980s and within a decade, approximately thirty men and women were involved in CARAL—a stark contrast with the thousands of citizens involved in the provincial RTLA.¹⁰⁰ The significance of the ‘outsider’ status on the Island hindered the efforts of Brown and Crook to create an effective pro-choice movement.

The confusion surrounding second wave feminist activism and its purpose also influenced disengagement in abortion rights campaigns throughout the Maritime region. All of the women interviewed for this study, whether pro-life or pro-choice, supported the feminist belief that women deserved equality. Their interpretation of feminism, however, varied greatly and diverged the most when discussing whether a woman was entitled to the right to an abortion.¹⁰¹ While some women championed feminism for cultivating equal treatment for men and women inside and outside the home, others believed that feminism denied the importance of

⁹⁸ Godfrey Baldacchino, *Coming to, and settling on, Prince Edward Island: Stories and Voices: A Report on a Study of Recent Immigrants to PEI* (Charlottetown: University of Prince Edward Island, 2006): 37-39; Andrea W. Bird, “Islandness and Immigration: Insiders and Outsiders on Prince Edward Island,” MA Thesis, Royal Roads University, February 2008.

⁹⁹ Personal Interview with Alice Crook, Charlottetown, PEI, 13 February 2013; Telephone Interview with J’Nan Brown, PEI, 24 April 2013.

¹⁰⁰ Personal Interview with David Sims, 14 February 2013; Personal Interview with CARAL PEI Representative, Charlottetown, PEI, 13 February 2013.

¹⁰¹ Telephone Interview, PEI, 9 March 2013; Telephone Interview, Western PEI, 20 February 2013; Personal Interview in Kings County, PEI, 13 February 2013; Telephone Interview, PEI, 23 April 2013; Telephone Interview with Judy Chaisson, 22 April 2013; Personal Interview in Summerside, PEI, 22 July 2013.

motherhood and the necessity for men and women to complement each other in the domestic realm.¹⁰² According to former Nova Scotia ACSW president, “Confusion has always existed about the word ‘feminist.’ Many women are using the term ‘equalist’ in its place.”¹⁰³ Pro-life women did not believe that equality included a right to abortion. Elizabeth Crouchman, a Protestant New Brunswick woman and retired Registered Nurse, identified as a feminist and argued that it was a misused term. Crouchman did not fit the stereotypes of a typical right wing, pro-life woman. She was a single, working mother, who subscribed to MS magazine, and chose to never remarry or depend on a man for her livelihood. She was not anti-male—she “just didn’t want to wash anyone else’s dirty socks.”¹⁰⁴ She taught her daughters to be strong and assertive and her sons saw her as a capable mother that they could admire. Crouchman was not an anomaly—many pro-life women who lived through the women’s liberation movement reflected positively on aspects of the “burning of the bra” age. However, their pro-life beliefs dissuaded many activists from joining mainstream women’s organizations, which were often pro-choice. Due to controversial issues, such as abortion, the Nova Scotia Status of Women president Debi Forsyth-Smith argued in 1987 that “‘there is a deep, deep chasm’ between many women’s groups in the province, and the differences of left- and right-wing groups will ‘never, ever be resolved. It is a strictly personal thing that really, you can’t legislate.’”¹⁰⁵ As the interviews with

¹⁰² Personal Interview in Southern New Brunswick, (1 and 2 of 2) 7 February 2013; Telephone Interview, Western PEI, 20 February 2013; Personal Interview with Ann Marie Tomlins, Charlottetown, 10 February 2013.

¹⁰³ CWMA, Nova Scotia Advisory Council on the Status of Women (Halifax, N.S.): 1984-85 and 1985-86 Annual Reports, Pamphlets and Other Material File, “Annual Report for the Fiscal Year Ending March 31, 1985,” Advisory Council on the Status of Women

¹⁰⁴ Telephone Interview with Elizabeth Crouchman, New Brunswick, 21 October 2013.

¹⁰⁵ “Status of Women President: Healing to be a Priority,” *Mail-Star*, April 1987.

Maritime pro-life activists indicated, however, opposition to abortion did not necessarily mean someone was ‘left wing’ or ‘right wing.’¹⁰⁶

Ironically, many women who supported a woman’s right to choose abortion also avoided women’s rights organizations because of internal politics over feminist issues.¹⁰⁷ Feminist activism became central to women’s organizations in the 1970s and 1980s and challenged women to consider the ways in which patriarchal systems oppressed them.¹⁰⁸ Allison Brewer, an activist involved in the Halifax community in the early 1980s, argued that if women had a comfortable life, they did not want to consider themselves oppressed.¹⁰⁹ The differing views created tensions within women’s organizations. Kim Holman worked for Avalon Sexual Health Clinic and she felt belittled because her beliefs did not match her feminist coworkers’ societal views especially in terms of marriage. She recalled feeling on edge because her coworkers used the term ‘partner’ instead of ‘husband’ and she worried about offending her coworkers by using the term ‘husband’ when discussing her own relationship.¹¹⁰ Many of the women who supported a woman’s right to choose but did not identify as feminists were never involved in a feminist organization and gained their perspective of feminism from the media or from word of mouth.

¹⁰⁶ In *Winning Choice*, Thomson argues that opposition to abortion in areas with stronger religions traditions, namely the Prairie Provinces, were more traditional in attitudes on social issues and progressive on economic issues. The same assertion could apply to the Maritimes, which has been dubbed by sociologist Reginald Bibby, the “Bible Belt” of Canada. See, Thomson, *Winning Choice on Abortion*, 107; Bibby, *Fragmented Gods*, 90, 116.

¹⁰⁷ According to the former Family Planning Director of the Nova Scotia Department of Health, the “ongoing internal warfare” was a serious concern for Planned Parenthood Nova Scotia. She argued, “I have this theory that the family planning movement attracts strong people who leave bruises when they rub shoulders. But within PP it has been constant and serious.” See NSA, Unprocessed Accession 1991-312 (356), 1980-81, 16-0504.2, J.D. to U.W., 1 August 1981. In addition, the inability of the Nova Scotia ACSW to create change caused President Francene Cosman to resign. See Guildford, “Persistence on the Periphery,” 237.

¹⁰⁸ Rebick, *Ten Thousand Roses*; Victoria L. Bromley, *Feminisms Matter: Debates, Theories and Activism* (Toronto: University of Toronto Press, 2012).

¹⁰⁹ Personal Interview with Allison Brewer, Halifax, Nova Scotia, 8 February 2013.

¹¹⁰ Personal Interview with Kim Holman, Halifax Area, Nova Scotia, 8 February 2013.

One Nova Scotia woman did not identify as a feminist because she interpreted that form of activism as “quite militant...Like there were always jokes and things about...somebody would go to open the door, and you’d close it just so that you could open it again...It was very much making a stand, and making yourself heard.” When asked what it meant to be a feminist in the 1970s and 1980s, she recalled that “everything you did had to be a show of that way of life. So say you did possibly want to get married...you had to make it all about being a feminist because you didn’t want to look like you were giving in or something...It seemed like it was very hard work.”¹¹¹ The Nova Scotia woman did not know anyone who said aloud that they were feminists, but she met many strong women who did “useful things.” She just never thought of them as feminists.

Despite a lack of willingness to join a pro-choice or feminist organization, several women quietly supported a woman’s right to choose an abortion for personal reasons. While women’s reasons for supporting abortion access varied, a profound declaration came from Holman, a Nova Scotia woman who grew up knowing she was an unwanted child. Holman’s support for a woman’s right to choose abortion intensified later in life when she learned that she was the product of rape. Her mother gave birth to her in the 1950s at the age of fifteen, during the period when abortion was illegal:

So the first thirty years of my life I always believed I ruined my mother’s life because...she got pregnant and had me. It’s why I always wanted to be responsible and make sure I didn’t bring a child into the world unless I was ready and wanted the child. Because I don’t feel that I was wanted. And my husband will say differently that my mom did love me, but there were too many things in my life that I don’t think she did. But it’s just because that’s the way it was. I mean, I think it was at 45 when I found my paternity wasn’t what she said it was...I asked her about it and then she denied, and denied, and denied. And then eventually she came clean and then the situation of how I was conceived was—she said that she was raped, which then made me feel even worse, right?

¹¹¹ Telephone Interview, Nova Scotia, 6 July 2013.

Which is why when you wanted to do this I was like yes, because I think it's going to be a little cathartic at the same time...But it was her right...to have me...and to that I thank her. And so, that's why it's important that people have their own choices... It was the time...the 50s...even if it had been legal, I don't know what she would have done, but it would still have been her choice...I'm not glad...that there was a law...that prevented her, but if she had wanted to abort me, she probably would have found a way.¹¹²

While Holman's circumstance was unique in relation to the interviews conducted for this study, rape was a central reason Canadians supported legal access to abortion services.¹¹³ According to Canadian surveys conducted by sociologist Reginald W. Bibby in 1975 and 1980-1981, nine out of ten Canadians supported abortions in instances of rape.¹¹⁴ The anonymous support for abortions in instances of rape in the surveys, however, did not always overcome the stigma associated with terminating unwanted pregnancies in the provinces.¹¹⁵ The pro-life movement

¹¹² Personal Interview with Kim Holman, Halifax Area, Nova Scotia, 8 February 2013.

¹¹³ A PEI woman interviewed for this study strongly opposed abortion, but she was the victim of rape in the 1990s, and after the assault was able to understand why some women chose abortion. Personal Interview in PEI, 12 February 2013.

¹¹⁴ Reginald W. Bibby, "The Moral Mosaic: Sexuality in the Canadian 80s," *Social Indicators Research* 13 (1983): 177-179; Brodie et al., *The Politics of Abortion*, 61. In the survey conducted for my research, 77 of 98 respondents supported abortion in instances of rape. Two people abstained from selecting 'yes' or 'no.' "A Comparative Study of the Cultural, Economic, Political, and Social Barriers to Abortion Services in the Maritime Provinces, 1969-1996."

¹¹⁵ Personal Interview with Kim Holman, Halifax Area, Nova Scotia, 8 February 2013. Holman struggled to understand her mother's unwillingness to inform her daughter of the experience, particularly since the woman experienced attempted rape at the age of fifteen. She could not understand why her mother did not tell her about the truth of her conception: "At that time in my life, if I had been conceived of rape, I think she should have been able to tell me then. But maybe she wasn't ready, even then to tell me if I was, because it would have been a good time to say, 'Hey, by the way, I know what you're going through because this is what happened to me.' But she didn't, so that why I'm very confused whether I was truly conceived because of one or if that's her story to make herself feel better because of being young and having conceived." It is possible that the mother did not share the information because of the population size and the fact that the man was present in the daughter's life. Holman had communications with her 'DNA Dad' a couple of times, but he did not acknowledge the rape claim. Holman's skepticism regarding the truth of her conception illuminates how detrimental silence surrounding traumatic occurrences, including rape, can be to victims.

forcefully declared abortion unwarranted for non-medical reasons, including instances of rape, and undeniably influenced how women processed their abortion experiences.¹¹⁶

Conclusion

The abortion barriers in the Maritime Provinces created emotional, financial, and sometimes physical hardship for women faced with the abortion decision following the liberalization of the abortion law in 1969. The negative reactions of family, friends, and medical professionals exacerbated the stress women experienced while attempting to obtain doctors' referrals and a TAC's approval. The intensity of pro-life campaigns in the region created extralegal barriers to abortions as TACs increasingly disbanded, administrative delays within hospitals increased, and the stress within the termination of pregnancy units intensified. If women were not able to find abortion services in their own province, they faced the additional stress of traveling out-of-province or internationally for the time sensitive and costly procedure. While only one woman interviewed for the study regretted her abortion, the majority of the interview participants lamented the administrative hoops they encountered throughout their abortion experiences.

The stigma surrounding abortion created a lot of shame in the late twentieth century, and for many women, it remains a taboo subject even though the Supreme Court struck down the abortion law in 1988. Abortion became a "dark" and "well-kept secret" in the Maritime region, despite the constant news coverage of pro-choice activities in other regions of Canada.¹¹⁷ When interviewed for the CARAL study in late 1989, one woman indicated that she was ashamed to the extent that "[j]ust even the word [abortion], like I use the word when I'm talking about

¹¹⁶ A woman in southern New Brunswick, who grew up in a very active pro-life family, recalled arguing with her teacher and classmates in a Grade 11 political science class because she opposed abortion in cases of rape and incest. Personal Interview, Southern New Brunswick, 2 of 2, 7 February 2013.

¹¹⁷ Bowes, *Telling Our Secrets*, 73, 74.

Morgentaler and things in the news, but not when it relates to me.”¹¹⁸ A PEI public servant argued that even in the twenty-first century, three decades after the decriminalization of abortion, “nobody wants to mention the ‘A’ word” in the PEI government because anti-abortion opposition could lead to the defeat of members of the House.¹¹⁹ The pervasiveness of pro-life ideology in the 1980s demonstrates why many women were afraid to speak about their abortion experiences. The struggle for women to find agency over their reproductive health remained a pressing issue for Maritime women and many argued that a freestanding abortion clinic in the region would provide a solution for the inequitable access to the procedure.

The limited access to abortion services created a political opportunity for Morgentaler and pro-choice activists to increase access to abortion services in the Maritime Provinces, but their efforts were contested. As will be discussed in the final chapter, the provincial governments swiftly rejected the doctor’s proposal to establish a freestanding abortion clinic in the region with the support of pro-life activists. Throughout the 1980s, politicians boldly and steadfastly opposed proposals for abortion clinics, and in the wake of the Supreme Court of Canada decision in 1988, they resolved to increase barriers to abortion at a provincial level. Despite criticism from national and provincial medical societies, the provincial governments utilized their jurisdictional powers over health care to ensure that abortion remained inaccessible.

¹¹⁸ Bowes, *Telling Our Secrets*, 70.

¹¹⁹ Personal Interview in Charlottetown, PEI, 13 February 2013.

Chapter 5

The End of the Beginning

*Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.*¹

When the Supreme Court struck down the abortion law in 1988, Halifax journalist Harry Flemming quoted British Prime Minister Winston Churchill's famous wartime speech and argued that the Court decision was merely "the end of the beginning."² Flemming predicted that pro-life activism would intensify throughout Canada, similar to the emergence of the formidable pro-life movement in the United States following the Supreme Court case *Roe v. Wade* in 1973. Furthermore, he argued that without the abortion law, provinces would go "their separate and unequal ways" and Ottawa would receive pressure to "do something." Flemming based his evaluation on the tumultuous years leading up to the Supreme Court decision. Throughout the 1970s and 1980s, abortion rights activist Dr. Henry Morgentaler ignored federal and provincial laws by opening freestanding abortion clinics in Quebec, Ontario, and Manitoba. When Morgentaler proposed to establish similar clinics in the Maritime region, the governments increased restrictions to prohibit 'abortion on demand' and demonstrated their resolve to keep the doctor's clinics out of the region. While the Supreme Court ruled that the federal abortion law was unconstitutional, the provinces attempted to use their jurisdictional power over health care to ban abortion clinics.

¹ Winston Churchill, "The Bright Gleam of Victory: A Speech at the Lord Mayor's Day Luncheon at the Mansion House," London, England, 10 November 1942, Last Accessed 9 April 2015 < <http://www.winstonchurchill.org/resources/speeches/1941-1945-war-leader/the-end-of-the-beginning> >

² "Opinion: Abortion ruling ignites trench warfare," *The Daily News*, 10 February 1988.

As indicated in the previous chapter, access to abortion services was extremely limited in the Maritime Provinces, which compelled abortion rights activists to campaign for a less restrictive abortion law and support Morgentaler's plan to establish freestanding abortion clinics in the region. This chapter explores the New Brunswick, Nova Scotia, and PEI governments' responses to Morgentaler's proposals throughout the 1980s and the debates that ensued within multiple institutions and forums, including Legislative Assemblies, government departments, medical societies, hospital corporations, and newspapers. After establishing clinics in Montreal, Toronto, and Winnipeg, Morgentaler appealed to the other provincial governments to support his efforts to increase access to abortion services through publicly funded clinics. The provinces rejected his proposal and established regulations to prevent the doctor from legally establishing clinics both before and after the 1988 Supreme Court decision. While moral reasons certainly fuelled the governments' opposition to providing accessible abortion services, this chapter demonstrates that economic and political considerations factored into the intense governmental opposition to therapeutic abortions performed in non-hospital settings.

It is important to note that Morgentaler was not the only doctor who faced prosecution for his activism, nor was he the central actor in the pro-choice movement. Many doctors performed illegal abortions and were willing to face imprisonment to increase public awareness about the unequal access to the medical procedure across Canada.³ Furthermore, it is not the intention of this chapter to diminish the work of abortion rights activists, both publicly and behind the scenes. In addition to the clinic staff that risked prosecution for breaking the law, pro-choice activists helped Morgentaler cover the cost of his legal fees through fundraising efforts.⁴ Despite the

³ "Women Attack Nixon," *The Dalhousie Gazette*, 30 March 1973; "Doctors Volunteer to Help Morgentaler," *The Chronicle Herald*, 11 July 1983.

⁴ Brodie, Gavigan, and Jenson, *The Politics of Abortion*, 46-7.

contributions of various men and women, Morgentaler was the face of the movement in the media, and his presence in the Maritime Provinces in the mid-1980s, as well as his publicized correspondence with the provincial governments, created a fury of activism on both ends of the debate. Morgentaler publicly condemned politicians that did not support his plan to establish abortion clinics, which created personal animosity towards the doctor.⁵ The governments' swift rebuff of Morgentaler's request to establish publicly funded abortion clinics, however, was not clear-cut. In addition to managing the economic risk of 'abortion on demand,' the governments weighed the political outcomes of taking a stance in the contentious debate. An investigation of the provincial governments' abortion policy decisions leading up to 1988, and immediately following the Court's ruling, demonstrates that the governments' anti-abortion stances were shaped by a variety of factors, including economic concerns, the strength of pro-life sentiments in the region, and a general dislike for the doctor.

The Abortion Crusader

Due to his abortion rights activism, Canadians framed Morgentaler in both positive and negative lights, from martyr to murderer. Throughout the 1970s and 1980s, the doctor participated in abortion rights campaigns and performed abortions illegally at medical clinics, challenging governments, medical societies, and ordinary citizens to liberalize their views on abortion and provide women with equal access to the medical procedure. When the doctor was first charged with illegally providing abortion services in his Montreal clinic in June 1970, he immediately became a polarizing figure. The divisive nature of Morgentaler's beliefs created constant media attention for the abortion debate and bolstered participation in both the pro-choice and pro-life movements.

⁵ Thomson, *Winning Choice on Abortion*, 107.

Morgentaler's horrific experiences during his youth are crucial to understanding why he relentlessly pushed for what he saw as social justice issues, including abortion rights in Canada. Morgentaler was born in Lodz, Poland in 1923 to Jewish, socialist parents and the severe crimes against humanity that he and his family faced in Poland before and during World War II became central to his later involvement in the humanist and abortion rights movement. After losing his father, mother, and sister during the Holocaust, and surviving Auschwitz with his younger brother, Morgentaler pursued a career in medicine in Belgium and Germany, later moving to Montreal to set up a family practice. In the 1960s, he joined the Humanist Fellowship of Montreal, a secular organization that advocated for social justice issues, and quickly became embroiled in abortion politics.⁶ During the House of Commons Health and Welfare Committee hearings in 1967, Morgentaler presented a brief that called for the repeal of the abortion law and became a leading advocate for abortion rights.⁷ After publicly acknowledging that he illegally performed abortions at his clinic during the abortion caravan in Ottawa in May 1970, Montreal police "discreetly" charged Morgentaler on 6 June 1970, "hoping he'd plead guilty and keep quiet." Morgentaler's activities were known by authorities and they were willing to "look the other way" until he attracted media attention. The police laid an additional charge in January 1971 and his lawyers tried to convince the doctor to stay quiet, plead guilty, and accept a light sentence.⁸ The fear of prosecution and imprisonment did not quash Morgentaler's resolve to overturn the abortion law. In 1973, Morgentaler garnered media attention when he announced that he performed five thousand illegal abortions in his Montreal clinic in five years and allowed

⁶ Henry Morgentaler, *Freedom is My Passion* (Shelburne: Self-Published, 2007): 69-70.

⁷ LAC, RG29, Accession 1996-97/698, Box 55, File 6752-2-16 Part 1, Henry Morgentaler, "Unwanted Pregnancy: Abortion and the Medical Profession," Doctors for Abortion Law Repeal.

⁸ "How Morgentaler Began his Crusade," *The Globe and Mail*, 18 February 1976.

a television crew to film an abortion he performed. The police raided Morgentaler's clinic again and arrested him for breaking the law. After Morgentaler was prosecuted, and later acquitted by a jury, the Quebec Court of Appeal dismissed the verdict and sentenced him to eighteen months in prison. Morgentaler served ten months in prison, faced three trials over the six-year period, and was acquitted by a jury each time.⁹ When the Parti Québécois took office in 1976, the government halted further prosecutions and worked with Morgentaler to train practitioners and establish provincial abortion clinics.¹⁰ Morgentaler also worked alongside pro-choice groups, including the Canadian Abortion Rights Action League (CARAL) and Ontario Coalition for Abortion Clinics to improve abortion access nationwide.

The possibility of prosecution did not stop Morgentaler from opening clinics in Winnipeg and Toronto in 1983 and provided an opportunity for pro-choice forces to challenge the constitutionality of the abortion law. Both the Ontario and Manitoba governments charged Morgentaler and his employees on abortion-related offenses, but the Court of Queen's Bench of Manitoba set the charges on hold while the trials unfolded in Ontario. Similar to his experience in Quebec, the Ontario jury acquitted Morgentaler and the Ontario government appealed the jury's decision. When the Ontario Court of Appeal ordered a new trial in 1985, Morgentaler appealed to the Supreme Court of Canada.¹¹ As the doctor and his colleagues awaited the Supreme Court's decision, Morgentaler turned his attention to other regions of Canada that restricted abortion access, including the Maritime Provinces, and sparked protests from pro-life and religious organizations.

⁹ Henry Morgentaler, *Abortion and Contraception* (Toronto: General Publishing, 1982), x; "A Man and His Conscience: Dr. Henry Morgentaler, Abortionist: 'There is nothing that will ever convince me that this is a crime,'" *The Globe and Mail*, 14 September 1974.

¹⁰ "Abortion: Why the Supreme Court Threw Out the Law," *Maclean's*, 8 February 1988.

¹¹ Kellough, *Aborting Law*, 181; Cuneo, *Catholics against the Church*, 58.

Throughout the early 1980s, Morgentaler challenged the abortion law by participating in cross-country tours to increase abortion rights activism and proposing to open clinics in several regions of Canada.¹² While discussing his plan to establish a Toronto clinic in 1982, Morgentaler also indicated his intention “to set up similar clinics in western Canada and in the Maritimes.”¹³ As discussed in chapters two and four, Morgentaler’s announcement occurred during heightened pro-life activism in the Maritime region. With the cessation of abortion services in PEI in 1982, as well as the halting of services from June to December 1982 at the Moncton Hospital, the announcement garnered widespread media attention and intensified pro-life activism.¹⁴ In response to a concerted pro-life letter-writing campaign in autumn 1982, New Brunswick Premier Richard Hatfield informed citizens that “the Department of Health has received no request from Dr. Morgentaler for opening of abortion clinics and certainly has no intention of approving such clinics.”¹⁵ Several months later, when the doctor contacted the government directly to propose a freestanding clinic, the Attorney General indicated that he would raise the matter with federal and provincial officials, but warned the doctor that he would face prosecution if he illegally opened a clinic in the province.¹⁶ In response to pressure from pro-life politicians and grassroots organizations, Nova Scotia Minister of Health Gerald Sheehy similarly argued that the government would not approve the provision of abortion on demand through private

¹² “Morgentaler Says ‘Right to Abortion’ is Threatened,” *The Dalhousie Gazette*, 20 January 1983; “Women Angry at Big-Hype Abortion Debate,” *The Dalhousie Gazette*, 17 February 1983.

¹³ PANB, RS417, File 6720-A, “Abortionist Plans Clinic in Toronto,” *The Province*, 17 September 1982.

¹⁴ See PANB, RS417, File 6720-A. For an in depth discussion of the letters, see Ackerman, “Not in the Atlantic Provinces,” 75-101.

¹⁵ PANB, RS417, File 6720-A, Premier Richard Hatfield to P. J. R., Edmundston, 15 December 1982.

¹⁶ PANB, RS78, File 1-0143, Attorney General Fernand G. Dube to Dr. Henry Morgentaler, 1 June 1983.

clinics in Halifax and would not hesitate to charge the doctor for breaking the law.¹⁷ Due to intensification of pro-life activism throughout the region, the governments were quick to quash any discussion of abortions performed outside of a hospital setting in an attempt to avoid political backlash.

Despite contacting all of the provincial governments throughout the early 1980s to request the removal of unnecessary barriers to abortion services, Morgentaler strategically announced his plans to provide out-of-hospital abortions in the Maritime Provinces, with or without the support of the provincial governments, in Halifax in 1985. At a lecture hosted by the Dalhousie Student Union on 26 March 1985, Morgentaler argued that the plight of women in the Atlantic region, particularly in Newfoundland and PEI, compelled him and his colleagues to choose Halifax as their centralized location for a future abortion clinic.¹⁸ As Nova Scotia Minister of Health Gerald Sheehy had indicated years earlier in an interview, New Brunswick and PEI women regularly traveled to the Victoria General Hospital for abortions and were turned away due to the bureaucratic nature of the abortion law.¹⁹ Establishing a clinic in Halifax was one way in which abortion rights activists could overcome the barriers to abortion services in rural and northern parts of the region.

The reasoning for locating the clinic in Nova Scotia created backlash that extended beyond anti-abortion sentiments. In an editorial written after Morgentaler's visit to Halifax, the author argued that Morgentaler's plan to serve Newfoundland and PEI women through a clinic in Halifax would likely "impair the functioning of a legal compromise which had been working

¹⁷ "Abortion Clinics Not Welcome in N.S.," *The Moncton Times*, 9 December 1982; "N.S. Priest Asks Others to Join Battle," *The New Freeman*, 11 December 1982.

¹⁸ "Morgentaler Plans Move to the Maritimes," *The Dalhousie Gazette*, 28 March 1985.

¹⁹ "Abortion-On-Demand Clinics Face Opposition," *The Chronicle Herald*, 9 December 1982.

without any great objections.”²⁰ Morgentaler recognized that the Victoria General Hospital had a “very enlightened attitude,” but some feared that political tensions surrounding the abortion clinic would negatively affect abortion access at the Victoria General Hospital.²¹

Morgentaler’s mere presence in the region was also a political opportunity for the pro-life movement in Halifax; his declaration at Dalhousie University prompted widespread lobbying efforts throughout the province and compelled the government to declare its position on the matter.²² In preparation for Morgentaler’s visit, the Roman Catholic Archbishop of Halifax, James Hayes, distributed a letter to be read at all parishes of the archdiocese on Sunday, 24 March 1985, reiterating the Church’s condemnation of abortion.²³ Lobbying efforts intensified the day of Morgentaler’s lecture when the Victoria General Hospital received a bomb threat via a telephone call, presumably to signal opposition to abortion. Due to the controversial nature of his visit, the university heightened security, creating a chilling effect at the lecture.²⁴ Approximately 900 people attended the lecture, but hundreds rallied outside the Student Union Building and gathered at St. Mary’s Basilica to condemn the doctor’s presence in Halifax and pray for the unborn child.²⁵ The day after the lecture, Labour Party Member of the Legislative Assembly (MLA) Paul MacEwan of Cape Breton Nova asked the government to indicate its position on Morgentaler’s plan. The Premier asserted that he and the Minister of Health “have made the

²⁰ “A Compromise under Fire,” *The Chronicle Herald*, 30 March 1985.

²¹ “Morgentaler to Proceed with Plan for N.S. Clinic,” *The Chronicle Herald*, 27 March 1985; “A Compromise Under Fire,” *The Chronicle Herald*, 30 March 1985; “Doctor Fears Impact of Visit by Morgentaler,” *The Chronicle Herald*, 26 March 1985.

²² See NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985 File; and NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions July 1985 to December 1985 File.

²³ “Archbishop Hayes Issues Pro-Life Letter,” *The Chronicle Herald*, 25 March 1985.

²⁴ “Morgentaler Plans Move to the Maritimes,” *The Dalhousie Gazette*, 28 March 1985.

²⁵ NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985 File, Secretary Halifax Senate of Priests, Archdiocese of Halifax J.H. to Premier Buchanan, 8 May 1985.

government's position very clear...[and] will not allow a license to be issued to Dr. Morgentaler or to anybody else to open an illegal abortion clinic in any part of Nova Scotia." The Premier also indicated that "every action under the law" would be enforced to deal with someone who flagrantly broke the law. When the NDP argued that the federal government should broaden the abortion law to allow abortion clinics, the Premier indicated that the government did not "adhere to that position, but just the opposite position where we believe there must be a tightening of the present Criminal Code sections so that even the number of abortions that are now permitted by law will be substantially decreased."²⁶ Several days later, Premier Buchanan asserted that the government would prosecute Morgentaler if he opened an abortion clinic and pledged to expel cabinet ministers who disagreed with his decision.²⁷

Despite bold assertions made by Morgentaler and politicians in the media, government correspondence demonstrates that Morgentaler understood that he faced a great legal challenge in the Maritime Provinces. In a letter to the Minister of Health on 25 April 1985, a prominent Nova Scotia doctor indicated that he met Morgentaler earlier that month and discovered that the abortion doctor recognized that he would confront intense opposition in the region:

Interestingly enough, I accidentally met Dr. Morgentaler in the lobby of a Montreal hotel on Easter weekend. We had a very productive talk. He believes strongly that the end justifies the means. Despite this, I was able to make some points, with which he had to agree, against his coming here to set up a clinic. Unfortunately he is being pushed by events, the organizations behind him, his strong commitment to change the law, and his great need to get this over with. As a result I do not believe that he is entirely his own person in this matter.

²⁶ *Debates and Proceedings of the House of Assembly of the Province of Nova Scotia*, First Session of the Fifty-Fourth Parliament, Volume I, 27 March 1985, 671; *Debates and Proceedings of the House of Assembly of the Province of Nova Scotia*, First Session of the Fifty-Fourth Parliament, Volume I, 22 March 1985, 510-11.

²⁷ "A Compromise under Fire," *The Chronicle Herald*, 30 March 1985.

However, he is in no doubt that here, unlike other parts of the country, he will meet with considerable opposition from the medical profession.²⁸

Just as Morgentaler was not acting alone in his endeavour to increase access to abortion services in Atlantic Canada, the Nova Scotia government and medical profession was careful to base their stance on the political tide.

The most aggressive response to Morgentaler's proposal to establish abortion clinics in the region came from the New Brunswick government, which reacted by implementing regulations to prevent out-of-hospital abortion services. In letters sent to provincial governments and newspapers on 19 April 1985, Morgentaler argued that abortion clinics provided better care and services, and would save tax dollars due to the high cost of performing abortions in hospitals.²⁹ The doctor challenged the premiers to liberalize their views on abortion, stating, "I know it is customary for politicians to hide behind the conventional wisdom of defending the present law in not allowing any innovations, not even the most useful ones. I, therefore, urge you to take a fresh look at these proposals which would provide improved services within the confines of the present law."³⁰ Six days later, Premier Richard Hatfield delivered a ministerial statement to the New Brunswick legislature, arguing that the government would enforce regulations to prevent out-of-hospital abortions and would "take the necessary action to ensure that this policy is upheld and to that end I will be seeking consultation with the New Brunswick Medical Society, the College of Physicians and Surgeons and the New Brunswick Hospital

²⁸ NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985 File, Letter from Doctor to Minister of Health Gerald Sheehy, 25 April 1985. The Nova Scotia physician also faced condemnation in 1985 due to the high number of abortions performed at the Victoria General Hospital.

²⁹ "Morgentaler Refused N.S. Clinic," *The Chronicle Herald*, 26 April 1985.

³⁰ PANB, RS417, File 6720-A, Dr. Henry Morgentaler to Minister of Health Charles G. Gallagher, 19 April 1985.

Association.”³¹ On 27 June 1985, the New Brunswick government passed Bill 92, An Act To Amend An Act Respecting The New Brunswick Medical Society And The College of Physicians And Surgeons of New Brunswick, to prevent the provision of therapeutic abortions outside of hospitals. Unlike the other provincial governments, which awaited the outcome of the criminal process in Ontario, the New Brunswick government passed anti-abortion legislation under the guise of professional misconduct to prohibit abortions performed outside of hospitals as defined by the Public Hospitals Act.³²

Due to the controversial nature of the legislation, the provincial government was careful to publicize that the amendment to medical regulations came at the request of the medical community. While medical officials were certainly involved in discussions, inter-office memos demonstrate that the New Brunswick government began drafting proposals to prevent Morgentaler from establishing an abortion clinic in the province weeks before meeting with the College of Physicians and Surgeons to address the issue.³³ Furthermore, the College of Physicians and Surgeons records demonstrate that some members of the medical community were angry that the government attempted to impose its views on the profession at a meeting between members the Medical Society, College of Physicians and Surgeons, as well as the Premier and Deputy Minister of Health on 15 May 1985. During the meeting, the government indicated their intention to “amend the Medical Act to provide authority for the Minister of Health to deal with the licensing privileges of a physician who performed or intended to procure

³¹ PANB, RS417, File 6720-A-0, “Ministerial Statement,” Premier Richard Hatfield in Assembly Chamber, 25 April 1985.

³² PANB, RS417, File 6720-A, Deputy Minister of Justice Gordon Gregory to Attorney General Ferdinand G. Dube, 30 April 1985; “Memorandum,” 27 June 1985; and Minister of Health Charles G. Gallagher to President of College of Physicians and Surgeons of New Brunswick, 28 June 1985.

³³ “Bill Bans Free Standing Abortion Clinics, MDs Can Be Disciplined,” *The Moncton Times Transcript*, 27 June 1985.

the miscarriage of a female person outside an approved hospital.”³⁴ A letter from the College’s legal representatives, however, argued that at the May 15 meeting the government demonstrated their intention to pass the legislation, with or without the cooperation of the medical community.³⁵ In response to these concerns, a letter from the Office of the Attorney General asked for confirmation that the government was not imposing its views upon the College.³⁶ In a draft letter, the Council of the College argued that the amendments were not necessary as the Medical Act and Criminal Code of Canada had “sufficient authority” to address the issue. The chairperson of the College contended that based “on the fact that your Government is not in agreement with that opinion, we have now approved the wording although not necessarily the intention of the amendments which your Government intends to put before the Legislature.” He indicated that members of the Council of the College viewed the amendment as an “intrusion of Government into the administration of the Medical Act.”³⁷ In the end, the chairperson thanked the government for consulting with the College and making unrelated amendments to the Medical Act at the request of the College. As the records indicated, negotiations over amendments to the Act were complex and both the government officials and College members made concessions to ensure that their regulations received approval from various stakeholders.

The government understood that prohibiting abortions through regulations under the Medical Act was open to challenge, but it allowed the Hatfield government to maintain the status

³⁴ College of Physicians and Surgeons of New Brunswick Records, Medical Act 1985-1991 Volume 2 File, Draft of Letter re: Proposed Amendments to the Medical Act, Chairperson to Minister of Health Charles G. Gallagher.

³⁵ New Brunswick College of Physicians and Surgeons Records, Letter from B.O.C. to College of Physicians and Surgeons of New Brunswick, 30 May 1985.

³⁶ College of Physicians and Surgeons of New Brunswick Records, Office of Attorney General to College of Physicians and Surgeons, 16 May 1985.

³⁷ College of Physicians and Surgeons of New Brunswick Records, Draft of Letter re: Proposed Amendments to the Medical Act, Chairperson to Minister of Health Charles G. Gallagher,

quo and appease pro-life activists at the same time. Policy analysts recognized that amending the Public Hospitals Act would most likely be determined unconstitutional if Morgentaler took the government to court, but one advantage was that the amendment “masks the fact that section is really anti-abortion.”³⁸ Concerns related to court challenges prompted the government to amend the Medical Act (1981) with the support of the College of Physicians and Surgeons, which mitigated backlash from pro-choice groups and created widespread support from pro-life activists.³⁹

Unlike Nova Scotia and New Brunswick, the PEI government received minimal pressure to respond to Morgentaler’s proposals as the province’s hospitals no longer performed the procedure and Morgentaler did not plan to open a clinic on the Island. The success of the pro-life movement on the Island meant that the government viewed abortion as a ‘non-issue.’ In spite of this response, PEI pro-choice activists attempted to build on Morgentaler’s intentions and generate support for the pro-choice movement, to varying effects. When PEI Minister of Health Albert Fogarty informed reporters that he was personally opposed to abortion and “would not in any way be willing to consider [freestanding clinics] as a possibility,” some citizens challenged the status quo by writing letters to the editor of the Charlottetown newspaper and presenting a petition to the government.⁴⁰ One citizen objected to “vocal people electing themselves to be my conscience” and asked the government to start listening to “all voices on issues rather than a loud, complaining few.”⁴¹ The likelihood of the government hearing pro-choice views was slim,

³⁸ PANB, 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.

³⁹ “Bill Bans Free Standing Abortion Clinics, MDs Can Be Disciplined,” *The Moncton Times Transcript*, 27 June 1985.

⁴⁰ “New Group Support Abortions,” *The Guardian*, 21 February 1985; “Province’s Position Remains Unchanged despite Petition from Pro-Choice Group,” *The Guardian*, 9 May 1985.

⁴¹ “Public Forum,” Freedom Lover to Editor, *The Guardian*, 16 May 1985.

however, as many people who were in favour of a TAC were too afraid to speak out because of the “pro-life climate.”⁴² Those who spoke out against the pro-life movement were CARAL members elected to respond to pro-life letters, or citizens who used pseudonyms to protect their identities.⁴³ Despite the efforts of PEI pro-choice activists, the pro-life movement had already demonstrated their power on the Island and the government strategically ignored concerns about Island women’s lack of access to abortion services.

In New Brunswick and Nova Scotia, pro-choice activists were by no means silent, but the growing pro-life movement also stifled their assertions. Pro-life lobbying efforts intensified throughout the region after Morgentaler’s correspondence with the provincial governments and pro-choice activists attempted to push back, with limited effect. Catholic Women’s League and Knights of Columbus chapters, protestant organizations, such as Christians Concerned for Life, and non-denominational pro-life organizations propelled citizens into action and flooded the government with letters in opposition to abortion clinics.⁴⁴ CARAL and the provincial advisory councils on the status of women (ACSW) attempted to increase support for the abortion rights movements by highlighting the challenges women faced when attempting to access abortion services in rural and northern areas of the provinces.⁴⁵ Despite the demonstration of inequitable

⁴² “Abortion Controversy Fires Island Emotions,” *The Guardian*, 12 January 1985.

⁴³ For example, see “Public Forum,” *The Guardian*: Friends of the Prince County Hospital, 5 June 1984; Alice Crook, CARAL, 5 February 1985; Concerned Citizens of Prince County Hospital, 10 April 1985; A Counsellor, 1 June 1985; Shame on Council, 6 June 1986.

⁴⁴ See NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985 File; and NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions July 1985 to December 1985 File.

⁴⁵ NSA, Unprocessed Accession 1992-587 (90-33), 16-1002.2, Abortions January 1985-June 1985 File, K.H., CARAL Halifax to Minister of Health Gerald Sheehy, 8 April 1985; NSA, RG89, Volume 4, File 9: President of NS ADSW D.F.S. to Minister of Health Ron Russell, 14 October 1987; PPNS to NS ACSW “The Concerns of Women in Nova Scotia: Sexuality/Family Planning/Fertility Control,” 20 March 1987; and PANB, RS230, File B4, New Brunswick

access to services throughout the region, the provincial governments awaited the Supreme Court decision before reopening the contentious abortion debate.

On 28 January 1988, the Supreme Court of Canada acquitted Morgentaler and his colleagues Dr. Leslie Frank Smoling and Dr. Robert Scott for illegally performing abortions in an Ontario clinic because the abortion law violated a woman's right to "security of the person" under section seven of the *Charter and Rights and Freedoms*. The Supreme Court deemed the abortion law unconstitutional in *R. v. Morgentaler*, which placed the responsibility of passing a new law on the shoulders of Brian Mulroney's Progressive Conservative government. Prime Minister Mulroney declared the abortion debate "the most complex issue that has confronted the Parliament of Canada probably in 25 years" and faced pressure from both citizens and provincial governments to unveil the government's intentions.

In the months following the ruling, the divisiveness of the issue indicated that even the national medical societies struggled to find consensus on the future of abortion services. Whereas the Canadian Medical Association argued that abortion should be a matter between a woman and her doctor, it did not support abortions performed outside hospitals initially.⁴⁶ In contrast, the Society of Obstetricians and Gynaecologists of Canada (SOGC) argued that abortion services should be equally accessible across Canada by establishing clinics. The SOGC statement endorsed three additional components: implementing provincial sex education and family

Advisory Council on the Status of Women Collection, "Services to Women Living in Rural Areas: A First Look," February 1987.

⁴⁶ College of Physicians and Surgeons of New Brunswick Records, Abortion 1985-1990 File, "News Release: Morgentaler v. The Queen, Supreme Court Ruling—Criminal Code and Abortion," Canadian Medical Association, 3 February 1988. Later that year, the Association published a policy on induced abortions that argued the procedure should be "performed only in a facility that meets approved medical standards, not necessarily a hospital." "Induced Abortion: CMA Policy," Canadian Medical Association, 1988, Accessed on 7 August 2015 <<http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD88-06.pdf>>

planning programs; leaving the abortion decision to “an enlightened” doctor and patient; and permitting diagnosis and termination of “lethal fetal anomalies” if requested by the patient.⁴⁷ The inability of the Canadian Medical Association and SOGC to agree on the value of abortions performed in clinics illuminated the immense challenge facing the federal and provincial governments.

Polling in the early months of 1988 suggested that finding consensus on the issue was a seemingly impossible task. A survey conducted by Angus Reid Associates in February 1988 indicated that the nation was in the midst of a “moral transition,” which placed the governments in a “politically awkward position.” After surveying 1,521 adults, the responses indicated that women, as well as older and lower income Canadians were most likely to believe life begins at conception. Due to the ambiguity of the previous abortion law, sixty-three percent of Canadians wanted the federal government to “define the point at which a fetus becomes a human being” to prohibit abortion beyond that stage. Only twenty-seven percent opposed any form of legal protection for the unborn child.⁴⁸ The emotional and moral nature of the debate created a challenging situation for the federal and provincial governments tasked with determining access to the medical procedure.

⁴⁷ CWMA, Box 103, Society of Obstetricians and Gynaecologists of Canada: 1 Leaflet re: SOGC Abortion Position, June 1988 File, “SOGC Abortion Position,” Revised June 1988.

⁴⁸ “Right to Life Passed Resolutions, Elected Executive,” *The New Freeman*, 27 November 1982; “N.S. Priest Asks Others to Join Battle,” *The New Freeman*, 11 December 1982; PANB, RS765, File 10-1578, Unknown to Minister of Health Raymond Frenette, 21 March 1988; PANB, RS765, File 10-1514: Unknown to Minister of Health Raymond Frenette, Date Unknown; Unknown to Minister of Health Raymond Frenette, 4 March 1988; PANB, RS765, File 10-1515: Unknown to “Sir,” 22 February 1988; Unknown to Premier Frank McKenna, 19 February 1988; Unknown to “Sir,” 18 February 1988; Unknown to Minister of Health Raymond Frenette, 13 February 1988; PANB, RS765, File 10-1534: Unknown to Minister of Health Raymond Frenette, 5 March 1988; Unknown to Minister of Health Raymond Frenette, 6 March 1988; “Task Force Requested to Study Reasons for ‘High’ Abortion Rate,” *The Chronicle Herald*, 20 May 1985.

After the Supreme Court ruling, Morgentaler restated his intention to open publicly funded abortion clinics in the Maritime Provinces with full knowledge that he would face strong opposition from both the medical community and politicians. While Canadians were divided over whether tax funding should cover abortions, residents of the Maritime region strongly opposed using their tax dollars for the procedure, particularly considering the doctor's intention to establish freestanding clinics.⁴⁹ Pro-life activists condemned the use of tax dollars for abortions long before the Supreme Court decision, but it became a central focus of provincial debates and pro-life campaigns after the 1988 ruling.⁵⁰ The provincial governments implemented regulations that prevented wide use of tax dollars for abortion services, thereby demonstrating that their opposition was both economically and morally motivated.

An examination of abortion politics in each Maritime province illuminates the political aftermath in the months following the Supreme Court ruling. All three provincial governments enacted regulations to prevent 'abortion on demand,' but with varied success. As PEI hospitals remained opposed to offering abortion services, the PEI government's bold pro-life stance in March 1988 merely upheld the status quo. While regulations were enacted to limit funding for out-of-province abortion services, the Supreme Court ruling did not significantly change the

⁴⁹ NSA, Accession 1990-057-17, Nova Scotia Royal Commission on the Status of Health Care: Alternate Services File, Abortion Views Deeply Divided," *Canadian Health Facilities Law Guide* 1, 56 (29 April 1988).

⁵⁰ NB RTLA Records, Newspaper Clippings, "Pro-Life Report," 1980; "Right to Life Passed Resolutions, Elected Executive," *The New Freeman*, 27 November 1982; "N.S. Priest Asks Others to Join Battle," *The New Freeman*, 11 December 1982; PANB, RS765, File 10-1578, Unknown to Minister of Health Raymond Frenette, 21 March 1988; PANB, RS765, File 10-1514: Unknown to Minister of Health Raymond Frenette, Date Unknown; Unknown to Minister of Health Raymond Frenette, 4 March 1988; PANB, RS765, File 10-1515: Unknown to "Sir," 22 February 1988; Unknown to Premier Frank McKenna, 19 February 1988; Unknown to "Sir," 18 February 1988; Unknown to Minister of Health Raymond Frenette, 13 February 1988; PANB, RS765, File 10-1534: Unknown to Minister of Health Raymond Frenette, 5 March 1988; Unknown to Minister of Health Raymond Frenette, 6 March 1988; "Task Force Requested to Study Reasons for 'High' Abortion Rate," *The Chronicle Herald*, 20 May 1985;

situation for PEI women. In stark contrast, the Nova Scotia government became embroiled in legal battles and public debates surrounding abortion due to regulations enacted after the abortion law was deemed unconstitutional. Because the province implemented legislative amendments to prevent freestanding abortion clinics, Morgentaler and his legal counsel were able to convincingly demonstrate in the courts that the regulations were unconstitutional and motivated merely to keep his clinic out of the province. The situation in New Brunswick was similar, in that, the provincial government also passed regulations to prevent freestanding abortion clinics, but the province was more circumspect in their amendments to the Medical Act in the years following the Supreme Court ruling. By framing the regulation under the guise of public health care funding issues, the provincial government was able to deny funding for Morgentaler's abortion clinic. Exploring provincial responses to the Supreme Court ruling offers insight into the various ways in which provincial governments used their jurisdictional power to enforce barriers to abortion services and manage the economic and political risk associated with liberal access to publicly funded abortions.

PEI and Resolution 17

PEI citizens and fellow politicians pressured the provincial government to take a stand in the debate and ensure that the medical procedure did not resurface in Island hospitals shortly after the Supreme Court ruling. On 4 February 1988, the PEI government agreed to pay for abortions in a hospital setting if determined medically necessary by a committee of three doctors. The Queen Elizabeth Hospital and Prince County Hospital board members met in mid-February 1988 and determined that physicians could not perform abortions in the two hospitals. Therefore, PEI women could only obtain provincially funded abortions at the Victoria General Hospital, despite concern within the Nova Scotia medical profession that the Halifax hospital could not “handle

increased numbers of women from other provinces such as P.E.I.”⁵¹ The PEI ACSW, CARAL/PEI, and numerous other women’s organizations argued that abortion services should be available and funded in the province, “like any other essential medical service.”⁵² However, pro-life activists, medical professionals, and politicians demonstrated throughout 1988 that abortion access was unwelcome in the province.

The daily newspapers and government representatives were flooded with letters from PEI citizens in the early months of 1988 as the provincial and federal governments prepared abortion policies based on the Supreme Court ruling.⁵³ Due to the great number of letters mailed daily, Charlottetown’s *The Guardian* created a separate abortion forum to publish citizens’ letters. Pro-choice and pro-life activists clashed in the forum, illuminating the extreme views on the matter. When CARAL published an advertisement in the newspaper entitled “Islanders for Choice” with the names of close to 200 citizens, churches responded by printing “People for Life” advertisements with entire lists of parish members.⁵⁴ A former member of the PEI ACSW indicated that a few women complained to the council about parishes printing their names without their permission and falsely claiming that they were pro-life.⁵⁵ Between February and April 1988, citizens on both sides of the debate asked the government to take action and put forward its motion to the federal government.

⁵¹ Alice Crook, “Impact of the Supreme Court Decision on Abortion Access in P.E.I.,” *Common Ground*, March 1988.

⁵² Alice Crook, “Impact of the Supreme Court Decision on Abortion Access in P.E.I.,” *Common Ground*, March 1988.

⁵³ For letters to the editor, see “Public Forum,” *The Guardian*: February 1988; March 1988; April 1988. For letters to the government, see PARO, Box 27, 95-003, Abortion 1988 file.

⁵⁴ “Islanders for Choice,” *The Guardian*, 25 February 1988; “People for Life,” *The Guardian*, 10 March 1988; “St. Pius X Parish People for Life,” *The Guardian*, 19 March 1988; “Holy Redeemer Parish People for Life,” *The Guardian*, 28 March 1988; “People for Life,” *The Guardian*, 31 May 1988.

⁵⁵ Personal Interview with PEI Resident, Charlottetown, 14 February 2013.

On 30 March 1988, citizens packed the Legislative Assembly gallery as Premier Joe Ghiz's Liberal government responded to public pressure and put forward Resolution 17, which declared that the Legislative Assembly of Prince Edward Island, at the behest of citizens, opposed abortion.⁵⁶ The resolution argued that the majority of citizens believed life begins at conception and, therefore, the government became responsible for demonstrating "the political will to protect the unborn fetus." Minister of Health Keith Milligan argued that the federal government's lack of action placed immense pressure on the provincial governments, hospital boards, and medical professionals to find a solution to the abortion issue.⁵⁷ Milligan only supported abortions performed to save the life of the mother because "life begins at conception and... there is ample biological evidence in support of this position." Justice Minister Wayne Cheverie supported the resolution and advocated for a law to protect the fetus at the federal-provincial ministers' conference.⁵⁸ Two Progressive Conservative members voted against the resolution because the amendment to protect the life of the mother was "too loosely worded."⁵⁹ On 7 April 1988, Members of the Legislative Assembly approved the anti-abortion resolution and sent it to the federal government on behalf of citizens, proclaiming PEI as a pro-life province. The government's resolution demonstrated that abortion would remain a moral and political issue on the Island, out of the purview of the medical community.

The divisiveness of the abortion issue within the medical profession influenced PEI hospitals' decision to maintain the status quo. As there was a lack of consensus on a national

⁵⁶ "Resolution 17," *Journal of the Legislative Assembly of the Province of Prince Edward Island*, 3rd Session, 57th General Assembly (1988): 90-91, 117.

⁵⁷ PARO, Box 27, 95-003, Abortion 1988 file, "Ministers Speech," March 1988.

⁵⁸ "Island house debating abortion resolution: Spurred on by Anti-Abortionists in Gallery," *The Guardian*, 30 March 1988.

⁵⁹ "Legislations Endorse Opposition to Abortion: Some Opposition MLAs Dislike Wording," *The Guardian*, 8 April 1988.

scale, unsurprisingly the hospitals that had faced years of pro-life lobbying campaigns did not adjust their policies. Access depended on the support of hospital corporations and PEI hospital boards remained opposed to offering the service.⁶⁰ Despite PEI pro-choice activists' attempts to create access to abortion services at the Queen Elizabeth Hospital in June 1988, 874 members of the hospital corporation voted against allowing abortions at the hospital, 30 of whom were physicians; only 70 members of the hospital corporation voted in favour of providing abortion services.⁶¹ The stark opposition to abortions performed on the Island seemed to support Resolution 17 and indicate that the province was predominately comprised of pro-life citizens.

However, several months after the Supreme Court ruling, the PEI ACSW released a study they funded on the provincial abortion issue, illuminating that Islanders were not nearly as opposed to abortion as the hospital board meeting votes seemed to suggest.⁶² When the survey asked Islanders if they supported abortions performed in hospitals, 39% of the respondents said yes, 40% replied no, 20% said only in some circumstances, and 1% was indifferent. The study also found that faith influenced one's stance in the abortion debate. When the survey asked citizens if they favoured provision of abortion services at hospitals, the responses were stark: 51% of Protestants and 29% of Catholics were in favour; 25% of Protestants and 54% of Catholics opposed availability; and 24% of Protestants and 17% of Catholics said only under

⁶⁰ "Right to Lifers Hail Hospital Abortion Stand: Prince County Hospital Says 'No,'" *The Guardian*, 19 February 1988; PARO, Box 27, 95-003, Abortion 1988 File, "CMA Policy Summary: Induced Abortion," CMA Annual Meeting in Vancouver 22 Aug 1988; "Public Forum," Diane Mossman, National Co-ordinator of CARAL to Editor, *The Guardian*, 19 July 1986.

⁶¹ "Vote Kills Motion on QEH Abortions: All Academic," *The Guardian*, 21 June 1988; and "Anti-Abortionists Win 874-70 over Pro-Choice," *The Patriot*, 21 June 1988.

⁶² "Pro-Abortion Group May Take QEH to Court," *The Guardian*, 6 July 1988.

certain circumstances.⁶³ The survey illuminates that a significant number of citizens supported hospital abortions under certain circumstances, but were unwilling or unable to participate at the hospital board meetings and demonstrate their support for abortion access.

Whether or not the majority of Islanders supported hospital abortions under certain circumstances, the hospital corporations chose to maintain the status quo. The Hospital and Health Services Commission, the provincial body responsible for payment policies, remained opposed to ‘abortion on demand’ after abortion was decriminalized, but it established the Medical Advisory Committee to determine when to fund abortions performed at accredited out-of-province hospitals. The committee would reimburse a resident or hospital if she submitted documentation, such as imaging that proved she was pregnant, as well as a reason(s) and explanation(s) in writing as to why the abortion was necessary.⁶⁴ By implementing the committee, the government ignored the Supreme Court’s ruling and forced women to prove that their abortion was medically necessary.

The PEI government’s staunch opposition to abortion demonstrated the extent of polarization in the nation, as medical professionals, politicians, and activists struggled to find common ground on the issue. In PEI, immense pressure from religious and pro-life organizations compelled MLAs to stand firmly against abortion and enact barriers to ensure that the procedure was not performed on the Island. Debates over abortion created a political opportunity for politicians to pander to their electorate and implement anti-abortion policies. Although Resolution 17 merely upheld the status quo, it was a symbolic victory for the PEI pro-life organization. Activists in other provinces were not as successful at eliminating access; however,

⁶³ *Health Care Survey for Prince Edward Island: Final Report* (Fredericton: Baseline Market Research Ltd, 1988), 32-36.

⁶⁴ PARO, Box 27, 95-003, Abortion 1988 File, Executive Director, HHSC, Barry MacMillan to K.C., CARAL, Halifax, 9 November 1988.

the pervasiveness of pro-life ideology and opposition to publicly funded clinics was visible throughout the Maritime region and influenced the implementation of anti-abortion legislation.

Nova Scotia 'Won't Pay the Bills'

Similar to PEI, responses to the Supreme Court decision varied drastically in Nova Scotia. The PEI government was able to bypass the issue due to the hospital corporations' decision to continue prohibiting abortion services. In contrast, Nova Scotia's Victoria General Hospital remained a significant abortion provider for the region and the economic costs associated with the presumed spike in abortions became a concern for the provincial government. Despite Morgentaler's assertion that abortion clinics would save the province money, the political backlash associated with Morgentaler's proposed abortion clinic in Halifax created the impetus for legislative amendments to prohibit abortions performed outside hospitals.

As all of the provincial governments responded negatively to Morgentaler's endeavour to establish freestanding abortion clinics in their jurisdiction following the Court's ruling, it is not surprising that Nova Scotia leaders condemned his proposal. However, the government's opposition to abortion clinics was frustrating for women who understood the consequences of restrictive abortion legislation. Former Nova Scotia ACSW president, Francene Cosman, adopted a bold pro-choice stance after the Supreme Court decision and criticized Nova Scotia politicians for their lack of leadership on the issue. In a compelling opinion piece in *The Chronicle Herald* in February 1988, Cosman demonstrated the consequences of the abortion law by illustrating a botched abortion she faced as a nineteen-year-old nurse. The teenage girl arrived in emergency after a poorly performed abortion and Cosman held the girl's hand as she passed away. Cosman also remembered a woman with a household of children exactly ten months apart dying from a filthy home delivery, and leaving behind her husband and all her kids after her

request for an abortion months before was denied. Cosman argued, “Their poverty had led them to repeated births and deprivation for them all.” Cosman used these examples to demonstrate that unwanted pregnancies would always occur and therapeutic abortions would remain an alternative, illegal or not. She pronounced her support for individual choice, as well as the implementation of programs to support women who chose adoption or decided to keep the baby.

According to Cosman:

No longer should a woman have to parade her reasons before three others who impose their value judgment, formed with as many variations as the woman herself might have with regard to morality, ethics and religious belief. In effect, the woman herself has said yes or no to the fundamental issue of the right to life of the unborn fetus inside her.

Cosman recognized that the significant increase in the abortion rate, and the “manipulation of hospital boards and hospital policy,” was an issue, but she contended that the “abortion debate is simply not resolved by saying no to abortion and in the same breath by saying no to sex education.” As indicated in chapter three, family planning organizations struggled to implement sex education in Nova Scotia with limited support from the government. Cosman criticized the provincial government for its “leaderless response” and argued that the Supreme Court decision “placed the medical establishment, the church hierarchy, and the politicians, on a collision course between the pro-fetus and the pro-choice groups.”⁶⁵ As Cosman predicted, pro-life lobbying efforts only increased as the provincial government hastily constructed legislation to prevent liberalization of services in Nova Scotia.

Pro-life groups intensified letter-writing campaigns and demonstrations following the ruling, publicizing their opposition to abortion clinics, and within a few weeks, the provincial

⁶⁵ Francene Cosman “Opinion: Abortionist Debate Being Stirred to New Pitch,” *The Chronicle Herald*, 8 February 1988.

government declared their opposition to abortions performed outside hospitals.⁶⁶ At a rally in Halifax, the mayors of Halifax and Dartmouth, as well as Cabinet Minister Edmund Morris, demonstrated their support for the pro-life cause. While pro-life proponents ultimately wanted to abolish abortion services, the focus shifted to ending provincial funding for abortion services after the Supreme Court decision. Nova Scotians United for Life President Pat Tanner argued that “since abortion will no longer be surgery that is recommended by a doctor or hospital, it should qualify as elective surgery, and thus become ineligible for any funding under MSI [Medical Services Insurance Program].”⁶⁷ While the government was not prepared to limit provincial funding for all abortion services, there was strong opposition to funding abortions in clinics. The Nova Scotia government decided to fund abortions performed in approved hospitals and would not require authorization from hospital committees.⁶⁸ In light of Ontario’s decision to abolish TACs and fund abortions performed in clinics, the Nova Scotia government received criticism from pro-choice groups.⁶⁹ In defense of the government’s refusal to fund abortions performed in clinical settings, Matheson argued that British Columbia and Saskatchewan adopted stricter abortion policies.⁷⁰ Furthermore, the Minister of Health indicated that churches

⁶⁶ “People May Act—Activist,” *The Daily News*, 29 January 1988; “March to Protest Abortion Ruling,” *The Mail-Star*, 1 February 1988; “Crowd Told to Vote on Law,” *The Mail-Star*, 2 February 1988.

⁶⁷ “Both Abortion Sides Critical of N.S. Stand,” *The Daily News*, 1 February 1988.

⁶⁸ “Abortion Legislation Planned,” *The Chronicle Herald*, 10 February 1988.

⁶⁹ “New Abortion Law in Works,” *The Chronicle Herald*, 10 February 1988.

⁷⁰ “Abortion Legislation Planned,” *The Chronicle Herald*, 10 February 1988. British Columbia Premier William Vander Zalm argued that only “life threatening” abortions would receive public funding. In March 1988, the British Columbia government implemented a regulation in the *Medical Services Act* to that prohibited funding for abortions outside of hospitals. This regulation was challenged by the British Columbia Civil Liberties Association and overturned by the British Columbia Supreme Court. Dunsmuir, “Abortion.” Ann Thomson explores Vander Zalm’s extreme opposition to abortion in depth in *Winning Choice on Abortion*. In Saskatchewan, Premier Grant Devine proclaimed that only “life-threatening or medically necessary” abortions would be funded by Medicare and promised to enact legislation enabling hospital staff to refuse

and pro-life groups provided support for the province's position.⁷¹ While Matheson recognized that Morgentaler might establish a clinic in the province, the Minister indicated that the "provincial government won't pay the bills."⁷²

Throughout 1988, the Nova Scotia government faced criticism from the New Democrats and Liberals for their response to the Supreme Court ruling, creating heated debates in newspapers and the legislature. The Court's decision upset Liberal Vince MacLean, but he asserted that the ruling would not greatly alter the situation in Nova Scotia, which was already "offering abortions to anyone who wanted them."⁷³ At the opposite end of the debate, NDP leader Alexa McDonough doubted that "Dr. Morgentaler would have come to town in the first place if the provincial government were addressing, in a realistic way, the need to both prevent un-necessary abortions and unwanted pregnancies."⁷⁴ Attacks from McDonough prompted the governing party to frame the NDP as pro-abortion to weaken the impact of her assertions. According to *The Daily News*, Minister of Health Joel Matheson "turned nasty" in the legislature when McDonough asked when the government was going to reinstate the Planned Parenthood funding, which had been frozen for several years. The Health Minister swiftly changed the subject and condemned the NDP for supporting abortion clinics. Matheson asked rhetorically, "Is she or is she not, in favour of (abortion) clinics being put throughout this province in rural areas at public purse?...Stand up in the House and answer the question." According to reporters, both cabinet ministers and backbenchers taunted McDonough, arguing that the NDP wanted a "franchise," to which she responded was "All lies." An NDP researcher argued that their policy

involvement in abortion procedures. "Saskatchewan Limits Abortion Financing," *The Globe and Mail*, 18 February 1988.

⁷¹ "Morgentaler Offer Rejected," *The Chronicle Herald*, 19 February 1988.

⁷² "Abortion Decision: Province Won't Foot Clinic Bills," *The Daily News*, 30 January 1988.

⁷³ "Abortion Decision: Tories Quiet, but not Grits, NDP," *The Daily News*, 29 January 1988.

⁷⁴ "Abortion Decision: Tories Quiet, but not Grits, NDP," *The Daily News*, 29 January 1988.

was more restrictive than the current policy as they only supported a woman and her doctor being able to choose abortion up until sixteen weeks.⁷⁵ While the federal NDP adopted a pro-choice stance, the provincial NDP was hesitant in their response due to the pervasiveness of pro-life beliefs in the province and attempted to disassociate the party from the ‘pro-abortion’ label assigned to it by opposition members in the legislature.

Despite significant evidence illustrating the administrative barriers to abortion services in hospital settings, the medical societies endeavoured to maintain regulatory control over abortion by opposing abortion clinics. Similar to the Canadian Medical Association’s position, the Nova Scotia Medical Society supported the Supreme Court’s ruling and the cessation of TACs, which they advocated nearly two decades earlier, but opposed abortions performed in non-hospital settings.⁷⁶ The Society’s spokesperson Bill Martin argued that the Victoria General Hospital in Halifax was in “limbo” until the provincial governments provided instructions to hospitals. The TACs came between the patient and the doctor, the medical community argued, and the Court’s decision now allowed doctors to act in the interest of the patient.⁷⁷ Within a few weeks, the government established an anti-abortion clinic stance, which received support from the Medical Society of Nova Scotia.⁷⁸ The Medical Society spokesperson argued that there was no need for freestanding abortion clinics in the Maritime Provinces, as he believed that PEI women were already able to obtain abortions in Nova Scotia hospitals. However, the ability to obtain abortions depended on the hospital’s stance. For instance, when the medical advisory committee

⁷⁵ Quoted in “Abortion Attack on NDP,” *The Daily News*, 9 March 1988; “Matheson, NDP Spar on Abortion,” *The Chronicle Herald*, 9 March 1988.

⁷⁶ “N.S. Docs in ‘Limbo’ on Ruling,” *The Daily News*, 30 January 1988.

⁷⁷ “Medical Society Says No Need for Abortion Clinics,” *The Chronicle Herald*, 8 February 1988.

⁷⁸ College of Physicians and Surgeons of New Brunswick Records, Abortion 1985-1990, News clipping from *The Medical Post*, 16 February 1988.

at Colchester Regional Hospital voted in favour of abortion services and awaited approval from the hospital board, the hospital's chief of staff indicated that the committee's recommendation was "not the feeling of the whole medical staff."⁷⁹ Access to abortion remained within the control of hospital corporations. As the Minister of Health indicated, the board of directors would decide whether a hospital would perform abortions or uphold the status quo.⁸⁰ In areas where pro-life activism was strongest, such as Cape Breton and Antigonish, hospital abortions remained inaccessible.

Pressure to enact restrictions on abortion access in Nova Scotia continued to build from pro-life MLAs. Donald Cameron, Progressive Conservative MLA for Pictou East indicated that he and his wife had been married for nineteen years and "if there is any issue in that 19 years that has the potential of us getting into a fight it is probably [abortion]." Cameron and his wife did not "see eye to eye on that issue entirely," but as an elected official, he argued it was his role to take a stand. Cameron indicated that after the Supreme Court ruling, it was the first time he was not proud to be Canadian. Cameron was not entirely opposed to abortion and condemned the stigma surrounding unwed mothers, but he did not agree with killing life due to a mistaken pregnancy. He argued that he firmly believed in women's equality and that "being for life is not against women."⁸¹ Another MLA, Independent representative Billy Joe Maclean of Inverness South, endeavoured to implement anti-abortion resolutions to protect the lives of the unborn child. In May 1988, Maclean unsuccessfully attempted to pass Resolution No. 569, which argued that life begins at conception and provided protection for the unborn child under provincial

⁷⁹ NSA, Accession 1990-057-17, Royal Commission on Health Care Nova Scotia: Newspaper clippings—Hearings, Quoted in "Hospital reviews abortion plan," *Truro*, 9 June 1988.

⁸⁰ "Abortion Decision: Province Won't Foot Clinic Bills," *The Daily News*, 30 January 1988.

⁸¹ *Debates and Proceedings of the House of Assembly of the Province of Nova Scotia*, Fourth Session of the Fifty-Fourth Parliament, Volume II, 7 April 1988, 1565-1566.

legislation.⁸² Morgentaler's success in other provinces worried politicians and pro-life activists, heightening debates throughout Nova Scotia.

When Nova Scotia held Royal Commission on Health Care hearings in 1988, the subject of abortion constantly emerged and demonstrated the pervasiveness of pro-life beliefs.⁸³ At the New Glasgow hearings, Sara Cunningham of East River St. Mary's presented a personal submission against funding therapeutic abortions, which questioned what "Third World countries must think of us, with our education and affluence, and our terrible selfishness and lack of compassion and humanity." Cunningham argued that blaming Morgentaler was unnecessary, as "[h]e is only a symptom of the lack of responsibility, lack of education, the lack of self-discipline and the lack of compassion that we all share." After hearing numerous submissions on abortion, the Commissioner Camille Gallant questioned how advocates on "either side on this issue can expect us to make any specific recommendation. I'm not sure where we're going to go on that."⁸⁴ The lack of consensus placed legislators in the middle of an intense moral debate and the political fallout from taking a stance remained a primary concern.

In June 1989, the Nova Scotia government passed anti-abortion clinic legislation under the Health Services and Insurance Act, which prohibited MSI funding for abortions performed in non-hospital settings.⁸⁵ The *Act to Restrict Privatization of Medical Services*, which was "designed primarily to outlaw abortions performed outside a hospital," became a point of

⁸² *Debates and Proceedings of the House of Assembly of the Province of Nova Scotia*, Fourth Session of the Fifty-Fourth Parliament, Volume V, 4 May 1988, 2835.

⁸³ NSA, Accession 1990-057-17, Royal Commission on Health Care Nova Scotia: Newspaper clippings—Hearings, New Glasgow, 11 May 1988 File, Sara Cunningham quoted in "Requests for Funding Heard by Health Commission," *Pictou Advocate*, 18 May 1988.

⁸⁴ NSA, Accession 1990-057-17, Royal Commission on Health Care Nova Scotia: Newspaper clippings—Hearings, New Glasgow, 11 May 1988 File, Camille Gallant quoted in "Requests for Funding Heard by Health Commission," *Pictou Advocate*, 18 May 1988.

⁸⁵ "Abortion Clinics Outlawed: New Regulations limit non-hospital abortions," *The Chronicle Herald*, 17 March 1989.

contention within the medical community as it “effectively denie[d] physicians the right to perform such diagnostic services as mammography, ultrasound, nuclear medicine and scoping procedures outside a hospital.”⁸⁶ In addition to prohibiting certain medical services in clinical settings, the Act prevented reimbursement for services performed contrary to the regulations set out in the legislation.⁸⁷ Liberal health critic Dr. Jim Smith argued that the legislation was a “ridiculous” camouflage to keep Morgentaler out of the province. McDonough similarly criticized the regulation, arguing that the government was embroiled in a “phony war” with the doctor.⁸⁸ Due to the efforts of the government to enforce the anti-abortion legislation, Morgentaler argued that the situation in Nova Scotia was the most personal battle he faced thus far. Surveys conducted in 1989 demonstrated that between 63 percent of Nova Scotians opposed an abortion clinic.⁸⁹ When Morgentaler said the legislation against an abortion clinic made the province a “laughingstock,” Progressive Conservative Minister of Health David Nantes argued that he was receiving an “awful lot of letters in this office supporting the government’s stand—it’s pretty overwhelming.”⁹⁰ From a legal perspective, many people agreed that the government abused its power, as well as the judicial and legislative processes, by implementing the “Morgentaler bill,” but the anti-abortion clinic stance received support from citizens.⁹¹

Despite Nova Scotia Council for Life spokesperson Ann Marie Tomlins’ prediction that the doctor was going to “meet his Waterloo in Nova Scotia,” Morgentaler ignored the government’s warnings and put the constitutionality of the *Medical Services Act* to the test in

⁸⁶ “Nova Scotia MDs Angered by Legislation Outlawing Services Performed in Offices,” *The Medical Post*, 20 June 1989.

⁸⁷ Dunsmuir, “Abortion.”

⁸⁸ “N.S. ‘Absolutely’ Prepared for Morgentaler Court Fight,” *The Chronicle Herald*, 22 March 1989.

⁸⁹ “Abortion Clinic Announcement Expected,” *The Chronicle Herald*, 24 May 1989.

⁹⁰ “Morgentaler Says Clinic Ban Makes N.S. Laughingstock,” *The Daily News*, 16 April 1989.

⁹¹ “Abortion Bill Abuses Government Power,” *The Daily News*, 11 June 1989.

1989 when he opened an abortion clinic in Halifax.⁹² On 27 October 1989, the Nova Scotia government charged Morgentaler after he announced the day before that he performed seven abortions in his newly established clinic. After preventing Morgentaler from performing additional abortions through an injunction, the province took him to trial for contravening the *Medical Services Act*. In 1990, Judge Joseph Kennedy of the Provincial Court argued that the regulations within the *Medical Services Act* were outside of provincial jurisdiction; the government attempted to prohibit and regulate abortions, which fell under criminal law.⁹³ Due to several politicians acknowledging both in the legislature and in newspaper interviews that the legislation was enacted to “stop Morgentaler,” instead of preventing the privatization of health care services, the legislation was deemed unconstitutional by both the Provincial Court and the Nova Scotia Court of Appeal.⁹⁴ In 1993, the Supreme Court of Canada unanimously ruled that the legislation was not an attempt to regulate health care delivery and struck down Nova Scotia’s legislation. The Nova Scotia government continued to refuse funding for abortions in the Halifax clinic, forcing Morgentaler to return to court to fight for payment, but the fairly liberal access to abortion services at the Victoria General Hospital compelled Morgentaler to close the clinic by the end of the decade.⁹⁵ Instead, he focused his efforts on liberalizing access in New Brunswick, one of the three provinces to uphold the necessity for referrals to obtain an abortion in-province.⁹⁶

⁹² “Court Say No to CARAL Plea,” *The Daily News*, 18 October 1989.

⁹³ Dunsmuir, “Abortion;” and College of Physicians and Surgeons of New Brunswick Records, Abortion 1985-1990 File, Minister of Justice James E. Lockyer to B.O.C., “Re: Abortion Clinics/Morgentaler Decision Nova Scotia,” 19 November 1990.

⁹⁴ “Doctor Plans to Open Halifax Clinic by June,” *The Chronicle Herald*, 21 March 1989.

⁹⁵ Brodie et al., *The Politics of Abortion*, 114.

⁹⁶ New Brunswick and Alberta required two doctors’ referrals, whereas Saskatchewan required one. Brodie et al., *The Politics of Abortion*, 89.

The Fight of His Life

In many ways, the New Brunswick government took similar steps as the Nova Scotia government in its attempt to prohibit abortion clinics in the province after the Supreme Court ruling. In addition to passing Bill 92 in 1985, the government implemented additional regulations in 1988 and 1989 to ensure that Morgentaler could not legally establish a clinic in the province and receive funding. Newly elected Liberal Premier Frank McKenna told reporters that if Morgentaler attempted to open an abortion clinic in the province, “he’s going to get the fight of his life.”⁹⁷ Unlike the Nova Scotia government, New Brunswick officials were careful to frame their stance as a health care issue, rather than a personal vendetta against Morgentaler, and managed to prohibit public funding for abortion clinics.

In the days following the Supreme Court decision, the government consulted with other provincial health departments and policy analysts to determine the best way to enforce anti-abortion clinic regulations. The government assembled a working group in early February, which argued that as the regulations stood, abortion was “not listed as an excluded service” under the *Medical Services Payment Act* and, “therefore, by inference, could be interpreted as an entitled service.”⁹⁸ While researchers recognized that the federal government could create funding issues through the *Canada Health Act*, it was not in the federal government’s jurisdiction to decide the legality of provincial health policies. It was within the provincial governments’ power to determine if abortion was an “entitled service” and implement funding policies. However, reciprocal billing would begin in April 1989, which meant that the province would be required to pay the host province’s rate for abortions obtained in hospitals and clinics in other jurisdictions.

⁹⁷ “Premier Pledges to Fight Any Attempt to Open Clinic,” *The Ottawa Citizen*, 18 February 1988.

⁹⁸ PANB, RS78, File 1-0800, “Working Group, Abortion Issue, Preliminary Report,” February 1988.

The likelihood of abortion service costs rising due to the liberalization of the abortion law became a prominent concern.

On 5 February 1988, the New Brunswick government brought together executive members from the provincial College of Physicians and Surgeons, Medical Society, and the New Brunswick Hospitals Association with the ministers and deputy ministers of health, community services, and justice to discuss the impact of the Supreme Court decision on provincial regulations. A Medical Society member was “the hero of the day” because they polled the gynecologists in the province prior to the meeting and provided a position on abortion. The poll indicated that gynecologists supported the performance of abortions by specialists, gynecologists or surgeons, in hospitals or “hospital-affiliated clinics.” They argued that a hospital in each region should provide abortions, and Medicare should cover all abortions, including those performed outside of the province if the woman was unable to obtain the procedure in her region. The gynecologists anticipated that abortions would increase in three major cities—Moncton, Fredericton, and Saint John—and costs would escalate significantly. While the New Brunswick Hospital Associations did not take a strong position at the meeting, the Association consulted with their legal representatives, and were told that public hospitals “should be ready to accommodate” the requests of qualified doctors to perform abortions.⁹⁹ Despite these recommendations, the cost of abortion services remained a primary concern for the government and superseded concern for the availability and accessibility of abortion services.

Prior to adjusting the government’s abortion policy, policy analysts assessed the cost of providing abortions liberally in hospital settings, as suggested by the Medical Society, and

⁹⁹ College of Physicians and Surgeons of New Brunswick Records, Abortion 1985-1990 File, Executive Director of New Brunswick Hospital Association M.P. to Board Chairman, Chief Executive Officers, NBHA Member Institutions, Re: R v. Morgentaler Decision of the Supreme Court of Canada, 5 February 1988.

determined that it would double the cost of provisions. The province discussed several different funding options, from only funding abortions performed in “officially recognized facilities”—which would double the cost of abortion services from \$126,000 to \$252,000—to de-insuring all abortion services and dealing with “difficult cases such as rape, incest, etc. through an appeal process.” The proposal argued that the latter option would save the government approximately \$42,000 in Medicare funding and \$84,000 in the hospital system.¹⁰⁰ Weighing the economic and political costs of increasing or limiting abortion access was a central issue facing the government.

On 12 February 1988, the New Brunswick government implemented new payment policies for abortions performed in and out-of-province after consulting with the “medical community, the hospital community and the public at large.”¹⁰¹ In addition to needing a second medical opinion under regulation 84-212 in the *Public Hospital Act*, the government argued that abortions must be classified as medically required and performed by an obstetrician or gynecologist in an approved hospital to be insured.¹⁰² The government argued that the Supreme Court ruling “did not create a right to abortion.”¹⁰³ However, based on the provincial government’s new policy, women living in urban and southern areas became the only citizens entitled to the service. As the legal counsel for the New Brunswick government indicated, only four hospitals performed abortions and all of them were located in the southern portion of the

¹⁰⁰ PANB, RS78, File, 1-0800, Executive Council Office to Ministers of Justice and Health, “Record of Decision at Cabinet Meeting Held on February 12, 1988.”

¹⁰¹ PANB, RS765, File 10-1578, Minister of Health J. Raymond Frenette to Unknown, 7 April 1988.

¹⁰² PANB, RS765, File 10-1578, Interoffice Memo Note Interservices, From D.C. of Insured Health Benefits Division to L.F. Planning and Evaluation Division, 25 April 1988; PANB, RS765, File 10-3124, J.F. to D.B.C., Interoffice Memo: Payments for Abortions Performed Out-of-Province, 27 July 1989; PANB, RS765, File 10-6214, “Bulletins: Hospital Abortions,” 2 May 1988.

¹⁰³ PANB, RS78, File 1-0800, “Memorandum to the Executive Council.”

province. Through regulation 84-212, women living in northern New Brunswick were unable to access publicly funded services.¹⁰⁴ The provincial ACSW reiterated this concern, arguing that the regulation appeared to “contravene the spirit and the wording” of the Supreme Court ruling by not providing services to women in all regions of the province, requiring those in rural areas to travel at great expense for abortions.¹⁰⁵ The ACSW criticized the government for not consulting with the Council, as it was a women’s issue.

Despite censure from the women’s organization, the majority of citizens in contact with the government supported restricted access to abortion services. In October 1989, policy analysts finalized “Abortion Issue Statistics,” which outlined the number of letters received on the issue and the position stated in the letters. According to the statistics, the New Brunswick government received 1153 letters as of 14 June 1988, and 1058 (94.4 percent) indicated a pro-life position. Of the 65 (5.6 percent) pro-choice letters, eight were sent from out-of-province. The government also received 20 anti-abortion petitions with 1,925 signatures and 1 pro-choice petition with 7 signatures. 94.4 percent of the letters were sent after the government announced their policy to prohibit abortions outside of hospitals.¹⁰⁶

After Morgentaler took the New Brunswick government to court in 1989 for refusing to pay for abortions he performed on New Brunswick women in his Montreal clinic, the provincial government instituted regulation 84-20 in the *Medical Services Payment Act*.¹⁰⁷ Unlike Nova

¹⁰⁴ Government of New Brunswick re: Right to Information and Protection of Privacy Act Request, RS765, File 10-1524, Memo re: Abortion Policy of Government of New Brunswick to New Brunswick Hospital Association, 17 February 1988.

¹⁰⁵ Government of New Brunswick re: Right to Information and Protection of Privacy Act Request, RS765, File 10-1524, Chairperson of New Brunswick Advisory Council on the Status of Women to Premier Frank McKenna, 29 February 1988.

¹⁰⁶ PANB, RS765, File 10-3814, S.C. to L.F., “Abortion Issue Statistics,” 23 October 1989.

¹⁰⁷ “N.B. Court Date Set to Hear Morgentaler Medicare Challenge,” *The Globe and Mail*, 4 January 1989.

Scotia, which attempted to “outlaw” abortion clinics, the New Brunswick government chose a more circumspect route. By deciding what services were “medically necessary” and thereby funded, the government avoided the same issues faced in Nova Scotia.¹⁰⁸ When Morgentaler opened an abortion clinic in Fredericton in 1994 and was taken to court, the Court of Queen’s Bench found the legislation implemented in 1985 unconstitutional based on the Nova Scotia ruling, but the regulations enforced through the *Medical Services Payment Act* remained in place.¹⁰⁹ Despite several attempts by Morgentaler to challenge regulation 84-20, the legislation was not amended until January 2015, two years after his death.¹¹⁰

Interpretations of the New Brunswick government’s abortion policies have varied greatly and created backlash from activists on each end of the debate. Former Fredericton Morgentaler Clinic manager and New Brunswick NDP leader Allison Brewer argued that when Premier Hatfield implemented the 1985 amendment, he “created a loophole that you [could] drive a truck through” and easily overturn. Brewer suggested that Hatfield knowingly passed legislation that would be struck down in court.¹¹¹ In an interview with political scientist Rachael Johnstone, Brewer elaborated:

Hatfield was a smart man and a lawyer and he had recorded in Hansard that he was setting up a bill against the Morgentaler clinic. You cannot set up a piece of legislation that is directed at one person and Hatfield would have known that but, at the time, he was a political animal and he was pandering to a certain portion of the electorate.¹¹²

¹⁰⁸ College of Physicians and Surgeons of New Brunswick Records, Abortion 1985-1990 File, Minister of Justice James E. Lockyer to B.O.C., “Re: Abortion Clinics/Morgentaler Decision Nova Scotia,” 19 November 1990.

¹⁰⁹ Dunsmuir, “Abortion.”

¹¹⁰ “N.B. Provincial Government Publishes New Abortion Regulations,” *Global News*, 6 January 2015.

¹¹¹ Whether this is true is unclear.

¹¹² Johnstone, *The Politics of Abortion in Canada after Morgentaler*, 84-5.

While Brewer was less critical of Hatfield's abortion policy, she condemned Premier Frank McKenna for his neoliberal policies, which included refusing to pay for abortions performed outside of approved hospital facilities, and willfully "decimat[ing] the social safety net."¹¹³ Interestingly, the New Brunswick RTLA was also very critical of the McKenna government's abortion policy. Due to the increase in abortions after the Supreme Court ruling, the RTLA argued that the government was "anti-family, anti-life, and anti-Christian." Pro-life activists blamed the McKenna government for a "record number of abortions," despite the implementation of anti-abortion regulations.¹¹⁴ By prohibiting funding for abortions performed in clinics through amendments to the *Medical Services Payment Act*, the government was able to maintain limited access to abortion services in New Brunswick, while frustrating both pro-choice and pro-life activists.

Conclusion

As this chapter has indicated, Morgentaler's efforts to overturn the abortion law illuminated the predicament facing provincial governments with an effective and unwavering pro-life movement. The strength of the pro-life movement, as well as the backlash to Morgentaler's proposal to establish abortion clinics in the region, provided the provincial governments with the impetus to implement anti-abortion regulations and limit access to the medical procedure after the Supreme Court deemed the abortion law unconstitutional in 1988. While PEI's anti-abortion resolution merely upheld the status quo, the New Brunswick and Nova Scotia governments' attempts to restrict abortion services outside of hospitals demonstrated the emotional and controversial nature of the debate. Despite recognition that the anti-abortion clinic regulations

¹¹³ Personal Interview with Alison Brewer, Halifax, Nova Scotia, 8 February 2013.

¹¹⁴ Le Centre d'études Acadiennes Anselme-Chiasson, Université de Moncton, "Commentary '92," Pro-Life Reports from Member Chapters of the New Brunswick RTLA, November 1992.

implemented in Nova Scotia and New Brunswick could be deemed unconstitutional, the political and economic value of adopting an anti-abortion clinic stance seemed to outweigh the economic cost of legal challenges.

The abortion debate did not diminish after the Supreme Court struck down the abortion law. In fact, the debates intensified within the provinces when Morgentaler opened clinics in Fredericton and Halifax, and unsuccessfully took the PEI government to court in 1996.¹¹⁵ While pro-choice activists criticized the provincial governments for not funding abortion clinics and increasing access in hospitals, pro-life activists condemned the governments for allowing abortion services in hospitals. At the national level, the federal government faced the unfortunate task of attempting to pass new legislation, which created intense debates throughout the late 1980s and early 1990s. The federal government successfully pushed Bill C-43 through the House of Commons in 1990, but it was defeated in the Senate on 31 January 1991 after a tie vote of 43 in favour and 43 against the Bill.¹¹⁶ Throughout the 1990s and 2000s, numerous Members of Parliament endeavoured to pass new abortion legislation, to no avail.

Due to intense opposition to abortion clinics, women continued to travel for abortions after the Supreme Court ruling. CARAL representative Eileen Wright indicated that 451 Atlantic Canadian women traveled to one Montreal abortion clinic in 1988 due to restrictive services in-province.¹¹⁷ Accessing abortions remained a central concern for mainstream women's organizations and various networks were established throughout the region to help women travel to Morgentaler's clinics in Halifax and Fredericton. Despite these efforts, concern for women's

¹¹⁵ The PEI Supreme Court, Appeal Division upheld the government's regulation on only funding abortions performed in approved hospitals and deemed medically necessary by the HHSC. Dunsmuir, "Abortion."

¹¹⁶ Dunsmuir, "Abortion."

¹¹⁷ "Abortion Clinic Ban Draws Mixed Reviews," *The Chronicle Herald*, 17 March 1989.

access to publicly funded abortions compelled Morgentaler to continue fighting the New Brunswick government in the legal system until his death in 2013.

Unfortunately, a thorough analysis of the abortion debates after the Supreme Court decision is challenging at this time due to limited sources. While scholars have explored abortion politics in New Brunswick in the 1990s and 2000s due to a plethora of government documents available through Provincial Archives of New Brunswick, the Nova Scotia and PEI archives have yet to process the department of health records for this period.¹¹⁸ A nuanced investigation of the final chapter of the Morgentaler saga in the Maritime Provinces will have to wait until both federal and provincial government records for the 1990s and 2000s become available.

¹¹⁸ I was able to gain access to unprocessed Department of Health files from the early 1980s at the Nova Scotia Archives after two archivists went out of their way to help me, but it was an arduous process for them. I am very grateful for the time they took out of their regular work schedule to help me find the necessary files.

Conclusion

The decriminalization of abortion in 1988 was the culmination of a century-long debate over the morality of abortion and the beginning of another, more intense battle for abortion rights activists in the Maritime Provinces. The establishment of private abortion clinics in Halifax and Fredericton in 1989 and 1994, respectively, brought pro-choice and pro-life activists face-to-face and forced citizens who had previously ignored the issue to confront it on their daily commutes. Abortion was no longer something that was performed secretly in a hospital and out of the purview of residents. The clinics were glaring reminders that women frequently confronted unwanted pregnancies and were unable to gain access to a timely and publicly funded procedure within the hospital system. The clinics also became constant sites of demonstrations and activism, a way for pro-life activists to express their outrage and despair over the legality of a procedure they abhorred, and an opportunity for pro-choice activists to stand in solidarity with women unwilling to carry their pregnancies to term. The heightened debates created little change; the governments maintained their anti-abortion clinic stances and citizens remained polarized on the issue.

One objective of this study is to illuminate the transnational nature of pro-life activism while recognizing the local and regional natures of the debates. International medical research and transnational pro-life organizations often provided the textual and visual resources to fuel the Right to Life Association's (RTLAs) activism, but investigating local circumstances offers invaluable insight into the development and sustainability of the social movement organizations. American doctors, including Bernard Nathanson and John Willke, contributed significantly to the regional campaigns through their research and guest lectures, and yet, it was the tireless activism and mobilization at the local level that ensured the success of the RTLAs. By lobbying

hospital boards and using a variety of strategies to generate membership in the movement, PEI activists were able to shape the provision of medicine in their hospitals.

Exploring the abortion debates within the medical community throughout the late twentieth century also demonstrates the significant bureaucratic hurdles doctors faced if they supported abortion access in their hospitals. Justifying access to abortion services was a key issue for the Canadian medical profession throughout the 1970s and 1980s and the lack of consensus regarding its necessity weakened doctors' authority over the issue. Despite the common perception that doctors were gatekeepers to abortion, analyses of medical journal articles and government records illuminates many doctors' efforts to convince their colleagues to stop implementing extralegal barriers to the procedure. Just as politicians and government employees disagreed over the importance of providing abortion and contraceptive services, doctors views varied greatly and these differing opinions shaped the unequal access to reproductive health care throughout the region.

The rural-urban divide was another factor that influenced the inaccessibility of abortion services and is an area of Canadian abortion scholarship that is often mentioned, but not explored in depth. As indicated throughout this dissertation, access was comparatively liberal in Halifax, but outside of the metropolitan area, barriers to the procedure in regional hospitals were often insurmountable. The rural nature of the region created challenges for family planning organizations, medical professionals, and government officials attempting to provide equitable reproductive health care to women living in rural and northern areas of the provinces. It is unlikely that these issues were unique to the Maritime Provinces. In other rural provinces with pro-life strongholds, such as Saskatchewan, few hospitals performed the procedure and as other studies of the Prairie Provinces have indicated, many women travelled to nearby cities in the

United States to access abortion services.¹ The costs of these barriers were not merely financial. The bureaucratic nature of the law stripped many women of their agency. As discussed in chapter four, women living in rural and northern areas of the provinces encountered psychological and physical hardship, including post-abortion complications, due to the challenge of obtaining the time-sensitive procedure.

Determining the precise reasoning for the provincial governments' unwillingness to support abortion clinics in the region is a seemingly impossible task due to the behind the scenes talks that occur in politics. As chapter five indicates, government records highlight a multitude of reasons for their opposition, from potential economic costs, political backlash, and sympathy for the pro-life cause to general disdain toward the doctor. In the end, the Nova Scotia and New Brunswick governments' strategic stances dissatisfied activists on both ends of the debate. Pro-life activists decried the performance of any abortions for non-medical reasons, and pro-choice activists opposed the government's unwillingness to fund abortions performed in abortion clinics. The debate merely intensified throughout the 1990s as activists championed their cause on the streets outside the abortion clinics.

¹ The Saskatchewan Progressive Conservative government won a "landslide victory" in 1982 and "publicly advocated pro-life stands...[on] a pro-life platform," signaling an equally powerful pro-life movement in another Prairie province. Following the Supreme Court decision, and the federal government's failed attempt to criminalize abortion again in January 1991, the Saskatchewan government included three plebiscite questions on the election ballot in 1991 to determine the province's position on the issue. 311,987 people voted against using tax dollars for abortion services whereas 185,624 voted in favour of continuing to fund abortions. The government did not implement the plebiscite results, as the newly elected NDP Premier Roy Romanow argued that the regulation would be found unconstitutional. See "Saskatchewan Government Seeks to Reduce Abortions," *The New Freeman*, 17 July 1982; George Gilmore Records, "Saskatchewan Election Plebiscite Goes Pro-Life," Pro-Life Reports from Member Chapters of the New Brunswick RTLA, November 1991; Sanda Rodgers, "Abortion Denied: Bearing the Limits of Law," in *Just Medicare: What's In, What's Out, How We Decide*, ed. Colleen M. Flood (Toronto: University of Toronto Press, 2006), 133-134; Palmer, "'Lonely, tragic, but legally necessary pilgrimages,'" 637-664.

While a variety of textual documents, including government records, medical journal articles, and social movement organization documents, were vital to exploring the political implications of the procedure, these sources often omitted the personal experiences of women who faced the predicament of terminating a pregnancy. Through oral interviews, this dissertation explores the lived experiences of women who sought abortions and illustrates the barriers they faced in their journey to find an abortion provider.² In addition, including the voices of those who fought against abortion access is also an integral part of this study, as the interviews highlight an aspect of women's history that is too often overlooked. Discussions with pro-life activists illuminated how essential the women were to the success of the movement. In many ways, the pro-life movement provided women who previously worked in the home with an opportunity to gain important roles within hospital corporations and non-governmental organizations, and in the case of Ann Marie Tomlins and Doreen Beagan, become leaders of national organizations.

As indicated in chapters three and four, the "rhetoric of sisterhood" associated with feminist activism in the 1970s did not account for the views of women on the margins of the women's liberation movement, which would become a central issue as pro-life women's organizations grew in size and prominence.³ The essentialism of the movement, which assumed that women's objectives were the same, created chasms within women's organizations. In the case of the provincial advisory councils on the status of women, distrust and frustration regarding the underlying support for abortion access stunted the agencies' efforts. As a result, pro-life women created their own organizations to counteract the efforts of family planning

² Joan Sangster, "Invoking Experience as Evidence," *The Canadian Historical Review* 92, 1 (March 2011): 135-161; Kathryn Montgomery Hunter, *Doctors' Stories: The Narrative Structure of Medical Knowledge* (Princeton: Princeton University Press, 1991), 166.

³ Parr, "Introduction," 14.

organizations, such as Planned Parenthood, and demonstrate that abortion was not an acceptable alternative for women. Although this study has included the voices of pro-life women who did not agree with the pro-choice activism in women's organizations, the white, liberal feminist movement of the 1970s and 1980s also overlooked the views of marginalized women. Studies on Aboriginal women's lack of access to reproductive health care have begun to illuminate strong opposition to abortion in First Nation communities, which created extralegal barriers to the procedure for women wishing to terminate pregnancies.⁴ The forced sterilization of Aboriginal women throughout the twentieth century, and the 'white settler' fear of non-white citizens reproducing, created distrust in the 1970s when pro-choice activists argued that abortion rights was central to women's liberation.⁵ The shift towards a 'reproductive justice' framework in Canada in recent years is one way in which feminist organizations are attempting to include marginalized voices in discussions about reproductive health care.⁶

Abortion politics were not straightforward in the 1970s and 1980s, and if the ongoing debates in the Maritime Provinces are any indication, Canadians are still no closer to reaching consensus on the highly emotional medical procedure. By studying the competing views on the justification for abortion, it is clear that the debates were not merely about abortion, but also

⁴ Madeleine Dion Stout, Gregory D. Kipling, and Roberta Stout, "Aboriginal Women's Health Research Synthesis Project: Final Report," Prepared for the Centres of Excellence for Women's Health Research Synthesis Group (May 2001): 29; Palmer, *Choices and Compromises*, 103-4.

⁵ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013); Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland & Stewart). For a recent American discussion of racial politics, see Mary Ziegler, "Roe's Race: The Supreme Court, Population Control, and Reproductive Justice," *Yale Journal of Law and Feminism* 25, 1 (2013): 1-50.

⁶ The term reproductive justice was adopted by women of colour in the United States to provide a voice for women marginalized within mainstream women's organizations and broaden the "reproductive health agenda." "Understanding Reproductive Justice," Trust Black Women, November 2006 < <http://www.trustblackwomen.org/our-work/what-is-reproductive-justice/9-what-is-reproductive-justice>>

women's rights, intergovernmental relations, and the changing relationship between the medical community and society. For provincial governments, abortion was just one more expense that they had to account for in their health care budgets and justify in the legislature. Mainstream women's organizations and the burgeoning women's liberation movement saw abortion rights activism as an avenue to achieve greater equality for women in Canadian society. From the perspective of Right to Life activists, abortion represented an assault on the society and beliefs they cherished, a society that valued motherhood, families, and the sanctity of human life. And for doctors, the debates over the medical procedure illustrated that the profession was not monolithic and its authority over abortion was tenuous. Doctors' views on the subject varied greatly and were constantly challenged by their colleagues, legislators, and fellow citizens. It is through exploring the nuances that we can begin to understand the complexity of abortion politics and generate compassion for the activists, doctors, and politicians embroiled in the debates, and most importantly, recognize the struggles of women who confronted the shame and stigma of abortion.

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