Choices and Compromises:
The Abortion Movement in Canada 1969-1988

Beth Palmer

A Dissertation submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of
Doctor of Philosophy

Graduate Program in History
York University
Toronto, Ontario

December 2012

Abstract

This dissertation explores pro-choice activism in Canada following the 1969 omnibus bill that decriminalized abortion. The 1969 legal amendments permitted abortions performed in accredited hospitals and approved by the hospital's therapeutic abortion committee, yet Canadian women continued to face barriers to access that were exacerbated by a range of social markers, particularly region and class. Activists identified these barriers and developed strategies to address these issues. The pro-choice movement worked to attain an uneasy balance between helping individual women to access services while simultaneously challenging the government to revise abortion laws. This dissertation explores the contradictions of a mass movement with a shared objective but divergent views as to how to achieve this desired end. The study also examines activists' compromises as they focused either on the immediate, time-sensitive needs of women seeking abortions, or on the long-term goals of effecting legal change.

This study highlights four different activist strategies: hospital board challenges, referral and shuttle services, demonstrations and protests, and the establishment of free-standing abortion clinics. Drawing on an extensive range of archival sources from across the country, as well as oral interviews with individuals active in the pro-choice movement, this dissertation highlights regional particularities as well as the shared pro-choice objectives across the country.

Activist organizations' archival holdings illuminate both the specific tactics employed by different groups and the ways that the pro-choice movement maintained a connection to the women's movement. Abortion access emerged as a unifying marker for second wave feminisms in Canada, as a framework that facilitated a critique of patriarchal, capitalist structures while simultaneously appealing to a wide support base.

Acknowledgements

Researching and writing this dissertation has been an absolute pleasure, in large part due to the unbelievable support I have had over the past several years. I could not have finished this study without the kind words of encouragement, the careful edits, and the much-needed distractions coming from so many people. My doctoral research was supported by a Canadian Graduate Scholarship from the Social Sciences and Humanities Research Council, an Ontario Graduate Scholarship from the Ministry of Training, Colleges, and Universities, and awards and bursaries from York University.

I was so lucky to have a supervisory committee that recognized my style of researching and writing and gave me the freedom to work at my own pace. My supervisor, Kate McPherson, offered incisive comments, words of wisdom, and snacks at all the right times. She pushed me to make this thesis into something that I can be proud of, but also helped me realize the importance of a balanced life, and I can't thank her enough for that. Molly Ladd-Taylor helped me to see the bigger picture throughout this project but has also encouraged me to apply this same broad perspective to my non-academic pursuits. Stephen Brooke's insistence that this was, in fact, a dissertation came at just the right time. My outside member, Jacinthe Michaud, and my external examiner, Lara Campbell, both provided helpful comments and a great discussion at my defense. Of course, any mistakes or omissions are entirely my responsibility.

As a historian, I prefer to spend my hours in archives and alone with books, but this project forced me out of the archives and into the neighbourhoods, workplaces, and homes of inspirational men and women who were willing to share their memories with me. I have been inspired by the conversations and lasting friendships that have emerged from this research. Many thanks to Marcy Cohen, Shauna Dorskind, Carolyn Egan, Donna Liberman, Janis Nairne, Ruth Miller, Judy Rebick, Ray Thompson, and others for their hard work to ensure that women of my generation have access to reproductive services, and for their willingness to share their experiences with me.

My research also led me across the country, where I was lucky enough to see and stay with friends. Ali Chalmers and Danica Poje made research trips to Vancouver productive and too much fun. In Alberta, I was able to spend time with the Quinlan family in their home province, which was an absolute pleasure. In Edmonton, Alvin Finkel revived my interest in history after exhausting non-stop weeks at the archives. Likewise, in Ottawa, Marc Saurette and Jacqui Lauder, Tom Ngo, and Lynn Murphy and Bruce Weiner kept me simultaneously distracted and focused at the archival tasks at hand.

I have been fortunate to have a growing group of historians studying reproductive rights. Too often, scholars lay claim to a topic, but I have been truly lucky to have a community of researchers who recognize the political importance of this scholarship to support and challenge each other. I thank Katrina Ackerman,

Nancy Janovicek, Christabelle Sethna, and Shannon Stettner for all their help with this project. At York, I have also been extremely fortunate to have had a cohort of supportive colleagues, including Will Baker, Jason Ellis, Liz O'Gorek, and Ian Mosby. I thank them all for their kind words and blunt criticisms.

I was just as lucky to have a community of loved ones outside of my academic world; my friends and family have always known when to ask about my progress and when to focus elsewhere. I am so lucky to have such a wonderful group of friends. Thank you Ashley Cohen, Paige Dzenis, Hannah Feiner, Tony Hammer, Natalie Petozzi, Jen Quinlan, Lindsay Rauccio, Laura Sunderland, and Ashley Taylor.

Though my family might have preferred that I take on any project other than a PhD in history, they have been nothing of supportive of my choices. Thank you to my parents, Bryan Palmer and Joan Sangster, and Debi Wells and Tom Carpenter, for their love and support, and for raising me in a feminist environment with coat hangers reminding us "never again."

Table of Contents

Introduction

The Criminal Law Amendment Act of 1968-69 decriminalized homosexuality, contraception, and abortion in certain circumstances, regulated lotteries, gun possession, drinking and driving offenses and more. Justice Minister Pierre Trudeau explained his proposed omnibus Criminal Code amendments to the press in 1967, saying, "it is certainly the most extensive revision of the Criminal Code since the new Criminal Code of the 1950s." He went on maintain that, "in terms of the subject matter it deals with I feel that it has knocked down a lot of totems and overwritten a lot of taboos and I feel that in that sense it is new. It's bringing the laws of the land up to contemporary society, I think." Trudeau defended the omnibus bill with his oft-quoted assertion that, "there is no place for the state in the bedrooms of the nation." He went on to say that "what's done in private between adults doesn't concern the Criminal Code. When it becomes public, that's a different matter."[1]

Though the omnibus bill removed a wide range of acts from the Criminal Code, it did not offer the profound change that many expected with regards to abortion. Restrictions on homosexuality and contraception were removed completely from the Criminal Code, but abortion law remained codified, with the

---

[1] CBC Archives, "There's no place for the state in the bedrooms of the nation," http://www.archives.cbc.ca/politics/rights_freedoms/topics/538 accessed 21 January, 2012.

newly-amended Section 251 specifying that only a "qualified medical practitioner" could perform legal abortions. These legal abortions could only be performed in an accredited hospital, with the permission of the hospital's Therapeutic Abortion Committee (TAC). TAC approval was based on the likelihood that continuing the pregnancy would "endanger the life or health" of the patient, an ill-defined criterion that allowed committees to approve abortions based on what was adjudicated to be physical or psychological need.

Activists across Canada were unsatisfied with these amendments and immediately challenged the persisting restrictions to abortion access that Trudeau's legal changes perpetuated. This dissertation will explore the historical processes whereby activists mobilized and it will analyze the compromises these activists had to undertake as they balanced short- and long-term goals to improve abortion access immediately and to effect the social and political changes that would make abortion readily available for all Canadian women. As such, this dissertation examines the political strategies undertaken by abortion rights activists between 1969, when the Criminal Code was amended, and 1988, when legal challenges led to the Supreme Court ruling declaring abortion laws unconstitutional.

To some degree, the narrative of abortion reform in Canada is well known. The 1969 omnibus bill decriminalized abortion, but feminists realized the shortcomings and quickly mobilized, descending on Parliament Hill in an "Abortion Caravan" in 1970. When Dr. Henry Morgentaler established his family

planning practice in Montreal in 1970 – a thinly-veiled euphemism for abortion provision – he began his decades-long challenge to the Canadian legal system, ending in 1988 with the Supreme Court ruling that declared that the existing abortion law was unconstitutional. In the 1970s, abortion emerged as a key mobilizing issue for feminist activists. This dissertation seeks to build on this account, complicating the narrative by teasing out the ways activists prioritized their actions, and the resultant paradoxical compromises they undertook in order to improve access to abortion. As abortion activism garnered support from a broad spectrum of the population, the aims and perspectives of the abortion movement became less focused and activists from different and divergent political backgrounds found themselves working together in an uneasy partnership.[2]

Feminist scholars remind us that access to safe, legal abortions is widely understood to be a critical component of women's health, as well as their social, political and economic capacities.[3] By documenting the ways that women have sought out abortions and induced miscarriages for centuries, historians show us that women have always understood the importance of controlling their

---

[2] Nancy Adamson, Linda Briskin, and Margaret McPhail *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988), p. 10.

[3] Janine Brodie, Shelly A.M. Gavigan, Jane Jenson, "The Politics of Abortion: Representations of Women," in *The Politics of Abortion* Janine Brodie, Shelley A.M. Gavigan, Jane Jenson, eds. (Toronto: Oxford University Press, 1992), 4-14, p. 8.

reproductive capacities, for their own survival and that of their families.[4] In the latter half of the nineteenth century, legal changes in Canada, the United States, and Britain criminalized abortion, reflecting a shift in social norms and a push towards the professionalization of medicine and the subsequent medicalization of childbearing. By the mid to late nineteenth century, a concerted anti-abortion campaign emerged in North America that Leslie Reagan characterizes as "antifeminist at its core," as women were denounced for "avoiding the self-sacrifice expected of mothers."[5] Codified in restrictive anti-abortion laws, this approach to reproductive choice remained the standard for roughly a century.

The 1969 laws were intended to be a liberalizing force, but a host of factors continued to limit women's safe access to abortion. In Canada following the 1969 amendments, access to abortion was shaped by a wide array of factors determined largely by federal, provincial, municipal and even hospital-specific policies that determined where and under what conditions abortions could be performed, as well as the funding criteria for the procedure. These policies were strongly influenced by social norms and expectations. While government policies can have significant effects on abortion access, decriminalization and legalization are insufficient when it comes to truly accessible abortion services. Accessible abortion services require not only readily available funded procedures unencumbered by

---

[4] Angus McLaren, *Reproductive Rituals* (London: Methuen & Co., 1984).
[5] Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), p. 11.

bureaucratic impediments, but also a social, political and economic climate that values women's rights and choices. Implicit in this is a society that values both motherhood and the decision not to bear children, a societal shift requiring significant structural changes. Rosalind Petchesky aptly notes that choice is constrained within circumstances, and while medical funding, pregnancy and maternity benefits, child care services and other forms of maternal assistance are critical, they are in fact "connected to a broader revolutionary movement that addresses all the conditions for women's liberation."[6] Needless to say, decriminalization is only one part of the issue, and funded procedures are merely another. Abortion activists in the 1970s struggled to navigate the uneven terrain marked by women who needed abortions, laws they felt needed to be changed, and a social order that they believed required dramatic restructuring.

As Canadian activists negotiated these complimentary yet competing issues, they developed a pro-choice movement that was particular to the historical moment in the 1970s, immediately after decriminalization. By locating a particular moment in Canadian abortion activism, I seek to historicize the struggle for abortion access and explore the way that this struggle became an integral part in the emergence of second wave Canadian feminisms. The 1960s saw the emergence of "a politics of radical, at times revolutionary, challenge, building throughout the

---

[6] Rosalind Pollack Petchesky, *Abortion and Women's Choice: The State, Sexuality, & Reproductive Freedom* (Boston: Northeastern University Press, 1990), p. 17.

decade,"[7] peaking towards the end of the decade. According to Bryan Palmer, this culmination of radical sentiment resulted in an ironic social, cultural, and political shift, "decisively [declaring] the end of one Canada, [the shift] defeated, for a generation or more, the possibility of realizing a new national identity that so much of the decade seemed to both demand or promote."[8] The 1960s were an era of political dissent that restructured society, but as Ian McKay notes, the "red decades" had begun to decline by the 1980s and were not sustained throughout the 1970s and 1980s.[9] This shift can be seen in – and is even further explained by – the abortion movement in Canada, which initially developed out of radical and socialist politics but as the movement became increasingly mainstream it shifted away from its radical foundations. Thus while broader studies of the 1960s to the 1980s see this as a decline of radicalism or a depoliticization. Yet abortion activists did not precisely follow the trend toward depoliticization identified by Palmer or McKay. Instead, the abortion rights movement maintained connections to the women's movement, linking reproductive rights to women's rights and opportunities. This thesis will examine the ways that abortion access provided a unifying framework that allowed activists to critique patriarchal, capitalist structures while simultaneously appealing to a wide support base.

---

[7] Bryan D. Palmer, *Canada's 1960s: The ironies of identity in a rebellious era* (Toronto: University of Toronto Press, 2009), p. 22.
[8] Ibid., p. 429.
[9] Ian McKay, "For a new kind of reconnaissance of 100 years of Canadian socialism," *Labour/Le Travail* 46 (Fall 2000), 69-125, p. 113.

The abortion movement was well-equipped to challenge systemic social issues while focusing on a concrete objective of improving abortion access, and this study will illuminate the different strategies that activists engaged with in order to advance these general and specific goals. Building on histories of birth control and contraception, this study seeks to highlight the tactics and strategies that pro-choice activists employed in order to challenge the social, political and economic barriers they identified as hindering choice. By considering the varied activist strategies, this work also contributes to sociological and political studies of activism and reproductive rights, and is situated within the feminist activism literature, historicizing abortion rights activism, situating the movement firmly in the emergence of second wave feminism. But the 1970s was also, as Palmer notes, a moment of anxiety over Canadian identity; using the abortion rights movement as a lens, we can continue Palmer's study of the 1960s into the 1970s, exploring the tensions and unevenness of a movement that sought to define itself over the course of the decade, while nevertheless amassing significant gains on many, often simultaneously competing and contradictory, levels. In the Canadian context, much of the writing on abortion activism has been written from a perspective of first-hand experience,[10] and while this reflection is helpful, it often privileges the

[10] See Judy Rebick *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin Group, 2005); Ann Thomson *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford Publishing, 2004); Patricia Antonyshyn, B. Lee, and Alex Merrill,

authors' personal experience without sufficient recognition of other, sometimes very different, strategies. Furthermore, some of the most active participants eschewed labels such as "feminist," "socialist," or "radical," making it difficult to identify similarities or differences in their movements. What's more, many approaches were covert, with activists working to help women obtain clandestine abortions, and these tactics emerge differently in the historical record. Too often in historical scholarship, Dr. Henry Morgentaler's significant contributions to abortion rights in Canada obscure the diverse efforts of pro-choice activists across the country.[11] Highlighting grassroots and organized pro-choice endeavours, this dissertation helps to provide a more complete representation of the wide-ranging pro-choice movement in Canada in the years spanning from partial decriminalization to the complete removal of abortion laws from the Criminal Code in 1988.

As part of a growing body of literature on the history of feminism, this study is closely informed by Anne Enke's work on feminist activism in the 1960s and 1970s. Enke pluralizes public spaces, looking at traditional sites of feminist

---

"Marching for Women's Lives: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Social Movements, Social Change: The Politics and Practice of Organizing* Frank Cunningham, Sue Findlay, Marlene Kadar, Alan Lennon, and Ed Silva, eds. (Toronto: Between the Lines, 1988), 129-156.

[11] Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart, 1986), p. 143; Catherine Dunphy *Morgentaler: A Difficult Hero* (Toronto: Random House, 1996).

organizing such as the meeting room to include commercial, civic, and institutional spaces, including bookstores, softball fields, and credit unions. This reframing of contested spaces allows Enke to include a more diverse group of women contributing to the feminist movement. Her framework, focusing on space and place rather than a specific feminist ideology, helps push beyond traditional forms of activism, most notably protests and demonstrations, to include a wide range of activist strategies. Her use of a spatial analysis highlights the fact that "most grassroots feminism developed not by master plan but out of the opportunities and contingencies of daily life and women's hope for change."[12] This study uses from Enke's framework to explore the broader segment of the population involved in Canada's reproductive rights movement, by examining service provision, referral agencies, letter writing campaigns, attempts to gain control of hospital boards, and other forms of pro-choice activism.

Abortion quickly became the focal point for Canadian feminist organizing, and its wide-reaching appeal was central to the development of a mass movement. The women's movement of the 1970s was necessarily broad: some scholars have gone as far as declaring that it is defined by "a shifting, amoeba-like character," explaining that feminism "is, and has always been, politically, ideologically, and

---

[12] Anne Enke, *Finding the Movement: Sexuality, Contested Space, and Feminist Activism* (Durham: Duke University Press, 2007), p. 22.

strategically diverse."[13] In fact, reframing abortion rights activism to include a broader section of the public also redefines notions of feminism and second wave feminism. Again, Enke's inclusive framework sheds light on how the feminist movement developed in this way. Enke maintains that feminism was

> constituted through the historical connections between different sorts of spaces, and between people who eagerly identified as feminist, people who uncomfortably identified as feminist and people who disavowed political identification altogether... the movement was built by more than the people who embraced the name. The history of feminism, then, must seek to understand not only what was going on outside of feminist-identified arenas but, equally important, how feminists constructed and maintained borders around what counted as feminism in the story of the movement.[14]

This dissertation looks at how activists and organizations depicted particular pro-choice campaigns as more effective than others, and explores the benefits and shortcomings of this hierarchical ranking.

The 1969 amendments certainly served as a catalyst for feminist action in Canada, bolstered by the social, political, and economic shifts that had been fomenting over the course of the 1960s. Women in 1970s Canada reported an increased interest in second-wave feminist issues, particularly equal pay, childcare, abortion rights and birth control. These issues, for many women, were interconnected, and as a result, women's oppression was so diffuse and systemic that some radical feminists called for a restructuring of the family unit, and,

---

[13] Adamson, Briskin, and McPhail, 1988, p. 7.
[14] Enke, 2007, p. 254.

consequently, of society in general.[15] As feminist thought became increasingly influential in Canada, inspiring its own social movement, feminists sought a concrete objective that could mobilize women to action. Abortion access proved to be that mobilizing issue. As Stephen Brooke notes of the British context, abortion emerged as a central feminist demand because "it was a mark of women's autonomy and freedom," where sexuality intersected with gender.[16] Abortion access not only promised women bodily control, but it also held a symbolic meaning for women, changing their expectations about sexuality and life opportunities. Furthermore, unlike more general gendered oppression, fighting for abortion access provided the movement with a measurable success that feminists could document.

Internationally, however, the abortion movement did not provide sufficiently broad connections to other issues, particularly those shaped by class and race. Exploring the role of women of colour in the reproductive rights movement in the United States after *Roe v. Wade* in 1973, Jennifer Nelson highlights the ways that "women of colour challenged the white middle-class feminist movement to recognize that the abortion rights movement needed to encompass 'bread and

---

[15] Margaret Benston, "The Political Economy of Women's Liberation," *The Monthly Review* Vol. 21, No. 4 (1969), 13-27, p. 24.

[16] Stephen Brooke, "The Sphere of Sexual Politics: The Abortion Law Reform Association, 1930s to 1960s," in *NGOs in Contemporary Britain: Non-State Actors in Society and Politics since 1945* Nick Crowson, Matthew Hilton, and James McKay, eds (Basingstoke: Palgrave Macmillan, 2009), 77-94, p. 77.

butter' issues such as health care for the poor, child-care, and welfare rights in addition to anti-sterilization abuse issues."[17] In Canada, the second-wave feminist movement did identify these issues as part of their struggle, but it was less successful in connecting feminisms and struggles for improved abortion services to the interests of women of colour, particularly Aboriginal women. In the United States, Black and Puerto Rican Nationalists disputed a linear narrative of reproductive rights by reminding white feminists that for many people of colour, reproductive control was closely associated with genocide.[18] Even after high profile cases of forced sterilization in Canada, like that of Leilani Muir in Saskatchewan in 1959, the Canadian reproductive rights movement lacked a framework to include these contradictions in their struggles.

Because improving abortion access required widespread changes on many levels, it appealed to women from a broad range of political (and apolitical) backgrounds. Pro-choice activists could focus their attention on grassroots service provision, on improving existing services, on lobbying the government, on challenging the state, on situating abortion access within a wider framework of women's rights, and more. The improvements made to abortion access were effectively the result of the pro-choice movement's multifaceted approach to

---

[17] Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003, p. 2.
[18] Davis, Angela Y., *Women, Race & Class*, (New York: Random House, 1981), p. 202-03.

activism. Though it is tempting to portray a unified pro-choice movement, this approach would require significant oversimplification, as feminist activism was, and remains, "anything but monolithic."[19] Myra Mark Ferree's and Beth B. Hess' assessment of the American women's movement applies to this Canadian context as well: "Feminism is not a single point of view but a set of principles for interpreting the status of women and demanding change. The particular nature of the interpretation and demands depends on the broader ideological perspective from which the world is seen."[20] Abortion was a useful rallying tool for the Canadian feminist movement because there was room for different political and ideological perspectives to work together towards the end goal of improving abortion access, and in this sense abortion activism constituted a grassroots social movement with a range of focal points and leaders. At the same time, Ferree's and Hess' acknowledgement that "the fiction of unity within a single social movement is... necessary as a political tool,"[21] also applies to the Canadian abortion movement. Some activists resisted single-issue organizing, concerned that it could diminish the interrelated and diverse ways that not only patriarchy, but also capitalism and other oppressive forces work together. Nancy Adamson, Linda Briskin, and Margaret McPhail explain that "most single-issue organizations did not

---

[19] Enke, 2007, p. 5.
[20] Myra Marx Ferree and Beth B. Hess, *Controversy and Coalition: The New Feminist Movement Across Four Decades of Change, Third Edition* (New York: Routledge: 2000), p. 36-7.
[21] Ibid., p. vii.

themselves hold such a simplistic view... that if women had full access to abortion, then they would no longer be oppressed... [but] their rhetoric was often guilty of suggesting the answer was that simple."[22] Even groups that did mobilize solely around abortion opted to emphasize particular issues, pushing others to the background. Thus, I will refer to a single abortion movement but a diversity of pro-choice activists, seeking to tease out the different political backgrounds of those who worked together to improve abortion access in Canada. The political and ideological differences distinguishing these activists can retrospectively be seen as complementary, but in the 1970s serious debates and disagreements over strategic plans and objectives defined the pro-choice movement.

Abortion activism thus serves as an effective lens to better understand the woman's movement in Canada. Examining the history of pro-choice activism gives us insight into national, provincial, and local movements, providing rich examples of different perspectives. Prominent feminist and long-time Ontario Coalition for Abortion Clinics (OCAC) spokeswoman Judy Rebick identifies the distinction within the Canadian feminist movement as generational, suggesting that an older generation was seeking to "reform the system to improve the status of women" whereas a younger cohort of feminists emerged in the 1970s and held that "a more radical transformation of society was necessary to achieve women's equality."[23]

---

[22] Adamson, Briskin, McPhail, 1988, p. 48.
[23] Rebick, 2005, p. 21.

Dominique Clément attributes this emergent culture of politicization to changing demographics, increases in post-secondary education, political affluence, an expanding middle class, and an increase in state funding.[24] Clément identifies generational markers as shaping these social movements, but cautions against conflating "generation" with "age," noting that, "the transformation of social movements was a result of youth and older activists working together."[25] These generational observations can be complicated further. Women identified primarily as radical feminists, socialist feminists or liberal feminists, and then might be further aligned with more specific political alliances, including local women's liberation groups and various socialist organizations such as the Young Socialists, the League for Socialist Action, and the Revolutionary Workers League. These divisions underlie not only the feminist movement of the 1970s, but they also played out within the abortion movement and the activist culture of the era. These divisive currents ran through the period, requiring activists to compromise with one another to develop complementary strategies in order to further advance the movement. As scholars reflect on these types of feminism, Adamson, Briskin, and McPhail note that they often "suggest a greater degree of coherence than actually exists."[26] Though abortion activism is the focus of this study, it also provides an outline of the

---

[24] Dominique Clément, "Generations and the Transformation of Social Movements in Postwar Canada," *Histoire Sociale/Social History*, 42, 84, (2009), 361-388, p. 363.
[25] Ibid., p. 372.
[26] Adamson, Briskin, McPhail, 1988, p. 10.

emergent feminist movement of the 1970s. Anne Enke's study of the ways women carved out feminist spaces shows that "those who disavowed political motivation, as well as those who embraced a feminist identity, shared strategies if not always ideologies as they propelled the movement."[27] Though Canadian abortion activists tended to disagree with one another regarding both strategies and ideologies, there was nevertheless an underlying push throughout the 1970s towards the wider objective of securing free abortion on demand. Ann Thomson's 2004 study of the Vancouver Women's Caucus, *Winning Choice on Abortion,* effectively illustrates the fissures that so often defined the feminist movement in the 1970s; Thomson's personal account of her expulsion from the Concerned Citizens for Choice on Abortion (CCCA) poignantly captures the extent to which the personal and the political were inextricably linked.[28] According to Thomson's account, she was expelled from the CCCA for writing a document that could jeopardize the organization's credibility. Of the experience, Thomson wrote that the expulsion "end[ed] nine years of work in a group I had helped to found and to which I had given my all."[29]

Abortion was a major social and political issue in the 1970s, attracting substantial public debate. The 1960s had been defined by a newly emergent youth culture and a New Left, its members educated and mobilized around

---

[27] Enke, 2007, p. 6.
[28] Thomson, 2004, p. 147.
[29] Ibid., p. 147.

environmental issues, antinuclear actions, union organizing, and issues of sovereignty, particularly regarding Aboriginal rights and Quebecois autonomy. Women's rights are often grouped together with these issues, but many feminist activists considered their involvement in New Left politics to be their training ground, branching off later to discuss women's issues at women's caucuses or committees. Abortion emerged as a talking point at these early meetings, facilitating discussions on women's rights, on women's subordination both within the family unit and the capitalist system, on working within the system, on challenging the status quo, on government authority, and on women's right to define matters of health. The early 1970s mark a particular moment in history where women's issues were at once becoming increasingly radical, while simultaneously becoming more mainstream. The resulting tension shaped the feminist movement in Canada, influencing the movement's priorities and activist strategies and tactics.

Mobilizing the Canadian public on the issue of abortion accessibility necessarily required support from a wide spectrum of society, and the abortion rights movement departed slightly from more typical social movements to garner this much-needed support. Adam Lent suggests that in post-war Britain social movements organized around three principles. First, these mobilizations were self-organized. Second, they emerged and grew out of a context primed for radical social transformation. When these two circumstances come together in a particular

moment, the result is the emergent understanding that "the personal is the political":[30]

> shared misery could no longer be the result of an individual's failure to accept the inevitability or naturalness of their situations. Women, gay men and lesbians became aware that their very common shared problems must originate with social and political conditions rather than their own personal inability to submit to their misfortune. Hence, that which had been historically consigned to the sphere of personal misery and relationships now found its origins in the political sphere and thus must also find its solution in the political sphere.[31]

For the abortion movement developing in the 1960s and 1970s, this politicization was developed in conjunction with the emergent New Left culture, and was particularly cultivated in the student movement. Roberta Lexier's study of Simon Fraser University, a hotbed of activist culture in the late 1960s, suggests that the student movement created a situation in which "many women who had been involved in campus politics were able to ally, at least temporarily, under the banner of a common gendered identity, even though they were comprised of a variety of identities and 'selves,' and create a social movement rooted in a collective commitment to women's liberation."[32] The self-published "Sisters, Brothers, Lovers... Listen," written by four female members of the Student Union

---

[30] Adam Lent, *British Social Movements since 1945: Sex, Colour, Peace and Power* (London: Palgrave, 2001), p. 94-6.
[31] Ibid., p. 95-6.
[32] Roberta Lexier, "How Did the Women's Liberation Movement Emerge From The Sixties Student Movements: The Case of Simon Fraser University," *Women and Social Movements in America, 1600-2000* Vol.13, No.2 (Fall 2009), no page numbers.

for Peace Action in Toronto,[33] and SFU Chemistry and Women's Studies professor Margaret Benston's 1969 *Monthly Review* article "The Political Economy of Women's Liberation," highlight the ways that their involvement in the New Left provided them with the intellectual tools to understand and theorize the sexism within the movement and wider society.[34] Many of these radical feminists and socialist feminists identified the capitalist system as a source of oppression, and they saw explicit connections between production and reproduction, making abortion access a critical issue for these feminist movements. Other activists, informed by different political views, saw abortion rights as an individual right, as a necessary precursor for gender equality, strictly as a medical procedure, or as some combination thereof.[35]

Divergent political perspectives had wide implications for the abortion movement, shaping activists' preferred strategies for improving abortion access for Canadian women. Pro-choice activists had divergent opinions regarding whether abortion rights should be addressed with regards to immediate needs or long-term change. On the one hand, women in need of abortion services required immediate action, drawing on ad-hoc referral and shuttle services, counselors, and service

---

[33] Judy Bernstein, Peggy Morton, Linda Seese, Myrna Wood, "Sisters, Brothers, Lovers... Listen," in *Women Unite! An Anthology of the Canadian Women's Movement* Discussion Collective No. 6, eds (Toronto: Canadian Women's Educational Press, 1972), 31-39.
[34] Margaret Benston, "The Political Economy of Women's Liberation," *The Monthly Review* Vol. 21, No. 4 (1969), 13-27.
[35] Lexier, 2009, no page numbers.

providers. Women required such services regardless of legal status or societal acceptance, and grassroots activists worked to provide their clients with these much-needed services, but social stigma coupled with the extralegal, if not illegal, actions meant that this work needed to be done covertly. Some of these activists, like the organizers of hospital board campaigns discussed in chapter two of this dissertation, or the Calgary Birth Control Association in chapter three, saw an immediate need in their communities that required active interventions, while other groups, like the Ontario Coalition for Abortion Clinics or the Everywoman's Clinic in British Columbia analyzed in chapter five, focused more on raising political consciousness, often working outside the system to create a feminist space that implicitly challenged the status quo. Other activists, like some of the groups organizing demonstrations in chapter four, insisted that a more widespread restructuring of society was necessary in order for women to truly have access to abortion, and applied different approaches informed by their political perspectives in order to effect such changes. Whereas liberal feminists lobbied the federal and provincial governments and applied pressure on municipal politicians and local hospitals, socialist feminists sought to "smash capitalism," a contentious slogan briefly adopted by the abortion movement, seen as polarizing to a liberal audience by some but thought by others to be a necessary pre-condition to reproductive choice.[36] Though these different approaches seem to conflict, with hindsight we

[36] Thomson, 2004, p. 43.

can see that they all shared the goal of improving abortion access. Gail Kellough sees this tension as one of "structural" versus "ideological" change, maintaining that the two "exist in a dialectical relation with one another."[37] Kellough's examination of the production of hegemonic discourses of reproductive control helps inform this study, though her focus on the discursive allows for less overlap between these differing positions than is revealed in this research project.[38]

The abortion movement was thus a broad social movement, representing divergent opinions and backgrounds. The activists coming from different perspectives and working towards a shared goal produced a multi-pronged approach that effectively targeted a range of issues. They worked to improve abortion services while simultaneously challenging legal restrictions. Though it is tempting to appraise these divergent views as internal conflicts, most of the individuals and groups were in fact compromising with one another, recognizing their different strengths while acknowledging the contributions of others. Activists

---

[37] Gail Kellough, *Aborting Law: An Exploration of the Politics of Motherhood and Medicine* (Toronto: University of Toronto Press, 1996), p. 203.

[38] Kellough, for example, sees the publication of the 1977 Badgely Report as "creat[ing] a space for challenging the public perception that the law provided an abortion to any woman who really needed it." (Kellough, 1996, p. 182). Examining activist mobilization and strategies since the 1969 omnibus bill, however, uncovers a long history of challenging the legal discourse that the amendments had "legalized" abortion. Kellough also saw the Badgely Report as a catalyst to reframe the debate from an issue of "liberty rights" and reproductive decisions to one of "welfare rights" and access (Ibid, 183). Again, by focusing on the social movement rather than the production of master discourses, we see a much longer tradition of understanding the connection between access and choice, rather than seeing these frameworks in opposition.

and organizations certainly prioritized their own actions, believing them to be the most significant catalysts for change. This dissertation will explore the many distinct positions regarding political backgrounds, strategies, priorities, barriers, and needs of women, which undeniably affected power dynamics but also ensured that a wide range of interests were represented, helping to foster support from a broad spectrum of society.

Though adopting a wide range of perspectives helped to create a widespread social movement, the diverse approaches employed by the various incarnations of the abortion movement also led to significant internal strife, exacerbated by political and pragmatic differences. These different strategies, and the subsequent fallout, will be explored throughout this study. Activists often internalized these debates and disagreements; Rebick describes the relationship between OCAC members and Canadian Abortion Rights Action League (CARAL) members succinctly: "we hated each other."[39] This deeply personal response to political differences was in accordance with the feminist position that "the personal is the political." Informed by Carol Hanisch's 1969 essay, "The Personal is Political" became the rallying feminist cry of the 1970s. Abortion, as an intensely personal choice profoundly shaped by political issues, helped to sharpen this feminist perspective. However, this framework also contributed to the subsequent fracturing of the pro-choice movement, as emphasizing the individual and personal

[39] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.

experiences meant that personal feelings were inextricably linked to the emergent political discourse.

Abortion was, inherently and intimately, at once a personal and a political issue. Unwanted pregnancy, the decision to terminate said pregnancy, and the abortion itself were all profoundly personal experiences, and they remain so to this day. Nonetheless, these experiences are heavily influenced by external circumstances, bringing unwanted pregnancy and abortion into the realm of the political. Women's experiences with abortion are shaped by race, class, geographic location, religious beliefs and institutions, national, provincial and hospital policies on abortion, as well as social norms and expectations. It is impossible to disentangle the politics of abortion from the personal aspect of the issue.

The ways that pro-choice activists addressed the issue of abortion were also deeply personal and political. In her defense of consciousness-raising meetings as political action rather than personal therapy sessions, Hanisch maintained that, "personal problems are political problems. There are no personal solutions at this time. There is only collective action for a collective solution."[40] This unwavering position proved to be true in the case of abortion activism, though collective action took many different approaches and embraced divergent strategies.

---

[40] Carol Hanisch, "The Personal is Political," in *Radical Feminism: A Documentary Reader*, Barbara A. Crow, ed (New York: New York University Press, 2000), 113-16, p. 114.

This study will explore the different strategies employed by various interest groups to improve access to abortion in Canada. Organizational archival sources from across the country illuminate how different activist groups emerged and how they planned their actions. Archival materials from feminist organizations such as the National Action Committee on the Status of Women, the Vancouver Women's Bookstore Collection, and women's groups from across the country[41] highlight how abortion became a key feminist issue in the 1970s. Groups were also founded specifically to address issues of reproductive rights, and archival sources from groups such as the Ontario Coalition for Abortion Clinics, the Association for the Review of Canadian Abortion Law, the Canadian Abortion Rights Action League, La Comité de Lutte pour l'Avortement et la Contraception Libres et Gratuit, Planned Parenthood, and others proved fruitful. These institutional documents were complemented by feminist periodicals from the time, including *Healthsharing, the Pedestal, and Priorities: A Feminist Socialist Perspective*, as well as personal interviews with members of the activist community. This extensive research serves to highlight the organizational connections across the country, and illustrates the way that groups worked together to improve abortion access. Chapter 1 provides an overview of the history of abortion law in Canada, the shortcomings of the legal

[41] I used archival sources from local groups in Vancouver, Regina, Winnipeg, Kingston, Montreal, Calgary, Edmonton, London, Ottawa, Port Coquitlam, and provincial groups in British Columbia, Manitoba, Newfoundland, Quebec, and Ontario.

restrictions after the 1969 decriminalization, and the process by which abortion became a central feminist issue of the 1970s. The basic chronology presented in the first chapter serves as an underlying framework for the thematic analyses of specific kinds of activism interrogated in subsequent chapters.

Chapter 2 focuses on the shortcomings of therapeutic abortion committees (TACs) and the strategic attempts to improve access granted by these governing bodies. TACs were riddled with bureaucratic obstructions, and pro-choice activists addressed these barriers in a variety of ways, from helping women to navigate the gatekeeping boards to sponsoring campaigns to ensure that the governing bodies of hospitals were pro-choice. Using Vancouver General Hospital as a case study, the chapter addresses strategies that targeted hospital boards and therapeutic abortion committees directly, as pro-choice activists mobilized to place like-minded individuals on hospital boards to improve the likelihood that TACs would support applications for abortions. While these endeavours improved immediate access to services, they worked within the confines of the law, and as a result did little to challenge the legal restrictions that many felt were at the root of the problem of inaccessibility. For those women who could not access legal abortions through TACs, ad hoc groups and individuals helped women to travel across municipal, provincial, and national borders for the procedure.

These referral and travel services will be explored in the third chapter, which examines the Calgary Birth Control Association and its referral service to the

United States. Traveling for abortions was a way of challenging the overly-bureaucratic system, but it did so in a covert way. Women crossing borders to obtain abortions were, understandably, reticent to discuss their experiences, and their underground attempts to obtain abortions meant that they did not encumber their local systems, nor did they contribute to abortion statistics for the area. In this way, cross-border abortions helped individuals in need but did little to directly contribute to long-term change, an issue that some activists struggled to rectify.

Early strategies focused on helping women obtain abortions, and as access to abortions improved,[42] the pro-choice movement was able to focus more attention on promoting the cause publicly. As the movement garnered mainstream support, it became increasingly important to highlight the widespread support for abortion rights. As was the case in 1969, legal change would likely follow shifts in social acceptance. Chapter 4 explores the various strategies that the pro-choice movement used to push abortion rights into the public realm. The pro-choice movements used a wide range of public demonstrations to garner attention and to illustrate the extent of public support to legislators, the media, and the public. Public demonstrations were not limited to in-the-street actions, but also included guerrilla theatre, petitions, and lobbying endeavours. Redefining "public demonstrations" to include a broader spectrum of public spaces means that a wider

[42] It is important to note that improvements to access were most substantial for those women living in urban environments, who had disposable income and close ties to medical professionals.

range of activities are considered, which is important because these tactics employed a multi-faceted approach that was effectively able to apply pressure to a cross-section of society. These public displays of support served to attract the general public to support abortion rights in Canada. In spite of the benefits of these actions in terms of garnering public and political support, different activist factions disagreed as to whether actions targeting the public or politicians were more effective.

The final chapter will examine the campaign to establish free-standing abortion clinics in Canada, a pro-choice action that addressed women's immediate needs, the lack of services, and the need for long-term change. These clinics, established in spite of legal restrictions that decreed that abortions must be performed in accredited hospitals, directly challenged the laws, while providing women with a needed service. Operating and defending clinics required a wide range of skill sets and interests, and thus clinics serve as a microcosm for the pro-choice movement as a whole. Furthermore, clinics – and their tireless advocates – forced legislators to reevaluate the efficacy of Section 251 in 1988. Much like the 1969 amendments, the 1988 Supreme Court of Canada ruling deeming abortion laws unconstitutional improved the situation but did little to ensure that access would be readily available. The ruling did, however, radically change the activist strategies used to promote choice and accessibility, by removing the need to address legal issues or barriers. For this reason, I conclude my account in 1988,

although the struggle to improve abortion access obviously continues on to this day.

This dissertation explores the range of strategies activists drew on in order to improve abortion access between 1969 and 1988. In seeking to illuminate the complementary and independent approaches that activists were developing concurrently, it does not adopt a straightforward chronology. Beginning the study with an overview of the issues, and following these with by chapters on particular actions highlights the barriers to abortion access and the ad hoc responses that developed into more focused pro-choice campaigns. The chapter on public actions spans a longer time period than other sections, crossing back temporally, but these public demonstrations reflect a mass movement borne out of these more focused strategies to reduce barriers to TACs or to help women access abortion services elsewhere. These public actions, particularly demonstrations, were the most typical form of activism, but they must be understood as part of a wider network of mobilization. The final chapter on clinics reflects a culmination of particular and general campaigns and of the shift in perspectives of the public, the government and the activist community. Though the actions seem to be executed autonomously, they were actually part of a wider movement, and must be considered alongside each other, despite the fact that these different approaches sometimes appeared to be focusing on different issues or barriers to access. To varying degrees, these methods addressed both the immediate needs of women

seeking abortions and the enduring goal of improving access across the country. Structuring the study in this manner highlights the gradual change in Canada as abortion access grew from a left-wing feminist concern to a mainstream political issue that maintained its foundation as a woman's issue. This shift was not a linear progression but was rather a reflection of the overlapping strategies and tensions that inevitably develop when so many diverging tactics and approaches are focused on the same issue.

Though each of these chapters highlights a different aspect of general movements focused on a single goal of improved abortion services in Canada, each mobilization was fraught with disagreements that were both, and at once, personal and political. This study is an exploration of feminist organizing and activism, of a rich history of reproductive choice in Canada, and of the compromises made by activists in pursuit of a larger goal of free abortion on demand. The research subjects are the women and men who organized and fought for reproductive rights in Canada. The women who personally struggled to obtain abortions are less prevalent in these pages; their stories are compelling, insightful, and important. They deserve to be recognized as such, but it is the campaign to improve abortion services, not the experience with those services, that animates this study.

Though the struggles to improve abortion services have garnered substantial successes, it is important to note that this struggle is far from over. Each year, reproductive services face budgetary cuts and are threatened with legislation

challenging their legal status, both in Canada and internationally. Women's right to choose remains stigmatized, and has significant implications for women's rights and opportunities. Abortion activist Elinor Rush cogently expressed the sentiment by explaining that "you either fight for what you believe in or you risk losing it."[43] This study is thus part of that wider struggle to preserve and further develop our reproductive rights, and to celebrate the work of those women and men who fought tirelessly for this right that we too often take for granted.

[43] Elinor Rush, personal interview, April 9, 2009, Kingston, Ontario.

Chapter 1: The Personal Is Political: Feminism and Abortion in Canada Since 1969

In the winter of 1969, Vancouver-based abortion activist Mary Stolk published a proposal for an abortion information service in *The Pedestal*, a newspaper published by the Vancouver Women's Caucus between 1969 and 1973. Stolk called for a feminist service to help women navigate through the therapeutic abortion committee system, arguing that the present system was merely "pretend[ing] to deal with the need for abortions."[1] With biting invective, Stolk charged that there was a "hypocrisy of 'unspeak' which surrounds abortion information," in which doctors, nurses, social workers, clergymen and other members of society would covertly pass along abortion information to women in need. She went on to assert that, "everybody knows it, but nobody admits it. It's the great 'unspeak'!"[2] This "unspeak" was very much characteristic of the late 1960s, and thus bringing abortion rights to the forefront of Canadian social and political discussions represented a key shift from the 1960s into the 1970s. Although Prime Minister Pierre Trudeau's 1969 omnibus bill had recently decriminalized therapeutic abortions, the stigma associated with abortions persisted. Informal networks remained the primary source for women seeking information on abortions, and, "as a result, no one feels more isolated or alone than a pregnant woman who desperately wants an abortion." Stolk proposed establishing a public

---

[1] Mary Stolk, "Abortion Campaign," *The Pedestal*, Vol. 1, No. 2, Winter 1969, p. 1.
[2] Ibid., p. 1.

information service to support women negotiating the bureaucratic terrain required to be granted an abortion, arguing that "an information service by its very existence could begin the processes which will put an end to this 'unspeak' isolated position of women who wish to have an abortion."[3] The shortcomings of the recent changes to abortion law compelled many feminists and pro-choice activists to devise strategies to improve access to abortion for Canadian women. These activists focused on legal changes, service provision, and social and cultural transformations in order to effect a meaningful change that would ensure that "free abortion on demand" would be available to women in need. The overview of the abortion movement detailed in this chapter creates a chronology and situates abortion activism within the emerging feminist movement in post-war Canada. This chapter provides an outline of the general narrative, as well as offering a new way of framing this conventional account by focusing on activist narratives of the challenges they faced and the compromises they reached.

The struggle for improved abortion access analysed here takes 1969 as its starting point, concluding with the 1988 Supreme Court decision that declared the abortion law unconstitutional. Though both of these dates mark significant legal changes, they nevertheless represent somewhat arbitrary moments as the struggle for accessible abortion began long before the omnibus bill was passed on 28

---

[3] Ibid., p. 1.

August, 1969,[4] and continues today in spite of the legal changes effected on 28 January, 1988. There are, nevertheless, some key moments that must be detailed, beyond the legislative changes that bookend this research. Before the laws were amended in 1969, the newly-formed Vancouver Women's Caucus (VWC)[5] established an abortion referral service in 1968 as one of their first projects, though they lacked service providers who were taking referrals, and, according to one study, the Caucus "found that it had bitten off more than it could chew."[6] When the laws were amended in 1969, the Caucus quickly organized a cross-country protest, the Abortion Caravan, in April and May 1970. The Caravan increased visibility of the abortion issue, and forged cross-country connections among pro-choice activists, and drew many speakers supporting the issue at a series of protests on Parliament Hill over Mothers' Day weekend. One such speaker was Dr. Henry Morgentaler, who had presented a brief to Parliament in 1967 on abortion on behalf of the Humanist Fellowship of Montreal. In the months, and years and even decades following the Caravan, Morgentaler became the face of abortion access in Canada. In 1970, he publicly announced that he would be performing abortions in

---

[4] Shannon Stettner, *Women and Abortion in English Canada: Public Debates and Political Participation, 1959-1970* (unpublished thesis, York University, 2011).
[5] The VWC first met in September 1968, and was loosely affiliated with Simon Fraser University (SFU). Many VWC members were students and faculty at SFU, and early meetings were held on campus, but the first meeting was held in Vancouver proper and Vancouver women were also involved.
[6] Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford Publishing, 2004), p. 6.

his family planning clinic, referring to the provision as an act of "civil disobedience."[7] The public declaration led to a police raid on his clinic on 1 June, 1970, resulting in three charges of violating Section 251 of the Criminal Code. Morgentaler's trial was delayed for three years, and during those years he continued to provide abortions at his clinic, claiming at a Toronto conference in 1973 that he had performed over 5000 abortions in his clinic since 1970. Morgentaler was convinced that he would be acquitted by a jury, and was proven correct in 1973, but the Quebec Court of Appeal overturned the acquittal in 1974, a decision that was subsequently upheld by the Supreme Court of Canada, which resulted in Morgentaler serving 10 months of an 18 month sentence in prison. Parliament eventually intervened, amending the law so that provincial Court of Appeals cannot overturn a jury acquittal, and can only order a new trial. Colloquially referred to as the "Morgentaler Amendment," this legal revision led to Morgentaler's release from prison while he awaited his retrial, which also resulted in an acquittal by jury in 1976. As a result of this decision, the province of Quebec and its Attorney General publicly declared that it would no longer enforce the abortion laws given juries' unwillingness to convict.

As Morgentaler's trials brought attention to the issue, the Privy Council appointed the Committee on the Operation of the Abortion Law in 1975 to discern

---

[7] quoted in Catherine Dunphy *Morgentaler: A Difficult Hero* (Toronto: Random House, 1996), p. 77.

whether abortion services were available equitably across the country. The Committee, chaired by Robin Badgley, published its findings in 1977, concluding that there was "considerable confusion, unclear standards or social inequity" with regards to service provision.[8] By the mid-1970s, a wide network of pro-choice activists had established a range of advocacy and action groups to help women access abortion services, to draw attention to the issue, to lobby the government, and to effect the social and political changes necessary to improve abortion access for Canadian women.

Because of his legal victories in Quebec, Morgentaler began in the early 1980s to increase the scope of his work, writing to attorney generals in nine provinces in 1982, requesting that they follow Quebec's lead and refuse to prosecute doctors for performing abortions. He proceeded to set up clinics in Winnipeg and Toronto in May and June 1983, respectively, both of which were quickly raided. The subsequent trials in Toronto resulted in a jury acquittal that was appealed to the Supreme Court, which upheld the acquittal and declared the law to be unconstitutional.

Exploring this chronology, it is evident that the latter half of the twentieth century, and 1969 in particular, marks a critical point in the history of reproductive rights in Canada. Trudeau's celebrated declaration that "the state has no business in

---

[8] Robin F. Badgley, *Committee on the Operation of the Abortion Law*, (Ottawa: Ministry of Supply and Services Canada, 1977), p. 17.

the bedrooms of the nation" bolstered the omnibus bill that decriminalized the sale and advertisement of birth control and permitted medically-sanctioned abortions to be performed in hospitals. Pointing to Canada's birth rate, which had been declining through the decades prior to decriminalization, as well as to shifting social mores, most historians, following Angus McLaren and Arlene Tigar McLaren, characterize the 1969 amendments as "classic examples of changes in the law tardily following changes in social behaviour."[9] It is certainly true that by 1969 the Canadian public supported decriminalization of abortion and birth control, evidenced by the widespread practice of both. The McLarens' study charts contraceptive practices in Canada, demonstrating that "effective fertility control has been largely a cultural and social, not a technological, problem."[10] The McLarens' study, then, examines contraceptive practices before and after the amendments, illustrating that the 1969 omnibus bill should not be seen as a clear starting point nor endpoint in this history of birth control and abortion in Canada. This dissertation builds on that work, highlighting the significant and extensive work that so many individuals and organizations put into improving abortion access.

The Canadian scholarship on the history of abortion explores policy and legal changes, women's practical experiences trying to access legal and illegal

---

[9] Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart, 1986), p. 9.
[10] Ibid., p. 140.

abortions, the role of medical professionals, and the abortion movement as a social movement. Birth control and abortion have existed in various forms since ancient times, making up what Linda Gordon calls "traditional behavior" that has been rendered criminal – not to mention socially unacceptable – through a diverse range of regulatory measures.[11] In the twentieth century, reproductive rights became a critical social issue, as opposed to simply a long-standing, clandestine practice. Birth control and abortion were first introduced to the Criminal Code of Canada of 1892, in a range of sections that criminalized contraception and abortion in a variety of ways. In the early decades of the twentieth century, fertility control was stigmatized, and the McLarens maintain that the topic "had its best chance of finding advocates in the socialist-feminist milieu."[12] This political perspective is mirrored internationally, as the first instances of Canadian outreach came from socialist feminist organizations, and Margaret Sanger and Emma Goldman gave public talks in Canada on birth control and socialism in the early 1920s, in Vancouver and Toronto, respectively. In a 1981 article, "'What Has This to Do with Working Class Women?': Birth Control and the Canadian Left, 1900-1939," Angus McLaren charts "three discreet schools of thought" within the Canadian left

---

[11] Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America*, (New York: Grossman, 1976), p. 47.
[12] McLaren and McLaren, 1986, p. 59.

in the first half of the twentieth century.[13] The libertarian/anarchist position supported contraception because it allowed the individual the means to actively choose when to have children without imposing a limitation on sex and sexual expression, and thus separated sex from morality and conventional understandings of familial procreation.[14] The socialist position emphasized the potential for birth control to free the working class as a collective social force rather than accenting individual choice and personal liberation. Less prominent leftist positions included supporting birth control as an underpinning of women's emancipation, or rejecting contraception in order to build a larger, stronger working class. In spite of the wide range of leftist views on birth control, the issue was never a main priority for any facet of the Left.[15] Nor was accessible birth control an early objective of the women's movement, as McLaren and McLaren note that in the first few decades of the twentieth century, "the main women's groups kept their distance from the public campaign for contraception."[16] These tensions parallel the international movement of the time, and indeed the Canadian work on birth control must be understood within this wider context.

---

[13] McLaren, Angus, "'What Has This to Do with Working Class Women?': Birth Control and the Canadian Left, 1900-1939," in *Histoire Sociale – Social History*, Vol. XIV, No. 28 (1981), 435-54.
[14] Ibid., p. 437.
[15] Ibid., p. 453.
[16] McLaren and McLaren, 1986, p. 12.

The Bedroom and the State provides a comprehensive look at the development and progression of the movement, and nicely situates birth control advocacy within the social and political context of the day while also exploring the technologies and services women have used to control their reproductive capacities throughout the twentieth century. While the McLarens provide conclusive evidence that a cohesive effort to provide and access information and contraceptives existed in the 1920s, there was nevertheless "a decisive break" which took place during the 1930s, marked by "the first attempt to gain public acceptance and endorsement of the practice."[17] To be sure, McLaren and McLaren support this assessment, crediting eugenically-minded "financial angels" with a marked shift to a "respectable" birth control movement. Alvin Ratz Kaufman, Waterloo businessman, treasurer of the Eugenics Society of Canada and founder of the Parents' Information Bureau, has been called the "'father' of Canadian birth control." Kaufman's endeavours have been well-documented elsewhere,[18] and the historiography on contraception in Canada has understandably focused in large part on the early eugenics movement, since by the 1930s eugenics had essentially become synonymous with family planning. Working class families were

---

[17] Dianne Dodd, "The Canadian Birth Control Movement on Trial, 1936-1937," in *Histoire Sociale/Social History*, Vol. XVI, No. 32, (1983), 411-28, p. 412.
[18] Catherine Annau, "Promoting Prophylactics: The Birth Control Society of Hamilton's Very Public Profile," in *Ontario History*, Spring 1998, No. 1, 49-67; Dodd, 1983, 411-28; Gerald J. Storz and Murray A. Eaton, "'Pro Bono Publico' The Eastview Birth Control Trial," in *Atlantis*, Vol. 8, No. 2, (1983), 51-60.

disproportionately targeted with contraception in Canada, as wealthier families were encouraged to apply "positive eugenics" and produce larger, more "fit" families. McLaren and McLaren demonstrate the extent to which abortion was used as a form of birth control in the early twentieth century,[19] though the extent to which abortion was a common social practice was obscured by a concerted effort by birth controllers to focus on the more respectable form of family planning through contraceptives. As a result, abortion was buried in historical records and, consequently, in the historiography for a large part of the twentieth century.

Abortion had been codified in the Criminal Code of Canada since 1892, when inducing an abortion became an indictable offence according to Section 251, Subsection 179c. The law regarding abortion remained virtually unchanged until the 1969 amendments. Though procuring and intending to procure an abortion remained illegal, punishable by life imprisonment for the abortion provider and two years imprisonment for the woman receiving the abortion, Subsection 251(2)(4) exempted the "qualified medical practitioner... who in good faith" performs the procedure in an accredited or approved hospital, after securing the approval of the hospital's therapeutic abortion committee (TAC). The TAC was a committee of no less than three medical practitioners affiliated with the hospital, charged with reviewing applications on an individual basis, approving the procedure if the committee found that continuing the pregnancy "would or would

[19] See McLaren and McLaren, 1986, p. 32-53.

be likely to endanger her life or heath." Under the new law, medical specialists were able to interpret the term 'health' broadly, and significant numbers of women were granted abortions based on psychological need.[20]

Abortion eventually gained traction as a critical social issue in the 1960s. Jane Jenson suggests that abortion was initially framed as a medico-legal issue, with "humanists, doctors, social reformers, judges, religious leaders, and state officials" highlighting "the rights and responsibilities of doctors,"[21] rather than emphasizing women's rights to control their reproductive capacities. Indeed, much of the historiography highlights the official, institutional discourses that were prioritized during parliamentary hearings. As Tracy Penny Light and others note, "the Liberal government's omnibus bill did nothing more than address doctors' difficulties with an ambiguous law."[22] According to many scholars, medical discourses prevailed in the parliamentary hearings for two main reasons. Doctors risked their professional status challenging restrictive and dangerous abortion laws, and used their authority to medicalize, and, in effect, to depoliticize, the issue of abortion. Jane Jenson holds that "it is possible to recount the history of abortion politics in Canada without making much reference to the actions of the women's movement; state

---

[20] Badgley, 1977, 141.
[21] Jane Jenson, "Getting to Morgentaler: From One Representation To Another," in *The Politics of Abortion* Janine Brodie, Shelley A.M Gavigan, Jane Jenson, eds. (Toronto: Oxford University Press, 1992), 15-55, p. 16.
[22] Tracy Penny Light, *Shifting Interests: The Medical Discourse on Abortion in English Canada, 1850-1969* (unpublished thesis: University of Waterloo, 2003), p. 2.

actions regulating the termination of pregnancy have been constituted by a variety of other actors."[23] Jenson maintains that women in the 1960s "did not have the political resources to press their positions or even a language in which they could express them."[24] Instead, she charts the way that medical discourses shaped the debates. Though the parliamentary debates highlighted and legitimized the medical authority associated with abortion, they also served to allow for space for other liberal discourses to emerge.[25] The historical scholarship tends to reflect the fact that abortion was a particularly stigmatized issue prior to the 1970s, and thus abortion in the early twentieth century appears primarily in historical records reflecting procedures that came to the attention of the criminal justice system – that is to say, botched abortions that resulted in prosecution. Angus McLaren's 1993 study of abortion in British Columbia from 1896 to 1939 used data from inquests and trials to piece together women's decisions to abort. McLaren's legal sources provide the historian insight into circumstances that would have otherwise been omitted from historical records, but he nevertheless notes that these documents can misrepresent the situation, revealing only the experiences of "the most unfortunate, desperate and unlucky... [as] the many more successful attempts at induction of

[23] Jenson, 1992, p. 43.
[24] Ibid., p. 43.
[25] Ibid., p. 17.

miscarriage necessarily escaped public scrutiny."[26] Furthermore, these sources tended to locate women – and, especially, their maimed bodies – at the centre of the legal transgressions, obscuring the roles of male partners or doctors.[27] While women had certainly sought abortions and induced miscarriages for centuries, the stigma associated with the procedure meant that there was little public discussion until doctors, politicians and pro-choice feminists took up the issue.

Decriminalization in 1969 was designed to provide legal abortion services, but ironically also served to open up public discussion about the ongoing stigma and the need to continue to improve access. Critics quickly noted that access remained uneven, determined largely by class, region, age, and other social markers. A Planned Parenthood of Canada document, drawing on a thinly-veiled classist argument, unequivocally maintains that,

> what had happened was that the law favoured the highly motivated and more informed members of society. Family planning was available to upper and middle class women who could afford the services of a private physician, but [for] the couples least able to support large families, birth control information and means were not usually accessible.[28]

---

[26] Angus McLaren, "Illegal Operations: Women, Doctors, and Abortion, 1886-1939," in *Journal of Social History*, Vol. 26, No. 4 (Summer, 1993), 797-816, p. 798.
[27] Ibid., p. 798.
[28] B. Bishop, "Family Planning in Canada," Library and Archives Canada (LAC), Planned Parenthood fonds (PPF), MG 28 I-462 vol. 40, file 40-18 "Family Planning in Canada," 1-3, p. 2.

Such public critiques by a relatively conservative association bolster the McLarens' assessment that the amendments "served to open the debate in Canada on the issue of free access to abortion,"[29] at once highlighting the significance of the 1969 omnibus bill while also noting its shortcomings. The 1969 omnibus bill was, in fact, an important moment that profoundly changed the nature of reproductive rights activism. Prior to 1969, much attention focused on decriminalization. After the omnibus bill, however, feminist pro-choice activists could focus their energies on the crucial issue of access.

By specifying that legal abortions had to be performed in an accredited hospital, the 1969 amendments responded to the pervasive image of the "back-alley abortion" performed by a "butcher" and required the sterile hospital abortion performed by a qualified doctor and approved by three others. Though a redefinition of the representation of abortion was necessary and long overdue, restricting abortions to accredited hospitals imposed a geographic barrier that prevented many Canadian women from accessing abortions. Accredited hospitals tended to be overwhelmingly concentrated in urban environments, which placed rural women at a disadvantage, requiring costly travel and a lengthier process. Similarly, while TAC approval imparted a medical legitimacy on the procedure, it also served to hinder accessibility on many fronts. The TAC meetings were at times difficult to set up, depending on when and how often the committee would meet,

[29] McLaren and McLaren, 1986, p. 136.

and would lead to unnecessary delays that pushed women's pregnancies further along, occasionally past the length of gestation that the hospital would consent to providing an abortion. For these reasons, feminists, pro-choice activists, doctors and women in need of abortions recognized that the system was riddled with a wide range of impediments that served to keep women from accessing abortions. The amendment's shortcomings were not limited to problems associated with TACs, but these groups served as gatekeepers to ensure that a range of criteria were met, including residency requirements, specificities of length of gestation, and contraception use following the procedure. The amendments were sufficiently vague to allow the hospital committees the authority to determine the necessary preconditions for the procedure, and this meant that the service was delivered unevenly across the country. A critical charge against the system was the fact that these criteria seemed to be determined in an arbitrary fashion by the hospital boards and doctors, and, as a result, the conditions required for access varied dramatically from hospital to hospital across the country.

By 1975 the uneven provision of abortion services was glaringly apparent, not only to pro-choice activists and women seeking abortions, but also to the federal government. The Privy Council of the Government of Canada appointed a committee to determine whether the Criminal Code provisions for abortion were hindering abortion services in November, 1975. The Committee on the Operation of the Abortion Law, known as the Badgley Committee, submitted its report in

January, 1977. The Badgley Committee was charged with assessing "the operation of this law rather than [providing] recommendation on the underlying policy,"[30] and the report provided a detailed summary of provincial requirements, hospital-specific requirements, TAC composition, medical fees and payments structures, and more. The report focused on service provision and made several recommendations to help improve said services. The Badgley Report opens bluntly, stating unequivocally that

> The procedures set out for the operation of the Abortion Law are not working equitably across Canada. In almost every aspect dealing with induced abortion which was reviewed by the Committee, there was considerable confusion, unclear standards or social inequity involved with this procedure. In addition to the terms of the law, a variety of provincial regulations govern the establishment of hospital therapeutic abortion committees and there is diverse interpretation of the indications for this procedure by hospital boards and the medical profession. These factors have led to: sharp disparities in the distribution and the accessibility of therapeutic abortion services; a continuous exodus of Canadian women to the United States to obtain this operation; and delays in women obtaining induced abortions in Canada.[31]

The Badgley Committee's analysis of the Abortion Law went well beyond its original mandate to chart service provision, and instead it evaluated the consequences of inequitable abortion services for individual women, for Canadian women in general, for medical practitioners and hospitals, and for Canadian society as a whole. The Committee made extensive use of surveys, seeking

---

[30] quoted in Badgley, 1977, p. 3.
[31] Ibid., p. 17.

information from hospitals across the country regarding policy and implementation, from hospital staff and physicians, from patients, and from the general population. Such a broad analysis meant that the committee report was a valuable tool for pro-choice activists, though many felt the lack of recommendations detracted from the political force of the document, with one group lamenting that "at best, these Commissions take a safe middle of the road position."[32]

The Badgley Report's evidence proved what many activists already knew, that the 1969 decriminalization was a necessary first step to improve abortion access, and simply removing barriers without improving access was not enough. In order to address the enduring barriers, pro-choice activists employed a number of different strategies to subvert and change the laws in order to improve abortion accessibility.

An early pro-choice strategy focused on destigmatizing abortion, and many deliberate attempts were made to bring abortion to the forefront of public debates. Many of these activist strategies became high profile, public events, as the pro-choice movement sought to mobilize large groups of supporters, destigmatize the procedure, and frame the issue alongside other women's rights. A significant body of scholarship now exists focusing on high profile moments such as the Abortion Caravan of 1970 and the Morgentaler trials of the 1970s and 1980s. The Caravan,

---

[32] no author listed, "Q and A on possible Royal Commission on Reproductive Technologies," Canadian Women's Movement Archives (CWMA), Healthline fonds, box 253 file 5 "Submissions and Screening: Fall 1987," p. 4.

discussed in detail in chapter four, was organized by the socialist-feminist group the Vancouver Women's Caucus (VWC), the first Women's Liberation group in British Columbia and one of the first such organizations in the country. The Caravan was the VWC's first national action, a cross-country motorcade that traveled from Vancouver to Ottawa, championing free abortion on demand and the repeal of abortion laws. Eventually arriving in Ottawa on May 8, 1970, Mother's Day weekend, the caravan was joined by feminists from eastern Canada for a weekend of protests in the capital, culminating with participants gaining entry to the House of Commons on May 11 for a dramatic protest that led to the adjournment of the Canadian Parliament, and is explored in chapter four. Frances Wasserlein's Simon Fraser University Master's thesis focuses more particularly on the caucus's abortion work from 1969 to 1971, highlighting the caravan in particular.[33] Ann Thomson's *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* charts the development of the Caucus, with chapters focusing on the caravan and proceeding forward towards the establishment of a woman-run abortion clinic in 1988.[34] Christabelle Sethna's and Steve Hewitt's analysis of RCMP surveillance of Abortion

---

[33] Frances Jane Wasserlein, *'An Arrow Aimed at the Heart': The Vancouver Women's Caucus and the Abortion Campaign, 1969-1971* (unpublished thesis, Simon Fraser University, 1990).
[34] Thomson, 2004.

Caravan participants[35] as well as Sethna's and Marion Doull's 2007 study on contemporary women traveling to obtain abortions at the Toronto Morgentaler Clinic,[36] contribute to a more complete understanding of the barriers to abortion accessibility and the long-lasting effects of inaccessibility. Janine Brodie, Shelly A.M. Gavigan and Jane Jenson have tracked the political debates over Morgentaler's legal challenges. They argue that the 1988 Morgentaler decision, which ruled that Section 251 of the Criminal Code violated the Charter of Rights and Freedoms, "as historic as it was, did not settle the issue, it simply moved the debate to new terrain."[37] These studies highlight the extensive public debates on abortion taking place in political and social spheres in the 1970s. As this dissertation will show, activists also focused on service provision, government lobbying, and more covert attempts to help women gain access to vital abortion services. This study, then, focuses on the abortion movement as a social movement, a movement that was at once inextricably linked to second-wave feminism while also comprising a distinct interest group.

---

[35] Christabelle Sethna and Steve Hewitt, "Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP," *The Canadian Historical Review*, 90, no. 3, (2009): 463-495.

[36] Christabelle Sethna and Marion Doull, "Far From Home? A Pilot Study Tracking Women's Journey to a Canadian Abortion Clinic," *Journey of the Society for Obstetricians and Gynaecologists*, (August 2007): 640-647.

[37] Janine Brodie, Shelley A.M. Gavigan, Jane Jenson, "The Politics of Abortion: Representations of Women," in *The Politics of Abortion*, ed. Janine Brodie, Shelley A.M. Gavigan, Jane Jenson, (Toronto: Oxford University Press, 1992), 4-14, 14.

Much of the Canadian historiography on the struggle to improve reproductive rights looks to the United States for models and perspectives to better understand the activist movement. This attention to American activists, policies, and services makes sense on a variety of levels. Close geographic proximity to the United States meant that Canadian birth controllers drew on the experiences of American activists as early as the first decades of the twentieth century. Margaret Sanger was in close contact with Kaufman, and with the Cadburys who founded the Canadian branch of Planned Parenthood in the 1960s. Healthcare and birth control and abortion laws fell under state jurisdiction in the United States, and prior to *Roe v. Wade*, the US Supreme Court's 1973 decision on abortion, many states had already decriminalized abortion. As a result, many Canadian women chose to go to the US to access safe, legal abortions that were, prior to 1969, illegal in Canada, and after 1969, often simply inaccessible. *Roe v. Wade* ruled that women's right to abortion was protected under the Constitution as a right to privacy, and this decision, as well as the cultural climate in the United States, shaped the way that Americans framed debates on abortion.

Though an understanding of American approaches to abortion is helpful for contextualizing the Canadian situation, there are nevertheless some key differences that must be addressed. While American legal changes were premised on the importance of privacy and individual choice and framed within a rights discourse, Canadian activists insisted on framing their struggles collectively. In the 1930s,

when Dorothea Palmer, a door-to-door representative from the Parents Information Bureau, was arrested for disseminating information and contraceptives, Kaufman insisted on using a defence of "pro bono publico," for the public good. Almost fifty years later, Dr. Henry Morgentaler chose a similar path by using his arrest for providing abortions as a platform to challenge the legality of the law, rather than to defend his innocence.

In the interim, other Canadian pro-choice activists were acutely aware of the fact that their struggles reflected a commitment to legal changes and accessible service provision, but also to effecting change with regards to publicly-funded social services. Carolyn Egan, a Toronto-based pro-choice activist who was particularly involved with the Ontario Coalition for Abortion Clinics, explains that "to us... it was not a question of the service."[38] The American movement was propelled forward with grassroots service provision, most notably the Chicago-based radical feminist group Jane who held workshops to teach women how to self-administer abortions. This type of education and activism highlighted the importance of individual women obtaining abortions and retaining the vital knowledge about the procedure, likely due to the legal and medical emphasis on individual rights in the US. In Canada, however, pro-choice activists focused primarily on fighting for federally-mandated service provision. Egan explains that

[38] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

> we had a political purpose and a political strategy. Yeah, we wanted to change the world. We wanted to change the whole structure so that you didn't have to have women, you know, in small clinics, helping individual women – which is wonderful – we wanted every woman to be able, wherever she be – not that we've got there yet – to go to her community health centre or anywhere in her community, and that it wouldn't be this underground [service]... So we wanted to popularize the issue, mainstream the issue, if you want, to really make it a normal part of health care for women. And that they did not have to be stigmatized, or go underground, or undergo – even if its good back alleys – go outside. And that's what we wanted to do – hospitals, clinics, and we chose the freestanding clinic model because that's how we felt we could change the law.[39]

The Canadian goal went beyond ensuring that women could obtain abortions, and debates about Medicare in the 1960s highlighted the importance of federally- and provincially-funded healthcare for Canadians. This focus meant that Canadian pro-choice activists targeted the federal and provincial governments in a range of ways, calling for services that were regionally accessible and framed as part of a fully-funded healthcare system. Healthcare was a provincial issue, however, though the laws needed to further decriminalize abortion were federal. Furthermore, healthcare funding was both federal and provincial. Activists were aware, too, of the importance of local struggles; much work went into bolstering support among hospital boards, local medical professionals, and the public.

As they grappled with policy markers at diverse levels of political power, activists also debated the efficacy of a range of political strategies. As such, abortion is a particularly interesting lens to understand feminist activism. Over the

[39] Ibid.

course of the decades-long struggle to improve abortion accessibility, the pro-choice movement of the 1970s frequently debated whether to focus on effecting legal change or social change, whether to work within the political system or to challenge it, and whether to focus solely on abortion or to employ a multi-issue framework that located abortion within a broader understanding of women's rights. These debates were, by all accounts, tense, and they were exacerbated by the diverging political frameworks informing the discussions of the time. Pro-choice activists identified as feminists, as socialist-feminists, as radical feminists, as liberal feminists, as humanists, and even more factions developed within these broad groups. As such, it is problematic, if not impossible, to refer to a unified "pro-choice movement." Yet despite the ideological and strategic differences, for the most part, those involved with the pro-choice struggles of the 1970s agreed that the most effective tactic was based on establishing a broad-based movement. Because so many social, political, logistical, legal, and medical changes were required to improve abortion access in Canada, those interested in the work could take on any number of tasks. The movement, however divergent it may have seemed internally, was thus able to appeal to a broad spectrum of interested individuals, who could focus their energies on endeavours tailored to their political interests.

As many activists soon learned, barriers to abortion access persisted at many levels. From a purely individual standpoint, women in need of abortion faced an immediacy that required timely action. Though there were no legal specifications

as to how late in the gestation period an abortion could be procured, in the early 1970s, most Canadian doctors did not perform much beyond the first trimester. Women would thus have to identify their pregnancies and make a reasonably quick decision in order to be seen expediently by the TAC nearest to her. The average time between realizing she was pregnant and seeing a physician was 2.8 weeks, which was subsequently followed by an 8 week period, on average, in which the physician presented her patient's case to the TAC and the procedure itself.[40] For the most part, women seeking abortions were primarily concerned with their immediate needs; they would be forced to carry their pregnancy to term should they be faced with any prolonged delays. As a result, helping women access abortion services became a critical contribution to the pro-choice movement. Recognizing the serious time restraints women faced when confronting an unwanted pregnancy, activists set up formal and informal systems to help women navigate the TAC system, and to help women access alternate means of obtaining abortions, usually outside of the province or country. These groups emerged out of political organizations, women's groups (and, in fact, most often out of women's coalitions within political organizations), and, in the occasional case these groups developed organically, with no political framework or objective.

Because abortion activists tended to become involved in the movement via other political organizations, the issue of abortion and abortion access was often

[40] Badgley, 1977, p. 146.

framed as part of a larger project. Abortion emerged as a salient issue in leftist groups, women's groups, and leftist women's groups in the late 1960s and early 1970s. Judy Rebick has sought to distinguish the various facets of Canadian feminism:

> those trying to reform the system to improve the status of women and those who believed that a more radical transformation of society was necessary to achieve women's equality. These two currents worked together in uneasy alliance... Soon after the first women's liberation groups were formed in major cities, significant political differences began to emerge. Socialist feminists believed women's liberation could be won only through an anti-capitalist transformation of society. Radical feminists saw patriarchy as the major problem. Much of the debate in the 1970s would centre on these differences in analysis, strategy and tactics.[41]

Not surprisingly, these divisions also permeated the Canadian abortion movement. As different types of feminism gained credence in the late 1960s and 1970s, feminists sought a particular issue that would appeal to a broad cross-section of the public, particularly women. Ellen Woodsworth recalls that abortion "seemed like the right [issue]... to mobilize all kinds of women."[42]

Nonetheless, in seeking to establish a mass movement that drew on a diverse range of opinions, any "unified" pro-choice position was understandably laden with contradictions and disagreements. Though "free abortion on demand" was a rallying cry for the Canadian pro-choice movement, organizations and

---

[41] Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin Group, 2005), p. 21.
[42] quoted in Rebick, 2005, p. 37.

individual activists disagreed over which strategies to employ in order to attain this common goal, and over how to define accessible abortion. Some groups and individuals worked tirelessly to repeal the laws, others focused on harnessing public support through demonstrations or petitions, while some activists sought to establish free-standing clinics and others helped women access illegal yet safe abortions locally, out-of-province, and internationally. Some of these activists framed abortion access as only one part of a wider women's liberation project, situating reproductive rights alongside employment equity, universal day-care, maternal health, and reproductive rights.

Abortion and abortion activism is thus an effective lens to better understand the emergent factions of the feminist movement of the 1960s and 1970s. Abortion was a major social and political issue of the time, and, as such, an oft-debated topic among activists, self-identified feminists, and the general public. Many feminists, of course, did not identify as pro-choice, however these individuals and organizations fall outside of the scope of this study. In spite of the fact that different groups took very different approaches to the struggle for abortion access, a focus on ideological splits, while interesting, detracts from the valuable contributions of the diverse pro-choice groups that helped to improve abortion accessibility in Canada. In spite of the broad spectrum of often-contradictory positions and strategies, there was a general consensus in the pro-choice movement that any successful campaign

would mobilize the "silent majority" in Canada.[43] Having such a multi-pronged approach to improving abortion accessibility meant that new activists could choose where to focus their energies, while contributing to a common goal of "free abortion on demand." Recalling the extensive and wide-ranging work undertaken by pro-choice activists, Judy Rebick explains that "the thing about the pro-choice movement was that it was a real movement,"[44] drawing together pro-choice activists of all backgrounds. Sharon Hager, a member of the Vancouver Women's Caucus, recounts that the "policy was to involve as many people as possible, and to reach out... we wanted open meetings, big meetings with as many people as possible. And we wanted demonstrations; some were small, but we kept on... we were working for a mass movement. And we eventually got one."[45] In order to emphasize the diversity of the pro-choice movement, I will work to weave together these seemingly-disparate approaches, highlighting the ways different strategic methods responded to the needs of the movement. This analytic approach is particularly effective because it allows me to explore a wide range of tactics from different pro-choice groups, recognizing the tensions and divisions within the

---

[43] no author listed, "Support the Right to Choose," in *British Columbia Federation of Women Newsletter*, July 1981, Simon Fraser University Archives (SFUA), Women's Bookstore Collection (WBC), Fonds 00111 Container 00004 file "British Columbia Federation of Women – newsletters and handbooks, 1975-1980," F-111-5-0-6, p. 11

[44] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.

[45] Sharon Hager, personal interview, November 15, 2010, Vancouver, British Columbia.

movement as well as the compromises activists took with regards to short-term goals, with whom to connect and form coalitions, and how to mobilize the largest, broadest group to achieve more accessible abortion services in Canada.

Many, though certainly not all, of the pro-choice activists in the late 1960s and 70s identified as feminist, however there was much discrepancy with regards to the differing political frameworks informing these diverse feminisms. Left women[46] who had been politicized by some combination of race, class, sexuality, and politics found that they were often relegated to an inferior position within formal and informal political organizations.[47] In response to their second-class status within the activist community, the "personal as political" became a central tenet of feminist organizing in the 1960s and 70s, as women took on consciousness-raising "not as a preliminary to other group activity, but often as the [*sic*] significant political act."[48] One of the reasons, then, that abortion access was recognized by many as a pivotal feminist issue is that it was particularly well-suited to navigate the uneasy terrain between "personal" and "political." Abortion was at once a political issue, closely regulated by both legal and healthcare policies. It

---

[46] This thesis will focus primarily on activists who challenged the government and the legal system and thus generally identify as "left," however this political positioning was subject to much debate.

[47] Stokely Charmichael's oft-quoted assertion that "the only position for women in SNCC is prone" pithily describes the barriers and degradation facing women as women in the left.

[48] Barbara A. Crow, "Introduction," in *Radical Feminism: A Documentary Reader,* Barbara A. Crow, ed, (New York: NYU Press, 2000), 1-9, p. 9, fn. 21.

was, at the same time, a social issue, impacting women's abilities to participate fully in society as women found themselves forced to carry unwanted pregnancies to term, bearing an undue burden with regards to healthcare, and curtailing employment, educational and interpersonal prospects as a result.

Struggles for reproductive rights provide historians with a particularly effective lens for understanding the tensions between the personal and the political, which, as feminists have shown, cannot be disentangled. A woman facing an unwanted pregnancy with little access to safe, legal abortion services, and thus, limited reproductive choice, can understand her situation as shaped by a number of political frameworks. Marxist feminist scholar Rosalind Petchesky clearly articulates the ways that political systems determine not only access to abortion services but also the necessary social and political changes required to truly attain reproductive choice.[49] Abortion rights must be understood within the social and political contexts that framed access. While access to government-funded abortion is an undeniably crucial right, bearing and raising children is a complex issue that continues to impact and intersect with all aspects of life, far beyond conception or birth. Until society can somehow guarantee its citizens a level of protection and rights that goes far beyond the current standard, "choice" will remain curtailed for some.

---

[49] Rosalind Pollack Petchesky, *Abortion and Women's Choice: The State, Sexuality, & Reproductive Freedom* (Boston: Northeastern University Press, 1990), p. 16-18.

Politics also determined access to abortion services on a far more concrete level. National borders and the respective laws of specific nation states necessarily framed the legality and availability of abortion services. National citizenship, according to Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, remains a powerful "example of 'difference' among women. Citizenship... along with national differences in health-care financing and delivery, provides a powerful illustration... that the public and private spheres are not truly separate, since public policies profoundly affect women's private lives."[50] As the defunding of women's health services and the threat of recriminalization of abortion becomes a more frequently invoked threat, we are reminded of the powerful scope of government authority. But, at the same time, we must remember that decriminalization and government intervention is only one step in the direction of accessible abortions, which, in turn, is only one step towards true reproductive freedom.

Beyond these conventional definitions of "the political," a range of feminist political frameworks have also shaped how we understand reproductive rights and abortion services. But in spite of the clear "political" nature of reproductive choice and freedoms, the issue remains profoundly personal. Individual women faced with

---

[50] Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, "Comparative Perspectives on Canadian and American Women's Health Care Since 1945," in *Women, Health, and Nation: Canada and the United States Since 1945* Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, eds, (Montreal: McGill-Queen's University Press, 2003), 15-42, 17.

unwanted pregnancies were confronted by the immediacy of their situation and forced to make deeply personal and highly charged decisions that were further complicated by social stigmas, religious and moral stances, as well as familial and personal expectations. The decision to have an abortion is, undeniably, a profoundly personal decision, though many feminist thinkers demonstrate that the way we understand our personal experiences are always shaped by the political.

The personal aspects of reproductive rights are also conveyed in activist work. Not surprisingly, many pro-choice activists recall their work within the movement as at once deeply personal and political, and political schisms took on highly personal connotations. The pro-choice movement of the 1960s and 70s, then, was a highly charged collective that simply cannot be reduced to a single position or experience. Though the pro-choice movement often deviated from the goal of improving reproductive rights to address highly personal issues, such as interpersonal disagreements or political differences that devolved into ad hominem attacks, this shift to "the personal" is not representative of the feminist notion that "the personal is the political." Carol Hanisch's adage, instead, was meant to draw attention to the systemic ways that capitalist, patriarchal society oppresses women, often in invisible ways that could too easily be relegated to the realm of "the personal," and, thus, exempt from political action. Hanisch's manifesto, and the general sentiment espoused by various feminist movements, then, emphasized the

fact that although patriarchy and capitalism intersected in women's lives in a profoundly political way, the implications were often deeply personal.

This intersection of the personal and the political is especially evident when examining the ways that different feminist groups worked together to advance access to abortion in Canada in the 1970s. To be sure, these pro-choice groups shared a common goal of free abortion on demand, but there were nevertheless many divergent opinions about to how to achieve this goal, and that these debates were often deeply personal as well as political. These disagreements will be explored at length in subsequent chapters. Retrospectively, all involved recall the tensions associated with these differing opinions, but are nevertheless able to move beyond these historical differences to acknowledge the importance of diverse approaches for improving accessibility to abortion in Canada. Recalling her time with OCAC and the relationship with CARAL, Carolyn Egan explains,

> we had debates and discussions with them, there was no doubt about it, and we had arguments with them, though we also became quite good colleagues and friends, too, through it all... And they chose a certain path, they worked with us in many instances, we had fights sometimes, but they chose a certain path and they also had access to, you know, women who could raise money and all that kind of thing. So, you know, they played that role and we had a rapport with them all the way through. Sometimes a strained rapport, but that's going to happen.[51]

Likewise, Ruth Miller from CARAL maintains that

[51] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

> both organizations [OCAC and CARAL] would recognize that both approaches were necessary. And I think this is a perfect example of changing the climate of a country so that the law could be changed. I think it's a wonderful story. Yes, we had our differences, but I think we both realized there's work to be done here, and there's work to be done in the streets, you know, in this way, writing letters, lobbying, and there's work to be done demonstrating, too.[52]

Judy Rebick's assessment was even more candid, as she explains: "we often hated each other, and we often disagreed, but they did recognize... our value, and we recognized their value."[53] Different groups often dismissed each other's contributions, even drawing on personal characterizations to make their points. OCAC members referred to CARAL's fundraising efforts as those of "the Rosedale ladies,"[54] and Miller recalls that "they jokingly called us 'middle class ladies.'"[55] These differences were not based solely on class lines, but also political lines. These intense feelings have likely been tempered over the years, as all involved have been able to evaluate the successes and failures of the movement and consider the varying roles and contributions of all forms of activism on abortion accessibility.

Though activists now recognize the contributions of those with differing political views, they nevertheless maintain the preeminence of their own strategies, be it forging connections with other groups, public actions to draw attention to the

---

[52] Ruth Miller, personal interview, November 9, 2010, Toronto, Ontario.
[53] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.
[54] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.
[55] Ruth Miller, personal interview, November 9, 2010, Toronto, Ontario.

cause, or lobbying efforts to encourage government action. Members of OCAC and other activists who favoured in-the-streets demonstrations recalled the historical disregard of politicians and lawmakers to recognize the lobbying efforts of the abortion movement.[56] Instead, they focused on "building the broadest possible movement... to put the maximum pressure on the state."[57] These efforts focused on mobilizing a highly visible movement that used the media and public opinion to ensure that abortion remained at the forefront of political and public debates. Others, however, felt that letter-writing campaigns and other forms of lobbying were the most effective means of changing the law. While legal changes were imperative to improving access to abortion, they were, for all activists in question, one important step towards achieving the broader goal of access. The tensions between these groups was clear, and Ruth Miller recalls that OCAC and other activists "jokingly called us [members of CARAL] 'middle class ladies.'"[58] However, regardless of which strategy activists employed, all were working to build a broad-based movement, recognizing that sheer numbers would be the most effective way to change the laws and effect a more practical change in abortion services. Though different groups drew on different strategies, in the end these varying approaches

---

[56] Carolyn Egan, "The Right to Choose," in *Our Times* 4 (4) (1985), 30-32, p. 31.
[57] Ontario Coalition for Abortion Clinics, "Feminist Struggles and State Regulation: Controlling Women's Reproductive Rights, State Power and the Struggle for Reproductive Freedom: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Resources for Feminist Research / Documentation sur la recherche féministe (RFR/DRF)* 17 (3) (Fall, 1988), 109-114, p. 110.
[58] Ruth Miller, personal interview, Tuesday, November 9, 2010, Toronto, Ontario.

served to foster increased interest and participation in the movement, which the vast majority of pro-choice activists noted as an important step in the struggle to improve abortion accessibility in Canada.

Forging connections with other organizations outside of the abortion movement proved to be a helpful strategy, and, once again, having a concrete objective such as free-standing abortion clinics gave other groups a tangible concept to support. An undated ARCAL pamphlet from the early 1970s, "Abortion and Human Dignity," cited a wide range of organizations that had voted to support the organization's mandate of repealing the law, including the British Columbia and Alberta Medical Associations, the Liberal and NDP parties, the Federation of Business and Professional Women and the Canadian Psychiatric Association.[59] Less than a decade later, the Ontario Federation of Labour, the Law Union of Ontario, and the Medical Reform Group of Ontario had all endorsed OCAC's calls for free-standing clinics.[60] After decades of feminist and pro-choice organizing, activists had found a woman's issue that resonated with the public, which reflects not only the hard work of Canadian feminists, but also a shift in the social and political climate. Carolyn Egan sees 1982 and the founding of OCAC as a particular

---

[59] ARCAL, "Abortion and Human Dignity," LAC, Association for the Review of Canadian Abortion Laws fonds (ARCAL fonds), MG 28 I 350 v. 2, file: "ARCAL and AMCAL, Brochures, Newsletters, Circulars, and other Publicity Material, N.D, 1967-1974," panel 2.

[60] OCAC, "Legalize Free-Standing Abortion Clinics," CWMA, Canadian Women's Movement Archive fonds (CWMA fonds), X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): minutes and related material, 1982-1983," p. 2.

historical moment when activists "felt that the timing was right in the sense that this was an issue that could connect with people."[61] From a general standpoint, the pro-choice movement's broadest strategy was to develop a broad-based movement focused on mass action, and connections with provincial and national organizations helped to draw support for the cause.

This broad support base was certainly necessary to effect legal and policy changes, and pro-choice activists were acutely aware that their political efforts worked to effect long-term changes to accessibility. In the interim, however, countless Canadian women nevertheless required abortion services, and found that even though the 1969 amendments had ostensibly decriminalized the procedure, barriers remained in place, keeping women from being able to access timely abortions. In order to obtain a therapeutic abortion, a woman would need to first realize that she was pregnant, confirm this with a physician or a pregnancy test, determine her course of action, obtain a psychiatric consultation if necessary, seek a physician to represent her appeal to the nearest hospital's TAC, and then, assuming that the therapeutic abortion appeal was granted, then book the appointment as a patient. Understandably, this series of actions took time, despite the hospitals making clear, in the years following the 1969 decriminalization, that they wished to perform abortions as early as possible. The delays resulting from the bureaucratic red tape meant that some women were unable to obtain abortions in

[61] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

the hospital system. The immediacy of unwanted pregnancies was, thus, at once a political issue but also a profoundly personal issue. Though pro-choice activists could lobby and demonstrate tirelessly against delays, red tape, and the regulations on abortion services, as long as these barriers were in place, individual women were caught in the unenviable position of traveling for an abortion, undergoing an illegal abortion, or carrying an unwanted pregnancy to term. Pro-choice activists recognized this need and began to offer informal and formal services to help women access abortions when hospital-based therapeutic abortion proved to be impossible. In some circumstances, these services were covert, while others were provided out in the open, serving the dual goal of helping women in need and challenging the legal restrictions publicly. These different approaches will be explored at length in the following chapters.

The multifaceted pro-choice movement also diverged over the way that abortion was contextualized. Significant debates took place in the early 1970s over whether feminists should approach abortion as a single-issue campaign, or whether it should be framed within a broader context of reproductive rights and women's liberation. These debates often began from a highly theoretical standpoint, as activists and scholars challenged the idea of true reproductive choice given the limitations of a capitalist, patriarchal system. To be sure, as critical as reproductive rights are to women, men, and society as a whole, choice does not exist in a vacuum. Many pro-choice activists in the early 1970s became involved in the

reproductive rights movement through socialist-feminist avenues, and thus promoted an analysis that framed abortion accessibility as an important component within a wider social transformation.

Others still, notably Henry Morgentaler, located abortion access within a discourse of human rights and equity. In the most reductive terms, this distinction is one of feminists vs. socialist feminists. This disagreement reached a tipping point during the Abortion Caravan, when one group of Vancouver feminists painted "Smash Capitalism" on the side of one of the cars, "quite justifiably... at the time, the era, there was so much going on." The belief that they were "just about to change society" was a driving force for some of these women, whereas others maintained that pushing political agendas of this nature detracted from the issue of abortion and threatened to alienate potential supporters who might not support radical changes to society.[62] Moreover, in the early 1970s, many pro-choice activists were empowered by the fact that abortion access was a tangible goal: the first step was to completely decriminalize the procedure, followed by ensuring that medicare coverage was available, and lastly, establishing clinic and hospital services so that equitable access was available to women across the country. Though many pro-choice activists opposed the capitalist structure on some level, a radical restructuring of society was a long-term and ill-defined goal. A differing

[62] Marcy Cohen, personal interview (phone), Monday, December 6, 2010, Tofino, British Columbia.

assessment of this situation, however, suggested that developing a broad approach to reproductive rights actually served to mobilize greater support. By defining abortion accessibility as one component within a larger framework of women's rights, alongside access to childcare, access to contraceptives, employment equity, and other basic rights, pro-choice activists were in fact able to encourage a wider network of support. Carolyn Egan explains that

> what we found was – and this is interesting – if we took the broad reproductive rights perspective, you know, which was the more radical perspective in some senses, we were more successful... We found, interestingly enough, that it gained support in a whole range of communities that it might otherwise not... abortion is one issue. It's an important issue, it's a critical issue... but you have to situate it in the socio-economic situation in which women find themselves.[63]

Egan's analysis offers an alternative position to advocating for abortion as a single issue. Some activists felt that challenging the capitalist system or patriarchal structures would dilute the issue of abortion rights and alienate more moderate potential supporters. Others found that by adopting a broad perspective and situating reproductive rights as a central component of both women's rights and, more generally, of a progressive society meant that pro-choice advocates were able to frame abortion as an important social issue, rather than an easily-dismissed "woman's issue." Advocates of a broad analysis maintained that making connections between reproductive rights and social, economic and political issues

[63] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

helped supporters to understand the widespread implications of women lacking control over their reproductive capacities.

Disagreements within the various pro-choice movements went beyond particular strategic plans and were often rooted in political ideology. These political views had drawn many women into the pro-choice movement, but deep divisions developed, particularly after the 1970 Abortion Caravan. As has previously been discussed, the controversial "Smash Capitalism" banner was in fact a catalyst for a fissure within the movement, particularly the west coast Vancouver Women's Caucus. Though it is tempting to group the left together into a cohesive category, especially considering the shared goal of accessible abortion, doing so would blur the different tools and strategies that various groups used to promote reproductive rights. Doing so would also offer an inaccurate representation of the pro-choice movement, as different factions not only employed different strategies, but also actively sought to undermine one another. Following the Abortion Caravan, for example, women from the League for Socialist Action were expelled from the Vancouver Women's Caucus.[64] These political factions were evidently complex and highly charged both personally and politically, but they are not the focus of this study. Instead, I will focus on laying out the differing strategies that

---

[64] Sharon Catherine Hager, "History of The Campaign for Legal Abortion in Canada, 1970-1978, A Vancouver Perspective," in City of Vancouver Archives (CVA), Pro-Choice Records, Add. MSS 1486, 576-D-3, file 17 "Abortion Rights – history of, by Sharon Hager," p. 5.

pro-choice activists used to improve abortion accessibility, highlighting their political framework when necessary and paying close attention to the ways that these varying positions informed their respective tactics. Though political differences undoubtedly shaped the pro-choice movement, causing deep rifts and significant internal strife, the struggle for accessible abortion also provided a site for these groups to work together for a shared goal.

In spite of the deep divisions within the pro-choice movement, this study will demonstrate that compromise was a driving force behind the successes of the abortion accessibility movement. Political groups were able to contribute to the movement according to their guiding principles, leaving others to undertake other strategies. Some feminist groups considered barriers to abortion to be a consequence of a capitalist society, whereas others framed the issue as the result of sexism, and these different understandings led to different strategies.[65] In the end, the movement's successes can be attributed to these shared goals and divergent views on how to achieve these goals meant that the pro-choice movement – or, more specifically, pro-choice movements – applied sophisticated, diverse tactics to bring about significant change in the realm of reproductive rights in Canada. No single strategy could effectively highlight the legal shortcomings, the policy troubles, the barriers implicit in the health care system, the implications of inaccessible abortion services on women, children and society at large, and the

[65] Wasserlein, 1990, p. 95-6.

mass support that abortion rights had garnered in Canada. Instead, those involved in various sub-sections of the pro-choice movement effectively waged a mass mobilization, acknowledging the diverse contributions and claiming them all under a pro-choice banner. A summary of a Vancouver Women's Caucus panel discussion on International Women's Day in 1979 neatly sums up the merits of mass mobilization, suggesting that the most effective avenue for change was a broad-based coalition:

> The big question around abortion rights is, how do we win them. And I think the answer is: by mobilizing the support we know we have from the majority of people, by organizing mass actions and mass educational campaigns, and by drawing trade unions and other organizations that support us into active participation in our movement...

Drawing on a broad cross-section of society allowed the movement to develop a multi-pronged strategy that pushed for change at social and political levels, and the VWC went on to explain that:

> There are two types of gains we can make by turning this struggle into a mass action campaign. The first is that we can defend the present availability of abortion – meager though it is – we can defend abortion against cutbacks and against the attacks of "Right-to-Life." And despite the worldwide economic crisis, it's not impossible, if we get people in motion behind this that we can extend these gain, by winning increased availability of abortion, by winning reduction of the restrictions now enforced or by winning abortion law repeal. But the second big gain is that we can develop the women's liberation movement... Taken together, all these organizations disagree

> dramatically on most questions, but they agree with women's right to choose abortion.[66]

By forging ties with trade unions and other liberal progressive groups, the abortion rights movement not only gained wider public support but it also became a mainstream social and political issue. For pro-choice activists who framed their work within a radical ideology, the mainstreaming of the issue represented a depoliticization that was a hindrance to the movement. However, legal change and complete decriminalization was a critical step in improving abortion accessibility for Canadian women, and widespread support, particularly from large voting blocs such as trade unions, has proven to be one of the most effective ways of accomplishing legal changes.

Pro-choice activists were able to unite to succinctly sum up their goal with the slogan "Free Abortion on Demand," which encompassed women's needs, the importance of full medical funding for true accessibility, implied that the service be made available regardless of geographic location, with no qualifiers. While this slogan suggested the long-term objective of the movement, there were, not surprisingly, disagreements over whether the slogan was too broad and should instead reflect more concrete goals such as "Repeal the Abortion Laws" or "Legalize Free-Standing Clinics." The debates over slogans were tense, as Ann

---

[66] Ann T., "A Strategy for the Abortion Rights Movement (part of the panel discussion at International Women's Day, Vancouver, 1979)," in CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 10 "CCCA [Concerned Citizens for Choice on Abortion] International Day of Action," p. 1-2.

Thomson reports,[67] primarily because they reflected the larger debate over strategies. Access to abortion is, to be sure, a legal, social and political issue with great significance to society at large. At the same time, however, abortion is a profoundly individual issue; not only is it inextricably linked to intimate sexual relations and personal belief systems and morals, but women facing unwanted pregnancies have a limited time frame within which to access an abortion. This tension between society and the individual emerges clearly when considering the strategic choices faced by abortion rights activists with regards to whether they should focus on their long-term goal of "Free Abortion on Demand" or whether individual women's immediate needs for abortions should take precedence. The pro-choice movement, as each subsequent chapter will detail, carefully navigated the terrain between immediate needs and long-term goals. In the end, those strategies that were particularly effective in gaining public support and effecting significant political, legal and social changes, were those that helped individual women obtain timely abortions while publicly reminding lawmakers and citizens of the importance of reproductive rights. Doctor Henry Morgentaler's free-standing abortion clinics are probably the most recognized strategy of this nature in Canadian history. Morgentaler provided abortions to thousands of women, publicly declared that he provided the procedure, and, when criminally charged – which happened a total of thirteen times over his career, resulting in him spending ten

[67] Thomson, 2004, p. 41-42.

months in jail – Morgentaler insisted on a tactical legal battle, challenging the legality of the restrictive abortion laws rather than defending his innocence.

Many of the strategies employed by pro-choice activists sought to assist women in securing quick, timely abortions. While Morgentaler made a conscious decision to publicize his service provision, other activists, facing financial constraints, logistical barriers, and legal challenges chose to help women obtain abortions, including illegal abortions, covertly. Understandably, the vast majority of women seeking abortions chose to do so privately; it was extremely rare for women to publicly seek an illegal abortion. This decision to address women's needs for service provision could be framed as undermining the more long-term objective of improving abortion accessibility. Though medical clinics operating illegally and referral services helping women obtain legal abortions in other countries provided necessary services given the barriers to accessibility, in doing so they could also be seen as lessening the pressure on the health care system and the state, by removing women from the system entirely. In particular, pro-choice activists doing front-line work with women seeking abortions found themselves in the paradoxical position of directly helping individual women while diminishing their own ability to effect the legal and policy changes necessary to improve abortion accessibility, and this paradox will be explored in subsequent chapters.

This paradox extended beyond the tension between women's immediate need to terminate an unwanted pregnancy and long term goals of abortion

accessibility. Pro-choice activists opted to help women obtain illegal and out-of-country or province abortions because many hospitals refused to provide the procedure past a specific gestation period, usually in the beginning of the second trimester. In order to highlight the urgency of expediting therapeutic abortion committee appeals, with the hopes of eventually eradicating TACs entirely, pro-choice activists had to emphasize the urgency of the procedure. The Calgary Birth Control Association explained the issue clearly, stating that

> the most important medical, financial, and psychological factor in the termination of pregnancy is TIME... It is imperative, therefore that therapeutic abortion always be dealt with as an emergency procedure. It is furthermore vital to the psychological health of the woman that she be treated within a reasonable time span.[68]

This line of reasoning highlighted the urgency of the procedure but also undermined a central tenet of the pro-choice movement. After decades of illegal abortions appearing only in the public eye after a tragic turn of events that usually resulted in death or serious bodily harm, abortion was widely thought of as a dangerous, unsanitary procedure performed by untrained "butchers." From the 1960s onward, the pro-choice movement worked hard to dispel these myths, emphasizing the reality that because abortion was illegal prior to 1969, it would only emerge in the public record in the case of a botched procedure that required medical intervention. Activists maintained that abortion was in fact safer than

---

[68] no author listed, "Therapeutic Abortion in Southern Alberta: Proposal for a Clinic, March 1971," Glenbow Archive (GA) Calgary Birth Control Association fonds (CBCA fonds), M7071, box 1, file 1.1, 8.

childbirth. Furthermore, the pro-choice movement, particularly the medical professionals involved in lobbying the government, highlighted the fact that far from its dangerous image, abortion was a simple, safe, medical procedure. In order to emphasize the importance of having readily available abortion procedures free of bureaucratic encumbrances, advocates of improved abortion accessibility drew attention to the dangers associated with inaccessible services. Though this position does not explicitly contradict the pro-choice movement's work to portray abortion as a safe procedure, the emphasis on urgency and referring to it as an "emergency procedure" did little to frame the issue as safe and even routine.

The struggle for abortion accessibility was thus a highly complex union of a wide variety of strategies. Rather than a single focus, the pro-choice movement applied a multi-pronged approach to identifying needs, barriers, and solutions to improving abortion access across Canada. These strategies were often informed by a political ideology, and while there were significant disagreements within this diverse activist community, there was a wide range of work to be done, allowing activists of all political stripes to take on those endeavours suited to their specific interests. This thesis will explore a few of the activist strategies that the pro-choice movement employed to improve abortion accessibility in Canada after the 1969 omnibus bill had decriminalized therapeutic abortion.

These significant and pointed disagreements often originated out of differing political ideologies, but they quickly developed into personal tensions. As a result,

it is challenging to synthesize the work of these individuals and groups, in spite of their shared goal of improved abortion accessibility. Judy Rebick describes the pro-choice movement at the time as intensely divisive, saying, "we hated each other; they hated us more than we hated them, but you know, there was not love between us – let's put it that way – until later."[69] Rebick's statement exemplifies the "us vs. them" mentality that shaped the movement in the nascent years, but her conclusion suggests that eventually a mutual respect developed between these different factions. Indeed, years later, Morgentaler held anniversary dinners to celebrate the 1988 ruling in R. v. Morgentaler that ended statutory regulations on abortion. These celebrations – attended by lawyers, clinic workers, "the Rosedale ladies," CARAL members, OCAC members, and others involved in the struggle – provided activists with a space to "recogniz[e] that whatever differences we might have had, we were all in the same struggle."[70] The difficulties of acknowledging the importance of different strategies has evidently been mitigated by time, but also by the concrete successes ascribed to the pro-choice movement. One of the critical strengths of the campaign for abortion accessibility was the fact that concrete goals emerged quickly; in contrast, political factions splitting from leftist parties, such as the Trotskyist Revolutionary Workers' League or the Young Socialists, had few shared objectives. Abortion rights, however, emerged as a unifying cause. In spite of the

---

[69] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.
[70] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

significant disagreements over strategy, execution, and goals, as well as the lack of a cohesive pro-choice movement, there is nevertheless an important history of abortion activism in Canada. This history is diffuse but it is in fact the broad scope and varied tactics which served to effect needed change at legal, social and policy levels. The very factions which at times threatened to derail the cause actually resulted in a more widespread, truly mass social movement that was made room for a broad spectrum of pro-choice opinions.

Chapter 2: Fighting for Barriers: Hospital Board Campaigns and the Politics of Necessity

Therapeutic abortion committees were one of the most paradoxical aspects of abortion regulation in the 1970s and 1980s. On the one hand, therapeutic abortion committees (TACs) played a key role in the decriminalization of abortion, but they simultaneously enforced a bureaucratic hindrance keeping women from accessing abortion services. Under Section 251 of the Criminal Code, therapeutic abortion committee approval was required before a "qualified medical practitioner" could perform a legal abortion in an accredited hospital. The term "therapeutic abortion" was widely – and internationally – used to describe a medical decision approved by a physician. Cheryl Krasnick Warsh and others have argued that TACs served to reinforce medical authority by "granting members of the medical profession the power of veto."[1] Leslie Reagan's study of abortion and disability shows that such vetoes were granted readily for women who were physically endangered by carrying a pregnancy to term, for women impregnated as a result of a rape, or for women who faced a high likelihood of delivering a baby with serious birth defects, particularly for women who had been exposed to German measles. These women seeking abortions were publicly framed as "innocent victims," a category that necessarily implies that women in other

[1] Cheryl Krasnick Warsh, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto, University of Toronto Press, 2010), p. 157.

situations are somehow "guilty" of their unwanted pregnancies and therefore less deserving of a therapeutic abortion.[2]

TACs were in place as early as the 1940s in the United States.[3] The Canadian committees were instated nearly three decades later, when the American system was shifting away from requiring committee approval, though until Roe v. Wade, "the laws of the individual states were chaotic and confusing."[4] While American TACs were tasked explicitly with reducing the number of abortions, the Canadian committees were instated in order to divert the onus of abortion approval to the medical community rather than the government. This shift in authority is a reflection of the change in public opinion by the late 1960s, and the government's resulting interest in distancing itself from the debate. TAC approval required the patient to have a doctor representative demonstrate that continuing the pregnancy would "endanger the life or health" of the woman seeking the procedure. Canada's Criminal Code amendments did not clarify what constituted such an endangerment. When pressed on the vague language amending abortion regulations, Justice Minister Trudeau explained that the courts would be responsible for defining these terms, in conjunction with medical professionals,

---

[2] Leslie J. Reagan, *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America* (Berkeley: University of California Press, 2010), p. 77.
[3] Ibid., p. 99.
[4] M.E. Krass "Assessment of the structure and function of the therapeutic abortion committee," in *Canadian Medical Association Journal* (April 9, 1977) Vol. 116, 786-790, p. 790.

explaining that "I think this is an area in which the doctors are better than the lawyers to decide when there is real danger to the health or not, and I think this should be the test."[5] As per Trudeau's intentions, hospitals did indeed have some room to interpret the laws. As a result, there were significant discrepancies across the country regarding how the TACs operated.

The definition, or lack thereof, of what constituted a "danger to life or health" was a main concern for many involved in the pro-choice movement, but several other contentious issues arose out of the vague abortion law. In order for a hospital to be accredited and thus able to perform therapeutic abortions, a minimum of four doctors would have to be on staff and willing to participate in the procedure, three to approve the abortion and a fourth to perform it. Even if a hospital met this staffing threshold, not every hospital routinely approved therapeutic abortions.[6] Hospital boards had significant authority with regards to appointing and directing TACs. While the new TAC system meant that abortions were legally and theoretically available in accredited hospitals, the regulations requiring a TAC ensured that there were fundamental barriers to access.

Using the Vancouver General Hospital as a case study, this chapter will focus on a pro-choice campaign to ensure that hospital boards and TACs supported

---

[5] CBC Archives, "There's no place for the state in the bedrooms of the nation," archives.cbc.ca/politics/rights_freedoms/topics/538 accessed 21 January, 2012.
[6] Katrina Ackerman, *'Not in the Atlantic Provinces': The Abortion Debate in New Brunswick, 1980-1987* (unpublished thesis, University of New Brunswick, 2010), p. 15.

women's right to choose and access abortion. The TAC system was riddled with shortcomings, but when anti-abortion groups sought to systematically disband hospital committees in the 1970s, pro-choice activists responded with a similar campaign to further entrench the committees they saw as a major barrier to access. The paradox of seeking to protect a gatekeeping institution was not lost on pro-choice activists, who considered the campaign to be one part of a wider project to attain free abortion on demand. Many involved in these campaigns to preserve TACs saw these regulatory bodies as a diversion from the ultimate objective of improving abortion accessibility. Activists nevertheless recognized that the immediacy of the situation required hospital boards and committees that were open to approving abortion procedures. Though TACs were a bureaucratic hindrance to accessing abortion, they were legally required in Canada, and thus many activists believed that having TACs in place with substantial support from hospital boards would benefit not only women seeking abortions through the system, but would also contribute to a social and political climate that would be more likely to further improve access.

The first incident of hospital board elections becoming a site of contention over abortion services was Vancouver General Hospital (VGH) in 1975. The VGH hospital board struggle was a groundbreaking action, addressing shortcomings with the law and with service provision for those seeking to liberalize and further restrict abortion services, and both sides rallied annually to stack the board to further their

interests. This strategy quickly spread across the country, as pro-choice and anti-abortion forces targeted hospital board elections across British Columbia, in Ontario, and the Maritimes. In spite of similar strategies, these actions had varying results across the country, with pro-choice and anti-abortion trustees being elected, and, in some cases, with government intervention suspending the elections entirely. TACs were mandated by the federal Criminal Code, but because they were struck by hospitals funded by provincial and federal monies, they fostered a hyper-local, populist interest in hospitals and hospital administration.

This chapter will use the VGH campaign as a case study, exploring the logistics of mounting a mass action centred around protecting the problematic service provision in hospitals. These election campaigns also illustrate the compromises that different pro-choice groups made in order to ensure that abortions were available to women in need, even while they worked towards a long-term goal of improving accessibility more broadly. The 1969 decriminalization of abortion instituted a rigid set of rules that limited provision of the procedure to particular hospitals. Though pro-choice activists applauded the 1969 omnibus bill that decriminalized abortion procedures in accredited hospitals once the patient had been approved by a TAC, they also recognized the substantial shortcomings of the new hospital system. A 1970 Vancouver Women's Liberation pamphlet unequivocally stated "the new laws are a sham," citing the continued

occurrence of illegal abortions procured by untrained laypeople.[7] The fact that there was, according to the Badgley Commission, "no uniformity in the provincial requirements involving the approval of hospitals for the establishment of therapeutic abortion committees"[8] meant that women submitted applications to TACs with little confidence that the committee was sympathetic to women seeking abortions.

Individual hospital boards were responsible for establishing TACs. Some committees required the application be supported by several doctors in the community, others required only a lone physician to put forth the application. Some hospitals imposed residency requirements insisting that patients not only live in the area, but had been residents for a particular length of time. Spousal and parental consent requirements also varied depending on the committee. Perhaps most importantly, there was a significant discrepancy over which questions doctors would ask of patients seeking abortion. Some physicians were willing to recommend any women facing an unwanted pregnancy to a TAC, others sought information including marital status, how many previous abortions the patient had had, what type of contraception she was using, and more. As a result, it was "not a matter of black or white rules but a system of flexible relationships dependent on

---

[7] Women's Liberation Movement, "Abortion is our Right" (1970), City of Vancouver Archives (CVA), Pro-Choice Records, Add. MSS 1486, 576-D-4, file 7 "Canada – Abortion debate in 1960s," p.1.

[8] Robin F. Badgley, *Committee on the Operation of the Abortion Law* (Ministry of Supply and Services Canada, 1977), p. 22.

who is in what position and their personal power."[9] This flexibility often meant that sympathetic doctors and hospital administrators were able to help women navigate the TAC system quickly and easily, but the uncertainty was a source of significant concern. Women relied on word of mouth and counseling services to gage a given TAC's position and likelihood of approval.

When the August 1969 amendments were passed, 19 hospitals in Canada had TACs, and by 1970 this number was up to 143, rising again to 271 in 1976.[10] In order to be accredited to provide abortions, hospitals had to have a TAC in place, but hospitals were under no obligation to provide the service, and thus many hospitals lacked the required TAC. Even community hospital boards that actively sought to provide abortions faced obstructions to accreditation and the establishment of a TAC. In order to provide abortions, hospitals had to be accredited, but also required three physicians to comprise the TAC and at least one other doctor to perform the approved abortion. The 1977 Badgley committee report found that many hospitals were accredited, but that they lacked sufficient medical personnel to constitute and meet the prerequisites of a TAC and thus doctors could not perform abortions.[11] In 1976, of the 271 accredited general hospitals with TACs

---

[9] BC Federation of Women, "1977 Abortion Handbook for British Columbia," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 6: "Abortion Handbook – BCFW (BC Federation of Women)," p. 53.
[10] Badgley, 1977, p. 110.
[11] Ibid., p. 91.

in Canada, 102 of these, or 38%, were located in Ontario.[12] Generally speaking, hospitals in urban centres tended to provide abortions more frequently than rural hospitals, though there were clear exceptions. Overall, though, the geographic discrepancies in abortion availability had far-reaching impact on Canadian women, and particularly on those women who were among the most marginalized. In 1982, the Toronto-based Committee for the Establishment of Abortion Clinics (CEAC) held that accessibility had been declining steadily, maintaining that "the law remains inequitable for rural, low income and immigrant women."[13] Without having access in their own communities, women in need of abortions were forced to travel to nearby and distant hospitals in order to apply for a therapeutic abortion. These trips were not only expensive, but they also required a familiarity with the healthcare bureaucracy that many women did not have. As activists later remembered: "lacking resources to go outside the province or contacts to speed their way through the system, it was less advantaged women – black women and women of colour, immigrant women, working class and low-income women, and women from poorer regions – who suffered the most."[14] Without a referral from a

---

[12] Ibid., p. 90.
[13] Committee for the Establishment of Abortion Clinics, "Committee for the Establishment of Abortion Clinics," Canadian Women's Movement Archives (CWMA), Canadian Women's Movement Archive fonds (CWMA fonds), X10-1, box 21, file "Committee for the Establishment of Abortion Clinics (CEAC, Toronto, On): fact sheet and submission to the Minister of Health, 1982," p. 3.
[14] no author listed, "Origins," CWMA, Healthsharing fonds, box 255 file 4, "Submissions and Screening: Spring 1993," p. 2.

sympathetic doctor or a suggestion from a friend or family member, many women were uncertain how to proceed when learning that abortions were unavailable in their hometown. Journalist Michele Lansberg was unequivocal in her 1982 assessment that "without middle-class money and middle-class know-how, you just don't have an equal right to an abortion."[15] The uneven and arbitrary establishment of TACs across the country formed the foundation of inequitable abortion access in Canada.

Even when TACs were in place, and were comprised of members with earnest intentions to review abortion requests, persistent obstructions to the provision of safe, timely abortions were nevertheless inherent in the system. In the 1970s, there was an "overwhelming amount of red tape... involved in obtaining therapeutic abortions."[16] Badgley found that women facing unwanted pregnancies often had to wait almost three weeks to see a physician after suspecting that they might be pregnant, either because they did not have a general practitioner or because they were waiting to see a doctor other than their own physician. After having their pregnancy confirmed by a doctor it typically took eight weeks to get through the therapeutic abortion application process, depending on when the TAC

---

[15] Michele Lansberg, "Women's group behind plan for abortion clinic," in *Toronto Star* Nov. 4, 1982, p. B1.

[16] no author listed, "Statement to the College of Physicians and Surgeons," Simon Fraser University Archives (SFUA), Anne Roberts fonds, Fonds 00166, Container 00001, file "Abortion, 1971-1975," F-166-0-0-0-0-1, p. 3.

met and how often approved abortions were performed.[17] Though there was no law stipulating a time frame in which abortions must be performed, forty percent of hospitals with TACs limited the procedure to the first trimester. Doctors for Repeal of the Abortion Law (DRAL) found that this unwritten rule not only limited accessibility of the procedure, but also placed a "disproportionate burden" on those hospitals that provided abortions into the second trimester.[18] Furthermore, unnecessary bureaucratic prerequisites such as requiring doctors to apply to the TAC on behalf of patients and requiring prior consultations by physicians, psychiatrists or other doctors further delayed the process, sometimes pushing the application process into the third trimester and thus rendering it unlikely that the abortion would be approved. This drawn-out process reinforced stigmas around abortion, removing the procedure from the realm of a woman's choice and rendering it medicalized, highly regulated, and subject to unnecessary and problematic delays.

In addition to women misrepresenting themselves as mentally unfit to bear children, activists also took issue with the fact that women were forced into a situation in which they had to appeal, via a third-party doctor, to a panel in order to obtain an abortion. OCAC likened this procedure to being "put on trial," with

---

[17] Badgley, 1977, p. 31.

[18] May Cohen, Linda Rapson, Wendell Watters, "Survey of Hospital Abortion Committees in Canada," CWMA, CWMA fonds, X10-1, box 21, file "Doctors for Repeal of the Abortion Law (Toronto, On): press release, flyer and survey of Hospital Abortion Committee in Canada, 1975 1977," p. 3.

women having to plead their case to a purportedly objective, though decidedly authoritative, panel.[19] This stress was exacerbated by the fact that these committees were primarily comprised of men, contributing even further to a gendered tension that "[worked] effectively to take this important decision out of women's control."[20] Women appealing to TACs often logically perceived the committees as designed to prevent them from obtaining a therapeutic abortion, or from making autonomous decisions about their bodies and their reproductive roles.[21]

Over time, many of the medical members of TACs saw their role as a routine step in the process. One doctor remembers a member of her Toronto hospital's TAC en route to a TAC meeting, "pretending to reach into his pocket, [adding] 'here's the rubber stamp.'"[22] A volunteer from Vancouver's Abortion Information Service, which helped prepare women for the TAC application process, recalled that as the 1970s progressed, VGH, and likely other hospitals as well, "ended up basically just rubber stamping them... they stopped asking a lot of

---

[19] Ontario Coalition for Abortion Clinics, "What are Tribunals, and why have them?," CWMA, CWMA fonds, X10-1, box 79, file ""Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)," July 1985, p. 1.
[20] Ibid., p. 1.
[21] no author listed, "Manifesto: We Will Bear the Children we Choose to Bear: Manifesto for Free Abortion on Demand (translation), Montreal, March 1977," CWMA, CWMA fonds, X10-1, box 21, file "Comité de lutte pour l'avortement et la contraception libres et gratuit (Montréal, Qc): publications et autres documents, 1975-1978 (2 de 2)," p. 1.
[22] Catherine Dunphy, *Morgentaler: A Difficult Hero* (Toronto: Random House, 1996), p. 129.

the awful questions they had been asking."[23] Of course, women appealing, through their doctors, to the committees still perceived the TACs as an obstacle to overcome, and their perceptions certainly impacted their experiences with the abortion process. A survey of Canadian hospitals conducted by the group DRAL suggested that the delays were primarily the result of navigating this bureaucratic terrain, and once the patient had successfully done so, there were few delays in performing the abortion.[24] However much doctors and activists tried to minimize the TAC gatekeeping, many women still thought that the TAC system would prevent them from accessing abortion services, and thus sought other means of accessing these services. While pro-choice activists appreciated the support of those medical authorities who routinely approved requests for abortion, blind approval did little to challenge the problems inherent in the TAC system, which in turn led to complacency within the medical community and the general public.

Women in need of abortions voiced their apprehension with having to appeal to non-existent mental health issues in order to obtain a therapeutic abortion.[25] Ann Thomson, a Vancouver-based abortion activist involved in the

---

[23] Janis Nairne, personal interview, November 22, 2010, Port Alberni, British Columbia.

[24] May Cohen, Linda Rapson, Wendell Watters, "Survey of Hospital Abortion Committees in Canada," CWMA, CWMA fonds, X10-1, box 21, file "Doctors for Repeal of the Abortion Law (Toronto, On): press release, flyer and survey of Hospital Abortion Committee in Canada, 1975 1977," p. 4.

[25] No author listed, "We Will Bear the Children we Choose to Bear: Manifesto for Free Abortion on Demand (translation), Montreal, March 1977," CWMA, CWMA

movement in the 1970s and, later, the author of *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s,* explains that

> extraordinary anxiety, emotional trauma, shame, fear of scandal, and disruption of the woman's plans and/or economic situation frequently did accompany unwanted pregnancy – but true psychosis was rare. To enlist the help of a psychiatrist meant that women had to lie, to threaten suicide, and submit to being labeled unstable in their medical records.[26]

Many women did submit to these assessments, hoping that their doctor would "rubber stamp" the procedure. But in regions with few doctors, women often lacked a safe space to assess their doctor's stance on abortion, and his or her willingness to support their right to choose. Beyond the delays which complicated the procedure and made it increasingly likely that women's applications for therapeutic abortions would be denied, reproductive rights activists also faulted the TAC system for being demeaning to women. The abortion law did not specify how to define "health" nor what conditions might constitute a threat or potential threat to women's health, and thus many women sought abortions under these unclear terms. In many cases, women lacked physical health concerns, but the ambiguous

---

fonds, X10-1, box 21, file "Comité de lutte pour l'avortement et la contraception libres et gratuit (Montréal, Qc): publications et autres documents, 1975-1978 (2 de 2)," p. 1.

[26] Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford Publishing, 2004), p. 24.

wording of the law meant that they could appeal to the TACs on the basis of a risk to mental health. To be sure, carrying an unwanted pregnancy to term had, for many women, profound implications for their mental health, and many psychiatrists were willing to support applicants' claims in order to be approved for a therapeutic abortion. Though many women were able to frame their applications based on mental health as an empowering experience, this was certainly not the case for all. The Quebecois feminist tract "We Will Bear the Children we Choose to Bear: Manifesto for Free Abortion on Demand" denounced the "minitribunal" system that forced women "to prove that our health is in danger, that we are too weak, too sick, too crazy or too poor to have a child."[27] For many women, applying to a TAC on the grounds of mental instability further exacerbated an already stressful situation and reinforced their sense of shame. Though there was no law demanding a psychological assessment, almost half of Canadian accredited hospitals did require them, regardless of the grounds on which the woman was applying for an abortion.[28]

---

[27] no author listed, "We Will Bear the Children we Choose to Bear: Manifesto for Free Abortion on Demand (translation)" Montreal, March 1977," CWMA, CWMA fonds, X10-1, box 21, file "Comité de lutte pour l'avortement et la contraception libres et gratuit (Montréal, Qc): publications et autres documents, 1975-1978 (2 de 2)," p. 1.

[28] May Cohen, Linda Rapson, Wendell Watters, "Survey of Hospital Abortion Committees in Canada," CWMA, CWMA fonds, X10-1, box 21, file "Doctors for Repeal of the Abortion Law (Toronto, On): press release, flyer and survey of Hospital Abortion Committee in Canada, 1975 1977," p. 4.

The process of appealing to a TAC on the basis of mental illness was humiliating in a particularly gendered way. Johanna Schoen's study on sterilization in North Carolina explores the "double-edged application" of reproductive technologies, holding that "they could be used to extend reproductive control to women, or they could be used to control women's reproduction."[29] Schoen's research found that poor women in North Carolina sought elective sterilizations through the state's eugenic sterilization programmes; with no other form of reproductive control available to them, these women applied for sterilization on the grounds of mental and physical unfitness, demonstrating a particular type of agency given their social, historical and political context. Schoen notes that those applying for eugenic sterilizations during the 1950s did so within the constraints of poverty, racial discrimination, and health concerns, which served to deny "women the dignity of obtaining sterilization on their own terms," a humiliating and disempowering experience to be sure.[30] This type of limited agency parallels the TAC requirement for women to appeal for an abortion on the grounds of a physical, or, more often, mental issue that would necessitate a "therapeutic" abortion.

---

[29] Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005), p. 3.
[30] Ibid., p. 137.

But by the 1970s, pro-choice activists were fighting for reproductive control without the stigma of appealing to physical or mental issues. Feminist groups took issue with the way that the medical profession "psychiatrized" women's experiences and their emotional reactions to these experiences. Rather than acknowledge and validate emotional responses to stresses such as unwanted pregnancy, the TAC system diagnosed and medicated these reactions.[31] A 1975 counseling workshop in Toronto cautioned activists and counselors against "over counseling," warning them of the tendency towards "treating a woman who wants an abortion as an unstable person."[32] Though counselors had to be careful to treat women's experiences and choices respectfully, they also had to make sure that women were comfortable with their decision to have an abortion. Counselors also had to prepare women for the questions doctors would ask prior to going before a TAC, which would oftentimes include asking if women were suicidal in order to approve an abortion on health grounds.[33] One woman recounted her experience obtaining a legal abortion for Canadian Abortion Rights Action League's (CARAL) 1981 brief to the Minister of Health. This account is worth quoting at length

---

[31] Winnipeg's Women's Health Clinic, "Winnipeg's Women's Health Clinic – An Overview," CWMA, Healthsharing fonds, box 255, file 5, "Submissions and Screening: Summer 1993 and Immigrant Women's Special Issue," p. 2.
[32] No author listed, "Morning Counselling Workshop Summary," Library and Archives Canada (LAC), Association for the Review of Canadian Abortion Laws fonds (ARCAL fonds), MG 28 I 350 v. 2, file: "Abortion and Contraception Committee of Toronto, 1975," p. 1.
[33] Janis Nairne, personal interview, November 22, 2010, Port Alberni, British Columbia.

because it illustrates the significant implications that the process had on women's sense of self and on their understanding of their abortion:

> My emotional scars will be with me for a long time. They are not the result of the abortion, which left me feeling only relief, but from the degrading and dehumanizing merry-go-round to which I was subjected.
>
> I am a strong person. I certainly will survive. But what about other women and girls? They may not be as fortunate. The process is humiliating. It is a kind of deliberate torture which seems designed only to make women 'pay.'

This woman's negative experience, however, did not cause her to question her decision. Instead, her experience reaffirmed her belief in a woman's right to choose, a right that has been constrained by geographic, social, economic and political barriers:

> If I had to I would do it all over again. I would suffer the expense, (long distance calls, car rental, motel, meals, missed work). I would put up with the rude, unfeeling nurses, the doctors who hung up at the mention of the word abortion. I would put up with the ten weeks of fear, nausea, headaches and emotional turmoil. I would go through the daily ritual of phoning doctors. I would even put up with the post-operative examination.
>
> I would go through the whole long, frustrating, insensitive procedure again rather than be forced by strangers to continue a pregnancy that my judgement, my life, my body, my mind, all tell me that I am not ready to handle.
>
> It is finished with me now, but I can't help wondering what point there was to this ordeal.
>
> Is justice actually served by ensuring that women who find themselves in similar situations are humiliated and degraded. Has some humane purpose been served?[34]

---

[34] Canadian Abortion Rights Action League (CARAL), "A brief to the Minister of Health, The Honourable Dennis R. Timbrell, Submitted by the CARAL, September

This anonymous woman was able to identify her discomfort and stress as stemming from the "insensitive" nature of the TAC system, and her awareness of broader issues and her personal framework for understanding her own experience with abortion made a particularly useful resource for CARAL's brief. In particular, she recognized that many women might not have a framework that would allow them to disentangle their own anxiety with having an abortion from the distress of having to navigate through a highly bureaucratic process that was both degrading and dehumanizing.

In spite of the degradation associated with psychological assessments, the process did serve as a loophole for some women seeking TAC approval. CARAL and other abortion rights groups took issue with the tacit agreement that false claims to mental illness was an appropriate avenue to obtain an abortion. CARAL was concerned that appeals based on feigned mental illness "fosters dishonesty and a general disrespect for psychiatry and the law."[35] Likewise, DRAL were concerned that requiring that an assessment be administered by a psychiatrist diminished the authority of the physician.[36] The legal framing of abortion as a medical issue, as

---

22, 1981," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1971-1982," Appendix.

[35] Ruth Miller, Lynn King, and Mary Boyce, "Submission to the Law Reform Commission Regarding Section 251 of the Criminal Code," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," p. 5.

[36] May Cohen, Linda Rapson, Wendell Watters, "Survey of Hospital Abortion Committees in Canada," CWMA CWMA fonds, X10-1, box 21, file "Doctors for

Jane Jenson notes, limited the pro-choice movement from defining abortion as a basic women's right,[37] and also served to link medical and legal discourses inextricably.

Working through legal and medical bureaucracy was time consuming and required significant resources, not only for the woman in need of an abortion, but also for the health care system. The TAC required a significant time commitment from several doctors, most of whom were not performing the abortions. Patients typically needed a referral from a private doctor to apply for an abortion through a TAC, as well as a psychiatric assessment. The TAC was comprised of three doctors with hospital privileges who were willing to sit on the committee, excluding the doctor who would perform the procedure if approved. For a relatively simple medical procedure to require an average of six physicians to proceed was regarded by many as excessive. Given that, during the 1970s, as now, the rising costs of health care were a significant concern for the government and the public, many took issue with what was seen as an unnecessary medical intervention, especially

---

Repeal of the Abortion Law (Toronto, On): press release, flyer and survey of Hospital Abortion Committee in Canada, 1975 1977," p. 7.

[37] Jane Jenson, "Getting to Morgentaler: From One Representation To Another," in *The Politics of Abortion* Janine Brodie, Shelley A.M Gavigan, Jane Jenson, eds. (Toronto: Oxford University Press, 1992), 15-55, p. 17.

the psychiatric assessment, with DRAL holding that it constituted "a misuse of scarce psychiatric services and... a put-down for Canadian women."[38]

Women often needed help to navigate the highly bureaucratic abortion system. Even phoning to book an appointment at Toronto General Hospital required insider information. An OCAC pamphlet warned that it was "often necessary to spend hours, sometimes even days, just to get through on the telephone to try to book an appointment."[39] Seasoned activists learned of specific times to call in order to book an appointment, but were nevertheless dismayed by the knowledge that hospital quotas and lack of resources meant that even women who did spend hours trying to book an appointment with a TAC might be unsuccessful. In order to help women through the complicated TAC system, activists established grassroots referral services, with connections to physicians willing to write letters of support to expedite the procedure. Ruth Miller recalls how her work with the Women's Liberation Birth Control and Abortion Referral Service led to her getting calls at her Toronto home in the early 1970s: "our stomachs would get in knots, at least mine would, because I would think, 'Where am I going to refer her? If she wants to go to Toronto General she has to phone at three o'clock

---

[38] May Cohen, Linda Rapson, Wendell Watters, "Survey of Hospital Abortion Committees in Canada," CWMA, CWMA fonds, X10-1, box 21, file "Doctors for Repeal of the Abortion Law (Toronto, On): press release, flyer and survey of Hospital Abortion Committee in Canada, 1975 1977," p. 7.

[39] Ontario Coalition for Abortion Clinics, "Stand Up for Choice on Abortion," CWMA, CWMA fonds, X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)," p. 1.

on a Friday afternoon...' It was just awful. And we struggled to refer."[40] Pro-choice activists knew first hand that even well-established TACs were plagued by inherent obstacles to access.

Pro-choice counselors and activists worked to facilitate women's experiences with TACs in a range of ways. Ruth Miller worked in the abortion movement for decades, and her experience, along with those of many other activists of the time, epitomizes the feminist slogan "the personal is political." Not only did Miller refer women for abortions from her home, but she approached her family physician, who in fact delivered her decades earlier, to obtain letters of support for the women seeking her help. He agreed, on the condition that he would only write letters for unmarried women. Miller objected to the view that married women should continue on with unwanted pregnancies, but conceded, because "in those days we were so desperate and we weren't going to argue... we were all very careful not to overtax our doctors."[41] Miller's appeal to her own doctor demonstrates how pro-choice activists drew on any resource they possibly could, blurring lines between their private lives and their activist work. When recalling this request nearly 40 years later, Miller spoke of the interaction in a matter-of-fact way, suggesting that this type of request was fairly standard. Having a reserve of doctors willing to help women seeking abortions and attuned to the

---

[40] Ruth Miller, personal interview, Tuesday, November 9, 2010, Toronto, Ontario.
[41] Ibid.

immediacy of the unwanted pregnancy was invaluable when it came to ensuring that women would be properly represented in their appeals to TACs.

Though the average wait time for an abortion was typically close to two months, there were significant discrepancies in this time frame, affected by a woman's location, age, class, marital status and other social markers. Geographic location was particularly important, since typically "there were one or two large hospitals in each region which performed most of an area's therapeutic abortions. The major exceptions involved some half dozen major cities and more extensively, several sizeable regions."[42] As a result, urban women tended to have much easier avenues of access to abortion. While these markers impacted women's timely access to abortion, the Badgley Commission found that the most significant reasons impacting women's access to abortion were in fact related to medical, rather than personal, issues. The committee's report explained that

> if medical decisions had been more promptly made for these patients, if on an average they had seen fewer physicians, and if the time taken in the submitting and the processing of abortion applications had been shortened, most of these abortion operations could have been performed earlier and at less risk for these patients.[43]

Region, class, age, and other factors were clearly inextricably linked to the medical care that women were able to access and their subsequent medical decisions. The healthcare system, however – and the TAC system in particular – was not designed

[42] Badgley, 1977, p. 21.
[43] Ibid., p. 151.

to ensure equitable access for all Canadians. This inequity was compounded by the fact that many regions went unserviced because nearby hospitals were not accredited. Georgina Feldberg's study of Women's College Hospital's accreditation process to become a post-secondary training institution suggests that accreditation was not a firm set of standards, but instead was "relative... varying from time to time according to the standards of the assessors and rising expectations of the practice."[44] Accreditation was provided by the Canadian Council on Hospital Accreditation, determined by standards for medical, surgical, and obstetrical treatment. Many hospitals had quotas determining how many abortions could be performed per week, suggesting that abortion was different from other medical procedures. The inequity was further compounded on class lines when, in the late 1970s and into the 1980s, many gynecologists opted out of provincial medicare choosing to charge beyond the allotted amount, resulting in patients paying out-of-pocket.[45] As a result, lower-income women and women in particular regions often faced longer delays and other barriers when seeking TAC approval.

---

[44] Georgina Feldberg, "On the Cutting Edge: Science and Obstetrical Practice in a Women's Hospital, 1945-1960," in *Women, Health, and Nation: Canada and the United States Since 1945*, Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, eds, (Montreal: McGill-Queen's University Press, 2003), 123-143, p. 131.

[45] Committee for the Establishment of Abortion Clinics (CEAC), "Fact Sheet No. 1, September 15, 1982," CWMA, CWMA fonds, X10-1, box 21, file "Committee for the Establishment of Abortion Clinics (CEAC, Toronto, On): fact sheet and submission to Minister of Health, 1982," p. 2.

The grim reality of inaccessibility and the perilous repercussions are exemplified with the story of a First Nations woman who traveled to Vancouver to obtain an abortion with the help of the Abortion Information Clinic. Janis Nairne, who volunteered at the clinic, recalls that the woman, who initially contacted the organization by post,

> had five children and was desperate to have an abortion. And so when she made it to town, we put her up in our communal house, and at that point she didn't have the timelines to go through [Vancouver General Hospital]. We had been approached by a doctor who was doing abortions in Point Roberts [Washington]. So he would come to your house, and pick up women – in his Mercedes – and take them across the border to Point Roberts where he would perform the abortion. But my understanding was that he used absolutely no painkillers or anesthetics for this process. But... we ended up... sending her there... I think I stayed up all night listening to her, checking on her. Because I was terrified that she would start to bleed and then we would have to have the authorities enter the house, and all the things we were saying politically would be discounted because we were using this illegal abortionist.[46]

This client's geographic isolation from accredited hospitals meant that she faced unnecessary delays while she traveled to Vancouver, which meant that she was into her second trimester and no longer eligible for an abortion at VGH. This woman's marginalized status as a First Nations woman living on a reserve, coupled with her precarious financial situation,[47] was further compounded by the fact that

---

[46] Janis Nairne, personal interview, Monday, November 22, 2010, Port Alberni, British Columbia.

[47] Nairne reports that women with financial means typically stayed in hotels while in Vancouver for an abortion. Furthermore, the delays in getting to Vancouver can

social services such as abortion were even less accessible to her than to other women whose lives were less marked by these social disadvantages. Nairne's recollection nicely articulates the simple fact that therapeutic abortions remained inaccessible to a particular group of women who already faced hardship when accessing social services. Activists recognized the ways that these hardships were compounded to further disenfranchise particular women, and targeted their services to address these systemic barriers.

Hospital boards were subject to both federal and provincial stipulations when it came to establishing TACs, which meant that there were significant discrepancies with regards to standards and procedures across the country.[48] The federal laws regulated abortion, while provincial governments controlled health care funding, leading to a wide range of standards across the country. These discrepancies made it difficult for some pro-choice activists to target their attentions effectively through lobbying. A 1983 *Status of Woman News* article reflected on the time, lamenting that

> in lobbying for change, we find ourselves in a jurisdictional black hole, with neither level of government willing to take responsibility. The federal government assures us that the problems are not in the abortion law itself, but in the administration of the law at the provincial level. The provinces advise us that their hands are tied by the federal legislation and that we should be concentrating our efforts

---

likely be partially attributed to this woman's financial situation. Janis Nairne, personal interview, Monday, November 22, 2010, Port Alberni.

[48] Badgley, 1977, p. 106.

> on the federal government. Accordingly, lobbying has proved ineffective at both levels.[49]

This redirecting of authority at the provincial and federal level provided individual hospitals with a justification for their role in the lack of access to abortion, and one (likely) unintentional consequence was that pro-choice lobbying was particularly difficult to co-ordinate. Individual hospitals were equally unenthused by the politicization of their AGMs, as the Executive Director of the Vancouver General Hospital, Dr. Chapin Key, explained in 1977, "This is a federal-provincial political issue, not one that should be fought at the level of the hospital."[50] Across Canada, TACs, hospital boards, and federal and provincial governments deflected authority and responsibility for ensuring that legal, therapeutic abortions were available to women in need. The Vancouver-based Concerned Citizens for Choice on Abortion (CCCA) saw the legal ambiguities as a significant hindrance to the pro-choice movement, charging that until the federal law was stricken from the books, provincial governments would continue to "hide behind them, allowing each hospital to make its own decision about whether or not to provide abortion services."[51] Many health ministers, too, deferred their authority, asserting that they

---

[49] Michele Dore and Diana Majury, "Update: On Abortion," in *Status of Women News* (Spring 1983), CWMA, National Action Committee on the Status of Women fonds (NAC fonds), X10-24-4, box 903 file "Abortion," p. 22.
[50] Bob Sarti, "2,000 sign up for new fight over VGH abortion policy," *Vancouver Sun*, Saturday, March 19, 1977, p. 26.
[51] Concerned Citizens for Choice on Abortion, "A Woman's Choice, A Strategy for the Abortion Rights Movement," CWMA, CWMA fonds, X10-1, box 22, file

would not exert and could not influence hospital board decisions with regards to whether or not a hospital would establish a TAC and who would be appointed to the committee. However, most provincial laws delegated the responsibility of regulating insurance issues and service provision requirements to these ministers.[52] As a result of this widespread deferral of responsibility, pro-choice efforts had to take place simultaneously at local, provincial and national levels, working towards long-term broad objectives of improving abortion access for all Canadian women while also addressing the immediate needs of individual women.

The federal law itself left many of the regulations to provincial jurisdiction, and often decisions were left to the discretion of individual hospitals. As Jane Jenson notes, the medical community's petition for clarified laws was a catalyst for the 1969 legal amendment; the Canadian Medical Association (CMA) sent a delegation to the House of Commons in 1967 to explain the ways that the legal regulations forced doctors to break the law. Jenson explains that the CMA's argument was based on the "their disingenuous appeal to being 'lawbreakers', despite their professional status and success, [which] could only effectively point out the impossibility of prolonging the current ambiguity. Indeed, there was a clear

---

"Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," p. 7.

[52] no author listed, "CARAL, P.E.I. news," CARAL newsletter March 1, 1988, CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): Constitution and by-laws, statements, briefs and other materials, 1974-1990 (2 of 3)," p. 1.

notion that the existing law was discredited, if persons of this stature had to break it."[53] Jenson and others maintain that the laws were shaped by a medicalization discourse that granted greater authority to doctors and hospitals while doing little to improve reproductive choice for women.[54] The CMA and professional lobbies were well-organized and could advocate for amendments to abortion laws that did not directly challenge the status quo, and were thus particularly effective.

Though the CMA sought to change the law in order to clarify doctors' roles and responsibilities, the legal amendments in fact resulted in further confusion. In 1972, Martha Weir, a representative from the Calgary Birth Control Association, wrote to Alberta Attorney General Mervin Leitch to explain the legal ambiguities that impacted abortion services on many levels, explaining that the federal law placed significant power in individual hospitals to make decisions. Weir held that many hospital officials had an "unreasoning fear of civil suits,"[55] and suggested that, as legal advisor to the provincial government, Leitch should clarify the legalities on abortion provision. Leitch further complicated these legal uncertainties by responding that he did not have any jurisdiction over hospitals and that the

---

[53] Jenson, 1992, p. 27.
[54] Tracy Penny Light, *Shifting Interests: The Medical Discourse on Abortion in English Canada, 1850-1969* (unpublished thesis: University of Waterloo, 2003), p. 2; Jenson, 1992, 15-55, p. 37.
[55] Martha Weir to The Honourable Mervin Leitch, "letter, March 10, 1972," Glenbow Archives (GA), Calgary Birth Control Association fonds (CBCA fonds), 103/76.5, 7071, Box 4/17, untitled file, p. 1.

governing body in question was in fact the Ministry of Health.[56] The legal terrain that doctors and doctors' associations had hoped would be clarified with the 1969 legal amendments remained unclear, and their increased autonomy paradoxically made them feel more vulnerable to legal sanctions than when they had been performing illegal abortions. The Canadian Association for the Repeal of the Abortion Law (CARAL) was unequivocal in its assessment that "the law as it stands is confusing, open to various interpretations, contrary to provisions of the Canadian Bill of Rights, largely unenforceable, and anomalous."[57]

As the laws, as vague as they were, became increasingly understood and entrenched, it became evident to those involved that hospital boards, rather than individual doctors or even provincial and federal laws, were responsible for determining how abortion services were made available to women. A 1979 *Vancouver Sun* article by Malcolm Reid clearly articulated the realities of the legal amendments a decade after the omnibus bill, holding that the "law was a compromise... because it both legalized abortion and provided a way of preventing the law from being put into effect." Reid's article went on to explain the widespread and substantial authority of individual hospital boards, writing that "all a hospital has to do is not get around to forming its abortion committee – which is

---

[56] Mervin Leitch to Martha Weir, "letter, March 23, 1972," GA, CBCA fonds, 103/76.5, 7071, Box 4/17, untitled file, p. 1.
[57] Ruth Miller, Lynn King, Mary Boyce, "CARAL Submission to the Law Reform Commission Regarding Section 251 of the Criminal Code," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," p. 2.

what the immense majority of Quebec hospitals have done – and it is as if abortion were still illegal."[58] Criminal Code stipulations required TAC approval for legal abortions, but did not specify that any hospital establish a TAC, even if abortion services were under- or unavailable in the area. Furthermore, the vague language of the law meant that hospital boards were also responsible for determining whether carrying a pregnancy to term constituted a threat to the patient's health, which could, but did not necessarily, include age or socio-economic standing of the patient, fetal health and eugenic concerns, mental health and future health issues. Though this discretionary power accorded to hospital committees served to exacerbate unevenness of access, CARAL found that those women who were unable to access these TACs were disproportionately "those in rural and northern Canada, those who [were] ill-educated, those in areas where no hospitals have chosen to establish committees or where so few have done so that they cannot accommodate all abortions requested of them, and those who [were] poor."[59] In short, the application of the law, if not the law itself, was discriminatory, which feminists scholars have noted was true of health care more generally.

Federal and provincial interpretations of the law tended to defer to hospital boards, according these organizational bodies significant autonomy. Hospital

---

[58] Malcolm Reid, "Abortion-performing clinic exists uneasily in Quebec," *Vancouver Sun,* Monday, December 17, 1979, p. A6.
[59] Ruth Miller, Lynn King, Mary Boyce, "CARAL Submission to the Law Reform Commission Regarding Section 251 of the Criminal Code," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," p. 2.

boards would decide whether to establish a TAC and whether members of the TAC would be elected or simply appointed. In either scenario, the presence of an anti-abortion member on a TAC would understandably result in a bureaucratic impasse. Local politics and private interests often determined hospital decisions with regards to TACs, taking precedence over patients' needs. It was in this context that hospital boards became "political battlefields," as both pro-choice and anti-abortion activists rallied to have their interests represented.[60] Struggles to mobilize explicitly pro-choice or anti-abortion hospital board members ensued across the country, with both sides responding to what they perceived as challenges to hospital boards' autonomy with mass action campaigns. These campaigns are particularly interesting because they represent a specific action with a clearly-defined, objective goal and were undertaken by both pro-choice and anti-abortion activists, with both sides relying on sheer numbers of a mass movement. For the pro-choice movement, the struggles to preserve or instate pro-choice hospital boards also served as a means to connect local and national politics, adding a new dimension to the feminist doctrine of the personal as the political.

The hospital board campaigns represented an important compromise for pro-choice activists. From the outset of the 1969 legal revisions, pro-choice activists had renounced the gatekeeping role of a TAC, charging that, at best, the

---

[60] Michele Dore and Diana Majury, "Update: On Abortion," in *Status of Women News* (Spring 1983), CWMA, NAC fonds, X10-24-4, box 903 file "Abortion," p. 22.

system was a bureaucratic obstruction that only served to delay or restrict access to the procedure, causing women further anxiety in an already stressful situation. At worst, the TAC system was "discriminatory and sadistic,"[61] keeping women from obtaining much-needed abortions either through denying applications or by a dearth of committees in specific areas. In spite of such damning appraisals, many pro-choice activists nonetheless supported calls for all hospitals to establish TACs. In the process, a consensus emerged among activists that there was an inherent desirability in having all hospitals accredited. For example, the Canadian Welfare Council suggested that in cases of smaller hospitals lacking three doctors to sit on the committee and a fourth to perform the procedures, that the legislation be revised to allow for a doctor to perform abortions with written assent from another doctor.[62] *The Pedestal*, the Vancouver Women's Caucus monthly newspaper, expressed a similar sentiment in a more radical fashion, issuing a "declaration of war" to Parliament, holding that hospitals and hospital official must be held "responsible to the women they supposedly serve." The 1970 article went on to charge, "we will not be stopped by red tape or other measures of diversion. All

---

[61] Heather Hildebrandt, "Viewpoint: Abortion," 17 September 1970, in "Hildebrandt, Heather. 'Viewpoint – Abortion.' (Radio Editorial?), 1970," LAC, ARCAL fonds, MG 28 I 350 v. 2, p. 2.

[62] Canadian Welfare Council, "Canadian Welfare Council Statement on Abortion to the House of Commons Standing Committee on Health and Welfare," Appendix "SS" in House of Commons Second Session – Twenty-seventh Parliament, 1967-68, Standing Committee on Health and Welfare, Chairman: Mr. Harry C. Harley, Minutes of Proceedings and Evidence, No. 17, Thursday, February 1, 1968, LAC, ARCAL fonds, MG 28 I 350 vol. 6, p. 707.

power to the people! Women-power to the women-people!"[63] The vast majority of reproductive rights activists agreed that free abortion on demand, unencumbered by assessments of the circumstances or any official approvals, was the major objective of the movement.

While critiquing the TACs, abortion access sought to increase accessibility to TACs, especially as anti-abortion forces sought to take over hospital boards. Carolyn Perkes, an Ontario feminist living in Quebec, explained

> we are all diminished by federal abortion law; we are all threatened by pro-life lobbying, hospital board take-overs and the deteriorating quality of health services. Ultimately... we must ask ourselves as feminists if we are prepared to deal with the possibly more insidious threats to women's autonomy posed by increasingly complex reproductive technology. We must come to grips now with the basic issues. Securing abortion as a fundamental right must remain the first item on the agenda of a highly cohesive, vocal movement.[64]

Like many activists, Perkes, an abortion counselor based in Quebec City, saw the legal requirements of a TAC to be a primary barrier impeding accessible abortion, but also recognized that the system was vulnerable to anti-abortion actions to even further reduce action through hospital board take-overs and lobbying. Though it was counter-intuitive, the first step to achieving extended, and eventually complete

---

[63] Gwen Hauser, "'Free Abortion on Demand': Parliament Forced to Listen," in *The Pedestal*, Vol. II Number 5, June 1970, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 23: "General Reference," p. 1.

[64] Carolyn Perkes, "Carolyn Perkes to Healthsharing, With regard to Ellen Mark's review of Not an Easy Choice by Kathleen McDonnell in the Winter 1984 issue," CWMA, Healthsharing fonds, box 253 file 1 "Submissions and Screening/Correspondence: April 1985 to March 1986," p. 2.

access to abortion, was in fact preserving the problematic TAC system as best as possible. As long as the law required TAC approval, simply denouncing the validity of this law would not serve to help women in need of abortions access the procedure. As a result, pro-choice activists found themselves temporarily working to improve a system that they considered to be inherently flawed.

The fate of TACs became a particularly contentious issue in 1975, when Vancouver's Pro-Life Society targeted the Vancouver General Hospital (VGH). Since "virtually all abortions" in Vancouver at the time were performed at VGH,[65] the Pro-Life Society sought to elect an explicitly anti-abortion Board of Directors to the VGH. Restricting abortion provision at VGH would have dramatic repercussions for the entire province, as VGH was known for its "relatively progressive approach towards abortion." The VGH board was elected by members of the hospital, a loose affiliation open to anyone over the age of 19 who was not an employee of the hospital. VGH's Board of Directors was responsible for appointing doctors to the hospital's TAC, and thus a board with a majority of representatives committed to restricting access to abortion at the hospital was well-positioned to do just that. Anti-abortion forces recognized the potential power available to the board, and sought to harness it. They organized a membership drive for the VGH, hoping to elect a like-minded group to the board who would, in

[65] Concerned Citizens for Choice on Abortions, "Defend your right to choose pamphlet," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 7: "CCCA [Concerned Citizens for Choice on Abortion]," panel 3.

turn, either disband the TAC or appoint doctors to the committee who would be unlikely to approve applications. The 1975 VGH Annual General Meeting marked the first time that abortion became a central issue in Canadian hospital board elections. The Pro-Life Society of Vancouver capitalized on the accessible membership process that required filling out a form and a two-dollar payment in order to secure voting privileges to elect the next hospital board. Pro-choice activists in Vancouver mounted an ad-hoc retaliatory campaign, charging that abortion access in Vancouver was "under attack."[66] While the anti-abortion activists registered hundreds of supporters to the hospital society, the pro-choice movement learned of the campaign sufficiently early to ensure that no explicitly anti-abortion candidates were elected. In the process, the 1975 VGH AGM helped both pro-choice and anti-abortion activists identify the authority hospital boards held. Though there were certainly benefits to waging rhetorical battles in the media or the streets, both groups saw the material advantages of controlling service provision in hospitals, and similar campaigns arose across British Columbia, and quickly began to move east to the rest of the country.

Over the next three years, pro-choice activists mobilized to responds to threats to abortion access by way of hospital boards in a few key ways. New membership registration for VGH closed a month prior to the AGM, at which point

[66] CCCA, "Defend Your Right to Choose," [pamphlet], CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 16: "Hospital Board Elections – News Clippings," panel 3.

activists focused on encouraging registered members to attend the AGM, as voting by proxy was not permitted. As both pro-choice and anti-abortion groups focused on mass mobilization, hospital AGMs became major events, with 500 attendees at the 1976 VGH AGM and over 2000 expected in 1977. The AGMs became so well-attended that they were in fact held off-site; the 1977 VGH meeting took place at the Hyatt Regency Hotel.[67] With busloads of registered members of the hospital society arriving at the meeting from outlying communities such as Surrey, Chilliwack and Abbotsford, pro-choice supporters feared they were outnumbered. Ann Thomson writes that "quick thinking by a hospital administrator saved the day[, when] it was moved and carried that only residents of Vancouver be accepted as voting members in the society."[68] This limitation would later be used by anti-abortion forces in the Slocan Valley in British Columbia. Nancy Janovicek's research on the Back-to-the-Land movement in the West Kootenays explores some of the emotions involved with residential voting restrictions, which women saw as regional prejudice rather than an explicit attempt to keep pro-choice votes from determining the hospital board.[69] With a larger urban hospital like VGH, auxiliary members denied votes responded to the residential restrictions with fewer personal

---

[67] Thomson, 2004, p. 81.
[68] Ibid., p. 81.
[69] Nancy Janovicek, "'Get out your woolies and come help elect a good, pro-choice hospital board': defending access to abortion in the West Kootenays, British Columbia, 1985-1991," Panel Presentation, Canadian Historical Association Annual Meeting, 31 May 2011.

reactions, as their interaction with the hospital was primarily limited to their struggle to limit abortion services.

The response to the anti-abortion targeting of VGH was a diffuse, grassroots campaign, but it alerted pro-choice activists in Vancouver to the fact that anti-abortion groups were well-organized. Pro-choice activists recognized that they needed to overcome their differences and work together to fend off an anti-abortion hospital takeover. In order to do so, local pro-choice feminists, primarily young professionals, formed the Concerned Citizens for Choice on Abortion (CCCA) in January of 1978.[70] CCCA's stated mandate was to prepare for the election of trustees to the VGH, by orchestrating a membership drive and organizing rallies and marches to promote the issue and mobilize support.[71] Though the hospital elections were the catalyst for the founding of the CCCA, the organization took a multi-pronged approach from the outset. An early pamphlet outlined the organization's "active campaign" focused on mobilizing a pro-choice majority across the country by organizing rallies and demonstrations, holding workshops, engaging with the media, and coalition building.[72] The CCCA identified membership campaigns at VGH and other hospitals as a primary threat to abortion

---

[70] Thomson, 2004, p. 81.
[71] CCCA, "Concerned Citizens for Choice on Abortion," [pamphlet], CWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," inside panel 1.
[72] Ibid., panel 2.

accessibility in Vancouver, and undertook an annual campaign of their own to preserve the limited abortion services that were available by electing a hospital board that was pro-choice. It was particularly important to preserve abortion access at VGH because so many of British Columbia abortions were performed on-site. However, as pro-choice activists noted, "one hospital and a handful of enlightened doctors cannot handle the main case load for the whole mainland."[73]

In order to defeat anti-abortion voters in hospital elections, the CCCA sought to mobilize large numbers of pro-choice Vancouver residents. Drawing on a rhetoric that highlighted the anti-abortion threats to service, the CCCA sought to encourage participation by a silent, pro-choice majority that had yet to become involved with the issue. The CCCA published pamphlets explaining the situation in unequivocal terms. The CCCA, and the anti-abortion contingent staging their own campaign to restrict abortion access, framed the hospital board elections as solely concerned with the issue of abortion. While this assessment was indeed true for many involved in these hospital board campaigns, it was problematic for hospital administration, who faced a wide range of important issues beyond abortion access on a daily basis, and wanted and needed a Board of Directors who recognized these diverse concerns. Nonetheless, the CCCA continued to highlight the anti-abortion threat to access, in order to assemble a wide range of support.

---

[73] no author listed, "The Abortion Machine," SFUA, Candace Parker Women's Movement fonds, Box 13459 Container 165-1 file: "Abortion/Birth Control, 1969-1970," F-165-0-2, p. 2.

The most substantial challenge facing the CCCA with regards to hospital board actions was voter apathy, and thus the group worked to eliminate as many barriers as possible that might keep Vancouver residents from registering with the hospital board, and, equally as important, attending the AGM to vote. Membership drives required mass mobilization and Vancouver pro-choice activists made use of all possible media. CCCA published pamphlets outlining the importance of registering to vote for the VGH AGM, advertised in feminist newspapers and newsletters, and relied heavily on word of mouth. CCCA documents explicitly requested that supporters help others to register. In order to facilitate registration, CCCA worked to make membership forms readily accessible, leaving them with a variety of different women's organizations, including the Women's Book Store, University of British Columbia's and Simon Fraser University's Women's Centres and the NDP's Women's Committee, and ensuring that they were prominently displayed at the hospital. CCCA also held street-corner membership drives to attract pro-choice voters who might not frequent local women's organizations.[74] Individuals and organizations also delivered completed registration forms to the hospital with the $2 membership fee, with individuals bringing in hundreds of

[74] Ann Thomson, "Our Work in the Vancouver Abortion Rights Movement: CCCA – 1978/79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 5.

forms at a time.[75] Once members had been registered, the CCCA needed to maintain the momentum of the membership drives by encouraging newly registered members of the hospital society to attend the AGM and vote. The AGM was scheduled for August, and the summer months were notoriously difficult to mobilize volunteer support.[76] Whereas other actions were typically framed as part of a general progression toward improved accessibility, hospital board campaigns were seeking to protect the limited advances already in place. This campaign required mass support, but unlike demonstrations, petitions, or organizing, supporters needed only to attend the AGM and vote. The hospital elections were not a wide-reaching campaign, and they required relatively little commitment, but the timing itself was inflexible and CCCA struggled to ensure that new supporters would attend the meeting.

At the same time, the hospital board elections were extremely successful in encouraging new involvement with the pro-choice movement. More generally, he VGH hospital board elections marked the first time that abortion became a central issue for the public with regards to hospital administration issues. The situation mounted each year, and in 1978 different sources estimated that there were

---

[75] Bob Sarti, "2,000 sign up for new fight over VGH abortion policy," *Vancouver Sun*, Saturday, March 19, 1977, p. 26

[76] No author listed, "BCFW Health Sub-Committee Report – November /77," BCFW Newsletter, Volume IV, No. 2, SFUA, Port Coquitlam Area Women's Centre fonds, Box 9053 Container 76-6 file "B.C. Federation of Women, 1977-1979," F-76-5-0-6, p. 3.

between 25 000[77] and 40 000[78] membership application forms in circulation. Even though residency requirements effectively disenfranchised many anti-abortion activists from VGH membership, their attempts to corral the VGH board underscored the urgency of the situation to the pro-choice activists, who responded with a multi-pronged membership campaign the following year.

Though these membership drives were focused on abortion accessibility, abortion was not the only contentious issue facing the VGH board. VGH nurses were also seeking representation on the hospital's administrative body, and their bid further enhanced the increased public interest in the 1978 AGM, while also creating significant internal tensions among hospital administrators and staff. Fearing the outcome of an over-attended, highly controversial AGM, hospital administrators sought to avoid the situation entirely. In August of 1978, Social Credit health minister Bob McClelland placed the hospital under provincial trusteeship, circumventing the AGM entirely. Under trusteeship, McClelland appointed a president, former RCMP officer Peter Bazowski, who assumed the authority of the now-disbanded board of directors. Eventually VGH's administration switched to an appointed board. Though the stated reason behind

---

[77] CCCA, "Concerned Citizens for Choice on Abortion," [pamphlet] iCWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," inside panel 1.

[78] Miguel Moya, "VGH faces glut of members," *Vancouver Sun*, July 8, 1978, cited in Thomson, 2004, p. 81.

trusteeship was the internal tension between nurses and the hospital administration, many involved in the hospital elections campaigns felt that McClelland also wished to avoid an abortion controversy. Whether or not preventing a battle over abortions was an unintended consequence or the explicit objective of trusteeship, the result of the provincial takeover was to dissipate the debate entirely. Those mobilizing pro-choice voters for the VGH election saw the takeover as "a partial victory for us," though parenthetically noting "(as well as a partial setback)." Activists believed that the government intervention was a testament to the power of the movement and the salience of abortion as a social and political issue.[79] Likewise, though this government intervention did not result in complete restriction of abortion services at VGH. NDP MLA for Burnaby Edmonds Rosemary Brown reminded pro-choice activists that this provincial takeover should not be seen as advantageous. The struggle to preserve abortion services in hospitals was only a temporary solution. In order to claim a meaningful victory, according to Brown, pro-choice activists needed to see the law repealed and the procedure readily available across the country.[80] Without the focus of hospital election campaigns at VGH, CCCA revised its mandate. Members continued to work on pro-choice endeavours, but the

---

[79] Ann T., "A Strategy for the Abortion Rights Movement (part of panel discussion at International Women's Day, Vancouver, 1979)," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 2-3.
[80] Hilda Thomas, "The Right to Choose: 200 protest Mair's attacks on abortion rights," in *Priorities, A Feminist Socialist Perspective*, July-August 1980, Vol. VIII No. 4, p. 12.

primary action of mobilizing support to protect abortion services at VGH was now moot.

The VGH hospital board campaigns ended in such a way that suited neither pro-choice nor anti-abortion groups. The government intervention also alienated hospital staff and administration, and everyone involved conceded that there had been gains and losses. From the perspective of the pro-choice movement, there were certainly significant benefits of waging a campaign focusing on mass mobilization of a pro-choice majority. The pro-choice movement, which had up to this point been primarily composed of left-leaning feminists, was obliged to reach out to more liberal, mainstream supporters in order to ensure a successful mass action. These compromises were political, strategic and personal, and most activists and feminists believed they were necessary in order to protect abortion services in Vancouver – as hospital board elections became sites of contention in other provinces, across the country.

The first advantage of the hospital board election campaigns was that the actions focused on an attainable goal. The rallying call of "free abortion on demand," although all-encompassing, was so vague and lacking in discernible, quantifiable goals that it was difficult for those in the movement to sustain their enthusiasm or to strategize how to improve accessibility of abortion services across the country. A hospital board election campaign, with its measurable, direct objectives, resolved these issues. The CCCA credited their "aim and focus" with

their success, and used a "two-pronged approach" to target hospital board elections.[81] The group's membership drive, bolstered by rallies and demonstrations, served the immediate goal of ensuring that the VGH board, and later that of the Lions' Gate Hospital in Vancouver, remained pro-choice while drawing attention to the larger issue of abortion accessibility.

There is no doubt that abortion was an important issue for the feminist movement. Judy Rebick explains that it was, in fact, "the first issue to unite the women's movement, and it was the issue that put the greatest numbers of women into the streets in protest."[82] While abortion was a salient issue for the women's rights movement, smaller actions like hospital board elections must also be seen as key to the emergence of a separate reproductive rights and abortion access movement. This movement included, but was not restricted to, feminists, and there were differences distinguishing the reproductive rights movement from the feminist movement. Women and men, many of whom were hesitant to become involved in more politically-charged, radical feminist action now had a campaign they could support, a more moderate and restrained foray into activism. The general public was roused into action by the direct threat to abortion access, and hospital board elections provided pro-choice advocates with precise numbers of supporters. By

---

[81] CCCA, "CCCA," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-7, file 9: "CCCA," p. 1.
[82] Judy Rebick, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin, 2005), p. 156.

registering pro-choice voters, the movement was able to publicly identify the "silent majority" that pro-choice advocates had long insisted dominated Canadian public opinion. Though some advocates worried that hospital board elections became a "numbers game,"[83] the movement certainly benefited from each hospital board victory, and from being able to quantify, and later to track, new supporters. Though opinion polls had long suggested that the Canadian public supported accessible abortion,[84] the membership drives placed this data in the hands of abortion activists, who used the information to demonstrate the broad support for abortion.

Though these membership drives began in Vancouver, they occurred across the country, as anti-abortionists saw the potential to limit access and as pro-choice interests were put under attack. The ensuing hospital membership campaigns highlight many important issues that shaped pro-choice strategies following the 1969 amendments. In many ways, the hospital board election drive benefited the pro-choice movement, providing the notoriously ambiguous movement calling for "free abortion on demand" with a concrete, measurable goal that required mass mobilization of a pro-choice majority. Coalitions formed across different political

---

[83] Ann [no last name listed], "Report on work with [CCCA]: Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 9 "RWL [Revolutionary Workers League] Women's Liberation Committee," p. 2.
[84] No author listed, "Gallup Poll on Abortion, October 1974," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "Canadian Association for Repeal of the Abortion Law, N.D. 1974-1975," p. 1.

lines and victories were easily championed as the pro-choice movement safeguarding recently-granted rights. At the same time, however, the hospital board campaigns only offered the movement a limited, and fleeting, victory, and often required significant compromise as pro-choice activists struggled to protect and bolster a system they found inherently problematic.

As was the case in Vancouver, similar hospital board election campaigns took place across the country, connecting a national issue to local needs and circumstances. The feminist movement has a rich history of framing the personal as the political, and the abortion rights movement was particularly well-suited to this feminist principle. National laws and provincial health care and funding systems were interpreted by local hospital boards, resulting in uneven access to abortion services across the country. The hospital board campaigns were particularly well-suited to bridging the gap between these national and provincial issues with local, and even individual, concerns. Notes from an undated strategy planning session for the Vancouver Women's Caucus's Abortion Committee highlighted the importance of local organizing that was particularly focused on individual hospital boards and municipal governments.[85] Such a focus would clearly illustrate the shortcomings of the laws while demonstrating the tangible effects on individuals. While large scale

[85] no author listed, "Important, All Day Strategy Meeting for the Women's Caucus Abortion Campaign, Sunday, February 22, 10 a.m.," SFUA, Candace Parker Women's Movement fonds, Box 13459 Container 165-1 file "Abortion/Birth Control, 1969-1970," F-165-0-2, p. 3.

actions explored elsewhere in this study challenged the problematic nature of abortion laws, hospital elections stood out as a way for abortion activists to "confront the system" that obstructed access at a local level.[86]

The hospital elections also mobilized large and diverse organizations into supporting accessible abortion. CCCA actively sought endorsement from women's rights organizations, but also from trade unions and labour organizations, national, provincial, local and regional pro-choice organizations, community organizations, student groups, political groups, and individuals with professional affiliations that might prove useful, particularly politicians and doctors. The CCCA published their list of endorsers in their newsletters, and "based on [the list of supporters]... were able to claim that more than 500,000 people in BC were pro-choice."[87] Support for CCCA, pro-choice issues, and accessible abortion was widespread, and included Women Against Nuclear Technology, the BC Teachers' Federation, several BC NDP constituencies, the Revolutionary Workers League, the Cement Masons, Local 919 and others. By 1987, CCCA had over 120 endorsers from different backgrounds and foci, seemingly united on the issue of abortion access and committed to ensuring that hospital abortions remain accessible, in spite of institutional and legal impediments.

---

[86] no author listed, "Abortion Clinic: Six Months Later," *The Pedestal*, July 1970, SFUA, The Pedestal, User Copies – set B, p. 16.
[87] Thomson, 2004, p. 259.

Forging alliances was a key strategy of marshalling a broad base of support, a necessary prerequisite to taking on anti-abortion forces in a sheer numbers game like hospital elections. Trade unions were particularly valued allies, and, in 1978, the CCCA struck a committee charged with seeking endorsements from trade unions.[88] Obtaining union support was an easy way to bolster numbers, as they represented large numbers of individuals. A 1978-79 CCCA report cited alliances with unions as a politically important tactic, holding that "a very conservative estimate of the numbers represented by endorsing groups would be 50,000-75,000 across the province [of British Columbia]. A significant proportion of these were trade unionists."[89] Trade unions made particularly effective allies because they represented large numbers of individuals who were accustomed to attending meetings and were familiar with electoral processes and the importance of elections. Beyond a willingness to attend meetings, trade union support was also valuable because these organizations issued much-needed resolutions on controversial topics, after motions were carried by a majority. This decision-making process stood in stark contrast to the consensus approach employed by most feminist pro-choice groups. Furthermore, trade unions were focused primarily on

---

[88] Ann [no last name listed], "Report on work with [CCCA]: Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 9: "RWL [Revolutionary Workers League] Women's Liberation Committee," p. 2.
[89] Ann Thomson, "Our Work in the Vancouver Abortion Rights Movement: CCCA – 1978/79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 3-4.

workers' rights, and many of the pro-choice groups working at the time derived from differing, and opposing, political positions that complicated a widespread agreement in spite of the fact that the central objective for all was improving access to abortion in Canada. Ties with unions, as well as with medical professionals and other groups committed to women's and reproductive rights, brought in more mainstream support to the movement. A 1979 article by Ann Thomson, who, at the time, was a member of the Trotskyist group Revolutionary Workers League, explained the importance of union support in no uncertain terms, holding that

> the pro-choice movement must look for powerful allies if it is to achieve success in repealing the anti-abortion laws. One candidate is the trade union movement. The struggle for the eight-hour day, for decent wages, for a universal medicare system, and for many democratic rights have given the trade unions a legacy of fighting for socially progressive causes.[90]

Pro-choice activists logically sought to locate reproductive choice and reproductive rights within the workers' rights framework championed by unions.

Trade unions did not immediately ally with the reproductive rights movement. An anonymous CCCA document from July 1978 nevertheless lamented that "endorsements and fund raising are proving difficult among the trade unions," going on to explain that the BC Federation of Labour (BCFL) declined to endorse or

---

[90] A. Thomson, "(draft of an article on abortion for Kinesis) this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 5.

donate to the association, or to send a representative to rallies to speak.[91] Citing their lack of an official policy on abortion, the BCFL chose not to endorse the CCCA, and many unions within the umbrella group followed in suit.[92] The CCCA did secure an endorsement from the Vancouver and District Labour Council, and reported that the support garnered significant attention from the mainstream press.[93] In November of 1978, the CCCA realized a critical success when the BCFL convention carried a resolution in support of abortion rights. The resolution not only came out in support of abortion rights, but also committed active support to the cause, and was thus an important step forward with regards to "forming coalitions for abortion rights... organizing rallies and demonstrating, [and] in developing educational campaigns for a woman's right to choose."[94] Pro-choice supporters across the country had seen the benefits of trade union support for Quebecois feminists and pro-choice activists and were interested in applying a similar strategy to the movement outside of Quebec.[95] The hospital board elections were perceived as a direct attack on abortion services, as opposed to the more

---

[91] Autharine, "(interim report) Report on Abortion Work in Vancouver – Spring, Summer, 1978," 3 July, 1978, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 2.
[92] Ann [no last name listed], "CCCA, Report on work with [CCCA], Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 3.
[93] Ibid., p. 3.
[94] A. Thomson, "(draft of an article on abortion for Kinesis) this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 6.
[95] Carolyn Egan, personal interview, Toronto, ON, December 22, 2010.

common but equally problematic deterioration of services resulting from underfunding or lack of services. There was a concerted response to the anti-abortion forces' using hospital elections to further obstruct abortion services, and thus these elections served as an effective tactic in terms of encouraging trade unions and other organizations to consider adopting a position on abortion and reproductive rights.

Of course, the reproductive rights movement also had many different positions, and there were significant debates within the movement. Some members of the CCCA, particularly those involved in the Revolutionary Worker's League (RWL), found the narrow focus on hospital elections to be a bit constricting. Though most pro-choice advocates agreed that the larger issues of repealing abortion laws and ensuring equitable services across the country were important objectives, the RWL lamented that "the objective of repealing anti-abortion laws was vigorously rejected whenever it was raised by our comrades [in the CCCA]."[96] While activists saw these local and regional actions as a potential to effect change in individual hospitals, they nevertheless conceded that focusing energy on hospital board elections was a temporary solution to the access problem rather than a long-term strategy. A major advantage of the hospital board election campaigns was the clearly-defined goals and the limited time frame that the action demanded,

[96] Ann [no last name listed], "Report on work with [CCCA]: Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 9: "RWL [Revolutionary Workers League] Women's Liberation Committee," p. 2.

especially given the large scale objectives of "free abortion on demand." The RWL, in particular, took issue with the limited scope of hospital board elections, though the group played a critical role in organizing the campaigns in Vancouver. Like most actions undertaken by the RWL, the group saw the hospital board elections as a means to educate others about their radical politics. Though noting that "there has been an evolution in the political consciousness of the activists of CCCA" the RWL lamented the fact that the CCCA "rejected any demand that aimed higher than for local control of VGH."[97] As a Trotskyist group, the RWL drew on an international perspective, demonstrating the parallels between reproductive rights in Canada with other countries while also locating abortion access within a larger framework of women's and class oppression.[98]

This debate over focus not only demonstrates some of the shortcomings of the hospital board campaigns, but also reveals the different political perspectives that were working together and making concessions in order to improve access to abortion in Canada. The RWL saw the hospital board elections as a starting point for further action directed at the state, a sentiment that was directly at odds with the CCCA's commitment to appeal to a mass audience in order to maintain a pro-choice majority. The CCCA's approach was one of compromise, focused on

---

[97] Ann Thomson, "Our Work in the Vancouver Abortion Rights Movement: CCCA – 1978/79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 3.
[98] Thomson, 2004, p. 86.

enticing the largest number of supporters to the cause. The organization worried that even calling to repeal the abortion law would alienate potential supporters, especially "the respectable element" who had yet to become involved in the issue.[99] In contrast, the RWL, which considered itself "the only left tendency active in CCCA,"[100] worked towards a radical reorganization of society. In spite of their support for reproductive choice and their endorsement of and active involvement in the CCCA, the RWL criticized the umbrella organization's narrow outlook, which concentrated solely on a woman's right to choose, and, later, even further focused on the hospital board elections.[101] The CCCA, however, was comprised of a wide variety of organizations with very diverse political backgrounds, and that these divergent perspectives could work together, however tenuously, is clear evidence that the abortion access movement in the 1970s was a true social movement.

CCCA brought together groups with very different politics, an alliance that was facilitated by a clearly-defined goal and an equally well-defined response to an anti-abortion attack. However, the hospital board campaigns nevertheless required a level of compromise not only with regards to working with groups and

---

[99] Ibid., p. 86.
[100] Thomson, "Our Work in the Vancouver Abortion Rights Movement: CCCA – 1978/79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 5.
[101] Ann [no last name listed], "Report on work with [CCCA]: Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-6, file 9: "RWL [Revolutionary Workers League] Women's Liberation Committee," p. 2.

individuals with starkly different perspectives but also in terms of legitimating the entire concept of the therapeutic abortion system and the legal regulations in place after 1969. Virtually all pro-choice groups and individuals acknowledged that the TAC system was deeply flawed, resulting in unnecessary delays and stress for women in need of abortions. And yet, when the committees were attacked by anti-abortion forces, pro-choice activists were required to rally to protect these problematic institutions. The CCCA worked to frame this struggle as a necessary diversion from their main objective of repealing abortion laws and ensuring that service provision was available to all women across the country, regardless of class, race, age, or region. The CCCA explained that

> pro-choice groups must continue organizing for these elections year after year to maintain the present limited access to abortion. The fact that these battles can take place at all, within the framework of the existing laws, points to the fundamental weakness of the law – it does not guarantee a woman the right to choose. All anti-abortion laws must be repealed and the stigma of crime removed from this simple medical procedure.[102]

Simply put, TACs and subsequent electoral campaigns to ensure that the committees were comprised of pro-choice doctors were necessary evils given the legal restrictions of the time. Some members of the CCCA explained that their concern that "the fight around the hospital boards [was] merely a holding action...

---

[102] CCCA, "A Woman's Choice: A Strategy for the Abortion Rights Movement," CWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," p. 10.

seen by some as short-sighted,"[103] and they encouraged the organization and individuals to remain vigilant in challenging the legality of the abortion laws. In order to provide women with much-needed abortion services in accordance with the legally-mandated bureaucratic approval, pro-choice groups and individuals simultaneously called for repeal of the abortion law and denounced TACs as fostering unnecessary delays and preventing women from gaining critical healthcare provision, while also intervening to improve this committee system, which was, according to pro-choice detractors, flawed to the point of being unworkable. In this sense, the hospital board elections represent one of the most significant compromises undertaken by pro-choice groups in order to help women obtain their short-term healthcare needs while remaining committed to a long-term goal of accessible abortion services unencumbered by hospital bureaucracy and the stigma of being forced to obtain a committee approval.

A further complication made the hospital boards a difficult site of mobilization for the reproductive rights campaign. These campaigns highlighted another key compromise, pertaining to comprehensive health care provision. Hospital boards themselves were important bodies responsible for most of the major decisions at the hospital, and while reproductive choice was a critical part of

---

[103] Margaret Birell and Dixie Pidgeon, "WRC strategy for abortion law repeal," in *Priorities, A Feminist Socialist Perspective*, July-August 1980, Vol. VIII No. 4, SFUA, Port Coquitlam Area Women's Centre fonds, Box 9054 Container 76-7 file "Priorities, 1980, 1986-1987," F-76-6-0-15, p. 13.

health for both women and men, it was only one aspect of a much broader healthcare system. By choosing to run and endorse candidates based only on their willingness to support open access to abortion services, pro-choice groups risked compromising other vital hospital services. The CCCA explained that, as an organization, they considered "this battle [to be] energy-draining, resource-exhausting, and potentially detrimental to the quality of all hospital boards."[104] This concern arose elsewhere, and was addressed in a variety of ways. Many groups and individuals mobilizing around abortion access were committed to electing only board members who were committed to a pro-choice agenda. This was, to be sure, the only way to ensure that there was support for abortion services at the hospital level. Some individuals, particularly those who became involved in abortion activism through radical left politics, found themselves "in the awkward political situation of having to support pro-choice candidates with whom they [disagreed] on other fundamental issues."[105] In contrast, other communities recognized that there was a grey area and that hospitals provided a wide range of services that required protection. Nancy Janovicek found that an ad hoc pro-choice

---

[104] CCCA, "A Woman's Choice: A Strategy for the Abortion Rights Movement," CWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," p. 10.

[105] Birell and Pidgeon, "WRC strategy for abortion law repeal," in *Priorities, A Feminist Socialist Perspective*, July-August 1980, Vol. VIII No. 4, SFUA, Port Coquitlam Area Women's Centre fonds, Box 9054 Container 76-7 file "Priorities, 1980, 1986-1987," F-76-6-0-15, p. 13.

group in Nelson chose not to run a candidate against June Williams, the past president of a local anti-abortion group. The pro-choice group acknowledged that Williams had years of experience and had proven to be an effective board member committed to the Kooteney Lake and District Hospital, and an important ally on issues other than abortion. In spite of their commitment to reproductive choice and accessible abortion services, many individuals and groups granted that hospitals provided an array of services beyond abortion, and made concessions to their platform accordingly.[106] The crux of this compromise was the fact that hospital board elections organized by CCCA and other groups, both formal and ad hoc, were focused around a single issue. While some abortion activists framed their work as solely supporting reproductive choice, others were adamant that abortion access was merely one part of women's emancipation and social and political change. For the latter group, a single-issue campaign was a compromise in and of itself, and working with differently focused groups was a further concession.

Because so many different groups with different political perspectives were involved with the CCCA, questions of leadership and decision-making processes necessarily arose. Though initially intended to be an open group, in April 1978, merely four months after the CCCA's formation, the president of the Pro-Life Society infiltrated organizational meetings, forcing the group to restrict

[106] Janovicek, 2011.

membership.[107] The restricted membership was a point of contention, as some members argued that it was anti-democratic as well as counterproductive. According to one member, the closed membership policy resulted in "organizational confusion," as the group's plans required far more volunteer hours than the original 13 members could provide.[108] In order to advance the CCCA's goals, the group conceded that "'volunteers' can organize in the name of CCCA and can call themselves CCCA members, but cannot attend 'steering committee' meetings."[109] New volunteers could thus participate in CCCA activities, but were relegated to committees with little decision-making power. This two-tiered system led to a "crisis of accountability" according to one organizational review by a core member of the CCCA.[110] Committees would liaise with one or two members from the core CCCA group, known as the steering committee, and though committees could theoretically make their own decisions, these decisions were often overturned by the steering committee.

This confusion was exacerbated by the lack of organizational structure. A 1978 RWL assessment of the CCCA explained that "the core group has operated by means of concensus [sic] and with rotating chairpersons. This anti-leadership and

---

[107] Thomson, 2004 p. 81.
[108] Autharine, "(interim report) Report on Abortion Work in Vancouver – Spring, Summer, 1978," 3 July, 1978, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 1.
[109] Ibid., p. 2.
[110] Ibid., p. 2.

anti-organizational forms approach resulted in its being dominated at first by a loose clique with a lobbyist perspective."[111] This aversion to top-down leadership theoretically meant that the CCCA developed their tactical approaches via consensus. However, consensus was necessarily difficult to attain given the wide range of politics involved in the CCCA, and some members expressed concern that this lack of clearly-defined leadership and resulting "lack of leadership" in fact "represent[ed] an elitist approach to the women's movement."[112] Furthermore, because the umbrella organization united such diverse organizations and individuals, the consensus-based approach resulted in very few revisions to the original mandate focusing on electing pro-choice trustees to Vancouver hospital boards. Some members of CCCA, particularly the radical leftist faction comprised of the RWL, felt that such a narrow focus on hospital boards was short-sighted and ineffective. These political differences resulted in deep fissures within the CCCA, with the RWL accusing other members of the organization of "red-baiting" and open hostility towards their group.[113] Without a clearly defined protocol for decision making, it was common for individuals to feel marginalized from the

---

[111] Ann, "CCCA, Report on work with [CCCA], Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 2.
[112] Ibid., p. 5.
[113] Autharine, "(interim report) Report on Abortion Work in Vancouver – Spring, Summer, 1978," 3 July, 1978, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 2.

wider group, particularly if the group repeatedly made decisions contra to their opinions.

As hospital boards became sites of struggle between pro-choice and anti-abortion groups and individuals, there was more at stake than the election results and the consequences for abortion access. By targeting hospital administration, these campaigns sought to subvert the authority of both the hospital board and the government. By legalizing abortions approved by TACs but making no requirements for hospitals to establish TACs, the government was effectively delegating responsibility to individual hospitals, many of which were unwilling to commit to a firm stance in favour of abortion access and thus declined to establish a TAC. Marshalling support for pro-choice or anti-abortion candidates revealed the extent to which this deflection of authority left hospitals vulnerable to the will of the public. While hospital societies were in some ways intended to provide citizens with decision-making power, this responsibility could be abused, as was, unfortunately, often the case when single-interest groups mobilize to advance their views via the hospital board. Like the general public, hospital administrators, doctors, nurses, and board members tended to have informed opinions on abortion rights, and it was in fact naïve, on the part of both pro-choice and anti-abortion advocates, to assume that hospital boards could be easily influenced by newly-elected, single-issue board members. When faced with elected board members who diverted from the status quo with regards to abortion access, hospital

administrators sought to preserve their previously-established service provision. Provincial takeover, as was the case with VGH, was extremely rare, but doctors, administrators and boards often found themselves in what essentially amounted to a stalemate when newly-elected members sought to strong arm the board and the TAC into either approving or denying applications.

Surrey Memorial Hospital in British Columbia was one such example. In 1980, the board disbanded the hospital's TAC, and doctors "resign[ed] in protest."[114] The dispute was resolved, and the TAC was reinstated, but the issue arose again only two years later. In 1982, anti-abortion trustees were elected to the hospital board, and, in June, moved to terminate abortion services at the hospital. Kinesis, a newsletter published by the Vancouver Status of Women, reported that Surrey Memorial doctors responded by "[refusing] to participate in hospital committees," and that the result was "six months of deadlock between the hospital's anti-abortion dominated board and its doctors."[115] After a mediator was appointed, abortion services eventually resumed at the hospital. Abortion service provision at Surrey Memorial, however, was only protected by a contingent of doctors willing to mobilize to defend women's rights to reproductive choice. Other

---

[114] no author listed, "Exploding Myths: 'Abortions are easy to get in BC,'" in *Aspen: A Newsletter for and by Northern Women*, Volume 3, Number 2, Nov.-Dec. 1980, SFUA, Women's Bookstore Collection (WBC), Fonds 00111 Container 00005 file "BC Women's Centres – Prince George – Aspen: A Newsletter for and by Northern Women, 1979-1981," F-111-6-0-5, p. 10.

[115] no author listed, *Kinesis*, March 1982, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-5, file 10: "General Reference," p. 5.

hospitals did not have a staff of doctors so committed to women's reproductive rights as to resign to protect access. These takeover attempts, then, could have serious repercussions for abortion access, for perceptions of abortion access, and for hospital services more generally. As a result, a hospital board takeover attempt was an uncertain strategic move as it could be directly challenged by anti-abortion forces or the government with very real consequences that directly resulted in an erosion of already-precarious services. However, the approach was most frequently employed as a response to anti-abortion takeover attempts, and was thus more of a temporary solution that addressed neither the shortcomings of the legal regulations nor the precarious state of hospital boards in general and TACs more specifically.

The hospital board campaigns were at once a paradoxical struggle and a significant compromise for pro-choice activists. A 1970 *Pedestal* article clearly articulated the problems with the hospital and the therapeutic abortion systems, holding that,

> the hospital system in Canada plays a major role in the oppression of women. Hospital regulations force women into begging and pleading in order to obtain legal abortions... As we continue, through the Abortion Information Service, to demand therapeutic abortions, we will confront the hospital administrations again and again, individually and collectively.[116]

---

[116] no author listed "... about this page," in *The Pedestal*, published monthly by Vancouver Women's Caucus, Volume II Number 5 June 1970, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 23: "General Reference," p. 5.

The Vancouver Women's Caucus, who published *The Pedestal*, and other pro-choice organizations and individuals remained committed to challenging the prescribed authority of TACs. However, when anti-abortion groups sought control over these bodies to further restrict and delay the medical procedure, the same individuals and groups who rejected the legitimacy of these committees were in the unenviable position of fighting to protect a system that instated uneven and unnecessary barriers to access, that required women to undergo the demeaning process of appealing for a medical procedure, and that served as an arbitrary gatekeeper determining whether women qualified for a "therapeutic" abortion.

Chapter 3: "Lonely, tragic, but legally-necessary pilgrimages": Cross-border Travel for Abortions

Following her 1974 abortion in Calgary, Alberta, an anonymous respondent to a follow-up questionnaire wrote that she felt that the procedure "was the only answer and only way." She went on to explain that she felt "physically – great. Mentally – freed from a 'helpless' situation, relieved and grateful to the doctor who helped me and others even though it was against the opinion of most of the public." Rather than identifying the abortion as a source of stress, she instead named the lack of accessible services as a problem, maintaining that "the abortion produced nothing but relief – it was the strain of the unwanted pregnancy and the desperation of fixing the situation that caused some stress."[1] This woman's assessment of her situation suggests that decriminalization alone did not amount to full reproductive rights. This woman's experience, and those of countless others facing similar situations, demonstrates that access to abortions and reproductive control remained elusive well after the omnibus bill was passed. Access to abortion remained restricted following decriminalization, and the Calgary Birth Control Association (CBCA) explained in 1971, "widespread inequities in interpreting and

[1] Calgary Birth Control Association (CBCA), "Dear Client Nov. 23, 1974," Glenbow Archive (GA), Calgary Birth Control Association (CBCA) fonds, M7071, box 3, file 3.6, p. 2

administering the Canadian Abortion Law exist from area to area and from hospital to hospital within each area."[2]

This chapter will explore the phenomena of traveling across borders, both national and provincial, for much-needed abortions. In order to address women's needs for abortion, activist groups established referral and shuttle services to access abortions. These referral services were extensive, and this chapter will draw on a few key providers as case studies. The first part of the chapter explores the Calgary Birth Control Association (CBCA), which helped women make contact with licensed abortion practitioners in Seattle and Washington, while also providing logistic references including travel and hotel information in the early 1970s. These activists acknowledged the shortcomings of the law, and lobbied the government in a variety of ways to bring attention to the lack of services, but emphasized the immediacy of addressing unwanted pregnancy. By helping women seek services that were outside of the country or province, reproductive rights activists were, to be sure, reducing the pressure on available services, which could serve to subsequently diminish the urgency of their appeals. But activists recognized the time-sensitive nature of unwanted pregnancy, and thus occasionally provided services that might be seen as detracting from their end goal of accessibility in favour of addressing urgent individual concerns. Dr. Henry Morgentaler's Montreal

---

[2] CBCA, "Letter to the Alberta Legislative Building, November 21, 1970," GA, CBCA fonds, M7071, box 1, file 2, p. 1.

clinic was the most recognized abortion provider in the country, particularly after his 1973 public declaration that he had performed over 5000 illegal, yet safe, procedures in his free-standing clinic. This chapter will also examine how ad hoc referral services emerged to help connect women to Morgentaler's clinic.

The CBCA provides one of the most well-organized and well-documented examples of abortion accessibility activism from this period. The organization addressed the shortcomings of the amendments with a cross-border referral service to enable women to obtain abortions in the United States when the procedure proved to be hindered by bureaucratic obstacles in Canada. Christabelle Sethna has documented the extensive travel undertaken by Canadian women in order to procure an abortion both prior to and following the 1969 legal amendments.[3] Sethna's scholarship focuses on the women traveling for the procedures or the businesses involved in what she terms "abortion tourism,"[4] and this chapter seeks to complement her work by demonstrating the volunteer efforts that emerged to facilitate and mediate this type of travel.

Women continued to cross provincial and national borders to obtain abortions even after decriminalization, a finding reinforced by the Badgley

---

[3] Christabelle Sethna, "All Aboard? Canadian Women's Abortion Tourism, 1960-1980," in *Gender, Health, and Popular Culture: Historical Perspectives* Cheryl Krasnick Warsh, ed. (Waterloo: Wilfrid Laurier University Press, 2011), 89-108.
[4] Sethna acknowledges that the term "abortion tourism" is "arguably an insensitive term that has anti-abortion connotations" but she maintains that the term also highlights the very real geographic barriers women face in obtaining abortion. Sethna, 2011, p. 89.

Commission, which found "a continuous exodus of Canadian women to the United States to obtain this operation; and delays in women obtaining induced abortions in Canada."[5] Because of the unclear and inequitable service delivery, many women were forced to travel – often great distances – in order to obtain therapeutic abortions. In 1971, just two years after the ostensible decriminalization of abortions in Canada, the CBCA reported that, "within Alberta, the demand for therapeutic abortion has grown steadily. We estimate that 4,500 Alberta women will obtain abortions during 1971. Of these, only about 2,000 will be performed legally in Alberta."[6] That over half of these procedures were obtained either out-of-province or illegally suggests that the struggle for abortion accessibility did not end with decriminalization.

This chapter will explore the ways that organizations, doctors, and women seeking abortions became involved in a transnational movement working towards abortion accessibility in the 1970s. Many women traveled in order to obtain an abortion without the help of any organization, and continued to do so throughout the 1970s and into the 1980s. A 1984 Ontario Coalition for Abortion Clinics pamphlet drew on a case study to explain the circumstances: "Mary is 37, has five children and got pregnant while using birth control. She wants an abortion. When

---

[5] Robin F. Badgley, Chairman, *Committee on the Operation of the Abortion Law*, (Ottawa: Ministry of Supply and Services Canada, 1977), p. 17.
[6] "Therapeutic Abortion in Southern Alberta: Proposal for a Clinic, March 1971," GA, CBCA fonds, M7071, box 1, file 1.1, p. 7.

she called a Toronto hospital clinic, they told her she would have to call back. She called for weeks and couldn't get an appointment. Finally desperate, she went to the U.S."[7] However, by the 1980s, there were several referral services, both formal and informal, to help women in need of abortions connect with clinics, hospitals, doctors and activists in other countries and provinces.

In one particular case in Alberta, healthcare professionals, the individual women and the organizations themselves were far from radical activists when they first became involved in the reproductive rights movement. Instead, the members of the CBCA were women who were excited by the prospect of a liberalized abortion policy, and committed to helping women gain access to the recently-decriminalized procedure. Upon establishing their referral and counseling service, the CBCA volunteers found that the legal changes had done little to improve the actual availability of abortion services. As a result, the Calgary citizen's group put a significant amount of their efforts into helping women travel into the United States in order to obtain an abortion with as few barriers as possible. Some Canadian women preferred American abortions for a few reasons. A lack of TACs meant that women could avoid questioning around their reproductive choices, thereby providing a more comfortable experience for some women and further helping to

---

[7] Ontario Coalition for Abortion Clinics, "pamphlet: Legalize Free-Standing Abortion Clinics," 1984, Canadian Women's Movement Archives (CWMA), Canadian Women's Movement Archives fonds (CWMA fonds), X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)."

eliminate any unnecessary waiting and bureaucratic obstacles. The process was beneficial to many, and many women clearly felt it was worth their time and money. This cross-border referral service drew on the knowledge and skill sets of Calgary-based activists, health professionals in the United States, and the women who sought abortions. By examining this cross-border endeavour, historians are able to further explore the ways that decriminalization of abortion was a starting point for activists.

In the years directly following the decriminalization of abortion in Canada, activists, doctors, and women recognized a new relationship emerging between activism and the law. While lobbying for liberalizing the legal restrictions on abortion was important, in the 1970s Canadian and American activists joined forces to help women obtain abortions as quickly as possible, recognizing what American historian Leslie Reagan calls "the practical and political limitations of reform."[8] Too often, abortion reform meant institutionalizing abortions by limiting them to hospitals, and the process made it more difficult to further liberalize the laws. Though they were governed by different laws in neighbouring countries, these activists made reproductive rights through accessible abortions their primary goal, recognizing that their position transcended national borders. The cross-border need for accessible abortions served to foster a transnational activist community

[8] Leslie J. Reagan, When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973 (Berkeley: University of California Press, 1997), p. 223.

that pushed at the grey areas of the law regardless of its origins in a particular nation state. The struggle for accessibility also challenged activists' course of action: activists sought to draw attention to the limited availability of the procedure, which was necessarily diminished when women went outside the province and even the country in order to have an abortion. By exploring the extent to which activists established services to help women obtain cross-border abortions, we are able to see the uneven development of abortion activism, which often privileged the immediacy of women's needs over the larger goal of accessibility. These trans-border abortion services effectively illustrate the paradox of reproductive rights accessibility.

Not only were women's experiences around abortion accessibility determined by race, class, and region, but also by borders and their respective laws, as examinations of traveling for abortions reveal. Canadian women seeking abortions in the United States faced few barriers to entering the country, benefiting from their ability to "pass" as tourists in order to gain entry into a foreign country.[9] Though Canadian women were granted relatively easy access into the United States, there was nevertheless a significant amount of stress that accompanied crossing the border for an abortion. The Calgary Abortion Information Centre worked to facilitate women's entry into the U.S. in order to get abortions, helping

[9] Leslie J. Reagan, "Crossing the Border for Abortions: California Activists, Mexican Clinics, and the Creation of a Feminist Health Agency in the 1960s," *Feminist Studies* 14, no 3 (Summer 2000), p. 331.

them to set up their trips and to cross the border easily, and also to prepare their clients for the emotional nature of the trip.

Alberta provides an interesting site to evaluate access to abortion in Canada. Abortions in the province were primarily available in hospitals in the two major cities of Calgary and Edmonton, though by the mid-1970s there were technically 26 hospitals in the province that met the criteria for providing legal abortions.[10] The province had few ties to early reproductive rights movements that tended to be focused in "central Canada."[11] During this time, Alberta was widely regarded as a leader in family planning, but this was due in large part to grassroots organizations with minimal provincial or national funding. Doctor Henry FitzGibbon, who commented on abortion and urged its removal from the Criminal Code in a recommendation to the Health and Welfare standing committee of the House of Commons, maintained that Calgary was "extremely well known for the really excellent work that has been done in family life and family planning... and it is an example which should be followed by all other major cities in Canada."[12] Alberta women nevertheless still had to seek abortions out of the province and country.

---

[10] Badgley, 1977, p. 97.
[11] see Angus McLaren and Arlene Tigar McLaren, "A.R. Kaufman and the Birth Control Campaign in Central Canada," in *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart, 1986), 92-123.
[12] Henry FitzGibbon to CBCA, "letter, December 15th, 1971," GA, CBCA fonds, M7071, box 4, file 4.1, p. 2.

The archival records of the CBCA provide a unique picture of the family planning movement in the 1960s and 70s, as they have preserved women's anonymous personal testimonies. While there are many primary sources available from other family planning institutions, the CBCA records are one of the few sources in which individual women seeking birth control and abortions are present in the records of the past. Examining these documents, then, helps to address an historiographical shortcoming that limits the history of birth control and abortion to an institutional history focusing on legal and policy changes. Equally important, Calgary activists were well-organized and dedicated, and their work was widely understood to be successful in spite of the fact that they referred women to facilities located hours away in another country for help. A local study thus proves particularly useful for understanding grassroots, feminist organizing, providing details that are central to understanding reproductive politics.

Originally called the Calgary Abortion Information Centre (CAIC), the volunteer-based CBCA was one of the main organizations addressing women's need for abortion information, referrals and counselling in Calgary in the 1970s. The Centre was founded in October, 1970, by a group of "twenty dedicated, overworked and extremely vocal women."[13] Unlike other reproductive rights initiatives that were emerging in the late 1960s and 1970s, such as the abortion

[13] no author listed, "Letter to Mrs. Pederson, no date," GA, CBCA fonds, M7071, box 1, file 2, p. 1.

campaign culminating in the 1970 Abortion Caravan led by the Vancouver Women's Caucus, most of the members of the CAIC met for the first time at a CAIC meeting, and were not united by a radical political framework. Responding to their belief that "the laws of Canada do not, at this time, make abortion simply and widely available,"[14] the organization formed with the primary goal of improving the accessibility of abortions. The CAIC's commitment to counseling around reproductive rights is clear when assessing the history of the group. Founded with no financial backing, group members secured free space, first at the Welfare Rights Office in downtown Calgary, and four months later a more permanent location in the basement of the Unitarian Church of Calgary was established. Beyond acting as counselors, group members also solicited donations for various services including telephones, photocopies, and pregnancy tests.

Unlike radical feminist groups such as Jane in Chicago, which provided instructions on self-administered abortions in an attempt to empower women with reproductive knowledge,[15] the CAIC took a different approach and instead worked within established political and social boundaries. The group began as both a counseling service and a lobby group, committed to providing women with information on birth control, abortion, and alternatives to abortion, supporting any choice a woman made with regards to her own reproductive capacities. It lobbied

---

[14] CBCA, "Calgary Abortion Information Centre Program," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.
[15] Reagan, 2000, p. 327.

the government to remove abortion from the Criminal Code of Canada and sought to have therapeutic abortion facilities and doctor trainings expanded.[16] Recognizing the political nature of their work as reproductive rights activists, the early members of the CAIC acknowledged that their clients might come from different backgrounds and, given the immediate nature of unwanted pregnancy, these women should not be presumed to have any particular political leanings. In fact, many of the early members shied away from explicitly feminist positions, and a self-published "History of the Abortion Information Centre" clarified that most of the women involved in the organization had initially become interested with the issue of abortion through a background of concern with birth control and population control, rather than through a Women's Liberation philosophy. Unlike women in the Vancouver Women's Caucus or other left-leaning feminist groups, CBCA members came from a liberal background focused on improving the lives of local women. Though birth control and abortion rights were inextricably linked with sexual equality, it was the larger issue of birth control (in its economic, social and sexual aspects, and in terms of the quality of care given to children) that motivated the group.[17]

---

[16] CBCA, "Brief," GA, CBCA fonds, M7071, box 1, file 2, p. 1.
[17] Calgary Birth Control Association, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, box 12, file 12.3, p. 1.

The CAIC's mandate made privacy the group's highest priority,[18] and encouraged a hands-off approach, founded in the agreement that members "would not 'steer' women through the red tape involved in getting an abortion; each woman would be responsible for making and keeping her own medical appointments."[19] The group's name – the Calgary Abortion Information Centre – proved to be a contentious point, and the organization insisted on "the necessity of identifying our service to women in need of help."[20] In spite of this adamancy, the CAIC had been active for less than a year when, in June 1971, the members renamed the organization the Calgary Birth Control Association (CBCA), spurred by an inability to secure federal funding and gain entry into family planning umbrella organizations due to their explicit reference to abortion. During this first year of activity, members noted "the need for greatly expanded efforts in the field of birth control education."[21] Given that birth control information and technology had only recently been decriminalized, knowledge surrounding contraceptive methods was understandably underdeveloped. As a result, unplanned pregnancies and the subsequent need for abortions were easily linked to arguments for more readily available forms of birth control. The CBCA thus continued with the CAIC counseling around abortion while forging ties with other birth control organizations

[18] Ibid., p. 1.
[19] Ibid., p. 1.
[20] Ibid., p. 2.
[21] Ibid., p. 3.

that might shy away from direct involvement in securing abortions. In a 1971 letter from the Family Planning Federation of Canada, the CBCA[22] was cautioned:

> abortion is a ticklish subject... if any of our associations have 'abortion' in their title we will not receive any federal financial assistance. Let me assure you that in all of our associations, from B.C. to Nova Scotia, abortion referral constitutes 80% of the work done by the association. The minute you call yourself Planned Parenthood, or Birth Control, etc., women seem to know that you will be able to refer them for abortions. And do not underestimate the power of 'word of mouth'.[23]

Abortion referral certainly did constitute a significant amount of the work undertaken by the CBCA following their name change. However, the group's initial commitment to the position that "no information on illegal abortion will be obtained or given out to clients"[24] proved untenable when it recognized the limitations of the Canadian therapeutic abortion system and began to provide abortion referrals to the United States. While out-of-province abortions were not illegal, women would often construct other reasons for traveling to the U.S. for border officials and some hospitals had residency requirements that forced women to provide false addresses.

Having identified a need for abortions in Alberta, while also acknowledging that "a growing demand for therapeutic abortion... will strain all hospital facilities

---

[22] Though the CAIC did not officially become the CBCA until June 1971, in the interest of continuity I will refer to the organization as CBCA throughout this paper.
[23] Peggy Barringer, "Letter to Carolyn, April 30, 1971," GA, CBCA fonds, M7071, box 1, file 1.3, p. 1.
[24] CBCA, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, box 12, file 12.3, p. 2.

eventually,"[25] the CBCA took a proactive stand. The Canadian organization sought out what essentially amounted to its American counterpart. Forming a transnational relationship, the CBCA contacted the Abortion Referral Service in Seattle, Washington, the closest American city to Calgary where legal abortions were readily available with sufficiently lax regulations so that Canadian women could obtain the procedure. This Calgary-Seattle affiliation was merely an extension of the services that both groups provided in their home cities. The process took place in several steps: first, the CBCA contacted Seattle's Abortion Referral Service, asking for a referral list of doctors in the area, and for the Seattle organization to comment on the doctors' reputations.[26] Then, the CBCA contacted the doctors to inquire if they would take Canadian patients.[27] Once the CBCA had a comprehensive list of willing doctors and support services in Seattle, they passed the information along to their clients, who in turn booked their own appointments. The Seattle Abortion Referral Service, recognizing that Washington's liberal abortion laws were a service to women across the U.S. and Canada, explicitly developed services to assist women from outside of Seattle. On top of providing "transportation to and from doctor's office, or hospital; escorts for moral support;...

---

[25] CBCA, "Letter to the Alberta Legislative Building, November 21, 1970," GA, CBCA fonds, M7071, box 1, file 2, p. 1.
[26] Carolyn Knox, "Letter to Abortion Referral Service, Seattle, January 19, 1971," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.
[27] Bunny Gow, "Letter to Planned Parenthood of Seattle-King County, April 8, 1976," GA, CBCA fonds, M7265, box 2, file "Correspondence – 1976," p. 1.

[and] child care," the organization also provided temporary housing for women from outside the Seattle area.[28] Such policies meant that Canadian women had a support system while they traveled for abortions. Essentially, both groups were still performing their mandated tasks by facilitating the abortion process for women in need.

Abortions were limited in Alberta for a wide variety of reasons. To begin with, the vast majority of abortions in the 1970s were performed in the province's two major urban centres, Edmonton and Calgary. A "fair number" were also performed in Lethbridge, Alberta.[29] Furthermore, as the CAIC explained, the lack of availability of abortion services was further exacerbated by "differing attitudes of hospital abortion committees, [and] acute bed shortages in some Alberta hospitals where boards interpret the law in a liberal manner."[30] When Alaska, Hawaii, New York and Washington repealed their abortion laws, allowing the procedure up to 24 weeks, Albertan women were presented with an alternative to the highly bureaucratic Canadian abortion procedures. The relatively close proximity of

---

[28] CBCA, "Abortion-Birth Control Referral Service Pamphlet," GA, CBCA fonds, M7071, box 12, file 12.1, flap 4.
[29] Rosalee R. Lewis, "Letter to Wendell Watters, May 16, 1974," GA, CBCA fonds, M7071, box 5, file 1, p. 1.
[30] CBCA, "Letter to the Alberta Legislative Building, November 21, 1970," GA, CBCA fonds, M7071, box 1, file 2, p. 1.

Seattle to Calgary (approximately a twelve hour drive) meant that many women were referred to Washington and other states for abortions.[31]

The underground referral system to north-western United States was, it seems, an unfortunate necessity of the times, and the system was fraught with difficulties. In spite of the fact that so many individuals and organizations on both sides of the border worked tirelessly to simplify the trip for women in need, there were nevertheless a wide range of logistical and bureaucratic plans that needed to be addressed before women could leave for the U.S. with a reasonable expectation of getting across the border and of obtaining a timely abortion. The CBCA sought complete information from the clinics they referred patients to, including type of procedure provided, fees, methods of payment, whether psychiatric or committee consultations were required, and whether state residency was a prerequisite.[32] From the perspective of improving access to abortion, any obstacle keeping women from gaining access to abortion was problematic, but activists focused their attention not on challenging these barriers but rather on helping women to navigate beyond them with as few difficulties as possible. The paradox of abortion activism required a strategy that, at times, worked not to improve accessibility for all but rather to obtain services for an individual. Beyond addressing the specific pre-abortion requirements of the clinics, the CBCA also tried to account for any

---

[31] CBCA, "Letter to Dr. Roy C. Wood, August 13, 1971," GA, CBCA fonds, M7071, box 1, file 2, p. 1.
[32] CBCA, "U.S. Contacts," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.

potential issues that might arise. This included providing detailed, and varied, travel possibilities to the clinic from the airport and bus station, as well as listing possible accommodations, which included hotels, motels, and apartments affiliated with particular clinics. These plans were crucial to helping women feel as though they were well-prepared for the difficult journey.

Four main groups of women made the cross-border trip in order to obtain an abortion. The first group included women who could not wait four weeks to go through a TAC due to the time-sensitive nature of abortions. While abortions in Washington could be performed up to 24 weeks, most Canadian procedures were limited to the first trimester, or twelve weeks, and this limited window of opportunity meant that many women crossed the border for their abortions, in spite of the fact that the procedure was legal in Canada and they had initiated proceedings prior to the end of their first trimester. Though the 1969 amendments did not specify a limit as to when an abortion could be performed in terms of the length of pregnancy, the vast majority of doctors refused to induce an abortion after the first trimester.[33] The fact that most TACs met only once a week meant that delays were often unavoidable.[34] A second contingent of women "who [could] afford the trip easily and [did] not want to go [through] the red tape (eg. shyness,

---

[33] Badgley, 1977, p. 37.
[34] Nan McKay, "Letter to Ms. Pearpoint, February 20, 1975," GA, CBCA fonds, M7265, box 3, file "Correspondence – 1975," p. 1.

pride, known to medical profession here)"[35] were also referred to Seattle. The CBCA also referred a third category of women across the border if they feared the TAC would not approve the procedure. Young married women were particularly at risk for rejection of therapeutic abortions. The fourth and last group of women typically referred to Seattle were simply determined to go to the US for a variety of personal reasons.

The Badgley Commission found that the majority of women who went to the United States for an abortion would have preferred to have the procedure in Canada, and held that many referral agencies "dissuaded [women] from trying to get an abortion in this country, told them it was too difficult or illegal, or inaccurately advised them on the procedures and practices involved in getting an abortion in Canada."[36] CBCA records show women being referred to local hospitals as well as American hospitals, so this finding does not seem to apply to the organization. There is also no record of the CBCA being involved in fee sharing, in which the American clinics or hospitals would pay the referring organizations for clients.

Following the 1969 revisions to the Criminal Code of Canada that allowed for abortions to be performed in hospitals when approved by a TAC, many activists hoped that abortion might be legalized in practice if not in name. These hopes

---

[35] CBCA, "Letter to Dr. Roy C. Wood, August 13, 1971," GA, CBCA fonds, M7071, box 1, file 2, p. 1.
[36] Badgley, 1977, p. 162.

proved to be far too optimistic; in 1975, 9,700 Canadian women traveled to the United States to obtain an abortion.[37] The fact that Calgary, a city known across Canada for its family planning resources,[38] had such a well-established network to help women obtain abortions in Seattle suggests that the 1969 revisions were in fact not entirely successful in providing women with access to abortions. On the surface, abortions seemed to be available to women in need, but when women tried to navigate the highly bureaucratized medical system and a waiting period that ranged from four to ten weeks[39] they quickly realized that abortion was not a readily available procedure. The CBCA explained the ways that women were negatively affected by slow-moving medical bureaucracies:

> By the time her application is approved her need to have the operation done promptly is acute. If hospital facilities are not immediately available and therapeutic abortion is not recognized as an urgent category of medical care, then she will have to undergo one of the more complicated methods of therapeutic abortion.[40]

As a result, these women were often given little choice but to travel to the United States to obtain their abortions within a reasonable time frame.

Canada and the US had different laws regulating abortion and governing health care, and these legal discrepancies significantly affected women's

---

[37] McLaren and McLaren, 1986, p. 137.
[38] Henry FitzGibbon "letter to CBCA, December 15th, 1971," GA, CBCA fonds, M7071, box 4, file 4.1, p. 2.
[39] CBCA, "Therapeutic Abortion in Southern Alberta: Proposal for a Clinic, March 1971," GA, CBCA fonds, M7071, box 1, file 1.1, p. 8.
[40] CBCA, ""Health is a state of complete physical, mental and social well-being...," GA, CBCA fonds, M7071, box 1, file 2, p. 1.

experiences in both countries. Unlike the federal health care system in Canada, the American system was private and varied according to state: there was little distinction between those women coming from another state or another country. The differing state laws meant that many American women did cross state borders in order to obtain abortion, and the practice was almost commonplace:

> In 1970, Hawaii, Alaska, and New York had decriminalized abortion instead of passing reform bills. When New York legalized abortion, it was a boon for women all over the country. As one woman recalled, a New York abortion clinic treated patients who 'had traveled from states such as Mississippi, Arkansas, Michigan and even farther... They spent a lot of time, money and energy to travel to a different state, far away from their homes so that they could be assured of a safe abortion.' Over 65 percent of the women receiving abortions in New York were from out of state; in 1971 and 1972, thirteen thousand women came from Illinois.[41]

Though safety was often the main reason behind traveling for abortions, Canadian women seeking abortions in the United States were particularly vulnerable: the abortion they desperately sought was extremely time-sensitive, in order to obtain the procedure they had to leave their family, friends, and their country, which was certainly an isolating experience. Doctors can take advantage of women in such vulnerable positions, Leslie Reagan's study shows that at least one Mexican doctor providing abortions to American women was twice accused of raping patients.[42] Allegations of sexual assaults and grave abuses of power were also reported against

---

[41] Reagan, 1997, p. 241.
[42] Reagan, 2000, p. 336.

American[43] and Canadian[44] doctors who performed illegal abortions. CBCA files contain evidence of Canadian doctors sexually abusing women seeking abortions, but there are no records of charges against American doctors endorsed by the group, possibly because the Calgary organization drew on groups from various American cities to help their screening process, another reason crossing the border might have seemed preferable to women seeking abortions.

The work American activist groups undertook to assist Canadians was effectively the same work they did for their own constituents. With friendly correspondence beginning "Dear Canadian Sister,"[45] and "Dear Ab. Ref. Ser.!",[46] the organizations thanked one another for their work, recognizing the transnational scope of reproductive rights. Both groups were eager to facilitate the process, and welcomed ideas from other groups, as evidenced by the CBCA's request that "if you have any suggestions as to how we might improve the service at this end – i.e., are the patients arriving with the proper information, etc., - or if it appears that we

---

[43] Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005), p. 140.
[44] CBCA, "Therapeutic Abortion in Southern Alberta: Proposal for a Clinic, March 1971," GA, CBCA fonds, M7071, box 1, file 1.1, p. 3.
[45] Irene Davall "letter to Canadian Sister, March 2, 1973," GA, CBCA fonds, M7071, box 12, file 12.1, p. 1.
[46] Carolyn Knox, "Letter to Abortion Referral Service, Seattle, January 19, 1971," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.

are sending more people than can be taken care of, please let us know."[47] They also encouraged one another to proceed with their work, offering letters of thanks and congratulations.[48] Both organizations were addressing different laws and faced diverse obstacles in their respective countries, but they nevertheless saw the benefits of working together as lobby groups for a greater cause. Furthermore, their work transcended geopolitical borders, as they addressed women's time-sensitive need for abortion services, regardless of national borders.

Other American organizations also took note of the Calgary-based group, recognizing the fact that reproductive rights transcend borders. In light of this shared struggle, some American organizations sought to help the CBCA provide abortions and challenge Canadian laws, using methods tried by American doctors and activists. Because of their transnational positioning, the CBCA was identified in the United States as a major player in reproductive rights. The National Women's Health Coalition, an American group, contacted the CBCA to ask them to send a "sympathetic physician in your area" to a free U.S. training session on abortion.[49] Reproductive rights activists clearly saw the potential for both Canadian and American activists to work together, building on each others' successes, in their quest for accessible abortion.

---

[47] Carolyn Knox, "Letter to Abortion Referral Service, Seattle, January 19, 1971," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.
[48] Ibid., p. 1.
[49] Irene Davall, "letter to Canadian Sister, March 2, 1973," GA, CBCA fonds, M7071, box 12, file 12.1, p. 1.

Grassroots reproductive rights activists were also joined by doctors who were supportive of the cause, in a variety of ways. Dr. Henry Morgentaler is among the most well-known abortion practitioners and advocates in Canada, a status that was even more firmly entrenched in the 1970s. While Morgentaler's status as a medical practitioner allowed him to publicly challenge the law, the members of the CBCA reveled in their anonymity, noting that "perhaps this layman status worked in our favour" as their professional reputations were not at risk.[50] But as a licensed doctor, Morgentaler was well-situated to make appeals for abortion provision in free-standing clinics, a topic explored at length in chapter five. Many activists took up the cause of abortion clinics, and though Morgentaler became a well-known public figure in Canada, other doctors and advocates were also actively involved in the struggle for abortion accessibility.

The transborder abortions that the CBCA organized relied explicitly on American doctors who were not only willing to perform abortions, but who were also willing to take on Canadian patients. Legally, this was a grey area. The U.S. Supreme Court's 1973 decision Roe v. Wade ruled that women's right to abortion, particularly in the first trimester, was protected under the Constitution as a right to privacy. Rather than provide a federal law on abortion, the Supreme Court decision meant that many restrictions were deemed unconstitutional. Many states, however,

---

[50] CBCA, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, box 12, file 12.3, p. 2.

including Washington, had already liberalized their own laws to permit first-trimester abortions. While performing abortions did not break the law in Washington state after 1970, some doctors, as is the case today, simply refused to perform the procedure. Roe v. Wade, while a major landmark decision, had little noted impact on Albertan women traveling to Seattle for abortions, likely because of state laws prior to Roe. According to the CBCA, some Seattle doctors were willing to take Canadian patients for abortions for two main reasons. The first reason American doctors took on Canadian patients was financial. Abortion was, and still remains, a relatively low-risk procedure. Furthermore, if patients did not require any committee approval or psychiatric tests, which were not mandatory in Washington, the procedure was also fairly quick. By taking on Canadian patients, Seattle doctors were able to charge cash, typically in the $100 range in U.S. funds, for a fairly straightforward, uncomplicated procedure.[51] Doctors, both Canadian and American, clearly understood the limits of the TAC system, recognizing that women's need for abortions would prove to be too much of a burden for the hospital system. Reagan has shown that Mexican doctors actively sought to have their names included on the "List" of Mexican doctors performing abortions that was circulated to American women by the Association to Repeal Abortion Laws

[51] CBCA, "Booklet on abortions in Seattle," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.

(ARAL).[52] ARAL saw this desire to be included on the "List" as doctors extending their vested interests, capitalizing on principles of supply and demand. As an ARAL member wrote to a doctor in 1967, "the specialist who gives excellent care for a low fee... will have a steady flow of customers."[53] Similarly, American doctors actively sought to be included on CBCA's referral list, presumably recognizing the financial benefits of providing a much-needed service to women with the capacity to travel long distances, even out of the country, in search of abortions. One doctor from California sent the CBCA a thank you card after their referral, in which he also "assured [the CBCA] that patients... will receive the best possible care and that their experience here will be a pleasant one."[54] Other clinics provided extra services, recognizing the particular needs that out-of-area women might have. These extra services – often provided for a fee – included an apartment attached to the clinic for overnight stays[55] and an airport pick-up service.[56] Clearly doctors benefited financially from providing abortions to Canadian women, as these were the women who could afford, and were willing, to travel such distances for the procedure.

---

[52] Reagan, 2000, p. 333.
[53] quoted in Reagan, 2000, p. 333.
[54] Dr. Leon Belous "letter to CBCA, December 15, 1970," GA, CBCA fonds, M7071, box 1, file 2, p. 1.
[55] CBCA, "form: Sept. 11," GA, CBCA fonds, M7071, box 3, file 3.6, p. 1.
[56] CBCA, "Information Concerning Elective Pregnancy Termination," GA, CBCA fonds, M7071, box 12, file 12.1, p. 1.

While financial incentives were clearly an important factor driving doctors to provide abortions for out-of-state and foreign women, most of the doctors also demonstrated a level of compassion that went beyond simple economic self-interest. Dr. Morris Gold, of Lynwood, Washington, just outside of Seattle, wrote to the CBCA to describe his clinic with hope that the association would refer women to him. Gold was careful to depict his clinic as compassionate, explaining that "we don't have a mill and have more time for personal attention. You should also know that we have an overnight facility at the clinic."[57] When describing his fee system, he maintained that "in case of hardship, the fee is lowered."[58] Fees varied, and sometimes "more involved" procedures incurred extra fees of ten to twenty dollars,[59] but the typical fee for an abortion in Seattle ranged from $100 to $200, though saline injection at 16 weeks cost $500 and included a 3-day stay in a hospital.[60] The CBCA recognized that coupled with travel expenses, these out-of-country abortions cost between $300 and $1000, a price "prohibitive to a lower-income family."[61] When sending American women to Mexico, ARAL insisted that Mexican women receive the same quality of treatment as American women, at low

---

[57] Dr. Morris Gold "letter to CBCA, July 16, 1973," GA, CBCA fonds, M7071, box 12, file 12.1, p. 1.
[58] Ibid., p. 1.
[59] Laraine Frazier "letter to CBCA, November 18, 1974," GA, CBCA fonds, M7071, box 5, file 5.1, p. 1.
[60] CBCA, "U.S. Contacts," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.
[61] CBCA, "Therapeutic Abortion in Southern Alberta, March, 1971," GA, CBCA fonds, box 1, file 1.1, p. 4.

prices.[62] Promoting fair prices for American women in the U.S. was less of an issue, as abortions were legal, and, given the private health care system, prices would theoretically be kept low through competition. However, the fact that doctors were willing to accommodate women with financial restraints indicates an interest in women's well-being rather than a purely market-driven, financially-governed business enterprise.

There is further evidence that some American doctors were committed to reproductive rights, and that these doctors shared the opinion that accessibility was not confined to geopolitical borders. Doctors not only volunteered to provide abortions, but also to train Canadian doctors on new techniques.[63] One Seattle-area doctor wrote to the CBCA to seek to improve services while decreasing costs by reminding women to bring blood work with them to Seattle. He finished his letter on a congratulatory note, writing, "I was reading the AMA news journal, and noticed the CMA has voted to liberalize the abortion policy for Canada. Congratulations!"[64] Some doctors clearly saw themselves as part of an activist movement that went beyond their own country's borders, and were interested in promoting accessible abortion, even if this increased accessibility meant fewer or lower-paying patients.

---

[62] Reagan, 2000, p. 334.
[63] Dr. Roy Wood "letter to CBCA, June 29, 1971," GA, CBCA fonds, M7071, box 1, file 2, p. 1.
[64] Ibid., p. 1.

That some American doctors were willing to take on Canadian patients did indeed enable some women to obtain much-needed abortions. But this transborder system did become something of a double-edged sword. Because of the travel and accommodation expenses, as well as time lost in paid labour, cost served as a major prohibitive factor for many women who might have sought American abortions. Beyond the financial cost, the trip itself was significant, covering roughly 1200 kilometers (700 miles) and passing through the imposing barrier of the Rocky Mountains, taking roughly twelve hours by car and up to 24 hours by bus. Women also opted to fly, but the much quicker travel came at a much higher cost. The financial costs of the trip were thus exacerbated by the time that the trip would require. The CBCA appealed to provincial interests by highlighting not only the sheer number of women seeking services out-of-province, but also the lost revenue when women left the province for abortions. The organization described this situation bluntly in its assessment:

> Alberta women definitely are leaving the country to obtain legal abortions in California, New York and England where permission is easy to obtain and private facilities are quickly available, but expensive. If, as we suspect, at least twenty women leave Alberta every week, spending up to a thousand dollars (which is often borrowed) in medical and hospital fees and travelling expenses. One million dollars annually may be expended on these lonely, tragic but legally-necessary pilgrimages.[65]

---

[65] CBCA, "Untitled CBCA document," GA, CBCA fonds, M7071, box 1, file 2, p. 1.

Highlighting the financial losses to the province as Albertans went to the United States for medical procedures, the CBCA appealed to the fiscal benefits of accessible abortion. The CBCA went on to explain that Alberta doctors were effectively practicing "an inverted form of the old economic discriminations"[66] by referring women with the financial means to travel to the U.S. for an abortion in order to make in-province hospital space available for women facing more acute financial constraints.

The CBCA described this unofficial policy in a document appealing to both the federal and provincial governments to address the need for accessible abortion in Calgary. The organization appealed to federal legislators to amend the laws requiring women to seek TAC approval, and the CBCA urged the Alberta government to address hospital wait times and services. While this program of encouraging women who could afford to travel to obtain an abortion to do so would have helped some women, it did little to challenge the fact that abortion accessibility varied dramatically according to class. This scenario also complicates an understanding of abortion accessibility in the 1970s. Middle class women faced significant costs when obtaining an abortion out-of-country. This suggested, on the one hand, that abortions were prohibitively expensive and thus unavailable to those without financial means, and, on the other that cheaper, in-province abortions might have been more available to women in (financial) need.

---

[66] Ibid., p. 1.

Abortion services in Calgary, however, faced significant pressures from women across the province, and from neighbouring provinces. Calgary was a well-known and widely acknowledged leader in family planning across Canada: the CBCA records include letters from Ontario, Manitoba, and Saskatchewan. This public recognition of work in family planning meant that Calgary became a preferred destination for Canadian women, particularly Western Canadian women, seeking abortions. A 1975 letter to the Family Planning Association of Saskatoon explained that "we had quite an onslaught of people coming to us from Regina and we were being told that it was very difficult to obtain an abortion there as the doctors were refusing to do abortions except in exceptional cases. We also have a number of people coming to us from Lloydminster."[67] The local demand for abortion in Calgary was thus compounded by women from outside of the city and the province, and abortion referral services such as the CBCA had to draw on nearby American services in order to accommodate the influx of clients.

Some Canadian abortion providers questioned the advantages of using American abortion clinics, advocating instead that women travel to other Canadian locations. Dr. Henry FitzGibbon of British Columbia wrote to the CBCA in 1971 to explain that the Penticton Regional Hospital had not thus far refused any woman seeking a therapeutic abortion, and, furthermore, that the hospital did "not have

---

[67] Bunny Gow "letter to Ms. Naylor, July 16, 1975," GA, CBCA fonds, M7265, box 3, file ""Correspondence – 1975," p. 1.

any restriction with regard to age, race, sick or domicile."[68] This doctor went on to describe the types of procedures provided and the fees involved, including the extra fees for out-of-province women. Thought the letter suggests a commitment to helping women in need, the appeal was equally motivated by self-interest. Dr. FitzGibbon explained his outreach to the CBCA as follows:

> Basically, my feeling in writing this letter is that the fees charged in the state of Washington, or indeed in any of the States, seem excessively high, and that where small centres are co-operating in this aspect of family planning, that maybe a central register would be of help to such a group as the Calgary Birth Control Association.[69]

Dr. FitzGibbon, and others, sought to minimize the cost, travel and stress that fell as an undue burden on Canadian women seeking abortions, conceding that provincial and local inaction meant that abortions often remained inaccessible for Canadian women. In spite of the 1969 omnibus bill that could have effectively legalized abortion, by 1971, FitzGibbon and other doctors recognized that the bill created a need for doctors and activists to work together. While not denouncing the American practices, some Canadian doctors chose simply to offer an alternative to foreign abortions.

Family planning groups and feminist organizations also sought out the CBCA to provide an alternative to referring women to the United States for terminating pregnancies. The British Columbia-based Women's Liberation Alliance

---

[68] Henry FitzGibbon "letter to CBCA, December 15th, 1971," GA, CBCA fonds, M7071, box 4, file 4.1, p. 1.
[69] Ibid., p. 1-2.

wrote to the CBCA, outlining the various steps Albertan women would go through to obtain an abortion in Vancouver. One member of the Alliance went so far as to offer her home phone number along with instructions to call before seven am or after supper should Calgary-based women need assistance while in BC for an abortion.[70] There was certainly a national and transnational movement to improve accessibility for abortion procedures, and activists – including doctors – recognized the importance of working outside the law to ensure women had timely access to the abortions they needed. Also, in spite of activists' and doctors' calls for Canadian women to have access to abortions in Canada, they nevertheless acknowledged the significant barriers keeping women from obtaining the procedure. Those activists who presented alternatives to traveling to the U.S. for abortions never denounced the underground system, but rather sought to expand it, providing more resources to women in need.

One way of ensuring that women obtained the procedures they required was to adequately prepare women for the trip and procedure. Being well prepared for the abortion was particularly important because many women could not afford the time or the financial burden of having their procedure rejected. The timeliness of abortion was particularly urgent, for a few key reasons. To begin with, abortions can only be performed safely within a limited time frame. Though this safe period

---

[70] Women's Liberation Alliance, "letter to CBCA, April 27th, 1971," GA, CBCA fonds, M7265, box 7, file "Correspondence," p. 2.

does span several months, many women report being unsure of whether they are in fact pregnant for the first few months. Furthermore, women whose doctors were opposed to abortion had limited avenues to confirm their pregnancy, particularly prior to the availability of modern home pregnancy tests, but the CAIC offered pregnancy tests as one of their services.[71] Women traveling across borders for an abortion faced an even further compounded time frame. If their procedure was delayed for any reason, including medical complications or problems with paperwork, these women found themselves in an unfamiliar city in a foreign country with few arrangements for their unanticipated stay. Abortions had to be provided in a timely manner, otherwise it would be too late and women would be forced to carry the pregnancy to term or undergo a more dangerous operation provided they could find someone – often one lacking in medical credentials – willing to perform the procedure. The CBCA did refer women to Seattle for abortions up to four months after conception, which is roughly the same time frame offered in Canada, but women in Seattle did not have the month-long (or more) delay for TAC approval.[72] Many women who spent days traveling to obtain these much-needed abortions did not have the luxury of repeating their travels should their abortion be denied. In order to avoid this disastrous situation, American

---

[71] CBCA, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, box 12, file 12.3, p. 3.
[72] CBCA, "Calgary Birth Control Project June-July Progress Report, Aug. 4, 1972," GA, CBCA fonds, M7071, box 13, file 13.1, p. 4.

doctors sent the CBCA a comprehensive list of information to bring to the clinics in the U.S. Canadian patients were asked to provide health records, including confirmation of the pregnancy and other relevant medical information, with them to the U.S.[73] Women were also carefully instructed to pay in cash, and were given detailed summaries of any extras fees that could possibly arise.

Beyond instructions of what information and resources to bring, women were also coached on how to answer potentially confusing questions that might reveal their nationality, and in turn prevent them from obtaining an abortion in the US. While private clinics were open to any paying customer, some hospitals had residency requirements that excluded Canadian women. One handout, entitled "Questions Ballard Hospital Seattle may ask," explicitly listed potential questions and provided women with the legally-necessary answers to be registered with the hospital. In order to expedite the procedure and diminish the likelihood of being rejected, women were strongly encouraged to list their home address as being in Seattle. The questions listed informed women that they should be able to provide a current address, including the county, and that they should state that they had been living at this particular address for "more than 90 days preferably over a year."[74] A separate flier instructed women on how to choose an address at random, and

---

[73] CBCA, "Elective Pregnancy Termination Pre-Op Instructions," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.
[74] CBCA, "Questions Ballard Hospital Seattle may ask," GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.

giving careful attention to detail the authors of the flier suggested that women "pick an address or at least a surname similar to hers but not quite the same. Also picking an apartment address may be helpful due to the high turnover in apartment blocks. (A suite number will indicate an apartment block.)"[75] Traveling women were also counseled on how to avoid certain inevitable questions. When asked their employment, younger women could claim to be students, but were reminded to be able to list their father's occupation. Students would not necessarily have social security numbers, so they could avoid this question. Older women were instructed to claim that they were housewives and thus had not used their social security cards in years. These women were then further instructed not to carry a purse to their appointment.[76] In order to not betray their Canadian citizenship, women were also directed to speak as little as possible. The flier explained that "some words when said by Canadians are give away... so don't do it just avoid talking too much."[77] While trying to help women pass as Americans, instructions to avoid speaking also served to silence women, and likely contributed to a sense of fear and an unwillingness to ask questions about the unfamiliar medical procedure. These anonymously-authored fliers also reminded women to tell the receptionist that they had no medical insurance and to pay in cash, though the flier

---

[75] CBCA, "Seattle Summary, September 30, 1971," GA, CBCA fonds, M7071, box 12, file 12.1, p. 1.
[76] CBCA, "Questions Ballard Hospital Seattle may ask,"GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.
[77] Ibid., p. 1.

acknowledged that "this is where some difficulties have occurred. The hospital usually wants $100 in cash and they bill for coverage. Obviously this cannot be done with Canadians so wait for full bill or pay too much and a refund will be sent to your cover address."[78] These instructions suggested not only that women needed cash up front, but also that they should be prepared to pay beyond the listed price for their abortion. For many women, obtaining a timely and legal procedure in a hospital was truly priceless, but this sentiment should not discount the fact that many women nevertheless faced serious financial barriers. Class certainly facilitated border crossing for many Canadian women seeking abortions in the U.S., not only enabling women to take the trip, but a perceived middle class position would also help women pass border officials with little scrutiny.

Once in the United States, the process was further legitimized by the fact that the doctors and administrators were involved and supportive. By 1971, receptionists at the Bellevue Hospital in Seattle would ask for an address for their files but would also ask for a Calgary address, in case of complications.[79] By acknowledging patient's Canadian identity, and their need for an abortion, hospital staff helped provide a safe space for these women. However, hospital staff could only do so much, as illustrated by a letter from Dr. Wood in Seattle to the CBCA:

---

[78] Ibid., p. 1.
[79] CBCA, "Seattle Summary, September 30, 1971," GA, CBCA fonds, M7071, box 12, file 12.1, p. 2.

> a couple of months ago, a patient came all the way down and got as far as Vancouver B.C., and then called the hospital to tell them she would be late. The problem with this was, that I had said she was from southern Washington, and the hospital quite rightly had difficulty in understanding how she could be coming from southern Washington and be in Vancouver, B.C. For this reason they cancelled her appointment, and her saline induction was not performed.
>
> I don't recall whether she was from Calgary or Edmonton, however I gave her name and number to our Abortion referral service here, and hopefully they were able to get her to New York or California.[80]

This doctor's commitment to providing Canadian women with abortions, and this willingness to bend, if not break, the law reflects a level of risk that providers were willing to undertake. Health care providers sought out inclusion in the referral service, indicating a commitment to providing the procedure for both political and financial reasons.

In spite of the supports established for women crossing borders to obtain an abortion, undergoing a medical procedure outside of your hometown, and even your country, was, for many women, a terrifying prospect. Having left the more personalized support networks of their family and friends in order to obtain an abortion, these women were often in the unfortunate position of being alone during the procedure, as well as during their travels to and from the abortion clinics. Abortion service groups tried to make the trips as comfortable as possible, but they

---

[80] Roy C. Wood, "letter to Carolyn, April 26, 1971," GA, CBCA fonds, box 1, file 1.10,p. 1.

nevertheless encouraged women to bring friends,[81] though there is little evidence indicating whether women went alone or brought others, including family or partners, along for this trip. Traveling with another person, however comforting, would double travel and accommodation costs, and was thus an impossible expense for some.

All such travel to receive abortion services only added to a sense of urgency and anxiety since a delayed operation could result in carrying the fetus to term. Furthermore, the abortion procedure became more complicated later in the pregnancy, and providers had safety limits that prevented them from giving abortions to women past a certain date. The CBCA bluntly explained in a 1971 appeal for abortion clinics in Canada that

> the most important medical, financial, and psychological factor in the termination of pregnancy is TIME... It is imperative, therefore that therapeutic abortion always be dealt with as an emergency procedure. It is furthermore vital to the psychological health of the pregnant woman that she be treated within a reasonable time span.[82]

Women, particularly those faced with these time constraints, understood the immediacy involved in terminating unwanted pregnancies. Being confronted with the need for an abortion and discovering the many barriers in place keeping women from obtaining one, was, for many women, a politicizing experience.

---

[81] CBCA, "Seattle Summary, September 30, 1971," GA, CBCA fonds, M7071, box 12, file 12.1, p. 2.
[82] CBCA, "Therapeutic Abortion in Southern Alberta: Proposal for a Clinic, March 1971," GA, CBCA fonds, M7071, box 1, file 1.1, p. 8.

Much like the need for support around rapes and the subsequent grassroots establishment of rape crisis centres, "the disadvantages of being so defenseless are suddenly made much clearer."[83] This resulting sense of disempowerment was, for many, a catalyst for activism. However, due to the immediacy of unwanted pregnancy, many women's activism was put on hold until their personal, and time-sensitive, needs were addressed.

Women who had been through these "tragic but legally-necessary pilgrimages"[84] were in a unique position to help other women in similar situations. Their first-hand experiences gave them insight into the particular needs that might arise, issues that did not necessarily occur to doctors or activists who organized the trips but had never themselves undertaken such travels. One of the most comprehensive documents available to the CBCA was a hand-made booklet developed by a Calgary-based woman who had traveled to Seattle for an abortion. Written in the second person, the "helpful report... by a woman who had just returned from Seattle"[85] instructed women on details of the trip that were omitted in other documents. The CBCA had three copies of this resource that they loaned out to women seeking information. The booklet focused on seemingly-minute details, including instructing women to have a pen and paper ready when calling the

---

[83] Anne M. Valk, *Radical Sisters: Second-Wave Feminism and Black Liberation in Washington, D.C.*, (Urbana: University of Illinois Press, 2008), p. 164.
[84] CBCA, "Untitled CBCA document," GA, CBCA fonds, M7071, box 1, file 2, p.1.
[85] No author listed, "This helpful report..." GA, CBCA fonds, M7071, box 1, file 1.10, p. 1.

clinic, but was written in a respectful tone that suggested the author understood that given the potential stress associated with seeking an out-of-country abortion, women might not be thinking about mundane, but important, preparations. While the doctors and activists were focused on ensuring that women had the necessary information to easily cross the border and register with the hospital, this woman's personal account went beyond necessity, and tried to make the trip as pleasant – or at least as predictable – as possible.

The author of this booklet gave a variety of suggestions to ease the journey, and provided several alternative accommodation and travel plans detailing the cost associated with each. She explicitly cautioned women to take into account their flight times to ensure that they had a meal during their trip,[86] implying that women might be distracted by the task at hand and would forget to arrange for necessities like food. The booklet also explained how to make collect calls from American pay phones, should any issues arise.[87] This attention to detail likely provided women with great comfort.

The report also went into great detail about what to expect from the Seattle clinic and the procedure. The author explained the general atmosphere of the clinic as follows:

> On my arrival at the clinic the next morning I was immediately put at ease. The clinic itself is in a lovely woody area – it is modern

[86] Ibid., 1.
[87] Ibid., 3.

> medical-dental building. It is surrounded by gardens etc. The waiting room is like most modern offices – very bright and colourful. The assistants etc., are very friendly and most helpful.[88]

Describing the clinic as "bright" and the assistants as "friendly" would be unlikely to appear in any "official" document, but it was precisely this type of information that would set potential patients' minds at ease. Coming from a patient, this information could be seen as a first-hand account and thus carried the weight of authenticity. The author also provided a lay person's description of the procedure itself, and outline that would undoubtedly have calmed many uncertain women. Her account went beyond the abortion itself, as she explained what one could expect following the procedure, including warnings that, "you will feel weak but you are able to get dressed without assistance,"[89] and "the injection in the rump – hurts the most and will be tender for several days."[90] While this report clearly expresses one woman's experience with an out-of-country abortion, her personal account was able to put many readers at ease with regards to what they might expect.

The author took into account the many unexpected costs that did not factor in other sources of information, including the difference in taxi fares depending on hotel location. She shared her discretionary spending with the reader. This reinforces the idea that women who could readily afford the trip were one of the

---

[88] Ibid., 2.
[89] Ibid., 3.
[90] Ibid., 4.

main groups targeted to be referred for out-of-country abortions. This report assumed that these women not only had the financial resources to travel to Seattle and to take time off of work or familial duties, but that once the procedure was completed they could "look at it as a holiday or trip."[91] The author explained the customs regulations for bringing purchases back to Canada, assuming that most women would stay for a full 48 hours in order to maximize their purchasing capabilities by taking full advantage of duty-free shopping.[92] There are many reasons the author might have included this in her pamphlet. Perhaps she wanted to encourage women to think of the abortion as a safe, easy and quick medical procedure that should not keep women from going about their daily business. Perhaps she wanted to present women not as the conventional "tragic pilgrim" described in CBCA literature, but rather as agents of their own choices. Perhaps she did in fact enjoy the Seattle shopping. The author of the pamphlet thus established a scenario where the personal is at once political and apolitical. Rather than making an overtly or more subtle political argument for accessible abortion in Alberta, she addressed the personal needs of women in a straightforward way. Regardless of the author's motives, the pamphlet does not present abortion as a momentous occurrence, but rather deals with the procedure in a matter-of-fact way, and moves on to other ground, redefining abortion in some ways in the

---

[91] Ibid., 4.
[92] Ibid., 4.

process. And yet, through it all, while it is undoubtedly a thoughtful kindness, the document is also further evidence that the effort to acquire an abortion was still something of an underground – almost illicit – experience.

Beyond its useful information for Canadian women traveling to Seattle to obtain an abortion, this pamphlet also suggests the ways that a grassroots movement for accessible abortion began. The women who sought help from the CBCA were seeking to address an immediate and personal issue, and no responses in the CBCA files demonstrate a political framework that emphasizes population control, or a feminist framework focusing on reproductive rights. Rather, these women were looking for a practical solution to their unwanted pregnancy. The apolitical nature of the self-published report shows that the women drawing on the CBCA's services did not necessarily subscribe to the same politics as the group, nor did they connect their individual experiences with unwanted pregnancy and the subsequent inaccessible abortions with a broader movement for women's rights. Instead, the document focused on the logistics surrounding acquiring abortions out of Canada, particularly in Seattle, and in this sense represents a clear form of grassroots feminist organizing. Building on her personal experience, the pamphlet's author returned from an abortion in the U.S. intent on facilitating trips of this nature for other women in similar situations. While the pamphlet was clearly not directed towards a women's liberationist end, it nevertheless represents a shift towards a politicization of the author. The woman clearly identified a dearth of information

available to women in her position, and sought to address these unmet needs by outlining what one should expect when obtaining an abortion in Seattle.

CBCA clients also used feedback forms to pass along information to other women in need. The CBCA solicited comments from patients, maintaining that some information "will also be of benefit to our counselors so they are aware of any concerns our clients may have which haven't been discussed."[93] Women occasionally took advantage of the open-ended question "Is there any way in which we can be of further assistance to you?" to pass along pieces of information that might help other women or the goals of the CBCA. One woman included a bus schedule from the airport to the Lynwood clinic with her feedback form. She also noted many key pieces of information, including, "it is possible to go down in the morning flight and return on the evening flight with no real problems. I did this. If you choose to stay over he has a very nice little apartment you can stay in, right at the clinic..."[94] Other women briefly recounted their experiences in the attached apartment, highlighting the luxuries such as television and kitchen.[95] Drawing out sentiment from form-letter questionnaires is difficult, and it is near impossible to say definitively that this type of helpful feedback represents a politicization for these women. That said, while reading women's responses it becomes clear that

---

[93] CBCA, "Dear Client feedback form," GA, CBCA fonds, M7071, box 3, file 3.6, p. 1.
[94] CBCA, "Dear Client Sept. 11," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2.
[95] CBCA, "Dear Client Sept. 14/74," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2.

they were intent on sharing their experiences with other women in order to facilitate the accessibility of abortion. Doing so meant that an issue as personally and politically charged as abortion was framed in a compassionate way as mundane and routine rather than life-altering. While these women may not have identified themselves explicitly as "feminists," their commitment to women's rights resonated in their responses.

Women also used the feedback section to clearly state their high opinions of the Seattle clinics and the staff. One woman specifically requested that her comment be passed on to other patients: "Please tell all girls visiting Doctor Gold that there is nothing to worry about and he is a very good person and doctor. Thanks."[96] Another woman described the same doctor as "a wonderful person, very understanding and willing to help."[97] Patients' direct testimony about the quality of care seemed to be highly valued among other patients, and women frequently chose to praise doctors' and nurses' demeanors and work, recognizing that this would be information of interest for other women.

Women also responded to the question of further assistance by asking that the CBCA continue with their work and help other women in need. Several women specified that the CBCA's continued efforts helping women to obtain abortions was

---

[96] CBCA, "Dear Client October 30, 1974," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2. Emphasis theirs.
[97] CBCA, "Dear Client Sept. 14/74," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2. Emphasis theirs.

their sole request following their own abortion.[98] Other women used this question to offer their own services to the CBCA, including financial donations[99] and volunteering.[100] The fact that women were interested in getting involved with the CBCA following their medical procedures suggests that they did not understand their experiences with inaccessible abortion to be purely an individual issue. Rather, these women returned to Calgary interested in helping other women to obtain safe abortions quickly and easily. The CBCA's clients-turned-volunteers seemed to agree with the organization's assessment that

> the crisis of an unwanted pregnancy is a critical moment in any woman's life; it is a time when her aspirations for herself and her family, her personal identity and ethics become especially clear to her. It is a prime moment for deciding the course of her future. To meet this situation, more than bare information and referral is necessary.[101]

The experience of seeking out a cross-border abortion in the 1970s was thus a catalyst to action for some women.

Just as women crossed national borders, they also crossed provincial borders. Countless women sought abortions within the country, but outside of their hometown. In most regions, one or two hospitals would provide the vast majority

---

[98] see, for instance, CBCA "Dear Client September 15, 19 74," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2.
[99] CBCA, "Dear Client October 30, 1974," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2.
[100] CBCA, "Dear Client Oct. 12, 1974," GA, CBCA fonds, M7071, box 3, file 3.6, p. 2.
[101] CBCA, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, box 12, file 12.3, p. 1.

of a region's therapeutic abortions.[102] However, decriminalization did not guarantee an infrastructure that could adequately address the needs of Canadian women, and illegal abortions persisted in post-1969 Canada. The reality of these illegal abortions, however, was hardly the illicit "back alley butchery" of yesteryear. Instead, any abortion procedure that took place in a physician's private office or at a health clinic rather than an accredited hospital was a criminal act.

Henry Morgentaler's abortion clinic, opened in 1969 in Montreal Point Saint Charles neighbourhood, remains to this day the classic example of an abortion clinic that served as a destination for Canadian women. Mongentaler's clinics have been studied extensively elsewhere, and will be examined further in chapter five, but it is important to note that pro-choice activists and informal networks of friends and acquaintances across the country referred women seeking abortions to Morgentaler in Montreal. This unofficial referral service tended to emerge among politically active leftist women. One client who obtained a referral to Morgentaler's clinic from a women's group in Ottawa explains, "I knew people. It wasn't, for me, strange to go ask people at a woman's centre for help. It was pretty easy... between my connections with those [people], I do think it was easier than say I didn't have those connections."[103] Her work with leftist groups at the time meant that she had a wide network to draw on when assessing her options for terminating her

---

[102] Badgley, 1977, p. 21.
[103] [redacted], personal interview, Wednesday, May 4, 2011, Ottawa, Ontario.

pregnancy, and she had no difficulty finding a women's group who was able to refer her to Morgentaler. She sought an alternative to a therapeutic abortion because she had become pregnant after forgetting to put her diaphragm in and was convinced that her application for a therapeutic abortion would be denied by a TAC.[104] Upon getting information about Morgantaler's clinic she made the day trip to Montreal by bus, after seeing a local physician in Ottawa to confirm the pregnancy and to have a check up.

Though Morgentaler's clinic was not covered by medicare, he employed a sliding scale, charging between 25 and 300 dollars depending on the patient's financial situation. The woman referred to Morgentaler from Ottawa explained that she left for Montreal knowing that she lacked the $200 student fee, saying "I didn't have enough money... and I said to the counselor that I wasn't sure I was going to have enough, she said go anyway, and Morgentaler was fine. I said, 'I only have have 120 with me' and it was fine." She laughingly recalls, "he's a saint, you know, but he's Jewish!"[105] Referral services helped to assuage women's fears, passing along Morgentaler's commitment to provide services to women in need regardless of their ability to pay.

Other ad hoc referral and transportation services emerged across Canada, in order to help women connect with Morgentaler. One such service developed out

---

[104] Ibid.
[105] Ibid.

of a volunteer-based, youth-run drop-in centre around drug use in Kingston, Ontario. Elinor Rush began working with the streetlevel group in the late 1960s, and the primary service was to offer "a safe, comfortable, place with juice and tea and so on, that people could come, and be looked after, until they were straight."[106] As the service expanded, the youth volunteers noticed that there was a need to address unwanted pregnancy. Not surprisingly, their clientele of drug users had many reservations with regards to approaching a TAC in order to obtain an abortion. Rush explains the situation as follows:

> Well, you know, in that same time, abortion was legalized here. So lots of people could get service here. It was when there were extenuating circumstances that meant that you were really whisking somebody away, and getting it dealt with elsewhere. Before Morgentaler's clinic, you could go to England. But, you had to have your resources. So only the absolute top layer of anybody could figure out how to get that done. There was also illegal abortion. And, we were very aware of where that was possible in our community, and we were looking after people who made that kind of – again, they would not go to the hospital if there were problems or complications.[107]

Noting the shift in 1969 from the medical realm to the political realm, Rush recounted how accessibility to abortion was in fact "deteriorating," not as a result of legal changes but rather because hospital boards were given significant autonomy and had no obligation to provide abortions.

---

[106] Elinor Rush, personal interview, April 9, 2009, Kingston, Ontario.
[107] Ibid.

When these informally-organized youth anticipated that a client might have a problem gaining the approval of a TAC, either due to lack of consent from their families or husbands or due to bureaucratic obstructions, they initiated their referral system to Morgentaler's Montreal clinic. With support from community members who lent their cars for day-trips to Quebec, the activists would set up an appointment with Morgentaler's clinic, and would shuttle women from Kingston to Montreal, a 300 kilometer drive that would take slightly more than three hours. Clients would be accompanied by both a driver and a support person, who had already contacted the Montreal clinic and made an appointment. The preparation time required for setting up an appointment was approximately a week, and Rush notes that this service was for those women who were unable to "go through the process normally, in Kingston, in the hospital. The transportation thing was kind of in an emergency."[108] These emergencies arose more frequently among the marginalized populations that used the drop-in street centre. Rush describes the informal service's "most adventurous escapade," in which they endeavoured to help transport

> a woman who was on a day pass from the women's prison, to Montreal, had an abortion and was back before curfew. That was our most exciting abortion. So, you know, we had to borrow a car, we had to pick her up the moment she was released in the morning, we had to get to Montreal, we'd already arranged everything with the

[108] Ibid.

> clinic there, get it done, and you know, get her back to Kingston and back to prison.[109]

This service was helping women obtain illegal abortions, though the procedures were performed by Henry Morgentaler, a licensed doctor in a medical clinic. Though decriminalization enabled some women to obtain abortions, it further disadvantaged the already-marginalized, who had to travel significant distances to access the procedure.

Visibility had long been a central strategy of the pro-choice movement, as activists used public tribunals, pamphlets, and guerilla theatre to tell personal stories that would serve to destigmatize the abortion procedure, but such visibility proved problematic when women faced the likelihood of being denied a therapeutic abortion. Instead of calling attention to the obstacles women faced when trying to access abortions, which may have gradually served to improve much-needed services, activists instead focused on the immediacy of addressing an unwanted pregnancy. These referral services, both formal and informal, were an imperfect tool to promote accessibility, as they covertly addressed the need for abortions in regions lacking necessary services while at the same time increasing the burden on those areas that did provide abortion services.

The cross-border movement to obtain abortions reflects the universal nature of reproductive rights and the limited scope of national, state and provincial laws.

---

[109] Ibid.

Activists, doctors, and women seeking abortions all recognized that unwanted pregnancies transcended geopolitical borders. In order to properly address the issue of inaccessible abortions and discrepancies among national, provincial, and state policies, groups and individuals formed transnational alliances that allowed them to address the needs of women seeking abortions on both sides of the border. The grassroots activists of the CBCA, who initially referred to the "rather conservative nature of [their] organization,"[110] began to help women gain access to American abortions by educating clients in the necessity of lying on hospital records and deceiving border officials. Other groups, like the youth-run street health service, developed a strategy to address unwanted pregnancies and barriers to abortion access that emerged in particular at-risk populations. These groups clearly identified a need for greater access to abortions, and justified their occasionally-illegal work with their belief that they were helping to end the practice of dangerous back-alley abortions or unwanted pregnancies. Though they did not name it as such, these referral and shuttle services emerge as a form of civil disobedience, undermining the law in a covert way to help women obtain the services they so desperately needed.

[110] CBCA, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, box 12, file 12.3, p. 2.

Chapter 4: "Free Abortion on Demand!": Public Actions, Public Demands

By the 1970s, abortion and abortion access were popular media topics, with articles and opinion pieces appearing in magazines, newspapers, and on the news. Abortion activists recognized the importance of presenting their cause to the public and to lawmakers in ways that highlighted the mass support for the issue. Public actions were critical to the successes of the abortion movement of the 1970s: they drew attention to reproductive rights issues, educated women in need as to how to obtain abortion services, highlighted the lack of services to both the public and the government, and demonstrated the significant public support for improved access and reducing barriers to abortion. Public actions encompassed a wide range of tactics, from in-the-street demonstrations to letter writing campaigns to compilations of personal narratives to lobbying government bodies. This diversity in both approach and intended audience helped to establish the campaign for abortion rights in the 1970s as a broad social movement. Sustaining a widespread approach proved to be key to the success of the movement, and the following analysis of the multifaceted strategies used by the abortion rights movement illustrates the ways in which activists with different perspectives and priorities worked together to improve abortion services and access. This array of strategies helped to unite activists working for a common goal, that of "free abortion on demand," unencumbered by third party committees or legal regulations.

Canadian activists of the 1970s and 1980s also expended considerable energy challenging the limitations of the legal framework put in place in 1969. This chapter explores the political strategies abortion activists used to pressure politicians and policy makers to make "free abortion on demand" a legal possibility. Aware that more Canadians believed that the decision to have an abortion was between a woman and her doctor, activists sought to mobilize this "silent majority." This chapter analyzes the kinds of political strategies abortion rights activists used to do so and then considers the relative success the movement had in organizing from a wide range of political perspectives. Beyond furthering the goal of improving abortion accessibility, the diverse strategies activists employed under the broad rubric of "political action" helped to unite a broad spectrum of activists from different backgrounds, effectively mobilizing a mass movement that had previously been focused on distinct goals. After considering the ways that various political actions served to unite activists, this chapter will consider the different types of public campaigns that activists undertook, including coining slogans, holding marches and staging mock tribunals, and organizing letter writing campaigns and circulating petitions. These diverse approaches, however, meant that activists from diverse backgrounds with differing perspectives were often working together, and tensions did arise, and this chapter will also explore these tensions.

Chapters two and three examined specific campaigns to ensure that abortion services were available, by defending therapeutic abortion committees (TACs) or establishing shuttle and referral services to help women travel to access abortion services. Unlike referral programs, shuttle services, clinics or other efforts that helped individual women gain access to services, public actions had little immediate effect on abortion provision for individuals, nor were they intended to address specific needs. Public actions nevertheless played a significant role in the development of a unified "abortion movement," and enabled activists to take part in a multifaceted campaign. The Vancouver Women's Caucus (VWC) clearly explained the importance of connecting activists with different backgrounds and approaches across the country in a 1970 memo titled "Abortion Strategy." The memo explained, "it is our hope that we can utilize the abortion campaign not only to build toward better communication and more solidarity with the women in B.C. but across the country as well. This could only be accomplished with the help and participation of ALL women's liberation groups."[1] Activists were generally in agreement that appealing to a wide audience and garnering mass support was critical to effecting long-term change. The Concerned Citizens for Choice on

[1] Vicky Brown, Marge Hollibaugh, Dawn Carrell, Betsy Meadley, "Re: Abortion Strategy," no date, Simon Fraser University Archives (SFUA), Frances Wasserlein fonds (FW fonds), Fonds 00162 Container 00005 file "Marge Hollibaugh's Abortion Caravan Scrapbook, 1968-1970," F-162-3-3-0-27, p. 2.

Abortion (CCCA) referred to this strategy as "building a democratic united front movement," and the group maintained that

> widely-publicized meetings and conferences, at which our demands and tactics are assessed and re-adopted by even greater numbers of supporters, are important or necessary. A public meeting or conference can discuss many aspects of the reproductive rights campaign and can be the occasion for involving many new people in our work. When those who organize such a conference propose the launching of the next large-scale action or demonstration to its participants, and urge its adoption by vote, an ever-greater number of people are involved in the decisions for carrying the campaign forward.[2]

Ideally these public actions generated media attention, which in turn resulted in increased public support. Activists believed that further decriminalization measures were a crucial step in improving abortion access, and maintained that mass support was the only way to convince the federal government to further decriminalize the procedure. Confident that a "silent majority" supported reproductive rights in Canada,[3] abortion activists set out to mobilize these supporters in order to demonstrate to the government and the media that the Canadian public supported reproductive control and abortion access. Drawing on historical workers' and

---

[2] Concerned Citizens for Choice on Abortion, "A Woman's Choice: A Strategy for the Abortion Rights Movement," Canadian Women's Movement Archives (CWMA), Canadian Women's Movement Archives fonds (CWMA fonds), X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," p. 16.

[3] No author listed, "Support the Right to Choose," in *British Columbia Federation of Women Newsletter*, July 1981, SFUA, Women's Bookstore Collection (WBC), Fonds 00111 Container 00004 file "British Columbia Federation of Women – newsletters and handbooks, 1975-1980," F-111-5-0-6, p. 11.

women's struggles, the abortion movement acknowledged that any victories would come from drawing upon the "strength of our numbers," which called for "an action campaign that involves massive numbers of people."[4] According to a 1974 Gallup poll, 62% of Canadians believed that "the decision to have an abortion should be made solely by a woman and her physician."[5] The CCCA was unequivocal in its assessment that this "support must be mobilized if it is to count."[6] Translating individual support into a mass movement required active involvement in the movement, such as organizing actions or participating in day-to-day efforts, or redefining the parameters of the movement to make room for more passive forms of engagements, including signing petitions or form letters to government officials.

"Free abortion on demand" was a broad goal, intentionally vague to encompass the myriad of barriers preventing women from accessing abortion. Activists understood that repeal of the abortion law would not mean the end of the struggle, but also saw it as a necessary precursor to improving accessibility in

---

[4] A. Thomson, "draft: this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," City of Vancouver Archives (CVA), Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 7.

[5] No author listed, "Gallup Poll on Abortion, October 1974," Library and Archives Canada (LAC), Association for the Review of Canadian Abortion Laws fonds (ARCAL fonds), MG 28 I 350 v. 2, file: "Canadian Association for Repeal of the Abortion Law, N.D. 1974-1975," p. 1.

[6] A. Thomson, "draft: this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 7.

Canada. In the early 1970s, abortion was gaining credence with the public and the media, and increased numbers were looking to get involved with the movement. By the late 1970s, the Canadian Association for the Repeal of the Abortion Law (CARAL) had begun to recruit previously uninvolved participants. CARAL produced documents such as "How to Become a Pro-Choice Activist," encouraging new members to read up on pro-choice news, to begin lobbying government officials through letters, petitions, and face-to-face appointments, and to hold information booths in high-traffic areas.[7] CARAL encouraged activists to get involved with the abortion movement slowly, recognizing that some members might prefer to work alone rather than as part of a larger group.[8]

Early abortion activism was closely linked to the women's liberation movement emerging in the late 1960s and early 70s. Vancouver, in particular, was a hotbed of political activism, driven by large numbers of already-politicized American women accompanying draft-dodgers across the border and by the establishment of Simon Fraser University in 1965, which quickly emerged as a centre of political organizing. Bonnie Beckman, a member of the VWC, explained that as activists became increasingly "radicalized, we were thinking what had big

---

[7] CARAL, "How to Become a Pro-Choice Activist," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): annual general meeting agendas, reports and related materials, 1979-1998," p. 1.
[8] CARAL, "What can one person do?," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): annual general meeting agendas, reports and related materials, 1979-1998," p. 1.

control over our lives – men, the media, advertising and the state." In order to mobilize previously apathetic women, the movement needed to draw on a "common language" and "the abortion issue lent itself very easily to a focused mobilization."[9] Drawing on their background as women's liberationists, and, often, as socialist feminists, abortion was a natural starting point for challenging a patriarchal society, but had the unintended benefit of attracting previously apolitical women to feminism. An undated "Proposal for Action" by VWC member Mary Trew explained that

> This issue is the one that women can identify with and unite around – high school and university women, young working women, poor family women. It is a concrete issue which is bringing together in struggle women in all sectors of society... A woman cannot begin to think of being freed, of being liberated until she has gained the basic right to control her body. This issue and the movement built around it are leading women in ever growing numbers to an overall awareness of their deep-rooted oppression – embedded in the very foundations of society.[10]

By linking reproductive control and abortion access to the subordination of women, the VWC and other leftist groups were able to make effective appeals for socialist reorganization of society that would resonate with women from varied social, economic, geographic, and political backgrounds. Free abortion on demand was both a tangible goal with immediate and crucial repercussions facing women

---

[9] Judy Rebick *Ten Thousand Roses: The Making of a Feminist Revolution*, (Toronto: Penguin, 2005), p. 38.
[10] Mary Trew, "A Proposal for Action," SFUA, FW fonds, Fonds 00162 Container 00004 file "Vancouver Women's Caucus Binder 4/5, 1969," F-162-3-3-0-8, p. 1.

without access, as well as a broad indicator of women's social status. The Young Socialists (YS) clearly articulated this position in their document "How to Build a Mass Movement for Women's Liberation," going on to explain that access to abortion was a "revolutionary demand" that positioned women to "face up to the capitalist system."[11] Building on this notion, the YS and the League for Socialist Action (LSA) maintained that women's liberation was a critical step in human liberation, holding that, "our oppression is so deeply rooted that nothing short of a total transformation of society will end it."[12] Abortion was a concrete issue that could foster discussion on gender and class inequality, and encourage men and women to consider the benefits of socialist analysis.

As more activists became involved with reproductive rights, the movement worked to identify catchphrases to further unite their disparate parts. Slogans were particularly important, as they succinctly kept to the message of accessibility and safety. There was much debate over whether particular slogans were effective and appropriate. This issue arose during the organizational stages of the Abortion Caravan, one of the most public pro-choice demonstrations in Canadian history. Caravaners were divided over whether to use the slogan "Smash Capitalism" on one of the vehicles, because while VWC organizers were committed to fighting the

---

[11] Isolde Belfont et al., "The Way Forward: How to Build a Mass Movement for Women's Liberation," SFUA, Anne Roberts fonds, Fonds 00166 Container 00001 file "Vancouver Women's Caucus, 1969-1971," F-166-0-0-0-0-6, p. 1.
[12] no author listed, "Join us in the struggle for human liberation!," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 2: "Birth Control + Abortion," p. 1.

capitalist system, they also recognized that putting these demands in the forefront of their action could alienate potential supporters.[13] "Repeal the abortion laws" was another contentious catchphrases, with some groups preferring to challenge the law rather than the more comprehensive cry of "free abortion on demand."[14]

Though the collective voice was stronger, individuals could also display their pro-choice position single-handedly with buttons, stickers and other promotional materials. These passive yet public means of promoting pro-choice sentiments were at once a subtle way of highlighting the position while also serving as a constant reminder of the issue. Many promotional materials encouraged supporters to both sell and wear pro-choice buttons, claiming that these restrained manifestations of pro-choice sentiment both promoted and improved access to abortion but also brought the issue slowly into new realms, proving that abortion access was not an issue that could be relegated to a particular group or a particular gendered, raced, or classed space, though lack of access was clearly exacerbated by the social markers.[15]

---

[13] Ann Thomson *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria: Trafford Publishing, 2004), p. 43.
[14] Autharine, "(interim report) Report on Abortion Work in Vancouver – Spring, Summer, 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 1.
[15] No author listed, "Legalize Free-Standing Abortion Clinics," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-6, file 9: "Pro-Choice Movement – Canada," p. 1.

Visual depictions of pro-choice sentiment went beyond slogans on buttons, bumper stickers and placards. More abstract visuals could be thought-provoking and biting. The Abortion Caravan of 1970 was particularly skilled at drawing on public images to highlight the dangers of inaccessible abortion. The Caravan traveled across the country with a homemade coffin strapped atop a Volkswagon van, representing the thousands of women who had died the result of restrictive abortion laws and inaccessible services. The Caravan eventually arrived at the Parliament buildings in Ottawa to present the symbolic coffin to the lawmakers responsible for these hazardous restrictions.[16] Pro-choice demonstrators converging on Parliament with the Caravan also brought other symbols of back-alley abortion, including coat hangers, vacuum cleaner hoses, household chemicals and knitting needles. These items were stark reminders of the bodily risks women will undertake to end an unwanted pregnancy, providing an image of desperation and unnecessary danger that was easily kept out of public discussions on abortion through euphemisms and polite discourse. Because the members of the Abortion Caravan were predominantly women, they were perceived as unthreatening, and Margo Dunn recalls gaining access into Parliament and having her purse checked by security: "I knew he saw them and he, just like, every woman walks into

[16] no author listed, "Abortion is our Right," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-4, file 7: "Canada – Abortion debate in 1960s," p. 1.

Parliament with a can of Drano in her purse. I mean, that's really crazy."[17] These visual cues were particularly salient representations of the dangers associated with a lack of abortion services, forcing the physical, and gendered, threats of hemorrhage, sepsis, and accidental sterilization into public discussions of abortion rights.

Reproductive rights activists edged these private topics into the public realm in a variety of ways, often obscuring the radical nature of discussing reproductive health issues and sexuality through a guise of respectability. Respectability was a useful tool for pushing abortion rights into the mainstream, especially for radical feminists of the 1970s. But activists also used common notions of respectability and gender norms to gain access into semi-public spaces that might have been otherwise restricted to leftist activists. "Passing" as respectable, non-threatening citizens was an especially useful tool for members of the Abortion Caravan. Members of the Caravan gained access to Parliament by adhering to gender conventions and convincing security that they were citizens with a passive interest in the democratic process rather than activists. Frances Wasserlein's interviews with Abortion Caravaners, transcribed and archived at Simon Fraser University, demonstrate the significant efforts that went in to appearing as respectable, middle class women. This strategy proved beneficial beyond gaining access to Parliament:

[17] Frances Wasserlein, "Interview with Margo Dunn on 8 October, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Dunn, Margo, 1986," F-162-3-2-0-7, p. 38.

no one was arrested during the action, though police lectured protestors on being "good girls."[18] This tempered response to a well-planned government disturbance likely reflects gender norms and expectations, and a pervasive stereotype of women as mild-mannered despite clear evidence to the contrary.

The image of respectable, middle class women was diminished by the fact that these parliamentary visitors arrived with the express purpose of chaining themselves to the railings in the visitors' gallery, inspired by British suffragettes. In spite of this well-executed plan, many of the activists had more difficulty changing their appearance and demeanor than acquiring the necessary chains, as Wasserlein's interview with Cynthia Flood demonstrates. When asked about the process of obtaining these chains, Flood shifts her response to reflect the true challenge for activists such as herself:

> Oh, getting all the chains! ... not only getting the chains but the process of running around Ottawa getting skirts and nylons for the participants had not had these objects on their bodies for some time – finding razors to shave the hairy legs so the people could look respectable. People rummaging through basements and finding old hats that their mothers had worn 30 years before and jamming them on their heads, that kind of thing.[19]

---

[18] Sharon Catherine Hagar, "History of The Campaign for Legal Abortion in Canada, 1970-1978: A Vancouver Perspective," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 17: "Abortion Rights – history of, by Sharon Hager," p. 3.
[19] Frances Wasserlein, "Interview with Cynthia Flood, 9 October, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Flood, Cynthia, 1986," F-162-3-2-0-8, p. 8

Caravaners were certain that they would have been denied entry into Parliament dressed in their own clothing, which tended towards blue jeans and t-shirts, and passing as respectable, middle-class women was at once a strategy to advance their views and also a form of public spectacle.

Beyond altering their physical appearance, Caravaners furthered their image as respectable women by entering Parliament with male accompaniment. Challenging the stereotype of abortion activists as militant lesbians,[20] the Caravaners asked partners, family members, and allies to pose as their spouses to deflect attention. Marge Hollibaugh succinctly explained the reasoning behind this tactic, holding that the female activists had to employ a wide range of disguises so that they would not "stand out as these crazy women."[21] These tactics were reasonably successful, and a significant number of Caravaners were admitted into Parliament to watch the proceedings from the public gallery. There was significant internal debate as to who would enter Parliament and who would continue to protest elsewhere.[22] The Caravan's public spectacle came to a head when the

---

[20] Ruth Miller, personal interview, Tuesday, November 9, 2010, Toronto, Ontario.
[21] Frances Wasserlein, "Interview with Marge Hollibaugh, 7 October, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Hollibaugh, Marge, 1986," F-162-3-2-0-10, p. 17.
[22] for a far more comprehensive account of the Caravan, see Frances Jane Wasserlein, *'An Arrow Aimed at the Heart': The Vancouver Women's Caucus and the Abortion Campaign, 1969-1971* (unpublished thesis, Simon Fraser University, 1990); Thomson, 2004, chapter five; Shannon Stettner *Women and Abortion in English Canada: Public Debates and Political Participation, 1959-1970* (unpublished thesis, York University, 2011).

activists dispersed throughout the visitor's gallery, stood up sporadically to demand the repeal of the abortion law. As security worked to remove the women from Parliament, they responded by chaining themselves to railings, effectively stalling proceedings and eventually leading to a half-hour adjournment of the session, and marking the first time in Canadian history that Parliament had been stayed by gallery disturbances. The quick transition from respectable citizens to chained activists disturbing Parliament was a well-planned, effective public protest. This type of public spectacle highlighted the political currency ascribed to "respectable" women, as activists presented themselves as those whom lawmakers saw as their support base, and the action emphasized the advantages of engaging with politicians on their own terms.

The fact that feminine appearance was a marker of activism that could potentially expose plans was a point of interest for activists in the early 1970s. But, by the end of the decade, physical appearance was decreasingly scrutinized, an indication of both a shift in attire as well as the composition of the abortion movement. By the 1980s, women in blue jeans could no longer be identified as part of a radical political movement, nor was more conservative dress an indicator of conservative reproductive rights politics. Though there are merits to easily identifying allies and detractors, this shift away from easy generalizations was an important turning point for the movement. In a brief summary of the abortion movement in 1980, Faye Cooper explained that "part of the excitement was sizing

up the crowd, second-guessing who would clap for what." Activists were no longer easily discernable under the old rubric of "jeans and t-shirts meant us, and polyester pants meant them,"[23] an indication of the movement's mainstream support. As abortion activism became more widely accepted and standards of dress changed, visual cues designating women's political leanings became far less reliable, and the public spectacles drawing on assumptions of appearances became less effective.

Beyond the visual spectacle that began on the western end of the Trans-Canada highway and continued into the visitor's gallery at Parliament, the Abortion Caravan was a particularly effective pro-choice action. Leaving from Vancouver on 27 April, 1970, the Caravan stopped overnight to gather demonstrators in Kamloops, Calgary, Edmonton, Saskatoon, Regina, Winnipeg, Sault Ste. Marie, Sudbury, and Toronto, finally arriving in Ottawa on 8 May. A Mothers' Day march on Sunday, 10 May diverted to 24 Sussex Drive in spite of the fact that Trudeau was out of town. Demonstrators left the coffin they had driven across the country along with symbolic instruments on the lawn of the PM's residence. The demonstration culminated the following day, with the infiltration of parliament on Monday, 11 May by 36 protestors while nearly 500 demonstrated outside. The

---

[23] Faye Cooper, Lions Gate Vignettes, North Shore Women, "Newsletter of the North Shore Women's Centre," Volume 6, Issue 2, October 1980, SFUA, WBC, Fonds 00111 Container 00005 file "BC Women's Centres – North Shore, 1974-1981," F-111-6-0-3, p. 13.

Abortion Caravan was partly inspired by the 1935 On to Ottawa Trek,[24] using a similar strategy of converging on the federal government to draw attention to the issue and to effect legislative change.

From the outset, the Caravan was a political action that required and fostered cross-country connections among groups with diverging political positions. Originally conceived of by members of the VWC, the planning stages soon evolved into the development of a cross-country pro-choice network. Toronto Women's Liberation (TWL) did outreach leading up to the Caravan at high school, community college, and university campuses, at union meetings, at NDP meetings, and in the streets. They targeted groups and individuals "based on... political assumptions of who [they were] trying to reach." The group acknowledged that the typical supporters were young, university-educated women, but the Caravan gave the group the opportunity to actively "extend this base... [to include] working women, young women, especially from 'working class' families, women in unions, women who are already organizing around their own oppression..., and women in educational institutions of technical training." TWL used the upcoming Caravan to cultivate further support for the pro-choice movement, looking beyond the May action in Ottawa, explaining that they did "not see our prime task as getting

[24] Rebick, 2005, p. 37.

numbers, but to build a strategy that goes beyond this campaign."[25] From a strategic standpoint, the Caravan served as a unique outreach method, as activists had personal contact with women across the country, stimulating interest in abortion rights. Furthermore, the action was widely publicized and it was, for some of the participants, their first foray into any type of public demonstration or activism. The Caravan was one of the earliest instances of what would later become a marker of the abortion movement, as seasoned, highly politicized activists worked alongside newly active members, some of whom identified as apolitical or chose to keep their political opinions beyond abortion demands private.

The Abortion Caravan itself reflected a compromise that defined the movement. On the one hand, the cross-country protest challenged lawmakers by occupying the parliament building. For many of those involved, the act of civil disobedience was a necessary response given the unsuccessful results of going through the "proper channels," including seeking meetings with provincial and federal governments as well as the College of Physicians and Surgeons.[26] Strategically, infiltrating the visitors' gallery at parliament was a significant departure from outdoor protests.

---

[25] Toronto Women's Liberation, "Abortion Caravan Proposals," SFUA, FW fonds, Fonds 00162 Container 00003 file "Vancouver Women's Caucus Binder 1/5, 1970," F-162-3-3-0-5, p. 5-6.

[26] Vancouver Women's Caucus, "Abortion Campaign," CVA, Pro-Choice Records, Add. MSS 1486, 576-E-7, file 1: "Women's Caucus – Abortion Caravan," p. 3.

In spite of the tensions that arose from the Caravan, it was nevertheless "the first significant national expression of a movement which had been active and growing for some time." Though the Caravan culminated with the parliamentary disturbance, the 11 May demonstration designated "the end of one phase of battle and the beginning of another"[27] in many senses, but, at the same time, marked a critical break away from pro-choice work for others. Marcy Cohen, one of the founding members of the VWC, recalls that post-Caravan early women's liberationists "didn't keep up the momentum. It was different people who did that later on." She explains that, "the Abortion Caravan was very successful but it was quite difficult in terms of the personal tensions between the different people and the group."[28] While the VWC had been instrumental in early pro-choice organizing, seeing reproductive rights as a necessary precursor for women's and working class emancipation, as the issue became more mainstream, these early activists saw the reorganizational potential of abortion rights diminished. In effect, as the pro-choice movement diversified to include women and men of all political backgrounds, some early organizers opted to return to their socialist origins, leaving the pro-choice activism to others. Ann Thomson succinctly explains the situation in her assessment that "it seems paradoxical that the triumph of the

---

[27] Krista Mabots, "Abortion Caravan" in *The Canadian Forum*, SFUA, FW fonds, Fonds 00162 Container 00004 file "Vancouver Women's Caucus Binder 4/5, 1969," F-162-3-3-0-8, p. 157.

[28] Marcy Cohen, personal interview, December 6, 2010, Tofino, British Columbia.

Abortion Caravan led to a buckling of the organization, but, in truth, the tensions boiling just beneath the surface made an eruption predictable."[29]

At the same time, however, the Caravan garnered much attention for the pro-choice movement, effectively ensuring that federal and provincial governments could not ignore the issue indefinitely. Just over a month after the Caravan's parliamentary disruption, Prime Minister Trudeau invited a handful of members of the Vancouver Women's Caucus to meet with him while he was in the city. Members of the VWC saw the invitation, given with less than 12 hours notice, as a publicity stunt rather than an earnest interest in repealing or revising the law. Responding to this last-minute invitation, VWC members met with the Prime Minister in bathrobes and slippers, highlighting their willingness to prioritize a meeting above all else, while also indicating to Trudeau that their daily obligations could not be neglected.[30] Meeting with Trudeau dressed in this manner also served a theatrical purpose, portraying the activists as ordinary women with jobs and families. Rather than appointing a single delegate or a limited number of representatives, the VWC insisted on an open, consensus-based meeting, refusing to grant Trudeau the favourable media optics of "a cosy tête-à-tête between the

[29] Thomson, 2004, p. 65.
[30] Ibid., p. 64.

nation's first lady-killer and a comely feminist."[31] In doing so, the VWC was able to maintain a degree of control over the exposure resulting from the Caravan.

The Caravan was particularly successful at garnering media attention and generation word-of-mouth across the country. Beyond effectively demonstrating public support, public demonstrations were also used as a tool to respond directly to anti-abortion actions. Public pickets outside abortion clinics and in other public spaces have long been a staple of the anti-abortion movement, and were particularly striking at the site of abortion clinics, where patients were both directly and indirectly threatened by protestors. The presence of pro-choice supporters served to temper these forces and support patients while they entered and exited the clinic. If anti-choice actions outside the Harbord Street clinic seemed to be escalating, volunteers would deploy a telephone pyramid system whereby each person calls two others before assembling at the clinic. Not only was this system effective in mobilizing support quickly, but it depended on each individual to participate and thus cultivated a sense of accountability and community among pro-choice activists.[32] Activists relied on phone trees for a significant duration of time, well into the 1980s. On July 7, 1983, this phone-tree system enabled clinic

[31] Ibid., p. 64.
[32] Carolyn Egan, Personal interview, December 22, 2010, Toronto, Ontario.

proponents to rally sufficient supporters to hold a rally outside the Don Jail in Toronto only five hours after clinic doctors were arrested.[33]

More planned and deliberate counter-demonstrations also took place, playing a crucial role in challenging the position that the anti-abortion movement represented the majority of Canadians. Judy Rebick recalls organizing a demonstration in response to the Catholic Church's call for protests outside of the Toronto clinic; after four days of anti-abortion protests outside the Harbord St. clinic, OCAC and other groups organized a pro-choice rally at Queen's Park. The rally, which drew 15 000 supporters, was, according to Rebick, necessary to show both pro-choice and anti-abortion activists, as well as the general public, the media, and politicians, that there was broad support for reproductive rights in Canada.[34]

Demonstrations were also organized as protests, publicly expressing dissent over both the abortion law in general, and also objecting to particular events. Pro-choice activists would mobilize quickly if the clinics were shut down or if doctors, nurses, counsellors or administrators were arrested. These protests, organized quickly and concentrated directly on protesting a particular arrest or clinic shut

---

[33] Patricia Antonyshyn, B. Lee, and Alex Merrill, "Marching for Women's Lives: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Social Movements, Social Change: The Politics and Practice of Organizing* Frank Cunningham, Sue Findlay, Marlene Kadar, Alan Lennon, and Ed Silva, eds. (Toronto: Between the Lines, 1988), 129-156, p. 135.

[34] Judy Rebick, Personal interview, October 5, 2010, Toronto, Ontario.

down, were some of the more focused actions of the pro-choice movement. Clinic organizers, workers, and volunteers established these free-standing clinics knowing that they were illegal and that the likelihood of closure was high.[35] As a result, they were able to organize actions prior to any catalyst, ensuring that supporters were ready to come out with short notice.

Though left-wing activists had a rich history of congregating in the streets to raise awareness for political issues, the abortion rights campaign in the 1970s drew in more novice activists, many of whom were not only participating in their first public demonstrations, but also organizing their first political actions. Recalling her work with the CCCA, RWL member Ann Thomson explained that

> the women who founded CCCA and have been active in it are, for the most part, inexperienced in organizing, inexperienced in the women's movement, inexperienced in waging struggles. They have been willing to learn – but they have needed direction. None of them had ever organized a demonstration before. None of them had ever organized a drive for endorsements before. None of them had ever organized a benefit before.[36]

As a result of the influx of new activists in the abortion rights movement, the CCCA disseminated a document with a section devoted to organizing, including subsections on forming a group, holding meetings, and planning actions such as marches, rallies, public information sessions and conferences. Suggestions included

---

[35] Ibid.

[36] Ann Thomson, "Our Work in the Vancouver Abortion Rights Movement: CCCA – 1978/79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 10.

holding events in highly visible, well-populated areas, having the necessary permits, book-ending marches with banners stating the group's name as well as key demands, using megaphones, leafleting the area or route so that passersby will understand, providing child care, and incorporating marshalls.[37] Though these suggestions may have seemed obvious, they were also directed at groups and individuals who had limited organizational experience.

Public demonstrations were evidence of the mass support for reproductive rights, while also helping to destigmatize abortion. These demonstrations indicated high volumes of support to the public and the media, while provided proof that this support came from a true cross-section of society, regardless of age, class, race, or political persuasions. As the prototypical abortion rights supporter defied classification, proving that there was, in fact, no prototype, it also became increasingly clear that abortion was a necessary service for women of all ages, races, classes, and locations. As the public face of the abortion movement expanded, so too did the public face of abortion clients.

One way that pro-choice activists harnessed this mainstream support was through mock tribunals, where members of the public would "testify" against the discriminatory nature of the abortion laws. Tribunals were a combination of

---

[37] Concerned Citizens for Choice on Abortion, "A Woman's Choice: A Strategy for the Abortion Rights Movement," CWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," p. 26-7.

political chastisement, legal challenge, personal narrative, and theatre. In a typical tribunal, a "judge" would preside over the "court," charging Section 251 of the Criminal Code with discrimination against women. Women who have sought abortions, medical practitioners, and others would testify, recounting their personal experiences, or in order to preserve anonymity, the experiences of others. The tribunals at once challenged the TAC system while also allowing individuals to share their experiences. Rather than promoting an oversimplified standard abortion client, the pro-choice movement sought to tease out individual experiences with the procedure.

Abortion tribunals likely originated with the New York City radical feminist group Redstockings. Founded in 1968, Redstockings took up abortion rights as a central issue, calling for the repeal of abortion laws in 1969. When the New York State legislature's Joint Legislative Committee on the Problems of Public Health discussed a bill to repeal the state's abortion laws, Redstockings attended the hearings. The 1969 hearings drew on 13 expert testimonies, made up of 12 men who were doctors, psychiatrists, attorneys, politicians, and a former judge, and one woman, a nun. Many members of Redstockings attended the hearings, waiting until the final address to verbally challenge the "expert" witnesses, shouting out "what better experts are there on abortion than women."[38] The Redstockings demanded a

---

[38] Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003), 28-31.

public hearing to allow for women's expert testimony, and when this demand was denied, they organized their own. On March 21, 1969, the Redstockings staged a public hearing at Washington Square Methodist Church in Manhattan, a direct result of being denied the opportunity to participate in the legislative hearings,[39] and a dozen women testified before an audience of 300 people, including the press.[40] Redstockings maintained that publicly testifying helped women to link consciousness-raising strategies to the feminist project of recognizing that the personal is the political.

Tribunals also drew on mass mobilization strategies typically associated with in-the-streets demonstrations. A closer examination of abortion tribunals illustrates the ways that the movement embodied the feminist idea that "the personal is the political." These tribunals, held across the country, were built on the premise that disclosing a history of abortion could be an empowering experience. Tribunals were an effective pro-choice action, and in 1986 OCAC organized concurrent tribunals in Ontario, British Columbia, Alberta, Manitoba and Quebec.[41] Furthermore, testimonials would highlight both the diversity of those seeking and providing abortions, as well as highlighting the different experiences of abortion clients. These tribunals were a combination of public talks and guerilla theatre, and gave women a forum to publicly discuss their experiences with

[39] Ibid., 33.
[40] Ibid., 36.
[41] Antonyshyn, Lee, Merrill, 1988, p. 145.

abortions. Various organizations across the country held mock trials charging Section 251 of the Criminal Code with discrimination against women. These tribunals were effective at garnering the public's attention, and they were also, in the words of one participant, "a lot of fun."[42] Mock trials, held throughout the 1970s and 1980s, attended to the gravity of the situation arising from lack of abortion access while also undermining the legal and medical regulatory bodies that imposed barriers on women's access to reproductive control. The tribunals were based on the assumption that the TAC system essentially put women on trial, forcing them to plead their cases in front of a panel of doctors acting as judges. Holding tribunals challenged this structure by giving women "a chance... to turn the tables around. Instead of [women] being on trial, we are going to unite together in communities across Canada and Quebec, and we are going to put section 251 on trial."[43] Holding tribunals across the country helped to illustrate the commonalities of inaccessible abortion across the country while also highlighting the regional specificities that arose for women facing unwanted pregnancies.

There were benefits for women speaking out about their abortions, but organizers also recognized that some women might have been more willing to

---

[42] Donna Liberman, Personal interview, August 12, 2010, Burnaby, British Columbia.

[43] Ontario Coalition for Abortion Clinics, "What are Tribunals, and why have them?," CWMA, CWMA fonds, X10-1, box 79, file ""Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)," July 1985, p. 1.

share their experiences anonymously. To prepare for the tribunals, activists advertised at birth control information centres, community health clinics, women's centres and women's organizations, as well as asking counsellors to present the tribunals as a possibility to their clients.[44] Organizers believed that having women tell their own stories was the most effective way of conveying the implications, both material and emotional, of inaccessible abortion. While they maintained that anonymous testimonies were also important contributions, they acknowledged that they were "probably not as dramatic" as first-hand accounts.[45] That said, the fact that women were contributing to these tribunals anonymously was persuasive evidence that reproductive rights and abortion in particular remained highly stigmatized issues. In some instances, photography was prohibited and the media was asked to refrain from releasing any identifying information about those women testifying.[46]

The tribunals took place across the country, aiming to make public the hardship resulting from unjust abortion laws and to chart the individual experiences ensuing from this collective issue.[47] These tribunals thus gave voice to

---

[44] Ibid., p. 2.
[45] Ibid., p. 2.
[46] Alberta Status of Women Action Committee, "Edmonton Abortion Tribunal Script," Provincial Archives of Alberta (PAA), Alberta Status of Women Action Committee fonds (ASWAC fonds), Accession number: 1997.0305, Box 25, File 276, p. 3.
[47] no author listed, "Program: Women's Tribunal on Abortion, Contraception & Sterilization, a part of Women's Week, Thursday, February 15, 1973," CVA, Pro-

women, highlighting their specific experiences as well as the commonalities. Reflecting on the February 1973 Woman's Tribunal on Abortion, Contraception, and Sterilization at the University of British Columbia, organizers reflected that "every testimony verified the charges that women do not control our bodies, that the current laws and practices disrupt and cripple countless lives, and that the Canadian government must be indicted for its role in denying women the right to choose."[48] Beyond challenging the current system, these abortion tribunals also gave women a voice, educated the public, fostered a pro-choice community that could engage an array of groups, raised funds, and drew attention to the need for birth control and abortion services and the governmental responsibility to improve these services.[49]

Tribunals also provided a way to reframe debates on abortion. Typically, discussions about abortion access were framed by discourses of medicalization and liberalization, as Jane Jenson has shown.[50] As a result, women's voices and experiences tended to be absent from many "official" discussions about abortion access. Tribunals were a way to rectify this omission. As doctors, nurses, and

---

Choice Records, Add. MSS 1486, 576-E-6, file 5: "Abortion and BCCRAL (BC Coalition to Repeal the Abortion Laws) – tribunal at UBC," p. 1.

[48] The B.C. Chapter, "A Tribunal in B.C. March 17, 1973," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 2: "Birth Control + Abortion," p. 4.

[49] Ibid., p. 2.

[50] Jane Jenson, "Getting to *Morgentaler*: From One Representation To Another," in Janine Brodie, Shelley A.M. Gavigan, Jane Jenson, *The Politics of Abortion* (Toronto: Oxford University Press, 1992), 15-55.

patients offered their testimonials, the potential for these narratives became increasingly apparent. Beyond an educational tool, these personal stories could also be used to integrate the personal side of abortion into debates that were otherwise absent from medical and legal discussions. A brief presented by CARAL to the Minister of Health in 1981 was appended with a woman's personal story, charting the barriers she faced at every step when trying to obtain an abortion in 1980.[51] Under the heading "One Woman's Story," CARAL shared the experience of a 24 year old woman who was directed by a doctor to an anti-abortion group for counseling. After finding a doctor in a nearby city willing to perform the abortion, the anonymous patient learned that the physician did not accept OHIP, and that the procedure would cost $200. After finding a doctor at a greater distance, the woman rented a car, booked a trip and traveled to obtain the abortion. Unable to stay in the city for her post-operative check-up, the woman returned to her community where the doctor chastised her for having the procedure, suggested abstinence, and hesitated to perform the check-up. The patient was unequivocal in her assessment that "the process is humiliating," explaining that she had been treated as though she were "'sleezy,' 'irresponsible,' 'cheap,' 'unfeeling,' and

[51] Canadian Abortion Action Rights League (CARAL), "A brief to the Minister of Health, The Honourable Dennis R. Timbrell, September 22, 1981," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," Appendix 2, p. 10.

'selfish.'"[52] CARAL appended their brief to the Minister of Health with this personal anecdote to give a face to the issue of abortion access and also to demonstrate the widespread implications of inaccessibility that could not be measured with typical statistics.

Typically, women's testimonials tended to highlight key issues for the pro-choice movement, as women reflected candidly about their difficulties and successes accessing abortions across the country. While testifying, women assessed the benefits or hindrances of their age, marital status, location, class, and other markers that impacted their ability to navigate the healthcare system in order to obtain an abortion. The Kitchener-Waterloo Women's Place presented an interesting juxtaposition in their July 1975 newsletter, demonstrating the different services women would receive depending on various social markers. One woman, who identified as a married, middle-class professional, explained that she had "no difficulty" obtaining an abortion in Regina in 1972. Though she described her experience with the doctor, nurses, and hospital as "excellent," she recounted her confusion over payment. Because her abortion was performed in a hospital, the bill was directed to medicare. While this followed standard protocol, the doctor later asked for further payment. This extra-billing, a common practice for abortion

---

[52] Canadian Abortion Action Rights League (CARAL), "A brief to the Minister of Health, The Honourable Dennis R. Timbrell, September 22, 1981," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," Appendix 2, p. 10-12.

procedures in the 1970s, was followed up by a bill to the patient.[53] The woman refused to pay the bill and the issue ended there, but the implication is clearly that women who were trying to keep their abortion from friends or family, or who had limited experience with the healthcare system might be compelled to pay these extra fees despite the fact that the doctors had no legitimate reason for charging them. In contrast, the following testimonial was provided by a 22 year old in Swift Current, Saskatchewan. The patient reported having to "prov[e] [her] instability," and saw three doctors before one would refer her case to a TAC. One doctor interrogated her about her relationship and sexual experience, another provided her with contact information for the anti-choice group Birthright, and only the third helped her obtain the procedure. This patient described her experience as fraught with "unnecessary hardship and anxiety," a situation that was exacerbated by the fact that, as a young rural woman, she had few advocates in the healthcare system or elsewhere.[54]

Pro-choice medical professionals also testified in the tribunals. Many doctors and nurses have publicly attributed their pro-choice stance to a particular moment when they did not perform an abortion upon request, only to learn later that the woman sought a back-alley abortion and subsequently required serious

---

[53] no author listed, "No title listed," in Woman's Place, K-W Woman's Place Newsletter, Vol. 2, No. 7, July 1975, SFUA, WBC, Fonds 00111 Container 00005 file "Ontario Women's Centres – Kitchener/Waterloo, 'Woman's Place' 1974-1975" F-111-6-0-16, no page listed.
[54] Ibid., no page listed.

medical attention.[55] Morgentaler also drew upon this trope, describing a patient who committed suicide after he refused to perform an abortion. Morgentaler later acknowledged that this story was an exaggeration, explaining "I wanted to make my point. I don't think I ever had a patient who committed suicide, although I had lots of women who threatened to commit suicide if they didn't get help."[56] In a 1967 article "Abortion: The Law that Kills," Morgentaler was unequivocal in his assessment that the laws criminalizing abortion were profoundly dangerous for women, as women but also on a very personal, individual level. He explained that,

> in my 12 years of general practice, I have been confronted many times by women who implored me to give them an abortion, who were desperate. I had to refuse. I had to watch them drift away in mental agony, usually to find some abortionist and end up in a hospital bleeding or barely alive, to resign themselves to having a baby they did not want.[57]

Morgentaler's depiction of his patients as "desperate" in no way suggests that he considered their responses unwarranted, but rather that he understood that their desperation could easily be tempered by allowing doctors to perform the relatively easy medical procedures. Providing testimony at a 1986 tribunal in Edmonton, Karen, a registered nurse, provided an account with her first experience, in 1969,

---

[55] OCAC, "Speak Out For Choice: The Abortion Law on Trial, Saturday, March 1st at 2:00 p.m. Trinity-St. Paul's 427 Bloor St. West," PAA, ASWAC fonds, Accession number: 1997.0305, Box 25, File 276, page 6.
[56] quoted in Catherine Dunphy *Morgentaler: A Difficult Hero* (Toronto: Random House, 1996), p. 79.
[57] Henry Morgentaler, "Abortion: The Law that Kills," LAC, ARCAL fonds, MG 28 I 350 v 2, file: "Morgentaler, Henry, N.D., 1967-1975," p. 6

with the dangers of abortion. The testimony was both performative and informative, intended to convey the authority of personal experience within a safe space. Karen's account touches on the connections between class, ethnicity, and accessibility, while highlighting the needlessness of denying women necessary abortion services:

> The nurse in charge came away from the phone very upset. She said, 'Set up the room for isolation. We have one of those bloody back-street coat-hangers coming up. Probably another one who can't speak English is going to die and we can't even talk to her...' I was stunned. All I could do was listen to what the other nurses had to say. As the other RNs discussed past cases I became frightened especially by their unanswered questions: How many more? Why can't they get proper medical help before rather than after coming here like this? After all, medical technology is available. Who are we to judge what people need? If a woman needs an abortion she'll find someone to do it. They all could tell you so many stories about the ones who found it. Why couldn't it be safe? There's enough pain in choosing abortion. They didn't deserve this. Both nurses were very angry that Canadian women had to go to New York or Sweden. That is, only those who could afford it get safe medical care to deal with unwanted pregnancies.[58]

Following the testimony, the "judge" declared that the abortion law was discriminatory on the basis of class, while also ruling that it denied women equal protection and benefit of the law and the right of life, liberty and security of person as per the Charter of Rights and Freedoms. The judge concluded by mandating free-standing clinics, which would provide abortions for women "under the best medical conditions with the most modern and safest techniques in an atmosphere

---

[58] Alberta Status of Women Action Committee, "Edmonton Abortion Tribunal Script," PAA, ASWAC fonds, Accession number: 1997.0305, Box 25, File 276, p. 6.

of caring and compassion."[59] The mock trials provided an ideal forum to challenge the law and posit clinics as the solution. Testimonies from women who had sought illegal abortions in free-standing clinics furthered this clinic defense, as one woman's statement ended with the assertion that following her abortion she was "thanking God for abortion clinics."[60] Particularly when contrasted with gruesome tales from medical professionals about botched abortions, or with personal testimonies detailing the fears and dangers arising from back-alley abortions or degrading nature of TACs and doctors who abuse their authority, clinics emerged in these mock trials as a humane, safe, and efficient alternative to TACs and the abortion law.

These cross-country tribunals, often held in tandem with one another, were a particularly effective tool in building a mass movement. As public spectacles, the tribunals garnered attention for the movement, while clearly highlighting the diverse issues affecting women in need of abortions. Furthermore, the tribunals posited clinics as a (temporary) solution to the problems, and given the magnitude of issues arising and the vague - though legitimate - calls for "free abortion on demand," this objective helped to encourage new activists as they joined the

---

[59] Alberta Status of Women Action Committee, "Edmonton Abortion Tribunal Script," PAA, ASWAC fonds, Accession number: 1997.0305, Box 25, File 276, p. 48.

[60] OCAC, "Speak Out For Choice: The Abortion Law on Trial, Saturday, March 1st at 2:00 p.m., Trinity-St. Paul's 427 Bloor St. West," PAA, ASWAC fonds, Accession number: 1997.0305, Box 25, File 276, p. 9.

movement. Reflecting on organizing tribunals, the UBC organizers maintained that the action was critical to building a mass action, a "major step forward for the Coalition and for the abortion law repeal campaign."[61] These tribunals helped to foster a new focus within the pro-choice movement on women's individual experiences, helping to situate them within a broader context of inaccessibility, women's rights, women's liberation, and various social markers such as race, class, age, location, and more. These tribunals used public spectacle to draw attention to the pro-choice movement, representing a shift away from focusing on a radical re-organization of society, instead allowing for an individual narrative that could ultimately be used for collective good.

Building on the testimonials from tribunals, the pro-choice movement drew on another public tactic, that of women's personal declarations of abortions. Recognizing the benefits of these individual voices joined to form a persuasive collective argument, the pro-choice movement continued to solicit personal experiences with abortion. "Coming out" as an abortion client became a political strategy in and of itself. Publicly identifying yourself as a woman who had obtained an abortion served many purposes. Publicly declaring abortion experiences has a rich international history. In 1971, a French manifesto signed by 343 women, including Simone de Beauvoir, declared that they had abortions. Building on this

---

[61] The B.C. Chapter, "A Tribunal in B.C. March 17, 1973," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 2: "Birth Control + Abortion," p. 4.

strategy, the inaugural issue of *Ms.* Magazine featured a petition signed by 53 well-known American women declaring that they had had illegal abortions, including Gloria Steinem, Nora Ephron, and Lillian Hellman. Towards the end of the 1970s and into the 1980s, this tactic was employed by Canadian groups. Pro-choice organizations across the country organized different campaigns, including CARAL's 1982 Stand Up and Be Counted petition directed at the federal government and Childbirth by Choice self-published collection *No Choice: Canadian Women Tell Their Stories of Illegal Abortion*. These first-hand accounts were a particular valuable evidence base – irrefutable because they referred only to a personal experience, but taken together they form a more complete picture of the state of abortion access and the importance of reproductive choice.

Campaigns encouraging women to share their experiences with abortion sought stories from the entire spectrum of experiences: illegal and TAC-approved abortions; from pay-what-you-can to prohibitively expensive procedures; in clinics, hospitals, or other sites; abortions that required significant travel or barely any; women needing referrals or shuttle services or not. Sharing personal experiences with abortion at once helped to highlight the need for free abortion on demand while also demonstrating the highly personal implications of inaccessibility. Asking women to share these personal experiences helped to politicize abortion inaccessibility, simultaneously destigmatizing the procedure and identifying

barriers that might otherwise go unnoticed. In a 1982 letter to CARAL supporters, Catherine Daw described her own experience publicly discussing her abortion:

> We are asking all women who have had an abortion to stand up and be counted. As someone who has had an abortion, I know how difficult this can be. For a couple of years afterward I felt as if I had a secret burden, even though I knew I had made the right decision for me at the time. When I finally did talk about the abortion, it was a great relief to find that the people I cared about understood and supported my choice... I was fortunate when I had my abortion – it was post 1969, I was knowledgeable and in a major centre where it was relatively accessible. But I have spoken to women with experiences drastically different from mine and it makes me want to fight even harder for safe, legal abortions.[62]

CARAL thus framed their "Stand Up and Be Counted" as both an effective educational and lobbying tool, as well as a source of empowerment for women following an otherwise disempowering situation.

Publicly discussing personal experiences empowered women by challenging the notion that there was a particular type of woman likely to seek out the procedure. Too often women seeking TACs, illegal abortions in clinics, or illegal abortions in non-clinic settings were portrayed in the media and in public discussions as marginalized women, often teenagers or young single women, from non-urban centres, with less education and lower incomes, with little support. Providing first-person narratives thus helped to show the different experiences women had trying to obtain abortions, effectively demonstrating the differential

---

[62] Catherine Daw, "Dear Friend, 1982," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): Correspondence, donation cards and other material re: lobbying and fundraising, 1975-1992 (2 of 2)," p. 1.

treatment available to Canadian women, as highlighted by the Kitchener-Waterloo newsletter discussed earlier. These individual's stories also served to demonstrate the universal need for abortion. Women seeking abortion were rich and poor, urban and rural, married and single, young and old, and entered the system with according supports. As these patients shared their stories, it became increasingly difficult for politicians, the media, and the public to dismiss women seeking abortions as radical, irresponsible women undeserving of this medical procedure. This pervasive narrative shamed and oppressed women, and was contested by women who publicly shared their experiences that offered an alternative to this stereotype.

These personal stories helped, too, to contextualize statistics. The implications of declarations that, "more than 30% of women in Ontario live in communities where hospitals do not perform abortions" were made manifest when describing the plight of a young woman, Louise, forced to travel from northern Ontario to Toronto for an abortion, an undue burden compounded by the fact that her husband had recently been laid off.[63] This strategy of including personal experiences in various materials and actions helped to highlight the extent to which abortion was at once an individual and a collective issue. These first-person narratives illustrated the inextricable links between the personal and the political.

---

[63] OCAC, "Draft of leaflet (Jan. 1983) Legalize Free-Standing Abortion Clinics," CWMA, CWMA fonds, X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): minutes and related material, 1982-1983," p. 1.

This movement was further advanced by sheer numbers. Recognizing that some women would not feel comfortable sharing their personal experiences, CARAL amended their Stand Up and Be Counted campaign to include a less personal standardized statement. The form letter simply stated, "I have had an abortion. I publicly join thousands of Canadian women in demanding repeal of all laws that restrict our reproductive freedom." The tear-away portion from the publicity material also included space for a name and signature, as well as a disclosure that this information would be used in CARAL's federal and provincial lobbying efforts and in their advertising.[64]

Personal narratives were particularly effective lobbying tools. When the federal government appointed the Royal Commission on the Status of Women in 1967, under Lester B. Pearson, the Commission sought first-person accounts of women's experiences seeking abortion and accessing contraceptives. After holding hearings across the country featuring individual women as well as organizational briefs and assessing letters and over 11 000 surveys published by *Chatelaine*,[65] the Royal Commission on the Status of Women released its recommendations in December 1970. Women writing into the Commission, however, tended to see their submissions within a more formal context, and focused instead on the legal

---

[64] CARAL, "Freedom of Choice," CWMA, CWMA fonds, X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): minutes and related material, 1982-1983," p. 1.

[65] Barbara M. Freeman, *The Satellite Sex: The Media and Women's Issues in English Canada, 1966-1971* (Waterloo: Wilfrid Laurier University Press, 2001), p. 58.

shortcomings and suggestions for improving services and access. Barbara Freeman's 2001 media study of the Royal Commission illustrates the ways that the media highlighted the general consensus of Canadian women in seeking to amend the pre-1969 laws on abortion. While this consensus garnered significant media attention, she cautions those reading on the Commission that many journalists were "blinded... to the special circumstances of those who were regarded as marginal in English Canada."[66] Likewise, Shannon Stettner's 2011 thesis on Canadian women's experiences and understandings of abortion explores the ways that women used the Commission to petition the government for legal changes with regards to abortion, using their own voice but amending it to prioritize legal, social, and political issues over personal crises in order to gain legitimacy within the governmental discussions. Stettner's research draws heavily on the Royal Commission on the Status of Women fonds at Library and Archives Canada, where every letter submitted to the Committee has been preserved, providing a wealth of information on the women's experiences in the late 1960s on pay equity, daycare, health issues and more.[67]

Abortion issues continued to command the government's attention, and in 1975 the Committee on the Operation of the Abortion Law was appointed, chaired by Robin Badgley. This Committee, focused exclusively on abortion law, found that

---

[66] Ibid., p. 186.
[67] Stettner, 2011.

"the procedures set out for the operation of the Abortion Law are not working equitably across Canada."[68] These findings, published in 1977, came of little surprise to pro-choice activists, as they were familiar with the barriers women faced when trying to access abortion. In order to highlight these systemic obstructions, many pro-choice organizations encouraged women to submit briefs to the Committee, reasoning that submissions would benefit "yourself and all of us," and going on to explain that "this could be our once in a lifetime chance to have the abortion law repealed."[69] The Burnaby Women's Centre offered to help women with their submissions, suggesting that they write either their own personal experience, explaining that "there is nothing more persuasive than a woman's own story," or a report on abortion law provision in their community, or recommendations to improve the law.[70] These first-person narratives presented to committees were seen as a particularly effective tool because the committee was actively seeking women's experiences and had the means to coalesce these experiences and present their findings to the federal government.

Letters were another form of bringing activism into the public realm. Beyond contextualizing and personalizing abortion, pro-choice groups also used letters to

---

[68] Robin F. Badgley, *Committee on the Operation of the Abortion Law*, (Ministry of Supply and Services Canada, 1977), p. 3.
[69] no author listed, "SFU – Burnaby Women's Centre Newsletter, March 11, 1976," SFUA, WBC, Fonds 00111 Container 00004 file "British Columbia Federation of Women – newsletters and handbooks, 1975-1980," F-111-5-0-6, p. 2.
[70] Ibid., p. 2.

reach out to federal and provincial governments to demonstrate support for the liberalization or repeal of abortion laws. The pro-choice movement, particularly those from British Columbia, considered NDP MP Grace MacInnis (Vancouver-Kingsway, 1965-1974) to be an "advocate in Parliament,"[71] frequently meeting with pro-choice groups as well as presenting Private Members' Bills to Parliament in an effort to liberalize abortion laws.[72] MacInnis helped pro-choice organizations develop strategies to advance abortion access and rights, stressing, in particular, "the importance of writing letters in favour of more liberalized abortion laws."[73] Letters, MacInnis reminded activists, were an effective means of reaching lawmakers directly. By 1974, MacInnis was warning members of the pro-choice movement that anti-abortion groups also availed themselves of letter writing as a strategy.[74] Pro-choice activists were concerned that "the tiny anti-abortion minority in Canada [could] push around provincial and federal politicians mainly because they make a lot of noise," using letters to further their restrictive agenda, and over

---

[71] Sharon Catherine Hager, "History of The Campaign for Legal Abortion in Canada, 1970-1978: A Vancouver Perspective," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 17: "Abortion Rights – history of, by Sharon Hager," p. 9.
[72] Standing Committee on Health and Welfare, Chairman: Mr. Harry C. Harley, "House of Commons, Second Session – Twenty-seventh Parliament, 1967, Minutes of Proceedings and Evidence, No. 1, Thursday, June 29, 1967, Tuesday, October 3, 1967," LAC, ARCAL fonds, MG 28 I 350 vol. 6, file: "House of Commons – Standing Committee on Health and Welfare – Minutes, 1968," p. 2.
[73] no author listed, "Abortion Backlash," in *Saskatoon Women's Liberation Newsletter*, April 1974, SFUA, WBC, Fonds 00111 Container 00005 file "Saskatchewan Women's Centres – Saskatoon, 1974-1975," F-111-6-0-20, p. 11.
[74] Ibid., p. 11.

the course of the decade, pro-choice groups organized letter-writing campaigns in response to this perceived threat.[75] Both pro-choice and anti-abortion factions believed that political parties would support their position if it was understood to represent the firm majority.

Pro-choice organizers were unsure if vast quantities of brief or even form letters would be more effective means of convincing politicians, or if a smaller number of personal narratives would be more persuasive. This question of strategy was never resolved. Whereas some groups, including the CCCA, firmly maintained that the issue would be determined by "which side has the greater numbers. Numbers," according to the CCCA, "are more persuasive than logic when dealing with politicians."[76] Building on this belief, organizations would provide carbon paper to women so that their letters could be physically addressed to the ministry, their MPs, party leaders, and MPs with histories of supporting feminist issues.[77] Likewise, CARAL sent telegrams to the Prime Minister, the Minister of Health and

---

[75] no author listed, "CCCA Newsletter, Number 15, June 1985," CVA, Pro-Choice Records, Add. MSS 1486, 576-G-3, file 22: "CCCA – Morgentaler Tour and Rally," p. 20.

[76] Concerned Citizens for Choice on Abortion, "A Woman's Choice, A Strategy for the Abortion Rights Movement," CWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2), p. 14.

[77] no author listed, "Story of a Women's Centre," SFUA, Port Coquitlam Area Women's Centre fonds (PCAWC fonds), Box 9054 Container 76-7 file "Story of a Women's Centre, 1979," F-76-6-0-1, p. 74.

the Justice Minister to alert them to hospital board takeovers.[78] During letter drives, women's centres and pro-choice organizations would provide envelopes and stamps and collect the letters for mailing, ensuring a barrage of mail to Parliament, and would encourage supporters to continue to write letters, weekly or monthly. Though large quantities of mail were effective in demonstrating the widespread support for abortion access and reforming abortion laws, organizers were aware that form letters could be disregarded more easily than personal letters referring to individual's experiences and beliefs.[79] Personalized letters also tended to garner personal responses, which indicated a higher level of government attention. Letters addressed to specific officials also allowed for focused requests. Letters to the Minister of Justice called for the removal of abortion from the Criminal Code of Canada; letters to the Attorney General called for the charges against abortion providers to be dropped; and letters to the Minister of Health called for legalizing free-standing clinics.[80] Because these letters were tailored to the recipient, there was a greater expectation of response, either through a letter, or, ideally, through action. Both personalized letters and form letters complemented one another, and

---

[78] no author listed "Stop the Press News," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-4, file 19: "Abortion News – BC, Canada."
[79] no author listed, "Story of a Women's Centre," SFUA, PCAWC fonds, Box 9054 Container 76-7 file "Story of a Women's Centre, 1979," F-76-6-0-1, p. 74.
[80] no author listed, "Choice: Legalize Free-Standing Abortion Clinics," CWMA, CWMA fonds, X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)," p. 2.

together brought the issue of access to abortion to the attention of government officials.

Letter writing campaigns targeted government officials with varying objectives. On the one hand, organizations and individuals would send letters en masse to alert pro-choice supporters in Parliament of access issues as they arise or to keep them updated on grassroots efforts. By identifying pro-choice MPs and MPPs, activists could mobilize advocates quickly in case an issue arose requiring an immediate governmental response, such as doctors' arrests or hospital board takeovers. In emergencies cases such as these, CARAL noted that it was "important to know who our friends in Parliament are."[81] Pro-choice MPs and MPPs provided crucial support to the movement, and had the means to effect the significant legal changes that were a first step to improving access for Canadian women. Letter writing campaigns such as the BCCAC 1988 provided tailored letters to "traitor" MPs, including Kim Campbell, who had previously asserted pro-choice positions but now supported the Tory bill to restrict abortion access, as well as form letters for more explicitly anti-choice elected officials.[82] These letters not only expressed the writer's "anger at [the MP's] failure to stand up for the rights of women," but

---

[81] Kit Homwood, "Kit Holmwood to Ms. Adamson, no date," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): mostly fliers, 1975-1993," p. 2.

[82] BCCAC, "BCCAC "Stop the Bill" Letter Writing Campaign," CVA, Pro-Choice Records, Add. MSS 1486, 576-G-4, file 3: "Morgentaler Meeting – BCCAC," p. 1.

also reminded the government officials of their elected status, and dependence on voting citizens.[83]

Public action campaigns also flexed voting muscle when they were staged prior to elections, as pro-choice activists sought to make abortion an election issue and rallied support for the movement. CARAL published a fact sheet for members across the country to mobilize support among all candidates, suggesting that members to write letters; phone candidates; explain their pro-choice position to canvassers; call or visit the candidate to gage their level of support; attend debates and meetings; and encourage others to do the same. CARAL suggested that prior to elections, those involved with these campaigns stress their roles as citizens rather than experts or activists, encouraging people to "speak from your own personal understanding of the issue," reminding them that "the voting public is made up of people who have personal views on personal issues."[84] By emphasizing their position as voting citizens rather than radical feminists, these letters helped to bring abortion access to the mainstream, by pressing parliament to further rethink the 1969 amendments.

---

[83] Ms. Pro-Choice, "Model Letter to "Pro-choice" MPs supporting the Abortion Bill," CVA, Pro-Choice Records, Add. MSS 1486, 576-G-4, file 3: "Morgentaler Meeting – BCCAC," p. 1.

[84] CARAL, "Pointers for Pre-Election Contacts," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): Correspondence, donation cards and other material re: lobbying and fundraising, 1975-1992 (2 of 2)."

Letter writing campaigns constituted a different type of public demonstration than marches or rallies, but they were nevertheless built on similar principles. Like in-the-street demonstrations, letter writing campaigns' primary goal was to demonstrate the widespread support for abortion access in a quantifiable way. While the media, the public and organizers discussed the number of protestors at a given rally as a reflection of support for the movement, letter writing was an even easier way to calculate support. Marches and rallies were often held in response to doctors' arrests, to threats to the clinics, and to government discussions of abortion law. Letter writing campaigns and petitions could effectively demonstrate further support during these times, and provided women across the country who might be unable or unwilling to attend in-the-street demonstrations the means to participate in a mass public action. Though different groups participated in different types of public actions at different moments, these public campaigns were complementary, and, as long-time activist Ruth Miller explains, these diverse "approaches were necessary... This is a perfect example of changing the climate of a country so that the law could be changed."[85] Letter writing, petitions, lobbying, in-the-street demonstrations, presentations, and conferences all served to draw attention to abortion rights, legitimizing the struggle as both valid and necessary.

Petitions served as a way to tally support in a concrete manner that would reflect the breadth of the abortion movement. In 1975, the British Columbia

[85] Ruth Miller, personal interview, November 9, 2010, Toronto, Ontario.

Federation of Women circulated a petition calling on the federal government to remove abortion from the Criminal Code, reporting signatures from across the province, including the interior, as well as from Ontario and Manitoba. The organization saw their petition as a movement-building tool, as it enabled women from across the country to become involved in the abortion movement. Though they acknowledged that this, or any, petition would be unlikely to cause the government to change the Criminal Code, its value lay elsewhere. They explained in a 1975 newsletter that the petition was particularly effective:

> in getting the point across that people in all parts of the province, of all ages, and in all walks of life support our aim. The real value for us in a petition drive like this is what it goes to build the movement – to make new contacts, get women involved in spreading the ideas and goals of women's liberation in their communities, inform the many people who still don't know how bad the present law is of the real situation and what needs to be done about it. That kind of work pays off with big dividends in the long run – and the long run is clearly what we're in for on this issue.[86]

Petitions, like letter campaigns, demonstrations, and rallies, worked to publicize the issue of abortion rights among lawmakers and the public, while also helping to gain momentum for a growing movement.

Building on these petitions, letter campaigns and in-the-street protests of all sort, activists also directed their actions more explicitly towards federal and

---

[86] No author listed, "Abortion," in *BC Federation of Women*, March 1975, Vol. 1, No. 4, SFUA, WBC, Fonds 00111 Container 00004 file "British Columbia Federation of Women - newspapers, 1974-1975" F-111-5-0-1, p. 4.

provincial governments with briefs. This type of lobbying was not always seen as the most effective activist tactic, with a 1979 article in the Vancouver Status of Women newsletter explaining that:

> the value of lobbying as a tactic can be placed in perspective... it is not likely to meet with success if it bases it[s] appeal on the power of reason, justice and goodwill. These are inadequate weapons against the inflexible rule of the dollar and of the size of the lobbyists' constituency. A much more powerful method of making our influence felt is by calling on all supporters of abortion rights to join in frequent, militant actions around clear demands.[87]

Ann Thomson, the author of this article, was a member of the RWL and an oft-quoted proponent of public demonstrations as a means to effect social and political change. Though her position prioritized other forms of activism, direct government lobbying remained a preferred tactic in other circles. Ruth Miller, who advocated lobbying through her involvement in CARAL, maintains that in spite of more radical feminists dismissing lobbying as the purview of "middle class ladies," it was nevertheless "what [activists] had to do to get the law changed."[88] Political leanings clearly shaped activists' understandings of what constituted effective tactics, but organizational briefs to the government prompted extensive discussions among legislators.[89]

---

[87] A. Thomson, "draft: this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 7-8.
[88] Ruth Miller, personal interview, Tuesday, November 9, 2010, Toronto, Ontario.
[89] See the discussion arising from Bill C-122, An Act to amend the Criminal Code (Abortion); Bill C-123, An Act to amend the Criminal Code (Birth Control); Bill C-

Pro-choice organizations from across the country prepared briefs to the federal government when new bills arose or when the issue of abortion gained traction in the legislature. Presenting organizations included local, provincial, national and umbrella groups, including the Calgary Birth Control Association (CBCA), the Canadian Women's Coalition to Repeal the Abortion Law (CWCRAL), the National Action Committee on the Status of Women (NAC), the Elizabeth Fry Association and others. The Association for the Repeal of the Abortion Law (ARCAL) was primarily a lobby group, presenting briefs to the House of Commons Health & Welfare Committee on abortion accessibility and legalities as early as 1967 during a conference on abortion. ARCAL continued its work by presenting a brief to the Royal Commission on the Status of Women in 1968, holding a 1968 press conference on Parliament Hill to display the methods and means used for self-induced abortions, holding meetings with the Justice Minister, Progressive Conservative and NDP caucuses, and drawing publicity through many press releases highlighting legislative issues, barriers to accessibility, and the dangers of

---

136, An Act concerning the Termination of Pregnancy by Registered Medical Practitioners, in "House of Commons, Second Session – Twenty-seventh Parliament, 1967, Standing Committee on Health and Welfare, Chairman: Mr. Harry C. Harley, Minutes of Proceedings and Evidence, No. 5, Thursday, November 2, 1967," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "House of Commons. Standing Committee on Health and Welfare. Appearance by AMCAL. Brief, Proceedings, Related Documents, 1967," p. 117-onwards.

self-induction.[90] ARCAL's briefs, like other pro-choice organizations, tended to highlight the implications of criminalization by including anonymous case histories of women who faced restricted access or were declined therapeutic procedures: experiences that were understandably kept from the public record due to the patient's embarrassment, social stigma, and the need to keep illegal actions under wraps.[91] The briefs provided specific proposals and were written in an expert language that drew on both legal and political discourses. After presenting a brief, a representative from the organization would often present themselves to various standing committees to provide evidence verbally. Representatives often shared personal anecdotes, either disclosing their own experiences with barriers to access or detailing the experiences of women who sought help obtaining therapeutic abortions or extra-legal procedures, thereby creating a space for personal experience that was explicitly gendered as female within a larger political space that was often framed as gender-neutral, and, thus, male. These organizations were also in the privileged position of being able to discuss illegal abortions without identifying any patients, forcing the government to discuss and acknowledge the dangers associated with inaccessibility. Responding to representatives presenting

---

[90] ARCAL, "pamphlet, Dec. 18/74," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "ARCAL and AMCAL, Brochures, Newsletters, Circulars, and other Publicity Material, N.D, 1967-1974," back panel.

[91] Lore Perron, "April 14, 1969," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "ARCAL and AMCAL, Brochures, Newsletters, Circulars, and other Publicity Material, N.D, 1967-1974," p. 1.

directly to the House of Commons' Standing Committee on Health & Welfare, MP Ballard explained that "it is rather difficult to put questions to people who express their personal experiences. I think this is the type of evidence that is useful to this Committee. The verbal briefs presented by these two ladies have been most useful."[92] Presenting briefs that combined personal experiences with the decidedly political outcome of effecting legal change highlighted the 1970s feminist approach that the personal was indeed political, a sentiment that was reinforced when legislators acknowledged the value and validity of personal contributions.

As lobbying efforts increased, pro-choice activists gained support from individual politicians, and were eventually able to recognize entire political parties as allies. NDP MP Grace MacInnis was the first vocal pro-choice supporter in Parliament, known for helping organizations to present their positions effectively to the House of Commons. MacInnis pushed beyond the status quo, and, in 1968, introduced a Private Members' Bill to remove abortion from the Criminal Code of

[92] Mr. Ballard, House of Commons, "Second Session – Twenty-seventh Parliament 1967, Standing Committee on Health and Welfare, Chairman: Mr. Harry C. Harley, Minutes of Proceedings and Evidence, No. 5, Respecting the subject-matter of Bill C-122, An Act to amend the Criminal Code (Abortion); Bill C-123, An Act to amend the Criminal Code (Birth Control); Bill C-136, An Act concerning the Termination of Pregnancy by Registered Medical Practitioners," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "House of Commons. Standing Committee on Health and Welfare. Appearance by AMCAL. Brief, Proceedings, Related Documents, 1967," p. 120.

Canada.[93] Though MacInnis's bill, premised on the understanding that "formal proposals introduced into the House of Commons could do little if anything to reduce the growing number of illegal abortions in Canada" sought to remove abortion from the Criminal Code entirely, effectively "permit[ting] those whose conscience is opposed to abortion to have nothing to do with it. On the other hand, it allows those who believe in the necessity of abortion to seek it legally."[94] Though MacInnis had some support from other MPs, including one who proclaimed that it was "the only intelligent and modern way to deal with this question of abortion,"[95] abortion remained in the Criminal Code for another 20 years, eventually being struck in 1988.

Beyond individual MPs like MacInnis and other pro-choice advocates in Parliament, the movement slowly gained the official support of provincial and federal parties. MacInnis also pushed her party to take a stand on reproductive rights, issuing a public statement on behalf of the federal NDP in support of the Abortion Caravan, starkly maintaining that, "our choice in Canada is not between

---

[93] Grace MacInnis, "Confidential C- First Session, Twenty-Eighth Parliament, 17 Elizabeth II, 1968, The House of Commons of Canada, Bill C- An Act to amend the Criminal Code (Abortion), First reading 1968," LAC, ARCAL fonds, MG 28, I 350, v. 2, file: "Criminal Code of Canada and Abortion Laws, N.D., 1965-1970."
[94] Ibid., p. 3.
[95] David Lewis, "Canada, House of Commons Debate, Official Report, Speech of David Lewis, Member for York South, Timid Reforms of the Criminal Code, Delivered in the House of Commons on January 23, 1969," LAC, ARCAL fonds, MG 28, I 350, v. 2, file: "Criminal Code of Canada and Abortion Laws, N.D., 1965-1970," p. 5.

abortion and no abortion. Abortion we have and shall continue to have. Our choice is between back-room butchery and skilled attention in hygienic surroundings at the earliest possible state of pregnancy."[96] This seemingly radical position was facilitated by the fact that the NDP held only 22 seats following the June 1968 federal election that elected a minority Liberal government under Prime Minister Trudeau. Provincially, the NDP had to weigh the political implications of coming out strongly in favour of abortion access, and thus the support from provincial parties took significantly longer to materialize. Throughout the 1970s, the British Columbia NDP passed motions at its provincial convention to improve abortion services, by calling for removal of abortion from the Criminal Code, for increased services, and for free-standing clinics in the province.[97] In contrast, in 1983 in Manitoba, the provincial government, led by NDP Premier Howard Pawley, took a more tentative position in favour of abortion rights. When Morgentaler sought to capitalize on the NDP government in the province by establishing a clinic in Winnipeg in 1983, he was surprised by the governmental resistance. Pawley clarified that, "such facilities must operate within the law and that we will not give our support to the privatization of health care. While Dr. Morgentaler has every right to challenge the law, the Manitoba government has no

---

[96] Grace MacInnis, (NDP, Vancouver-Kingsway), "news release from the New Democratic Party, For release: Saturday May 9, 1970, 1:00 pm," CWMA, CWMA fonds, X10-1, box 1, file 8 "Abortion Caravan (May 1970)," p. 1.
[97] No author listed, "Repeal 251," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-6, file 8: "NDP and abortion," p. 1.

intention nor, indeed, the constitutional right to interfere with the due process of the law by granting any one immunity from prosecution."[98] Gaining party support was a long, slow challenge, one that gathered momentum as the social and political climate changed to reflect popular support for abortion rights.

Pro-choice organizations not only sought to challenge parties to take a stand in favour of abortion access, but also publicly targeted individuals that they saw as barriers to accessibility or able to improve accessibility. Otto Lang, the Liberal Minister of Justice and Attorney General from 1972-75 from Saskatoon, was one such target after his refusal to further liberalize abortion laws and to cut funding to clinics in Saskatchewan. Lang's attacks on choice were a major concern for pro-choice activists because he seemed particularly focused on clawing back any gains since 1969. After receiving an internal memo from Lang to hospitals across the country courtesy of "an anonymous friend," ARCAL published the memo and its objections.[99] The memo, which concluded with the resolute assertion that "our government has steadfastly refused to accede to the many representations we receive, both inside the Commons and out, to remove abortion from the criminal law and we have no intention of widening the law to allow abortion except where

---

[98] Howard Pawley, "Pawley to Friend, June 19 1983," in Priorities, August 1983, CVA, Pro-Choice Records, Add. MSS 1486, 576-D-6, file 8: "NDP and abortion," p. 15.

[99] ARCAL, "No name," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "Lang, Otto. Minister of Justice, N.D. 1974," p. 1.

the continuation of a pregnancy is a real threat to the woman's life or health"[100] evoked ire among pro-choice advocates. ARCAL deconstructed the text, highlighting logical inconsistencies, politically-charged language, and Lang's willingness to present his personal views as political fact. Pro-choice activists worried that Lang might use evidence of lenient TACs "as a test case for prosecution" in Saskatoon,[101] setting a dangerous precedent. As a result of this memo and his political policies, Lang became an easy target for the pro-choice movement, and was the target of such slogans as "Otto Lang is two four-letter words!!"[102]

Pamphlets and leaflets were another effective use of public space. In order to combat their Parliamentary enemies and build on the contributions of allies in the government, pro-choice activists began to use public education as a central form of demonstrating. Pro-choice pamphlets were readily available at demonstrations and women's organizations, and interested parties could also acquire them by mail. But more explicit educational materials were an important

---

[100] Otto Lang, Minister of Justice and Attorney General of Canada, "Memorandum re: Abortion," LAC, ARCAL fonds, MG 28 I 350 v. 2, file: "Lang, Otto. Minister of Justice, N.D. 1974," p. 3.

[101] Lucie De Blois, "Saskatoon Abortion Seige," in *Saskatoon Women's Liberation Newsletter*, January 1975 SFUA, WBC, Fonds 00111 Container 00005 file "Saskatchewan Women's Centres – Saskatoon, 1974-1975," F-111-6-0-20, no page listed.

[102] no author listed, "Otto Lang is two four letter words!!," SFUA, WBC, Fonds 00111 Container 00005 file "Alberta Women's Centres –Edmonton, 1975," F-111-6-0-12, p. 1.

part of activism. Probably the most known educational source from the 1960s was colloquially referred to as the *McGill Birth Control Handbook*, first published in 1968 by the McGill University Students' Society. The *Handbook* addressed anatomical questions, explained hormonal changes, menstruation, and conception and then provided detailed explanations of various forms of contraception, including condoms, oral contraceptives, intrauterine devices, diaphragms, and spermicides. The *Handbook* went on to describe other methods including the rhythm method and coitus interruptus, and concluded with an assessment of sterilization, abortion and venereal disease. Written with the explicit objective of providing the "information necessary in making that very important decision"[103] regarding birth control, because the *Handbook* was first published in 1968,[104] it nevertheless contravened Section 201 of the Criminal Code of Canada by disseminating information about contraceptives. Individual copies of the *Handbook* were free upon mailed request, and the bulk cost was $35 per 1000 copies, and by 1970 the handbook was offered at over 50 colleges and universities in Canada and the United States, as well as through women's liberation groups and pro-choice organizations. Historian Christabelle Sethna has explored the *Handbook* and its growth from a straightforward manual to "a well-known feminist self-empowerment

---

[103] Allan Feingold, *Birth Control Handbook*, (Montreal: McGill Students' Society, 1968), p. 2.

[104] The handbook went through several editions, imprints, and revisions, and publication continued after the law prohibiting the dissemination of information was struck in 1969.

publication."[105] Sethna's historical trajectory of the *Handbook* charts the development of the text, illustrating the wide reach of document and the efficacy of such grassroots knowledge-sharing. Much like Kathy Davis in her study of *Our Bodies, Ourselves,*[106] Sethna shows how the dissemination of information is at once a feminist and political act, both in terms of content and the means of distribution. The *Handbook* served to not only inform women and men of their options and to educate them with regards to sexual health, but also provided an alternative to a patriarchal medical system that withheld basic information from patients. Furthermore, the *Handbook* quickly became an easy-to-circulate favourite at rallies and demonstrations, proving an effective means of sharing much-needed information but also drawing further attention to the barriers prohibiting women from accessing the means to control their reproductive capacities.[107] The *Handbook* served as a public demonstration in and of itself. As the *Handbook*'s circulation increased, so too did its power. Even prior to the 1969 Criminal Code amendments, representatives from the McGill Students' Society saw the *Handbook*

---

[105] Christabelle Sethna, "The Evolution of the *Birth Control Handbook*: From Student Peer-Education Manual to Feminist Self-empowerment Text, 1968-1975," in *CBMH/BCHM*, Volume 23:1 (2006), 89-118, p. 112.
[106] Kathy Davis, *The making of Our bodies, ourselves: how feminism travels across borders* (Durham, NC : Duke University Press, 2007).
[107] The Birth Control Centre, "Toronto, May 4, 1970," LAC, ARCAL fonds, MG 28, I 350 v. 2, file: "Birth Control Centre, Toronto, 1970," p. 1.

as a necessary challenge to an unjust law, as Internal Vice-President brazenly asserted, "if we get a lawsuit it will be a lot of fun."[108]

The McGill *Handbook*'s circulation was impressive in terms of geographic and representative reach. The *Handbook* was readily available across not only post-secondary institutions in both Canada and the United States, but was also a key text for the High School Students Birth Control Rights Committee, an ad hoc group assembled in 1971, comprised of high school students in the Vancouver area with members in ten schools across the city. The organization, whose mandate was "getting suitable better than adequate birth control information into the high schools" explicitly identified the *Handbook* as a valuable source that would help other high school students to understand the issues. Building on their position that "completely irrelevant subjects are taught in school; practical[,] useful ones like birth control are not," the committee sought permission to distribute the *Handbook* at New Westminster Secondary School from the principal, who deferred the inquiry to the school board. Though the school board refused permission, the committee nevertheless distributed 350 copies while standing six inches off of school property.[109] Dissemination of information thus became a means of educating women and men in need while simultaneously creating a public spectacle to raise

---

[108] quoted in Sethna, 2006, p. 94.
[109] The High School Students Birth Control Rights Committee, "Principals, pills and politics," in *The Pedestal*, April 1971, SFUA, The Pedestal, User Copies – set B, p. 13.

awareness of the issue of unwanted pregnancy and the options available to Canadian women.

Conferences were another way that activists used public spaces to publicize the need for accessible abortion services. Building on this understanding that dissemination of information was critical to building a mass movement and pushing abortion access to the forefront of public discussions, pro-choice activists organized conferences to discuss activist strategies and to both focus and diversify their tactics. Particularly following the successes of the Abortion Caravan, which was especially lauded for its ability to unite women from across the country and credited as a "catalyst for the [women's liberation] movement,"[110] activists recognized the potency of creating a space where women from across Canada could discuss their experiences with abortion access or lack thereof. Harnessing this spirit, the CWCRAL organized a conference in Toronto in March 1971, intended to "provide an opportunity for women from British Columbia to Newfoundland to meet together to discuss the situation women face as a result of the present restrictive abortion laws and to launch a new offensive to have these laws removed from the Criminal Code."[111] A year later, the CWCRAL conference

---

[110] The Birth Control and Abortion Caucus of Saskatoon Women's Liberation, "A Proposal for Action," SFUA, FW fonds, Fonds 00162 Container 00004 file "Vancouver Women's Caucus Binder 5/5, After 1970," F-162-3-3-0-9, p. 1.
[111] Lorna Grant to Toronto City Council, "March 9, 1973," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 3: "Cross Canada Conference for Abortion Law Repeal," p. 1.

was held in Winnipeg, with 250 attendees representing 23 groups. At the 1972 conference, delegates decided on several key actions that would maintain the cross-country momentum of the conference. The conference decreed May 1-6 as Petition Action week, focusing on gathering 75,000 signatures calling for a repeal of the law, an objective that was met readily. A cross-country co-ordinating committee was struck, so that women from the Maritimes to British Columbia could establish the infrastructure to continue to work together.[112] These conferences not only helped to develop tactics and improve public awareness about abortion, but they also served to build stronger activists. Organizing the conference, in and of itself, was a form of feminist activism, and, according to conference organizers, "indicates the strength that women have when joining together to struggle for a common goal." Furthermore, this type of organization helped to "[develop] an awareness of our common situation and a confidence that we can unite to change our situation. This sisterhood has been developed through our own collective experiences. Building a women's coalition – the Canadian Women's Coalition – is part of the process of bringing women into collective action and overcoming their isolation."[113] Public displays of collectivity were an important means of fostering

---

[112] Sharon Catherine Hager, "History of The Campaign for Legal Abortion in Canada, 1970-1978, in A Vancouver Perspective," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 17: "Abortion Rights – history of, by Sharon Hager," p. 8.
[113] Gwen Taylor, Kathy McHugh, Judith Aber, Olga Pidnebesny, "The Importance of a Women's Coalition, March 17, 1973," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 2: "Birth Control + Abortion," p. 1.

support and garnering media and public attention in a way that clearly articulated the goals of a seemingly-unified pro-choice movement.

As abortion activism became more visible, and more mainstream, the movement encouraged participation from other political groups, as well as individual actors. Pro-choice groups across the country cited raising awareness in the community, the media, and among local, provincial and federal politicians as critical to advancing the movement. Local organizations and national umbrella groups were far more effective when they used an array of public action strategies to promote pro-choice ideas and abortion access. Using a wide range of letter writing campaigns, lobbying efforts, public demonstrations, and other forms of public education would necessarily inform a wider network of potential supporters of the issues at hand. Some groups, such as the Cranbrook Women's Centre in British Columbia, actively sought support from the local school board and local healthcare practitioners.[114] Pro-choice groups maintained that the majority of Canadians supported abortion rights, and ensuring that the issue was highly publicized in a way that reflected this wide-spread support would foster further endorsements.

[114] Cranbrook Women's Centre, "Planned Parenthood Association of B.C., Provincial Birth Control Services Survey, Cranbrook Women's Centre," Feb. 10, 1980 Glenbow Archives (GA), Calgary Birth Control Association fonds (CBCA fonds), M7265, box 3, file: "General Correspondence – Incoming," p. 2.

Abortion activism was the subject of news and special interest stories and other types of publicity, as were important endorsements from other groups. These endorsements could then be parlayed into other mass action campaigns relying on mass support. Abortion gradually became a more mainstream issue – by the summer of 1978, the movement was being profiled in both mainstream and alternative newspapers, in radio, and on television.[115] Mass actions tended to translate into increased publicity, which helped to channel individuals and larger organizations into active participation in the movement. Trade unions, political endorsements, and other mainstream organizations were particularly helpful in providing not only financial support to the movement, but they were also able to provide participants accustomed to political involvement and demonstrations. Furthermore, broad organizations pledging support to the abortion movement also helped to demonstrate that proponents of reproductive rights represented a broad spectrum of society. A 1978 review by CCCA held that these endorsements were "a demonstration of the fact that a majority of Canadians support abortion rights," going on to assert that large-scale organization endorsements "turned CCCA from a small number of active feminists into a united front of probably 50,000 people."[116]

---

[115] Ann [Thomson], "CCCA, Report on work with [CCCA], Vancouver – Spring, Summer 1978," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 3.

[116] Ann T., "A Strategy for the Abortion Rights Movement (part of the panel discussion at International Women's Day, Vancouver, 1979)," CVA, Pro-Choice

These sheer numbers were most effective when concentrated visually, in the streets for demonstrations, on paper in the form of petitions and letter-writing campaigns, and in other mass action efforts.

The development of a seemingly-cohesive, though arguably less explicitly political pro-choice movement did emerge in the mid-1970s, bolstered by the emergence of umbrella groups. These organizations, including CARAL and OCAC, represented pro-choice activists and supporters from a range of groups, including student groups, women's organizations, the labour movement, health care providers and activists, religious organizations, and special interest groups. By forming broad-based coalitions, members were able to work together to improve abortion access, drawing on other organizations to disseminate information quickly and effectively, facilitating a quick mobilization if necessary. The pro-choice movement, as diffuse as it was, had worked to depict the inaccessibility as a national problem, and the infrastructure to co-ordinate a national struggle was invaluable, particularly given the internal tensions that plagued the movement.[117] In spite of the internal divisions that came to a head during the Abortion Caravan, the expedition marked one of the first times that concern over an issue had been mobilized in such a "national" way. Maggie Benston, one of the original members

---

Records, Add. MSS 1486, 576-E-6, file 10: CCCA [Concerned Citizens for Choice on Abortion] International Day of Action," p. 2.

[117] Alison Prentice, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson, Naomi Black *Canadian Women: A History* (Toronto: Harcourt Brace Janovich, 1988), p. 262-63.

of the VWC, recalls the Abortion Caravan's significance succinctly, describing "the sort of feeling of the whole national sense of groups everywhere joining in on this."[118] The Caravan, featuring a motorcade across the country, necessarily required cross-country interest and support, and thus it is unsurprising that the demonstration marked one of the first times that groups worked together officially, setting the stage for national organizations and umbrella groups. In developing tactics for the Caravan, the Toronto Women's Liberation group was explicit in their intentions, explaining that it was "essential that our public statements and our organizing are not haphazard, but part of a coherent political program and strategy. In addition, the possibility of coalition with other groups (eg. the New Feminists) makes essential that we have a clear understanding of our own political position."[119] The successes of the Caravan, in spite of the internal divisions that arose within the VWC and other groups during the organization, highlighted the potential for a national pro-choice movement, united by larger umbrella groups.

These umbrella organizations were particularly effective because they would not only allow local and provincial organizations to attend to regional issues while contributing to national lobbying and activist campaigns, but also because

---

[118] Frances Wasserlein, "Interview with Maggie Benston, 6 October, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Benston, Margaret, 1986," F-162-3-2-0-3, p. 27.
[119] Toronto Women's Liberation, "Abortion Caravan Proposals," SFUA, FW fonds, Fonds 00162 Container 00003 file "Vancouver Women's Caucus Binder 1/5, 1970," F-162-3-3-0-5, p. 1.

these groups could potentially encourage groups with more diverse mandates to participate in abortion rights. Once an organization of any ilk declared itself to be pro-choice, representatives could be sent to umbrella groups, returning to their primary association with information. Furthermore, as a representative of a particular group, be it a labour association, a student group, a woman's organization or another affiliation, these members would account for a much larger support base than an individual, a valuable asset as they indicated to the government, the media, and the public that there was widespread support for abortion rights.[120] To prepare for the Caravan, the Toronto Women's Liberation group sought to establish connections with an extensive list of groups, including high school, college and university students, nurses, unions, the NDP, community organizations, welfare recipients using a range of strategies from attending meetings, to leafleting in public spaces, to word of mouth. The organization had previously focused on young, female university students, those who felt "pretty much at home in this scene."[121] As the Caravan pushed the group to mobilize a wider cross-section of society, they began to focus not on "getting numbers, but to

---

[120] OCAC, "Dear Sisters and Brothers, November, 1982," CWMA, CWMA fonds, X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)," p. 1.
[121] Toronto Women's Liberation, "Abortion Caravan Proposals," SFUA, FW fonds, Fonds 00162 Container 00003 file "Vancouver Women's Caucus Binder 1/5, 1970," F-162-3-3-0-5, p. 5.

build a strategy that goes beyond this campaign."[122] This strategy certainly influenced activists as they developed organizations that could unite women and men, activists and lay persons, of different political backgrounds to improve abortion access in Canada.

Marshalling widespread support for the abortion movement also translated into much-needed financial resources. Early grassroots campaigns relied on donated space, materials and volunteer hours,[123] as the movement's objectives focused on band-aid solutions for women in need through service provision and referrals. However, as the scope of the campaign broadened to include national and provincial lobbying and concerted efforts to bring abortion to the attention of the mainstream media, financial resources became increasingly imperative. Whereas earlier campaigns could be effectively managed with volunteer labour and donated materials, this grassroots approach became less feasible as the movement broadened its objectives to include effecting legal changes, challenging inequitable hospital systems, service provision including counseling and referrals, and large scale demonstrations and other organizational feats intended to publicize the issue. As the anti-abortion movement became more focused in the 1970s, the pro-choice movement became increasingly reliant on both financial support and

---

[122] Toronto Women's Liberation, "Abortion Caravan Proposals," SFUA, FW fonds, Fonds 00162 Container 00003 file "Vancouver Women's Caucus Binder 1/5, 1970," F-162-3-3-0-5, p. 6.
[123] CBCA, "History of the Abortion Information Centre," GA, CBCA fonds, M7071, 103/76.5 7071, Box 1/17, file 1.12, p. 2.

volunteer hours. Though the pro-choice movement applied diverse tactics to improve abortion accessibility for Canadians, the multi pronged campaign faced serious challenges with public opinion as "the well funded anti-choice minority" invested over $100 000 on an advertising campaign that included billboards, television and newspaper advertisements and pamphlets. The pro-choice movement recognized the need to address this high visibility anti-abortion campaign, holding that "we, the majority, urgently require funds to rally and organize public support."[124] Whereas earlier actions had been driven by grassroots efforts to help individual women in need of abortion and to call attention to the subordinate status of women in Canadian society, the emergence of a focused anti-abortion movement required a similar level of concentration of resources to combat it.

In the early 1970s, there were pronounced and defined differences in the abortion movement in Canada. As the movement shifted political gears, focusing on bringing together activists from across the country, some of the original activists lost interest in the cause, maintaining that the abortion campaign had become apolitical. Creating a space for individual action and mainstream involvement within a larger activist context helped to foster a broad social movement, but did

---

[124] Ellen Kruger, The Coalition for Reproductive Choice, "Dear Friend, March 17, 1983," CWMA, CWMA fonds, X10-1, box 21, file "Coalition for Reproductive Choice (Winnipeg, Manitoba): correspondence, flyers, publications and other material, 1983-1989 (1 of 2)," p. 1.

little to "help draw the women's liberation movement out of its apolitical, non-active doldrums," a stated objective of more radical groups like the CCCA.[125] Some members of the VWC were especially vocal on the issue, as one summary of "internal conflicts" within the organization portrayed the leadership's abandonment of abortion as a central problem. According to one explanation, abortion had become "a liberal reform issue, [that could] be carried by other people." The abortion campaign, and especially the Caravan that the VWC had been so instrumental in organizing, was "a public relations stunt," and the radical socialists no longer had "time to waste in fighting for basic human rights; they [were] willing to leave that to others 'with a lower level of consciousness.'"[126] The anonymous author of this critical document clearly disagreed with the Caucus's shift away from abortion, and the tone reflects a disappointment that was at once political and highly personal. In spite of the dismissive tone of the document, this summary provides insight into the internal tensions within organizations.

In certain circles, however, different forms of participation were valued more than others. The uneven worth assigned to different forms of activism reflects the wide range of political perspectives involved in the abortion movement.

---

[125] Ann Thomson, "Our Work in the Vancouver Abortion Rights Movement: CCCA – 1978/79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 4.

[126] no author listed, "There is a crisis in Women's Caucus," SFUA, FW fonds, Fonds 00162 Container 00004 file "Vancouver Women's Caucus Binder 5/5, After 1970," F-162-3-3-0-9, p. 3.

Radical groups like the CCCA maintained that direct lobbying, particularly founded on appeals to "reason, justice and goodwill," would prove to be ineffective against "the inflexible rule of the dollar and of the size of the lobbyists' constituency."[127] Similarly, women who were involved in the routine tasks associated with the movement, such as attending strategic meetings and completing necessary office tasks rather than participating in demonstrations relegated their own contributions to that of an "observer or watcher" rather than active participant.[128] The distinction between lobbying and in-the-streets protesting was sharpened by organizations prioritizing one type of work over another. The CCCA's "Statement of Principle" clearly stated the organization's belief that "numbers are more persuasive, there's more power in our numbers when all our supporters march with us down the street than when a few of them lobby. We prefer an action campaign, on which all our supporters are drawn out to participate actively in education programs, decision-making conferences, and, above all, demonstrations."[129] In a similar fashion, abortion activist and Ontario Coalition for Abortion Clinics (OCAC) spokesperson

---

[127] A. Thomson, "draft: this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 7.

[128] Frances Wasserlein, "Interview with Cynthia Flood, 9 October, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Flood, Cynthia, 1986," F-162-3-2-0-8, p. 5.

[129] Concerned Citizens for Choice on Abortion, "A Woman's Choice: A Strategy for the Abortion Rights Movement," CWMA, CWMA fonds, X10-1, box 22, file "Concerned Citizens for Choice on Abortion (CCCA, Vancouver, BC): booklet, flyers and other material, 1977-1988 (1 of 2)," p. p. 15.

Judy Rebick distinguished OCAC's work from that of other groups – particularly CARAL – by explaining, "they lobbied. The lobbying happened, we saw that it was valuable, but it was not what we did. We organized."[130] While it is understandable that those involved in the abortion movement understand their work in a particular way, these distinctions create a false dichotomy. Rather than understanding lobbying campaigns as a separate entity from demonstrations and other public actions, it is important to locate these efforts within a wider context of public campaigns to improve abortion accessibility.

In spite of the varying approaches, these public campaigns all focused on the problematic legal regulations on abortion. By mounting public campaigns highlighting the shortcomings of the 1969 amendments, the abortion movement pushed the issue into the court of public opinion, which was arguably the most effective way to compel the federal and provincial governments to review the issue. Though there were many social, economic, geographic and political barriers keeping women from accessing abortion services, many activists agreed with the CCCA assessment that the law constituted the abortion movement's "main enemy."[131] The shortcomings of the 1969 abortion law, which purported to be liberal amendments intended to ensure that women had access to therapeutic

---

[130] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.
[131] A. Thomson, "draft: this article appeared in Kinesis, Aug-Sept or Sept-Oct, 79," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-3, file 22: "Pro-Choice Items," p. 4.

abortions, were widespread, due in large part to the likely-unintended consequence of many hospitals declining to establish TACs and thus doing little to improve services. Addressing these shortcomings effectively required that activists exert a form of "state feminism." Dorothy McBride Stetson defines state feminism as the way that feminist movements seek "to influence the state to use [its] institutional power to reach feminist goals and to open the state to access by women."[132] Though laudable in certain circles, this focus on state power and inherent validation of the state and its authority was problematic for many socialist feminists who were involved in the early stages of abortion activism. Certain public actions, most notably in-the-street demonstrations, thus served different, even conflicting goals. Demonstrations were a particularly effective way to challenge the government and social norms by causing disturbances to day-to-day activities and forcing the issue of abortion into the public realm, but they also served to reinforce and validate government authority by targeting governing bodies and legal restrictions as worthwhile focal points.

These demonstrations utilized the public and public space in different ways. Typically "public demonstrations" invoke in-the-street protests, but there were, in fact, several complementary ways of mobilizing public support and public

---

[132] Dorothy McBride Stetson, "Introduction: Abortion, Women's Movements, and Democratic Politics," in Dorothy McBride Stetson, ed. *Abortion Politics, Women's Movements, and the Democratic State: A Comparative Study of State Feminism* (New York: Oxford University Press, 2001), 1-16, p. 1.

attention. Assessing these rallies without considering the lobbying, the letter and petition campaigns, the government briefs, the circulation of educational materials, and the publicly-issued personal statements that were emerging in tandem ignores the complex ways that pro-choice activists worked to promote abortion awareness. Activists put forth a concerted effort to push abortion into mainstream discussions, to both reduce the stigma associated with the procedure and to effect necessary changes at both societal and political levels. Each of the aforementioned tactics relied on public space and public interactions to be effective, unlike the varying levels of service provided or facilitated by pro-choice activists, these public demonstrations worked to encourage wide-scale acceptance of the procedure. Though these tactics had little immediate impact, they played a critical role in creating an atmosphere where abortion would not only be tolerated, but accepted and even expected by the Canadian public.

Chapter 5: A Strategic Compromise: The Fight for Free-Standing Clinics

By the early 1970s, and into the 80s, pro-choice activists and women seeking abortions came to realize that hospitals were not ideal venues to provide abortions. Many hospitals lacked the necessary resources, in terms of personnel, space, and equipment. Furthermore, limiting the procedure to hospitals meant that many areas, particularly rural regions, went underserviced. The Ontario Coalition for Abortion Clinics (OCAC) identified the problem as an issue of choice, and sought to repeal the abortion law and the barriers imposed by Therapeutic Abortion Committees (TACs). The law and the general public had identified hospitals as the sole site for safe abortions, but hospitals were encumbered by administrative regulations and bureaucratic impediments resulting from TAC requirements. Abortion activists quickly identified free-standing abortion clinics as a means of circumventing these bureaucratic holdups while maintaining high medical standards for the procedure. As this chapter will show, the merits of free-standing clinics[1] went beyond the benefits of providing an alternative, more effective system of abortion provision. Clinics also served as a rallying point for a pro-choice

[1] I use the term "free-standing clinic" to discuss free-standing abortion clinics in this chapter, though it is important to note that free-standing health clinics emerged in Quebec in the 1970s, though these clinics were part of a wider self-help movement and thus fall outside of the purview of this study. For further information on these health clinics, see Jacinthe France Michaud *Angel Makers or Trouble Makers? The Health Centres Movement in Québec and the Conditions of Formation of a Counter-Hegemony on Health* (unpublished thesis: University of Toronto, 1995).

movement that lacked measurable markers of success. Because most women opted not to publicly disclose their experiences with abortion, activists were finding it difficult to measure the impact of their efforts. Establishing clinics stood out as a tangible goal for the pro-choice movement, as clinics both provided services and challenged the legal restrictions. In spite of the multilayered benefits that clinics offered, persistent tensions continued to shape the movement.

Free-standing clinics emerged as beacon of pro-choice activism. Pro-choice activists referred to clinics as "a living symbol"[2] because free-standing centres could simultaneously provide women with better abortion services while forcing the government to address the outdated restrictions on provision. In the words of one activist who worked as a counselor at the Morgentaler Clinic in Toronto,

> we were operating illegally... we were blatant, we were open, this is what we were doing, we were here to change the law... We had decided earlier, when I was still working at CARAL, that working within the system wasn't going to work. After all, it was just a women's issue, who was really that interested? And hospitals wanted doctors, referrals, partners' signatures. And so we made a very specific decision to work outside the law. We knew what we were doing.[3]

---

[2] Patricia Antonyshyn, B. Lee, and Alex Merrill, "Marching for Women's Lives: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Social Movements, Social Change: The Politics and Practice of Organizing* Frank Cunningham, Sue Findlay, Marlene Kadar, Alan Lennon, and Ed Silva, eds. (Toronto: Between the Lines, 1988), p. 129-156, p. 132.

[3] S.H, personal interview, December 9, 2010, Toronto, Ontario.

Clinics forced lawmakers to recognize the shortcomings of the current abortion laws, by providing a safe alternative to hospitals where doctors and counselors could provide abortion services.

Clinics also highlighted the unwarranted, unnecessary ordeal of seeking TAC approval. Activists were particularly critical about the effects of the appeal process on women. A 1985 Ontario Coalition for Abortion Clinics (OCAC) pamphlet explained that

> Women seeking abortions are often put on trial. They have to explain their life choices – often to people who really should not be involved in the decision making and who certainly do not have to bear the consequences of these decisions. The current system of forcing women to request permission for abortions from a therapeutic abortion committee, comprised most often by male physicians who know little or nothing about the women on whom they are passing judgment, works effectively to take this important decision out of women's control.[4]

Many women going through the TAC system voiced concerns over the degrading process of appealing for a medical procedure, having to claim mental instability and being subjected to questions regarding their sexuality and lifestyle choices, and pro-choice activists echoed their concerns.

By the mid-1970s, the struggle to establish free-standing abortion clinics gained a significant following, acting as a unifying action that could appeal to pro-

---

[4] Ontario Coalition for Abortion Clinics, "What are Tribunals, and why have them?," Canadian Women's Movement Archives (CWMA), Canadian Women's Movement Archives fonds (CWMA fonds), X10-1, box 79, file "Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (1 of 3)," July 1985, p. 1.

choice contingents with a spectrum of interests, from radical to liberal. Though free standing abortion clinics would ostensibly provide a direct route to improve access to abortion while simultaneously challenging the unjust abortion laws, the campaign for clinics was fraught; arguments focused on the logistics of establishing these clinics, the role of medical authority, and the relationship between clinics and the state. Different groups and individuals were able to take on various complementary roles in the fight to establish clinics, ranging from front-line service provision, in-the-streets political actions, and lobbying and logistic work. These groups were occasionally at odds with one another's strategies and tactics, but they now acknowledged each other's contributions to their common goals. Clinics not only provided an alternative to the problems associated with the TAC system, but they also served as a direct challenge to the law itself, and thus the fight for abortion clinics was seen as one of the more effective actions in the reproductive rights movement. The struggle to establish free-standing clinics took place on several levels, with advocates highlighting a wide range of issues. The decades-long struggle to establish free-standing abortion clinics reveals the disagreements, compromises and eventual consensus that defines the pro-choice movement.

Pro-choice advocates identified free-standing clinics as a viable solution to the many problems associated with providing abortions in hospitals. In 1971 the Association for the Repeal of Canadian Abortion Laws (ARCAL) outlined the

"special advantages"[5] of clinics plainly, asserting that the centres "have well-documented advantages over hospitals including the use of local anaesthetic, reduced costs, and superior counselling."[6] Over the 1970s, free-standing clinics emerged as a unifying cause for the pro-choice movement. The vast majority of pro-choice activists could support a model that allowed for abortions to be performed safely outside of the limitations of a hospital. Regardless of whether one identified with a radical socialist agenda, a liberal rights-based framework, a medical perspective, or another political and social position, most pro-choice activists agreed that there were problems inherent in the TAC system, and felt that clinics provided an effective alternative to these issues. Though activists understood that clinics were merely one component of a comprehensive reproductive rights strategy, a 1987 report nevertheless maintained that "there can be no solution to the crisis of reproductive health care in this province that does not include these clinics that have served women so well."[7] The fact that this report was published ten years after the Badgley Committee shows how few advancements had been

---

[5] Association for the Repeal of Canadian Abortion Laws (ARCAL), "Brief to the Minister's Committee of Inquiry into Hospital Privileges in Ontario, September 15, 1971," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," p. 7.

[6] CARAL, "CARAL newsletter March 1, 1988," CWMA, CWMA fonds, X10-1, box 7, file, "CARAL/ACDA (Toronto, On.): Constitution and by-laws, statements, briefs and other materials, 1974-1990 (2 of 3), p. 2.

[7] OCAC, "The Way Forward for Abortion and Reproductive Health Care: OCAC Response to the Proposed Women's Health Centres, December, 1987," CWMA, CWMA fonds, X10-1, box 79, file: "Ontario Coalition for Abortion Clinics (Toronto, On): posters, leaflets and other material, 1981-1991 (3 of 3)," p. 1.

made with regards to abortion access in the decade following the review. In response to the sustained inaccessibility to abortion services, organizations emerged solely to lobby for, and later to establish, free-standing abortion clinics, such as the Ontario Coalition for Abortion Clinics (OCAC) and the British Columbia Coalition for Abortion Clinics (BCCAC). These coalitions worked to unite like-minded feminist organizations; OCAC, for instance, was founded in 1982 by workers from the Immigrant Women's Health Clinic, Hassle Free Clinic, and the Birth Control and V.D. Information Centre, three Toronto-based health care providers. These groups were typically organized provincially, but allied with similar organizations across the country, as they needed to address the federal Criminal Code as well as provincially-determined health care regulations. Clinic advocacy groups differed from ARCAL, CARAL, and other national umbrella groups because their mandate focused primarily on "on the ground" activism, as opposed to the lobbying tactics preferred by national groups. Though these clinic advocacy groups had a clear mandate supporting abortion clinics, their histories are rife with debates around how these abortion clinics should be developed.

The clinic's potential to challenge the inequitable abortion law while providing a much-needed service to women became apparent in 1970, bolstered by Morgentaler's crusade for abortion clinics in Quebec. Though sympathetic doctors across the country were covertly providing illegal abortions in their offices throughout the 1960s, and feminists and activists across the country were fighting

for their reproductive rights with both public campaigns and private struggles, Dr. Henry Morgentaler remains the most well-known character in Canada's abortion history. Morgentaler's prominence was due in large part to his willingness to speak to the media to publicize the issue of abortion and his role as a service provider, as well as his commitment to challenging the legitimacy of the law, even going so far as to spend ten months in jail. In March 1969, having provided illegal abortions from his private practice for over a year, Morgentaler officially shut his general practice to open a family planning clinic, providing various forms of birth control as well as vasectomies and abortions. After an arrest in June 1970 for performing illegal abortions, Morgentaler insisted on a tactical legal battle, choosing to challenge the legality of the abortion laws rather than defend his innocence. Morgentaler's decades-long struggle to challenge Canadian abortion laws has been well-documented elsewhere,[8] but for the purpose of this study his impact on activist strategies around the country are critical. Building on the legal and medical successes of his Montreal clinic, Morgentaler went on to open clinics in Winnipeg and Toronto in 1983. Not one to shy away from the press or major legal battles, Morgentaler wrote to the attorney generals in nine provinces, announcing his intention of establishing clinics in their provinces, and "requested that they follow

---

[8] Gail Kellough, *Aborting Law: An Exploration of the Politics of Motherhood and Medicine* (Toronto: University of Toronto Press, 1996); Catherine Dunphy *Morgentaler: A Difficult Hero* (Toronto: Random House, 1996); Janine Brodie, Shelley A. M. Gavigan and Jane Jenson, *The Politics of Abortion* (Don Mills: Oxford University Press, 1992).

Quebec's example and refrain from prosecuting."[9] Though this ambitious plan of cross-country Morgentaler clinics went unrealized, Morgentaler was instrumental in laying the groundwork for improving access across the country.

Morgentaler held that his clinics were providing a needed, humane service to women. Insisting on going to trial, Morgentaler drew on a humanist framework emphasizing reason, ethics, and human values, heavily influenced by a language of medicalization[10] to challenge the Criminal Code's requirement that abortions be approved by a TAC. Morgentaler's legal battles in Quebec spanned years, from 1970 to 1976, during which he was acquitted by three separate juries. Each time, however, the Crown appealed the acquittals, eventually taking the case before the Canadian Supreme Court in 1975, which found him guilty. In 1976, however, the Parti Québecois released Morgentaler, publicly asserting that they would no longer prosecute doctors for contravening Section 251. The PQ's assertion came shortly after the party won 71 seats in the 1976 Quebec general election. With a majority in the Legislative Assembly, the PQ refused to prosecute Morgentaler as a reflection of the party's political base and the strength of feminist activists and pro-choice sentiment in that base. Morgentaler's commitment to challenging an inequitable law and proving that he had the support of the public took precedence over

---

[9] Dunphy, 1996, p. 197.

[10] See Jane Jenson, "Getting to Morgentaler: From One Representation To Another," in *The Politics of Abortion* Janine Brodie, Shelley A.M Gavigan, Jane Jenson, eds. (Toronto: Oxford University Press, 1992), 15-55, p. 39.

avoiding jail time on a technicality, and his priority was reflected in his legal strategies. He carefully negotiated the terrain between women's immediate needs and the long-term struggle to improve access to abortion in Canada. Morgentaler's ability to address these two, often conflicting, objectives was facilitated by his professional status. The media, the legal system, and anti-abortion activists often depicted Morgentaler as an "abortionist," highlighting the illegality of the procedure and making claims of illegitimacy with regards to his role as a doctor.[11] But in spite of the negative representations, Morgentaler embraced not only the role of providing abortions, but also the term "abortionist," presenting briefs to parliament on behalf of the Humanist Fellowship and publicly speaking on the issue.

Morgentaler's highly visible and very public action was a catalyst for abortion activists across the country.[12] Feminist health activists from OCAC and the Ontario Midwives Collective explained that they "thought it was a lot better to organize around the legalization of clinics because that is very concrete... thousands of women have been provided with very good abortion services in those

---

[11] Ann Thomson, *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s* (Victoria, BC: Trafford Publishing, 2004), p. 119.

[12] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

free-standing clinics and that's made a critical difference."[13] These activists had expected abortion services to proliferate following the 1969 decriminalization, only to realize that the procedure remained mired in bureaucratic holdups due to inequitable and limited access. By 1976, Morgentaler's clinics were effectively running in an extra-legal capacity; his repeated acquittals proved that no jury in Quebec would find him guilty, and the provincial government conceded to public opinion when they affirmed that they would no longer prosecute him, or any other doctors, for contravening Section 251 of the Criminal Code of Canada. By the late 1970s, the Morgentaler Clinic was effectively part of the Quebec health care system, while also providing activists with a new model for challenging the inequitable abortion law.[14] Clinics were particularly effective because they challenged abortion restrictions in many ways. They challenged the highly medicalized hospital system, providing women with "a wide range of services... in a supportive feminist environment."[15] These clinics addressed the "crisis of access" directly by providing women with much-needed services but also highlighted the "inequity and failure of the existing hospital based system."[16] Clinics drew attention to the issue, at once providing women with services that were no longer

---

[13] no author listed, "[no title, no date – Q & A with the Ontario Coalition of Abortion Clinics and the Ontario Midwives Collective]," CWMA, Healthline fonds, box 253, file 5 "Submissions and Screening: Fall 1987," p. 6.
[14] no author listed, "Origins," CWMA, Healthsharing fonds, box 255 file 4, "Submissions and Screening: Spring 1993," p. 3.
[15] Ibid., p. 3.
[16] Ibid., p. 4.

underground or covert, while also forcing the public and the government to evaluate the current state of abortion law and to consider its shortcomings. Clinics, then, were a useful tool for abortion rights activists who sought a way to confront the limitations of abortion from both a practical and political standpoint.

Free-standing clinics, first Morgentaler's Montreal clinic, and later clinics across the country run by Morgentaler and other doctors, addressed many of the limitations of the hospital TAC system. These shortcomings have been outlined in chapter two, which explored hospital board campaigns. Class, race and age were strong determinants with regards to a woman's capacity to access an abortion.

While pro-choice activists decried the inconsistent set up of TACs across the country, they also acknowledged that enforcing mandatory implementation of TACs was not the answer to the crisis of accessibility. A 1982 legal review of the abortion issue commissioned by the Research Branch of the federal government asked "what purpose would it serve to force the medical staff of a hospital to create such a committee if, for personal or religious reasons, they would refuse in any event to authorize or perform an abortion?"[17] From a legal and medical standpoint, the Abortion Law was generally regarded as ambiguous to the point of inapplicability, a point pro-choice advocates had been making for over a decade. In 1972, CARAL presented a brief to the Law Reform Commission, charging that

[17] Monique Hébert, "Abortion: Legal Aspects, Current Issue Review 80-9E," 13 January 1982, Library and Archives Canada (LAC), David Arnold Croll fonds, MG 32 C 49 vol. 93, Vol. 93, File 2, "Abortion: legal aspects, 1981-1982," p. 10.

"the law as it stands is confusing, open to various interpretations, contrary to provisions of the Canadian Bill of Rights, largely unenforceable, and anomalous."[18] Doctors reported being uncertain as to their role and ability to make medical decisions autonomously. One study cited the case of a hospital board seeking clarification on the law asked the Deputy Attorney General if members of the TAC could also perform abortions without prosecution if they did not review that particular case, only to find that there was no guarantee of amnesty. The result of this ambiguity and potential legal ramifications meant that some doctors declined to provide abortion services or serve on TACs, and that hospitals did not establish TACs.[19]

Critics of the TAC system further charged that the financial costs of abortions were also needlessly increased by the insistence that hospitals remain the site of abortion procedures. Prior to the 1969 Abortion Law, hospitals had served as a particularly salient symbol for safe abortions. Leading up to the 1969 decriminalization of therapeutic abortions, the pervasive image of the "back-alley butcher" contrasted sharply with the sterile doctor operating out of a hospital. Abortions performed in hospitals contributed to the image of abortion as a safe,

---

[18] Ruth Miller, Lynn King, and Mary Boyce, "Submission to the Law Reform Commission Regarding Section 251 of the Criminal Code," CWMA, CWMA fonds, X10-1, box 7, file "CARAL/ACDA (Toronto, On.): briefs, 1972-1972," p. 2.
[19] Ruth Evans, "Canadian Abortion Laws: A critique of the regulations in the Criminal Code from a legal and medical point of view," LAC, Association for the Review of Canadian Abortion Laws fonds (ARCAL fonds), MG 28 I 350, vol. 1, file: "General By-Laws, Drafts [c. 1967-1970], p. 2.

medical procedure rather than an illicit and stigmatized event. After 1970, though, the limitations of the hospital system prompted a sudden surge in pro-choice enthusiasm for clinic-based abortion services. From a strictly medical standpoint, the abortion procedure itself was quick and relatively simple, and, as many pro-choice advocates reminded the public, usually safer than delivering a pregnancy to term. Abortions were thus not highly regarded from a technical standpoint among the medical community, and requiring women to obtain abortions in hospitals meant that hospital resources, including limited bed space, were being directed towards a straightforward procedure. Some hospitals kept women overnight after abortions, which not only increased the cost to taxpayers but also caused patients undue stress. One woman shared her experience with a UBC Tribunal on Abortion, Contraception and Sterilization, and one attendant recalls that the woman was "granted a therapeutic abortion but kept on the maternity ward for two nights and scolded by hospital staff for her decision."[20] The post-amendment disillusionment resulting from various bureaucratic and social barriers meant that hospitals were no longer lauded as the only solution to the problem of accessibility. By the early 1970s, pro-choice advocates across the country were understandably exasperated with the barriers resulting from the TAC system.

In the initial period following the 1969 amendments, pro-choice activists sought to work with women to help them navigate the TAC system, a paradoxical

[20] Thomson, 2004, p. 74.

strategy as assuaging the system's inherent problems obscured the issues associated with requiring a TAC approval. Vancouver's Abortion Information Service, a volunteer-based group drawing heavily on members of the Vancouver Women's Caucus, helped women seeking abortions by preparing them for an application to Vancouver General Hospital's TAC. Drawing on a network of communal knowledge, the service encouraged women to report back with the questions they had been asked and the answers they had given.[21] The service compiled a wide range of questions, which served to make the application process more predictable for clients, and also "provided a really necessary support group for them."[22] As the service amassed a large number of questions and approved answers, they were able to do much of the follow-up counseling to women over the phone.

In some communities, local hospitals like the VGH had made necessary provisions to provide good abortion services, with one Abortion Information Service volunteer noting that "VGH, in particular, was doing very well with pushing people through."[23] Though the TAC system seemed to be routinely approving abortions, a *Chatelaine* article mentioning the service and the publicity arising from the Abortion Caravan led to an influx of questions from women across

---

[21] Janis Nairne, personal interview, Monday, November 22, 2010, Port Alberni.
[22] Ibid.
[23] Ibid.

British Columbia looking for help accessing much-needed services.[24] As more out-of-town women sought the help of the Abortion Information Service, the group's function became increasingly focused on helping women from outside the VGH catchment area. The group provided women with places to stay if needed, or at least with an address to give the hospital for their records. Eventually, VGH and other hospitals "streamlined" their committee process to move women through the system as quickly and efficiently as possible, given the bureaucratic restrictions imposed by the system.

Free-standing clinics were also an asset to the pro-choice movement due to their potential to provide concrete goals to an surprisingly intangible issue. Though limited abortion access clearly had significant bodily repercussions for women, pro-choice activists struggled to find ways to track their successes, given the personal – and often covert – nature of abortion. Though "free abortion on demand" was a rallying call for the pro-choice movement, activists had few benchmarks with which to assess their advancements. Clinics, as abortion activist and OCAC spokesperson Judy Rebick explains, "gave people something to fight for, instead of just fighting against: fighting against the abortion law, you want to fight

---

[24] Ibid. This article was likely Molly Gillen, "Why Women are still angry over abortion," *Chatelaine* October 1970, vol. 43, no. 10, 34-35, 80-84. On page 80, Gillen listed the Abortion Information Centre's Vancouver address and telephone number, alongside Planned Parenthood's Toronto information and the phone number for Toronto Women's Liberation Abortion Referral Answering Service. Other services listed were in the United States and England.

for the clinic."[25] A focus on decriminalizing and establishing free-standing clinics, helped activists to find a concrete and measurable goal for the pro-choice struggles. What's more, fighting "for" the clinic system had the added bonus of confronting the shortcomings of the law requiring TAC approval.

Inspired in large part to Morgentaler's very public campaign to establish free-standing abortion clinics, many other reproductive rights activists began to focus on clinics as a potential solution to the crisis of access. Clinics provided a site for safe, medicalized abortions, but beyond that, OCAC and other organization operated under the belief that "the political challenge posed by the establishment of free-standing clinics was our most powerful level for forcing repeal."[26] Mobilization supporting free-standing clinics spanned provinces, fostering a true activist movement across the country.

Clinics thus emerged as a symbol that could effectively unite activists drawn to reproductive rights from disparate backgrounds. A 1988 retrospective by OCAC activists maintained that the clinics and subsequent 1988 Supreme Court decision declaring the abortion law to be unconstitutional was the result of a broad-based campaign that relied on "thousands of reproductive rights activists and their supporters in the women's movement, the movement for lesbian and gay

---

[25] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.
[26] Antonyshyn, Lee, and Merrill, 1988, p. 145.

liberations, unions, immigrants' organizations, churches, and many other groups."[27] OCAC sought to bring together a diverse range of women's experiences, holding forums featuring disabled women, Native women, lesbians and working class women discussing their struggles for reproductive and sexual control.[28]

Activists with disparate viewpoints approached the need for clinics from different, yet complimentary, perspectives. Some activists chose to set up clinics whereas others opted to defend Morgentaler's and other clinics with grassroots support or political lobbying. Many saw the two-pronged approach as indicative of broader political leanings. The more radical activists applied practical, grassroots strategies to defend the early clinics, including public demonstrations and guerilla theatre to draw attention to and bolster public support for the issue.[29] More conservative groups, such as CARAL, sought to negotiate and compromise with the government and law-makers, working within the liberal framework to advance the cause, by seeking signatures for petitions for example. Still others with social work and medical backgrounds were involved in front-line service provision. Reflecting

---

[27] Ibid., p. 129.
[28] Ibid., 1988, p. 150.
[29] Donna Liberman recalls how guerrilla theatre was framed as a radical action, saying, "so I got involved with all this guerrilla theatre, women's stuff, for fun, you know. And I ended up, of course, in jail. Whereas all the time I was doing the abortion call centre which was illegal and you could go to jail for life and all this crap, nobody touched me. I go out and I do this cute skit and I get arrested and thrown in jail, two years probation for singing in a public place? That was a threat? It wasn't a service, this was an upfront slap – it was a lot of fun, that's another story, but it was a lot of fun." See Donna Liberman, personal interview, August 12, 2010, Burnaby, British Columbia.

back on their efforts to bolster support for the Toronto clinic in a 1988 article, members of OCAC maintain that,

> we tried to plan events that directly involved and indirectly affected as many people as possible. We made no sharp distinction between particular street actions and the longer-term process of building alliances, doing popular education, and enhancing support. We saw these different facets of movement-building as interdependent and self-reinforcing. We sought to use any available opportunity – from organizing our own forums, to writing articles and working with the media – to spread our analysis of abortion and reproductive rights. Above all else, we found that building alliances and coalitions with other groups was a key means of solidifying and extending our base of support.[30]

Activists could thus participate in the pro-choice movement's clinic defense by highlighting those aspects of the free-standing clinic that promoted their own political views, while knowing that the shared end goal of accessible reproductive control was fundamental to the clinic system.

Establishing a clinic was, for many activists, a lesson in compromise. Depending on their politics and their priorities, members of the abortion movement had differing ideals for how a clinic should be run. Some radical feminists insisted that the clinics be run by women, other more liberal feminists emphasized professional, medical care, while still others sought a combination of highly medicalized care with attention to women's needs, including counseling and a female presence during the procedure. Explicitly feminist healthcare, provided by

---

[30] Antonyshyn, Lee, and Merrill, 1988, p. 132-33.

and for women was a key goal for many abortion activists. However, the focus on professionalism and the necessity of distancing the abortion procedure from the back-alley reputation meant that even when female doctors were performing abortions, the procedure was nevertheless highly medicalized. Counselors, rather than doctors, were responsible for ensuring the patient's comfort before and after the procedure and for helping women seeking abortions through the process.

Though activists acknowledged the shortcomings of this highly medicalized system, it was only in Québec that a "para-médicales" system emerged as feminists established women's health centres that offered abortion services outside of the clinic model. In his study of political activism in Montreal in the 1960s, Sean Mills recounts how the Front de liberation des femmes du Québec declined to participate in the Abortion Caravan, explaining that though they stood "in solidarity with the women of Canada, because, as women, we suffer the same oppression... we refuse to go and protest in front of the Canadian Parliament when we do not recognize the authority which it claims over Quebec."[31] Jacinthe Michaud explains this "para-médicales" spirit as "feminist activists who, regardless of their level of professional status, learned how to perform certain tests and gynecological exams without professional supervision."[32] This type of activism was both a challenge to

---

[31] quoted in Sean Mills *The Empire Within: Postcolonial Thought and Political Activism in Sixties Montreal* (Montréal: McGill-Queen's University Press, 2010), p. 134.

[32] Michaud, 1995, p. 103.

traditional healthcare and an affirmation of women's collectivity. Though "the scientific knowledge which enabled the provision of certain services, mainly abortions, made doctors a group apart from other feminist health activists."[33] These para-médicales activists emerged only in Québec, a response to the political and social conditions in the province when the Québec sovereignty movement was gaining traction after the Parti Québecois was elected provincially in 1976. Québecoises feminists rooted women's liberation in national liberation, and the self-education and "para-médicalisation" reflects this nationalism. This political framework emerging in Quebec over the course of the 1960s and 70s created an environment whereby activists could fight for legal abortions while publicly circumventing the law. While elsewhere in Canada, pro-choice activists provided referrals to illegal abortion service providers, they did so covertly, worried that it would diminish their legitimacy.[34]

Such were the conditions in which Morgentaler's Montreal clinic operated in 1970. The clinic served as a model, helping abortion activists realize the power of clinics to provide necessary direct services, to challenge the law, and to garner much-needed attention from the public and the media. When establishing the Toronto clinic, OCAC recognized the groundbreaking work of Montreal's

[33] Ibid., p. 105
[34] Janis Nairne, personal interview, Monday, November 22, 2010, Port Alberni.

Morgentaler clinic, crediting not only Morgentaler but also the feminist activists who supported and defended his work:

> A lesson was learned from our sisters in Quebec, and we modeled our strategy on theirs. This strategy was the combination of a doctor willing to challenge the law by opening a clinic in defiance of the criminal code, and a broad based alliance led by the women's movement willing to defend the clinic, and fight for the necessary changes.[35]

Having a doctor providing abortion services served to legitimize the work in spite of the criminal status, and this professionalization was a central strategy for Canadian abortion activists, and was particularly critical in terms of the demand to have abortion funded through medicare. What's more, each time a jury failed to convict Morgentaler, the legal restrictions lost legitimacy, and, consequentially, "put the state in an extremely contradictory position."[36] Though OCAC members and other pro-choice activists maintained that legal avenues would not provide the direct route to accessible abortion that some hoped for, they nevertheless engaged with the legal system, explaining: "we fought in the courts because we had to – we could hardly not, when clinic staff were charged. But we always saw the basis of our strength in building the broadest possible movement and in developing

---

[35] Carolyn Egan, "The Right to Choose," *Our Times* 4 (4) (1985), 30-32, p. 31.
[36] Ontario Coalition for Abortion Clinics, "Feminist Struggles and State Regulation: Controlling Women's Reproductive Rights, State Power and the Struggle for Reproductive Freedom: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Resources for Feminist Research / Documentation sur la recherche féministe (RFR/DRF)* 17 (3) (Fall, 1988) 109-114, p. 110.

alliances with other progressive struggles."[37] Not only did some activists hold that legal challenges were too narrow to effect change in service provision, but they also worried that it elevated the status of Morgentaler and other doctors in a way that drew attention to medical professionals rather than the issue of abortion accessibility.[38]

Though Morgentaler was undeniably an important leader in the movement, his dually privileged status as a male doctor evoked ire from some feminists, which at times undermined his work and contributions to the movement. Women lamented the fact that unlike Morgentaler and other male doctors of the time, female physicians were unable to take the legal and financial risks associated with providing abortion procedures in the late 1960s and early 1970s.[39] Speaking at the 1970 Abortion Caravan rally at Parliament Hill in Ottawa, the crowd booed Morgentaler, who was invited to speak about performing illegal abortions in his Montreal clinics. According to Ann Thomson's study, the Abortion Caravaners felt that Morgentaler was not sufficiently radical, due to his social and professional position as a doctor and his commitment to challenging the issue in a way that

---

[37] Ibid., p. 110.
[38] See, for instance, Dunphy, "Chapter 11: Hijacking A Movement," 1996, 183-209. This chapter outlines the compromises and tensions that arose after Morgentaler announced that he would open a Toronto clinic in 1981.
[39] no author listed, "Origins," CWMA, Healthsharing fonds, box 255 file 4, "Submissions and Screening: Spring 1993," p. 6.

emphasized his own professional standing.[40] Feminist activists spent months, and even years, securing funds to establish clinics, only to have their leases rejected after extensive planning and costly renovations.[41] In contrast, Morgentaler financed his first Montreal clinic by replacing his general medicine practice with a family planning practice. This transition was undeniably a risk, personally, professionally and financially. Morgentaler assumed the vast majority of this risk, though some activists resented his capacity to act quickly and autonomously to establish clinics, given that their own fundraising efforts had been so slow-going.

Activists recognized the risks doctors took, but seemed to disagree over whether the doctors were warranted in financially benefiting from abortion provision. For her study of the VWC and the Abortion Caravan, Frances Wasserlein asked many members of the VWC about this issue, particularly asking about Dr. Robert Makaroff. Makaroff performed abortions quietly in Vancouver, sometimes to clients referred to him by the VWC, until his arrest on March 10, 1970, two months before the Caravan set off.[42] In 1986, Margaret Benson recalled her ambivalence towards the situation, explaining that, "one of the sort of contradictions of it was here we were helping this doctor make enormous amounts of money which everybody knew, but on the other hand, he was talking a fairly enormous risk and

---

[40] Thomson, 2004, p. 54.
[41] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.
[42] No Author Listed, "Citizen's Statement on Abortion and Petition for Action," CVA, Pro-Choice Records, Add. MSS 1486, 576-D-4, file 9: "Dr. Robert Makaroff," p. 1.

basically doing it on principle." Benson reported that the profits went into lucrative rental apartments that served as a second income for Makaroff.[43] However, other members of the VWC did not seem to share these concerns over money. When Wasserlein asked Marcy Cohen about Makaroff's finances, she responded, "really, I don't remember that part. I remember his guilt when he got arrested with all the records of the women, I remember that part."[44] In spite of the profitable nature of illegal abortion provision, it was a well-known fact that Morgentaler operated on a sliding scale, and that he would not deny services to a woman who lacked payment. Likewise, VWC referrers recall that Makaroff was also known to waive payment or allow sliding scales.[45] The possibility that the medical practitioner might reap financial benefits beyond the norm was discussed but did not emerge as a major criticism.

The debates over the privileged status of doctors seems to have taken place primarily in a theoretical realm. An unauthored fictionalized discussion called "Empowering Women: A Vision of What Feminist Reproductive Health Centres of

---

[43] Frances Wasserlein, "Interview with Maggie Benston, 6 October, 1986," Simon Fraser University Archives (SFUA), Frances Wasserlein fonds (FW fonds), Fonds 00162 Container 00002 file "MA Thesis Interview – Benston, Margaret, 1986," F-162-3-2-0-3, p. 18.

[44] Frances Wasserlein, "Marcy Cohen Interview 30 September, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Cohen, Marcy, 1986," F-162-3-2-0-5, p. 46.

[45] Frances Wasserlein, "Interview with Donna Liberson, 18 October, 1986," SFUA, FW fonds, Fonds 00162 Container 00002 file "MA Thesis Interview – Liberson, Donna, 1986," F-162-3-2-0-11, p. 11.

the Future Could Be" clearly articulated these concerns, while tying them to larger systemic issues and the internal divisions within the pro-choice activist community:

> 'The Morgentaler Clinic pisses me off – it only provides abortion, what about birth control, sexuality counseling and other services?'
> 'Actually it does provide pretty good birth control counseling. Why is everyone so critical?'
> 'O.K. But still, I know the overall politics of the clinic campaign has worked – by challenging the law and state directly and the crisis of access to abortion – but why does it have to be only Henry and those other men? What about women-run clinics?'
> 'I know what you mean. The choice movement is so dogmatic. I can see how it has to emphasize issues like unequal access and women's need to control their bodies, but why do choice activists ignore women's feelings and experience of abortion? Many women are very ambivalent about their abortions. Why can't we acknowledge this, and allow women some space to grieve when they need to? Why doesn't the movement provide counseling for these women?'
> 'Come on, it's not as bad as that! I know groups like CARAL and OCAC don't do counseling, but they can't do everything...'
> 'O.K. O.K. But this sounds like the same old story – don't worry girls, we will sort out all these little problems after the revolution.'
> 'Oh come on. Be fair. The choice movement is doing what it can. What worries me is that we have lost our spunk. OCAC has to spend so much time defending the Morgentaler Clinic. What about the direct action we used to do – the Abortion Caravan, all the street stuff, guerilla theatre?'
> 'Maybe. But I think keeping those clinics open has been a real victory for the women's movement. But I think it doesn't go far enough. The clinics are still run by doctors – mostly men – and they don't challenge at all the professionalized medical model of health care.'[46]

This discussion reflected the debates within the pro-choice movement, posing as a dialogue between two women allowed the anonymous author to cite shortcomings

---

[46] No author listed, "Empowering Women: A Vision of What Feminist Reproductive Health Centres of the Future Could Be," CWMA, Healthsharing fonds, box 253 file 3 "Submissions and Screening: Spring 1987," December, 1986, page 1.

of activist groups without explicitly denigrating their work. Three decades later, front-line activists, ranging from demonstrators to lobbyists to service providers tend to agree that these compromises addressed both the immediate needs of women seeking abortion and the long-term need to affect legal changes regarding the abortion law.

Other activists were unwavering in their support of Morgentaler in the 1970s and 80s. A woman who worked as a counselor at his Toronto clinic for six years, described Morgentaler as follows:

> this incredible man, this incredible little doctor, Henry, stood out by himself, for a long, long time, because of his beliefs... He believed in the rights and freedoms of people, and the rights and freedoms of women. He was asked, I think at the very beginning of his abortion career, by a friend who had a daughter who was pregnant and needed help. He could not say no to anyone who needed help. It wasn't in his makeup.[47]

Morgentaler was, to be sure, one of the most effective activists of the time. On May 5, 1983, the first free-standing abortion clinic to open outside of Quebec was in Winnipeg, Manitoba, a city "ripe for the challenge as it had the usual access problems and a supposedly pro-choice NDP government."[48] Building on the premise that each clinic contributed to the erosion of the abortion laws, Morgentaler chose to focus his attentions on Winnipeg rather than Toronto during

---

[47] S.H, personal interview, December 9, 2010, Toronto, Ontario

[48] Carol Rosset, "The Winnipeg Experience," in *Priorities: A Feminist Socialist Perspective*, Vol. XV, No. 1, Spring 1987, SFUA, Port Coquitlam Area Women's Centre fonds (PCAWC fonds), Box 9054, Container 76-7, file "Priorities, 1980, 1986-1987," F-76-6-0-15, p. 9.

this period, though OCAC and CARAL's Toronto chapter had initiated steps to establish a clinic in Toronto. Toronto activists were dismayed when Morgentaler chose to support a clinic in Winnipeg before the Toronto clinic was up and running, but his pragmatic decision was heavily influenced by his perception that the prairie city would be most responsive to a free-standing clinic, leaving him free shortly thereafter to focus on Toronto and other cities.[49]

Morgentaler did commit to the Winnipeg clinic, quickly taking charge and ensuring that details were executed according to his specifics. As a result, it was, "first and foremost a Morgentaler clinic. The work of actually setting up the clinic was largely carried out by Dr. Morgentaler and his Montreal associates."[50] Morgentaler believed that unlike those in Toronto, the Winnipeg abortion activist community was seemingly comfortable allowing him to take charge and establish a clinic. There are a few reasons why Morgentaler might have thought that the Winnipeg activists would concede organization and logistics to him. From Morgentaler's perspective, the Winnipeg activists had done less groundwork to establish a clinic than those in Toronto, they also lacked crucial funds that Morgentaler was able to provide from his personal funds, and they recognized the importance of a compromise to further their movement. As Morgentaler became

---

[49] Dunphy, 1996, 200.
[50] Carol Rosset, "The Winnipeg Experience," in *Priorities: A Feminist Socialist Perspective*, Vol. XV, No. 1, Spring 1987, SFUA, PCAWC fonds, Box 9054, Container 76-7, file "Priorities, 1980, 1986-1987," F-76-6-0-15, p. 9.

increasingly synonymous with the Canadian abortion movement, the radical feminist voices that had been involved for so long – indeed, those same voices who booed Morgentaler at Parliament Hill in 1970[51] – felt overpowered by this male spokesperson. Writing on resolving conflict with regards to the abortion law, one member of the nascent Coalition for Reproductive Choice explored these issues, explaining that,

> from the outset, fundamental issues involving control and strategy between the Coalition and the clinic were raised. But the reality of the clinic's existence and the fact of Dr. Morgentaler's control of the clinic resulted in compromises on the part of the Coalition throughout the campaign. This often placed the Coalition in a reactive position, not only to the government, police, and other outside forces, but also to Dr. Morgentaler and his lawyer, the bottom line was that Dr. Morgentaler ultimately called the shots vis a vis the clinic, because, though it is our fight, it was his money and personal freedom that were on the line. Wherever a clinic is planned these same basic issues will arise. They must be anticipated and resolved so that we can turn our energies towards dealing with the confrontation from those who would deny a woman's right to choose.[52]

Though the activists involved in the Winnipeg abortion movement and the establishment of the clinic acknowledged that their ideal model for the clinic was not entirely realized, they nevertheless saw the value of partnering with and supporting Morgentaler and his vision.

---

[51] Thomson, 2004, p. 54.

[52] Carol Rosset, "The Winnipeg Experience," in *Priorities: A Feminist Socialist Perspective*, Vol. XV, No. 1, Spring 1987, SFUA, PCAWC fonds, Box 9054, Container 76-7, file "Priorities, 1980, 1986-1987," F-76-6-0-15, p. 9.

Winnipeg activists supported Morgentaler and the clinic in a wide array of ways. Prior to Morgentaler's announcement of his intention to open a clinic, the abortion activist movement in Winnipeg had been somewhat diffuse, with CARAL-Winnipeg taking on provincial and municipal lobbying while the local Women's Liberation Group helped women travel to North Dakota and New York. With the unifying goal of a clinic requiring both on-the-streets activism as well as lobbying efforts, organizations and individuals began to coordinate their efforts as the Coalition for Reproductive Choice. Morgentaler's biographer Catherine Dunphy reports that the Coalition was initially hard to organize, as many activists in Winnipeg were alienated by his uncompromising approach to establishing a clinic in the city. Dunphy recounts that many of these activists "were neither amused nor impressed when Henry Morgentaler had blown into town and made his announcement, obviously assuming Winnipeggers would all fall in line behind him and the cause."[53] Though it took negotiations and compromises, the Coalition did end up backing Morgentaler and supporting the clinic. The Coalition drew representatives from women's groups, labour, students, political organizations, and ethnic groups. In order to ensure that the Coalition would defend the clinic on many levels, the Coalition established four working groups, focusing on lobbying and outreach, education and publicity, organizing and communication, and fundraising. By breaking tasks down in this way, the Winnipeg Coalition ensured

[53] Dunphy, 1996, p. 205.

that members could choose the actions they would participate in while the clinic defense was addressing a wide variety of challenges which were often inextricably linked.

Not surprisingly, clinic defense began even before the clinic was open, and included protection and preservation of the physical space surrounding the clinic, the clinic workers, and the idea of the clinic itself. By the 1980s, anti-abortion forces were well-organized and committed to keeping free-standing clinics from opening. These anti-abortion groups charged that the city should deny the clinic permits on the basis of the intended illegal purpose. The Coalition responded with well-researched briefs to city council, appended with a petition of the proposed neighbourhood to demonstrate the level of public support for the clinic. The action was a partial success: the committee decided it did not have jurisdiction to revoke permits based on potential violations of the Criminal Code,[54] and the clinic was opened. Prior to the clinic's opening, the Coalition had worked on fundraising, garnering public support, and lobbying. Upon opening, however, these goals were overshadowed by the focus on keeping the clinic open. Anti-abortion forces were equally committed to closing the clinic, so the coalition sought "some measure of co-operation, if not tacit support" from the NDP government.[55] Government

---

[54] Carol Rosset, "The Winnipeg Experience," in *Priorities: A Feminist Socialist Perspective*, Vol. XV, No. 1, Spring 1987, SFUA, PCAWC fonds, Box 9054, Container 76-7, file "Priorities, 1980, 1986-1987," F-76-6-0-15, p. 9.
[55] Ibid., p. 9.

support, however, was lacking, and further compounded by the fact that the College of Physicians and Surgeons of Manitoba opposed the clinic and followed up with Morgentaler even when the criminal charges were stayed. This professional persecution surprised Morgentaler, who angrily declared that the College "did the dirty work for the government" by revoking his license and ordering him to close the clinic claiming it did not meet medical standards.[56] Less than a month after opening, on June 3, 1983, the Winnipeg Morgentaler Clinic was raided by police, who seized equipment but arrested no one. Clinic raids continued in Winnipeg, accelerating to include arrests, and it quickly became clear that the Manitoba government would not be using Quebec's understanding with Morgentaler as precedence. By 1985, there were seven outstanding charges against Morgentaler in Manitoba, who by this point had begun to offer Manitoban women free abortions in his Toronto clinic.

Morgentaler was committed to endorsing and setting up clinics in as many cities as he thought would be responsive to free-standing clinics. Choosing to focus his intentions on the Winnipeg clinic, Morgentaler initially declined to be involved with the Toronto clinic, though he suggested doctors who might be interested in working at the clinic. Eventually, however, it became clear that Morgentaler's professional and political leadership was essential for the Toronto clinic, and his role became increasingly central to the clinic. Establishing these clinics

[56] Dunphy, 1996, 267.

concurrently was a demanding prospect, exacerbated by the hands-on leadership role Morgentaler insisted upon. In Toronto, the power struggles between Morgentaler and the well-established activist community, and among the activist community itself, were widespread. But, when it came time, in the early 1980s, to establish a free-standing clinic in Toronto, many of the debates were quickly deemed moot by local organizers, or at least overshadowed by the general consensus that establishing a clinic was the critical next step to improve abortion accessibility and further the movement as a whole. First off, though activists coming out of the Birth Control and Venereal Disease Clinic in Toronto had initially sought female doctors, they were unable to find any willing to provide services in the clinic. There are many reasons why female doctors may have declined to go into abortion provision. Some speculated that women, as child-bearers and rearers, might have financial concerns and would prefer a more reliable income. Others suggested that women were perhaps less willing to put their lives directly at risk, possibly because of their role as mothers and caregivers. Furthermore, though most activists agreed that the clinic should be publicly funded, the abortion law made any type of payment structure difficult. Initially, the Toronto-based Committee to Establish Abortion Clinics (CEAC) sought rented office space, but ran into obstructions when landlords refused to rent to them.

Given the circumstances, the only solution was to buy property, which was financially impossible for the women's and pro-choice groups of the time, who

relied primarily on donations to further their work. In spite of his legal troubles and the resulting expenses, Morgentaler was able to buy a building near Harbord Street and Spadina Avenue in Toronto to house the clinic. Many activists were apprehensive of the fact that Morgentaler's ownership of the building ensured a private clinic rather than a publicly-funded endeavour, and the fact that free-standing abortion clinics violated the law meant that it would be nearly impossible to charge insurance policies for the procedures. Upon weighing their options, OCAC members determined that

> we could not afford to be purists at this initial stage. The first clinic could be a symbol of what we were struggling for, but it could not meet all our ultimate feminist goals at once. We had to accept certain compromises in the short term, while still emphasizing our long-term goals of comprehensive, medically insured, and publicly funded reproductive health services for women. We saw this clinic as a vital first stage in a long struggle.[57]

The early incarnations of clinics, then, were not the clinics envisioned by pro-choice feminists, and pro-choice feminists thus employed, once again, a policy of compromise. Recognizing the urgent need for clinics, pro-choice activists opted to support Morgentaler's clinic though their ideal scenario featured a clinic run by women. Indeed, these first clinics helped to pave the way for women-centred clinics that would provide needed services with careful attention paid to gender issues and women's needs, which was, according to one activist, "very important

---

[57] Antonyshyn, Lee, and Merrill, 1988, p. 133.

for the support, for the women."[58] Defending these clinics, in spite of the shortcomings identified by some feminists, was thus critical to advancing the movement and improving abortion accessibility.

Grassroots clinic defence strategies were widespread and dynamic, reflecting different organizations' priorities and concerns. Judy Rebick remembers OCAC as "an in the streets radical group... We were in the streets, we were clinic defence."[59] OCAC was instrumental supporting and defending the free-standing abortion clinic established in Toronto in July 1983, in conjunction with Morgentaler, and modeled on the Montreal clinic. Rather than developing a new vision of how a free-standing abortion clinic should look, OCAC and other activists instead "set up an illegal clinic [because] that's what worked in Quebec... using a strategy that had worked."[60] A major role of the free-standing clinic was to legitimize abortion as a medical procedure, which meant limiting the tasks assigned to lay-people and highlighting the work of medical professionals.

OCAC, then, was a political group rather than an organization focused on service provision. Rebick distinguishes between these approaches by explaining that, "individual advocacy and service provision... I think often you have to separate the two from political advocacy. Because the people who are going to get

---

[58] Sharon Hager, personal interview, November 15, 2010, Vancouver, British Columbia.
[59] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.
[60] Ibid.

involved with political advocacy don't really know how to provide a good service and they bring an ideology to it that might be completely inappropriate."[61] This ideology focused on social and political change and played an important role in the large-scale transformations necessary to lay the groundwork for accessible abortion, particularly by demonstrating the significant public support for clinics to both the government and the public. Though clearly important, this political ideology had the capacity to alienate women at a critical time of need. This sentiment was echoed by Donna Liberman's account of establishing an abortion referral service in Vancouver in the early 1970s. Liberman, one of three founders of the service, recalls the problems that arose when the Vancouver Women's Caucus assumed control of the referral service shortly after returning from the 1971 Abortion Caravan. Liberman acknowledges that the caucus members who took over the service from the three women who founded the service "were fresh and ready... we were burnt out; it was very stressful and the consequences of abortion counseling weighted heavily."[62] The Vancouver clinic provided a practical and needed service, but Liberman recalls that politics became the preeminent issue when the women's caucus gained control of the clinic:

> I mean, I don't even know if they ever thought they were going to be counseling. They were just so excited to be taking over this project but not even knowing what was involved. They didn't even seem to

---

[61] Ibid.

[62] Donna Liberson, Personal interview, August 12, 2010, Burnaby, British Columbia.

> want to know. Nobody in that whole room – and there were lots of them – even wanted to know the practical side. So, then, there was a big debate.[63]

Indeed, the tensions between service providers and political activists had the potential to come to the forefront of the movement. However, in an attempt to forge a true social movement encompassing a wide range of opinions and perspectives, clinics provided a space for activists to work together in ways that contributed to the end goal of accessible abortion while also promoting their own, often divergent, political agendas.

OCAC's primary goal was to "mobilize support for whatever clinic opened,"[64] by promoting the clinic to the public. Central to this goal was the formation of broad coalitions, used to show both the public and political leaders that the issue was of central concern to Canadians. Rebick holds that these coalitions between OCAC and other groups served to forge important connections that helped to build a stronger women's movement. In particular, Ontario Federation of Labour's and the New Democratic Party's support for the Toronto clinic and clinics in general contributed to the legitimacy of the abortion movement. These high profile supporters also meant that abortion gained prominence in public opinion, though, as Rebick explains, "we didn't really have to push to get on the public agenda, it did get on the public agenda... But, you

---

[63] Donna Liberson, Personal interview, August 12, 2010, Burnaby, British Columbia.
[64] Judy Rebick, Personal interview, October 5, 2010, Toronto, Ontario.

know, we had the media on our side, from the beginning. And that made a big difference."[65] Indeed, abortion was a salient issue in the 1970s and 1980s, and abortion activists faced few obstacles in terms of keeping the issue at the forefront of public opinion.

Major coalitions that drew in labour organizations and other federations were helpful allies, especially in terms of promoting visibility of the issue. These coalitions would pass various pro-choice bills declaring abortion a fundamental right for women, and would participate in public demonstrations provided a striking visual of public support for abortion rights. Pro-choice visibility was a major focus, particularly when new clinics opened. Abortion rights activists understood that they were supporting the establishment of illegal clinics, but maintained unequivocally that it was "essential to show the politicians 'responsible' the level of support there is in Ontario for the establishment of free-standing abortion clinics. The demonstrated level of support will decide if this clinic stays open."[66] Petitions and letters of support were helped to demonstrate public support of abortion clinics to the government, but the media was far more responsive to more impressive visuals from mass demonstrations. A standard clinic

---

[65] Ibid.

[66] OCAC, "Choice: Ontario Coalition for Abortion Clinics," CWMA, CWMA fonds, X10-1, box 70, file "National Association of Women and the Law (NAWL)/ Association nationals de la femme et de le droit CANFD , (Ottawa, On.): constitution and by-laws, publications lists, pamphlets and other materials, 1975-1996 (2 of 3)," p. 1.

defense strategy was organizing a support rally shortly after the clinic opened, which demonstrated high levels of support but also served as a visual indicator of a physical defence of the clinic. Supporters were also well prepared for a last-minute demonstration following any police raids or arrests stemming from the clinic's work.[67] These demonstrations illustrate the grassroots nature of the abortion rights movement:

> Anytime there was a threat, people would get on the phone, you know because we didn't have email then, phone trees and so on, 200 people would show up at the clinic at a moment's notice because they're so invested. They're not just going to meetings now, they're putting their bodies on the line to defend the clinic, right, everyday. So that was a really important tactic, perhaps in a way a really direct action happened. We had a lot of tactical subtlety, and based on what was needed, we made it up as we went along.[68]

These demonstrations not only provided a striking visual of pro-choice sentiment for the public and the media, but they also served to help encourage participation in the abortion rights movement.

Clinic defense did not always take place in the overtly public realm. After setting up an abortion clinic on Harbord St. in Toronto, OCAC members' defence of the clinic took a very hands-on approach through their escort service. OCAC members would escort women both into and from the clinic to protect patients from anti-abortion protesters who congregated outside the clinic, effectively acting

---

[67] Ibid. p. 1.
[68] Judy Rebick, Personal interview, October 5, 2010, Toronto, Ontario.

as a "corps of support."[69] Escorts provided not only the moral support of accompanying women to and from the clinic, but they were also well-trained in the law, and able to help women when the police sought to obtain statements following the procedure. The escort service not only addressed the very practical needs of patients and the clinic, but also served a broader purpose related to activism. The escort service helped the clinic's patients while also raising awareness as to the anti-abortion movement's intimidating and injurious strategies directed towards individual women seeking abortions. The escort service was, for many of those newly-involved with the pro-choice movement, an ideal form of participation. Volunteers were helping women in need directly and effectively, and so, the escort service also fostered involvement in the movement and helped develop a commitment to the broader cause.[70]

Escorts not only protected clinic patients from anti-abortion protestors and police intimidation, they also served as frontline defence of the clinic itself. Their physical presence in front of the clinic everyday "became symbolic in the women's community for the right to abortion, and was crucial to keeping the clinic open."[71] Having escorts who were reasonably comfortable navigating the charged space outside the clinic gave the media, the public, and the patients an alternative to "the

---

[69] Judy Rebick quoted in Judy Rebick *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin, 2005), p. 161.
[70] Antonyshyn, Lee, and Merrill, 1988, p. 134.
[71] Ibid., p. 134.

face of vicious anti-choice harassment" that sought to establish itself as the norm outside of clinics and in the public eye.[72] Clinic escorts dealt directly with committed anti-abortion activists, and these interactions served to reaffirm escorts' commitment to the pro-choice movement. Judy Rebick notes that their front-line work gave the movement "a whole cadre of people who were totally committed to keeping that clinic open,"[73] and this commitment reflected the fact that this group interacted with aggressive anti-abortion activists on a daily basis.

Neighbourhood safehouses also served a valuable role in the protection and perceived safety of clinic patients. If necessary, clinic escorts would accompany patients to one of many nearby safehouses, which provided a space for the woman to relax following her procedure but also served to divert police attention so that the women would not have to worry that the police would follow them home. Safehouses were neighbourhood homes owned by clinic supporters, and open to patients and clinic staff and volunteers. Patients would often meet clinic representatives at these safehouses, and were then able to have a cup of tea, discuss the procedure, and be accompanied into the clinic, which was particularly important given that anti-abortion demonstrators were almost always congregated outside of the clinic. The Harbord Street clinic in Toronto used a side door as an entrance, but some of the more vehement protestors nevertheless assembled in the

[72] B. Lee, "Women Lose Freedom of Choice," CWMA, Healthsharing fonds, box 253 file 9 "Submissions and Screening: Summer 1989," p. 5.
[73] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.

laneway. A clinic counselor recalls that "these were the people – mostly men – who were grabbing women, whether they were workers in the clinic, whether they were volunteers, whether they were patients, they had no idea... if a woman walked by that clinic door, chances are she was grabbed and harassed."[74] This violence and intimidation was certainly profoundly frightening and troubling for clinic patients, workers, volunteers and pro-choice supporters, and activists, who developed a range of tactics to protect and support patients and workers, and to defend the clinic.

These aggressive anti-choice activists took their work beyond the clinic setting, however, targeting abortion activists and clinic workers at home as well as at the clinic throughout the 1980s. Many abortion activists recognized that their work would cross into their private lives, and proudly wore their politics on their sleeves, or literally on their lapels. But as clinics were established, and the issue was highly publicized, one clinic worker noted that, "because the media was always there with cameras on, our faces were recognizable."[75] A Morgentaler Clinic counselor recalls anti-choice activists following her home and talking to her neighbours about her work. She was "accosted in places like grocery stores and department stores," but was unwavering to her commitment to reproductive rights

[74] S.H, personal interview, December 9, 2010, Toronto, Ontario.
[75] Ibid.

and her work at the Harbord Street clinic.[76] This woman and other clinic workers arrived at work to find anti-choice protestors – ranging in number from a dozen to up to 2000 people – and also arrived to find broken windows, glued locks and attempted break-ins.[77] The violence escalated and clinic workers were outfitted in bullet-proof vests as a precaution, though workers kept their comings and goings to a minimum: "there was no way we could, for example, leave for lunch to catch our breath."[78] This level of violence and vandalism permeated all aspects of the lives of front-line abortion service providers, bringing new, negative connotations to the slogan "the personal is political." Abortion activists, particularly those employed at clinics, had to carefully negotiate the terrain between publicity and security.

Highly visible clinic defense actions such as demonstrations and escort services were particularly helpful for bolstering public support, but activists also recognized the importance of honing their legally-based arguments in favour of free-standing clinics. Morgentaler's well-documented legal struggles provided a solid foundation for other groups to mount a legal defence. Early pro-choice organizations recognized the significant emotional, financial and professional burdens resulting from Morgentaler's campaigns, many of which took years to get through the legal system. Many pro-choice individuals and groups established

---

[76] Ibid.
[77] Ibid., Ontario; Laurie Monsebraaten, "Morgentaler pickets harass residents, alderman says," *Toronto Star*, Friday, February 8, 1985, p. A6.
[78] S.H, personal interview, December 9, 2010, Toronto, Ontario.

defence committees for Morgentaler. These committees served a dual purpose, as members of the New Woman Centre in Montreal explained that explicitly dedicating time and financial resources to the Morgentaler defense would at once bring the issue of abortion into the public eye while also mobilizing support from those not yet involved in the pro-choice movement.[79]

True, many women were adamant that their pro-choice endeavours support the high profile abortion provider. A nascent Quebecois organization explained their position in no uncertain terms in 1976, when they wrote that, "Dr. Morgentaler has done more than any other person to make abortion a public issue in Canada, and the Centre felt that he was entitled to support from the women's movement."[80] Morgentaler's proponents often highlighted his efforts to bring the issue of abortion inaccessibility to the forefront across the country and pointed to his successes in Ontario and Quebec, setting up clinics in Quebec, Ontario, and Manitoba, and later in Newfoundland and New Brunswick. Though many pro-choice organizers were active in their own communities, helping women in need access abortion services, most also saw the benefits of actions that addressed the issue on a national, and even international, scope. In a particularly straightforward assessment of the legal, social, and political landscape, the Winnipeg-based

---

[79] New Woman Centre, "1976 Progress Report," CWMA, CWMA fonds, X10-1 box 76, file: "New Woman Centre/Centre de la femme nouvelle (Montreal, QC): 1976 progress report and other material, 1974-1977 (2 of 2)," p. 105.
[80] Ibid., p. 105.

Coalition for Reproductive Choice explained that "it is not a Manitoba struggle. It is a National struggle. Defending our rights costs money."[81] Indeed, Morgentaler's legal defence was the most effective way of improving national awareness on abortion inaccessibility, offering the public an easy way to get involved through donating time or money, while also positing a concrete solution of free-standing clinics.

Legal defence, however, was expensive, and some activists questioned whether Morgentaler, in particular, was a worthwhile recipient of their fundraising. While most pro-choice activists acknowledged that the public tended to associate Morgentaler with abortion rights, throughout the 1970s and 1980s, some took issue with a feminist movement using their limited funds to provide financial support for a wealthy male doctor. Some argued that "historically and in the public mind, the abortion question and the legal travails of the doctor were inextricably linked."[82] To these activists, legal victories for Morgentaler were critically important to the movement in terms of improving service provision and morale. Not everyone agreed. Judy Rebick recalls that the "most vicious debate" in the early days of OCAC was over whether or not the group should raise funds for the Morgentaler

---

[81] Coalition for Reproductive Choice, "An Update from the Coalition for Reproductive Choice," CWMA, CWMA fonds, X10-1, box 21, file: "Coalition for Reproductive Choice (Winnipeg, Manitoba): correspondence, flyers, publications and other materials, 1983-1989 (2 of 2)," p. 2.

[82] New Woman Centre, "1976 Progress Report," CWMA, CWMA fonds, X10-1 box 76, file: "New Woman Centre/Centre de la femme nouvelle (Montreal, QC): 1976 progress report and other material, 1974-1977 (2 of 2)," p. 105.

defence, "and the reason for [this debate] was that he was a man." Rebick concedes that "it sounds crazy, now... but there were radical feminists who were okay with supporting the clinic but they weren't okay with giving money to the defence."[83] Some OCAC members referred to those women raising money for Morgentaler's defence as "the Rosedale ladies."[84] They recognized that having well-connected upper-middle class women fundraising for the cause was helpful, but derided the social and economic positions and more conservative political views of the fundraisers. Others felt that funds designated to Morgentaler could have been used more effectively to further a feminist clinic model, demonstrating to clients, the public, and the government the potential of women-run clinics.

As many of the early abortion activists came to the movement through various channels of feminism, there were some central discussions regarding the possibility of women-run clinics. Quebecois feminists established women-run health centres across the province over the course of the 1970s, and, as Jacinthe Michaud notes, "almost all centres, with few exceptions, had already started offering their own abortion services" by the 1980s.[85] These services were part of a wider interpretation of women's health, and were unique in their ability to provide abortions alongside a range of feminist health services at this time. The EveryWoman's Health Centre in Vancouver was the first women-run abortion

[83] Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.
[84] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.
[85] Michaud, 1995, p. 56

clinic in Canada. It opened in 1988, just after the Canadian Supreme Court declared Section 251 of the Criminal Code unconstitutional in *R. v. Morgentaler*, which effectively ended all statutory regulations on abortion. The centre was opened by the British Columbia Coalition for Abortion Clinics, and Sharon Hager jokingly recalls that, "we were determined we were going to set it up when it was illegal. We were going to challenge the law. But unfortunately the law changed before we got a chance."[86] In the late 1970s and early 1980s, those involved with the Morgentaler Clinics, particularly in Winnipeg and Toronto, had discussed the possibility of women-run clinics, but the debate was essentially moot as the groups lacked female doctors willing and able to work in the clinics. Carolyn Egan explains the situation facing OCAC and others setting up the Toronto clinic:

> [women-run clinics] was a discussion that was held early on. And, you know, I come out of a women's run service... but the question [was], for us, at that juncture, it was prior to the law and there was no woman doctor who was willing to do anything. We couldn't find anybody. And I think, you know, that that was a debate and it was a discussion, but I think that what we felt in the end was that this was a political question and we had to develop a political strategy that we felt would change the balance of forces and overturn the law. And we weren't in a position to do anything, I think, other than the way we took the course, because we had no doctors to work with us, or money to set it off, or anything. Whereas [the EveryWoman's Health Clinic was] in a different circumstance, and more power to them. I mean, they were able to get set up, and got funding from the province, and it was a different world then. It was later. So it was very, very hard...[87]

---

[86] Sharon Hager, personal interview, November 15, 2010, Vancouver, British Columbia.

[87] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

Activists struggled to secure funds; to hire willing staff, including doctors; and to find appropriate spaces, but these logistics were only one type of barrier. Beyond those planning necessities, Egan explained that they also faced legal barriers:

> Getting people to... Buffalo, or Montreal, we wanted to make a political change that would provide access to every woman that required it, no matter where she was in this country. And that meant we had to take on the federal government, and the federal law and we had to develop a strategy to do that which we hoped could win in the end. And also, the circumstances of what could we do if it was a woman doctor, that would have been terrific too. But it wasn't the case.[88]

By the early 1980s, pro-choice activists were determined to establish clinics, and, after decades of work, were able to recognize the significant barriers hindering these advancements, particularly if the clinic were to be controlled by the women's community. Political, social and economic barriers prevented the realization of a women-run clinic in Toronto initially, and so OCAC weighed their options: "wait for conditions to become perfect or begin the fight to transform the political constraints and obstacles we faced?" In the end activists found that "the first clinic was not – and could not be in the circumstances – our ultimate goal of comprehensive women-centred reproductive care. But it was an essential political challenge to existing state and medical regulation of abortion... Seizing the

[88] Ibid.

initiative through establishing and defending a clinic was the vital starting point upon which to build a strong movement."[89] Forging ties with Morgentaler and other doctors, as well as working closely with other pro-choice activists from diverse backgrounds, was thus deemed the most effective way to establish and defend clinics and the clinic system.

Free-standing abortion clinics were a tangible goal that activists could rally around, but they also served as a site of discussion around broader feminist issues. After gaining the support of trade unions, political parties and other organizations in favour of free-standing clinics, pro-choice activists were able to push other feminist issues onto the political agenda. OCAC members Carolyn Egan and Linda Gardiner situated abortion access within a comprehensive definition of women's rights, which also included reproductive choice, access to jobs and childcare and freedom from sexual and racial harassment. In their retrospective article "Race, Class and Reproductive Freedom," the authors express concern over those movements and activists who "isolated abortion as a single issue, lobbying solely for the legal right to abortion without addressing broader issues as they affect women of colour and working class women."[90] Choosing whether to focus on abortion as a single issue or whether to link it to a broader framework of women's

---

[89] Ontario Coalition for Abortion Clinics, 1988, p. 110.
[90] Carolyn Egan and Linda Gardner, "Race, Class and Reproductive Freedom: Women must have real choices!," *Canadian Woman Studies/Les Cahiers de la Femme* 1994, 14 (2), 1994, 95-99, p. 96.

rights was a major discussion for some. Egan notes that by taking "the broad reproductive rights perspective, you know, which was the more radical perspective in some senses, we were more successful." She explains that by situating abortion within an analysis calling for employment equity, accessible childcare and reproductive rights, abortion emerged as a unifying cause "gain[ing] support in a whole range of communities that it might otherwise not... I think that approach won us."[91] Those who adopted this broad analysis held that legal changes regarding accessibility were not sufficient. Rather a wide range of services that pertained not only to reproductive control, to the social, economic and political realities that hindered or facilitated women's ability to access free abortion were equally important.[92] Advocates of an explicit focus on abortion, however, saw these far-reaching goals "as a diversion from abortion,"[93] which threatened to alienate potential supporters. A range of strategic approaches that permitted a broad spectrum of people could become involved with the movement. Members of the abortion movement agreed that fostering a broad based mass movement would be the most effective way to bring about change in abortion law and services. The different approaches meant that abortion, as an issue, was gaining a wide range of publicity, targeting very different demographics, and, consequently, neophytes could become engaged with various types of work that was particularly suited to

[91] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.
[92] Egan and Gardner, 1994, p. 96.
[93] Ibid., p. 97.

their interests. The different types of activism, ranging from lobbying to demonstrating to service provision, helped to effect the necessary social change required to improve abortion accessibility at all levels of society. Clinics provided recently politicized pro-choice activists with the precise focal point that would both allow for and require a wide range of tactics to achieve a far-reaching and concrete goal.

A major societal shift thus took shape in the late 1970s, redefining reproductive rights and reproductive rights activism in Canada. Free, accessible abortion services were no longer the ignored demands of a select group of radical feminists. Instead, unions, professional organizations, medical practitioners, and a broad spectrum of feminists forged ties that would prove critical to the successes of the movement. As the clinic system gradually became increasingly widespread, they were established in major urban centres across the country, garnering public support and legal legitimacy. Legal and social acceptance of clinics was the result of the concerted and persistent combined efforts of front-line service workers, and activists with varied political backgrounds and goals. Though much of the work to establish free-standing clinics had been laden with personal and political tensions, when describing their work years later, activists were able to recognize the contributions of all pro-choice activists, in spite of the disagreements that plagued the 1970s, particularly due to the very tangible successes of the campaign for free-standing clinics.

Conclusion

"Abortion law scrapped; women get free choice," proclaimed the *Globe and Mail*'s headline on Friday, January 29, 1988.[1] Though the front page of the national newspaper described feminists as "jubilant" and proclaimed the decision a "victory,"[2] pro-choice supporters noted that it remained unclear if, and how, these newly-granted rights could or would be restricted.[3] Despite the triumphant headline, the lead article acknowledged the vagueness of the ruling, explaining that, "the decision leaves the regulation of abortion in complete disarray... Parliament is left with the delicate job of composing a constitutional law to fill the gaping legislative hole left by the court."[4] Aware of the uncertainty, on January 28th, 1988, the pro-choice movement nevertheless came together to celebrate. Thousands of supporters in Toronto congregated at the Morgentaler Clinic; across the country, pro-choice advocates gathered to celebrate the "tremendous victory" publicly.[5]

---

[1] Kirk Makin, "Abortion law scrapped; women get free choice," *The Globe and Mail*, Friday, January 29, 1988, p. A1.
[2] Ann Rauhala, "Jubilant: Despite sounding note of caution, feminists hail decision as victory," *The Globe and Mail*, Friday, January 29, 1988, p. A1.
[3] Rauhala, 1988, p. A2.
[4] Makin, 1988, p. A1.
[5] Patricia Antonyshyn, B. Lee, and Alex Merrill, "Marching for Women's Lives: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Social Movements, Social Change: The Politics and Practice of Organizing* Frank Cunningham, Sue Findlay, Marlene Kadar, Alan Lennon, and Ed Silva, eds. (Toronto: Between the Lines, 1988), 129-156, p. 129.

Just as pro-choice activists focused on their continued struggle even while celebrating a significant victory, the story of pro-choice activism in the 1970s is inconsistent, unable to lend itself to a linear progression. This study ends even before the 1988 Supreme Court decision which held, by a ruling of 5 to 2, that section 251 of the Criminal Code of Canada violated a woman's right to security of person under section 7 of the Charter of Rights and Freedoms. There is no direct line from the 1969 omnibus bill to the 1988 Supreme Court decision in *R. v. Morgentaler*. Instead, pro-choice activists across the country worked to both challenge the law and to help women obtain abortions. These activists simultaneously worked to draw attention to the shortcomings of the tenuous legal situation while also working covertly to help women in need. These activists included men and women, they were people rooted in activist traditions and those with little political background, they included doctors, lawyers, politicians, and laypersons, from across economic, social, political, and geographic lines. There was no prototypical pro-choice activist, nor was there one type of action that has led to the substantial social and political shifts regarding abortion in Canada.

This thesis has explored the struggle of the pro-choice movement. Over the course of the 1970s, the pro-choice movement developed into a broad-based social movement, pulling together established and novice activists. Activists used different, overlapping tactics to help women access abortion services across the country. These different activist approaches were at once complementary and

conflicting, prioritizing different strategies and objectives, and taking stock of the significance accorded to immediate necessity as opposed to long-term goals, and vice versa. This study has highlighted hospital board campaigns, cross-border travel systems, various forms of public demonstrations, and the struggle for free-standing clinics as four key strategies aiming to improve abortion access for Canadian women. Each of these tactics broke down barriers to abortion access in different ways, but should not be seen as distinct actions. Instead, these forms of activism developed out of each other, as one strategy revealed a barrier to access, another worked to address the issue, on both formal and ad hoc bases. Individual activists could be involved in many strategies, at local, regional, provincial, or national levels, or could focus on one single action.

Once the exclusive domain of feminist political scientists,[6] Canada's campaign for abortion access has recently attracted attention of historians, notably Christabelle Sethna,[7] Nancy Janovicek,[8] and Shannon Stettner.[9] These scholars have worked to historicize the emergence of abortion as a social, political, and

---

[6] See, for instance Janine Brodie, Shelley A.M. Gavigan, Jane Jenson, eds. *The Politics of Abortion* (Toronto: Oxford University Press, 1992).
[7] Christabelle Sethna, "The Evolution of the *Birth Control Handbook*: From Student Peer-Education Manual to Feminist Self-empowerment Text, 1968-1975," in *CBMH/BCHM*, Volume 23:1 (2006), 89-118.
[8] Nancy Janovicek, "'Get out your woolies and come help elect a good, pro-choice hospital board': defending access to abortion in the West Kootenays, British Columbia, 1985-1991," Panel Presentation, Canadian Historical Association Annual Meeting, 31 May 2011.
[9] Shannon Stettner, *Women and Abortion in English Canada: Public Debates and Political Participation, 1959-1970* (unpublished thesis, York University, 2011).

legal issue, by examining the dissemination of information, the mobilization of supporters, and the ways that activists and laypersons framed the issue. Studies such as these help to situate the emergence of the pro-choice movement within a particular historical moment, and taken together, they work to provide a more complete understanding of how abortion became one of the key Canadian issues of second wave feminism and, more broadly, of the 1970s and 1980s. This thesis seeks to contribute to this body of literature by exploring the compromises and tensions of the abortion rights movement in the 1970s.

The abortion rights movement in Canada was undeniably shaped by a Canadian context. Though actions were focused at individuals, as well as local, regional, and provincial circumstances, it was both federal and provincial laws and health-care policies – including funding, provision and access – that determined how Canadian women accessed abortion services.[10] The hospital board campaigns and the struggle to establish free-standing clinics, in particular, were two actions that responded to the federal laws by challenging local and provincial regulations.

The abortion movement in the 1970s was a clear example of the feminist adage that "the personal is the political." Pro-choice activists' commitment to the abortion movement reflected a political interest in improving reproductive rights.

---

[10] Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, "Comparative Perspectives on Canadian and American Women's Health Care Since 1945," in *Women, Health, and Nation: Canada and the United States Since 1945* ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Montreal: McGill-Queen's University Press, 2003), 15-42, 17.

This interest was further rooted in a personal and political commitment to ensuring that women have the same life opportunities as men, that women are not forced to bear the burden of unwanted pregnancy disproportionately, and that women have safe access to healthcare. Beyond these personally-charged political goals, the pro-choice movement became, for many, a site of critical personal networks: relationships were forged, strengthened, and strained as activists defined the parameters of their reproductive rights work.

In order to address the personal and political tensions that characterized the abortion movement, activists had to compromise. At different historical moments, they had to prioritize different actions, for both pragmatic and political reasons. Though each of these strategic choices were intended to further improve abortion access, different focal points were occasionally seen as unnecessary diversions, or, worse, as setbacks. Activists negotiated helping an individual woman obtain an abortion while also struggling for long-term changes to the social, political, legal, and economic circumstances. The questions of immediate necessity and long-term goals were exacerbated by the time-sensitive nature of pregnancy. Women in need of abortions needed them as quickly as possible, for physical and emotional reasons. However, helping women obtain extra-legal abortions alleviated pressures placed on the medical, legal and social systems, thereby reducing the incentives for law makers and service providers to effect more long-term changes.

Activists often worried that these compromises not only veered the pro-choice movement off-course, but also that they reflected a concession with regards to political positions and strategies. The abortion movement was in fact the culmination of larger compromises among many social movements, including the woman's movement, the union movement, the student movement, various left movements, and local movements. In fact, though, there was no single action that brought about the social and political changes required to improve abortion access, but taken together, these radical, liberal and even seemingly apolitical tactics and strategies helped to improve abortion access in Canada.

In spite of the range of political perspectives and social backgrounds involved in the abortion rights movement, the pro-choice movement in Canada has struggled to incorporate the diversity of women into their long-term and immediate strategies. From the early stages, the abortion movement cast itself as a "woman's issue," one that "transcends differences of class, race, and sexuality."[11] However, this universalizing of the issue at times meant that of women of colour, disabled women, women of all ages, lesbians and bisexual women have not had available space to participate in pro-choice organizations. An inclusive pro-choice movement is critically important to a broad, successful campaign, because, as Ontario Coalition for Abortion Clinics (OCAC) members note, "reproductive

[11] Antonyshyn Lee, and Merrill, 1988, p. 149.

control means very different things to different women."[12] When reviewing their strategies, OCAC members noted the importance of a broadly inclusive movement, and struggled with the notion of compromise, holding that developing tactics that represented the needs of all women was crucial from the outset. They explain

> these complex questions cannot be left until after we have won our short-term demands. How we organize to win our demands – and the very terms upon which we win them – is very much shaped by how we address these vital questions. We will never get to the long term if we don't integrate a clear analysis of such issues into our immediate politics.[13]

But the Canadian abortion movement was ill-equipped to fully explore the interconnections between the range of social markers and abortion access. On the one hand, the movement was able to identify and understand the wide reach of the consequences of limited abortion access, but on the other, there was simply no framework in place to fully connect the social, political, and economic obstructions that worked together to prevent certain women from accessing abortion.

As abortion was seen as one of the central issues for second-wave feminism, it is no surprise that the issue faced the same criticisms as the movement.[14] The

---

[12] Ibid., p. 149.
[13] Ibid., 1988, p. 150.
[14] See Joan Sangster, "Beyond Dichotomies: Re-Assessing Gender History and Women's History in Canada," *Left History* 3.1 (Spring/Summer 1995), 109-121, p. 110 to see the criticisms facing second-wave feminists regarding inclusion of race as a category of analysis.

most forceful critique of the abortion movement was that it lacked a comprehensive racial analysis, and as a result, made the mistaken assumption that an issue could be universalized without an in-depth assessment of race. However, by the mid-1980s the movement was making a concerted effort to improve the situation. Carolyn Egan of OCAC maintains that the movement "always tried to have an anti-racist perspective in what we did," going on to explain that women of colour always held leadership positions in OCAC and other organizations.[15] As activists began to better understand women's diversity of experiences around reproductive rights, the movement made space for a range of narratives. Organizations sponsored panels to help inform their own members, the public, and lawmakers of the different ways policies and access impacted women's lives. Though this strategy certainly complicated the more direct narrative calling for "free abortion on demand," it was critically important for building an inclusive, broad-based movement.[16] Including a range of perspectives on abortion access and the implications of barriers further supports the circuitous nature of abortion activism. There is no comprehensive solution to eradicate barriers to abortion access, but rather a constant evaluation and assessment of both the services available and the social, political, and economic circumstances shaping and impeding this access.

---

[15] Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.
[16] Ibid.

Recent scholarship has begun to challenge and interrogate the history of reproductive rights. A 2004 study of reproductive rights groups from particular racial and ethnic groups in the United States suggests using the term "reproductive justice" rather than reproductive rights to highlight the connection between "the control, regulation, and stigmatization of female fertility, bodies and sexuality... to the regulation of communities that are themselves based on race, class, gender, sexuality, and nationality."[17] A further interrogation of the concept of choice has informed many feminist thinkers,[18] who remind us that an "emphasis on individual choice... obscures the social context in which individuals make choices, and discounts the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender, and reproduction."[19] Recent studies, particularly in the United States, have drawn attention to the ways that the state has used reproductive politics as eugenic tools, particularly used to control people of colour, those dependent on social services, and people deemed

---

[17] Jael Silliman, Marlene Gerber Fried, Loretta Ross, Elena R. Gutiérrez, *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004), p. 4.

[18] See, for example, Rosalind Pollack Petchesky, *Abortion and Women's Choice: The State, Sexuality, & Reproductive Freedom* (Boston: Northeastern University Press, 1990).

[19] Jael Silliman, "Introduction," in *Policing the National Body: Sex, Race, and Criminalization* Jael Silliman and Anannya Bhattacharjee, eds., (Cambridge: South End Press, 2002) ix-xxix, p. xi.

"feebleminded."[20] Scholars have worked to provide a nuanced analysis of the extension of reproductive technologies, framing the application as a sort of double-edged sword. Canadian historians of reproductive rights would certainly benefit from this analytic framework, particularly as they explore histories of forced sterilization and early eugenic movements.

This study, however, has focused more on the development of abortion activism as a social movement, seeking to understand the various strategies and tactics not as distinct, but rather as complementary and related. Activists often tried to frame particular campaigns as more effective than others, but this thesis has sought to illustrate the ways that these strategies actually built upon one another to become the foundation of a broad-based social movement.

Though this is a historical study, abortion remains a salient topic in the 2000s and 2010s, and the debates are unlikely to disappear from the political and social landscape. As I write this conclusion in spring 2012, an all-party committee in the House of Commons has deemed a private member's bill to strike a parliamentary committee to define when life begins voteable. In 2006-2008, Canadian parliament debated another private member's bill to restrict abortion to the first 20 weeks, which died when a federal election was called. Though private

---

[20] See Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005); Paul A. Lombardo, ed. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era* Paul A. Lombardo, ed., (Bloomington: Indiana University Press, 2011).

member's bills are rarely passed, these debates reflect a commitment among anti-abortion Members of Parliament to gradually erode legal gains regarding reproductive choice. Funding to pro-choice organizations in Canada has been slashed dramatically, and funding to groups providing abortion services internationally is in particularly precarious. In the United States, access to abortion faces challenges beyond limited availability. Both Texas and Virginia require women seeking abortions to have ultrasounds prior to the procedure. Mandatory counseling and wait times presume that women cannot come to a decision about abortion on their own. As the United States prepares for the 2012 presidential election, abortion has emerged as a major campaign issue, nearly four decades after *Roe v. Wade*. Activists worry that abortion access has been taken for granted, only galvanizing the public when rights are revoked or access recedes. In both Canada and the United States, abortion is a hot-button issue, and governing political parties' actions suggest that they would prefer to maintain the status quo rather than push the issue into the political forefront. In spite of the ways that reproductive rights are supported by the state, abortion is by no means "accessible" today. It remains stigmatized, and economic, social, and geographic realities mean that some women's "choices" are determined by rigid constraints.

Given the direct and indirect political, social, and legal challenges to abortion access, pro-choice activists of today would do well to learn from the strategies of the past. There is certainly room for diverse political and social

perspectives, strategies, and tactics as we redefine the pro-choice movement to reflect the multitude of ways that access to abortion is currently being undermined, learning to compromise with one another and make room for difference of opinion and a range of actions reflecting these differences.

Bibliography

Archival Records

Alberta Status of Women Action Committee fonds, Provincial Archives of Alberta

Anne Roberts fonds, Simon Fraser University Archives

Association for the Review of Canadian Abortion Laws fonds, Library and Archives Canada

Calgary Birth Control Association fonds, Glenbow Archives

CBC Archives, "There's no place for the state in the bedrooms of the nation," archives.cbc.ca/politics/rights_freedoms/topics/538 21

Canadian Women's Movement Archives fonds, Canadian Women's Movement Archives, Achives and Special Collections, University of Ottawa Library

Candace Parker Women's Movement fonds, Simon Fraser University Archives

David Arnold Croll fonds, Library and Archives Canada.

Frances Wasserlein fonds, Simon Fraser University Archives

Healthsharing fonds, Canadian Women's Movement Archives, Archives and Special Collections, University of Ottawa Library

National Action Committee on the Status of Women fonds, Canadian Women's Movement Archives, Archives and Special Collections, University of Ottawa Library

Planned Parenthood Federation of Canada fonds, Library and Archives Canada

Port Coquitlam Area Women's Centre fonds, Simon Fraser University Archives

Pro-Choice Records, City of Vancouver Archives

The Pedestal, User Copies, Simon Fraser University Archives

Women's Bookstore Collection, Simon Fraser University Archives

Articles

Annau, Catherine, "Promoting Prophylactics: The Birth Control Society of Hamilton's Very Public Profile," in *Ontario History*, Spring 1998, No. 1, 49-67.

Benston, Margaret, "The Political Economy of Women's Liberation," *The Monthly Review* Vol. 21, No. 4 (1969), 13-27.

Clément, Dominique, "Generations and the Transformation of Social Movements in Postwar Canada," *Histoire Sociale/Social History*, 42, 84, (2009), 361-388.

Dodd, Dianne, "The Canadian Birth Control Movement on Trial, 1936-1937," in *Histoire Sociale/Social History*, Vol. XVI, No. 32, (1983), 411-28

Egan, Carolyn, "The Right to Choose," in *Our Times* 4 (4) (1985), 30-32.

Egan, Carolyn and Linda Gardner, "Race, Class and Reproductive Freedom: Women must have real choices!," *Canadian Woman Studies/Les Cahiers de la Femme* 14 (2), 1994, 95-99.

Krass, M.E., "Assessment of the structure and function of the therapeutic abortion committee," *Canadian Medical Association Journal* (April 9, 1977) Vol. 116, 786-790.

Lexier, Roberta, "How Did the Women's Liberation Movement Emerge From The Sixties Student Movements: The Case of Simon Fraser University," *Women and Social Movements in America*, 1600-2000 Vol.13, No.2 (Fall 2009), no page numbers.

McKay, Ian, "For a new kind of reconnaissance of 100 years of Canadian socialism," *Labour/Le Travail* 46 (Fall 2000), 69-125.

McLaren, Angus, "Illegal Operations: Women, Doctors, and Abortion, 1886-1939," *Journal of Social History*, Vol. 26, No. 4 (Summer, 1993), 797-816.

McLaren, Angus, "'What Has This to Do with Working Class Women?': Birth Control and the Canadian Left, 1900-1939," in *Histoire Sociale – Social History*, Vol. XIV, No. 28 (1981), p. 435-54.

Ontario Coalition for Abortion Clinics, "Feminist Struggles and State Regulation: Controlling Women's Reproductive Rights, State Power and the Struggle for Reproductive Freedom: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Resources for Feminist Research / Documentation sur la recherche féministe (RFR/DRF)* 17 (3) (Fall, 1988), 109-114.

Reagan, Leslie J., "Crossing the Border for Abortions: California Activists, Mexican Clinics, and the Creation of a Feminist Health Agency in the 1960s," in *Feminist Studies* 14 no. 3 (Summer 2000), 323-348.

Sangster, Joan, "Beyond Dichotomies: Re-Assessing Gender History and Women's History in Canada," *Left History* 3.1 (Spring/Summer 1995), 109-121.

Sethna, Christabelle, "All Aboard? Canadian Women's Abortion Tourism, 1960-1980," in *Gender, Health, and Popular Culture: Historical Perspectives* Cheryl Krasnick Warsh, ed. (Waterloo: Wilfrid Laurier University Press, 2011), 89-108.

Sethna, Christabelle, "The Evolution of the *Birth Control Handbook*: From Student Peer-Education Manual to Feminist Self-empowerment Text, 1968-1975," in *CBMH/BCHM*, Volume 23:1 (2006), 89-118.

Sethna, Christabelle and Marion Doull, "Far From Home? A Pilot Study Tracking Women's Journey to a Canadian Abortion Clinic," *Journey of the Society for Obstetricians and Gynaecologists*, (August 2007): 640-647.

Sethna, Christabelle and Steve Hewitt, "Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP," *The Canadian Historical Review*, 90, no. 3, (2009): 463-495.

Spartacist League, "Defend Dr. Henry Morgentaler!," in *Women and Revolution: Journal of the Women's Commission of the Spartacist League* No. 11, Spring 1976, 15.

Storz, Gerald J. and Murray A. Eaton, "'Pro Bono Publico' The Eastview Birth Control Trial," in *Atlantis*, Vol. 8, No. 2, (1983), 51-60.

Books

Adamson, Nancy, Linda Briskin, and Margaret McPhail, *Feminist Organizing for Change: The Contemporary Women's Movement in Canada* (Toronto: Oxford University Press, 1988).

Brodie, Nancy, Shelley A. M. Gavigan and Jane Jenson, *The Politics of Abortion* (Don Mills: Oxford University Press, 1992).

Davis, Angela Y., *Women, Race & Class*, (New York: Random House, 1981).

Davis, Kathy, *The making of Our bodies, ourselves: how feminism travels across borders* (Durham, NC : Duke University Press, 2007).

Dunphy, Catherine, *Morgentaler: A Difficult Hero* (Toronto: Random House, 1996).

Enke, Anne, *Finding the Movement: Sexuality, Contested Space, and Feminist Activism* (Durham: Duke University Press, 2007).

Marx Ferree, Myra and Beth B. Hess, *Controversy and Coalition: The New Feminist Movement Across Four Decades of Change, Third Edition* (New York: Routledge: 2000).

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

Gordon, Linda, *Woman's Body, Woman's Right: A Social History of Birth Control in America*, (New York: Grossman, 1976).

Kellough, Gail, *Aborting Law: An Exploration of the Politics of Motherhood and Medicine* (Toronto: University of Toronto Press, 1996).

Lent, Adam, *British Social Movements since 1945: Sex, Colour, Peace and Power* (London: Palgrave, 2001).

Lombardo, Paul A., ed. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era* (Bloomington: Indiana University Press, 2011).

McLaren, Angus, *Reproductive Rituals* (London: Methuen & Co., 1984).

McLaren, Angus and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980* (Toronto: McClelland and Stewart, 1986).

Mills, Sean, *The Empire Within: Postcolonial Thought and Political Activism in Sixties Montreal* (Montréal: McGill-Queen's University Press, 2010).

Nelson, Jennifer, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003).

Palmer, Bryan D., *Canada's 1960s: The ironies of identity in a rebellious era* (Toronto: University of Toronto Press, 2009).

Petchesky, Rosalind Pollack, *Abortion and Women's Choice: The State, Sexuality, & Reproductive Freedom* (Boston: Northeastern University Press, 1990).

Prentice, Alison, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson, Naomi Black *Canadian Women: A History* (Toronto: Harcourt Brace Janovich, 1988).

Reagan, Leslie J., *Dangerous Pregnancies: Mothers, Disabilities, and Abortion in Modern America* (Berkeley: University of California Press, 2010)

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

Rebick, Judy, *Ten Thousand Roses: The Making of a Feminist Revolution* (Toronto: Penguin Group, 2005).

Schoen, Johanna, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005).

Silliman, Jael, Marlene Gerber Fried, Loretta Ross, Elena R. Gutiérrez, *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge: South End Press, 2004).

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

Warsh, Cheryl Krasnick, *Prescribed Norms: Women and Health in Canada and the United States since 1800* (Toronto, University of Toronto Press, 2010).

Valk, Anne M., *Radical Sisters: Second-Wave Feminism and Black Liberation in Washington, D.C.,* (Urbana: University of Illinois Press, 2008).

Chapters in Books

Antonyshyn, Patricia, B. Lee, and Alex Merrill, "Marching for Women's Lives: The Campaign for Free-Standing Abortion Clinics in Ontario," in *Social Movements, Social Change: The Politics and Practice of Organizing* Frank Cunningham, Sue Findlay, Marlene Kadar, Alan Lennon, and Ed Silva, eds. (Toronto: Between the Lines, 1988), 129-156.

Bernstein, Judy, Peggy Morton, Linda Seese, Myrna Wood, "Sisters, Brothers, Lovers... Listen," in *Women Unite! An Anthology of the Canadian Women's Movement* eds Discussion Collective No. 6, (Toronto: Canadian Women's Educational Press, 1972), 31-39.

Brodie, Janine, Shelly A.M. Gavigan, Jane Jenson, "The Politics of Abortion: Representations of Women," in *The Politics of Abortion* Janine Brodie, Shelley A.M. Gavigan, Jane Jenson, eds. (Toronto: Oxford University Press, 1992), 4-14.

Brooke, Stephen, "The Sphere of Sexual Politics: The Abortion Law Reform Association, 1930s to 1960s," in *NGOs in Contemporary Britain: Non-State Actors in Society and Politics since 1945* Nick Crowson, Matthew Hilton, and James McKay, eds (Basingstoke: Palgrave Macmillan, 2009), 77-94.

Crow, Barbara A., "Introduction," in *Radical Feminism: A Documentary Reader,* Barbara A. Crow, ed., (New York: NYU Press, 2000), 1-9.

Feldberg, Georgina, "On the Cutting Edge: Science and Obstetrical Practice in a Women's Hospital, 1945-1960," in *Women, Health, and Nation: Canada and the United States Since 1945* ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Montreal: McGill-Queen's University Press, 2003), 123-143.

Feldberg, Georgina, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson, "Comparative Perspectives on Canadian and American Women's Health Care Since 1945," in *Women, Health, and Nation: Canada and the United States Since 1945* ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li, and Kathryn McPherson (Montreal: McGill-Queen's University Press, 2003), 15-42.

Hanisch, Carol, "The Personal Is Political," in *Radical Feminism: A Documentary Reader,* Barbara A. Crow, ed., (New York: NYU Press, 2000), 113-116.

Jenson, Jane, "Getting to Morgentaler: From One Representation To Another," in *The Politics of Abortion* Janine Brodie, Shelley A.M Gavigan, Jane Jenson, eds. (Toronto: Oxford University Press, 1992), 15-55.

Stetson, Dorothy McBride, "Introduction: Abortion, Women's Movements, and Democratic Politics," in Dorothy McBride Stetson, ed. *Abortion Politics, Women's Movements, and the Democratic State: A Comparative Study of State Feminism* (New York: Oxford University Press, 2001), 1-16.

Silliman, Jael, "Introduction," in *Policing the National Body: Sex, Race, and Criminalization* Jael Silliman and Anannya Bhattacharjee, eds., (Cambridge: South End Press, 2002) ix-xxix.

Theses

Ackerman, Katrina *"Not in the Atlantic Provinces": The Abortion Debate in New Brunswick, 1980-1987* (unpublished thesis, University of New Brunswick, 2010).

Light, Tracy Penny, *Shifting Interests: The Medical Discourse on Abortion in English Canada, 1850-1969* (unpublished thesis: University of Waterloo, 2003).

Michaud, Jacinthe France, *Angel Makers or Trouble Makers? The Health Centres Movement in Québec and the Conditions of Formation of a Counter-Hegemony on Health* (unpublished thesis: University of Toronto, 1995).

Stettner, Shannon, *Women and Abortion in English Canada: Public Debates and Political Participation, 1959-1970* (unpublished thesis, York University, 2011).

Wasserlein, Frances Jane *"An Arrow Aimed at the Heart": The Vancouver Women's Caucus and the Abortion Campaign, 1969-1971* (unpublished thesis, Simon Fraser University, 1990).

Government Documents

Badgley, Robin F., *Committee on the Operation of the Abortion Law*, (Ottawa: Ministry of Supply and Services Canada, 1977).

Periodicals

The Globe and Mail
Healthsharing

Our Times

The Pedestal

Priorities: A Feminist Socialist Perspective

The Toronto Star

The Vancouver Sun

Interviews

Marcy Cohen, personal interview, Monday, December 6, 2010, Tofino, British Columbia.

Carolyn Egan, personal interview, December 22, 2010, Toronto, Ontario.

Sharon Hager, personal interview, November 15, 2010, Vancouver, British Columbia.

Donna Liberman, Personal interview, August 12, 2010, Burnaby, British Columbia.

Janis Nairne, personal interview, Monday, November 22, 2010, Port Alberni, British Columbia.

[redacted], personal interview, Wednesday, May 4, 2011, Ottawa, Ontario.

Ruth Miller, personal interview, November 9, 2010, Toronto, Ontario.

Judy Rebick, personal interview, October 5, 2010, Toronto, Ontario.

S.H., personal interview, December 9, 2010, Toronto, Ontario.

Primary Sources

Feingold, Allan, editor in chief, *Birth Control Handbook* (McGill Students' Society, 1968).

Presentations

Janovicek, Nancy, "'Get out your woolies and come help elect a good, pro-choice hospital board': defending access to abortion in the West Kootenays, British Columbia, 1985-1991," Panel Presentation, Canadian Historical Association Annual Meeting, 31 May 2011.