

HISTORY OF PROCEDURAL ABORTION ACCESS IN NEW BRUNSWICK

Reproductive Justice Access Project New Brunswick

Main Author:

Christine Hughes, MA

Contributing Authors:

Jula Hughes, PhD, LLB

Tobin LeBlanc Haley, PhD

Jessi Taylor, PhD

Mandi Parsons

Karen Pearlston, PhD

Indigo Poirier

Courtney Pyrke, MLS

Mary C. Milliken, PhD

Designer: Kalum Ng



Image 1

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University of New Brunswick

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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 Wəlastəkweyiyik (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 analysis, critique, and community building that emerged from the work of Black activists in the United States, and in Canada. We are particularly indebted to Indigenous activists for its proliferation on these lands. This land acknowledgement is also here to not only recognize the lands that have been stolen and the sovereignty of these nations, but also to make clear the ways in which 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 recognize the intrinsic relationship of the land to this work and this knowledge.

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Clinic 554,
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Image 2

INTRODUCTION

This report explores, in three main sections, the process and outcomes of the Reproductive Justice Access Project New Brunswick's historical inquiry into procedural abortion access in the province. The project centres around 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 has 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 a description of the major objectives of the project. 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 during this research phase. The second section introduces the data sources for the historical portion

of the project, including contributions from the Provincial Archives of New Brunswick.

The third section outlines some outcomes of this research and the plans for dissemination, expands on newly uncovered documents about the activities and policies of the province's longest running Therapeutic Abortion Committee, and provides some insights into the New Brunswick anti-abortion movement. It then provides 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 and describes the approach and tools used to create a citation base and timeline, for researchers, policymakers, the public, and activists. 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 focus on health care, legal, and historical questions. While the project approaches all three of these analytical possibilities, this report focuses on our exploration of the history of abortion in New Brunswick. New Brunswick is a unique site for historical investigation due to the specific ways in which 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. The project seeks to answer three main questions regarding procedural abortions in New Brunswick:

1. How can we address the knowledge gap around the need for procedural abortions in New Brunswick?
2. What are the current barriers to procedural abortion access in New Brunswick?
3. What is the larger history of procedural abortion access in New Brunswick?

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).

This report contributes to answering question three and introduces a digital timeline of abortion in New Brunswick. Namely, this report provides an outline of the methodology and outcomes of the historical research. At the heart of this historical work is our commitment to providing data-driven results that can support the ongoing fight for reproductive justice by community members in the province.

Dr. Tobin LeBlanc 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 “[have] been and/or are involved in abortion advocacy for many years in the province.” 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, who have expertise in social policy, gender, feminism, and law, felt that the knowledge gap about procedural abortion in New Brunswick needed to be filled and set out to do so through this interdisciplinary project. In doing so, they hoped to provide valuable information about procedural abortions accessed in New Brunswick

“It means getting racialized, migrant, indigenous, poor, queer, “obese” and dis/abled 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

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.

and barriers to that access. The project 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 interdependent relationship between our identities and political action in how our political actions come from who we are, and who we are also results from our political actions. 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 and 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 that 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.

3. Guiding Questions & Objectives

Our historical research is guided by four distinct questions outlined below. 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 that have regulated it. These questions provided a preliminary guide for selecting our archival material and kept the connection between the past and present at the centre of 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?

4. 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, and the current barriers to procedural abortion access are the product of the historical trajectory of abortion regulation, which began to change more rapidly after 1969. Therefore, the scope of the project is broadly focused on 1969 onward, with some references to earlier legal histories when they impacted access.

The project collaborated with archivists at the Provincial Archives, who searched for material 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 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. Interviews and Focus Groups

Our team worked with interview and focus group data wherein stakeholders spoke to the history of procedural abortion provisioning in the province. We offer a few notes on our methods, a sampling of our questions, and then discuss some of the 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.”⁸ 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.”⁹ 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.

We spoke to interviewees and focus group participants regarding their experiences within the healthcare system as providers, patients and advocates for the provision of procedural

⁸ Lynn Abrams, *Oral History Theory* (London: Routledge, 2016), 19-20.

⁹ Valerie Yow, *Recording Oral History: A Guide for the Humanities and Social Sciences*, 2nd ed. (Walnut Creek: Alta Mira Press, 2005), 36.

abortion care in the province. In that data collection phase, the team asked participants to speak about both their experiences and their broader sense of the sociopolitical climate informing those experiences, 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?

A selection of the questions asked during data collection, interviews, and focus groups can be found under Appendix A. 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 in each method can be accounted for elsewhere, and a fuller picture of the history of procedural abortion access 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. The team digitized over 500 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.

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 within the limitations of archives which have not yet been digitized. New Brunswick's 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.

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.

Archival research materials (primary sources) were collected from the University of New Brunswick Archives and the 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 labelled 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 the archive, library catalogue, and call number. Using Zotero, researchers were also able to attach analysis notes for each item, as well as tags. The researchers' analysis notes included any information that was relevant to the project, summaries of longer documents or newspaper clippings, inconsistencies in the data collected (research that contradicted each other), 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 (e.g., NB Medical Association, OBGYN, Nurse Practitioner); keywords related to health curriculum topics; anything related 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.

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 generally concerned with avoiding litigation and providing appropriate services. A few of them also showed a passion for improving the quality of care at their hospital and researched questions of policy, consent and statistical goals with some fervour. Very little suggests the doctors themselves were anti-choice, 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 an impact and what did not, during

the first period of increased abortion rates following legalization.

There is no academic history of the New Brunswick anti-abortion movement, but as Ventresca and Mohr suggest, organizational archives reveal the ebb and flow of an organization, its biases, frameworks and interpretations.¹⁰ Work on this project seeks to begin to fill this gap in the literature. 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.

¹⁰ 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.

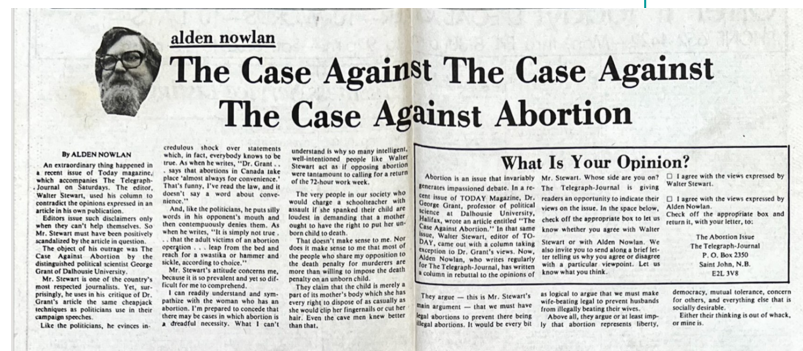


Image 3

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.

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 Weldon 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 full-time employee of the seven-year-old organization, said he became involved when a young girl he knew became pregnant and mentioned her concerns that her parents would recommend an abortion.

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

Little said she was too advanced for the operation. "Today the child is happy, smiling and adopted."

Conference Postponed A press conference to outline "a major announcement" in the Right To Life Campaign, had been scheduled for today, but Mr. Little said it has been postponed until a later date.

Quoting from statistics, Mr. Little said the number of Canadian war deaths and all the car accidents and drownings in the last 30 years in Canada total 243,307 while the "number of deaths by abortion" between 1970 and 1980 totalled 52,614.

"The blood of hundreds of thousands of innocent children is truly crying out to God for vengeance. I don't think the hand of God can be stayed much longer."

The association made headlines the past few months when it made a bid to permanently end abortions at the Moncton Hospital. About two-thirds of all abortions in the province are carried out at the Moncton Hospital.

The most visible part of the intensive campaign, which started last June when gynecologists at the hospital put a six-month moratorium on abortions, was a 13,000-name petition published in five provincial dailies and three weeklies.

Although the moratorium was lifted the end of

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."

Pulling 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 \$15-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 of people are pro-life. He said

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

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

The four most quoted cases, threat to life, incest, 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 is it 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, "she 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 dismisses 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



DAVID LITTLE

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 statistical reel for their right to kill."

Using the words of Dr. Bernard Nathanson, an American who performed 60,000 abortions, pro-

outline of abortion case law, legislation or hospital policy within New Brunswick. Our team has compiled a preliminary timeline of this evidence base from the laws 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 to 1991. Dated February 17, 1988, less than three weeks after the Supreme Court of Canada issued its judgment on 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."

Image 4

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 by meeting people's basic needs.

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

This history of the New Brunswick government's official position on issues of access gives researchers an opportunity to interrogate the changes and consistency 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.

As stated, interviewees and focus group participants provided further insights into the complexities in New Brunswick's abortion history. One participant felt that, in some ways, access to abortion in the province used to be better in the 1980s than in later times. Another participant 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. Participants shared how, like Clinic 554, the Morgentaler Clinic provided patients with pro bono abortions and subsidies as well as payment plans. Another participant 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 about access come to the fore.

WEB-BASED TIMELINE OF EVENTS

As the archival research part of the project evolved, a new deliverable was added to the plan to further our goal of creating publicly accessible research results.

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.¹¹

Our team took inspiration the [Eugenics Archives](#) to create a timeline of abortion access in New Brunswick as part of the project website. 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 data as possible into a digestible and searchable resource.

The timeline is 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 be adapted to our needs. We have compiled over fifty events between 1803 and 2019 and the timeline contains relevant dates, links to longer explanations, scans of archival material, and photographs all related to procedural abortion access, restrictions, and advocacy in the province.

Our timeline is a living document, and there is an opportunity to expand it and fill in important gaps as more documents are reviewed. We have analyzed over 500 documents, and we recognize that not all potential archives have yet been explored. 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. However, we do not yet have documentation as to why this review was conducted or what prompted them to reinstate

¹¹ “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>

the TAC at the end of December. Additional trips to the New Brunswick Provincial Archive to explore communications from that precise period might offer an 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 documentation similar to what was collected in the archives under the heading “The 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.

The history of procedural abortion access in New Brunswick remains largely to be written.¹² This affords researchers enormous opportunity and an equally enormous responsibility. Following Hill Collins’ description of feminist critical analysis at its best, our work can and should be accessible not only to other academics, but, 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.

¹² 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.

The timeline, in its current imagining, stands alone as a method of accessing information. The timeline will contain our archival 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 figures might be unveiled. As we move away from the era of TACs and hospital-based abortions, opportunities for conversation with those who provided abortion care at that time become 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 it has consistently proven challenging, nuanced and complex.

IMAGES

Image 1

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

Image 2

Image source: Save Clinic 554 Campaign, "Clinic 554," 2020. Accessed via <https://nbmediacoop.org/2020/03/28/save-clinic-554-campaign-the-fight-continues/> License-free image.

Image 3

Alden Nowlan. 1981. "The Case Against The Case Against The Case Against Abortion + Etc." The Telegraph Journal, October 17, 1981, Saturday edition, sec. PEOPLE. MC1848, File 30. New Brunswick Provincial Government.

Image 4

Laurie Armstrong. 1983. "He'd Go To Jail To Back His Stand + Morgentaler Vs. Borowski In Debate Over Issue." The Telegraph Journal, January 6, 1983. MC1848, File 30. New Brunswick Provincial Government.

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