

APRIL 2023

HISTORY OF PROCEDURAL ABORTION ACCESS IN NEW BRUNSWICK

Reproductive Justice New Brunswick Project

Main Author:

Christine Hughes

Contributing Authors:

Tobin Haley, PhD

Jessi Taylor, PhD

Mandi Parsons

Karen Pearlston, PhD

Indigo Poirier

Courtney Pyrke, MLS

Mad McDaniel

Research Team

© 2023

Fredericton, New Brunswick
University of New Brunswick

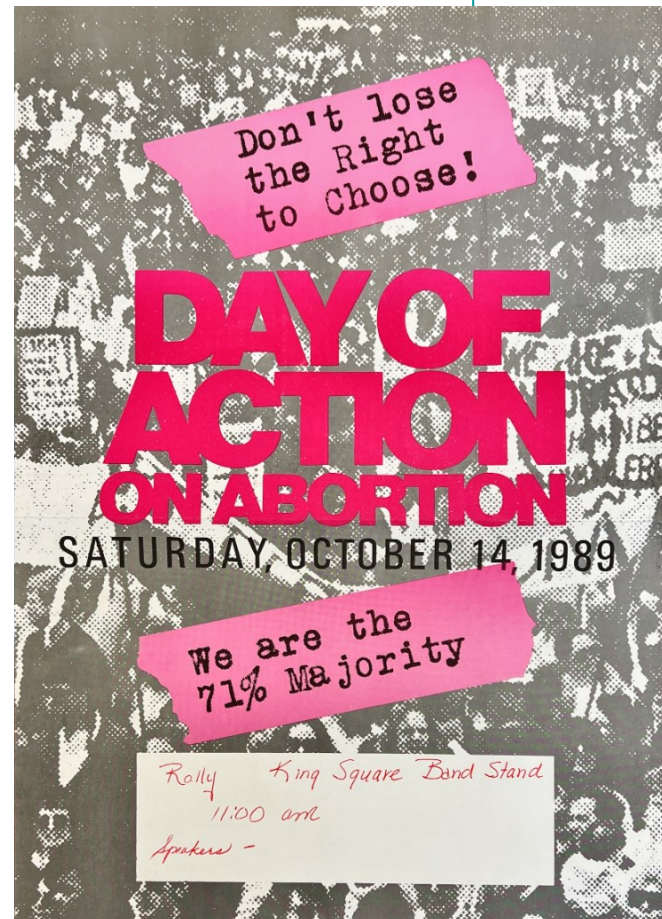


TABLE OF CONTENTS

Land Acknowledgement	2
Acknowledgements	4
Executive Summary	6
Scope and Objectives	10
What we Found	25
Zotero Tool	30
Timeline	34
What's Left to Do	35
What we could build with it	36
Bibliography	37
Appendix	39

LAND ACKNOWLEDGEMENT

The Reproductive Justice Access NB Project would like to respectfully acknowledge that UNB and our researchers are on unsundered and unceded traditional Wolastoqey land. As treaty people under the Peace and Friendship treaties, we acknowledge the nationhood, title, and sovereignty of the Wəlastəkwewiyik (Wolastoqiyik), Mi'kmaq and Peskotomuhkati (Passamaquoddy) peoples.

This acknowledgement is part of our obligations as treaty peoples. This obligation takes on special significance in light of reproductive histories.

Canadian governments and the stigma that settlers have brought with us have contributed to substantial loss of knowledge and practices around reproductive health including abortion and midwifery. This loss of knowledge and tradition resonates with the empty spaces that remain in our archival work and whose documents and information were recorded, in what way, were deemed important, and were able to be recovered to date.

Reproductive Justice is a model of analysing, critique, and building stronger communities that comes out

of the work of Black activists in the United States and in Canada are particularly in the debt of Indigenous activists for its proliferation on these lands. This land acknowledgement is also here to not only acknowledge the lands that have been stolen and to acknowledge sovereignty of these nations, but to make clear the ways that settlers continue to benefit from the reproductive knowledge, activism, and teachings of Indigenous communities.

As researchers and those of us who are settlers continue to benefit from the work of Indigenous activists; we owe a debt of knowledge and loss that cannot be repaid, and we recognise the intrinsic relationship of the land to this work and this knowledge.



Image Source: Benson Kua, "Grand Falls in New Brunswick," 2011. Accessed via <https://www.flickr.com/photos/bensonkua/6838964703/> CC BY-SA 2.0.

ACKNOWLEDGEMENTS

New Brunswick Provincial Archives
with special thanks to
Meredith J. Batt
and Ryan Stairs

Our Key Informants and Interviewees

Our Community Advisory Board:

Rachael Johnstone
Imriel Bisnette
Tracy Glynn
Amber Chisolm
and others

COMMUNITY PARTNERS

**Reproductive Justice
New Brunswick**

**Health Canada Health Care
Policy and Strategies
Program**

Clinic 554,
with special thanks to
Valerya Edelman
and Adrian Edgar

Sarah Rodimon
Mad McDaniel
Al Cusack



EXECUTIVE SUMMARY

This report explores, in three main sections, the process and outcomes of the initial phase of the Reproductive Justice New Brunswick Project's historical inquiry into procedural abortion access in the province. The project centers questions of history, legislation and policy, and healthcare as they relate to access to procedural abortion. In New Brunswick, a unique combination of social, legal and cultural factors have created a specific history of access. This report outlines this project's exploration of that history and its impact on the modern fight for reproductive justice in the province.

The report opens with an introduction to the major aims and goals of the project as a whole. It offers an overview of the scope of our historical inquiry. By providing definitions, an exploration of the importance of historical research on this issue, our guiding questions, a basic timeline, and a discussion of scope, this section seeks to offer an overview of the project's main purposes and objectives during this research phase.

The second major section of the report outlines the methodology employed by the project. This section opens with an overview of the basics of archival methods. In doing so, the report identifies the archival concepts that researchers centered while compiling documents and analyzing their contents. It then moves to explore the guiding framework of feminist critical theory, which this project employs throughout its work. By exploring the feminist critical framework, the report outlines the guidance that theory provides the project's analysis and offers insight into the team's priorities and concerns. Next, the methodology section explains the key informant interviews conducted by the project. It explores the major tenets of feminist history interviewing and offers a theory of the value of both individual and social memory. The section concludes with a description of our sources and their relevance to the project's guiding questions. This whole section expands on the important guiding principles of this historical research.

The third section and final section outlines the preliminary outcomes of this research and our current plans for its dissemination. It expands on newly uncovered documents from the New Brunswick Provincial Archives, which have revealed important facts about the activities and policies of the province's longest running Therapeutic Abortion Committee. This section also explores the research done on archives of the New Brunswick anti-abortion movement. In offering the summary of this research outcome, the report expands on a gap in the current literature on New Brunswick's abortion history and how the project seeks to begin filling that gap. It then moves to an overview of some of the legislative history of abortion in New Brunswick, particularly what the project has uncovered about New Brunswick's response to federal

changes in abortion legislation and restriction. The report also expands on some of what interviews with key informants uncovered. It also describes the use of the program Zotero to create a citation base for the project, as well as early work done on what will become a public facing timeline. This section concludes with some considerations of what work is left to do on this portion of the Reproductive Justice New Brunswick Project.

The report concludes with some notes on what these research outcomes could build for future researchers, members of the public, our own work, and reproductive justice advocates in the province. It considers how this work impacts this ongoing fight and the nature of our responsibility to that work.

SCOPE AND OBJECTIVES

1. Project Overview

Analysis of abortion in Canada can center healthcare, legal, and historical questions. While the project approaches all three of these analytical possibilities, this report focuses on our exploration of New Brunswick's abortion history. New Brunswick is a unique site of historical investigation due to the specific ways that the province's sociolegal landscape has interacted with its decentralized, multilingual and broadly religious population when approaching questions of abortion access.

“**R**eproductive justice centers on three interconnected values based on human rights: the right not to have children by using safe birth control, abortion, or abstinence; the right to have children under the conditions we choose; and the right to parent the children we have in safe and healthy environments. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being.”¹

This history report is a component of a larger project: the Reproductive Justice New Brunswick Project, exploring abortion in New Brunswick. It includes interviews with key informants, focus groups, archival research, quantitative data collection and resource creation. Putting these components together provides an opportunity for not only a systematic review of barriers and access in the province but also contextualizes both our current and historical circumstances. The project seeks to answer three main questions regarding procedural abortions in New Brunswick. First, we ask, “how can we address the knowledge gap around the need for procedural abortions in New Brunswick;” second, “what are the current barriers to procedural abortion access in New Brunswick;” and third, “what is the larger history of

1. Loretta Ross, ed., *Radical Reproductive Justice: Foundation, Theory, Practice, Critique*, First Feminist Press edition (New York, NY: Feminist Press at the City University of New York, 2017).

procedural abortion access in New Brunswick?” This report will cover the processes both of choosing question three and how the project sought to answer it. It endeavours to outline the methodology and outcomes of this preliminary historical research into the question of access to procedural abortion in New Brunswick, while keeping in mind the overarching goal of the project—to offer data-driven results that can support the ongoing fight for reproductive justice by community members in the province.

“It means getting racialized, migrant, indigenous, poor, queer, "obese" and disabled women-identified and trans people around a table to discuss their particular reproductive and sexual health needs and where the system is failing them. We need to draw links between our struggles. It means rejecting universalizing statements about levels of access to different services and breaking down reality to see how access is racialized, classed, heterosexualized, ableist and gendered (and I don't mean just "women" and "men").”²

Dr. Tobin Haley, who is a principal investigator (PI) on this project, described the project as coming about through an “ iterative process of conversation between herself and her colleagues, Drs. Jessi Taylor, Jula Hughes, and Karen Pearlston,” all of whom “[had] been and/or are involved in abortion advocacy for many years in the province.” Dr. Haley also noted their interdisciplinary expertise in social policy, gender, feminism, and law . The project stemmed from a series of questions left unanswered about access to abortion in New Brunswick, which “in a way [...] reflect our knowledge as a group.”³ The scholars working on this project felt that the knowledge gap around procedural abortions in New Brunswick needed filling and set out to do so through this interdisciplinary project. In doing so, they hope to provide valuable information about procedural abortions accessed in New Brunswick and to compile data on barriers to that access. The project

²Jessica Danforth (Yee), “Reproductive justice – for Real, for Me, for You, for Now” (Native Youth Sexual Health Network, n.d.), <http://www.nativeyouthsexualhealth.com/reproductivejustice.pdf>

³Tobin Haley, email to Christine Hughes, November 2022.

notes that New Brunswick is not currently in keeping with either the Canadian standard or the World Health Organization recommendations for abortion care .⁴ In creating the research questions being asked in this project, the team focused on producing results that could support the ongoing work of community members in their fight for reproductive justice.⁵

“**T**he emotional, physical, mental, economic, social, and political and recognizes that the governmental control of reproductive systems and bodies violates all eight categories of human rights.”⁶

⁴“Government of Canada Strengthens Access to Abortion Services,” *Health Canada*, May 11, 2022, <https://www.canada.ca/en/health-canada/news/2022/05/government-of-canada-strengthens-access-to-abortion-services.html>; “Abortion Care Guidelines,” *World Health Organization*, March 8, 2022, <https://www.who.int/publications/i/item/9789240039483>

⁵Indigo Poirier, “About the Project,” *Reproductive Justice Access New Brunswick*, <https://rjaccessprojectnb.ca/en/>

⁶Jael Miriam Silliman et al., “Asians and Pacific Islanders for Reproductive Health,” in *Undivided Rights: Women of Color Organize for Reproductive Justice* (Cambridge, MA: South End Press, 2004)

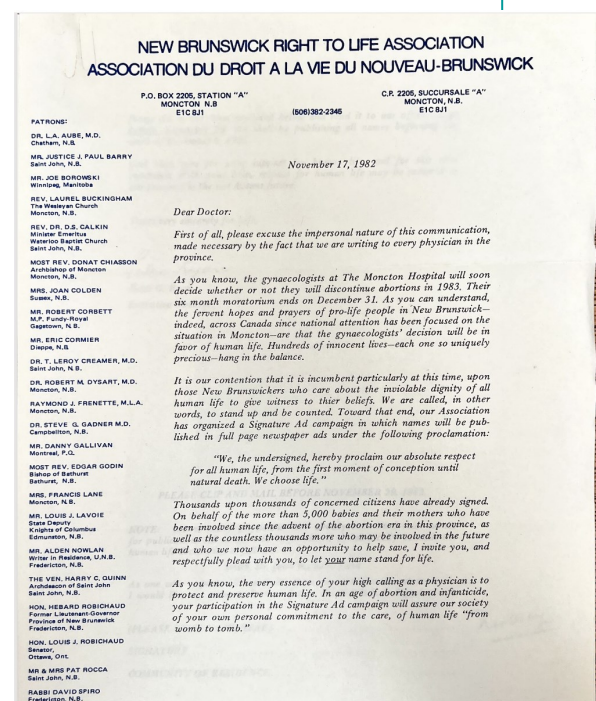
2. Why History?

Politics Construct Gender and Gender Constructs Politics

In “Gender as a Useful Category of Analysis,” a pivotal piece of work on gender history, feminist historian Joan W. Scott noted that “[w]hen historians look for the ways in which the concept of gender legitimizes and constructs social relationships, they develop insight into the reciprocal nature of gender and society and into the particular and contextually specific ways in which politics constructs gender and gender constructs politics.”⁷ Scott refers here to the fact that our political actions come from who we are and that who we are also results from our political actions, creating an interdependent relationship between our identities and political action. When it comes to understanding the present barriers to abortion in New Brunswick, we need the particular and contextually specific insights that Scott points

to as the product of gender history. By creating a chronology of events related to the history of procedural abortion, this project contextualizes both the provision of abortion in the province as well as the decades-long fight to improve access. As a result, we can begin to offer insights into the combination of social, political, and systemic factors which produced the current barriers to procedural abortion access and reproductive injustice.

⁷ Joan W. Scott, “Gender: A Useful Category of Historical Analysis,” *The American Historical Review* 91, no. 5 (1986): 1070.



GUIDING QUESTIONS & OBJECTIVES

In approaching a systematic study of abortion in New Brunswick, we recognized the need to answer four distinct questions about the history of procedural abortion access in New Brunswick.

With these questions we created a framework for contextualizing the current barriers to access. We wanted to find out how access had operated historically, particularly within the legal and medical systems which regulated it. These questions provided a preliminary guide to selecting our archival material and kept the connection between the past and present centered in our analysis.

Guiding Questions

1.

What is the legal and policy history of procedural abortion in New Brunswick?

2.

How did the Therapeutic Abortion Committee (TAC) system operate in New Brunswick, and how did that impact procedural abortion access?

3.

What is the history of the Morgentaler Clinic in New Brunswick, and what impact did it have on procedural abortion access?

4.

How did the anti-abortion and pro-choice movements in New Brunswick operate historically, and what impacts (if any) did they have on procedural abortion access?

SCOPE

While some of the focus of our historical inquiry looked at procedural abortion access before abortion's partial decriminalization in 1969, most of the work focuses on 1969 to the present day.

1810

New Brunswick criminalizes abortion with “An Act for Making Further Provisions to Prevent the Destroying and Murdering of Bastard Children, and for the Further Prevention of the Malicious Using of Means to Procure the Miscarriage of Women”

1969

Canada partially decriminalizes abortion federally

1973

Creation of the federal Therapeutic Abortion Committee (TAC) system for the hospital based approval of “medical necessity” for abortion cases. Hospitals without a TAC do not perform abortions

1982

Canadian Charter of Rights and Freedoms (Charter) passes into law

1988

Supreme Court tries R v Morgentaler, finds the abortion provision in the Criminal Code unconstitutional as it violated s. 7 of the Charter

1888

New Brunswick reveals provincial abortion policy which says that for the procedure to be covered under Medicare, patients must have the approval of two doctors, and it must be performed by a specialist in an approved hospital

1993

Dr. Henry Morgentaler opens clinic in Fredericton New Brunswick

1994

New Brunswick abortion provision ruled unconstitutional as it overstepped the legitimate powers of a province

2014

Morgentaler Clinic closes due to lack of funds

2015

Clinic 554 opens to provide OBGYN services, including abortions, at the old Morgentaler clinic

Our time scope exists for both logistical and analytical reasons. Logistically, most of the official records on abortion provision in New Brunswick were produced following partial decriminalization in 1969. For the purpose of analysis, the current barriers to procedural abortion access are the products of the historical path of abortion regulation, which began to change more rapidly after 1969. Therefore, the project's scope broadly focuses on 1969 onward, with some calls back to earlier legal histories when they impacted access.

The project collaborated with archivists at the Provincial Archives, who sought out material for us related to procedural abortion access in New Brunswick. We, and the archivists, focused on collecting any materials that might have relevance to our guiding questions for two main reasons.

Reasons for Archival Research on Abortion in New Brunswick

1. New Brunswick archives have largely not been digitized, which makes actions like searching for terms, filtering results, or finding key documents within a particular folder more difficult. All sorting and organizing work had to be done by either our team or our archival collaborators.
2. No large-scale work has ever been done on the history of abortion access in New Brunswick. The province's access regulation receives passing mention in some national histories, and a bit of a closer focus in histories of the maritime provinces, but in producing a history of access focused solely on New Brunswick, the team had to create a database of primary sources from scratch, without the guidance of prior scholarship.

3. Key Informant Interviews

Our team also identified key informants working within the New Brunswick healthcare system to speak to about their experiences with procedural abortion provision in the province historically and now. Interviews provide particular insights into the past. I offer a few notes on our methods, a sampling of our questions, and then discuss some of the early findings of both the archival and interview-based work undertaken by this project.

Historian Lynn Abrams offers a cogent summary of the special nature of oral history interviews in her book *Oral History Theory*. She explains that “oral history is a dialogic process; it is a conversation in real time between the interviewer and the narrator, and then between the narrator and what we might call external discourses or culture.”²¹ Interviews create new historical sources using human memory. As a methodology, this can pose challenges, but also promises unique rewards. As Valerie Yow

summarized succinctly, “human memory is both fallible and, when we approach the oral history document critically, trustworthy.”²² Human memory represents the simultaneous record of significant occurrences during a moment in an individual’s life, and the socially shared experiences of society, family, community, and public perception. The fallibility of human memory poses a consistent challenge for oral historians, but much like the natural incompleteness of the document archive, oral history practitioners argue that this fallibility must represent part of the analysis rather than be ignored as a detriment. Therefore, oral historians read not only what an individual recalls as true but also the context of those truths, the social biases and conversations that might inform that truth, and the contradictions inherent to any human narrative. A full list of questions offered to key informants can be found under Appendix A.

²¹ Lynn Abrams, *Oral History Theory* (London: Routledge, 2016), 19-20.

²² Valerie Yow, *Recording Oral History: A Guide for the Humanities and Social Sciences*, 2nd ed. (Walnut Creek: Alta Mira Press, 2005), 36.

We spoke to key informants regarding their experiences working in the healthcare sector in New Brunswick about the provision of procedural abortions in the province. In those interviews, the team asked a series of questions about the interviewee's personal experience, but also their broader sense of the sociopolitical climate informing those experiences both historically and contemporaneously.

Questions included:

- In your time working in NB, what changes to abortion care have you observed?
- How easy is it, in your experience, for someone to get a procedural abortion in NB?
- Where do barriers to access come from?
- What would you like to see change?

These questions touch on both the individual and social memories conceptualized by oral history theorists as they inquire into both personal experiences and broader social commentary and context. By working on both an interview-based and archival history of abortion, the gaps inherent to each method can be accounted for elsewhere, and a fuller picture of procedural abortion access history emerges.

4. Our Sources

In collaboration with archivists at the New Brunswick Provincial archives, the team set out to collect and digitize as much material as possible relating to the history of procedural abortions in New Brunswick. As of October 24, the team had digitized over 400 records from various archival fonds, including papers from: Everett Chalmers, the Moncton Hospital, the New Brunswick Nursing Association, Knights of Columbus Pro-Life Canada, Carol Fergusson Fonds, Greg Milton Fonds, York-Sunbury-Queens Medical Society and the Morgentaler case. These documents include memos, letters, petitions, newspaper articles, newsletters, magazines, policy papers, drafts, minutes from organizational meetings, legal records, hospital statistics, internal communications, membership lists, board meeting communications and conference summaries.

We also spoke to Dr. Adrian Edgar at Clinic 554. He provided us with a set of documents from the Clinic, which operated as The Morgentaler Clinic from 1993 until 2014. Included in those documents was a history of Morgentaler clinics created as waiting room reading material, as well as a 2003 letter campaign. The 2003 campaign had patients fill out a form letter, of which the following is an example:

The Hon. Elvy Robichaud
Minister, Health & Wellness
P.O.Box 6000
Fredericton, NB E3B 5H1

Dear Minister Robichaud:

I am a [redacted] year old woman from [redacted] who recently had a therapeutic abortion at the Morgentaler Clinic in Fredericton. A hospital abortion was not an option for me because:

They are no longer doing abortions in the Moncton hospital.

Because of the government's policies, and the fact that a hospital abortion was not available, I have been forced to pay for this service myself.

According to the Canada Health Act, I am entitled to abortion services covered by Medicare whether performed in a hospital or a clinic. Your interpretation of the Medical Services Payment Act clearly does not respect the reproductive health needs of New Brunswick women.

Given the hardship this imposes on women, the lack of access to hospitals, and the many women who do not have a family doctor, I urge the New Brunswick Government to ensure that abortions performed at the Morgentaler Clinic are covered by Medicare.

Sincerely,

Name

Name withheld by request.

Patients had the option of withholding their name, and later letters did so by default, identifying the patient by a case number instead. These documents provide us with both a primary source about the lack of access to procedural abortion in New Brunswick, but also with an example of previous research on this subject, placing our work within its broader historical context.

The team has undertaken our analysis of these documents and interviews accounting for the possible silences, gaps, and nuances provided by the archive, and the kinds of data accessible through human memory. We also work with the limitations of archives which have not yet been digitized. New Brunswick archival documents and finding aids, by and large, exist only in their paper form, filed away in folders. As a result, the documents are

not searchable by keywords, dates, or key figures, which means that as we work with hundreds of documents, we also work to create a database from which to pull our results. The next section of this report will outline our findings so far and explain how we have used this data to create a collection of sources from which to operate, as well as a preliminary timeline.

WHAT WE FOUND

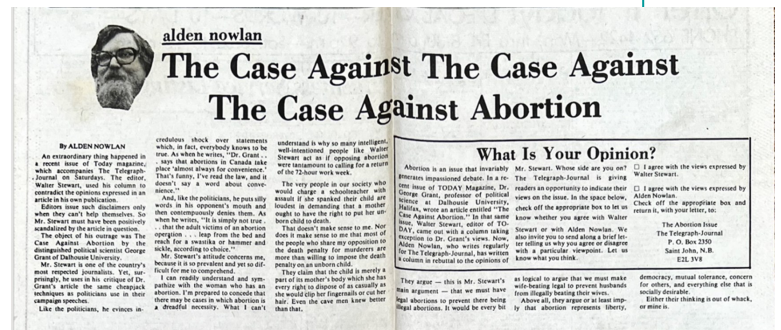
The early analysis of the archival material we found suggests that there are a few key gaps in the current literature which our work might be able to fill. First, we know very little about the history of procedural abortions in New Brunswick under the Therapeutic Abortion Committee (TAC) system used from 1969 to 1988. Using files from the Moncton Hospital, we have been able to explore some of the political, procedural, bureaucratic and individual complexities involved in creating and maintaining a TAC in Moncton. The TAC system operated fairly consistently between 1970 and 1988, with one six-month pause from June to December of 1982. These early results indicate that, historically, the TAC system interacted heavily with, and was often influenced by, the history of hospital regulation, provincial legislation and court cases in the provincial superior courts and the

Supreme Court of Canada, as well as the pro and anti-choice movements in the province. The doctors at The Moncton Hospital seemed, broadly, concerned with avoiding litigation and providing appropriate services. A few of them also exhibited passions for improving the quality of care in their hospital and researched questions of policy, consent and statistical goals with some fervour. Very little suggests the doctors themselves were antichoice, and some of the language refers directly to human rights, quality of care, and avoidance of unnecessary procedural delay. These findings all contribute to a larger picture of what access to abortion looked like in New Brunswick under the TAC system. In order to better advocate for current needs in New Brunswick, it is imperative that we understand what worked and what did not, what had impacts and what did

not, during the first-time abortion rates rose following legalization.

There is no academic history of the New Brunswick anti-abortion movement, but as Ventresca and Mohr suggest, organizational archives reveal an organization's ebb and flow, their biases, frameworks and interpretations.²³ Work on this project seeks to start filling that literature gap. A careful and critical analysis of the archives of New Brunswick's anti-abortion movements and their interactions with hospitals, pro-choice advocates, and one another has the potential to reveal important aspects of New Brunswick's procedural abortion history. For example, two key movements appear in the archives, and they appear to have been at odds with one another. First, the New Brunswick Right to Life Association, whose records we found in the Dr. Everett Chalmers fonds, show an

organization run primarily by men, who exerted pressure to dissolve the TAC permanently at the Moncton Hospital in 1982



Their advocacy strategy included writing newspaper articles and op-eds, doing media interviews, protesting via withholding income tax payments, and interacting publicly and privately with hospital officials.

This communication included letters to Dr. R. Caddick, who worked as the Director of the OB/GYN department at the Moncton Hospital during the 1982 pause.

²³ Many Reproductive Justice activists choose to refer to anti-abortion groups as “anti-choice,” as they feel this more accurately reflects the politics of anti-abortion advocacy groups. This project has chosen to use the terminology of “anti-abortion” to account for the issue of accuracy presented by the terminology of “Pro-Life” but also to encompass the wide range of ideologies and advocacy strategies revealed by the archive.

The second group, Birthright New Brunswick, was a chapter of a North American organization and identified themselves as separate from the Pro-life movement. Birthright worked to prevent as many abortions as possible by providing services for mothers and their unborn children. Their advocacy work included the creation of a volunteer hotline, fostering pregnant women throughout their pregnancies, and providing cribs, diapers, food, and community, all with the goal of preventing abortions.

The laws and policies reveal what has remained the same and what has changed about the provincial government's opposition to procedural abortion access, but there is no comprehensive scholarly outline of abortion case law, legislation and hospital policy within New Brunswick. Our team has put together a preliminary timeline of this evidence base from legislation and policies themselves, as well as evidence from court cases. One example of the

government's position was found in the evidentiary record from *Morgentaler v New Brunswick* (1989), in a letter from Raymond Frenette, Minister of Health and Community Services from 1987-1991. Dated February 17th, 1988, less than three weeks after the Supreme Court of Canada overturned the TAC system, Frenette rebukes Morgentaler's offer to open a clinic in the province, saying:

“The Province has no interest in considering your offer as it is not in accord with policy which has been adopted by the Government of New Brunswick. This policy provides that no abortion in the Province of New Brunswick will be recognized as an insured procedure unless it is determined as being medically required by a physician and is performed by a specialist in gynaecology and obstetrics in an approved hospital. In addition, before the operation is performed it will be incumbent on the person performing it to obtain another medical opinion endorsing clinical need for the operation.”

This history of the New Brunswick government's official position on issues of access gives researchers an opportunity to interrogate the changes and consistencies of access issues in the province. The hardline stance of insuring abortion only when "performed in an approved hospital" remains to this day, while the rule about performance by a specialist, the two-doctor rule and the rule about medical necessity have all since been removed. These timelines enable us to situate our research of other organizations and individuals within the broader political landscape of New Brunswick and fills gaps in our understanding of when things changed or stayed the same, and (crucially) why.

Key informant interviews provided further insights into the complexities in New Brunswick's abortion history. One informant felt that, in some ways, access to abortion in the province used to be better in the 1980s than in later times. Another informant explained that they felt the doctors providing abortions in hospitals cared about their patients. They

argued that access was not necessarily only improved through a change in format but that it mattered where access was concentrated. They articulated their confusion at the logic of confining access to only three hospitals in two cities and pointed out that, historically, people had been able to travel to Oromocto (for example) to access abortion. This same informant also shared with us how the clinic had funded itself when it still operated under Dr. Morgentaler ("not a businessman," our informant pointed out). A third informant explained that appointments were hard to come by in Moncton for an abortion and cited the current cutoffs for gestational age as a real concern with appointment delays. Archival data shows us that Moncton's OBGYN department was concerned with the same kinds of delay issues in the 1970s and 1980s. The federal government's Badgley report similarly cites delays as a key concern for access federally. By cross-referencing these kinds of data points from interviewees with archival data, the prominent concerns for access come to the fore.

This outline represents only the preliminary results of this research work. Analysis of the bulk of our documents only began in September, and there is still much work to do to paint a full picture of the history of procedural abortion in New Brunswick. The next section of this report explains what we have done thus far with the information we have found and outlines some potential next steps for the historical section of our project.

A·B·O·R·T·I·O·N

He'd Go To Jail To Back His Stand

By LAURIE ARMSTRONG
Staff Writer

MONCTON — David Little, assistant executive director of the New Brunswick Right to Life Association says his dedication to the pro-life cause could put him in jail, but he doesn't believe he could act otherwise.

"I became increasingly aware of the use of tax dollars to finance abortions through medicare. So, for the past two years I have refused to pay my income tax based on my conviction."

Speaking from the association's office at 86 Widson Street here, Mr. Little said he feels he has no choice in the matter as his conscience as a father and a Roman Catholic "won't allow a single nickel for abortion."

In the meantime, Mr. Little said he's had to get a lawyer "and I guess I'm going to court on the basis of the new Canadian Charter of Rights."

Mr. Little, a fulltime employee of the seven-year-old organization, said he became involved when a young girl he knew became pregnant and mentioned her concern that her parents would recommend an abortion.

By the time she told her mother, who then took her to "an abortionist," Mr.

December, Mr. Little still feels the petition made its mark. "I believe this proclamation is the largest single petition of its kind in the history of this country."

"It's the only list I know of where people have agreed to have their names printed, and have paid for the right to do so."

He said the list came as a result of a full-page ad which appeared in the provincial dailies as well as through the efforts of the association's nine branches.

Mr. Little said the "vast majority" of those who signed are members of Protestant, Catholic, Jewish and fraternal organizations as well as groups of interested people.

"I think the important thing to remember is we don't make judgments of people off the list."

Putting a stack of letters from his desk drawer, Mr. Little said the association has heard from doctors, lawyers and housewives wondering how they can help. He read from a letter containing a \$11-donation from an 86-year-old woman who said she wanted to stop "the worst crime that can be committed in the world."

However, not everyone who wanted to be on the list was eligible. Mr. Little explained the age limit was 13 years and up.

The proclamation was intended to show the Moncton Hospital the majority people are pro-life. He sa-



DAVID LITTLE

adequate studies have been done where, given the right information and asked the right question, 75 per cent of the people say they are against abortion.

Mr. Little said he feels there is no case in which abortion can be justified.

The four most quoted cases, threat to life, severe known deformity and rape, account for less than five per cent of abortions," he said.

Concerning rape and incest, Mr. Little questioned "what kind of logic it is to subject the girl to the trauma of losing the child after the trauma of physical assault."

Adoption, he feels, is the answer.

When the mother's life is threatened, Mr. Little said the doctors should do anything they can to save her. "If the child's life is lost in the course of saving the mother, Mr. Little said "this has nothing to do with abortion."

However, if the unborn child's life is in danger, then doctors should do everything they can to save its life. "Each life should be treated with equal respect."

Mr. Little totally disagrees women having abortions for mental health reasons. He said the suicide rate among pregnant women is extremely small while the suicide rate among women who have had abortions "is one of the highest."

He said pro-choice people are concerned with having their rights taken away. "The only real question is what choice is being offered and should our civilization sanction such a choice."

He continued, "Those who embrace abortion do so with one hand on ignorance, the other hand on a hysterical zeal for their right to kill."

Using the words of Dr. Bernard Nathanson, an American who performed 60,000 abortions, pro-abortionists and pro-choice people are "abortionists, lovers of abortion."

The association, although it lost its bid to put a permanent ban on abortions at the Moncton Hospital, is not giving up the fight and is to make its next plan of action public soon. "The most effective thing one can do is pray. God is pro-life."

He added, "We're going to win. God gives one command a majority."

ZOTERO TOOL

When working with the volume of documents made available to us, the research team decided early on to create a Zotero for the project to organize the newly digitized material. Zotero is an open-source reference management software program that collects, manages, and cites research sources. Zotero allows users to save webpages, books, PDFs, abstracts, pictures and audio files with all of their citation information. While Zotero provides each user with 300MB of free storage, the Reproductive Care NB project team purchased unlimited storage for 1 year (\$120.00USD/year) to accommodate the significant number of archival resources the team was able to obtain for this project. To date, this project has collected over 2GB of archival research materials.

Zotero allows users to attach PDFs, notes, and images to citations, organize them into collections for different projects, and create bibliographies. Users can access citations from multiple

computers and share them with colleagues. A team of five researchers are working in a Zotero Group, created for the project. Zotero Groups is a collaborative tool that allows members of the group to add to and edit a common library, making it possible to work together remotely and in real-time.

Archival research materials (primary sources) were collected from University of New Brunswick Archives and New Brunswick Provincial Archives. These materials were scanned (using archival scanners) or photographed (using cameras from tablets or phones). Scans and photos were then stored in a OneDrive folder and labeled with the archival call numbers. When archival research collection was completed, documents from the OneDrive were then transferred into Zotero where researchers analyzed and created bibliographic information for each item.

Bibliographic information for each item included (when applicable): document type, title, author, publisher, place, edition, date, section, pages, language, URL, archive, location in archive, library catalog, and call number. Using Zotero, researchers were also able to attach analysis notes for each item, as well as tags. Researchers' analysis notes included any information that was relevant to the project, summaries of longer documents or newspaper clippings, inconsistencies with collected data (research that contradicted one another), etc. Tags included any keywords related to reproduction; names of people, businesses, or buildings (hospitals, schools, churches); legislation numbers, acts or bills; government departments; activist, church, or pro-life organizations; keywords relating to physicians or nurses (eg. NB Medical Association, OBGYN, Nurse Practitioner); keywords relating to topics about health-related school curricula; anything relating to the Morgentaler case; and medical payment acts.

The work completed using Zotero is beneficial to this project as it allows the primary investigators and researchers to quickly and efficiently access research materials collected for the project. Team members can search for research materials in Zotero by document type, author, tags, and more. Further, having complete bibliographic information for each item will allow the team to create citations and a bibliography with the click of one button. Lastly, this work can be archived in Zotero and accessed for future projects, which will be beneficial for future researchers, both within and outside of the project.

When working with the volume of documents made available to us, the research team decided early on to create a Zotero for the project to organize the newly digitized material. Zotero is an open-source reference management software program that collects, manages, and cites research sources. Zotero allows users to save webpages, books, PDFs, abstracts, pictures and

audio files with all of their citation information. While Zotero provides each user with 300MB of free storage, the Reproductive Care NB project team purchased unlimited storage for 1 year (\$120.00USD/year) to accommodate the significant number of archival resources the team was able to obtain for this project. To date, this project has collected over 2GB of archival research materials.

Zotero allows users to attach PDFs, notes, and images to citations, organize them into collections for different projects, and create bibliographies. Users can access citations from multiple computers and share them with colleagues. A team of five researchers are working in a Zotero Group, created for the project. Zotero Groups is a collaborative tool that allows members of the group to add to and edit a common library, making it possible to work together remotely and in real-time.

Archival research materials (primary sources) were collected from University of New

Brunswick Archives and New Brunswick Provincial Archives. These materials were scanned (using archival scanners) or photographed (using cameras from tablets or phones). Scans and photos were then stored in a OneDrive folder and labeled with the archival call numbers. When archival research collection was completed, documents from the OneDrive were then transferred into Zotero where researchers analyzed and created bibliographic information for each item.

Bibliographic information for each item included (when applicable): document type, title, author, publisher, place, edition, date, section, pages, language, URL, archive, location in archive, library catalog, and call number. Using Zotero, researchers were also able to attach analysis notes for each item, as well as tags. Researchers' analysis notes included any information that was relevant to the project, summaries of longer documents or newspaper clippings, inconsistencies with collected data (research that contradicted one another), etc. Tags included

any keywords related to reproduction; names of people, businesses, or buildings (hospitals, schools, churches); legislation numbers, acts or bills; government departments; activist, church, or pro-life organizations; keywords relating to physicians or nurses (eg. NB Medical Association, OBGYN, Nurse Practitioner); keywords relating to topics about health-related school curricula; anything relating to the Morgentaler case; and medical payment acts.

The work completed using Zotero is beneficial to this project as it allows the primary investigators and researchers to quickly and efficiently access research materials collected for the project. Team members can search for research materials in Zotero by document type, author, tags, and more. Further, having complete bibliographic

information for each item will allow the team to create citations and a bibliography with the click of one button. Lastly, this work can be archived in Zotero and accessed for future projects, which will be beneficial for future researchers, both within and outside of the project.

TIMELINE (WEBSITE)

The team also began work on a timeline of abortion access in New Brunswick that will be publicly available on our website, with similar goals to the Eugenics Project. The SSHRC funded Eugenics Archives project described one of their aims to “create innovative academic resources for scholars across academic fields, including history, sociology, philosophy, medicine, law, and education” which included the creation of a public timeline.²⁴ Our team takes inspiration for our own goal of creating a public-facing version of our research results from the timeline created by the Eugenics archive. We hope to provide the public with an easily accessible and informative guide to the history of abortion in New Brunswick by compiling as much of the data into digestible and searchable resource as possible. The timeline will be built using "Cool Timelines Pro" (<https://www.inkthemes.com/market/wordpress-timeline-plugin/>). This

software was chosen for its robust support, ease of use, and customizability. The pro version of this software is reasonably inexpensive for researchers and requires no knowledge of coding to us or to be adapted to our needs. It comes with significant support, both in documentation and live support. This is a good tool for WordPress users who are primarily researchers rather than programmers. The work on the timeline is ongoing, but we have compiled over fifty events between 1803 and 2019. The timeline will contain relevant dates, links to longer explanations, scans of archival material, and photographs all related to procedural abortion access, restriction and advocacy in the province.

²⁴ “About,” Eugenics Archives, Living Archives on Eugenics in Western Canada, <https://eugenicsarchive.ca/about>. The timeline can be found at: <https://eugenicsarchive.ca/discover/timeline>

WHAT'S LEFT TO DO

The final section of this report will explore and expand on the work that remains for historical research on procedural abortions in the province. While we have analyzed a large number of documents, we still have hundreds of pages left to review, summarize and analyze. Additionally, not all potential archives have yet been explored and our initial intake raised new and specific questions about the history of New Brunswick procedural abortion access. For example, we now know that Moncton Hospital stopped providing abortions for exactly six months in 1982 while conducting an internal review. We do not yet, however, have documentation about why this review was conducted, nor what prompted them to bring back the TAC at the end of December. Additional trips to the New Brunswick Provincial Archive to explore communications from that precise period might offer explanation.

In another example, we accessed two Statistics Canada reports on the number of TACs in the province and how many were active during the years those reports were generated in the archives. The next step is to request the same report from Statistics Canada directly for all of the years it was produced, as they have them archived on microfilm. This could offer a clearer picture of what hospital-only access looked like prior to the opening of the Morgentaler clinic. Other hospitals in the Horizon Health Network likely have similar documentation to Moncton Hospital, and access to those documents would permit us to compare and contrast the history of hospital access across the province. As we complete additional oral history interviews, new places to look for archival material might reveal themselves.

WHAT COULD WE BUILD WITH IT

(Paper themes, timeline, resource repository, oral history)

The history of procedural abortion access in New Brunswick remains largely to be written.²⁵ This affords researchers like our team both enormous opportunity and an equally enormous responsibility. Per Hill Collins' description of feminist critical analysis at its best, our work can and should be accessible to not only other academics, but also crucially to those working for change outside of the academy. The project's website provides a potential avenue for providing that access to multiple audiences.

The timeline, in its current imagining, stands alone as a method of accessing information. The timeline will contain both our archival and interview findings, and could be designed to make a wide range of documents more accessible. Through further project work, transcripts, documents, recordings, and the Zotero

resource repository could be tied to the timeline. Visitors to the project website could, eventually, click on various events and have access to much of the broader context unveiled through this work. As further information comes to light through archival analysis, additional possibilities for key historical informants might be unveiled. As we advance away from the time of TACs and hospital-based abortions, opportunities for conversations with those providing abortion care at that time become more scarce. The production of a history of procedural abortion in New Brunswick is valuable both for its own sake, and for determining the best access and care for New Brunswickers as they continue to seek reproductive justice in a province where that has proven consistently challenging, nuanced and complex.

²⁵ Some work has been done on the history of abortion in the Maritimes. Most notably: Katrina Ackerman, "Not in the Atlantic Provinces': The Abortion Debate in New Brunswick, 1980-1987" *Acadiensis* 41, no. 1 (2012): 75-101; -- "A Region at Odds: Abortion Politics in the Maritime Provinces, 1969-1988" (PhD thesis, Waterloo University, 2015); Katrina Ackerman, Shannon Stettner, Kristin Burnett, and Travis Hay, "The Dark, Well-Kept Secret: Abortion Experience in the Maritime Provinces" *Abortion: History, Politics, and Reproductive Justice after Morgentaler* (2017): 133-151; Rachael Johnstone, "Explaining Abortion Policy Developments in New Brunswick and Prince Edward Island" *Journal of Canadian Studies* 52, no. 3 (2018): 765-784. Part of the future plans for this project include creating a substantial literature review of available scholarship on this subject.

BIBLIOGRAPHY

- “Government of Canada Strengthens Access to Abortion Services.” Health Canada. May 11, 2022. <https://www.canada.ca/en/health-canada/news/2022/05/government-of-canada-strengthens-access-to-abortion-services.html>
- “Abortion Care Guidelines.” World Health Organization. March 8, 2022. <https://www.who.int/publications/i/item/9789240039483>
- Abrams, Lynn. *Oral History Theory*. London: Routledge, 2016.
- Ackerman, Katrina. “‘Not in the Atlantic Provinces’: The Abortion Debate in New Brunswick, 1980-1987.” *Acadiensis* 41, no. 1 (2012): 75-101.
- “A Region at Odds: Abortion Politics in the Maritime Provinces, 1969-1988.” PhD thesis, Waterloo University, 2015.
- Ackerman, Katrina, Shannon Stettner, Kristin Burnett, and Travis Hay. “The Dark, Well-Kept Secret: Abortion Experience in the Maritime Provinces.” *Abortion: History, Politics, and Reproductive Justice after Morgentaler* (2017): 133-151
- Danforth (Yee), Jessica. “Reproductive justice – for Real, for Me, for You, for Now.” Native Youth Sexual Health Network. <http://www.nativeyouthsexualhealth.com/reproductivejustice.pdf>
- Johnstone, Rachael. “Explaining Abortion Policy Developments in New Brunswick and Prince Edward Island.” *Journal of Canadian Studies* 52, no. 3 (2018): 765-784.
- Poirier, Indigo. “About the Project.” *Reproductive Justice Access New Brunswick*. <https://rjaccessprojectnb.ca/en/>
- Ross, Loretta, ed. *Radical Reproductive Justice: Foundation, Theory, Practice, Critique*, First Feminist Press edition. New York, NY: Feminist Press at the City University of New York, 2017.
- Silliman, Jael Miriam et al. “Asians and Pacific Islanders for Reproductive Health.” In *Undivided Rights: Women of Color Organize for Reproductive Justice*. Cambridge, MA: South End Press, 2004.
- Yow, Valerie. *Recording Oral History: A Guide for the Humanities and Social Sciences*, 2nd ed. Walnut Creek: Alta Mira Press, 2005.

APPENDIX A

Key informant interviews (medical professionals and other stakeholders in the reproductive health care network). Semi-structured.

Exclusion criteria: not involved in reproductive health care.

Questions:

1. In what capacity/ies have you worked in reproductive health care in NB?
A. Prompt (tell me about your day-to-day practice)
2. In your time working in NB, what changes to abortion care have you observed?
3. What are the implications (positive or negative) for patients/clients?
4. Have you ever worried about or experienced professional repercussions for the work you are doing? Personal?
5. What would you say to a patient/client who wanted to access abortion services in NB? (e.g. how would you tell them to access this care, what info would you want them to have before initiating the process)
6. How easy is it, in your experience, for someone to get a procedural abortion in NB?
7. What are the barriers, if any, you have observed?
8. What happens to patients/clients when they encounter these barriers?
9. How have you supported patients/clients who experience barriers?
10. In your view, where do these barriers come from?
11. What changes would you like to see made?