

THEN AND NOW

ABORTION RIGHTS ACTIVISM IN CANADA

A REPRODUCTIVE JUSTICE PRIMER



1970 - 2020



CELEBRATING THE 50TH ANNIVERSARY OF  
THE 1970 ABORTION CARAVAN

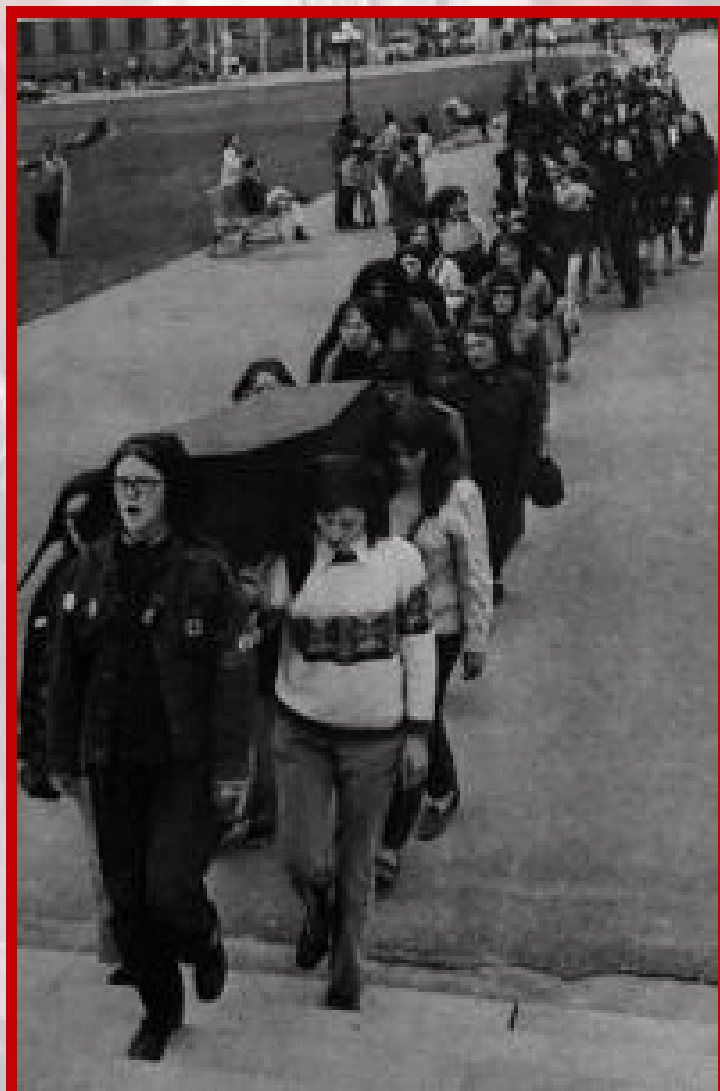


PHOTO CREDITS: Errol Young



# EDITORS' THOUGHTS:

## A WORD OF THANKS FROM TWO FEMINISTS, FOR WHOM ABORTION HAS ALWAYS BEEN LEGAL

11 May 2020

Dear Reader,

Thank you for taking the time to engage with our project, "Then and Now: Celebrating the 50th Anniversary of the 1970 Abortion Caravan". This preface is the first in a series of position papers that our feminist collective will release to mark the occasion. The Caravan was a second-wave feminist action that played a central role in the formation of Canada's abortion rights movement. In May 1970, seventeen women set out on a two-week trek from Vancouver to Ottawa to reject Canada's criminal abortion law and demand free legal access. In the papers that follow, we underscore the significance of the Caravan in Canadian history and showcase how pro-choice organizing in this country has evolved over the past 50 years. This project reflects the collaborative effort of feminist organizations from across Canada, which is on land that was and still is known to First Nations people as Turtle Island.

Though we are explicit in our pro-choice stance, we recognize that abortion is a complex and polarizing issue. It was when the Caravaners demanded legal reform in 1970, and it remains so today. We expect that readers will have a wide range of views on abortion. You may identify as pro-choice, along with [77% of recently-pollled Canadians](#) who support a woman's right to terminate an unwanted pregnancy. If "supportive" does not characterize your position on this issue, thank you, nevertheless, for engaging with us here. Abortion is difficult to talk about, both privately and publicly. Central to living in a democracy, however, is having the freedom to dialogue on a variety of social issues – even about those which we feel ambivalent or disagree.

If you have had an abortion, you will bring this lived experience with you as you engage with our work. For some, the experience will have been positive and affirming; for others, painful or simply practical; for others still, an event you may not have reflected upon for years. If you know or have supported someone who has terminated a pregnancy, you too bring lived experience to this issue. We encourage you to take time and reflect on that experience – whatever it may be. If you feel totally disconnected or opposed to abortion, take pause and consider why.

Also consider this: [1 in 3 women in Canada will have an abortion in their lifetime](#). There is thus a high likelihood you know someone who has terminated a pregnancy, someone who is currently deciding whether to, or someone who will do so in the future. What is more likely is that you know several people who have had an abortion –

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they may be your mothers, grandmothers, daughters, sisters, friends, lovers, acquaintances, or colleagues. These people are also your fellow citizens, and their right to abortion has long been secure under the *Canadian Charter of Rights and Freedoms* – specifically, the Section 7 right to "life, liberty and security of person". Madame Justice Bertha Wilson forcefully underscored this point when she ruled in [\*R. v Morgentaler \(1988\)\*](#) – the Supreme Court case that decriminalized abortion in Canada:

*"This decision is one that will have profound psychological, economic and social consequences for the pregnant woman. The circumstances giving rise to it can be complex and varied and there may be, and usually are, powerful considerations militating in opposite directions. It is a decision that deeply reflects the way the woman thinks about herself and her relationship to others and to society at large. It is not just a medical decision; it is a profound social and ethical one as well. Her response to it will be the response of the whole person."*

Although the Caravaners were not directly involved in this historic ruling, they were among the first social activists to draw public attention to the inhumane nature of Canada's criminal abortion law. While [\*Dr. Henry Morgentaler\*](#)'s legal crusades also drew mass attention and have been [written about extensively](#)—and rightly so—the 1970 Abortion Caravan is also central to our movement's history, though lesser-known. As author [\*Karin Wells\*](#) (2020) shows in her new book, [\*The Abortion Caravan: When Women Shut Down Government in the Battle for the Right to Choose\*](#), even the women of the Caravan did not realize the depth of their impact for many years.

For us—two 30-something women who research and engage in pro-choice organizing—the Caravaners' impact is clear. These women belong to [a cadre of feminist leaders from the 1970s and '80s](#) who fostered broad public support for abortion, which paved the way for feminist battles in clinics, the courts and the streets that ultimately led to legal reform. Since then, hundreds of thousands of Canadians have terminated pregnancies under the care of compassionate, medically-licensed providers. Many of the original Caravaners are still with us and politically active, and we are grateful to organize with them. As young women, we value these cross-generational relationships and have learned much from our feminist foremothers about the meaning of the second-wave mantra "the personal is political". We hope this project results in more Canadians feeling similarly grateful for the Caravaners and their consequential work. On that note, we turn it over now to an original Caravaner.



# REFLECTIONS ON THE 50TH ANNIVERSARY: FROM DAWN HEMINGWAY (CARRELL), ONE OF 17 WOMEN ON THE 1970 ABORTION CARAVAN

The 1960s were exceptional times for our generation. As women, youth, students, and workers, we rose up and joined together to fight for our rights and to gain more control over our lives in Canada and around the world. As activists, we waged struggles against racism and sexism, in support of a healthy environment, as well as to improve wages and working conditions and to organize the unorganized. Tuition fees made it difficult for working-class youth to attend university. As students, we demanded access and a place in decision-making on campuses. On the streets, we marched in opposition to wars of aggression launched by the United States against Vietnam, Cambodia, and other countries. Our opposition extended to the role of the Canadian government. Everywhere, young people questioned and critiqued the status quo and the prevailing culture – and women stood in the front ranks.

As a key part of this upsurge, women's liberation groups sprung up across Canada. We demanded the right to control our own bodies as a necessary part of gaining control over our lives. This included the right to birth control, abortion and all health-related services that are vital for a good quality of life. Abortion remained an offence codified in Section 251 of the *Criminal Code of Canada*. Omnibus bill C-150, which came into law in 1969 under the Trudeau government, had been touted as "legalization" (Wells 2020: Appendix 1). It "allowed" women access to abortion if they received "approval" from a Therapeutic Abortion Committee (TAC) composed of three doctors determined the pregnancy endangered the mental, emotional or physical health of the mother. What proponents of the Bill failed to point out was that the bill did not require hospitals to set up TACS or provide abortions; that many small and rural communities across Canada did not even have hospitals; that abortion clinics continued to be illegal; and, most importantly, that women did not have the right to make this choice for themselves.

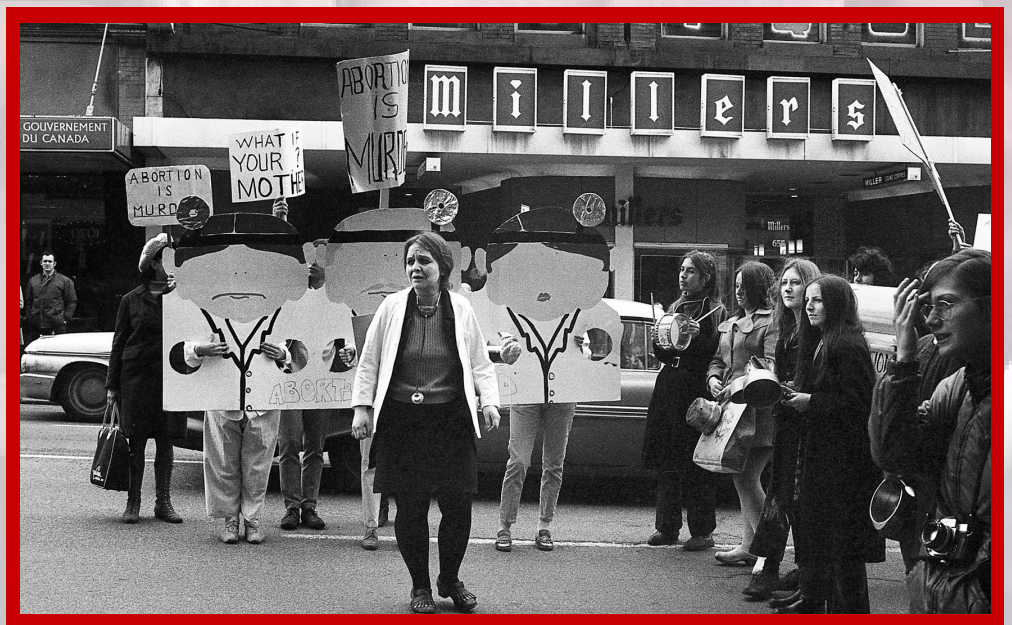






PHOTO CREDITS: Rhoda Rosenfeld

Failure to provide this critical health service affected thousands upon thousands of our sisters, mothers and daughters in multiple ways – the most horrific being the death of more than 2000 women in Canada every year due to botched "back street" abortions. This had to stop!

Free abortion on demand became a national rallying call. In 1970, those of us in the Vancouver Women's Caucus put forward a proposal to women's liberation groups across the country: "Join together in a Caravan from the West coast to Ottawa demanding abortion as a right for all women and its removal from the *Criminal Code*!" (Wells 2020: Appendix 2). On 27 April, we began our long trek – led by a Volkswagen van, with a coffin on top representing all the women who had died from unsafe abortions. Painted on the side panel was the slogan: "Abortion is Our Right!" and "Smash Capitalism!", which recognized the systemic roots of women's oppression and exploitation. We were activists and organizers, and in partnership with women across the country, we paved the way for events in cities and towns as we travelled from province to province. Guerrilla theatre, demonstrations, debates, and discussions put the right to abortion in the spotlight everywhere.

Outraged when Prime Minister Pierre Trudeau and key Cabinet ministers refused to meet with us in Ottawa, we were undeterred. Once again, we displayed our organizing skills by planning a large demonstration around the Centennial flame outside the Parliament buildings – seemingly the culmination of our trek to Ottawa. At the same time, behind the scenes, a small group of us dressed in "proper" ladies' attire. With mysteriously obtained passes, we entered the House of Commons visitors' gallery – undetected.



Once successfully inside, one after another we rose up and began shouting from our gallery seats that abortion be removed from the *Criminal Code* and that access be recognized as a right for all women. Security rushed over to remove us but were shocked and angered to discover that we had chained ourselves to the gallery seats! Off they went for wire cutters. Ultimately, we forced the closure of Parliament for the first time in Canadian history! Our work had only begun, but the right to abortion was now squarely on the agenda of the country from coast to coast.

Looking back 50 years later, what have we accomplished? One thing for sure: it is wonderful to see a new generation of young women come forward to take up this work. All of us together, we have and are making a difference. Abortion is no longer in the *Criminal Code*. Access is better, although still an issue. The gender wage gap has shrunk, yet remains. There is more recognition of the leadership role of women in multiple spheres and more women-centered health care options, including practitioners with that focus. Although wars of aggression, poverty, racism, sexism and other challenges remain in society, we've made a difference in those areas as well. Indeed, one lesson of the Caravan remains clear, and that is our determination to take things into our own hands and be our own change-makers. We didn't wait for politicians to agree with or represent us in 1970. We set about taking on the challenge ourselves. Whether back then or today, when women—younger and older—work together, organize ourselves and speak our minds, we can move mountains!



PHOTO CREDIT: [Charlotte Bedard](#)

# A CALL TO ACTION IN THE MONTH OF MAY

The 1970 Abortion Caravan culminated on Mother's Day weekend in mid-May. The 11th was particularly significant, as it was the day the Caravaners forced the closure of Parliament in Ottawa, our nation's capital. Fifty years later—on 11 May 2020—we mark this important anniversary by embarking on a virtual "trek" of our own - a 2020 Abortion Caravan, so to speak. Our feminist collective has created a series of position papers to educate the public on pro-choice organizing in Canada from 1970 onwards. The following papers build upon each other and will be posted to Action Canada's website in succession. Upon completion, this project will showcase our movement's gains, concerns and current demands.

- Abortion Rights Activism in Canada: 1970 to 1988
- Decolonize Abortion Care: Reproductive Justice for Indigenous Communities
- Expanding Abortion Care Training and Provision
- New Brunswick Must Fully Fund Abortion: #SaveClinic554
- International Solidarity and Abortion Access
- Abortion Care Includes Trans and Gender Non-Binary People
- Comprehensive Sex Education and Abortion Care for Youth
- Countering Opponents
- Destigmatizing Abortion in Canada

These papers were written by people whose intersectional identities reflect our movement's diversity. We are young and old, women and men, and people who vary by ethnicity and identify as LGBTQ+. Some of us have had abortions; others have not.

May is a month of renewal and growth that transitions us between the spring equinox and summer solstice. It is a time to come together to honour maternity and the matriarchs in our lives. It is about celebrating birth. Whether or not your political values align with ours, the reality is that abortion is critical to maternal healthcare and thus central to a celebration of life. Our feminist collective thinks it imperative that Canadians reflect on all pregnancy outcomes, which includes abortion, and hope our project facilitates such reflection.



PHOTO CREDIT: [OCAC](https://www.ocac.ca/)



# A FINAL NOTE ON THE IMPACT OF COVID-19

When our collective began meeting in Fall 2019 to plan for the Caravan's 50th anniversary, we had no idea that life would change so drastically. COVID-19 disrupted the commemorative plans we had long been making and forced us to move our in-person actions online. It is important to the members of our collective that we physically gather to honour the 1970 Abortion Caravan—and that is what we will do—but only when we can all be safe.

COVID-19 has also made the demands we outline in the position papers that follow all the more urgent. Canada's patchwork quilt of abortion access hurts us all. Without providers terminating pregnancies after 23 weeks and 6 days gestation, some Canadians will be forced to choose between travelling to the United States where later term abortions are available or carrying unwanted pregnancies to term. This pandemic is thus a forceful reminder of how relevant the Caravaners' demands for free, safe and legal abortion are today, as they were in 1970.



PHOTO CREDIT: Rise Up! Feminist Digital Archive

# ACKNOWLEDGEMENTS

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We want to give special recognition to our co-editors and contributing authors Jaime Nikolaou and Robyn Schwarz. We also extend thanks to other contributing authors, whom we have alphabetized by surname: Jill Doctoroff, Frédérique Chabot, Ness Fraser, Clare Hacksel, Nick van der Graaf, Dawn Hemingway, Rachel Hurst, Brockenshire Lemiski, Megan McCann, Laura O'Connor, Maria O'Leary, Karen Pearlston, and Cathy Walker. We are immensely grateful to the following people for their editorial support: Joyce Arthur, Lyndsey Butcher, Carolyn Egan, Sandy Fainer, Bonnie Fox, Carly Greco, Jordana Greenblatt, Clare Hacksel, David Jefferess, Sheri Krieger, Karen Pearlston, Jacqueline Potvin, Bojana Radan, Judy Rebick, Michelle Robidoux, Margaret Ross, Janet Solberg, and Karin Wells – along with others who wished to be thanked anonymously. Alicia Langill and Jo Scofield supported us invaluablely with graphic design, as well as copy-editing. Finally, we want to thank Nahanni Fontaine, and extend gratitude to all Indigenous women across Turtle Island whose labour, knowledge and expertise went into developing many of the ideas we discuss here. As settlers who are not native to this land doing sexual and reproductive health work, we recognize that we are part of a history of colonization and acknowledge that Canada and Canadians are still occupying Indigenous land.

As a feminist collective, we have learned so much by collaborating with each other on this project, as the Caravaners did 50 years ago. We are proud to carry their legacy forward on our own virtual trek in May 2020. Both then and now, all are welcome on our Abortion Caravan.

Yours in Choice,

The Abortion Caravan, 1970–2020

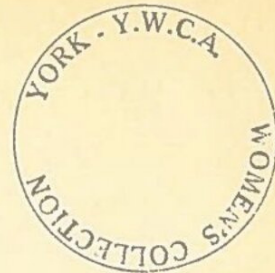


# SELECTED BIBLIOGRAPHY

The reference list below is not exhaustive, but contains many of the scholarly works on the 1970 Abortion Caravan. We encourage readers who wish to learn more about the history of the Caravan to start here.

- Freeman, Barbara M. 2011. *Beyond Bylines: Media Workers and Women's Rights in Canada*. Waterloo, ON: Wilfred Laurier University Press.
- Ormsby, Mary. 2010 (30 May). "The 'Abortion Caravan' Succeeded. Or Did It?" *Toronto Star*.
- Rebick, Judy. 2005. *Ten Thousand Roses: The Making of a Feminist Revolution*. Toronto: Penguin Random House Canada.
- Sethna, Christabelle and Steve Hewitt. 2018. *Just Watch Us: RCMP Surveillance of the Women's Liberation Movement in Cold War Canada*. Montreal: McGill-Queen's University Press.
- Stettner, Shannon. 2013. "'We Are Forced to Declare War': Linkages between the 1970 Abortion Caravan and Women's Anti-Vietnam War Activism". *Histoire Sociale/Social History*, 46(92): 423-41.
- Stettner, Shannon. 2016. *Without Apology: Writings on Abortion in Canada*. Edmonton: AU Press.
- Thomson, Ann. 2008. *Winning Choice on Abortion: How British Columbian and Canadian Feminists Won the Battles of the 1970s and 1980s*. Victoria, BC: Trafford Publishing.
- Wasserlein, Frances Jane. 1980. "'An Arrow Aimed at the Heart': The Vancouver Women's Caucus and the Abortion Caravan, 1969-1971". Unpublished MA Thesis. Simon Fraser University.
- Wells, Karin. 2010 (11 March). "The Women Are Coming". *CBC Sunday Edition*.

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ABORTION CARAVAN DEMANDS

WE DEMAND:

- I. REPEAL - That in this session of Parliament the government sponsor a bill removing all mention of abortion from the Criminal Code.  
  
PARDON -- That all persons charged under sections 209, 237 and 238 of the Criminal Code be pardoned by the Minister of Justice.
- II. That the government provide access to FREE AND SAFE BIRTH CONTROL for all women.
- III. The construction of women's community-controlled clinics to provide free birth control, abortion on demand, and pre-natal and post-natal care; to be financed 50% by Federal funds and 50% by Provincial funds to come from taxing corporate profits specifically for this purpose.



## BRIEF OF THE ABORTION CARAVAN, MAY 1970

We women are not here to beg male politicians for our rights. We are here to tell you what our needs are, and to find out whether you are prepared to act. We demand answers on behalf of all the women in this country who are today wondering if they are pregnant; for all the women who can only worry about their futures since they cannot plan them. Women must find answers today and every month. We cannot wait for the male politicians' months and years of useless discussions. We want answers today to our demands. We will get more answers this week and next week and next month from our local hospitals and doctors.

### THE PRINCIPLES OF WOMEN'S RIGHTS TO ABORTION

#### Get Your Laws Off Our Backs!

We women will have control of our bodies. We can no longer put up with the present situation where our entire lives are controlled by the medical profession and the politicians and lawmakers - all men. Trudeau's "Just Society" has no place in the wombs of the women of Canada. No one should make a decision for a woman about how to control her body or when and how she will have her children. It is her future, her very life, as well as that of her children, that is being decided, and a truly 'just' society must recognize the basic human rights of fifty percent of the people.

We have been given a reformed abortion law. This law has done nothing but give the doctors the right to do as they wish. If these men think that young girls should be punished for being pregnant they can say no to an abortion. If they, who have never been pregnant or missed one menstrual period in their lives, think that an abortion is more 'traumatic' than bearing an unwanted child, they can say no. If these doctors are too busy making thousands of dollars a month from women patients, and have not got room in their schedules for a woman with no money, they can say no to an abortion. And no woman can even be considered for the abortion board unless she can find a doctor, and in most cases two psychiatrists, who will take her case to the board. Nineteen women out of twenty who want abortions are refused by their doctors before they even get to the hospital board.

Therapeutic abortion boards, that is, a half-dozen little male gods who sit at a table once a month, can say yes or no to the desperation and aspirations of thousands of women in every city of this country. What blatant male supremacist arrogance! We demand immediate repeal of all abortion laws by this government and we are going to rid ourselves of those hospital boards.

#### We Have No Rights Without Birth Control

Women do not even have the possibility of control of our lives without access to birth control. Our training for jobs is irrelevant when we cannot plan when and how we will be able to work. Therefore, we are forced to marry to support ourselves rather than to plan our lives according to our individual interests. There must be totally



free access to birth control for all young women from puberty, so that they can have the same freedom to choose their futures as young men do. We want real equality for a change.

In the world of the 1970's there is no more room for the double standard. Young women will no longer accept the hypocritical ideas of a sick society that teaches them how to sell their bodies in home economics courses, on T.V., in the advertisements of every magazine and then turns around to say that they as women have no right to sexual expression. A truly moral society would teach young people the responsibilities of their relationships and give them the means to be responsible - for themselves. Let us stop warping the personalities of young women by teaching them to be afraid of their basic human needs, and allow them to enjoy being human through control over their bodies.

At present, millions of women know nothing about birth control. Even the Planned Parenthood Federation, one of the few sources of information, refuses to give the facts to young unmarried women. We do not need any more contradictory moral values pushed at us, we just need the information in order to be able to make our own decisions about our lives.

#### No More Forced Birth Control

We are absolutely opposed to all forms of 'population control' by any government which are nothing more than forcing birth control and sterility on certain women because they are poor. When we demand women's control over our bodies we mean total control. If we are poor, we demand the same rights as rich women, that is to have children or not, as we see fit. Birth control and abortion is our right, but should not be forced on us. Some of the men in this government are against abortion on the grounds that it is murder of a potential human being, while all the governments of this country allow their welfare departments to permit abortions for women on welfare only if they agree to sterilization and this in return for a mere pittance to feed their existing children! The hypocrisy of this government is clear to all women - let rich women do as they like and force the rest of us to suffer.

While Canada has refused us the right to abortion, refused to make birth control available to us, it does want to make them available to the third world. In Latin America, in Brazil and Trinidad, where Canadian corporations such as Brascan, owned by present and former members of the Liberal government, make profits from the resources belonging to some of the poorest people of the world, Canadian and American governments think they can deter the peoples' just demands for self determination by 'population control'. As long as the rights of women, children, Indians, Blacks, workers and students are being denied, as long as any living person suffers injustice, we can not listen to arguments about the rights of the foetus : In this society concern for the foetus is not matched by an equal concern for the living child.

Maurice Strong, president of the Canadian International Development Agency, our representative on the U.N. Fund for Population Activities Advisory Board, is considering joining a \$15 million



project for birth control for the third world. But, the federal government has established no domestic policy on birth control, except a policy to avoid it, by saying it is a matter for provincial governments.

One in ten families in this country are maintained solely by women, who can earn an average wage which is half the wages that men are paid. Most Indian and Metis women of the rural areas of the North cannot find jobs. How do all these women afford the present cost of \$300-\$400 for an illegal safe abortion? They cannot. Where and how do they get birth control when they want it? They do not. But when they are forced on welfare because they cannot find jobs or cannot earn enough to pay the extra expenses of day-care, clothes, carfare, medical care, etc., the state suddenly sees fit to declare them unfit to have children.

#### Women Bear Total Responsibility For Children

This society that presumes to command all women to care for unborn fetuses gives no help at all in the care of living children. Every woman must take all responsibility for her children as best she can. The Childrens Aid will not help a woman with her children unless she will give them up.

Besides the right to have our children when we want them we demand the means to bear and raise them as they deserve. If it is our responsibility to reproduce this society, then the society has a responsibility to us. Childbearing is simply one function of women, it should not be our punishment.

As long as we must assume the full care of children we have basic needs that must be met. We demand laws from this government that give us the right to maternity leave with pay, security of our jobs during childbirth, and equal pay. We demand free pre-natal and post-natal care in clinics staffed by the best doctors and specialists, and controlled not by big business but by the people. No more clinics with inexperienced interns! We and our future children have an undeniable right to the best medical care available, and yet there is not one insurance plan existing that covers the complete costs of childbirth. Why should we go on paying for nothing? Why should we put up with haphazard treatment and callous indifference?

We demand low-cost housing for all mothers alone with children. We earn half of what men do and cannot afford inflated rents so our children must live in hovels or crowded homes. We demand child-care facilities now! The government maintains an economy that forces women already employed in the full time job of housework, to take jobs in order to exist. If the government wants us to work, which it obviously does since it employs large numbers of women at half-wage, it must take equal responsibility with us for child-care. It must set up child-care centers right across this country, especially for its employees. It must help us see to it that all corporations who benefit from women's half-wages provide child-care facilities to be controlled by us. We think this society owes us decent child-care but we will not let the bureaucracies and corporations run our childrens' lives the way they do ours.

IT IS OUR RIGHT TO GIVE OUR CHILDREN LIFE AS WE DECIDE.  
IT IS OUR RIGHT TO GIVE OUR CHILDREN THE LIFE THEY DESERVE.



#### OUR DEMANDS:

1. REPEAL - That in this session of Parliament the government sponsor a bill removing all mention of abortion from the Criminal Code.

PARDON - That all persons charged under sections 209, 237 and 238 of the Criminal Code be pardoned by the Minister of Justice.

Politicians, doctors, hospital boards all tell us to wait and see, give the new law a chance to work. Health minister Munro has the audacity to say that any woman in Canada who wants a legal abortion can now get one. Trudeau passes the buck by saying we should go and talk to the medical profession. We are fed up with lies, stalls and diversions.

The new law is just a piece of political propaganda. It does nothing to protect the medical and human rights of women; it only protects the doctors and hospitals while we continue to be treated as we have always been treated. Mr. M. Ball, Director of Student Health Service at the University of Alberta maintains that the number of abortions performed in many hospitals is smaller than before the law was changed. An article in the Saskatoon Star Phoenix quoted a similar decrease for Saskatchewan. In Vancouver, only a few more abortions per month are performed under the new law (21 per month in 1969 and 25 per month in the first three months of 1970). Many hospitals across the country have no therapeutic abortion boards. The vast majority of abortions are still illegal (one estimate is that only one or two of every abortions performed are legal). In Toronto alone there are 25,000 estimated illegal abortions every year.

Every year in Canada 1000 to 2000 women die from illegal abortions. From 20,000 to 40,000 women enter hospitals with complications from illegal abortions. One out of every four women in Canada has an abortion sometime in her life. But these women were not the people who determined what the new law should say. Rather the new law follows closely the recommendations which the Canadian Medical Association made in 1968. We say that doctors should serve the needs of the people, not dictate to them. The Committee on Health and Welfare set up to study abortion made little effort to hear women speak on their own behalf. The token discussions around the rights of women meant nothing. The government bill was not even reviewed by this committee but rather was presented to a committee of the Justice Department which held no open hearings and in which no women spoke. And the law discriminates against all women who haven't the money and connections to find a sympathetic doctor who will plead her case.

Women in Canada are sick of politicians and doctors deciding what is best for them. It is the supreme insult that a woman pregnant with a child she does not want must prove to doctors that she is unstable, incapable of being a good mother, a failure, mentally ill, in order to get an abortion. We want an end to all laws that give control to governments, doctors and hospital boards etc., rather than to women. We want abortion removed from the Criminal Code.



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11. We demand access to FREE and SAFE BIRTH CONTROL for all women.

The introduction of the Pill has created the myth that birth control is freely available in this society. In fact, we have no way of knowing what forms of birth control may be permanently detrimental to our health. Women are barraged with a mass of contradictory information in newspapers and magazines. We live in fear because the most effective forms of birth control - the PILL and IUD - are also those forms which we are told may be most dangerous to our health.

The control over research lies in the hands of the drug companies. An example of this is a study that is being undertaken in Regina by the Community Health Clinic to study whether the Pill causes depression in women. The J.D. Zeale Company agreed to contribute pills for use in the study only if no findings of adverse effects would be published, and on the condition that nothing be published before the company looked at the findings. The priority of the drug companies is their profits, not our needs. Drug companies spend \$4,500 a year per doctor on advertising alone, and the drug industry earns the second highest profit rate of any industry.

The way that the Pill was tested shows that the drug companies are not concerned with women's health. The pill was introduced at a dosage of 10 milligrams (most women on the pill now take 1 or 2 milligrams) on Puerto Rican women about ten years ago. These same women suffered sterilization, development of masculine traits and many other forms of irreparable damage. The lives of these women are obviously expendable as far as the drug companies are concerned and their importance is nothing more than that of guinea pigs. But the wives and daughters of the directors of these pharmaceutical companies are not asked to volunteer for testing. The government and the medical association endorse this state of affairs.

Therefore, in order to ensure that all women have access to safe and free birth control, we demand the facts. We demand that the Food and Drug Directorate be responsible for disseminating information on all existing birth control and abortion methods, including information which is now secret. We demand that information on the hazards of the Pill be enclosed in all packages by law. As it stands now, many women do not receive adequate attention from doctors who prescribe pills; many doctors do not go into medical histories before they prescribe pills. Therefore women need access to information that would let them know when the Pill might be dangerous for them to take.

We demand that the Food and Drug Directorate assume its proper function of initiating and directing research into new and safe methods of birth control and abortion. We will no longer be condemned to the monopoly by the drug companies over birth control methods. How can we expect research into improving the IUD or other devices when they would reduce the profits of the drug companies? At present, IUD is unsafe because of the high incidence of pregnancy and cervical cancer. We know that this kind of birth control - i.e. a non drug type, would be best for women. It must be the responsibility of the government to research these new methods and make them free and freely available to all women.



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Research should also be done on birth control for men. Only women are now forced to take the risks of drugs, suffer the side effects of the Pill and be used as guinea pigs. But birth control for women must be the first priority because we are forced, by society and by our biological function, to accept the consequences of what is a mutual act.

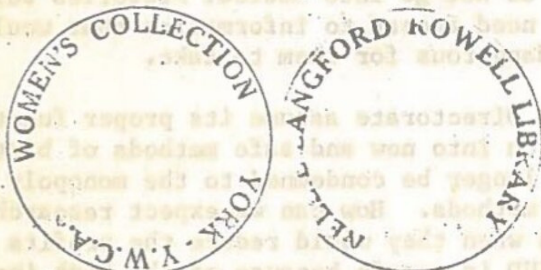
We demand that the Food and Drug Directorate implement this programme of research immediately, and that the programme be directed by representatives from women's community-controlled clinics in order to assure that the research will be relevant to our needs.

111. We demand the CONSTRUCTION OF WOMEN'S COMMUNITY-CONTROLLED CLINICS to serve our needs and to implement our demand for free and safe birth control and abortion on demand.

Such clinics should disseminate free birth control to all women who want it; provide safe, painless abortions on demand; provide adequate pre-natal and post-natal care. The staff and services of these clinics must be directed by the women of the community.

These clinics are to be financed 50% by Federal funds and 50% by Provincial funds. This money must come from taxing corporate profits specifically for this purpose.

Only when the woman of a community control their clinics can we put an end to the inhuman and haphazard treatment of women in hospitals and to the discrimination against those who cannot afford health care.





# ABORTION RIGHTS ACTIVISM IN CANADA: 1970 TO 1988

In 1969, a year before the Caravaners made their impressive mark on Canadian history, Dr. Henry Morgentaler opened an illegal abortion clinic in Montreal. Like the Caravaners, Morgentaler also rejected the concept of Therapeutic Abortion Committees (TACs) that accompanied Canada's update to its criminal abortion law. While the Caravaners and other women's liberationists collectively organized for change, Morgentaler quietly transformed his family practice in Montreal into an abortion clinic, where he openly violated the law by terminating pregnancies for women upon request. Morgentaler's decision to publicize his actions led to his arrest, incarceration, and legal battles that spanned the next 20 years and ultimately decriminalized abortion in 1988. Although this historic ruling is credited in his name, the *Morgentaler Decision* is a collective victory. As we sketch the history of feminist activism that occurred between the 1970 Abortion Caravan and 1988, we thus tell a story of collaboration and alliance. It is a story about how feminists of one era picked up and learned from where others left off. In this spirit of strategic alliance and ongoing struggle, we turn now to collective organizing in Quebec and Ontario, which defined Canadian abortion rights movement in the 1970s and '80s and provide the necessary background for the position papers that follow.



PHOTO CREDIT: [Judy Blankenship](#)

## QUEBEC

In 1969, Canada's *Criminal Code* was amended to permit hospital-based abortions, provided a panel of three doctors—a Therapeutic Abortion Committee (TAC)—agreed continued pregnancy endangered a woman's health or life. Feminists denounced this reform, because it would cause continued harm. They pointed out the injustice of having a committee of doctors who had never met the woman deciding whether the abortion she wanted was necessary. They also pointed out that hospitals were not required to set up TACs. If desperate enough, women would therefore terminate unwanted pregnancies

by their own hand or by those of unlicensed laypeople, which would lead to continued suffering, injury, and even death.

As feminists of the era set up referral services and transported women to the U.S. to obtain abortions, physicians across the country engaged in civil disobedience by providing illegal but medically-safe abortions in their own clinics. Morgentaler was very public his actions, which led police to raid his Montreal clinic in 1970. He was arrested and released, and in the three years it took his case to go to court, he maintained his practice. Morgentaler grew restive in the interim, and when *Roe v Wade* (1973) legalized abortion in America, he published an article in the *Canadian Medical Association Journal* about the vacuum suction curettage method that he had pioneered for use in clinic settings. That year, he also public announced that he had performed over 5000 abortions and arranged for a television crew to film him performing an abortion in his clinic. When this footage aired nationally on Mother's Day, he was speedily brought to trial.

Morgentaler was tried on three separate occasions in Quebec from 1973–6, and at each of them he pled necessity defence – arguing that the circumstances of women's lives compelled him to break the law. His mantra—"No jury will convict me."—continually proved true, as predominantly male working-class French Catholic juries refused to issue guilty verdicts. Quebec judiciaries did reverse Morgentaler's first acquittal, however, and sentenced him to 18 months in prison, which was unprecedented in the history of commonwealth justice. In response to public outrage, the federal Liberals passed the 1975 *Morgentaler Amendment*, which has since forbid appeals courts from substituting jury acquittals with convictions. Soon after, the newly-elected Parti Quebecois declared that Canada's criminal abortion law was no longer enforceable in the province. Fortunate to organize during Quebec's era of secularization and sovereignty, Morgentaler trained many more abortion providers and feminists opened a series of publicly-funded woman-run clinics – leading Montreal to become known as the mecca for safe abortion care in North America in the 1970s.

Quebec's legacy of community health centres (CLSCs) and Centres de sante des femmes continues to the present day. The province still has the highest number of abortion providers compared to those in English-speaking Canada, and therefore the greatest access to abortion care.



PHOTO CREDIT: Antoine Desilets



## ONTARIO

The gains made by Morgentaler and feminists in Quebec in the 1970s inspired women's liberationists in Ontario. They realized they could challenge the constitutionality of Canada's criminal abortion law if they found a doctor who was willing to open clinics outside the province and generated enough public support for the clinic. Workers from the Immigrant Women's Health Centre, the Birth Control and VD Information Centre, and the Hassle Free Clinic coalesced in 1982 to form the Ontario Coalition for Abortion Clinics (OCAC). OCAC organized alongside the national political advocacy group the Canadian Abortion Rights Action League (CARAL), with the explicit purpose of setting up clinics in outside Quebec to overturn Canada's federal abortion law. Feminist leaders such as [Carolyn Egan](#), [Linda Lee Gardner](#), [Judy Rebick](#), and [Norma Scarborough](#) knew the 1969 law was fundamentally flawed and had to change, and that campaigns such as the the 1970 Abortion Caravan had begun to generate public support toward this effort.

Morgentaler was invited to set up a clinic in Toronto, which he did in 1983 with the direct intention of working with OCAC and CARAL challenge the federal *Criminal Code*. Within a year, the clinic raided, but because of the strength of the movement-building that had been taking place, Ontario jurors acquitted Morgentaler and fellow doctors Robert Scott and Leslie Smoling. When a retrial was ordered, his lawyers escalated the case to the Supreme Court of Canada. On 28 January 1988, Justices upheld his original acquittal and invalidated section 251 of the *Criminal Code* that prohibited abortion. They did so on the grounds that the country's criminal abortion law denied women their section 7 right to life, liberty and security of person, under the recently-established *Canadian Charter of Rights and Freedoms*.

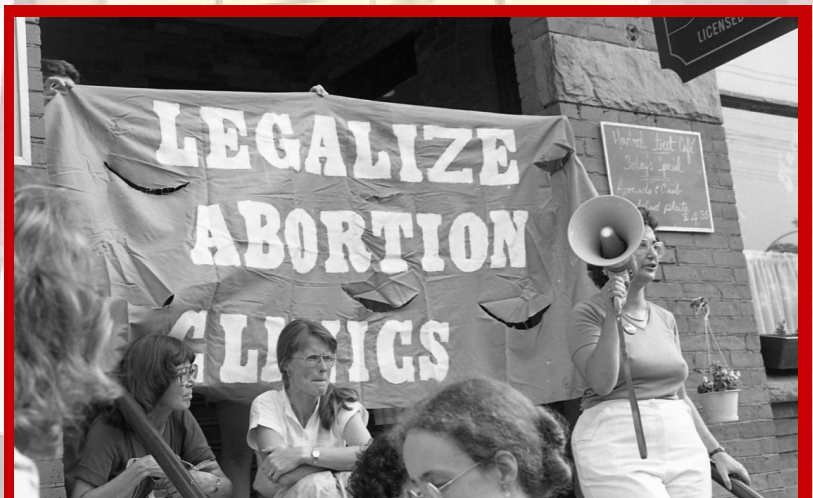


PHOTO CREDIT: [Judy Blankenship](#)

As Morgentaler's case made its way through the Ontario and Supreme courts throughout the '80s, CARAL and OCAC continued to build a visible mass movement around the Toronto clinic. OCAC, in particular, organized demonstrations and marches, working to build awareness of the broad issues at stake in the struggle for abortion access. They argued that the federal law was racist and class biased, as many racialized, Indigenous, working-class, rural, and young people could not easily access abortion. By widening the definition of "choice" to include access to safe and effective birth control services, decent jobs, paid parental leave, child care, the right to live openly regardless of sexuality, an end to coerced sterilization, and employment equity, they showed Canadians that abortion was one of many interdependent struggles. liberation. Modelling

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their campaign after their sisters' in Quebec, OCAC also built alliances with a wide range of progressive groups. Activists from trade union, faith-based, LGBTQ, student, Indigenous, and people of colour community groups joined them in the streets to defend the clinic and spoke about their abortion experiences.

Canadian abortion rights activists' commitment to broad-based movement building shifted the balance of power in Canada forever. When the Supreme Court overturned the criminal abortion law on 28 January 1988, it was a collective victory won by hundreds of thousands across the country, which continues to be heralded by pro-choice activists in this country and around the world today.



PHOTO CREDIT: [Barrie Davis](#)

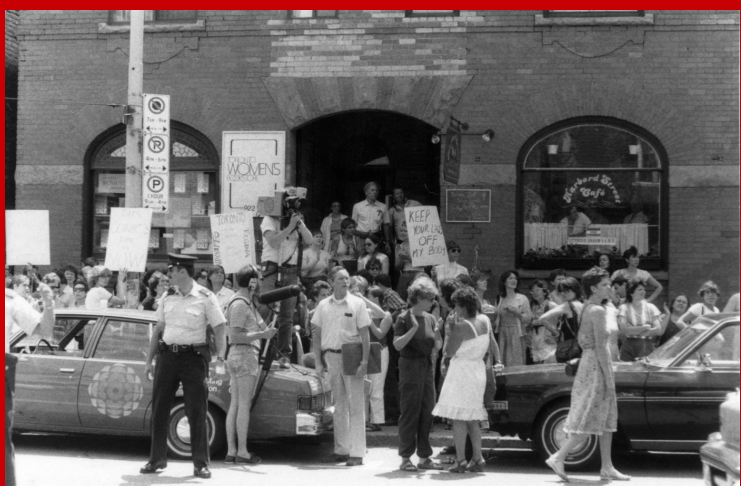


PHOTO CREDIT: [Diana Meredith](#)

**FREE DR. MORGENTALER  
DROP THE CHARGES  
REPEAL ANTI-ABORTION LAW**

**Saturday, June 15**

**2:00 pm Rally** Medical Sciences Auditorium  
King's College Circle, U. of T.

**3:30 pm March** to City Hall

**Speakers to include Dr. Henry Morgentaler**



PHOTO CREDIT: [Rise Up! Feminist Archive](#)

## LEARN MORE

- Read Shannon Stettner's "A Brief History of Abortion in Canada" in [\*Without Apology: Writings on Abortion in Canada\*](#).
- Read Carolyn Egan's article "Reproductive Justice and the Campaign to Overturn the Federal Abortion Law" in [\*Abortion and the Struggle for Reproductive Justice\*](#).
- Read Judy Rebick's book [\*Ten Thousand Roses: The Making of a Feminist Revolution\*](#).
- Read Catherine Dunphy's biography [\*Morgentaler: A Difficult Hero\*](#).

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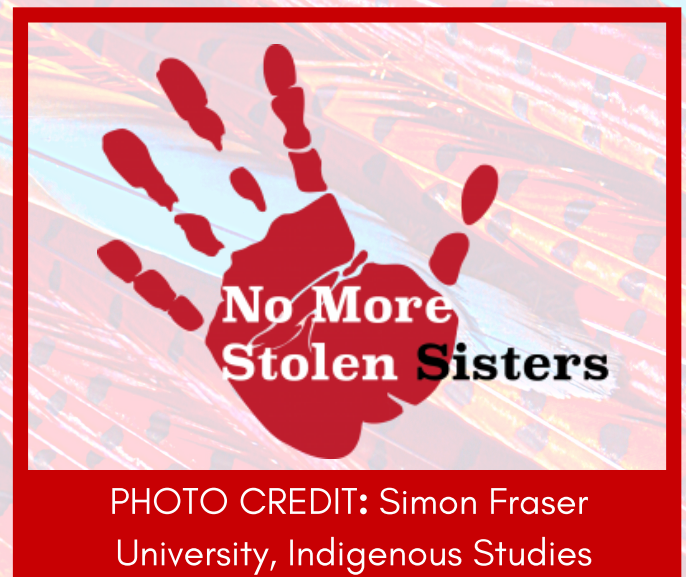
# DECOLONIZE ABORTION CARE: REPRODUCTIVE JUSTICE FOR INDIGENOUS COMMUNITIES

## HISTORY

While the Caravaners' 1970 call for abortion on demand sought to unite women across Canada on this gender equality issue, their campaign did not address the unique concerns facing Indigenous women living in a country that was founded upon the brutal and oppressive colonization of their peoples. The Vancouver Women's Caucus (VWC)—from which the Caravan emerged—had published writing that recognized the "double oppression" of Indigenous women, girls and two-spirited people and organized with the Native Alliance for Red Power in British Columbia. However, none of the women who set out on the Caravan were Indigenous. This lack of racial diversity, in part, reflects the fact that VWC members met through Simon Fraser University - a predominantly white institution like most Canadian universities in the 1960s.

Indigenous people have resisted the colonial structures of Canadian society for more than 500 years. Around the time of the 1970 Caravan, First Nations women, including Rose Charlie of the Indigenous Homemakers Association of British Columbia, mobilized around abortion by opposing Liberal Prime Minister Pierre Elliot Trudeau's 1969 White Paper - a policy they argued allowed the federal government to absolve itself from taking responsibility for historical injustices it had committed against Indigenous people. Kanien'kehá:ka (Mohawk) elder Mary Two-Axe Early, for example, opposed First Nations women's loss of status under the Indian Act when they married non-Indigenous men, framing it as an assimilationist policy that forbid women from living on reserve communities they belonged to.

Indigenous feminists also drew attention to the forcible removal of their children, who were put into residential schools from the 1880s until the mid-1990s and apprehended by child welfare officers beginning from the 1950s onwards. Residential schooling and the period now known as the "Sixties Scoop" were policies that were explicitly colonial in intent, rendering motherhood and child rearing exceptionally difficult for First Nations women and their extended kin.





The Canadian state enacted other forms of reproductive violence against Indigenous people throughout the 20th century. From the late 1920s to the '70s, Indigenous women in British Columbia and Alberta were systemically targeted under a series of Sexual Sterilization Acts, leading Vancouver-based activist Lee Maracle to argue in her 1990 book Bobbi Lee Indian Rebel that Canada was using abortion as an instrument of genocide. Relatedly, the National Aboriginal Council of Midwives asserts that First Nations communities have always had midwives who supported all pregnancy outcomes, including abortion. The centuries-long and continued suppression of these traditional healing practices, compounded by the lack of on-reserve medical services, has led many Indigenous people to be profoundly distrustful of mainstream healthcare in Canada.

## CURRENT ISSUES

Indigenous women, girls and two-spirited people face particular challenges when accessing sexual and reproductive healthcare. For one, those who must travel for abortion care often experience a loss of privacy, since most reserves are tight knit communities. Furthermore, registered nurses are often the primary care providers on reserves, which poses a problem since only physicians and nurse practitioners can provide abortions, as we discuss in "Expanding Abortion Training and Provision".

Indigenous feminists continue to organize to establish culturally-sensitive reproductive health services for and in their own communities. The 2019 National Inquiry into Missing and Murdered Indigenous Women and Girls demanded that the federal government fund Indigenous-centred healthcare across Canada on- and off-reserve, including abortion services. Indigenous feminists have also been opening birthing centres across the country in recent years (e.g., the Toronto Birth Centre and the Tsi Non:we Ionnakeratstha Ona:grahsta Six Nations Maternal and Child Centre), as well as lobbying to expand midwives' scope of practice such that Indigenous midwives would be able to provide medication abortion in their communities.



PHOTO CREDIT: Toronto Birth Centre



## OUR DEMANDS

- Indigenous women, girls and two-spirited people must be trusted and empowered to make their own sexual and reproductive health care choices.
- On-reserve nursing stations must have local Indigenous staff, and off-reserve abortion clinics must hire Indigenous people.
- All abortion providers in Canada must receive ongoing anti-oppression training that is Indigenous-led and informed.
- Every Indigenous person must have access to medication abortion in their own communities. This may require a systematic overhaul of on-reserve healthcare access.

## SUPPORT OUR WORK

- Donate to Indigenous organizations that do sexual and reproductive health work, such as the [Native Youth Sexual Health Network](#).
- Read "[Reclaiming Power and Place: The Final Report of the National Inquiry into Missing Murdered and Girls](#)" and think about which of the calls to action you can work on in your own community.
- Support Indigenous-led movements, including [No More Stolen Sisters](#), [Idle No More](#), and [1492 Landback Lane](#).

## LEARN MORE

- Read why the National Abortion Council of Midwives [views midwifery as central to reconciliation](#).
- Listen to [Episode 74 of the podcast Media Indigena](#). It features historian Mary Jane McCallum, who discusses the historical mistreatment of First Nations people by Canada's healthcare system.

*In the abstract, we understood that birth control pills were being tested out on racialized women from poor countries and that Indigenous women were more likely to be forcibly sterilized. We realized this was very wrong... but in reality we had no contact with racialized or Indigenous women in our daily lives and no consciousness about the importance of reaching out to these women.*

**MARCY COHEN,  
ORIGINAL CARAVANER**



# EXPANDING ABORTION CARE TRAINING AND PROVISION

## HISTORY

Until 1969, seeking or providing an abortion was illegal in Canada. That year, when Pierre Trudeau's Liberal government changed the law by permitting abortion if panel of three doctors—a Therapeutic Abortion Committee (TAC)—deemed continued pregnancy a risk to a woman's health or life. While the 1970 Abortion Caravan and other feminist groups drew attention to the unjust nature of TACs and demanded legal reform, physicians also engaged in civil disobedience. They did so by performing medically-safe abortions for women upon request, outside hospital settings, and without TAC approval – for which they risked their medical license and prison.

The physician who was most public about providing abortions before they were legal was Dr. Henry Morgentaler, who served Canada's abortion movement for nearly 50 years. He turned his Montreal family practice into an abortion clinic in 1969, where he pioneered the technique of vacuum suction curettage. This new method of surgical abortion was groundbreaking because it allowed abortions to be performed without the use general anesthetic and thus outside hospital settings, and it regularly used worldwide today.

In the early '70s, Morgentaler's clinic was raided several times, leading to his arrest and close to a year of prison time. After Morgentaler was released, the Parti Quebecois de facto legalized abortion in the province in 1976, in response to intense feminists and public pressure – after which Morgentaler trained more doctors in abortion provision. These new providers went on to provide in publicly-funded woman-run clinics that Quebec feminists launched in the 1970s, called [Centre des sante des femmes](#), which are still thriving today.

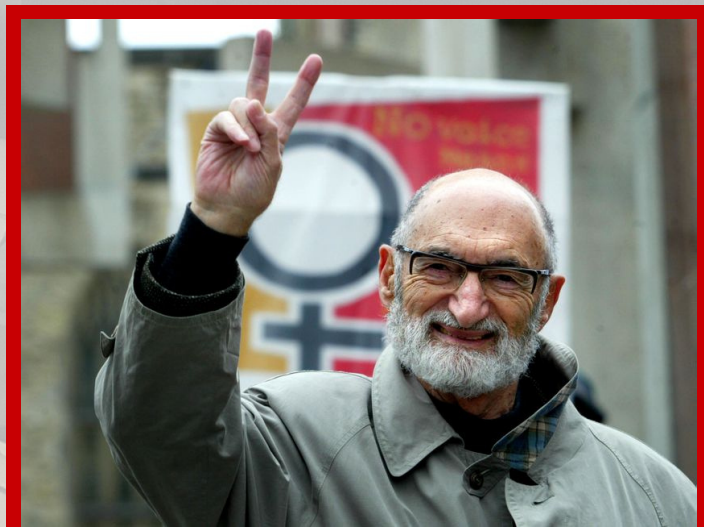


PHOTO CREDIT: [Humanist Canada](#)

Upon the invitation of feminist organizers in Ontario, Morgentaler went on to open another clinic in Toronto in 1983, which was soon raided and for which he and fellow doctors were arrested. Over the next five years, Morgentaler's legal battle with the province of Ontario escalated to level of the Supreme Court, which decriminalized abortion in Canada in 1988. This historic victory eradicated all *Criminal Code* provisions related to abortion—including the unjust TAC system—which meant freestanding clinics could operate without legally.

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## CURRENT ISSUES

Although decriminalization in 1988 allowed more clinics to open and more providers to receive training, access remains imperfect. In large part, this is because clinics and provider hospitals are generally located in urban centres—often for doctors' safety—which limits abortion access for those living in rural and remote parts of the country.

The barriers associated with geographically differentiated access persisted until 2015, when Health Canada bent to feminist pressure and approved Mifegymiso—a combination of the drugs mifepristone and misoprostol—which was previously unavailable in this country. Medication abortion is an alternative to surgical abortion in the first nine weeks of pregnancy, and can be safely provided by a wider range of healthcare providers, including family doctors and nurse practitioners, whereas surgical abortion can only be provided by obstetricians and gynaecologists.

When Health Canada first approved Mifegymiso, it placed significant restrictions on how the drug could be prescribed and dispensed, including mandatory ultrasounds and a gestational limit of seven weeks, which discouraged physicians from prescribing it. While these restrictions were removed by 2019,

provider confusion remains and continues to negatively impact access. Many family physicians and nurse practitioners are also reluctant to prescribe Mifegymiso because abortion is not routinely taught in Canadian medical schools, nor is the drug readily available outside cities. While pharmacy programs have yet to adapt their curricula to underscore the important role pharmacists can play in the field of abortion provision, midwives are actively organizing to expand their scope of practice. Many midwives are currently seeking medication abortion training and in some cases are actually prescribing Mifegymiso under the supervision of physicians.

Along with the expansion of abortion care options in recent years, abortion doulas have emerged as actors who provide non-clinical support for those seeking abortion. Most doulas provide options counselling and emotional and physical support to women during pregnancy and childbirth, but in recent years some have evolved their scope of practice to include abortion. As tertiary abortion care providers, these doulas provide emotional support and information to clients who do not wish to carry an unwanted pregnancy to term. Sometimes, they even transport and accompany their clients to abortions, to lessen the hardships that result from complex barriers that limit abortion access in Canada.



PHOTO CREDIT: Medical Students for Choice



## OUR DEMANDS

- Medical school training must routinely include abortion so the burden and time of learning does not fall upon students and provider facilities.
- Provincial and territorial healthcare systems must amend their regulations and billing structures to allow nurse practitioners and midwives to independently prescribe and be compensated for providing medication abortion.
- All pharmacies must stock Mifegymiso, and all pharmacists should be trained in how to dispense it.

## SUPPORT OUR WORK

- Contact the [Canadian Association of Midwives](#) to learn more about how you can advocate for midwives' ability to prescribe Mifegymiso.
- Donate to the [Dr. Henry Morgentaler Memorial Scholarship](#), which provides financial assistance to physicians who are training to provide abortion services in Canada.
- Look into whether medical schools in your area provide abortion training. If they do not, write the school a letter to find out why.

## LEARN MORE

- Visit [Medical Students for Choice](#) - an international organization that works to ensure abortion is a standard part of medical education and training. If you are currently in medical school, connect with [your local MSFC chapter](#) to learn how you can become an abortion provider in the future.
- The [Society of Obstetricians and Gynaecologists of Canada](#) and [National Abortion Federation of Canada](#) offer online and in-person workshops on medication abortion, to support healthcare professionals who wish to expand abortion access in primary healthcare settings.

*It was my daughter's pediatrician who helped me out. He said I'm going to do this for you because I'm leaving the country in two weeks. I've got nothing to lose. He saved my life.*

**SANDRA CONWAY,  
ORIGINAL CARAVANER**



# NEW BRUNSWICK MUST FULLY FUND ABORTION: #SAVECLINIC554

## HISTORY

In 1970, the Caravaners drove across Canada demanding that everyone have the right to access free, safe and legal abortion in their own communities. Fifty years later, the province of New Brunswick still refuses to fully fund terminations performed outside of hospitals, forcing many to travel far from home to access time-sensitive care.

In 1989, a year after abortion was decriminalized in Canada, New Brunswick legislators added Regulation 84-20, Schedule 2 (Reg 84-20) to its *Medical Service Payment Act*. Originally, they did so to prevent Dr. Henry Morgentaler from opening a private clinic in Fredericton, but undeterred he opened a clinic in the provincial capital in 1994. Twenty years later, Reg 84 -20 still prohibits abortions performed in clinic settings in New Brunswick from being paid for through public health insurance. Until 2015, this regulation also required that two doctors certified the abortion was medically necessary, which the Supreme Court struck down in principle in *R v Morgentaler* (1988).

For ten years, the Fredericton Morgentaler Clinic provided pro-bono abortions for thousands of individuals who could not afford the \$700 ancillary fee that the province refused to pay. Financially squeezed as a result, the clinic was ultimately forced to close in July 2014, soon after Morgentaler died. Reproductive Justice New Brunswick (RJNB) and the Fredericton Youth Feminists coalesced at this point, campaigning around the repeal of Reg 84-20. They raised enough money through crowd-sourcing to re-open the clinic in January 2015, which stands in the original location of the Fredericton Morgentaler Clinic and has been renamed Clinic 554.



PHOTO CREDIT: NB Media Co-op

When Clinic 554 opened, it filled not only the gap in abortion services, but provided primary medical care for 600 patients on a lengthy provincial waitlist. It also launched services for LGBTQ+ people, including providing essential gender-confirming healthcare for patients across the Maritimes. Clinic 554 is highly respected nation-wide as a result, with medical director Dr. Adrian Edgar being recognized for his work both by Inter Pares and the College of Family Physicians of Canada.

## CURRENT ISSUES

Since opening in 2015, Clinic 554 has been hampered by New Brunswick legislators' refusal to fund clinic-based abortions. Although former Liberal Premier Brian Gallant claimed his government had done more than any other by removing the two-doctor permission in *Reg 84-20*—which, albeit, allowed for a modest expansion of hospital abortion services—he simultaneously refused to acknowledge that the spring flood of 2018 in downtown Fredericton created a crisis in abortion access. When Fredericton flooded again a year later, the province's current Progressive Conservative Premier Blaine Higgs similarly ignored the problem. Clinic 554 became financially unsustainable again as a result, and the building was put up for sale in Fall 2019.

In 1995, the federal Minister of Health directed all provinces to obey the *Canada Health Act (CHA)* by funding non-hospital-based clinics that provide medically necessary services, including those that provide abortion. In February 2020, the federal Liberals reminded New Brunswick's government that refusing to fund Clinic 554 directly violated the *CHA* and actually withheld health transfer payments to the province. When COVID-19 hit the country a month later, however, the withdrawal was temporarily reimbursed.

Amidst the pandemic, Clinic 554 remains open – dependent on community support and crowdfunding until a new buyer for the building is found or until the province radically shifts its position on funding abortion services. The loss of Clinic 554 would be a travesty for healthcare in Eastern Canada, as it would severely erode access to abortion, reproductive health and LGBTQ+ services, and primary healthcare for thousands of Maritime residents.



*One of the best things about being underestimated is that you can get away with a lot.*

**KATHRYN KEATE (KATHRYN JANE HAZEL)**



## OUR DEMANDS

- New Brunswick must repeal Regulation 84-20 and fully fund clinic-based abortions.
- The federal government must withhold health transfer payments to the province of New Brunswick and redirect those funds to Clinic 554.
- Community-based abortion care must be expanded throughout New Brunswick and the Maritimes.



## SUPPORT OUR WORK

- [Donate to Clinic 554](#) so it can continue providing pro-bono abortion care in New Brunswick under Reg 84-20.
- Sign [Clinic 554's petition to the provincial government](#), as well as the [Abortion Rights Coalition of Canada's federal petition](#), which call for the repeal of Reg 84-20.
- Write to [Premier Blaine Higgs](#), demanding that New Brunswick reverse its 30+ year violation of the *CHA* and fully fund abortions in all medically-licensed facilities.

## LEARN MORE

- Watch the NFB (2012) documentary [Status Quo? The Unfinished Business of Feminism of Canada](#) for in-depth coverage of Clinic 554, abortion barriers in New Brunswick, and original video footage of the 1970 Abortion Caravan.
- Read NB Media Co-op's extensive reporting on Clinic 554, starting with this article: "The Truth About Clinic 554 in Fredericton".
- Read Lianne McTavish's (2015) essay about the history of abortion in New Brunswick.



PHOTO CREDITS: [Clinic 554](#)



# INTERNATIONAL SOLIDARITY AND ABORTION ACCESS

## HISTORY

A year before the Vancouver Women's Caucus (VWC) launched the 1970 Abortion Caravan, they started [The Pedestal](#) - Canada's first feminist periodical. In almost every issue, the VWC worked to stand in solidarity with women around the world. They did this by publishing articles that raised awareness on [Israel's occupation of Palestine](#), women workers' strikes in Poland and Great Britain, and the [impact of the Vietnam War on women](#). The VWC also [helped organize and fundraise for the Indochinese Women's Conference](#), which was held in Vancouver in 1971. This undertaking brought together more than 600 women together from around the world, facilitating discussion and cultural exchange between activist groups.

In recognition of the important work second-wave feminists around the world had done to promote gender equality since the late 1960s, the United Nations designated 1975 as International Women's Year, which [culminated in the first world conference on the status of women in Mexico City](#). A parallel conference for grassroots activists—referred to as the Tribune—also occurred, which Canadian feminists participated in and which [Indigenous feminists used as a platform to draw attention to gender discrimination embedded in the Indian Act](#). Attending this conference led feminists from Toronto, such as Ontario Coalition of Abortion Clinics co-founder Carolyn Egan, to [establish the International Women's Day Coalition in 1977](#). 8 March continues to be a significant day for our movement, where members take to the streets to highlight key issues in the ongoing struggle for women's equality - domestically and abroad.

International discussions of support for abortion and maternal health, however, did not occur on a broad scale until the mid-1990s. The [1994 UN International Conference on Population and Development in Cairo](#) brought together 179 governments, as well as representatives from women's health organizations and advocates from the Global South



PHOTO CREDIT: [Helena Wehrstein](#)

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to establish a global maternal health agenda. This conference marked a turning point in international advocacy for reproductive rights, which were formally acknowledged as central to women's health and well-being. While the [Cairo Programme of Action](#) that emerged from the conference began to consider the consequences of unsafe abortion on women's health globally, [direct interference from the Vatican](#) kept reproductive rights from being formally recognized by the international community in any meaningful way.

The Cairo Programme of Action acknowledged that family planning efforts should cater to the needs of individual communities. This marked a significant shift away from the paternalistic family planning policies of previous decades, which saw access to contraception and policies such as forced sterilization as means of limiting fertility and population growth in the Global South. The concept of "reproductive justice"—developed by African American feminists in the 1980s—also pushed conference attendees to be intersectional in their approach. Reproductive justice activists also pushed the Cairo Programme of Action to highlight the important connection between reproductive rights and issues of poverty and racism.

In response to these global maternal health initiatives, Canadian feminists established Action Canada for Population and Development (ACPD) in 1997—an offshoot organization of the Planned Parenthood Federation of Canada (PPFC)—with the explicit purpose of lobbying the Canadian government to increase their international assistance for sexual and reproductive rights. ACPD merged with the Canadian Federation for Sexual Health (formerly PPFC) and Canadians for Choice (formerly CARAL) to form [Action Canada for Sexual Health and Rights](#) in 2014.

## CURRENT ISSUES

[Today, only 52 countries](#) allow abortion on request without the need for justification. This means most women around the world do not have access to safe and legal abortion, leading to [25 million unsafe abortions](#) annually. More than 7 million women and girls are injured each year as a result, and more than 22,000 are known to die – though realistically the numbers are probably much higher.

The Toronto-based non-profit [Women on Web \(WOW\)](#)—an offshoot of the radically influential Dutch organization [Women on Waves](#)—has been working with feminist collectives around the world to provide women with medically-accurate information



PHOTO CREDIT: [Women on Waves](#)



about self-managed abortion care in countries where terminations are illegal or severely restricted. WOW connects women with medical professionals who then mail them medication so they can safely self-induce at home. Solidarity in this context is demonstrated by supporting activists who work to improve abortion access in their own countries, not attempting to fix things from the outside. The need to respect the autonomy and capability of reproductive health activists abroad is as important today, as it was in the 1970s.



PHOTO CREDITS:  
[Jaime Nikolaou](#)



## OUR DEMANDS

- It is crucial for Canada to support the efforts of women and gender minorities globally to control their own bodies by supporting grassroots initiatives which advocate for reproductive justice in their own communities.
- Canada must accelerate and expand foreign aid for sexual and reproductive health and rights, including safe abortion.
- Canada should be an ally to non-governmental organizations worldwide that are working to legalize abortion and improve reproductive health outcomes for everyone.

## SUPPORT OUR WORK

- [Send a letter](#) to the Prime Minister and Minister of Foreign Affairs asking them to expand reproductive health funding in the Global South.
- Support [Action Canada for Sexual Health and Rights](#) and the [Youth Coalition for Sexual and Reproductive Rights](#) by learning about global advocacy work.
- Raise awareness about and support reliable long distance providers of abortion care such as [Women on Web](#), [Aid Access](#), and [Women on Waves](#).

## LEARN MORE

- Read the World Health Organization's fact sheet about [Preventing Unsafe Abortion](#).
- Read about Canada's [Feminist International Assistance Policy to learn more about what Canada is currently doing abroad](#).

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# ABORTION CARE INCLUDES TRANS AND GENDER NON-BINARY PEOPLE

## HISTORY

In their 1970 open letter, "[Re: Abortion Strategy](#)", the Vancouver Women's Caucus outlined the objectives and political strategies of the Abortion Caravan. They declared: "We see the demand for the right to control our own bodies as a necessary part of the fight for the control of our own lives." Fifty years later, their words still ring true: an affirmation that bodily autonomy and self-determination are central to any discussion of abortion. By extension, any discussion of abortion should also reflect the experiences of trans and gender non-binary (TGNB) people.

[Cisgender women](#), like TGNB people, share the experience of gender-based oppression, which include barriers to bodily autonomy and self-determination. Abortion is a key issue in the contemporary movement to achieve rights and recognition for TGNB people, and TGNB people have long been central to the reproductive rights movements, as activists and people who have abortions. Still, their presence was and sometimes remains acknowledged in activist circles, akin to how abortion was always recognized as a central health equity issue for TGNB people. It is essential to develop inclusive principles in abortion care and activism, since the benefits accrue to all people who face unwanted pregnancy.

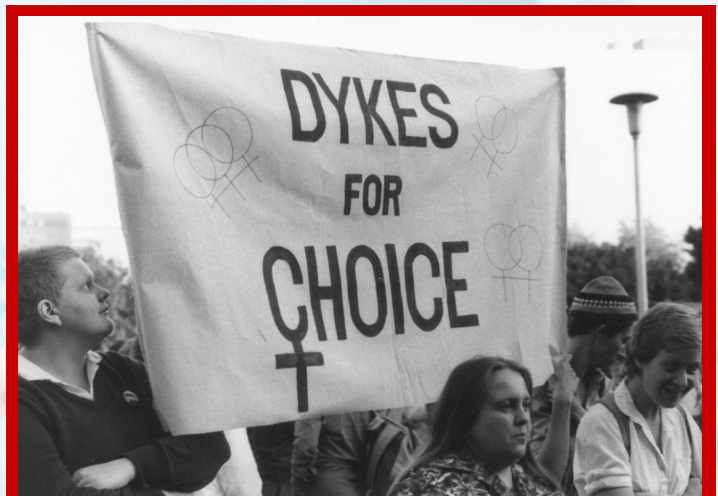


PHOTO CREDIT: [Diana Meredith](#)

## CURRENT ISSUES

Like cisgender women, TGNB people access abortion, and face multiple barriers when they do. Because abortion is time-sensitive, TGNB people often tolerate abortion care that erases their identity or sometimes present as cisgender women to receive care.

Language and representation contribute to erasure and exclusion when TGNB people access abortion services. Abortion is generally referred a "women's issue," facilities are often called "women's health clinics", and staff and providers sometimes make assumptions about the words people use for their body parts. Bathroom facilities tend to be gendered in abortion clinics, and images of cisgender women are often used in waiting rooms and informational material.

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TGNB people also face discrimination and marginalization within feminist movements, which is rooted in longstanding division around recognizing shared experiences of oppression based on gender. [Arguments against the explicit inclusion of TGNB people in abortion advocacy](#) claim that gender-inclusive language erases the experience of cisgender women. However, while such arguments do not concretely enhance access for cisgender women, they do contribute to barriers to accessing gender-affirming abortion care and transphobia within feminist communities – all which create a hostile environment that increases the vulnerability and invisibility of TGNB people.

## OUR DEMANDS

- Abortion providers should receive mandatory and ongoing medical training that includes issues relevant to TGNB people.
- Abortion clinics should engage in ongoing evaluation of their services, and provide opportunities for TGNB people to provide timely and anonymous feedback.
- Feminist movements should use gender-inclusive language when discussing abortion.

## SUPPORT OUR WORK

- When discussing abortion, refer to it as an issue that is relevant to all people who can become pregnant by using [inclusive language](#), ("cisgender women and TGNB people").
- If you work in healthcare, encourage your workplace to evaluate the inclusivity of your informational materials, bathroom signage, intake forms, clinic policies, and the gender diversity of your staffing. Normalize opportunities for clients to share their pronouns and ask people about which words they use to describe their body parts.

## LEARN MORE

- Jones, Rachel K., Elizabeth Witwer, and Jenna Jerman. 2020. "[Transgender Abortion Patients and the Provision of Transgender-specific Care at Non-hospital Facilities that Provide Abortions](#)". *Contraception: X* 2: 1-2.
- Lowik, A.J. 2017-19. "[Trans Inclusive Abortion Services: A Manual for Providers on Operationalizing Trans-inclusive Policies and Practices in an Abortion Setting](#)".



PHOTO CREDIT: [The Gender Spectrum](#)

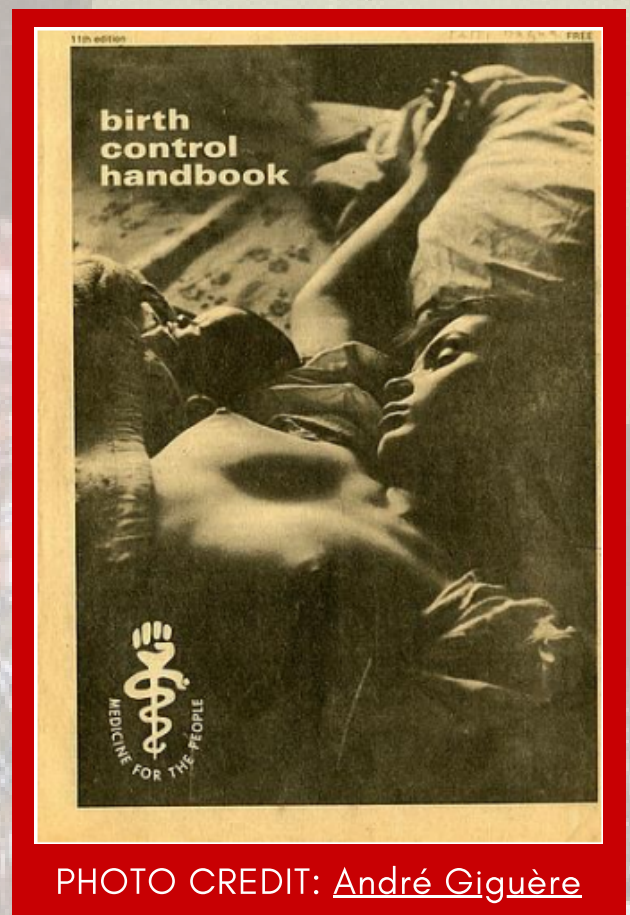


# COMPREHENSIVE SEX EDUCATION AND ABORTION CARE FOR YOUTH

## HISTORY

Up until 1969, contraception, like abortion, was illegal in Canada. It was a crime to advertise, sell, or even hand out [the birth control pill for the purposes of contraception](#), and sexual health in the way we think of it today was rarely discussed in public, nor taught in schools. Emboldened by women's liberation and "[the sexual revolution](#)" of the era, student activists across the country began organizing to challenge traditional sex and gender norms in Canadian society. They demanded the ability to control their own bodies and reproductive decision-making, and organized to improve all Canadians' access to and information about contraception and abortion.

Around the same time the Vancouver-based Caravaners descended upon Ottawa demanding abortion reform, students in other Canadian provinces started [birth control centres](#) on university campuses to provide information to their peers about abortion and contraception. Students in Montreal self-published the [McGill Birth Control Handbook](#) in 1968 and over the next six years distributed three million illegal copies across Canada – evidencing Canadians' hunger for information about sexual and reproductive health. Student-run birth control centres [continuing opening on campuses](#) throughout the '70s, and their free services became even more expansive from the '80s onwards as queer students got involved and insisted such resources include information about sexual diversity.



## CURRENT ISSUES

Despite leading sexual health education campaigns themselves, young people have long insisted that comprehensive sex education be taught in schools – by compassionate educators with both interest and training in the field. Comprehensive sex ed includes information on contraception and abortion, which helps young people navigate their reproductive healthcare and [fosters positive attitudes toward their developing bodies, sexuality, and relationships](#). Comprehensive sex ed has been [recognized as a human right under various international treaties and by the United Nations](#).

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Although every public school system in Canada teaches sex ed, there is a lack of consistency in how it is taught because education, like healthcare, is provincially regulated. Sex ed has been particularly heated in Ontario in recent years, beginning with the implementation of a new curriculum under former Liberal Premier Kathleen Wynne in 2015. The province's curriculum had not been updated for 18 years, and though the update did not address abortion, it did include topics such as consent, gender diversity, and masturbation. While Premier Doug Ford repealed the new curriculum in 2018—responding to intense lobbying from conservative groups but in spite of an overwhelming majority of comments from the general public favouring modernized sex ed in Ontario schools—he backtracked in 2019 and thus the curriculum stays much the same. That is, it still does not contain information on abortion.

When sex ed is not comprehensive, there are inevitable consequences – namely, youth experience unplanned pregnancy. For young women who do not wish to carry a pregnancy to term, inadequate sex ed compounds the problems they face when trying to access abortion. Many do not have the money to travel when they discover abortion services are far from where they live. Many young

Many are dependent on parents and or guardians whose attitudes and values can add to the stigma and shame of an unplanned pregnancy. Like young women decades before them, many may not be able to talk about what they need at home or to openly phone abortion clinics to book appointments. While Canada does not have parental consent laws for abortion, some young people experience pressure from healthcare providers to consult parents or guardians before making decisions about their sexual health or an unwanted pregnancy. Combined, these pressures can result in reproductive coercion, which occurs when people make healthcare decisions that are not in their best interest.



PHOTO CREDIT: Shore Centre

*When I got pregnant at fifteen, I didn't know anything. The thing that drives me crazy is that we couldn't get birth control. He couldn't get condoms, we could do nothing....nothing... we were teenagers.*

**SANDRA CONWAY,  
ORIGINAL CARAVANER**



## OUR DEMANDS

- Provincial and territorial sexual education curricula must include evidence-based information on abortion. Curricula must be designed and taught according to the most recent [Canadian Guide for Sexual Health Education](#). All youth deserve to learn about positive aspects of sexuality and relationships, such as gender identity, masturbation and pleasure.
- Religiously-affiliated and anti-abortion organizations, such as “[crisis pregnancy centres](#)” must be barred from [delivering sex education](#) in public schools.
- Primary healthcare providers must be conscious of language, and refrain from using inappropriate terms to describe youth – such as calling young women “girls” or young people “kids.” Learning how to frame discussions is an important step in promoting inclusive and empowering dialogue about youth health care and bodily autonomy.

## SUPPORT OUR WORK

- Contact your provincial Minister of Education to demand comprehensive sex education in every grade.
- Parents of public-school students can contact teachers to reiterate the importance of inclusive and comprehensive sex education delivered in schools. Parents can also ensure the attendance of their child in class when these lessons are taught.
- Purchase a copy of [Beyond the Basics](#) for your child’s teacher.

## LEARN MORE

- Read Action Canada’s 2020 national report on “[The State of Sex-Ed in Canada](#).”
- Watch a collection of videos produced by and for young people about their abortion experiences [here](#).
- Read the Royal College of Physicians and Surgeons of Canada’s [guide to the legal nuances of abortion and minors](#).

*Young women were coming to you in tears because they were pregnant. What could we offer them? What could we say? You had this pack of slightly older students trying to find medical help for these young women or watch their lives go down the tubes.*

**PAT DAVITT,  
VANCOUVER WOMEN'S CAUCUS**



# COUNTERING OPPONENTS

## HISTORY

Canada's anti-abortion movement formed in response to the 1969 Omnibus Bill C-150 – the same law that inspired the 1970 Abortion Caravan. The Canadian Conference of Catholic Bishops began working to ensure that abortion remained illegal in Canada, as well as national organizations such as Birthright and Alliance for Life formed around this time to champion the "pro-life" cause.

The movement gained momentum in the 1970s, after the US Supreme Court legalized abortion in 1973, and as Dr. Henry Morgentaler and feminist activists began opening illegal clinics in Quebec. When Morgentaler opened a clinic in Toronto in 1983, Ken Campbell of the organization Choose Life urged evangelical Christians to engage in pro-life work, which many did by aggressively picketing outside the clinic.

Following the decriminalization of abortion in Canada via *R v. Morgentaler* (1988), pro-life organizing in this country escalated. Opponents brought two cases before the same court in 1989—Tremblay v Daigle and Borowski v Canada—to establish fathers' and fetal rights in relation to abortion – both of which failed. That year, Brian Mulroney's Progressive Conservatives also attempted to recriminalize abortion by introducing Bill C-43. While the bill was defeated in the Senate, a young woman named Yvonne Jurewicz died soon after, from self-inducing because she believed abortion was illegal once again. Around this time, physical violence against abortion providers escalated. The Toronto Morgentaler Clinic was firebombed in 1992 (leading the building to be demolished and the clinic relocated) and between 1994 and 2000 three providers were shot and stabbed in their homes and outside their clinics.

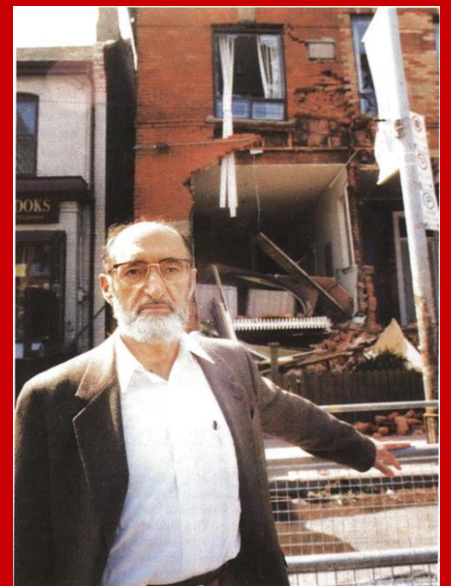


PHOTO CREDIT:  
Maclean's

*It was an era of confrontation, of us and them. It was an era when nobody negotiated these things.*

**JUDY DARCY,  
TORONTO CARAVAN MEMBER**



## CURRENT ISSUES

In the past two decades, Canada's anti-abortion movement has shifted away from its explicit violence of the 1990s. Opponents attempt to spread the pro-life message by producing deliberately misleading advertisements, however, which feature graphic, manipulated photos and medically-unsubstantiated claims. These advertisements have been found on buses, on highways, and in people's mailboxes. In response to Canadians' overwhelming support for the right to choose, the movement has simultaneously adopted a more moderate tone and "woman-friendly" talking points. Many pro-life groups have also emerged to target students, where they engage in advocacy in high schools and universities with the explicit purpose of recruiting young supporters. Actions such as the annual March for Life bring thousands of students from publicly-funded Ontario Catholic schools to Parliament Hill to protest abortion.

Pro-life groups also protest abortion by continuing to occupy space outside abortion clinics and provider hospitals - particularly during 40 Days for Life. Faith-based organizations often have connections to the American movement and operate crisis pregnancy centres (CPCs), which attempt to dissuade women from choosing abortion by disseminating misleading information, dispensing medical advice that is not backed by science, and hiding their religious affiliations. These organizations tend to be next door to clinics that provide abortion services, and choose names that could easily be confused with those that do (e.g., "Aid to Women"). Most CPCs receive charitable tax status and advertise on public transit, as well as charitable giving sites.

In addition to picketing outside clinics and attempting to change public attitudes, Canada's anti-abortion movement also channels its efforts towards electoral politics.

Organizations such as Campaign Life Coalition aggressively lobby Canadian politicians and scrutinize their stances on abortion, which has resulted in at least four Private Members' Bills at the federal level since 2010 that have circuitously attempted to

recriminalize abortion by establishing fetal rights. Organizations like Right Now and We Need A Law also attempt to promote candidates who commit to doing anti-abortion work while in office, and recruit young voters. Lobbying of this nature promotes the introduction of restrictive abortion legislation in Canada, such as parental consent laws and repealing taxpayer funding (via provincial health insurance plans) for abortion services. In the U.S, these kinds of laws have led to severe restrictions on abortion and sometimes the criminalization of women convicted of harming the fetus they carry.

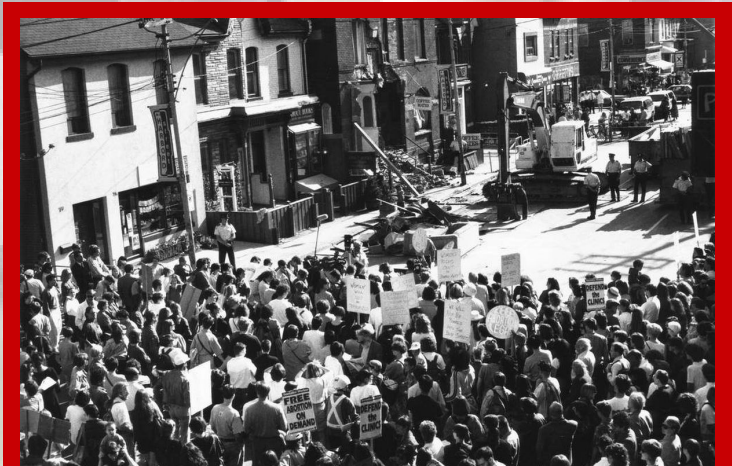


PHOTO CREDIT: Edward Regan



## OUR DEMANDS

- Some provinces have established "bubble zone" legislation that bars picketing outside clinics and hospitals that provide abortion services. British Columbia was the first province to enact this legislation in 1995, and has been followed by [Alberta](#), [Ontario](#), [Quebec](#), [Newfoundland & Labrador](#), and [most recently Nova Scotia](#). All provinces that currently do not have such legislation must look at protecting abortion providers and patients from anti-abortion harassment. [MP Nahanni Fontaine deserves public support for re-introducing a private members bill in May 2020 to establish bubble zone legislation in Manitoba](#).
- Local governments must create bylaws in accordance with the Canadian Code of Advertising Standards to stop anti-abortion groups from disseminating misleading, graphic, and medically inaccurate information.
- The Canadian Revenue Agency must deny charitable status to any group that violates the Charter of Rights and Freedoms, including [CPCs who hold anti-abortion positions](#). In their absence, all levels of government must provide increased funding for social services that support those facing an unplanned pregnancy.

## SUPPORT OUR WORK

- Donate to political candidates who explicitly identify as pro-choice. Write a letter to your Member of Parliament and ask what they are doing to expand abortion access in Canada.
- If you see a graphic anti-abortion ad, [submit a complaint to Ad Standards](#), an organization that upholds the Canadian Code of Advertising Standards.
- Counter anti-abortion propaganda in schools and universities by joining pro-choice and feminist groups in your community. If you are not sure who is doing this work, reach out to the [Abortion Rights Coalition of Canada on social media](#) and ask.

## LEARN MORE

- Read about [Safe Access Zone Laws and Court Injunctions in Canada](#) from the Abortion Rights Coalition of Canada.
- Understand why some [young people are joining the anti-abortion movement in Canada today](#).
- Listen to journalist Anne Kingston talk about [how Canada's anti-abortion movement changed their political tactics](#) leading up to the 2019 Federal election.



# DESTIGMATIZING ABORTION IN CANADA

## INTRODUCTION

In 1970, the Caravaners drew attention to the cruel and unjust nature of Canada's criminal abortion law by performing acts of guerrilla theatre on their cross-country trek. Three women would put on white coats and play the role of TAC physicians, while others begged them in vain for legally-sanctioned abortions. As the Caravan stopped in cities and towns from Vancouver to Ottawa, they also bolstered public support for legal reform by sharing personal abortion stories. This tactic emerged spontaneously, as they encountered women—some strangers, some not—who disclosed their experiences of accessing abortion, which were sometimes harrowing in days of the early '70s and decades previous, when abortion was illegal. Moved by the intimacy, power and sheer number of these stories, some Caravaners shared their own abortion experiences - with each other and publicly. They did so because what they came to learn along their trek was that a "cover-the-legs Victorian attitude" existed around abortion in Canada - as Karin Wells shows in her recently-published book on the campaign. Abortion in the 1970s was too shameful and stigmatized for most people to talk about, let alone lobby around—as the Caravaners did—for social change.

*[My aunt] told me she wasn't supporting the Caravan but I was welcome to stay [at her place], and then she told me—and she had two kids, my cousins—then she told me that she'd had two abortions. And I remember being absolutely staggered. First that she'd tell me at all and then that she was opposed to us wanting to have it for everybody. I was gobsmacked ... These kinds of stories would have never come out otherwise. People all across the country talked about these intimate personal experiences that they may not have told anyone about. With my aunt, I'm not even sure if my uncle knew.*

**CATHY WALKER,  
ORIGINAL CARAVANER**

”



The writing that follows is about one woman's abortion experience – my co-editor's and friend's. Her story is intimate and powerful and informal, and brave of her to share. I am inspired by everyday activism of this sort; by just how many people have publicly disclosed their experiences, and surely will continue to. Telling abortion stories has been a longstanding tactic in Canada's pro-choice movement, which today's generation is taking up with great zeal and technical savvy – as Robyn's story evidences. Personal disclosure of this nature bridges the private and public spheres; it is a clear manifestation of the second-wave mantra “the personal is political” (for which we are indebted to our feminist foremothers); and it is gutsy and radical and full of love.

Destigmatizing abortion through public storytelling was urgent in the days of the 1970 Caravan, when the procedure was illegal in Canada. It remains urgent today, more than 30 years following its decriminalization. The tactic is urgent and necessary because abortion stigma is real, and because it fomented in all sorts of nefarious ways – internally, interpersonally, and institutionally. In an early and important article about its damaging effects, Kumar et al. (1996) define abortion stigma as “a negative attribute ascribed to those who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of womanhood: female sexuality solely for procreation, the inevitability of motherhood, and instinctual nurturance of the vulnerable”. This definition is comprehensive, but what can be added is that abortion stigma is also internalized by providers, as well as those who offer emotional and practical support to those who end unwanted pregnancies.

In an impactful conversation I had with a feminist organizer a few years ago, she posed a question to me – rhetorically, thankfully. She asked: “How do you strategically inoculate against the anti-choice? How do you destigmatize a legally offered service? It's a social and cultural question.” My friend's writing that follows— emblematic of other creative means that feminists before her have used to share their personal abortion stories and inoculate against abortion stigma—is one clear and very moving answer.

*All of us had something inside of us that made us want to do this. It was the army of the willing and we were in it together.*

**MARCY COHEN,  
ORIGINAL CARAVANER**



# REFLECTIONS ON THE 50TH ANNIVERSARY: FROM ROBYN SCHWARZ, ONE OF MANY SISTERS ON THE 2020 ABORTION CARAVAN

When I was twenty-two, I had an abortion. This is my story.

I am from a small town called Kelowna in British Columbia. Most people from outside BC think of it as full of mountains and environmental activists. I think of BC that way too, but for me it also contains a toxic community I will never call home again because of my abortion experience. Kelowna, for me, symbolizes everything that I believe is wrong with how we treat fellow community members. It is home to some of Canada's most aggressive anti-abortion fanatics. Growing up, I thought it was normal to see people on the sidewalk next to the hospital where I was born holding gruesome signs of fetal remains and telling women that they would go to hell for choosing abortion. Whenever I go back to Kelowna to visit my family, I pass by this hospital and confront this reality. My understanding of my former community is thus one of exclusion, stigma and shame.

My abortion happened in Scotland - not Kelowna - when I was studying abroad at the University of Glasgow. When I found out I was pregnant, I felt so much shame. I had done everything humanly possible to avoid pregnancy. Hormones make me extremely sick, and after realizing that no pill would work, I was referred to an OB/GYN and we settled on a copper IUD. In Glasgow, the doctors and nurses worried that I had an ectopic pregnancy because of my IUD. But I also heard repeatedly how they had never heard of someone becoming pregnant over a year after having an IUD inserted. Initially, I was terrified - more about what would happen to me medically; much less about what I wanted for my future.

In Glasgow, a doctor kept me overnight at a hospital that I had never been to in my life, but once an ultrasound confirmed the pregnancy was not ectopic, I was on my own again. During my hospital stay, I called my parents - even though it was early morning Pacific Time. I was so worried, overwhelmed, and afraid. I did not know what they would say, but I wanted their help more than I needed their approval. It felt scarier to be alone, a 16-hour flight away from any familiar medical care, navigating this situation by myself. Given what I had seen as a child in Kelowna, I had no idea what they might say. My mom was supportive and told me I would get through this. I sobbed harder than I had in years, trying to explain the events of the day when I found out I was pregnant - having not fully come to terms with them myself. Neither of my parents pushed me to make a particular choice. I was thankful for that, but I was still overwhelmed and afraid. 'How could this happen to me?', I wondered. 'How could my body betray me this way?'



Almost a month passed between my positive pregnancy test and my surgical abortion, and every interaction I had with the Scottish National Health Service subtly confirmed my fears and reinforced anti-abortion narratives: that this was a mistake and I was now one of "those women". At the intake appointment for my abortion, the nurse asked what I planned to do for birth control going forward. I explained my terrible luck with contraceptive options in recent years, and that I would stick to condoms – for now. That was not good enough for her and she convinced me that I needed another copper IUD. That I wasn't responsible, and that since I was going to be put under anyway, I wouldn't feel a thing.

As I sat in the waiting room on the day of my abortion, I separated myself in my head from a younger woman who sat across from me, there for the same reason. I rationalized that I had done everything right—unlike her—and told myself I had nothing to feel bad about. I now recognize how problematic this logic was and how abortion stigma reinforces the idea that there are "good" and "bad" abortions. This is a myth the patriarchy tells us. Yet everyone who makes this choice is doing what is right for them. Everyone is being responsible. Only opponents try to take this truth away from us. The relief I felt after waking up from the general anesthesia gave me confidence and offered a glimpse of that truth. A nurse brought me something to eat and I felt blood between my legs. I was wearing a pad, which I hate, but I was okay.

When I returned to Kelowna 3 months later, I confided in an old friend from high school that I'd had an abortion. Telling him felt like a big deal to me, given the explicit anti-abortion values in our community. This friend had been there for me before, through bad break-ups and university admissions, but when I told him what happened, to my horror, he asked why I did not want to be a parent. He was eager to start a family of his own and did not understand why I wouldn't want a baby. He looked at me with sadness in his eyes. When I told my then boyfriend how my friend had responded, he scolded me with that same sadness. He said, "This is why we do not tell people. I don't know why you would do that."

These responses showed me that I couldn't trust anyone with my truth, and so, I didn't share what happened to me while I was in Scotland with anyone for many years. It was not until I had left Kelowna and moved to London, Ontario that I found meaning for and relief from the shame that had been projected upon me. It came from a space that has always provided me comfort: my work.

I was pursuing a PhD in Canadian history at Western at the time, and I came across [an article by Angus McLaren](#) about the rise of the Social Gospel movement. McLaren's article talks about some really interesting early forms of birth control and it also outlines how male doctors helped stigmatize abortion in early twentieth century Canada. Pregnant people, I learned, had not always viewed having an abortion as a "problem" or something to feel bad about. A hundred years ago, we viewed it as a normal part of reproductive health and helped each other access the information needed to take care



of ourselves and our families. This truth was something I had always known deep down inside myself, but suddenly it resonated with me so profoundly. It forced me to reflect on the ways in which I had internalized abortion stigma – within myself in the years since I had my abortion; and, most importantly, the day I separated myself from the other young woman in that hospital waiting room in Glasgow. I realized in that moment that I was exactly like her, exactly like every single person who has had an abortion. Like them, I made the right choice for me.

*For me it was a time of trying to figure out what I was going to do in this world that would make a difference.*

**DAWN CARRELL (HEMINGWAY),  
ORIGINAL CARAVANER**

It has been almost ten years since I had my abortion. I remember that day so clearly because it was two days after my birthday. As I write this, it is now September 2020. We released the first piece of this project to commemorate the legacy of the 1970 Abortion Caravan in May. That feels like a hundred lifetimes ago but also like it was yesterday. This year has been unlike any I could have ever imagined, but I have much to be thankful for. I have made some amazing new friends. I am thankful to Jaime for going on this writing journey with me – for the friendship that formed through the countless hours we spent working together on this project. I am thankful to the original Caravaners – especially Dawn Hemingway. As I reflect on her words in the preface, which opened this project months ago, I see the many ways our feminist lives parallel one another. Across time and space, Dawn and I have a lot in common. We share the bonds of sisterhood. We've both taken many journeys across Canada from BC to Ontario over the years. And, like Dawn's experience in 1970, wire cutters also were brought out for the 2020 Abortion Caravan. Jaime and I have working alongside [Fiona Apple's Fetch the Bolt Cutters](#) since April.

It feels fitting to me, then, that I began writing this last piece of our 2020 Abortion Caravan in July, while in self-isolation at Big White so I could spend my dad's 60th birthday in person with him in Kelowna. Going back there during COVID-19 was surreal, in part because the [community became a viral hotspot](#). It was while I was alone in the mountains with my sweet dog for 14 days that I began to consider publishing my abortion story. And you are reading it today, on International Safe Abortion Day, or some time thereafter. If it is after, please tell me the world is a better and safer place – for me and for everyone who has ever had an abortion; or anyone who is deciding whether to, or will soon.

**JOIN US: [www.actioncanadashr.org/campaigns/abortion-caravan-celebrating-50-years](http://www.actioncanadashr.org/campaigns/abortion-caravan-celebrating-50-years)**



I believe the universe pushes us to be our best selves when we least expect it. Despite committing myself to reproductive justice work in southwestern Ontario for the last several years, I have never told my abortion story publicly. I was worried about being discredited. As a woman who started her career wanting to enter the Canadian historical profession, I had learned to "lean-in" to a discipline that continues to be steeped in patriarchy. I was not allowed to be emotional. I had to be objective, measured, and strong if I wanted to be taken seriously. I performed that role so well for years. It was fucking exhausting. However, it's 2020 and I'm done making decisions out of fear. We are living through a global pandemic, and climate change is here. My feminism tells me that we must rebuild this world through love. That love is the only way forward. One way to love is to share our experiences with one another.

The personal is still political. My activism was and still is driven by a desire to build a world where no one feels shamed for their choices. It is through this lens I share my story with you here, and it is the hope of our feminist collective that this piece – the final in our virtual trek in honour of the 50th anniversary of the 1970 Abortion Caravan – will make at least one other person feel less alone.

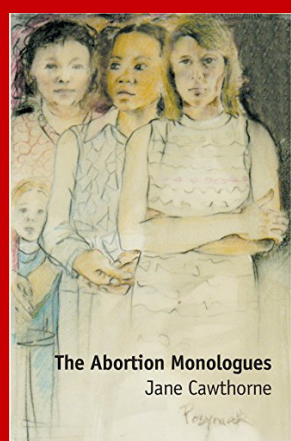


PHOTO CREDIT:  
Teresa Posylniak



PHOTO CREDIT:  
Kathryn Palmateer



PHOTO CREDIT:  
The Sovereign Uterus

## LEARN MORE

- Explore the website for the *The Supine Cobbler*, which is a five-woman play and uses the genre of the spaghetti western to represent the experience of clinical abortion.
- Read the book *One Kind Word: Women Share Their Abortion Experiences*, which emerged from the website Arts4Choice. This project uses portraiture as the medium for people to share and meet others who have had abortions.
- Read the stories in "Part 1: Speaking from Experience" in *Without Apology: Writings on Abortion in Canada*.
- Explore *The Choice VR*, a virtual reality documentary created by Joanna Popinska that allows users to experience the reality of what it is like to get an abortion and converse with someone who has.
- Submit your own abortion story to Shout Your Abortion, the Sovereign Uterus, or Women on Web.