

MANITOBA'S ABORTION STORY:
The Fight for Women's Reproductive Autonomy: 1969-2005

By

Aldean Stachiw

A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF ARTS

Department of Sociology
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ABSTRACT

This thesis reviews the historical development of abortion services in Winnipeg, Manitoba from 1969 to the present. Using feminist and social movement theory, it tracks how abortion was represented as a political issue, how it was regulated and how different players shaped the development of the current situation. The historical analysis prioritizes the significance of what abortion *signalled* on all sides of the issue.

The thesis is framed by historically shifting periods, in the context of relatively unchanging state, economic and patriarchal power. As a multi-method historical sociological inquiry, it reveals that the major forces promoting abortion access were the women's movement, Dr. Henry Morgentaler and exceptions from among the medical community, politicians and some religious leaders. Those involved in attempts to decrease access were the anti-choice movement (largely made up of women), Joe Borowski, the medical community, religion and political parties.

The thesis concludes that women's access to abortion is still precarious, and that women must be sensitized to the importance of abortion rights as a key element of reproductive autonomy.

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**“If men could get pregnant, abortion would be a sacrament”
(Florynce R. Kennedy cited in Rebick 2005: 35).**

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CHAPTER 1

INTRODUCTION

In 1997, obstetrician and gynaecologist Jack Fainman was shot in his Winnipeg home. In 2002, a controversy erupted over the Morgentaler Clinic in Winnipeg. In the summer of 2004, Manitoba's NDP government refused to fund the Jane Clinic (formerly the Morgentaler Clinic). These contemporary events serve to remind us just how contentious abortion politics are in Manitoba, and how Manitobans have struggled to resolve the abortion issue.

This study examines the political context of abortion in Manitoba and traces the development of access to abortion services from 1969 to 2005. It describes how abortion became a political issue and how it was regulated. It uncovers the strategies, successes and failures of the major movements and organizations involved on all sides of the issue. The study reveals how current access to abortion services violates the Canada Health Act seemingly without repercussion. It additionally addresses the problems of divided jurisdiction and funding in Canada, identifies the people involved and describes the factors that inhibited women's access to abortion services in Manitoba. In the end, it is a story of how the reproductive rights movement rose and fell. The study shows how abortion became a social problem in Manitoba, who defined it as such and who in this province was responsible for solving the problem of abortion based on how it was interpreted.

My project is both historical and sociological and it aims to provide a concrete account of what happened in Manitoba with respect to the issue of abortion and to interpret and make sense of these events. Because this is a project of historical sociology,

my goal has been to work with macro-sociological ideas and associated structures (i.e. the power of the state, patriarchal relations and the power of the church through the concept of an “experienced epoch of social change” (Skocpol 1987: 20).

The questions that my study seeks to answer are: What were the major forces promoting greater access to abortion and promoting decreased access to abortion? What is the history of abortion services in Manitoba from 1969 to the present? Finally, how should we understand these pro- and anti-abortion forces and this contested history? In order to answer these questions, I will review a range of theories grounded in feminism, social constructionism and social movements.

Two different but related strands of theoretical literature anchor this study. The first is feminist theory, exemplified by the work of Rosalind Petchesky (1990), which focuses on why and how abortion is a significant women’s equality issue. Feminists believe that women are oppressed when they do not have autonomy over their reproductive decisions. The study adopts this feminist framework of concern for women’s equality and women’s rights. This project is timely because abortion is a current political issue in Manitoba, as well as a long-standing women’s equality issue. The second theoretical strand anchoring this study is social movement theory as developed by Carol Lee Bacchi (1999). Bacchi proposes an innovative approach to the study of contentious issues such as abortion. Her social problems approach analyzes not only situations which *are* given a problem status, but also situations which are *not*. Her approach analyzes when, how and why some conditions become a problem while others do not.

This study analyzes the role played by those involved in creating Manitoba's present system of abortion services. It traces government action and provides reasons for government inaction, showing who benefits from and who suffers from government policies on abortion. Finally, it describes the processes and events that have affected women's access to abortion services in Manitoba since 1969.

Although abortion is not a crime in Canada and has not been since the law was liberalized in 1969, various interest groups in the past have been, and currently are, successful in impeding women's reproductive autonomy. Feminist sociologists like Rosalind Petchesky (1990) have long explained the politics of abortion through analyzing patriarchy, the market, the church (hereafter as institutionalized religion unless specified otherwise) and the state. These macro level influences will be explored as a continuing (although changing) and overriding theme in the study.

Without a foolproof method of birth control, and because pregnancies occur in women's bodies, "the demand for universal abortion services has been central to almost all factions of the Women's Movement" (Currie cited in Bacchi 1999: 159). Having both access and the right to abort ensures for women that childbearing is not their only destiny, so that they are not defined by involuntary motherhood. Reproductive freedom allows women to better control their future and further their aspirations.

Until birth control methods are totally reliable and infallible (a presently inconceivable notion), and as long as pregnancies occur in women's bodies, the practice of abortion will not end. Legal or illegal, 'butcher' or safe, women will continue to need abortions. No society can ensure that every woman will be prepared or willing to remain pregnant, even with the welcome advent of changes in society that have the potential to

make childbearing less burdensome on women. As a result, safe, legal and accessible abortions are absolutely essential. Such availability will not alone eradicate the oppression of women, but it will diminish the burden many women face as a result of unwanted pregnancies.

Feminists have taken abortion so seriously both because of what it means for women concretely as well as for what it signals conceptually. A society that recognizes abortion as a woman's fundamental right is more likely to be a society where other women's issues (i.e. equal pay and advancement, better childcare, equal representation in politics, etc.) are recognized. Rosalind Petchesky (1990: 30) points out that:

The easing of women's access to birth control and abortion (which are positively related) coincides with periods of their increased social power and status; while restrictions on that access usually indicate a broad-scale attack on women's sexual and social autonomy and on feminist movements.

Divided Jurisdiction

There exists a provincial-federal distribution of power in Canada and understanding this distribution is one key to understanding the abortion struggle. Canada has a federal Canada Health Act, but provincial governments are expected to deliver health services. With both levels involved in health services (one with distribution and the other with regulation), each has been able to avoid responsibilities by passing the issue off to the other level. As we shall see, invoking federal responsibility was a strategy commonly used by the Manitoba government when it was pressured to increase abortion services.

When the Canada Health Act was established in 1984 it required provinces to comply with five criteria (accessibility, portability, public administration,

comprehensiveness and universality) in order to receive federal money for healthcare services. The Canada Health Act is an excellent example of federal spending power. In exchange for compliance with its broad health standards, the federal government makes per capita transfer payments to each province. In addition to influencing policies, if the federal government is not pleased with decisions made by the provincial governments, it can withhold transfer payments (Eggertson 2001). However, and more importantly, this power is rarely used (CARAL 2000; 2003). In fact, some people believe that the mere ability of the federal government to threaten to withhold transfer payments is an unlawful invasion on provincial jurisdiction (Lessard 1993: 149). Still, in terms of an upper hand, federal spending comes into play when the federal government wishes to put into effect a social program over which the provinces have jurisdiction. Through its funds, the federal government can influence the provinces' priorities. Interestingly, non-compliance with these health principles is not illegal and is rarely, if ever, financially detrimental to a province. Although both levels of government have made decisions with regard to abortion access, the distribution of power between the two levels of government potentially explains why threats to withhold federal funds by the federal government rarely come to fruition. For example, legal changes in 1969 allowed hospitals to refrain from setting up therapeutic abortion committees, and in turn to refrain from performing abortions. Several provinces did just that.

Since 1984 and the passage of the Canada Health Act, provincial governments can be financially penalized if they allow practitioners to extra-bill by imposing user charges for insured services, a practice commonly associated with abortion services in private clinics (such as the Henry Morgentaler Clinic). This allowed Healthy Living

Minister Jim Rondeau of Manitoba to announce in 2002 that the province would not fund abortions at the Morgentaler Clinic because of the financial penalties that the federal government could impose (CBC News 2004). Here, abortion services provided at the Morgentaler Clinic solved the problem of accessibility as required by the Canada Health Act. Yet the provision of services in a private clinic simultaneously created a contradiction in which the province won and women lost.

The issue of abortion is unique because abortion is not only a medical act under provincial jurisdiction but also falls under federal law since prohibition is associated with criminal law and prohibitive measures. Prior to 1969, abortion legislation fell within the *Offences Against the Persons Act* of 1892. Abortion was an indictable offence and those found guilty could face life imprisonment (Brodie, Gavigan and Jenson 1992: 10). This did not change until 1969, when legal reform allowed abortions only in cases where continuation of the pregnancy would endanger the life or health of the pregnant woman (Brodie, Gavigan and Jenson 1992: 11). In 1988 abortion was completely decriminalized. At that point, pro-choice advocates turned to the federal government to ensure that provinces comply with the Canada Health Act.

Province by Province: Access to Abortion

When the abortion law was first liberalized in 1969 and again in 1988, feminists throughout Canada assumed that women's struggle for access to services was won. However, because provincial governments have responsibility for providing healthcare services, liberalization has not significantly improved access across Canada.

Non-compliance with the Canada Health Act is common; not every hospital offers abortion services; and not every province has private clinics. As a result, variations between provinces are striking. Moreover, even when services are available, they are not necessarily accessible. For example, anti-choice medical staff can impede access by refusing information to women in need; long wait times and gestational limits can stop a women's opportunity to have an abortion performed in the hospital or clinic of her choice; insufficient providers within hospitals, unreliable information and the necessity of travel are all additional barriers to access and are not comprehensively considered in each province for the present purposes. That being said, the following is a general overview of recent abortion services, from least to most access, province by province.

The situations in Prince Edward Island and Nunavut are by far the worst. There is no access to abortion services in either jurisdiction. Without a single hospital or clinic providing abortion services, women are forced to travel in order to procure an abortion. In Prince Edward Island, women must travel out of province to obtain an abortion at their own expense. Further, since no hospital in the neighbouring Maritime or Atlantic provinces allows abortions to be performed on women from out of province, women are required to pay the cost of an abortion in a private clinic as well as the travelling expenses (Arthur 1999: 6; CARAL 2003b). Surprisingly, the wait time for an abortion in Prince Edward Island in 1999 was only four weeks, depending on the distance needed to travel (Arthur 1999). The estimated wait time for women from Prince Edward Island continues to be difficult to assess. Regardless, travel time and expenses remain an unnecessary and oppressive restriction for women of Prince Edward Island. In 2003, the Canadian Abortion Rights Action League (CARAL) argued that the minimum cost for

women travelling to New Brunswick and Nova Scotia for abortions in private clinics was \$600 (CARAL 2003b). Women from Nunavut are flown to Ottawa or Montreal, commonly following a three day trip to Iqaluit. The travel time and distance is greater, but for these women, travel is at government expense (CARAL 2003a; CARAL 2003b).

In Saskatchewan, less than 3 percent of hospitals provide abortions (only two hospitals in the entire province). Here abortions need to be booked well in advance but generally will not be performed after thirteen and a half weeks (CARAL 2003a). Some abortions will be performed up to sixteen and a half weeks “if the hospital has the room” (personal communication with receptionist of the Women’s Health Centre in the Regina General Hospital August 22, 2005). Women who are not able to obtain an abortion in time are forced to travel elsewhere. In 1996 the province adopted a reciprocal billing arrangement with other provinces but transportation, accommodation and facility fees are not covered, barring many women from the service (personal communication with receptionist of the Women’s Health Centre in the Regina General Hospital August 22, 2005).

In the Maritime and Atlantic provinces a higher percentage of hospitals perform abortions (14 percent in Newfoundland and Labrador, 10 percent in Nova Scotia and 7 percent in New Brunswick). Despite this higher percentage, the Canadian Abortion Rights Action League found significant numbers of anti-choice medical staff in hospitals (CARAL 2003a). Another major obstacle for women in the Maritime and Atlantic provinces is travel expenses. For example, in Newfoundland, abortions are fully funded but are only available in St. John’s, creating significant travel time and expenses for women living on the other side of the island (CARAL 2003a; Eggertson 2001). The

situation is worse in New Brunswick, because there a woman must obtain approval from two doctors before she can have a funded abortion, in defiance of her constitutional right (Eggertson 2001). One of the two hospitals that do provide abortions in New Brunswick only does so on a very limited basis. Both hospitals require a doctor's referral, leaving many women no other option other than the Morgentaler Clinic where the procedure is not funded (CARAL 2003a). The hospital nevertheless claims that there is ample access to abortion services.¹

Until 2004, women in Manitoba only fared better than the women in Prince Edward Island, Nunavut or the Maritime and Atlantic provinces if they could afford the cost of the clinic fee at the Morgentaler Clinic. After 2004 the province began funding the abortions at the clinic. Prior to 2004, the wait time for an abortion was five weeks at one of two hospitals (or 4 percent) that provided publicly funded abortion services (Arthur 1999; CARAL 2003a).

In Alberta, 5 percent of hospitals provide abortion services, but clinics in Edmonton and Calgary increase the degree of access in the province. However, limits on the number of abortions performed at one of the hospitals (due to government imposed quotas) result in a three week waiting list. This forces women to travel elsewhere for the procedure (CARAL 2003a; personal communication with personnel at the Kensington clinic in Calgary, Alberta August 22, 2005).

¹ I contacted the hospital to verify this and when I asked what the wait time for an abortion was, I was informed that "the patient would first have to see a panel of gynaecologists and the wait time would depend on what the panel of gynaecologists decided at the time" (personal communication with personnel at the Dr. Everett Chalmers Regional Hospital in Fredericton, New Brunswick August 23, 2005). I was repeatedly told that the hospital only provides abortions under certain conditions and was also erroneously informed that "we're one of the few hospitals that do abortions in the Atlantic provinces. I think we're the only one left" (personal communication with personnel at the Dr. Everett Chalmers Regional Hospital in Fredericton, New Brunswick August 23, 2005). Finally, when I asked what the wait time was for abortions, I was told that this was impossible to assess and was transferred to the program director for surgical services with whom I left a message requesting the information. I still have not heard back.

Two of the three hospitals in the Northwest Territories perform abortions. In the Yukon, one of the two hospitals performs abortions (CARAL 2003a). Although the majority of women in these regions have far distances to travel for an abortion because many people live in remote areas, this is also true of all other medical services. Both the Yukon and the Northwest Territories governments began to cover the travel expenses for women who must travel to have an abortion (CARAL 2003b).

Finally, women in British Columbia, Ontario and Quebec have the best access to abortion services in Canada. In British Columbia, 22 percent of the hospitals (twenty in total) perform abortions. The British Columbia government is supportive of abortions and funds them both in clinics and in hospitals (Arthur 1999; CARAL 2003b). However, an air of secrecy is prevalent in the province, which can create problems with abortion related information. The Canadian Abortion Rights Action League suspects that secrecy is intended to divert harassment, since there is a long history of anti-abortion activism in British Columbia (CARAL 2003a). In Ontario, 23 percent of hospitals (for a total of forty-four) provide abortion services (CARAL 2003a). Although access is limited to women in the northern regions of Ontario (only one hospital provides abortions north of the Trans Canada Highway), the government offers travel grants to women who have to travel for the service. Abortions in hospitals and clinics were fully funded until 1995, when the new Conservative government began to deny funding to any new clinics. Despite this, Ontario is seen as having good abortion access (CARAL 2003a). In Quebec, 35 percent of hospitals (total of thirty-nine) perform abortions. Abortions are also provided in community health centres and in private clinics, which are only partially funded by the government of Quebec (Arthur 1999; CARAL 2003a). In private clinics,

the government covers the cost of the doctor's fee (\$145.05) and the rest is paid for by the patient. The patient's share is \$300 for first trimester abortions and between \$400 and \$500 for abortions past this point (personal communication with the office manager at the Morgentaler Clinic in Montréal, Quebec August 23, 2005).

It is important to reiterate that access to abortion services is not guaranteed.

Provincial government decisions regarding funding are as important as services themselves, given that an abundance of services would mean nothing if women could not afford them. The provinces of Prince Edward Island, Nova Scotia, Quebec, Saskatchewan, New Brunswick and (up until 2004) Manitoba, did not cover the costs associated with private clinics and/or travel time to funded hospitals or clinics. This restriction and denial of access to abortion places women's health at risk, because without access, legal rights do not mean social implementation. As a grave impediment on women's reproductive freedom and constitutional rights, restrictions to abortions must end. In tracing Manitoba's history, we will uncover what steps helped and what steps hindered the current state of abortion services in this prairie province.

Organization of the Thesis

The story of abortion access in Manitoba is complex. It involves many players and interconnected relationships (including federal-provincial relations) and it has shifted significantly over time. This thesis explores abortion access over six chapters, followed by a conclusion. Chapter two explores the theories that will guide the study. I draw on social movement theory, with special interest in the theoretical model developed by Carol Lee Bacchi (1999) Bacchi's theory is based on social-constructionism and encourages

critical thinking of political policies. Her theory draws attention to the fact that while problems exist, they are contested within the realm of discourse and this plays into whether or not 'problems' will be successfully voiced and acknowledged. I also draw on a variety of feminist theories that explain macro level influences on women's lives, including abortion access, as a feminist standpoint guides the study. These macro level influences that are looked at are patriarchy, capitalism, the state, religion and the church. The chapter also outlines the multi-methods that inform the study and how I chose to organize the project.

The third chapter sets up the national backdrop which is essential to understanding Manitoba's unique story. This period, which includes the time when abortion was illegal in Canada, can be characterized as the quiet years of movement activity. This chapter discusses the struggles that women faced when abortion was illegal, what feminists had to overcome in order to break the silence surrounding women's reproductive matters and how this instigated the women's liberation movement.

The fourth chapter introduces us to the initial years of activism, where we are introduced to the main players in Manitoba's abortion story. This includes the pro-choice movement, the anti-choice movement, Joe Borowski, Dr. Henry Morgentaler, the medical community, politicians and the church. Here we will see that although the feminist pro-choice movement was gaining strength, all of their actions were met with equal resistance by the anti-choice movement. In this chapter we are also introduced to biases in the media that worked against the efforts of the women's movement during this period.

Chapter five focuses on the introduction of the Morgentaler Clinic in Manitoba and the resultant heated politics, anti-choice violence and persistence of the pro-choice

activists. During this period, the women's movement did not have a strong voice in Manitoba and their pleas to set up a freestanding clinic for abortion services were not answered. As a result, the majority of feminists were highly receptive to Morgentaler's decision to set up a clinic. Once the Morgentaler Clinic opened in 1983, rather than acknowledge that it ameliorated the level of access to abortion in Manitoba, the province reacted with vengeance against Morgentaler and did everything in their power to keep the clinic from operating.

Chapter six looks at the increased activity of both the pro- and anti-choice movements. In this period both sides demanded state intervention. The anti-choice side, growing frustrated, began to turn to violence when their demands were not being met. Work by the pro-choice movement began to pay off, as more ministers and MLAs began to voice a pro-choice opinion in provincial debates. In this chapter we also see the medical community continuing their hold on women's reproductive autonomy.

The seventh chapter focuses on the Supreme Court decision of 1988 and the change that this had in the Criminal Code of Canada with regards to abortion. This chapter also documents the strong shifts that occurred in Canada in terms of the abortion debate, especially in terms of a shift in public perception of abortion and a growing rejection of anti-choice views. Pro-choicers, who were once seen as the moral minority and who were stigmatized for their 'liberal' views, became the moral majority. These changes are generally accepted as a pro-choice victory; however, the remainder of the chapter examines how this was not entirely true.

The concluding chapter provides an overview of the insights and theoretical implications that my study uncovered. I discuss the enormous shift that the project

revealed and revisit the theoretical insights developed by Bacchi in light of Petchesky's observations that accessible abortion is a necessary step towards women's equality. I also discuss the limits, strengths and implications of my research, and recommendations for future research. The most important implication of my research is the ongoing need to educate women of the struggles that women before us faced, so that women are aware of the importance of remaining vigilant in our fight for continued reproductive autonomy.

CHAPTER 2

THEORETICAL AND METHODOLOGICAL CONSIDERATIONS

The purpose of this chapter is to analyze the theoretical and methodological approaches that inform this research project. The chapter begins with the theoretical model I used to analyze the construction of abortion as a social problem. Next, because it was understood that the pro-choice and anti-choice movements would be pivotal in this historical account of abortion services in Manitoba, the chapter looks at theoretical understandings of social movements. The discussion then turns to feminist understandings and critiques of the interests held by patriarchy, capitalism, the state and the church² in women's reproductive matters. The chapter closes with the methods and research strategies that guided the study.

Understanding the Problem: Constructions and Claims-Making

I draw on the theoretical model developed by Carol Lee Bacchi (1999) in her book *Women, Policy and Politics: The Construction of Policy Problems*, in order to study abortion. Bacchi's approach is based on social constructionism which, while drawing on discourse analysis and postmodernism, encourages critical thinking of political policies. Bacchi uses the tools of discourse analysis to argue that even as problems exist, they are contested within the realm of discourse, that is, within the realm of tradition, religion and political institutions (Bacchi 1999: 45). In order to fully understand 'problems' identified by policy makers as well as by interest groups, Bacchi insists that we first identify what the problem is.

² I will speak about the church as a social institution. While this sometimes flattens out distinctions between branches of the church, it is still appropriate, as a sociologist, to think of the church as an institution. In the historical chapters I will try to specify, when possible and applicable, which church is being referred to as I acknowledge that institutional analysis can over-generalize. However, I believe its insights outweigh this shortcoming.

For Bacchi, discourses have effects or outcomes that are real and powerful, and which shape the solutions to perceived problems. Before the public can adequately assess a proposal to remedy some social issue, Bacchi argues we must first uncover what the problem is interpreted to be. The “What’s the Problem (represented to be)?” approach is based on the idea that policies are constructed and reconstructed within policy discourses and, therefore, that interpretations of the problem are a part of what is contested.

Language and discourse are key to Bacchi’s model.

According to Bacchi, the women’s movement fought for the legalization of abortion in the late 1960s, during a time that the medical profession was vying to legitimize abortions in order to secure their position as decision-makers. The medical community, successful, acquired medical control over abortion *before the fact* and the state had juridical control *after the fact*. Here we see that “reforms commonly associated with the women’s movement for liberation had important links with other agendas, links which proved crucial to the ways in which reforms were framed” (Bacchi 1999: 152). Most important is that the abortion reforms were successful in keeping the control out of the hands of women both before and after the reform.

Although social problems exist, they can only be solved after they have been perceived, announced and defined (Best 1989; Loseke 1989; Schneider 1985; Wilmoth and Ball 1995). In many cases, the group who experiences the problem (in the case of abortion, women) lacks the power, resources or know-how to have their voices heard. As a result, the problems of less powerful groups tend to go unnoticed and therefore unremedied. It is important to remember that failure to identify the problems of the

marginalized class does not mean that their problems do not exist, simply that they are not recognized (Bacchi 1999).

A key element to Bacchi's theory is the importance of searching for alternative problem representations and, in turn, alternative solutions. Often, solutions are ineffectual because they do not completely grasp the complexity of the situation. For example, the voices of marginalized groups are commonly ignored and when this happens, putative solutions are not effective for these groups. In fact, Bacchi warns that such 'solutions' can actually create even more problems for marginalized groups (Bacchi 1999: 69). For example, therapeutic abortion committees forced women to conform to having other people (doctors) be the final arbiter of their decision to abort because the problem was interpreted as one that only doctors' medical expertise could solve.

For Bacchi (1999: 27) it is only by examining postulated solutions that we can uncover the presumed problem. Her approach calls attention to the fact that not only do various actors interpret problems differently, but also that these interpretations affect how the problems will be solved. As well, similar concerns can lend themselves to different conclusions, depending on the interpretation of the problem. One of the principle aims of Bacchi's "What's the Problem?" approach is to examine areas that are *not* given problem status. We are warned that government inaction is often deliberate and strategic.

According to Bacchi, "The goal ... is to draw attention to silences in existing political agendas, not simply to items which fail to get onto agendas" (Bacchi 1999: 60).

In the 1960s and earlier, abortion was illegal and was not talked about publicly despite the historical record showing that abortion was the most prevalent form of birth control (Petchesky 1985). As a result, abortion was a social problem, but it was not a

feminist problem or a problem of women's rights. It was not until women got together and organized to make the personal political that women's problems and issues came to be seen as such.

Bacchi insists that language used by claims-makers creates as well as reflects reality; a "problem" is the result of a competition to represent various interpretations of problems (Bacchi 1999: 43-44). This insight is important because if policies are applied based on the media's portrayal of problems, for example, they might not be appropriate solutions to the actually felt problem. Most media presentations are in the extreme, despite most cases being in the grey area. According to Loseke, "policies are designed as solutions for the *images* of social problems, but these images do not reflect the complexity of social life. Thus, well-meaning social policy can have negative consequences" (1989: 203).

Gamson and Modigliani argue that an issue is "an ongoing discourse that evolves and changes over time, providing interpretations and meanings for relevant events" (cited in Wilmoth and Ball 1995: 319). The present study analyses the issue of abortion access in Manitoba from 1969 to the present and considers the issue as it is found in newspapers, political debates, archives, personal testimonies and in records left by the social movements involved.

Gamson and Modigliani argue that packages, or paradigms, contain the issue. A package is the structural regulator; it is "organized by a central idea, or *frame*, which interprets the phenomena of the issue in a particular way" (Wilmoth and Ball 1995: 320). The issue of abortion, however, has several often opposing frames: gender justice and women's rights, immorality and disrespect for life, crime and the law, theology and

medicine. Different players used different frames. Part of the struggle over abortion was the contest over which frame would be dominant.

Sociologists need to examine the context in which problems arise because the historical, cultural and political processes in which claims-makers make their claims is important (Fine 1997). Rafter (1992) insists that to understand how issues become claims, the historical social context in which they take place must be examined. According to Schneider, "how claims and grievances are formed and presented, the varieties and nature of the claims and grievances, strategies to press these claims and gain wider attention and support, the power of the group(s) making claims, and the creation of a public controversy are important issues" (1985: 212). Orloff and Skocpol argue that state regulations limit social movements' freedom to have their demands met (Orloff and Skocpol 1984: 745). Spector and Kitsuse argue that issues such as politicking and the use of the media are important factors in creating a good claim (Spector and Kituse 1987).

Laws regulating abortion and access to abortion services underwent major changes between 1969 and 1988. This study shows how the claims-making of both the pro- and anti-choice movements contributed to amendments to abortion legislation and services in Canada and Manitoba. This study uses social constructionist analysis to scrutinize the claims made by pro-choice groups that promoted women's rights, and the claims made by anti-choice groups that promoted the rights of fetuses. Both groups, although directly opposed to each other, used rhetorical strategies that included horror stories, numeric estimates, implied societal consensus, demonstrations, petitions and public awareness techniques.

Social Movements

My study also draws on the traditions of social-movement analysis in order to examine the role of activists who influenced access to abortion services. Social movements and protests have become prominent features of the contemporary political landscape. Within the political arena, movements are carriers not only of grievances about a particular issue, but also of frustration about indirect routes to political influence and decision-making (Fine 1997; Hilgartner and Bosk 1988; Rafter 1992; Wilmoth and Ball 1995). Social movements have been generally defined as collective efforts by the non-elite or the relatively powerless members of society to better their situation and affect history. Many theorists agree that a social movement can be defined as “any formally organized group of citizens that periodically petition the state for aid” (Zirakzede 1997: 3).

According to Cyprus Ernesto Zirakzede, a social movement has three distinguishing characteristics. The first is that its members try to change certain aspects of society and challenge the authorities who are responsible for the maintenance of the system. Through their endeavours, they try to make enduring changes in the society in which they live. The goals of social reform groups frequently include publicity, consciousness-raising and focusing political pressure (Handler 1978: 149). Secondly, movement members tend to be “culturally degraded, politically oppressed and economically exploited” (West cited in Zirakzede 1997: 4). The final distinguishing characteristic of a social movement is that its members often use disruptive and confrontational tactics to attract new members and to distract their opponents (Zirakzede 1997: 5).

According to Ghanshyam Shah (2002), social movements have objectives, a common ideology and leadership and are organized. The goals of movements can range from small local changes to social revolution, and almost always involve government policy. Shah points out that political power is not confined to the government, but is also located at various levels in society. Yet Shah also notes that because the state is responsible for the good of the people and is expected to be competent in its ability to estimate the needs of its people, the state's immediate response is to see movements as challenging its legitimacy (Shah 2002: 23). In Manitoba, pro- and anti-choice activists sought and received support from a variety of sources but above all, their remedies focused on the provincial government.

One marker of success is legal change; however, it is important to recognize that changes in the law can be the result of already changed behaviour rather than the efforts of groups (such as what occurred in Canada in 1969). Joel Handler adds that it is especially difficult to separate the independent effects of legal changes from effects caused by broader societal factors such as public opinion, societal conditions and the economy (Handler 1978: 37). Social reform groups rarely achieve results in isolation from other events operating on the macro level in society. Handler argues that new government policies generally precede changes in public opinion especially after dramatic events, under extraordinary leadership or once an accumulation of ideas has filtered through the media (1978: 39).

Other important conditions affecting a social movement's success are its capacity to attract new members, the degree of cohesiveness amongst the members and the nature of divisions within the governing elite. Some social problems generate divisions among

political officials and lead to sanctions or the creation of new allies with others who hold the same viewpoint. “Then an alliance between a fledging movement and a governing faction might be struck that temporarily protects the participants from state harassment — a circumstance that can persuade more people to join the movement” (Zirakzede 1997: 14).

Feminist Accounts of Abortion and Women’s Rights

Patriarchy

Although a plethora of definitions abound for patriarchy, it is widely accepted that patriarchy is male dominance, or the primacy of men and the male gender schema as the norm and ideal in a given social organization. As abundant, but more contested, are explanations as to how and why male domination came into being and continues to exist. According to Jane Ursel (1992), patriarchy is “the hierarchical structuring of reproductive relations, operative in most known societies as *the means of controlling reproduction*” (Ursel 1992: 5). Barriers to abortion are one means to secure patriarchal relations because women who are forced to have children often become dependent on men to support them and their children.

According to Janine Brodie, Shelley Gavigan and Jane Jenson (1992: 43), opponents of abortion often “insisted that women formed part of a family unit, and they opposed abortion ... because acceptance of abortion implied acceptance of a form of reasoning which stressed the individuality of women.” Brodie argues further that reproductive autonomy is essential for women since “abortion breaks the patriarchal link between reproductive destiny and the gendered division of labour” (1992: 83).

In Canada, men largely control the resources and services that enable women to avoid reproducing and childbearing. This is because birth control is provided by doctors or pharmaceutical companies which are headed by men and because abortions are provided by doctors and surgeons, also usually men. Even more importantly, men control politics and the laws surrounding abortion (Valian 1998).

As of the late 1970s and into the 1980s, all hospitals in Manitoba, Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Yukon and Northwest Territories required the consent of a married woman's husband before administering an abortion. In the remaining provinces, 68 percent of the hospitals surveyed by the Badgley Committee required such consent (Badgley 1977: 239-240). "A few hospitals required the consent of a husband from whom the woman was separated or divorced and the consent of the father where the woman had never been married" (Brodie, Gavigan and Jenson 1992: 134). In the United States during the 1960s, 40 percent of the doctors who provided abortions requested that women have the permission of their husband or parents (Petchesky 1990: 158). Patriarchal relations are maintained in these instances because women do not have autonomy over their reproductive lives and the means of controlling reproduction are not in the hands of women. It is not that children directly oppress women. What oppresses women is their inability to control their reproduction and the fact that caregiving responsibilities fall upon them. With access to abortions, women have an opportunity to control their future, further their own aspirations and alleviate their dependence on men. Without reproductive freedom, women are burdened.

In order to alleviate patriarchal relations, their roots must first be understood. In the *Sexual Contract*, Carole Pateman (1988) provides an interesting explanation of how

women are oppressed in patriarchal societies by analyzing the social and sexual contract. Her analysis reveals that men enjoy citizenship in patriarchal societies through the oppression of women. She argues that in patriarchal societies, it appears as though all people are sexless individuals but careful analysis of the sexual contract reveals that only men are citizens. Patriarchal societies rely on the oppression of women so that men can acknowledge their self-consciousness and, hence, their citizenship or individuality through the eyes of the oppressed sex (Pateman 1988: 179).

Pateman's work sheds light on why anti-choice activists value the rights of the unborn (or potential human) above the rights of already living women. The unborn is considered more valuable than women because women are not, nor will they ever be, 'fully' human in patriarchal societies. The fetus, by contrast, has the potential to be born male and therefore has the potential to be a 'full' human being. Although reproduction has historically been women's most 'natural' function, when the possibility to choose a legal abortion was introduced, women were viewed as incapable of handling reproduction. Patriarchal forces wishing to protect the fetus from the woman were successful in claiming that woman (in patriarchy) "are not full moral agents" (Brodie, Gavigan and Jenson 1982: 83). Marilyn Frye also points out that men keep women in a subordinate position by denying them membership as 'full people.' Frye explains "[man] excludes women from the moral community and conceptual world and has taken great steps to ensure that women will not become full persons" (1983: 51).

Pro-lifers reject the idea that abortion is a woman's choice and argue instead that abortion is a societal issue (Brodie, Gavigan and Jenson 1992: 16). Pro-lifers do not see women as autonomous agents and therefore consider them to be incapable of making

good choices. Once pregnant, women's bodies become matters for societal control. To justify this, one anti-choice activist went so far to insist that the fetus was independent from the mother declaring; "The umbilical cord and the placenta belong to the baby. They are not part of the mother's body" (Borowski cited in Brodie, Gavigan and Jenson 1992: 82).

Ensuring that women bear and raise children by imposing restrictions on abortions is an efficient method to keep women out of the public sphere and make formally equal laws unequal because women do not have the full chance to benefit from laws of contract. In any contract, the person who is in an inferior position has no choice but to agree to the conditions set out by the person who is in a superior position, another dimension of the sexual contract (Pateman 1988: 57-58). In 1961, *The Globe and Mail* ran a series of articles on abortion reform. While the series claimed to cover every angle, only religious and medical men were asked to contribute. This demonstrates that abortion was considered a man's problem and that the newspaper did not consider women capable or worthy of even exploring the issue (Brodie, Gavigan and Jenson 1992: 31-32).

According to Virginia Valian in *Why So Slow: The Advancement of Women*, women's subordination results from gender schemas which she calls "implied or unconscious hypotheses that effect expectations about men and women and the differences between them" (Valian 1998: 5). Valian argues that both biology and the environment *influence* rather than determine sex differences, and that gender schemas are so deeply entrenched into our self-identity that women often feel conflicted when aspiring to professional goals because the female gender schema does not include being a professional in the public sphere (1998: 23). She concludes that because of strict gender

schemas, women take part-time jobs more often than men because they are expected to provide childcare. Historical evidence lends some support to Valian's position. Petchesky indicates that during the 1950s "women who worked outside the home in professional and clerical occupations ... were deviant — and made to feel so" (1990: 114). Being excluded from the trades of men, women were forced to enter the trade of the marriage contract, ensuring their oppression (Pateman 1988: 132).

According to Susan Walzer, these "gender schemas" still affect the lives of women who provide the majority of care in society. She argues that parenting arrangements are linked to gender inequalities, which have negative social and economic consequences for women that are reinforced by society. Her qualitative research also shows that women make many more career sacrifices than do men upon becoming a parent (Walzer 1998). This is important because if Virginia Valian and others are correct in arguing that the division of household labour provides data for children about their respective gender schemas, then the sexual division will constantly be re-socialized onto children (1998: 33).

Eleanor Peirine (1971: 49) makes a similar argument but insists that the heart of the contest is women's sexuality rather than their infiltration in the public sphere. There is evidence for this assertion, as anti-choice supporters have argued that methods to regulate reproduction incite promiscuity and have claimed that "women would only remain chaste ... if they had a good reason to fear becoming pregnant" (McLaren and McLaren 1997: 147-148). The rejection and denial of young women as sexual beings has strong roots in religious doctrine that restricts unmarried people from sexual activity. Because so many parents and doctors shunned the sexuality of young, unmarried women,

birth control was restricted, resulting in many unwanted pregnancies (Petchesky 1985: 183-184). It is important to remember, however, that sexual desires did not spur legalization. Career and educational necessities were forcing young people to delay marriage. Young people were not having sex more often or at an earlier age, but they were getting married later. Legalizing abortions has provided alternatives for women and along with the efforts of the women's movement, encumbering gender schemas have been softened.

With patriarchal civil society founded on the oppression of women and with laws restricting abortion contributing to the oppression of women in Canada, it follows that laws prohibiting abortion protect patriarchal civil society. "Abortion is a necessary, though far from sufficient, condition of women's essential right and need," argues Petchesky, "not only for bodily health and self-determination, but also for control over their work, their sexuality, and their relations with others" (1990: 387).

Capitalist Interests

As for the market's interest in reproduction, Ursel argues that production and reproduction act as the base of society. They interrelate because production is necessary to sustain reproduction and reproduction is necessary to sustain production (Ursel 1992: 18-20). At times, depending on the economy, the interests of capitalism are served by women's easy access to abortion and at other times capitalist interests are enhanced by restricting abortion. Labour market needs are the key to this analysis. For example, in the United States during the Cold War, family life was the only acceptable channel for women and women who worked outside the home during this time were made to feel

deviant (Petchesky 1990: 114). In the 1970s, however, a widening recession meant that there was a growth in the availability of low-paying jobs. As a result, the capitalist economy required female labour and a reliable means of fertility control to support women's ability to work (Petchesky 1990: 115). Women's employment rates are inversely related to birth rates, so that when women work, abortion rates increase and birth rates decrease (Petchesky 1984: 103-109). It should come as no surprise that prior to these changes, abortion and birth control were very much prohibited and with this change, both were legalized.

Contemporary capitalism needs women's labour, and this has lessened biological claims of women's inferiority to specific areas (such as engineering and architecture), instead of in the public sphere generally (Sayers 1982: 97). Based on an historical analysis, Janet Sayers (1982) argues that the demise of lingering biological arguments will only be complete when women's position in society again changes and women prove themselves as competent as men in respected fields. Sayers adds that "in order for women to be able to do this ... it will be necessary to struggle against the discriminatory practices that currently obstruct their entry into these professions" (Sayers 1982: 103).

Sayers maintains that women's reproduction has not *always* made them subordinate to men. At times of job scarcity women entered into some jobs more readily than men, causing men to be unemployed. This is because women's labour is cheaper for capitalists due to unequal pay (1982: 191). "It is not men, but these economic conditions — conditions that oppose the interests of men and women alike — that constitute a basic cause of women's oppression, at least in the labour market" (Sayers 1982: 191).

When jobs are not scarce and women become pregnant, it makes sense for them to leave the labour market to rear children because they have a smaller salary to forego. Without adequate social services available to allow women to curtail childbearing responsibilities in order to further their own aspirations, capitalism benefits as this creates cheap labourers for the labour force. According to Sayers, "Adequate provision of public childcare would aggravate the problem of unemployment [for the market] ... it suits [capital's] interests better to have women stay out of the labour market to look after the children" (1982: 155). For instance, it was not until 1978 that it became illegal to fire women for becoming pregnant in federally regulated industries (Canadian Research Institute for the Advancement of Women 2000).

State Interests

Sociologists debate whether or not the state is a level playing field which accommodates the interests of various groups or whether it governs on behalf of one class (Ursel 1992: 2-3). Of course, it is in the state's interest to maintain order by accommodating (to some degree) the interests of all or most groups, but some interest groups fare better than others. According to this sociological view, unequal representation is the result of a complex intertwining of timing, resources and hard work and the state is the realm to which interest groups turn in order to have their needs accommodated.

The state is very much interested in and involved with the lives of women because social programs are not only shaped by gender relations, but also serve to perpetuate these relations. For example, if women are expected to care for dependents, fewer social programs will be put in place to alleviate women's caregiving responsibilities. On the

other hand, if the mode of production requires female labourers, the state may step in and provide social programs that alleviate women's caregiving responsibilities (Evans and Werkele 1997: 4).

The state also interferes with procreative capacities because it has to control and secure fertility rates in order for society to be maintained. Perhaps of greater interest for the state is its interest in reducing the number of the underclass (racial and ethnic minorities, the unemployed, the surplus poor — i.e. the 'undesirables') and increasing the number of 'desirables' in any given society (Petchesky 1990). Here the problem for the state is in reducing the number of the underclass, rather than reducing that which created the underclass in the first place (Bacchi 1999).

The state has a variety of means to attain this end. For example, the state might provide access to birth control in the hope that the underclass will use it effectively (considering the increased burden unwanted children would create on the state and economy). Unfortunately for the state, population control often goes awry and the class that birth control was intended for does not use it, while the class that the birth control was not intended for, does (Petchesky 1990: 71).

At other times, forced and involuntary sterilization of the underclass reduces their number of children. In the United States during the 1920s, forced sterilization of poor women was widespread. There, 45,000 sterilizations were performed on society's so-called 'undesirables' between 1907 and 1945 (Petchesky 1990: 87). In Canada too, eugenically-minded doctors were opposed to fertility control of the 'fit' members in society, but forced sterilization to prevent the 'unfit' from reproducing. Alberta in 1929, and British Columbia in 1933, launched programs for the sterilization of the feeble

minded. In Alberta, 2,800 patients were sterilized before the program was revoked through legislation in 1972 (McLaren and McLaren 1997: 148). On issues of reproduction, "control has historically taken priority over safety for women" (Petchesky 1990: 171).

Some sociologists believe that the state's primary interests are in mediating between the interests of the two bases of society: production and reproduction (Ursel 1992: 18-20). Because both are interrelated, patriarchy (the control over reproduction), serves to guarantee production and vice versa. According to such theorists, in today's capitalist societies, production and reproduction are often in conflict because the needs of reproduction are often neglected. What results is a decline in birth rates. In order to ensure procreation and to help sustain families, the state may step in as a mediator between the two realms. According to Ursel, the state's actions are often consistent with its ties to maintaining the success of the market and in order to sustain patriarchy (Ursel 1992: 40-41). This is important for women's lives because of the gendered division of labour. When costs become privatized, it is well documented that women take on the responsibility of care, regardless of resources obtained outside of the home such as education or income and regardless of competing time and role demands that might interfere (Baines, Evans and Neysmith 1991; Dwyer & Seccombe 1991).

A weakness of Ursel's approach is that it tends to assume that any program or service put in place will in the end serve to accommodate the interests of the market at the expense of, and to the detriment of, women. Such an analysis overlooks programs that are beneficial for women (abortion services and rights) or, for that matter, are detrimental to the market. For this reason, I consider the state as a mediating body, that with proper

persuasion and incentives, can be influenced and can actually serve to alter power relations.

With this in mind, it is important to remember that some state governments (for example, Sweden) are more women-friendly and offer many social services that will enable women to share childrearing/childcare entirely or, in the least, its day-to-day maintenance responsibilities with no stigma attached. This global analogy is useful within Canada because each province has a provincial government which sets health policy, and (whether Conservative or NDP) a government's public policy will determine the degree to which women's needs will be met. Generally speaking, NDP governments are more positively oriented to the welfare state, which translates into women-friendly services. In fact, when the federal government made the decision in 1988 to allow the abortion decision to be made between a woman and her doctor, the NDP party welcomed the decision, unlike the Conservatives and the Liberals (Brodie, Gavigan and Jenson 1992: 53-63). This was because the Liberals depended on Roman Catholics for votes, many of its MPs were Catholic and the Conservatives had adopted a link between economic conservatism and pro-family activists (Brodie, Gavigan and Jenson 1992: 53-54).

Nevertheless, different branches of the NDP have publicly announced varying degrees of support for women's liberation and their right to accessible services. This thesis concentrates on Manitoba's NDP government. Also important to mention is that this project deals with English-speaking Canada. Quebec's important and exceptional story remains to be told (see Brodie, Gavigan and Jenson 2002; CARAL 2003b; Kellough 1996 and Rebick 2005).

Religious Interests

The manner in which men's interests are upheld and reinforced by patriarchal limits placed on women's reproductive freedom has already been discussed. So too has the way that capitalism is upheld by regulation of reproduction and how the state has an interest in doing the regulating. Religion is a fourth influence on abortion services. It is well-known that contemporary Western Judeo-Christian doctrine is almost exclusively anti-abortion (Petchesky 1990: 121). Opposition to abortion stemmed from the preservation of human life doctrine, coupled with the assumption that life begins at conception, thereby making abortion murder. It is important to note that not all churches were opposed to abortion legislation, nor did every church's stance on the issue remain unchanged over the years. This is telling, because religious doctrine has remained constant over the years, indicating that something more is operative.³ As we shall see, political power and religious competitiveness played a big part in churches' stands on the issue. On top of this, it is also true that churches attain power from numbers and rely on their members to reproduce (Petchesky 1990: 121).

Traditional or puritanical religion highlights sinful behaviour and stresses that people abide by the moralistic crusade that the religion aspires to. Some of these beliefs include that pre-marital sex, pornography, divorce and/or masturbation are sins, along with behaviours that could lead up to them (such as dancing, dating, provocative dress and/or women in the workforce). Petchesky makes an excellent argument that the strong push to make abortions inaccessible during the mid-1970s was a result of the visibility of young women's sexuality that abortion and birth control signalled (Petchesky 1990: 231).

³ Not to mention that some churches support capital punishment and/or warfare, neither of which serve to promote the preservation of human life.

During the 1960s in Canada, several Protestant Churches refused to accept women's independent right to abortion but were willing to allow doctors to decide if a woman warranted an abortion for health reasons (Brodie, Gavigan and Jenson 1992: 30).

The organized power of religion is important to note because religious groups have an enormous advantage in comparison to social movements. Petchesky argues that because the church has great power, politicians must be sensitive to their beliefs or lose their votes. According to Petchesky, "Every American president in the United States has deferred to the views of the church" (1990: 121). Prior to the women's liberation movement and during its initial decade of struggle, the situation was not much different in Canada. The reason for institutionalized religion's power is that religious groups are already organized; they have a sense of unity, a sense of leadership and a meeting place to communicate and encourage networking. Because religion instills obedience, it is very easy for religious groups to use their members and their influence to change government decisions.⁴ For this reason, religious groups are a powerful lobby and resource.

In summary, this section introduced Bacchi's theoretical model based on social constructionism and the critical analysis of policies that will guide the study. Bacchi's theory instructs sociologists to deconstruct people's interpretations of problems, the lack thereof and the power differentials affecting the outcome of whether or not one's interpretation of the problem will be of consequence. Bacchi's theory teaches us to look for alternative problem representations and, in turn, alternative solutions.

The discussion then turned to social movements because of my interest in the pro- and anti-choice movements in Manitoba. Social movements are the carriers of grievances

⁴ An example of this is the church's recent attempt to stop same-sex marriage in Canada. For instance, Focus on the Family Canada, an interdenominational Christian radio program, made a plea to its listeners to contact their MLAs and demand opposition (Focus on the Family Canada: 2005).

and act to challenge the authorities responsible for the maintenance of these grievances.

An important component to the success of a social movement is access to resources, including money and the ability to attract new members. The degree of cohesion amongst the members and the nature of divisions within the governing elite are also important conditions affecting a movement's success.

The discussion then moved to feminist accounts of abortion. This included an analysis of patriarchy, the market, the state and the church and their influence and interest in the subordination of women vis-à-vis the denial of reproductive autonomy. We learned that free and accessible abortion has the ability to allow women to control their own bodies, a necessary, albeit insufficient, step towards ending patriarchal relations. Women had many obstacles to overcome in this dominion because abortion has historically been controlled by men both in the political domain and in the medical domain.

The section then turned to the market's interest in women's autonomy or lack thereof, depending on market interests at the time. A good deal of contemporary capitalism benefits from women's labour being unequal to men's. Women are paid less than men and their labour is cheaper for capitalists when they are forced to leave the public sphere of paid work for a duration of time, forcing them to forego promotions and ensure a pool of workers who would otherwise (and all other things being equal) have to be paid as much as what would be their equal counterparts: men. Without adequate social services available (abortion services, education on birth control and day care facilities, to name a few) to allow women to curtail childbearing responsibilities in order to further their own aspirations, capitalism benefits.

States are interested in fertility. In order to ensure procreation and to help sustain families, the states may step in as mediator between the interests of production and reproduction. This is important because it is well-known that women provide the majority of care for dependents, regardless of resources or expectations in the public sphere that might interfere. If women's caring responsibilities offset market expectations, states might step in to provide services that alleviate conflicting expectations, and serve to maintain the success of both realms.

Finally, institutionalized religion is interested in curtailing abortion because the church attains power from numbers and relies on its members to reproduce. Opposition to abortion in the church has always stemmed from the preservation of human life doctrine, coupled with the assumption that life begins at conception, making abortion murder. What is interesting in this respect is that although church doctrine has remained constant, the views of churches between branches and within individual denominations have not. Perhaps it is political influence, changing views of society or the growing acceptance of sexuality, but for whatever reason, something more than religious doctrine is operating. We now turn to the methods that informed the research.

Methodological Approach

Because my project is both historical and sociological, my aim is to provide the concrete historical account of what happened in Manitoba with respect to the issue of abortion and to apply theory in order to interpret and make sense of these events. Because this is a project of historical sociology, my goal is to work with macro-sociological ideas and the associated structures (i.e. the power of the state, market effects on people's lives,

patriarchal relations and the power of institutionalized religion) and to make sense of these by utilizing an experienced epoch of social change (the acquisition of abortion services in Manitoba between 1969 and 2005) (Skocpol 1987: 20). Put another way, I am coming into the project with a macro-structural framework (i.e. the women's movement, religion, the market, the state and patriarchy will all be important) and am trying to identify the patterns that took place (i.e. the historical account).

A word on historical sociology and the intellectual history of sociology is in order here. Sociologists largely turned away from historical accounts in the early 20th century to break ties with a discipline that could not be considered scientific because of problems with sampling biases, informant biases and the impossibility of measuring social change. By breaking away, sociology hoped to achieve this end independently: by hypothesizing and testing theories of human behaviour un-regimented by time and space. Yet by the end of the 20th century, this trend was reversed (StemPel III, Weaver and Wilhoit 2003).

According to Theda Skocpol:

Against the abstractions and timelessness of grand theory — and especially in opposition to Durkheimian-style modernization theory, as reworked by Parsonian structure-functionalists — historically minded sociologists have reintroduced the variety, conflict, and processes of concrete histories into macroscopic accounts of social change. (1987: 20)

Generally speaking, historians are specialists in description and consider it important that every detail be brought to the forefront. In this presentation of detail, making explanations or causal relations can be difficult to uncover. Sociologists, on the other hand, are more concerned with the big picture and the theories and frameworks which make sense out of the social behaviour in question. However, the discipline tends to downplay historical analysis. Philip Abrams eloquently explained the difference as

follows: “the historian uses a rhetoric of close presentation (seeking to persuade in terms of a dense texture of detail) while the sociologist uses rhetoric of perspective (seeking to persuade in terms of the elegant patterning of connections seen from a distance)” (Abrams 1982: 194). Skocpol adds that historians “have more to say about lived experiences, while historical sociologists will have more to say about structural transformations” (Skocpol 1987: 27).

This distinction is important for the purpose of this research because it is historians who have been able to identify the micro- from the macro-structural changes, by identifying for example, the individual people who made change possible (Tilly 1984: 65-67, 77). Sociologists on the other hand have made it their discipline to analyze the states and politics that historians left out, seeking out schematic patterns (Tilly 1981: 37-38; Skocpol 1987: 24). Fused together, the goal of historical sociology is to acknowledge and appreciate the history of a given phenomenon while keeping theory and sociological framework in mind to make sense of history and to uncover patterns in behaviour. It is my belief that the details of the movements and counter-movements relating to the abortion issue coupled with an understanding of the powers and politics is needed to explain why we have what we have today. My aim is to show that history and theory matter; they are complementary and equally important.

According to Charles Tilly (1981: 44), this fusion is especially beneficial for those studying social movements because the “regularities in the collective action of particular historical eras” will facilitate the formulation of laws surrounding movements. Skocpol would agree that a historical sociological examination would be best suited for my analysis, which is driven by “historically grounded questions” rather than “classical

theoretical paradigms” (Skocpol 1984: 4-5). Put another way, Abrams states: “the challenge of an event is not a matter of grasping its concreteness but of apprehending, at an appropriate level of concreteness, the transition it signifies” (Abrams 1982: 195). In this thesis then, I attempt to identify the significance of changing access to abortion in Manitoba.

Data Collection Methods

The main questions in this thesis focus on the forces promoting greater access to abortion and promoting decreased access to abortion in the historical development of abortion services in Manitoba from 1969 to the present. In order to gather the information needed to answer my research questions, I collected information from the following sources:

- newspaper articles that featured abortion in Manitoba from 1969 to the present, located in the Legislative Library, 200 Vaughn Street, Winnipeg, Manitoba.

When I read through these articles, I looked for evidence of a pro-choice, anti-choice or neutral slant, and of evidence of any of the nine following topics: (i) women’s groups or women’s movement; (ii) anti-choice groups; (iii) political parties; (iv) doctors; (v) Joe Borowski; (vi) Dr. Morgentaler; (vii) individual experiences; (viii) church groups or religion; (ix) the police. I then transcribed all of the information to a chronologically organized timeline, with pro-choice articles written out above the meridian line, anti-choice articles below the meridian line and neutral articles along the meridian line. I then circled each entry with a pre-determined corresponding coloured pencil, coding for themes.

- magazine articles, web pages, television programs and films on the topic. Once again, relevant material was sought, read and analyzed for the study.
- Hansard Files (hereafter, as HF) also located in the Legislative Library. This source was the most time-consuming. Finding relevant material was difficult in the earlier volumes because the indexing was more basic. I panned through the texts, looking for relevant material and paid special attention to sections involving speakers who were most commonly associated with the topic of abortion. As the years went on, the indexing became progressively more sophisticated and I was able to read through material pertaining to abortion, birth control, women's rights, reproductive rates, therapeutic abortion committees, Dr. Morgentaler, the Morgentaler Clinic, private health clinics, Joe Borowski, Larry Desjardins and Roland Penner. As of December 1994 the files became available on-line and the indexing was significantly more sophisticated. Unfortunately, this corresponded with the time when the subject matter was least discussed in the legislature.
- publicly available resources such as the Yellow Pages, the Talking Yellow Pages and the White Pages and the sources within them; pamphlet racks available at the League for Life, Klinik, The Jane Clinic (formerly the Morgentaler Clinic) and the Women's Health clinic. The Winnipeg phone book resources were used to contact agencies with relevant information and to discover what their services entailed. Information gathered at the League for Life, the Jane Clinic and the Women's Health clinic was used to get a sense of the information that is available to women in our province. The agencies were also asked to provide relevant information and resources pertaining to Manitoba's historical acquisition of abortion services.

- phone calls to a variety of government officials, businesses, clinics, hospitals and agencies involved for information on the subject. This proved to be a very beneficial resource for verifying claims.
- private records left by groups or individuals who were intimately involved in the struggle for and against abortion access in Manitoba, which were located in the clipping files in the Archives of Manitoba at 200 Vaughn Street, Winnipeg, Manitoba. This is a valuable source of data by staff who had a mandate to collect and store the files. Because they have been collected, stored and maintained professionally, we can be reasonably confident that they are a reliable assemblage of material and are a solid source for a literature review. This data source proved to be one of my most valuable because it uncovered data specific to Manitoba's unique history that would have been lost, had I to rely on other sources. These data provided me with verifiable information pertaining to various groups' actions. Unfortunately, not every group donated scrapbooks to the Archives Library, and as a result, a comprehensive account of every interest party is missing.
- books and articles on abortion. These were located in libraries, on the Internet and through various organizations, such as hospitals, pro- and anti-choice organizations, private individuals and government officials and provided guiding data for my study.
- personal, in depth, semi-structured interviews (N = 5) with key players on all sides of the debate to obtain their subjective, firsthand account of Manitoba's abortion struggle.

The Interviews

I chose to conduct semistructured interviews because although I had specific objectives, I wanted freedom to develop individual questions. However, as is commonplace with semistructured interviews, I developed key questions in advance.

At the onset of the interview, all of the participants were informed about the nature of the study and were asked to sign a consent form which explained the voluntary nature of the interview and clarified issues of anonymity and confidentiality (See Appendix A). The questions were designed to elicit information from the respondent about how and why Manitoba's access to abortion had developed. Because I did not want to constrain the informants, my questions were open-ended.

I wanted to discover what their role had been and at what stage they were involved in the abortion conflict. I wanted to elicit what they and their organization thought the problem was and what tactics they used to further their goals. Finally, I wanted to discover the major influences on the organizations' opinions and perceptions with regard to the abortion controversy (See Appendix B).

Choosing my informants and conducting interviews was done as a last step in my research so that I could determine the most appropriate candidates and so that I would have a rich set of questions for each informant. Interviews were conducted over February to July 2004.

Finally, the decision to conduct these interviews was considered to be important because although there is a written record of Manitoba's abortion services it did not always coincide with firsthand accounts by people intimately involved with the struggle

(Brodie, Gavigan and Jenson 1992; Kellough 1996; McLaren and McLaren 1986; Morton 1992).

In order to get a well-rounded account of what happened in Manitoba with regard to the province's historical acquisition of abortion services, I made a concentrated effort to interview key players from every major interest group. I interviewed the most prominent activist from each of the pro-choice and the anti-choice movement, as well as leading government ministers at the time, some of whom were sympathetic to feminism and others to the anti-choice activists. Three of my interviewees were elected officials and public figures during the time who spoke to me very frankly about their roles. To preserve anonymity and confidentiality, I do not use their names or a coding scheme to help identify entries made by the same respondent. The risk of coding informants is that their identities may emerge in a composite picture. I did not want to provide any information which might help identify the respondents. On occasion, interview quotes are edited to maintain anonymity and confidentiality, as required by the ethics approval certificate (See Appendix A).

All of the interviews were recorded and transcribed. In order to analyze the responses provided by each respondent, I developed a coding scheme which corresponded the responses to various areas of interest. This allowed me to reflect the full range of responses in a manageable form. I began by reading through each interview several times. I then read through the interviews looking for evidence of any of the nine following topics and circled the context with a pre-determined corresponding coloured pencil. The topics were: (i) women's groups or women's movement; (ii) anti-choice

groups; (iii) political parties; (iv) doctors; (v) Joe Borowski; (vi) Dr. Morgentaler; (vii) individual experiences; (viii) church groups or religion; (ix) the police.

I then read through the interviews to examine whether or not any of the respondents indicated their interpretation of what the problem was or what they saw as a solution, in order to identify their perception of the problem. I also paid attention to areas that were not given problem status, drawing on Bacchi's theoretical advice.

Organization of the Project

I divided the historical arc of my project at moments when access to abortion services increased or had the promise of increasing. I decided to tell my story chronologically.

The main reason for this presentation is that there existed a hard and concrete sequence of events, which only made sense as a narrative. In certain sections, a thematic organization was necessary for simplifying the evidence of patterns within my research. Apart from the "illegal years" (which for our purposes are synonymous with the "quiet years" of movement activity), the key players were constant and, in order to make sense of each force, I found it helpful to analyze their actions separately.

With all of this in mind, the overarching organization of my project is chronological so that I can reconstruct and develop a generalized understanding of what happened in Manitoba from 1969 to the present. Within the project itself I applied my theory to the historical case, focusing on if and how theory applied, and sought out *why* specific events occurred along the historical arc. Finally I used a historical sociological analysis to help explain the major forces promoting greater access to abortion and promoting decreased access to abortion in Manitoba.

CHAPTER 3

THE BACKGROUND TO MANITOBA'S STORY

THE ILLEGAL YEARS - 1977

In this chapter we sketch out some background that is needed to understand the story of what happened in Manitoba, by outlining the main features of the Canadian context. Specifically, this chapter provides the national background and the broader social context in which the Manitoba fight emerged. Here we discuss the struggles faced by Canadian women prior to the liberalization of birth control and abortion. We also become familiar with the pioneers who were responsible for breaking the silence on reproductive matters by instigating the women's liberation movement. This chapter discusses how reproductive matters and fertility rates are intertwined in a complex system of social and cultural relations and assumptions.

Abortion in these years (from the early 20th century to 1969) was predominately a legal matter governed by the Criminal Code of Canada. We shall see that while there was some activity by feminist groups, it was on such a minor scale that it is appropriate to think of these as the "quieter years" of movement activity. This chapter introduces the medicalization of birth control and abortion which, as we shall see, was successful in controlling women's reproduction. By treating the issue of abortion as a medical one, the medical community was able to shut others out from the decision-making process.

Women did not have the credentials to challenge the medical community and, as a result, it was doctors who had the authority to decide when an abortion was needed or provided.

Prior to 1969

Prior to 1969, abortion and birth control were illegal in Canada. One of my respondents informed me that although no one talked about unwanted pregnancies or abortions,

Everyone knew about it, but thought: 'it was my mother, or my sister that it was happening to.' It was an underground issue. It was a sexist society that said that pregnancy and childbirth are a 'woman's problem' and 'let them deal with it.'

Even though abortion and contraceptive distribution were illegal, the Canadian birth rate fell for nearly the entire 20th century, suggesting that underground measures were being employed (McLaren and McLaren 1997). The illegal status of abortions did not stop women from having them. If contraceptives were too difficult to obtain, or if they failed, many women sought illegal abortions in a desperate attempt to avoid childbearing. Although by 1900 medical abortions could be performed with relative ease (Brodie, Gavigan and Jenson 1992; Luker 1984; McLaren and McLaren 1997), their illegal status meant that they were not performed under safe circumstances. As a result, complications often ended in death. When faced with family planning or an unwanted pregnancy, women who needed abortions found services underground or paid a huge fee to doctors who were sympathetic to their situation. One of my respondents supported the notion that many doctors helped women despite the fact that birth control was illegal in saying, "I got married in 1966, and my doctor prescribed me birth control pills." When the change in the law finally came in 1969, then, it accommodated already changed social behaviour.

However, prior to the change in the law, abortion was a shunned practice and many doctors feared jeopardizing their careers by terminating pregnancies. Of course, the situation cannot solely be blamed on the medical community. In fact because of the law,

and all that influences the law, doctors had limited choice. Furthermore, many doctors did secretly provide women with birth control information and some even provided safe abortions.

First-Wave Feminists

Something had to be done to alleviate the daunting task that women faced to limit their family size without the legal means to do so. Earlier (1910-1920) Margaret Sanger and Marie Stopes had made major headway in the United States and Britain in popularizing birth control as a respectable form of family limitation. Despite the fact that Canadians welcomed their message, Canada did not produce any feminist advocates of equal standing. In fact in Canada, "the main women's groups kept their distance from the public campaign for contraception" (McLaren and McLaren 1997: 12).

Canadians owe much to Margaret Sanger and Marie Stopes for their pioneering work that launched the Canadian birth control movement. (McLaren and McLaren 1997: 55-61). Sanger toured the country in the mid-1920s and spoke to groups of people, urging them to join rallies and to form movements in an effort to change the restrictive law. People in each province were contacted months in advance to prepare for her arrival by setting up locations, publicizing the event and inviting the press. Unfortunately, not everyone was receptive. Sara Heppner of the Sisterhood of the Shaarey Zedek Synagogue was asked to sponsor Sanger when she toured through Winnipeg. Heppner refused her request because "despite being interested in the topic personally," the conservative members of the synagogue were against such controversial discussions (McLaren and McLaren 1997: 59). Proving the prevalence of the belief that opposition to birth control

had much to do with moralistic claims, Cora Hind, an independent feminist journalist and leading correspondent for *The Winnipeg Free Press*, responded to Sanger's requests this way: "It is not birth control which needs to be taught to the people at large, whether high or low, but individual self control" (cited in McLaren and McLaren 1997: 60).

Although first-wave feminists are most recognized for their struggle to gain women's right to vote, after it was attained, many began to fight for maternal rights and programs that would assist women as mothers (such as baby welfare centres and mothers' pensions). In deciphering why mainstream Canadian women's organizations did not become involved with the fight for birth control, Angus McLaren and Arlene McLaren indicate that some women saw reproductive issues as unavoidable. Many women accepted doctors' warnings, such as those of Dr. Helen MacMurchy of the Maternal and Child Welfare Division of the Department of Health, that birth control and contraceptives were not natural and should not be used (McLaren and McLaren 1997: 67). Some women feared that birth control would increase men's sexual demands, while some saw women's reproduction as a strength and were opposed to birth control because they worried that it would denigrate their efforts (McLaren and McLaren 1997: 69). One of my respondents explained:

A lot of us hadn't had any personal experience with it. You have to remember that in my day, there was no access to family planning and it wasn't our lead issue. It was for the next generation who were part of consciousness raising groups. They were real strong advocates and we dialogued a lot with them. A lot of us became advocates for choice as we felt that within a pluralistic society that that was the way to go. Then we got electrified by the Vancouver to Ottawa trek of women ... that had a tremendous impact on us all.

Abortion-related deaths were highest in the 1930s and 1940s, and they reached their all time high in 1936 and accounted for 42 percent of maternal deaths (McLaren and

McLaren 1997: 47-50). It is important to consider that 58 percent of deaths were caused by other complications related to pregnancy or childbirth. Despite the risks, the mortality rate for women having abortions was low in comparison to the number of women who had them. "It has been deduced that only one-tenth of 1 percent of all abortions resulted in death"; however, because so many women were having abortions, "the absolute number of abortion deaths was frighteningly high" (McLaren and McLaren 1997: 51). Even more illustrative was that maternal deaths were declining while abortion deaths were rising, revealing that obtaining abortions within an illegal system was very dangerous for women (McLaren and McLaren 1997).

It was not until after the Depression began that women's organizations started talking favourably about birth control. Women's groups "only did so in the 1930s when their moral misgivings were overwhelmed by the evidence of the social and economic misery resulting from unwanted pregnancies" (McLaren and McLaren 1997: 70). In 1936, the Women's Labour League in Vancouver petitioned the government to help alleviate the working class woman's inability to protect herself from unwanted pregnancies by providing birth control information and services (McLaren and McLaren 1997: 86).

With economic development after World War II, there was a surge in service occupations — which women had monopolized since the 1900s by providing more than 70 percent of nurses, librarians, telephone operators, secretaries, typists and other such occupations) (Frieze 1978). As the demand for female labour grew, women were able to stay in the labour force by filling these occupations (Frieze 1978: 152). However, many other changes occurred as well. People were more likely to get married and at a younger

age, which corresponded with them becoming parents at an earlier age. As a result, fewer young and unmarried women were able to fill the growing need for labour and employers were forced to hire older or married women (Frieze 1978: 152).

During the 1950s and 1960s, attitudes towards marriage and the family were very traditional. Being married was the only acceptable status for adults and wives were expected to raise and nurture healthy families. According to McLaren and McLaren, the public's perceptions of sex roles played a big part in postponing the legalization of birth control. Birth control was associated either with Malthusians and their radical desire to eradicate population problems or with sexual radicals and their liberal views on sexuality and women's place in society. Despite the public's fear of being associated with such unconventional thinkers, in private women went to great lengths to obtain information about birth control methods. There existed an underground network of women writing to each other about information on how to avoid pregnancies. As one respondent noted:

I even had my sister in-law's mother from England sending me information thinking that because I had four children in six years that I must be ignorant. (personal interview)

There were also discreet sales of contraceptives by business people who sold them at a high mark-up, making them too expensive for poor women. These retailers knew that no matter the price, wealthy women, or women desperate enough, would buy them (McLaren and McLaren 1997: 23, 28-31).

The Church

Family planning was so widespread by the 1960s that the majority of Canadians did not know that it remained illegal. "I didn't know that [birth control] was illegal, I don't even know if [my doctor] knew that it was illegal." However, politicians avoided the issue

because they feared losing the vote of the Catholic population, which accounted for 45 percent of votes. The fears of politicians were unfounded. Between 1959 and 1969, Quebec, whose majority was Catholic, cut its birth rate in half (McLaren and McLaren 1997: 125). Faced with the dilemma of accepting birth control or losing its parishioners, the Catholic Church openly endorsed the rhythm method for the purposes of family planning (McLaren and McLaren 1997: 131). The United Church had even approved therapeutic abortions for physical and mental reasons, although not for family planning or the liberation of women (de Valk 1974: 10). And so we see that within the institution of the church, there existed differences in opinion on the subject of abortion.

According to Brodie and her colleagues (1997) and de Valk (1974), the Roman Catholic Church was the prime opponent to reform at this time. When I asked my respondents their thoughts on what made abortion such a contested issue, two made this exact argument. One of my respondents informed me:

Pro-abortion groups had succeeded because of the moods in the country, specifically the decline of religious practice.

Another had this to say:

It's an oversimplification to say that religion is against abortion, there are mixtures. But the dominant voices were certainly antagonistic.

This respondent added that the Catholic Church was the strongest anti-choice force in Manitoba.

Alphonse de Valk (1974: 34) points out that despite being opposed to abortion in theory, the Catholic Church had not explained its stand to its followers. Its position on the abortion issue was additionally weakened when it accepted the revision of the Criminal Code in the area of birth control and divorce, two practices which it ferociously opposed

in the past. Almost half of the Canadian population was Roman Catholic and this portion of the population might have done much more to ensure that abortion was not decriminalized if it had not been for wavering theology and lack of leadership (de Valk 1974: 84).

The Medical Community

In the post-war period, many doctors accepted birth control as preventative medicine, were sympathetic to families who wished to avoid pregnancy and were understanding of those who were already doing so. It was rare, however, for them to publicly endorse contraceptives for fear of political reprimand. To illustrate: in 1951, Dr. Brock Chisolm gave a talk on CBC Radio that was considered by politicians to be supportive of birth control. In the House of Commons, he was later ridiculed and accused of having a "poisoned mind" (McLaren and McLaren 1997: 133). According to McLaren and McLaren (1997), the reason why doctors took an interest in birth control in the 1960s was threefold. For one, the majority of Canadians were employing birth control practices anyway. Second, American and British doctors were supportive of birth control. And third, the invention of the birth control pill and the intrauterine device (IUD) promised respectable scientific technology.

In 1963 the Canadian Bar Association (CBA) and the Canadian Medical Association (CMA) began to discuss the question of abortion at their annual meetings. Many Canadian doctors wanted the law amended so that there would be no dispute regarding their ability to perform abortions. There was a saving clause in the Criminal Code on abortion that would absolve doctors who killed a fetus in an act to save a

woman, but doctors were hesitant to act on an indirect link. Fearing repercussions, the few Canadian doctors who did perform abortions fought to eradicate the ambiguities (Brodie, Gavigan and Jenson 1992). Interestingly, despite being the ones receiving treatment, women were not part of the discussion and, in 1966, the CBA claimed that it was *doctors* who were the victims of the law concerning abortion (Brodie, Gavigan and Jenson 1992: 40). Doctors were fighting for their rights as decision-makers of women's reproduction and despite being the ones receiving treatment, women were silenced.

In 1966 the Canadian Medical Association passed resolutions which favoured abortions if the woman's life or health was threatened. There were several paradoxes with respect to doctors' interest in abortion. First, doctors expressed concern for illegal abortions causing death well *after* abortion-related deaths peaked in the early 1930s. Second, doctors were unconcerned about the legalization of birth control, which could have helped avoid many unwanted pregnancies in the first place. Also intriguing is the fact that these developments occurred during the Great Depression, a time when pregnancy was often undesired, birth rates were low and illegal abortions were skyrocketing. Clearly it was not in doctors' interest that women have the right to decide if and when they should have an abortion. Instead, doctors worried about their own protection under the law (Tatalovich 1996: 5).

According to one of my respondents, "the medical community was so anti-women, very anti-choice." The language used by the medical community indicates how sexism and disrespect toward women by the profession continued well into the 1980s. For example, in a submission to the Committee of Family Planning Policies, the College of Physicians and Surgeons refer to doctors only as "he," "him" or "his" which would not

be blatantly sexist if they had not in the next sentence referred to patients as “he or she” (Sanders 1978: 151). In another example, the CMA presented their case for reform at a House of Commons hearing in 1967. Here, the recipients of abortions were not referred to as women. Instead, the subjects of the procedure were “pregnant females,” “people,” or “mothers” who “already had too many children, or who were forced to be mothers, or who were not healthy enough to be mothers, or who were too young to be mothers” (Brodie, Gavigan and Jenson 1992: 28-29). These doctors were adamantly opposed to abortion on demand for women (Brodie, Gavigan and Jenson 1992: 29).

Second-wave Feminists and Political Response

By the late 1960s the second-wave of feminism emerged. Second-wave feminists, unlike first-wave feminists, opposed the motherhood ideal and believed that motherhood and its associated responsibilities served to oppress women. Fighting to end gender oppression, these feminists believed that birth control and abortion were women’s right and essential to their liberation. These feminists had a difficult time getting involved in the political arena in the mid-1960s because they did not yet have political clout (Brodie, Gavigan and Jenson 1992: 25-26). Feminists would have much organizing to do before their revolutionary demands would be met.

A changing attitude in the Western world on issues such as birth control contributed to reforms. So did politicians such as Pierre Elliot Trudeau, who entered the political sphere eager for reform. It was Trudeau, as Justice Minister, who first presented the bill to liberalize Canada’s abortion law in 1967. He introduced the Omnibus Bill which included several “conscience issues,” including homosexuality, divorce,

contraception, capital punishment and abortion. It was during this time that he made the unforgettable statement: "The state has no business in the bedrooms of the nation" (cited in McLaren and McLaren 1997: 135). Under this bill, abortion as well as the other issues would become a matter of private morality. The bill died on the floor, but when Trudeau became Prime Minister of Canada in 1969, it was successfully reintroduced.

Members of the Liberal party held diverse opinions about the new abortion legislation. Some members proposed amendments because they were ignorant of the fact that the existing law permitted abortions and were under the impression that abortions were illegal under all circumstances. Others believed that women should be able to abort only if they had become pregnant as a result of rape. Some saw the question as one of women's health. Still other members thought reform was a mistake as it was a stepping stone to abortion on demand.

Conservative leaders were more disapproving of the reform than were Liberals. As always, a few were sympathetic to the issue of abortion, such as Robert McCleave of Halifax who argued during a parliamentary debate on January 27, 1969 that "if a Roman Catholic woman feels strongly enough about her religion, presumably she would not consent to an abortion in any case" (cited in de Valk 1974: 109).

Unlike Conservatives, who mainly were against the reforms on abortion, all but one New Democratic Party member supported the proposed revisions. The only NDP minister to oppose the amendments to the Criminal Code was John Burton of Regina, and his arguments were much more sympathetic than those of the Conservatives. Burton argued that the government had the responsibility to protect the life of the unborn, that

hospitals should be protected and that there should be a review of the system after five years (de Valk 1974: 114).

Stanley Knowles, a former United Church minister of Winnipeg, urged members to deal with the issue in a humanitarian way and said that although people would assume that the churches would be “narrow-minded and traditional,” many church leaders and parishioners had urged people to, “apply reason, apply psychology, apply compassion, apply human understanding to these problems” (cited in de Valk 1974: 113).

The Cr ditistes of Quebec were wholeheartedly opposed to the legislation. The Cr ditistes brought religious law and read medical, legal and philosophical quotes. They focused on the problem of interpretation because of ambiguities inherent in the law and grew embarrassed as their amendments (which together numbered almost fifty) were rejected one after the other. The ensuing debates became more heated. During one debate, Liberal Pierre de Ban  called the Cr ditistes “fossils and demagogues” (cited in de Valk 1974: 122). In retaliation, Bernard Dumont of the party defended the group as “champions of truth and Christianity” (cited in de Valk 1974: 122).

MP Grace MacInnis — a stalwart voice for women in politics until her retirement in 1974 — declared that members of the House were treating women like “baby machines” without minds or desires of their own. She also said that abortion boards included a psychiatrist for the purpose of telling women that under every circumstance becoming a mother was good for them. She challenged members of the House on their sexist arguments, such as pregnancy puts women into mindless states thereby making them reliant on men who would convince them that they must continue their pregnancy

regardless of the effect that this would have on themselves, the child or society (Curtin 1973).

The 1969 Change in the Law

The Omnibus Bill was approved on May 14, 1969 (de Valk 1974: 125). It was a very important milestone. The new bill did not legalize abortion; it simply made it permissible in an accredited hospital after a committee of physicians determined that the continuation of the pregnancy would endanger the life or health of the woman. 'Medically necessary' or "therapeutic abortions" implied that an abortion under any other name would be elective or unnecessary (and as we shall see, thereby unfunded) (Petchesky 1984: 125).

The concept was problematic because it forced women to accept the ideology and sell their 'incompetence' to a panel of doctors in order to be granted the ability to avoid an unwanted pregnancy. This had the effect of reinforcing traditional notions of motherhood and negative notions surrounding abortions. Women were required to perpetuate patriarchal control.

The change in the law gave doctors the final verdict in decisions surrounding women's pregnancies and doctors' authority over abortion was absolute. As we shall see, change in the law two decades later (in 1988) would give women more autonomy with respect to their reproductive matters, but doctors would remain gatekeepers. It is particularly easy to understand why women as a group did not challenge medical control over abortion. Women did not have the proficiency or the credentials to challenge the medical community and the overt absence of a feminist voice during the time of reform

created the path for medicalization in the first place (Brodie, Gavigan and Jenson 1992: 20).

Despite change in the law in 1969 allowing abortions only after a committee approved the abortion, many women were forced to travel to the United States for abortions or to have one illegally. This made these abortions expensive and only available to women with resources. Clearly, the liberalization of the law did not erase inequalities or liberate women. At the time, however, it was progress. After 1969, a woman had the right to use birth control and to have an abortion, even if she did not become the final arbiter of the choice.

Of the hospitals that qualified, those that chose not to form a therapeutic abortion committee could not provide abortions. To make matters worse, in hospitals that did form committees, each committee interpreted the law in a variety of ways.¹ Also, the federal government obligated doctors to keep a record of all abortions and their circumstances. Since no other surgical procedure necessitated regulation by records (Dulude 1975), this indicated that the federal government wanted tight controls on the procedure.

The Canadian Medical Association was adamant about keeping abortion in hospitals, arguing that otherwise it could be dangerous to women's health. The Association also insisted on screening doctors to determine which ones were competent. This move indicates that the CMA did not trust provinces to ensure appropriate standards or trust doctors to adhere to the medical code of ethics and provide proper care (Dulude

¹Although hospitals are now all publicly-owned, they have not always been. In the 1990s in Canada, 48.2 percent of hospitals were owned by public authorities and of these, only 46 percent (compared to 93 percent in the United States) provided abortion services; whereas 57 percent of non-governmental and non-religiously affiliated hospitals provided abortion services. Clearly, Canada's collective philosophy has not applied to the provision of abortion services (Tatalovich 1996: 26-27). Today, many hospitals retain their board of directors, but are publicly funded and owned and operated by their Regional Health Authority or their provincial government. There are however, several privately owned clinics whose services are fully funded by the government of Manitoba (for example the Winnipeg Clinic and the Manitoba Clinic) (personal communication with Michele Augert, director of corporate affairs and communications at the Health Sciences Centre October 14, 2005).

1975: 16-17). An alternative interpretation of the CMA's insistence that the Criminal Code retain the subsection forcing abortions to be carried out in hospitals (no other surgical procedure had the same regulation) was so that doctors could ensure medical control over women's reproduction. Because abortion services are not treated like other medical services, they may have been introduced in the Omnibus Bill for the purpose of securing doctors' position, with the effect of making women's position even more precarious.

According to Jane Jenson, during the CMA and CBA's annual meetings, the discussion of the Criminal Code's regulation of abortion centred on doctors' rights and had little or nothing to do with women themselves. As a result, "the voices of women ... were marginalized ... [T]he silence extended to all women, despite the fact that they were the objects of the practice, if not the perceived subject of the law" (Brodie, Gavigan and Jenson 1992: 25). If women were not 'fit' for an abortion, their only option was to obtain one elsewhere. In Canada, women's choice was restricted because the state allowed provinces, hospitals and doctors to regulate access. Access to abortion services was dependent on a woman's ability to satisfy the conditions set down by the law in each province. Women participated in this system in order to regain their autonomy (by ending an unwanted pregnancy), but the entire system perpetuated the patriarchal medical control of women who were abnormal in their pregnancies and at the mercy of doctors, hospitals and the provinces to make them 'normal' once again (Kellough 1996).

Today, every Canadian citizen is entitled to healthcare funded by the government. Canada's healthcare system is based on the principle of universality – "the right of all Canadians to enjoy equal access to medical care regardless of their ability to pay"

(Kellough 1996: 75). Healthcare in Canada is not considered a welfare right, that is, one provided to weaker members. It is considered a fundamental right of all Canadians, and one that is not to be diminished. The establishment of the abortion law in 1969 was an obvious exception. As we shall see in the following chapters, because a woman had to qualify for this medical service, it became a welfare right rather than a fundamental right (Kellough 1996).

In Canada, doctors are not required to provide all possible services, but the intended Canadian health plan requires that all health needs are met. Because delivery of health services falls under provincial jurisdiction, the approach that each province takes varies. Nonetheless, it was doctors who decided which health services were necessary and whether or not they would provide them, making some services more available than others.

Access to abortion in Canada often depended on a doctor's and a hospital's moral stance on the issue, despite this being an unethical practice since abortion is considered a medically necessary health service. Nonetheless, abortion was exempt from the principle and requirement of universality and women were dependent on the benevolence of doctors.

In 1970, campaigns were launched to repeal the abortion law. Feminist groups were organizing and Dr. Henry Morgentaler was setting up clinics. Doctors were opposed to women's control because it pointed towards a shift in power from doctors to women; politicians steered clear of discussions of birth control because they felt it was a dangerous topic for campaigns; Catholics and fundamentalist Protestants were opposed to

abortion because they believed it made women reject traditional morality (McLaren and McLaren 1997: 137-138).

Dr. Henry Morgentaler on the other hand, had grown tired of provincial-federal wrangling. He provided women with needed abortions irrespective of the law. In 1973, Morgentaler admitted to performing over 5,000 abortions in Montreal upon women's requests. He was acquitted when tried, because the jury found that his actions were warranted. However, the Quebec Court of Appeal overturned the ruling and sentenced Morgentaler to jail. This was the first time in Canadian history that a higher court overturned a jury verdict. After two further jury trials and two further acquittals, all charges against Morgentaler were eventually dropped (McLaren and McLaren 1997: 137). As a result of the public outcry in response to the uncharacteristic action of the higher courts, the "Morgentaler Amendment" was created which would ensure that higher courts were unable to overrule juries' verdicts (Kellough 1996: 178).

Shortly after, the Parti Québécois defeated the Liberal government in Quebec, and the new government tolerated Morgentaler to the point of funding the costs of the clinic. Quebec was openly defying the national law that required a panel of three doctors in an accredited hospital to determine a woman's ability to abort and, as a result, the women of Quebec not only had access to services, they also had decision-making power.

The continued operation of the Morgentaler Clinic in Quebec had the potential to cause serious problems for the federal government. State and medical control over abortion and reproductive matters could be jeopardized if other provinces followed suit.

If they did not, the only women who would have reproductive autonomy would be the ones who could afford to travel to Quebec, creating class divisions.

Rather than solve the problem by changing the nation's law to fit the situation in Quebec, the federal government tried to contain the province. The medical profession in Quebec was outraged and put pressure on Federal Justice Minister Otto Lang to resolve the situation. Lang responded by demanding that doctors apply the law strictly and to not allow social or economic reasons to justify a woman's plea for an abortion. The medical profession in Quebec felt that Lang was out of line by impinging on doctors' right to make decisions regarding the health of their patients. They continued with their demands and, finally, on September 29, 1975, the Privy Council of the Government of Canada appointed the members of the Committee on the Operation of the Abortion Law to help resolve the uncertainties across the country with regards to abortion (Badgley 1977: 3).

The Badgley Report

Out of the Quebec experience with Dr. Morgentaler, the government of Canada appointed a team of researchers in 1977 to determine if the law concerning therapeutic abortions was operating equitably across Canada. The Committee was asked to report its findings on the operation of the law in the Badgley Report (Badgley 1977: 3).

The Committee found that there were significant differences between and within the provinces with respect to abortion services. They found unreasonable pressure on some physicians and hospitals to perform abortions, because of the limited number who were willing to provide the service. The Committee also found that women were waiting

an average of eight weeks before the operation was done. According to their findings, one in five women had to pay fees for an abortion despite nationwide medical insurance.

Another one in five women had to travel to the United States to obtain an abortion because the procedure was not available to them in Canada. Some of these women were told that there was no access to the service and some were refused by doctors who were anti-choice (Badgley 1977: 17-23). The researchers argued that this increased stress on patients resulting in costly services and increased risks.

In an attempt to explain why inequities existed in the delivery of abortion services the Committee stated: "It is not the law that has led to the inequities in its operation or to the sharp disparities in how therapeutic abortions are obtained by women within cities, regions, or provinces" (Badgley 1977: 17). Instead, the Committee saw the problem as one to be blamed on the Canadian people for not dealing effectively with such a sensitive issue. The Committee also blamed health institutions and the medical profession but added that there was "an unreasonable burden on some physicians and some hospitals" (Badgley 1977: 17).

The Committee indicated that "the accumulative effects of how this law has been interpreted by provincial health authorities, hospital boards, and the medical profession [has] created a situation of much inequity for women," but again curiously went on to conclude that it was not the law, but the Canadian people who were responsible for solving the problem (Badgley 1977: 27). It placed blame on the provincial governments for their failure to implement adequate abortion services for the women of their respective provinces and put pressure on the provinces (Kellough 1996).

Many pro-choice organizations were relieved to have the Badgley Report confirm what they had been arguing for so long. The Report was regularly used during speeches and debates to show the number of women who were leaving the country to get abortions, to prove the number of women who were forced to have illegal abortions and to point out a number of other inequities. Many feminists figured that their collective struggle would end because the report so clearly indicated that change was needed. As one respondent stated:

At the time it came out, I remember thinking, 'somebody's finally put this all together' and I thought – perpetually naïve – 'when people see this of course they'll change the law.' Of course they didn't end up doing that.

It was at this time that pro-choice and anti-choice activists began to form unified fronts. In Canada, the battle over abortion activated a narrow but passionate band of interest groups. One of my respondents informed me that "at the very beginning, people's tempers were pretty hot on this issue." Second-wave feminists knew that something had to be done to break the control held by the state and the medical community over abortion services. Their struggle would prove more daunting than they ever would have anticipated.

CHAPTER 4

THE INITIAL YEARS OF ACTIVISM: 1972-82

In this chapter we become familiar with the groups that became active in the Manitoba struggle around abortion. During this period the feminist pro-choice movement was organizing and gaining strength. However, every push made toward greater reproductive autonomy was met with an equal push by the anti-choice movement. In this chapter we are also introduced to what, as we shall see, would be an ongoing unwillingness by provincial politicians and the medical community to accept, let alone fight, for women's right to abortion. We also learn of biases in the media that worked against the efforts of the women's movement during this period. Despite the growing strength of the main players (the women's movement and the anti-choice movement), the entrenchment of abortion as a medical matter would muffle the political influence of both groups. However, because the women's movement, unlike the anti-choice forces, wanted to end medical control over abortion, their voices had an even harder time being heard.

It is important to note the political context of Manitoba society at the time. In 1969 the government had just changed from the Conservatives of Duff Roblin and Walter Weir to the NDP government of Edward Schreyer. Then in 1977 the Conservatives were elected under Sterling Lyon until 1981, at which time the NDP under Howard Pawley came into power. This period of early feminist activism was influenced by the pioneering work of Betty Friedan, whose *Feminine Mystique* (1963) urged women to challenge patriarchy and their undervalued work. Although not the first to write about second-wave women's issues, Friedan's book did captivate an enormous audience: the feat that

second-wave feminists before her were not able to accomplish (Rebick 2005: 5). The women's movement was emerging.

For feminists, reproductive autonomy was seen as the most basic step towards liberation and, in this regard, the right to abortion was fundamental. Through the women's movement, the pro-choice movement emerged and would embark on a long struggle for women's right to abortion. The majority of those who joined were women who believed that abortion was a vital step towards ending women's oppression. The women's movement did have other concerns, including equal pay for equal work, childcare and welfare rights, but abortion was at the heart of their struggle since without reproductive control, women were slaves to their bodies and to society. Abortion gave women the opportunity to decide if and when to carry a pregnancy to term, allowing them to be treated as individuals rather than as forced mothers.

During the 1970s and onwards, women's employment rose and birth rates fell. When this occurred, it signalled an end to the dominance of the traditional nuclear family, and helped spark the anti-choice movement. According to F. L. Morton (1992), support for the anti-choice side came from the less educated, working class and immigrant segments of society. This segment was considered to be politically radical but socially traditional (Morton 1992: 67), particularly on gender roles.

The majority of the people involved in pro-life groups report that they joined because of religious convictions, believing that life begins at conception, making abortion murder.¹ Others who joined the anti-choice forces early on did so because they saw

¹ What is interesting is that in the historical record, the rights of the unborn were not introduced until later, once the pro-life movement's initial tactics proved futile. Initially, these forces lamented against the "fall of morality" rather than the rights of the unborn. Anti-choice proponents initially seemed to act more in retaliation against women's rights-claims than along their religious convictions that declared abortion a sin (Luker 1984: 129).

My respondent from the pro-choice movement informed me that the Coalition for Reproductive Choice had never received funding or support from the government. When I asked if the anti-choice movement had more resources I was told:

Sure, the Catholic Church is one of the richest corporations in the world, and it's not just the Catholic Church, fundamentalist churches as well.

The truth is that the federal government established the Women's Program in 1973, and it provided federal transfer payments to numerous feminist groups (Status of Women Canada 2003). In 1992, the government gave \$13 million a year to feminist groups, the largest share of which went to the National Action Committee on the Status of Women (Morton 1992: 254). This was Canada's largest women's organization, consisting of more than 600 women's groups and had grown out of the Manitoba Action Committee on the Status of Women (Rebick 2005: 22, 25). Despite this, the Manitoba Coalition for Reproductive Choice never benefited from the Women's Program because abortion was considered too controversial to fund.

As we learned in Chapter 3, the medical community was in fact the most influential group in the push to liberalize the law prior to 1969. In stressing their medical expertise and authority to regulate abortions, the medical community would retain control over the procedure — and women. It is important to remember that every change ever made in the abortion law protected that the rights of doctors. Never was this same assurance given to women.

Most movement participants in Manitoba held beliefs that corresponded to those of the group that they joined. Some members even adopted new beliefs after joining the movement. The women's groups were environments of free speech but as a result of memberships with other (non-feminist) groups, there were limits to what some members could explore. For example, Muriel Smith was an activist for the pro-choice movement and an NDP minister. Her membership in both groups was complex, in that while working to improve women's situation, she nonetheless had to toe the party line. The women's group was unforgiving of this balancing act, and in one instance, treated her harshly. Here, actions were shaped by deeply ingrained beliefs and were confined by group membership (Handler 1978: 4).

A key component to the success of a social movement is access to resources. Resources are broader than money and include political and public influence, media access, memberships in a variety of groups and charismatic leaders, among others. According to Zirakzedeh: "As a movement acquires more resources relative to its political and economic opponents, more people may become participants because the movement's chance of being effective ... seems more realistic" (1997: 15). Although the women I interviewed from the pro- and anti-choice groups had different ideas of where their funding came from, both agreed that the anti-choice movement had more resources. My first respondent said that their funds had come from:

Individual donations ... and I'd say in terms of numbers, we were much larger because we didn't get any kind of government funding at all. This was also a disadvantage. [The pro-choice movement] got loads of money from government funding, we didn't get any, none at all — and yet we were able to put on a one hour television special across the country ... and that costs big bucks.

abortion as the end to the ideal of woman as mother. For these people, the problem was that abortion would liberate women. Others believed that female sexuality was taboo (Frieze 1978: 363) and that women should be protected from abortion, which would 'necessarily' turn them promiscuous by allowing them to resolve the problem of an unwanted pregnancy (Luker 1984).

Both groups were able to attract many new members through an array of tactics focused on "consciousness-raising," implying that people were led to perceive abortion or the conditions surrounding it as problematic. People's subjective assessments were often changed through exposure to new information or points of view, thereby "raising their consciousness" to suit each side's respective crusade (Luker 1984: 100).

Based on Shah's classification of movements (examined in a previous chapter), the pro-choice movement in Manitoba was a reform movement because it "[did] not challenge the political system per se" but "attempt[ed] to bring about changes in relation between the parts of the system to make it more efficient, responsive and workable" (2002: 26). The anti-choice movement, on the other hand, changed its practices throughout its existence. Anti-choice groups became a "revolt" or "rebellion" movement, because their aim became to overthrow (or at the very least attack) the government for what they considered a grave decision (Shah 2002).

The ideologies of both the pro-choice and the anti-choice movements created a sense of unity among the members of each group and various strategies were used to mobilize the groups. Leaders sometimes initiated the ideologies (as was the case with Morgentaler), and at other times positions emerged mid-course to develop strategies and programs, or to help maintain the group's spirit.

The Pro-choice Movement

Women involved with the pro-choice movement saw the liberalization of the abortion law as a step toward women's liberation. Once abortion was legalized, women acknowledged other social inequalities. Their next goal was to have the requirement of doctors' approval removed from the Criminal Code.

Although some women's groups were reluctant to adopt abortion reform as their primary agenda (Rebick 2005: 20), many groups made pursuit of women's liberation through abortion and birth control their main goal. "It was a huge debate, everyone said, 'No way, we're not abandoning all the tenets,' but abortion was the main pinnacle of women's liberation" (personal interview). At the time, I think that it was imperative for the women's movement to focus primarily on abortion reform because other goals were unachievable in absence of reproductive autonomy.

Some women rejected aspects of the feminist label, despite wanting to fight for women's right to abortion:

Some of us weren't even comfortable with the language, 'my body, my property' or something, because it sounded too much like individualistic approach in economic terms. (personal interview)

Others joined because they had personal experiences with abortion or because they knew that prohibitions to abortion were detrimental to women's health. Some joined because they knew that restrictions to abortion created economic hardships for families. Still others were motivated by spiritual or religious beliefs. Regardless of the original reason for joining, once involved, educational meetings and pamphlets provided women with material to converse with other women from a variety of standpoints:

They're overlapping circles ... we could run people over on the economic argument even if we couldn't on the religious or moral approach. (personal interview)

In 1970, the Vancouver Women's Caucus organized what would become known as the Abortion Caravan. With the event, a unified group of women was formed. Women travelled over 3,000 miles from Vancouver to Ottawa to participate in the first national second-wave feminist protest. Women joined the caravan as it passed through each province² and once in Ottawa, it had grown to 500 members. Two days of demonstrations were held at Parliament Hill. Thirty women chained themselves to the parliamentary gallery in the House of Commons, forcing Parliament to close down for the first time in Canadian history (Brodie, Gavigan and Jenson 1992: 44). The Abortion Caravan was the first publicly controversial feminist act that attracted media attention. According to Judy Rebick (2005: 35), the caravan was the first national action of the Canadian's women's movement. It was revolutionary in that it prompted women all across Canada to consider the fight for women's right to abortion on demand. With women from all across Canada sharing horror stories about backward abortion laws and marching to the Prime Minister's home demanding action, the silence surrounding abortion was broken. The caravan shifted attention to the government, got women all across Canada thinking about their rights and "point[ed] out that women working together could make a difference" (Wasserlein 1990: 114). However, it did not prompt immediate action on the government's part. During the 1970s and 1980s, women's groups considered the state's laws to be their primary target and demanded that the state "keep its laws off women's bodies" (Brodie, Gavigan and Jenson 1992: 118). Although they made excellent headway

² Based on estimates made by CARAL and F.J. Wasserlein's thesis (1990: 92), the caravan would have passed through Winnipeg on April 30 or May 1, 1970 (personal communication with spokeswoman from CARAL August 22, 2005).

towards equality, the group did experience much resistance. One likely reason was that abortion signified a move away from private caregiving.³

Canadians owe a great deal to feminists and women's groups across Canada. Much of their work was done in meeting places, in people's homes or community centres. Information on the laws surrounding abortion, how women were affected, what needed to be done and game plans on how to achieve their goals were routinely discussed. Petitions, rallies, walks, stand-ins, public speeches, publicity-seeking, lobbies to the government and fundraising were always on the to-do list. In the 1970s, women's groups made recommendations that the Criminal Code be amended. One section they opposed was subsection 159(2)(c), which prohibited the sale of any means intended to cause abortion (Dulude 1975). Although the majority of people believed that the purpose of the section was intended to protect women from being taken advantage of when in distress, the title, "Offences tending to corrupt morals," suggests otherwise. To add to this, the section that followed, 159(2)(d), prohibited the sale of means of restoring sexual virility or of curing venereal disease. As well, prior to 1969 this same section dealt with the sale of contraceptives (Dulude 1975).

Just before the Abortion Caravan began its trek, a major demonstration was held in Winnipeg in February 1970. Women formed the Abortion Coalition to petition the government to repeal the abortion laws. Women from all over Canada established the cross-country, women-only coalition whose main priority was to spread the message that it was women's right to choose if and when to reproduce. Opposition to the group was

³ It is well documented in the literature that when costs become privatized, women take on the responsibility of care regardless of resources such as education or income and regardless of competing time and role demands (Ursel 1992; Finley 1983; Ferguson 1991; Matthews, Werkner & Delaney 1985). Governments benefit because women's caregiving reduces welfare expenses that would have to be spent if women did not assume the responsibilities.

strong and often violent, but members such as Bev Bernardo said that women's fear turned into anger and determination as more and more sought to end unjust control over women's bodies. The Coalition focused on schools and universities, on collecting politicians' views, on writing letters to politicians and on having publicized talk shows with political candidates to demand action (Abortion Coalition Committee Minutes).

Around the same time, a Winnipeg chapter of Women's Liberation formed and plastered posters around the city. Their concern was the number of women who were dying from illegal abortions as a result of the province's failure to implement adequate access to the necessary services. Women's Liberation was a very important group, since it was one of the few that provided women with information on how to get an abortion. Women were told which doctors were sympathetic to women's right to abortion in Winnipeg and where they could go in the United States if an abortion was not available in Manitoba.

During this period of activism hundreds of women wrote letters and became activists in their own right. One feminist sent a letter to MLAs in Manitoba explaining that forced motherhood had no place in a democratic society. She wrote that women in Manitoba were oppressed by waiting periods and said that the threat of pregnancy denied women the possibility for free sexual relationships (Curtin 1973).

In February 1971, Linda Blackwood, spokeswoman for the Women's Liberation Movement, presented a brief to Parliament explaining that abortion was every woman's right. The Council for Women of Greater Winnipeg campaigned for abortion on demand. In June 1971, the Winnipeg Action Committee picketed the Victoria General Hospital and demanded that the hospital ease their regulations against abortions, abolish

therapeutic abortion committees and make statistics on abortion available to the public, as requested by the Royal Commission on the Status of Women ("Abortion Committee Protests at Hospital," *The Tribune* 1971).⁴

In late September 1971, Linda Blackwood also spoke at the Manitoba Human Rights Commission, asking the Commission to support a repeal of the abortion law. She informed the members that the movement's birth control information centre advised about five women a week to go for abortions in New York, but that most were unable to afford to do so. Blackwood was reported to have said that because of a lack of accessible services, thousands of women were forced to seek illegal abortions each year, often resulting in physical harm or death. Blackwood told the press that her group tried to obtain abortion statistics but the city hospitals passed the responsibility onto the provincial Health and Social Development Department, which in turn said that the figures were not available (Campbell 1971).

In February 1971, pro-choice activists marched in four Canadian centres, carrying coffins to illustrate the number of women who died as a result of illegal abortions. The protestors demanded free abortion on demand. They were faced with counter protests by the Alliance for Life. In turn, 700 pro-choice activists marched to Parliament Hill in Ottawa through a heavy snowstorm. In a deliberate display of disrespect, they were not greeted by any member of Parliament ("Coffin-Carrying Marchers Demand Free Abortions," Provincial Archives of Manitoba (hereafter PAM) 1971).

In Brandon, about forty women crashed a banquet in honour of a national NDP

⁴ During one of my interviews I was informed that Ann Ross of the Mount Carmel clinic defended her decision to allow Mount Carmel counsellors to refer women to New York for abortions, since many women could not get abortions in Winnipeg. The Mount Carmel Clinic was a comprehensive medical and social services centre which offered family planning counselling, birth control and abortion counselling and referral.

leader and demanded time to speak. The women were given two minutes during which time one woman read a list of demands. The group left black coffins, knitting needles and coat hangers at the dinner to remind people of the thousands of women who died as a result of botched, illegal abortions.

In June 1971, Klinik Health Centre was opened as a designated part of the Winnipeg General Outpatient Department. Klinik offered general medical care, family planning, VD diagnosis and treatment, rape crisis and post-abortion counselling. Another Winnipeg service was the Pregnancy Information Service. It provided information and advice on all methods of birth control, pregnancy, legal and social services and abortion. It was a voluntary counselling service, begun by two women who operated a birth control and abortion referral service using a phone line out of the MacIntyre Building. When the service expanded and additional help was needed, the women turned to Klinik. Although Klinik did not have any funds, they told the women that they had an empty attic that they could use. The women set up the service in the attic and began training volunteers (personal interview). In September 1972, Klinik staff and administration took over the services of the Pregnancy Information Service when the group was unable to secure further funding.

It was not long before reproductive health services began to overwhelm Klinik's medical program. The women of the Pregnancy Information Service applied to the provincial government for a part-time doctor, but the government refused. Out of necessity, Marty Dolin, the service's director, hired someone on a fee-for-service basis. Craig Hildahl was hired and worked three nights a week prescribing birth control and

doing pre-abortion counselling and preparation for women. As the demand for services continued to increase, the women began working toward a women's health clinic.

Intense voluntary work ensued and in 1981, Pregnancy Information Service became the Women's Health Clinic. Then and now, the clinic provides unplanned pregnancy counselling, information seminars on birth control and other reproductive health matters and provides women with birth control. The clinic has always been pro-choice (personal interview). The women who supported Women's Health Clinic are still hopeful to this day that the government will act on their promises to expand the services at the Women's Health Clinic so that abortion be provided.

It was the first women's health clinic in the country and it came out of the abortion rights movement ... and my view has always been that one day that clinic is going to do abortions. Maybe this year. (personal interview)

In October 1972, the Manitoba Action Committee on the Status of Women, the first provincial action committee in the country (Rebick 2005: 25), planned a mail-out to raise funds. The pamphlet reviewed responses from six candidates in the upcoming election on questions pertaining to women's rights to abortion. Readers were also informed that the Coalition for Life was planning to ask every person running for public office to answer whether or not they would work toward amending the Criminal Code to recognize the civil rights and legal protection of children conceived but not yet born. The writers warned that an affirmative answer to this question would mark a return to illegal, back-alley abortions. Readers were also informed that anti-choice forces were planning on asking if the elected MPs and MLAs would work toward stopping government funding of any agency that directly or indirectly counselled women to have abortions or

engaged in abortion referrals (Manitoba Action Committee On the Status of Women 1973-1975).

Planned Parenthood also sent an open letter written by Ellen Kruger to NDP candidates. It declared that Planned Parenthood, along with the Manitoba Action Committee on the Status of Women, Pregnancy Information Services, Y.W.C.A., Voice of Women and several other groups were asking the NDP to support the right of women to choose if and when to bear children as well as the removal of abortion from the Criminal Code of Canada. The letter urged support for the establishment of the Centre for Reproductive Health as proposed by the Department of Obstetrics and Gynaecology at the Health Sciences Centre (Kruger 1979).

Public opinion on abortion in Manitoba posed somewhat of a dilemma. Despite the fact that Manitobans elected NDP governments, indicating that the province (as a whole) was relatively accepting of women's issues, the anti-choice movement had a much easier time mustering support. Although 70 percent of Canadians accepted abortion as a woman's right (under specific conditions) (Badgley 1977), the anti-choice side had more actors who were willing to close the gap between opinion and action. Reasons for this will surface as we progress.

In March 1973, the Manitoba Abortion Action Committee questioned an order made by Federal Justice Minister Otto Lang (a well-known anti-choice Roman Catholic) to investigate hospital committees. They accused his investigation of being an attempt to restrict abortions ("Abortion Laws Protested," *The Tribune* 1973). In April 1974, Lang made pleas to Manitoba hospitals asking for tighter controls on the abortion process, at a time when fewer than 100 hospitals across Canada supported the liberalization of

abortion services (Scott 1974), and only 258 of the 1,369 hospitals in Canada performed abortions (Cohen, Rapson and Watters 1976: 593; Fraser 2006).

In *The Prairie Fire* newspaper, an article titled "Women Declare War" explained that on Mother's Day, thousands of women across Canada would petition Ottawa's oppressive abortion policies. Women from all over the country planned a demonstration to urge women to join the campaign ("Women Declare War," PAM 1970). Concurrently, Eleanor Pelrine issued a pamphlet indicating that women's groups were calling an abortion tribunal on November 3 to publicly commemorate the suffering of women who had been denied reproductive control. She wrote that local chapters of the Canadian Women's Coalition would be gathering testimonies from women who had been victims of the law, as well as soliciting testimonies from lawyers, social workers and other professionals who could speak on behalf of these women. The pamphlet urged people to contribute to the cause. Their message: "We don't have the money of the Catholic Church or the power of the Prime Minister, please help" ("Women Declare War," PAM 1970).

In 1974, the Canadian Association for the Repeal of the Abortion Law (CARAL) was founded. It was the first and only national group promoting abortion rights in Canada (A History of Abortion in Canada 2002). CARAL formed in Toronto and invited women in other provinces to tackle the law as a national movement. When one of my respondents heard about the organization she decided to join the group in order to bring information and a chapter of the national movement to Manitoba. Creating networks between different groups was a method of attracting new members and of acquiring and dispensing as much information as possible (personal interview). Now renamed the

Canadian Abortion Rights Action League, CARAL is Canada's only national organization with a pro-choice central goal, and continues to provide public education and political action to keep abortion legal and accessible for Canadian women.⁵

In 1974, members of the Women's Liberation group discussed how the St. Boniface, the Misericordia, the Victoria and the Grace Hospitals refused to perform abortions despite having the needed facilities. Members believed that the hospitals' actions were based on religious affiliations (Women's Liberation 1970-1974). A pamphlet endorsed by the Pregnancy Information Service, the Voice of Women, the Canadian Women, the NDP Status of Women, Klinik, the Woman's Place, the Revolutionary Marxist Group, the Manitoba Association of Women and the Law and the Winnipeg Women's Socialist Collective also focused on hospitals. It said that women should have the freedom of choice, and that safe and legal abortion services were a fundamental right. The pamphlet explained that hospitals were permitted but not required to set up therapeutic abortion committees and that only 259 out of 1,300 Canadian hospitals had done so.⁶ As a result, approximately 50,000 women were forced to seek illegal abortions every year. The pamphlet urged readers to understand the gravity of Canada's family planning program, as they ranked Canada 48th in the world, even behind underdeveloped countries such as India ("Abortion: Freedom of Choice," PAM 1970-1975).

On January 26, 1979, Dr. John Tyson and Dr. Richard Boroditsky of the Department of Obstetrics and Gynaecology at the Health Sciences Centre prepared a document outlining their proposals for a new project where voluntary sterilizations,

⁵ CARAL closed its chapters across Canada as of summer 2005 (personal communication with personnel at Canadians for Choice in Ottawa on February 7, 2006).

⁶ The Canadian Medical Association and Statistics Canada indicates that the numbers were actually worse with just 258 out of 1,369 hospitals performing abortions in 1974 (Cohen, Rapson and Watters 1976: 593; Fraser 2006).

counselling services, abortions and education on contraceptives would be provided. The doctors explained that in order to provide quality care to patients at the Health Sciences Centre, only 5 percent of operations in a one week period should be allotted to abortions and sterilizations. At that time abortions were 42 percent of all operations. The proposed clinic would be called the Manitoba Centre for Reproductive Health. According to the proposal made by Dr. Boroditsky and Dr. Tyson, the clinic would be a wholly-owned incorporated subsidiary of the Health Sciences Centre and would have a freestanding charter and bylaws governing the activities of the facility (Whysall 1979: 1, 4).

In May 1979, the Coalition for Reproductive Choice urged Manitobans through a mail-out campaign to support the Manitoba Centre for Reproductive Health, which consisted of sixteen women's groups in Manitoba (including some members of the NDP). The letter indicated that cutbacks to abortion services at the Health Sciences Centre in Manitoba were forcing women to seek illegal abortions, bear unwanted children or to travel to North Dakota where abortion availability was also tightening. The letter said that the Coalition had been informed that services would be cut from 1,255 clients in 1978 (a figure which only accommodated 50 percent of the women who qualified because of long waiting lists) to just 200 in 1979. The proposed new centre would help alleviate the severe shortage of services and also provide the birth control and pregnancy counselling that were vital for preventative measures. The Coalition's letter asserted that women have a right to plan their families and control their fertility; women who qualified for abortions should have them without delays; and women should have access to counselling services. It also urged the government to approve the all-encompassing Reproductive Health Centre and asked that women at the provincial and federal level speak out in support of

the establishment. The letter also informed readers that provincial MLAs had received information on the centre, but that only one NDP member had replied (Kruger 1979).

During one of my interviews I learned that the Coalition had approximately twenty member organizations and with their support, letters were written to government, politicians were lobbied, pamphlets were drawn up and contributions were made. My respondent informed me that it was at this time that Dr. Boroditsky and Dr. Tyson of the Department of Obstetrics and Gynaecology at the Health Sciences Centre began talks with the government. The Coalition was relieved to finally have support from the medical community. During meetings the doctors were in agreement with the women that the establishment of a freestanding women's reproductive health centre would be a joint effort.

In the end, the doctors were offered money from the government to establish a neo-natal clinic instead, which they accepted. In turn, they completely dropped their plans for the Reproductive Health Centre "and the whole thing just tumbled ... we got sold out" (personal interview). It appeared as though the doctors were more concerned about operating room time than they were about women's right to abortion (personal interview).

The Anti-choice Movement

Anti-choice groups were also organizing during the early 1970s. One of my respondents informed me: "From the beginning we thought of it more, not as a religious thing, but as a human rights question." This is not historically accurate, however, because in the early 1970s when the anti-choice groups were first organizing, the rights of the unborn were

not discussed. In fact the only rights-discourse that existed was that women *should not* be accorded rights.⁷

Anti-choice activists were appalled by the liberalization of abortion and wanted it re-criminalized. Within a few years, when the anti-choice movement had become more organized, it adopted a rights discourse of the fetus, husbands and fathers, but not of women (Brodie, Gavigan and Jenson 1992: 82-83). The premise of anti-abortion groups became that the right to life was a basic human right, that all humans had an equal right to life before and after birth and that society had the duty to uphold these rights (Brodie, Gavigan and Jenson 1992: 82-83).

Every step made by pro-choice activists to advance women's right to abortion was accompanied by a thrust in the opposite direction from the newly named 'right to life'⁸ organizations. One anti-choice activist explained: "When Morgentaler tried setting up here, we made him jump through hoops! At every step that abortion was promoted or increased, we put locks on ... because we wanted to protect some unborn children" (personal interview).

The work of pro-life groups was extensive. They wrote to members of government both provincially and federally. They held rallies and protests, advertised their views in newsletters and pamphlets and on television, held educational seminars in schools and issued news releases. For example in Dauphin, Manitoba, pro-life colouring books were given to grade three and four students (Manitoba Pro-Life 1985: 9). Anti-choice groups routinely showed graphic videos such as "Conceived in Liberty,"

⁷ Gail Kellough develops this idea in her book *Aborting Law: An Exploration of the Politics of Motherhood and Medicine* (1996) and F. L. Morton collaborates the finding by indicating that Borowski's legal case was strengthened by adopting the Canadian Charter of Rights and Freedoms in 1982 (1992: 15).

⁸ Another indication that these organizations changed their name in an effort to shed a positive light on their image is evidenced by the fact that if they were in reality 'pro-life' one must wonder why they had not yet formed when so many women were dying as a result of illegal, botched abortions.

“Assignment Life” and “The Silent Scream” in an effort to educate the public about what they saw as the true nature of abortions. They held workshops, seminars and forums with slide shows, movies and speakers. One of my respondents informed me that the Physicians for Life made presentations to members of Parliament explaining their position against abortion. They had also made several presentations to groups of Catholics explaining to them their concern and asking them to spread their message (personal interview).

The League for Life, formed on January 23, 1971, was one of the first groups to introduce a rights discourse of the unborn. The League was an educational group promoting legislation that respected the life of the fetus. It was responsible for organizing a Respect for Life week that was held in February which was approved by the provincial government. The group also took out ads in newspapers and released a national one hour television broadcast in 1988 on alternatives to abortion. They had a postcard campaign in the 1980s, producing hundreds of thousands of postcards from all over the country. All of these projects were an attempt to raise public awareness and influence the political climate (personal interview).

I had the opportunity to visit the League for Life office in Winnipeg, Manitoba and review a variety of pamphlets. Many of the pamphlets describe emotional and physical consequences that can occur during and after an abortion. However, none of the pamphlets describe the emotional or physical consequences that can occur during and after a birth. The agency clearly attempts to scare women out of having abortions by using misleading facts. For example, if the agency was as concerned with the mother's

well-being as they purport to be, they would acknowledge that abortion is seven times less likely to result in death than is childbirth (Petchesky 1985: 148, 310).

One of the pamphlets that the anti-choice activists routinely use at public schools is the "First Nine Months" which describes "a step-by-step journey through the first chapter of human life." Although the pamphlet appears to be a step-by-step progression, weeks three through six are omitted. Because no significant activity occurs between weeks three through six, it appears as though the fetus' progression is continual. The anti-choice activists' depiction of the fetus' progression would be acceptable if the information were both truthful and unbiased. On the other hand, to use words such as "baby," "unborn child," "first nine months of human life," "child's hair," "mother," "see a photo of an unborn baby at the same stage of development as yours," is offensive to women, because it tries to instil feelings and beliefs that the woman herself may not subscribe to ("The First Nine Months," *Focus on the Family* 1992; "Talking Yellow Pages," League for Life in Manitoba Inc. 2005).

One pamphlet currently available at the League for Life explained that the "vast majority of abortions are performed for the sake of social convenience" ("Why Women Abort," *Human Development Resource Council, Inc.* 1992, emphasis mine), and yet none of the statistics or studies used to back up the argument is more recent than 1988. It should be noted that "social convenience" was the term used to describe interference with job, employment or career, school attendance, not being able to support a child, unsteady relationships or not being mature enough to have a child ("Why Women Abort," *Human Development Resource Council, Inc.* 1992). This is interesting because feminists claim these are solid reasons for not having a child.

The pamphlet also included findings from a 1988 Gallup poll which found that 85 percent of people thought it should be illegal for a woman to abort her child for financial reasons. The truth behind the statistic was that although a high percentage of Canadian women sought abortions because they could not afford to raise a child, this made it difficult for women *to refuse* abortion (and other contraceptive services including sterilization), rather than choose them (Brodie, Gavigan and Jenson 1992; Kellough 1996; McDonnell 1984; McLaren and McLaren 1997; Petchesky 1990).

Anti-choice groups also organized counselling services and phone hotlines to guide women through decision-making. Pregnancy Distress Service, founded in 1973 (Manitoba Resources 2006), was and is a pro-life counselling agency that prided itself on a 90 percent success rate in having women carry their pregnancies to term, in lieu of aborting. The Pregnancy Distress Service routinely criticized the similarly named but pro-choice Pregnancy Information Service for offering abortion as the only choice to women. Pregnancy Information Service in turn criticized Pregnancy Distress Service for causing more distress to their patients and providing biased information. The two groups regularly disputed each other's function ("Counselling Groups May Not Offer Objective Advice," *The Tribune* 1979: 16).

In January 1971, the Alliance for Life campaigned against abortion laws using a colour slide show showing a well formed eighteen week-old bloodied fetus at the bottom of a surgical bucket. Medical doctor Mireille Lapointe, advisor to the group, told a news conference that discolouration of the face indicated the fetus had lived for a time after being taken from its mother's womb. The anti-choice forces received extensive and sympathetic media coverage during this period.

Group leader of the League for Life, "Mrs. Jim" Chalmers,⁹ reported that members were willing to take in pregnant "girls" and help them until their baby was born (Janz 1971). One of my respondents informed me that today the organization provides services including a place to live, a toll-free help line, mothering courses, parenting courses and long term facilities. When I asked if the organization provided the woman with financial support after the child was born, my respondent redirected me to a crisis pregnancy service. When I contacted the Crisis Pregnancy Centre early in 2005, they informed me that as a non-profit organization, the only support that they could provide women was "emergency supplies" which could be allotted to the women every two weeks. Supplies include ten to twelve diapers, formula, clothing, blankets and/or maternity clothing, depending on what was available through public donations (personal communication with personnel at the Crisis Pregnancy Centre March 17, 2005).

Some anti-choice activists directly opposed the women's movement. Mrs. Leo Soenen of the League for Life argued that life began at conception and that women did not have any rights to the body inside their own. The group told the press that they would like to see better maternal care for mother and child and more acceptance of unwed mothers (Janz 1971).

In November 1973, 3,000 people from the Alliance for Life and the Coalition for Life joined together to hold the Festival of Life in an effort to lobby politicians. In May 1974, the Alliance for Life urged those who were anti-abortion to vote in the upcoming

⁹ In the 1970s, when the media was calling everybody "Miss" or "Mrs." it is noteworthy that all of the feminists who were pro-choice were "Miss" whereas all the anti-choice activists were flagged as married women by the symbolism of the "Mrs." This was perhaps an effort to make the anti-choice supporters seem more credible (Bletcher 1970-1975; Wolosky 1972; "Abortions Become Safer," PAM 1970-1975; Janz 1970-1975; "Lib Group Challenges Borowski," PAM 1970-1975; McNeil 1972; Janz 1971; "Garbage Bag Has a Load Of Bodies," *The Winnipeg Free Press* 1971). Also interesting, and evidence of sexism in the media, is that although men were consistently and without exception given the title Dr. if they were one, in one article a female doctor was given the title "Miss Jessie Muirhead, a Bradford gynaecologist", while in the very next line, a male doctor is given the title "Dr. Wilson" ("Uproar Follows Girl's Abortion," PAM 1971).

election (“Alliance-for-Life Head Brings Abortion Into Election,” *The Winnipeg Free Press* 1974). A national pro-life fund was established in 1974 to offer ongoing financial assistance to pro-life groups (Cullen 1986: 11). As social movement theorists note, resources are essential for the success of a social movement. In this respect, the anti-choice movement had a clear advantage over the pro-choice movement, which lacked such deep pockets.

On May 21, 1975, two united coalitions of pro-life groups met with Prime Minister Trudeau to request the protection of fetuses. Also in May, the largest petition in Canadian history was presented by the national umbrella of pro-life organizations, the Alliance for Life, with over one million people asking for the protection of the unborn (“Anti-Abortionists Protest in Silence,” *The Winnipeg Free Press* 1976). The League for Life announced that they had the signatures of 35,000 Manitobans alone and that this would be used to lobby Ottawa to change the abortion law (“Anti-Abortion Petition Taken to Ottawa,” *The Winnipeg Free Press* 1975).

The group met with Manitoba Health Minister Larry Desjardins to protest the use of public funds for abortion counselling at the Health Sciences Centre. Minister Desjardins agreed, and was reported to have said that the money should instead go to life-saving organizations like the Pregnancy Distress Centre (“Abortion Advice Protested,” *The Winnipeg Free Press* 1975; “Abortion Protest,” *The Tribune* 1975). The Manitoba Coalition for Life often became more active at election time or around opportunities to promote anti-choice legislation. One of my respondents informed me: “We didn’t support any particular party, we supported individuals who had a pro-life position.” Members of the League for Life often announced that candidates would be asked their views on

abortion, warning politicians that pro-life voters would cast their ballots accordingly.

Many people took offence to the action:

The business of sending letters to the candidates, you know, 'what do you think about abortion?' And you knew that this will be published in the church bulletin a few days before the election. They had little signs of the little feet, even some in the Attorney-General's office wore the little feet lapel, so the environment was hostile. (personal interview)

Over the fall of 1977, abortion was debated vigorously in articles and ads taken out by anti-choice groups in the local newspapers. On October 8, 1977, the *Winnipeg Free Press* printed a full page ad listing who was "pro-death" (as the pro-choice position was described by its opponents) and who was "anti-death." On October 11, Dr. Henry Krahn of the Progressive Conservatives was reported to have said that the advertisement was misleading because it indicated that his stance was unknown and wanted to make it clear that he was in fact "anti-death" ("Krahn Says Abortion Ad Misrepresents His Views," *The Winnipeg Free Press* 1977). This demonstrates politicians' fear of losing votes based on their position vis-à-vis abortion, and the small but clearly strong minority who opposed and manipulated the situation in Manitoba.

In August 1979, anti-abortionists made a paradoxical decision to utilize the framework of human rights, hoping that it would do for fetuses what the civil rights movement had done politically for African Americans in the 1960s. They explained that they were abandoning emotional arguments for legal ones, although many still referred to women who had had abortions as "baby-killers" ("Emotional Arguments Abandoned: Anti-Abortionists Take Battle to Courts," *The Tribune* 1979: 19; HF May 7, 1973: 2426-2427; Jacub and Brooker 1979; McDonald 2005).

Anti-choice forces routinely held protests and strikes at hospitals. For example at a meeting where Ellen Kruger was reported to have said that a decision to ensemble a therapeutic abortion committee at the Seven Oaks Hospital was favoured by a variety of women's groups, Harry Lazarenko, a member of the Seven Oaks' hospital board called the vote "a hoax" (Read 1981: 1). What is interesting about Lazarenko's statement is the fact that the majority of hospital boards were hoaxes, especially during these tumultuous abortion years. However, the hoax usually operated in the opposite direction, as anti-choice activists used the practice of "seeding" hospital boards with anti-choice members to deter abortion services. In fact, by the end of the 1980s, pro-life groups had taken control of so many hospital boards in Manitoba that services in some regions disappeared entirely (Brodie, Gavigan and Jenson 1992: 18).

Joe Borowski

Joe Borowski was an NDP Highways and Transportation Minister who joined the party in 1969. Initially a Conservative, he became interested in the New Democratic Party because of grievances he had about the maltreatment of workers by big corporations. From the early days, Borowski was an activist who demanded action by organizing sit-ins, hunger strikes and countless public outcries. Early in his career he was extremely popular and became a folk hero (Morton 1992: 42). However, Borowski was also outspoken, arrogant, offensive and temperamentally vulgar, which would eventually lead to his crusade's demise.

The NDP party quickly became at odds with Borowski. Not only did he have a relentless hatred towards anyone who supported a women's right to abortion, but his

anger seeped into other realms. In 1970, Borowski announced that he found members of the NDP to be “jackasses and drunks” (Morton 1992: 64). His comments understandably did not sit well with the party. His constant accusations and outbursts became more and more unwelcome within legislative debates. During one debate, Rene Toupin, then Minister of Health, asked Borowski to apologize for making a statement that was out of line. Borowski threatened to resign. Later, a second disagreement erupted between Toupin and Borowski over out-of-province abortions being paid by Medicare¹⁰ (“Abortion Payment and Protest: Toupin Alters Billing Rules,” *The Tribune* 1971). This was a point of extreme contention for Borowski, as he believed that abortions were murder and should not be permitted under any circumstance, let alone be paid for by the government.

It was at this time that the *Winnipeg Free Press* reported that the Grace and Victoria General Hospitals had begun performing abortions. This was too much for Borowski to bear. On September 10, 1971, Borowski resigned from the NDP (Brodie, Gavigan and Jenson 1992: 94). Although no longer a member of the government, his fight against abortion would not end. In 1973, along with seven friends who contributed \$1,000 each, the Alliance Against Abortion was established in Borowski’s living room with him as their leader (Morton 1992: 67).

Borowski was deeply religious and his opposition to abortion stemmed from his faith. At this early point in his struggle against abortion, Borowski’s arguments weighed heavily on moralistic claims. For instance, in 1973 he tried to shame Manitobans for being moralistically vacuous, evidenced by the fact that animal rights were given more

¹⁰ It was later reported on November 20, 1971, that Manitoba Health Minister Rene Toupin joined Borowski in a personal appeal against abortion (Flynn 1971).

recognition than were fetal rights (HF May 4, 1973: 2427). Tired of government inaction, Borowski announced that he would run in the federal election against the NDP, on the platform of repealing the national abortion law (Morton 1992).

It is worth looking at Borowski's actions before his resignation from the provincial NDP. Throughout the 1970s Borowski had become obsessed with the abortion issue and regularly raised the issue in the legislature. More often than not, Borowski became so unruly that he caused heated disputes with anyone who crossed him on the issue. Borowski also made a series of outrageous claims. On one occasion in May 1972, Borowski was speaking about the "perversions" occurring at the Mount Carmel Clinic, because the clinic referred women to the United States for abortions. He was reported to have said that it was an "abomination" that the clinic received government funds. A few days later, he wrote a memo to the members of his party telling them not to give money to the United Way because the United Way gave money to Mount Carmel, which he said was "forcing our doctors and nurses to commit murder ... so a handful of cheap, third-rate tramps (and also some good women) can escape the consequences of their actions" ("Don't Support United Way, Joe Tells Employees," *The Tribune* 1971).

His letter about the Mount Carmel clinic became public knowledge, which prompted pro-choice groups to hold a support demonstration outside Mount Carmel. This caused much protest against Borowski. Even so, Manitoba's Premier Ed Schreyer did not fire Borowski, but merely asked him to refrain from his moralistic crusades (Morton 1992: 66). In one government meeting Borowski said that it was not fair that a "genuinely sick" person could not get a hospital bed because "somebody – whether it's a good woman or a bloody tramp" was getting an abortion. He went on to say that Africa had its

priorities straight in this regard¹¹ and that the government needed to decide who should have priority in hospital beds. He then went on to argue that although it was true that the rich would always be able to pay for abortions “so as not to be an embarrassment to the family and the community,” that even when they were paid for, the poorest members were the least likely to opt for abortion. He argued that “maybe the poor are more moral” or “religious”¹² (HF May 23, 1972: 2238-2239).

Borowski went on to discuss the case of rape, arguing that since the law was, he argued that rape was one of the reasons “advocated by the shrill hens like ... Grace McInnis ... for legalizing abortion.” He erroneously informed members in the legislative passed and up until April 1972, there was not one case reported. Showing his disdain for feminists assembly that as many women had died since the legalization of abortions as had from illegal backstreet abortions and that the government should therefore reconsider the law.¹³ He stated unequivocally that “sexual irresponsibility” should not be covered by Medicare (HF May 23, 1972: 2239).

Another example of Borowski’s disrespect for feminists came on April 16, 1973 when Borowski said that Women’s Liberationists hated men, marriage and children. He accused them of wanting to “destroy morality,” and said that they saw “children as an evil to be avoided” by “abortion if necessary,” which, he added, was “killing their child”

¹¹ At the time abortion was completely illegal everywhere in Africa and still today the country has the highest maternal mortality rate in the world with every pregnant woman having a one in sixteen chance of dying while pregnant. Illegal abortions account for 30 percent of these deaths while HIV-related deaths account for 17 percent (www.womensnews.org/article.cfm?dyn%20aid%3D1586&context%3Dcover).

¹² Sociologists believe that a more plausible explanation is that the poor are less visible and their health issues less reported or of concern for public records. For example, one of my respondents informed me that although her mother was a public health nurse who took a compassionate view towards the women who had botched abortions, “it sort of happened to poor people in town, so it wasn’t really talked about.”

¹³ It had been estimated repeatedly that between 1926 and 1947 there had been between 4,000 and 6,000 abortion-related deaths (www.chctrust.com/abortion.html) and that between 1958 and 1968 there were 120 abortion-related deaths each year (amounting to 1200) (www.lifecanada.org/html/resources/polling/CanadianOpiniononAbortion.pdf). The Badgley Committee found that since 1970 there had been a reduction in the volume of abortions obtained illegally as well as “a sharp decrease in the number of deaths and complications stemming from illegal abortions resulting in the treatment of these women in hospital” (Badgley 1977: 24).

(HF April 16, 1973: 1797-1798).

As would become habitual, in May 1973, Borowski again complained about the Attorney-General and said that he hoped he would be replaced after the next election because of his unwillingness to resolve the abortion issue. A member interrupted to recommend that a resolution be introduced which would cut the Attorney-General's salary to one dollar. Borowski agreed and added that he hoped to convince anti-choice people that the NDP were allowing "politically sanctioned child murder" (HF May 5, 1973: 2420-2424). Borowski said that he knew his statements would "not touch or move those morally retarded, anti-life dropouts." He went on to say that he believed that legalized abortion was a stepping stone for euthanasia and the killing of unwanted children after their birth. Finally, he said that it was wrong for people to have the ability to protect trees and at the same time, it was legal, if not "almost praiseworthy," to have abortions.

Borowski acknowledged that some people were quick to laugh off statements such as the ones he was making "as coming from stupid religionists," and said that his arguments were based on human rights. He questioned why during the war on Vietnam, the political left had urged the church to condemn the war because it was unjustly murdering innocent people. He said that now that churches were "condemning the slaughter of the most innocent in our society," the political left wanted the church to refrain from forcing their morality on them. No one refuted Borowski (HF May 5, 1973: 2420-2424). At the time, political leaders were fearful of being labelled pro-choice.

People were embarrassed by it; people were worried about their daughters running around being promiscuous. All the myths are very much a part of the voting public, so in a sense the leaders can't be so far ahead that they lose votes. It's a real challenge. (personal interview)

Borowski concluded by saying that he refused to accept the legality of abortion and that the only thing left for him to do was to defy the law. He said that he would refuse to pay Medicare premiums or income tax "so long as one cent and one dollar of this government is used to pay, subsidize or finance child murder" (HF May 5, 1973: 2424-2427). On October 22, 1975, Borowski chose jail time over paying a fine for non-payment of tax, proving how passionate he was about having abortion removed from Manitoba's roster of paid medical expenses.

Once Borowski left politics he was able to concentrate on abortion. In December 1974, Winnipeg police escorted Joe Borowski from *The Tribune* editorial office, to end a sit-in that he had commenced at two o'clock in the afternoon the day before. His defiance began when *The Tribune* refused to print an anti-abortion advertisement. The proposed ad urged people to sign the group's petition against abortion laws. Borowski told the press that there had been some indication from the federal government that if one million signatures were obtained then changes in the abortion law might be possible. At the time, he reported that the Alliance for Life had 750,000 signatures. Borowski added that since he had been offended by many articles for love shops and pornographic movies, his ad was justified ("Borowski Ends Newsroom Sit-in," *The Winnipeg Free Press* 1974; "Tribune Waives Changes Against Borowski Sit-in," *The Tribune* 1974).

In June 1973, Borowski and six Winnipeggers began planning legal action against the Manitoba government's abortion policies. In 1975 they launched a court case asking that the 1969 amendments to the Criminal Code be declared invalid, and further that public funding of abortion be declared unlawful as a contravention of the Canadian Bill of Rights. In September 1978, Borowski took the case to the Saskatchewan Court of

Queen's Bench in Regina, saying he would go to the Supreme Court of Canada to get a permanent injunction to prevent public funding of abortion services. Borowski believed that his group was on the verge of victory and would eventually prevail. He revealed that his lawyer was bringing the four top world authorities in biology and embryology to testify that fetuses were living human beings from the moment of conception. In addition to the human rights arguments, Borowski planned on using the United Nations General Assembly's 1959 Declaration on the Rights of the Child. The declaration, which binds Canada, states that "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth." Borowski's supporters had raised \$75,000 for the court battle ("Abortion Issue Court-Bound," *The Tribune* 1978).

For the next few years, Borowski pressed on, but to no avail. Then on May 1, 1981, he began a hunger strike to protest the absence of rights for the unborn in the Charter. Surprisingly, the press ignored him. He vowed to continue with the strike until a pro-life amendment was introduced or the Pope himself ordered him to stop. The fast lasted eighty days, lost Borowski forty-three pounds and made him so weak that he could not walk. Still the government did not enact pro-life legislation. As promised, it was not until Schreyer contacted the Vatican's emissary to Canada and had the pro-nuncio call to tell Borowski that the Holy Father wanted him to stop that Borowski ended his strike (Morton 1992: 116-118).

Provincial Politicians

At the onset, Manitoba's provincial politicians primarily saw the issue as a "hot potato," despite their personal convictions. Although the NDP was sympathetic to the rights of women, abortion was seen as a private matter of morality and the party allowed it to be a matter of individual conscience. Political leaders were in many ways detrimental to the pro-choice movement, because so many were either pro-life or unwilling to publicly admit that they were pro-choice.

In September 1974, Bev Bernardo of the Committee to Defend Dr. Morgentaler (who was being tried in Quebec) wrote a letter to Manitobans asking people to support abortion as a woman's right. The letter informed readers that in July, Federal Justice Minister Otto Lang vowed he would never legalize abortion and instead wanted to toughen the existing law. Lang, she wrote, threatened to prosecute doctors on hospital committees who were "too lenient" in their determination of who should be granted an abortion (Bernardo 1974).

If it was not for unrelenting pressure on the part of the women's movement, feminist groups might never have dialogued with key political figures. When the Manitoba Abortion Action Committee sent the Federal Minister of Supply and Services, James Richardson, a letter asking for him to meet with them, neither he nor his representatives responded. The Coalition threatened a picket if he refused to meet. Nearly all of Richardson's staff signed the petition. After continuous pressure, in December 1971 the minister finally met with the group ("Abortion Coalition Meets Richardson," *The Winnipeg Free Press* 1971).

At the end of October 1972, Gil Burrows of Manitoba's New Democratic Party and Boyd Robertson of Manitoba's Progressive Conservative party were slated to speak at a rally to repeal the abortion laws. Only Gill Burrows spoke. Robertson refused to show up entirely. For the rally, over seventy people marched along Portage Avenue to the legislative building. Speaker after speaker stressed the importance of safe and legal abortions as a precondition for the liberation of women ("Abortion is a Woman's Right," PAM 1972).

On May 23, 1973, Linda Jewison of the women's movement expressed concern with Federal Justice Minister Otto Lang's moves to restrict abortions. In opposition, Julius Koteles, the spokesman for an adhoc committee representing twenty-two Roman Catholic organizations and a member of the Liberal party, told the press that Winnipeg doctors were cheating the system and defying the law by being too lenient. Koteles met with caucuses of the NDP, Conservative and Liberal parties and presented them with the signatures of 22,000 people. Manitoba Premier Ed Schreyer listened but reportedly did not seem interested, while Provincial Attorney-General Al Mackling was reportedly in agreement (Bowman 1973).

Mackling, however, was a fickle Attorney-General. In all of his days as Attorney-General, he never took an independent stand on the abortion issue. He seemed, instead, to agree with whoever was making an argument at the time. For example, in April 1973, Mackling became upset when Borowski implied that he, along with the NDP, was in favour of abortion on demand. Mackling never took a stand himself but insisted that Borowski not do so on behalf of others. One month later he stated that the law was liberal enough and that he would make no effort to reform it further, reassuring Borowski and

his anti-choice colleagues that he was in agreement with their rhetoric. On the other hand, he was not actively hostile to the women's movement, because he did not act on rumours of doctors performing illegal abortions.

Meanwhile, in Ottawa, federal Justice Minister Otto Lang criticized hospital committees for not taking a tougher line when dealing with requests for abortions. He told the press that he did not support abortion on demand and would never bring in the legislation to provide it. Finally, he maintained that the Canadian system was based on the dignity of a human life and that "this silly slogan of the woman having the right of control of her own body" ignored the rights of the unborn ("Lang Criticizes Abortion Committees," PAM 1974). His statement is a prime example of disdain and lack of respect shown by politicians toward women.

Another example came in November 1975, when the federal Liberals were divided on a proposition to remove abortion from the Criminal Code and allow it to become a matter between a woman and her doctor. The proposition would remain unresolved with a tie vote of 126 to 126. A motion that all abortions be outlawed except where the woman's life was in danger was rejected 155 to 104 ("Liberal Vote Tied on Abortion Issue," *The Tribune* 1975). Although 70 percent of Canadians felt that abortion law should be left as it was, only 59 percent of politicians felt the same way, indicating both disrespect and a sign that politicians were not representative of the population (Badgley 1977: 257).

On March 22, 1977, Larry Desjardins, Manitoba's Health Minister, spoke to a parliamentary debate on family planning. He said that he would consider the religious commitments held by Manitobans when deciding on policies. He also said that a

committee of about fifteen people had been chosen to work with the Family Planning Association of Manitoba to look at family planning policies and the issue of funding. Desjardins informed his colleagues that several organizations had asked to join the committee but that he did not want either strong pro- or strong anti-choice activists on the committee. Instead, "I'm inviting mostly the religious groups and the people that are concerned in the overall thing" (HF March 22, 1977: 1036-1037). However, religious groups were anti-choice and "those interested" would necessarily be either pro-choice or anti-choice. Dr. Paul Adams, a famously anti-choice doctor, was selected to be on the committee. In the end, the committee concluded that abortion should not be considered a method of family planning, that the province should comply with the current laws and legislation and that alternative information and counselling should be available to people needing an abortion (Sanders 1978: 41).

Some politicians did try to help women's fight for increased access to abortion services. For example, on June 7, 1979 Wilson Parasiuk and Brian Corrin of the NDP asked Bud Sherman, the Provincial Minister of Health (1977 and 1981), what he advised the 400 women who had been turned away from the Health Sciences Centre (because of restrictions at the hospital) to do. In response, Sherman said that he was willing "to consider any possibilities within the law ... and within the particular ethical, religious and moral precepts on which this society is based, and to which *I* subscribe" (HF June 7, 1979: 5109-5110, emphasis mine).

The dialogue exchanged between the MLAs indicates that more elected officials were becoming interested in the fight for abortion services. Whether or not they would publicly declare their position was another matter. What is also interesting is that the

Health Minister stated that he would look into policies based on his ethical, religious and moral precepts. Bud Sherman was Anglican and an openly anti-choice supporter. This reveals that more politicians were willing to be on record with their anti-choice views than were pro-choice officials.

In response to charges by pro-choice organizations that Manitoba's abortion services were inadequate, Sherman responded, "There will still be people who say they cannot get an abortion and will have to go to the United States ... but I'm not interested in getting into the abortion business. The facility will be able to meet the need" (Brosnahan 1980). As Minister of Health one would expect that Sherman would have an interest in this issue, an essential part of women's health, but he (like many other elected officials) was unconcerned. In fact, the province agreed that no doctor would be required to perform an abortion as a part of their obstetrical/gynaecological training, a sign that abortions are not considered medically necessary. This shows the power of medical control and helps explain the low number of doctors who perform abortions.

The Media

The media produces stories in order to attract readers and advertise, as well as to influence the public. One of my respondents concurred, saying: "The press is what people take as the gospel truth." This respondent was under the impression that media representations of abortion were slanted pro-choice, and that this "really aided and abetted the situation that there is no restriction on taking human life before birth."

In order to examine more closely the anti-choice supporters' claims of pro-choice media bias, I examined how many print stories were pro-choice, anti-choice or neutral. I

determined this by which side's viewpoint was printed. If my respondent's allegations were true, there should have been more pro-choice stories over recent years. Between 1969 and 1975, based on a general collection of articles archived in the Legislative Library, I found twenty print articles in *The Winnipeg Free Press* and *The Tribune* with a pro-choice bias (28 percent), thirty-six with an anti-choice standpoint (51 percent) and fifteen that were neutral (21 percent). In this time period, the media were actually more sympathetic to conservative pro-lifers than to feminist pro-choicers.

Because abortion reform was newsworthy, it made anti-choice rhetoric newsworthy as well. Some anti-choice activists like Borowski used outlandish tactics, guaranteeing the anti-choice viewpoint much media attention. As we have already seen, Joe Borowski was a high profile and influential anti-choice supporter.

Borowski wrote several letters during his anti-abortion crusade that were printed by a variety of newspapers over the years. In a July 13, 1974 letter in *The Winnipeg Free Press*, Borowski called doctors "Nazis" for performing abortions (Borowski 1974). Many letters written by Joe Borowski were published, a remarkable phenomenon especially considering the anti-choice claim that the media were pro-choice.

One of my respondents validated the belief that 'newsworthy' stories do not get the whole story by saying, "the media always goes for what is controversial and so our side, nothing new, respect for human life was a normal occurrence. I believe that the press was less than unfair in their coverage." Evidently my respondent, a pro-life supporter, had not realized that Borowski drew so much media attention.

When I asked my respondent from the pro-choice organization if she believed that the issues of her group were shut out by the media, she said "yes." She also indicated that

the media coverage depended on drama — “the more outrageous you were, like if you did something out in the streets, then they’d send a reporter.” She added that because abortion was a woman’s issue, it was not a political priority and women’s groups overwhelmingly got the impression that politicians took an interest only to find out what they had to do to “make the issue go away.”

On April 4, 1972, *The Tribune* ran a headline that read, “Abortion increase 318% in Manitoba” and argued that this was a result of increased access to legal abortions with the change in the law. Although the article did not explain the statement, the message conveyed by the headline was that there was a dramatic increase. Over a period of four years, *The Winnipeg Free Press* ran numerous lead stories with an anti-choice bias. A 1975 story reported on psychiatrists’ belief that abortion caused harm and that women only temporarily did not want the child they were carrying (“Abortion a Colossal Failure: Psychiatrist Tells League,” *The Winnipeg Free Press* 1975). A 1979 story focused on the costs associated with abortions, perhaps to divert approval by implying that tax money was being spent (and might need to be increased) as a result of increased abortion services. Although it is true that more money was being spent on abortions than on preventative measures, more public funds (over twice as much) were spent on childbirth (Badgley 1977: 419; Whysall 1979). This misleading media coverage was a barrier to feminist activism and positive resource for pro-life groups.

The Church/Religious Power

There were opposing viewpoints within the realm of religious institutions. During the 1970s, the United Church urged more permissive abortion laws and supported birth

control in direct contrast to the anti-choice position of the Catholic Church. The United Church held that birth control was a Christian duty and that an abortion decision should always include “the mother.” The United Church strongly felt that limiting access to abortion was an ineffective and socially disastrous way of maintaining standards of sexual morality (“United Church Again Urges Freer Abortion” PAM 1970-1975). The United Church participated in a letter writing campaign to the federal government requesting that abortion review boards be abolished and replaced with counselling clinics (“Church Raps Abortion Boards,” *The Tribune* 1972).

The Roman Catholic Church, in sharp contrast, was routinely involved with petitions, marches and declarations against abortion. Priests often wrote to MPs and MLAs requesting that abortion not be funded, that women not be given financial assistance to have an abortion and/or that abortion be made illegal, using the signatures of their congregation behind them (“Abolish Abortion Aid – Archbishop,” *The Winnipeg Free Press* 1975; “Abortion Again Opposed,” *The Winnipeg Free Press* 1971; “Abortion Coalition Meets Richardson” *The Winnipeg Free Press* 1971; “Demonstration,” *The Tribune* 1973; “United Church Again Urges Freer Abortion,” PAM 1970-1975).

The views of the Catholic Church received less media coverage than stories of the pro- and anti- choice forces and of politicians. This is perhaps because intolerance of abortion by the Catholic Church was well documented in their doctrine and therefore simply assumed or deemed un-newsworthy. The pro-choice stance taken by the more liberal United Church, on the other hand, made for an interesting story that contradicted expected religious beliefs, explaining perhaps its inclusion in stories that addressed religious power.

Catholic doctrine surfaced through many of its followers. Many politicians were devout Anglicans or Catholics and, as a result, were anti-abortion. The province's Minister of Health from 1977 to 1981, Bud Sherman, said publicly that his feelings on the subject, while not solely based on his religion, "had deep religious, moral and ethical questions which deserved profound respect" (Jacub 1979: 19).

Another prominent minister at the time was a devout Catholic. In a personal interview, an informant explained:

Religion played a part, not religion as an institution so much, but religion as a feeling. I think the church is just teaching a certain thing to their members who were [involved with the church] before they were politicians. See, he was a Roman Catholic, and to him ... he thought abortion was taking a life. There are some politicians who will do what their conscience says. He was one of them.

According to one of my respondents, aversion to abortion because of religious affiliation was common in political parties:

We had very prominent ministers who were Catholic ... and I think it was important to them to be sensitive to these issues, but in some respect, it would have been the social justice drive of the church which had gotten them into politics.

It appears that regardless of what the Catholic Church was doing on a political level, its ability to impart its position through the people who were leaders in the abortion struggle ensured that it played a part limiting abortion services in Manitoba. This seemed to be well-known because groups often made presentations to Catholic parishioners in hopes that they would spread their message (personal interview).

The Medical Community

Throughout the 1970s, the medical community was overwhelmingly unwilling to support women in their struggle for reproductive autonomy. Although the medical community was responsible for opening up the debate on abortion reform prior to 1969, what happened after the reform proved that their initial interest was in professional control, not women's rights. After the reform, doctors were no longer in a position to face penalties for performing an abortion, and had the final say as to whether a woman would be allowed to have an abortion. In other words, doctors became the arbiter of women's reproduction.

Proof that doctors were interested in professional power and not women's rights came when they were interviewed for the Badgley report in 1977. One doctor wrote that doctors' views were none of the government's business, while another advised the researchers to "Grow up!" in response to the survey on abortion services in their hospital. One thought that the questionnaire was "Crap" (Badgley 1977: 8-9). Still more proof came when doctors questioned how many urgent medical needs would be sacrificed since the change in the law. These doctors argued that "for a certain section of the population, abortion rather than contraception [will] become a method of birth control" (Merry, Newman, Slutchuck and others 1971). In March, *The Winnipeg Free Press* printed a letter by Manitoba doctors. They argued giving priority status to abortion in hospitals made it impossible to give effective care to others. The doctors did not argue that the abortion services be expanded elsewhere, so that effective care could be given to all patients. One doctor, Dr. Roulston, did report that the College of Physicians and Surgeons was in the process of forming an abortion committee for rural Manitoba (Merry

et al. 1971). The doctors went on to indicate their belief that abortions should not be paid for by the government of Manitoba. They insisted that “abortions out of convenience” must be paid for by the individual. “Even the welfare case can be required to pay some small amount as an incentive to use the birth control methods which are now made available to them free,” they said. Finally the doctors wrote that some women demand the right to control their bodies and that they were prepared to accept that and give them the means to do so, but added that they, as doctors, “also have the right to demand that they do control their bodies” (Merry et al. 1971).

Dr. Roulston told the press in September 1970 that many pregnancies “need not have occurred in the first place.” If Roulston was talking about increasing the prevalence of contraception for preventative measures and for the benefit of women, this statement would have been incontrovertible. However, he went on to say: “Let’s face it, this is not merely a question of getting rid of a pregnancy, but an operation which is distasteful *to many doctors and nurses*” (“Abortions in Winnipeg Doubled Since New Laws,” *The Tribune* 1970, emphasis mine). This indicates that here again, Roulston’s concern was not with women, the subjects of the operation.

In January 1975, Dr. Patricia Doyle, a general practitioner from St. Anne demanded the resignation of Dr. Bette Stephenson,¹⁴ the president of the Canadian Medical Association, because of her pro-choice position. Stephenson had been critical of Otto Lang for his anti-abortion bias. Groups across Canada argued that it was Stephenson who should be forced to resign. The interaction illustrates that sharp divisions existed within the medical community over whether or not doctors should perform abortions and

¹⁴ Dr. Bette Stephenson went on to be a Conservative Cabinet Minister in Ontario from 1975-1987 (Government of Ontario webpage: www.gov.on.ca), indicating that it is possible to be conservative with pro-choice views.

what public stance they should take.

In March 1971, Dr. Harold Davies argued that because there were 10,000 unwanted children born each year in Manitoba, drastic birth control methods were required, including abortion and mass sterilization. He added that there should be routine abortions for all unmarried or common-law women, all women with three or more children and for any fetus with an abnormality. Implicit in Dr. Davies' statement is the eugenicist's belief that doctors should be responsible for deciding who should reproduce and when. He also attempted to perpetuate the patriarchal belief that only married women should reproduce and assumed that women were incapable of deciding for themselves which pregnancies would be brought to term.

Indeed, many patriarchal notions existed in the medical community. In April of 1972, *The Tribune* reported that every Manitoba hospital required that married women obtain consent from their husbands before having an abortion, whereas only two-thirds of hospitals across Canada had this rule ("Abortions Increase 318% in Manitoba: Magazine," *The Tribune* 1972). Hospitals that required consent from fathers or husbands prioritized men over women, were hostile to the autonomy of women, showed that subordination to men was expected and implied that abortion was a deviant (rather than a medical) act.

In June 1975, The Canadian Medical Association (CMA) reaffirmed a stand it had taken four years earlier, namely, that all reference to hospital abortion committees be removed from the Criminal Code and that abortion be treated as a private medical matter between a woman and her doctor. With this statement, the official national medical position was pro-choice, but only weakly so. The Canadian Medical Association rejected

abortion on demand because it implied an obligation on the part of physicians and would violate the rights of doctors “who could no longer refuse to perform abortions when their moral or religious beliefs prevented them from doing so.” Instead the CMA advocated that abortions could only be performed “with the consent of the patient” (Dulude 1975: 12). This is offensive to women because it implies that doctors choose and women allow doctors to do so. It is further oppressive because it takes a woman’s active voice and places her in agreement with a doctor, often a man, over a decision which in no way affects him (Cancian and Oliker 2000).

Medical professionals have held the power to describe and validate women’s medical needs and, in the process, to silence them. The CMA objected to the requirement that public hospitals be required to set up therapeutic abortion committees, recommending instead that at least one hospital in every region “should provide such facilities” (Dulude 1975: 13). This was problematic because none in fact were *required* to set up abortion facilities and some regions (such as Dauphin, Manitoba), could avoid doing so entirely, making access non-existent for women within the region.

In September 1975, Dr. Roulston announced that the demand for abortions was rising and that he could not foresee it levelling off. He claimed that the demand for abortion was consuming up hospital beds and public money and that a quota system was needed to control the situation. He acknowledged a quota would be politically unpopular. He added that the province should fund abortions that were performed outside hospitals.

In June 1978, the CMA amended its code of ethics to allow doctors to avoid referring women for abortions, without considering the effects this would have on women’s health. Dr. Arthur Parsons was reported to have said that this amendment could

cause grave delays that would endanger the lives of women needing abortions, but the amendment was passed regardless (Wall 1978). Clearly the amendment was designed so that doctors who opposed abortion could avoid "aiding and abetting" a woman, thereby imposing their personal morality on their patients and making it much harder for them to follow through with their decision. Additionally, because abortion is time-sensitive, the delay would cause women to lose their window for a safe abortion, an enormous blow against women's autonomy.

By early 1980, Manitoba doctors wanted tighter controls on abortions for out-of-province women and for back-alley abortionists, and voted in favour of establishing a family planning clinic. The Manitoba Medical Association polled its members on proposals to set up an independently financed clinic. The doctors told the press that abortion was the underlying subject matter although it was not mentioned directly and issued a signed statement against the inferred concept of abortion on demand (Brosnahan 1980).

The doctors also disagreed with a recommendation for an independent facility for abortions and counselling. This recommendation came up almost a year after Dr. Boroditsky and Dr. Tyson first proposed that a Women's Reproductive Health Centre be set up. Health Minister Bud Sherman rejected the doctors' proposal and told the press that the redevelopment of the Health Sciences Centre would solve the problem of inadequate abortion services (Brosnahan 1980). The problem of access had been exacerbated in 1979 when the Health Sciences Centre cut back on first trimester abortions and stopped performing second trimester abortions despite an already existing access problem.

This chapter comes to a close in 1981 after the women of the Coalition for Reproductive Choice were sold out by Dr. Boroditsky and Dr. Tyson who abandoned their proposal for a Manitoba Centre for Reproductive Health. It was at this time that Dr. Morgentaler took interest in the province of Manitoba. That year he called one of the women who belonged to a pro-choice organization and said "You've got an NDP government down there ... what do you think we should do?" (personal interview).

CHAPTER 5

THE UNSUCCESSFUL FIGHT FOR THE MORGENTALER CLINIC: 1982-1983

Over 1982 and 1983 the focus of pro-choice activists was the establishment of a clinic by Dr. Morgentaler. During this intense period the women's movement did not have a strong voice in Manitoba and their pleas to set up a freestanding clinic for abortion services were not answered. As a result of the government's refusal to even acknowledge their needs, the majority of feminists were highly receptive to Morgentaler and his plans. Once the Morgentaler Clinic opened in 1983, the government was forced to address evidence that access to abortion was inadequate. Rather than accept their error in judgment and allow the clinic to operate, the government reacted with vengeance against the doctor for embarrassing them. As we shall see, the provincial government, along with the anti-choice movement, tried to keep the clinic from operating.

Although the women's movement in Manitoba remains grateful to Morgentaler, the clinic was a mixed blessing. Because the clinic operated illegally and as a private institution, the government refused to fund the abortions performed there and many women could not afford the service.¹ The Manitoba government responded by increasing abortion services in hospitals where doctors were the final arbiter of women's reproductive capacities. As such, the women's movement's demands were again marginalized.

¹ Unbeknownst to the most Manitobans, Morgentaler would provide abortions free of charge to women who were desperate but again, many women were unaware of this and therefore suffered as if this act of generosity did not exist (personal interview).

The Decision to Set Up a Clinic in Manitoba

Morgentaler's decision to open a freestanding abortion clinic in Winnipeg was strategic. Dr. Morgentaler firmly believed in women's right to abortion on demand and opened clinics across Canada to make this right a reality. As a Holocaust survivor, Morgentaler was convinced that if all children were wanted children, the world would become a better place ("Democracy on Trial: The Morgentaler Affair," *The National Film Board* 1984).

Morgentaler made his decision to open in Winnipeg for several reasons. First, Manitoba's newly elected New Democratic Party's policies were publicly receptive to women's control over reproduction and to abortion rights. The women's movement had also been active in the province for well over a decade or more, which laid the groundwork for Morgentaler's actions. Furthermore, the fact that the province would elect an NDP government seemed to indicate that the public would be receptive to women's rights. As theorists such as Schumpeter and Lipset argue, although elections do not allow citizens to participate in policy formulations directly, they allow for indirect participation by voting for those that promise their desired reforms (Hecló 1974: 6). An elected NDP seemed to indicate a progressive public. Yet, the province of Manitoba would prove that this is not always the case. Perhaps theorists such as Downs were more on the mark, having posited that "electoral competitors formulate policies in order to win elections, rather than win elections in order to formulate policies," to explain why governments do not always do what they promise to do (cited in Hecló 1974: 6).

It is important to remember that in the 1980s much sexism remained even though women had been largely assimilated in the labour force. For example, women were paid less than men, they advanced less quickly than men, they were not given positions of

authority or leadership to the same degree as men and these disparities existed even when women were as qualified as men (Evans & Wekerle 1997: 247-248, 257). The women's movement was growing, however, and promoting equal pay and opportunity. This meant women needed access to birth control and abortion as well as supports such as daycare and maternity leave. Despite their activism, the women's movement had not been able to attract significant media attention and therefore had a hard time being influential. In fact "when the clinic first opened, women did not even know that there was an organization behind it" (personal interview).

From the beginning, the women's movement was put in the reactive position responding and supporting Morgentaler's decisions (Kellough 1996).

Henry always called the shots and it has been because of [Morgentaler] that governments have been prodded, and we women have been assisted to do what we did. (personal interview)

It could be argued that by telling the women of Manitoba how and when to act, Morgentaler was in some ways perpetuating male control. Indeed, many women were offended and opted to fight for women's access to abortion alone, instead of supporting Morgentaler. One activist reported: "We fought from the beginning over if we were going to support Morgentaler. It was a huge battle" (personal interview). Another woman was more poignant, "He bloody well comes to Manitoba, opens the clinic with no prior consultation, reopens the clinic with no prior consultation.² He is no more ready to let women take the leadership ... than the government is" (Kellough 1996:194).

² As we shall see, once the Morgentaler Clinic opened, it was raided by the Winnipeg Police force twice and was shut down in mid-June 1983. By July, despite efforts to keep the clinic closed by the government and anti-choice forces, Morgentaler reopened the clinic as a counselling and referral service.

Within the NDP

Within the NDP government, divergent opinions existed within caucus and various personalities within the party made the official pro-choice position all but disappear (Kellough 1996). "The abortion issue cut right across all parties. It became politically sensitive for any party to deal with because of the diversity within each party" (personal interview). According to one of my respondents, the NDP did not support the Morgentaler Clinic because of its political sensitivity and anti-choice membership within the party.

The voices inside that were prompting [increased abortion services] were significant, but the party drew its strength from rural Manitoba. A lot were working people, Ukrainian Catholic and quite a number in cabinet were from that background as well. You have to also remember that a lot were male and a certain number were Catholic.

Morgentaler was unaware of these divisions before opening his clinic. In fact, Morgentaler felt his legal position in Manitoba was secure because Attorney-General Roland Penner was known as a supporter of women's right to choose. However, as Morgentaler quickly discovered, Penner was not responsible for approving the clinic, a precondition for it to be funded under Medicare (Meder 1982a: 3). Morgentaler requested that Penner use his power to prevent prosecution against the clinic, but was turned down. According to a highly placed official at the time: "The Attorney-General could not do that. He was the Chief Officer of the Crown and had responsibilities as such!" (personal interview).

According to the people I interviewed, Roland Penner was personally pro-choice but did not initially help the women's movement on a political level. "We all thought that he was pro-choice ... well, he was personally." I was also told that Penner's past

involvement with the Communist Party might explain his reluctance to help the women's movement.

When he got elected there was worry about a former high profile communist being in the NDP ... so he was probably super conscious of not stirring that up. We women had come from no profile and we knew that everything was an uphill struggle. We hadn't developed the ego, or maybe even the smarts about how to survive.

Later that year, Penner's support for women's rights began to emerge when he urged women's groups to petition his government for better abortion services. Joe Borowski was irate after hearing this and began his series of requests demanding Penner resign.

The Good Doctor and Reactions by Politicians

In November 1982, facing problems with obtaining a clinic license, Morgentaler proclaimed that he would rather face life imprisonment than fail to open his clinic (Meder 1982a: 3). His passion and drive made Morgentaler for the pro-choice movement what Joe Borowski was for the anti-choice movement in Manitoba. His courage and intuition are recognized and appreciated despite, perhaps, his errors in strategy. "Without Henry, we would not be where we are ... He's amazing because he has a gut sense of how to push things and at what time ... he was a catalyst" (personal interview). Another of my respondents told me that although his work was influential and important, "Henry couldn't have done it alone, it was the joining of hands that accomplished important things."

During a legislative debate in December 1982 Attorney-General Penner said that he did not believe it was necessary to expand Dr. Morgentaler's proposal, indicating that

the Morgentaler Clinic should be able to operate legally. He added that anyone who wanted to be influential should gather statistical data and lobby the government. It would appear that statements such as these made in legislative debates encouraged feminists to begin voicing their concerns within caucus. While only half-hearted, Penner was one of the few ministers willing to support women's rights to reproductive autonomy.

Opposition PC member Gerald Mercier constantly needled government members who held pro-choice views. He hounded Attorney-General Penner to charge Morgentaler and repeatedly asked whether or not Morgentaler would be persecuted "as promised" by Penner. During this legislative meeting, Penner responded that the question pertained to his personal conviction and was therefore out of order. He went on to say the present law was a federal one, and regardless of his wishes, would have to be changed at the federal level. Furthermore, he said that his position and that of his party's was well-known. Penner stated that anyone who did anything illegal in Manitoba would face the standard course of action, and that he would not stay prosecutions against Morgentaler because there was no legal precedence which would allow the Attorney-General to grant immunity. He said that to do so would not be the rule of the law, but rather the rule of persons (HF December 7, 1982: 61-62).

In order for the Morgentaler Clinic to be accredited as a surgical centre, it had to meet requirements set by the College of Physicians and Surgeons. Many people thought that the Minister of Health would have significant influence on the process. But this was not the case:

Morgentaler wanted to call this clinic a hospital and that was neither the responsibility of the Attorney-General nor of the Minister of Health. (personal interview)

Many politicians were reluctant to acknowledge that there was a problem in Manitoba. Clearly the government was aware that the anti-choice movement and several members of the legislature did not want the clinic to operate in the city, but it was easier to avoid the issue. One highly placed elected official at the time said: "It was a clinic, and it stayed, nobody tried to close it or anything" (personal interview). Not giving the situation "problem status" (Bacchi 1999) explains, perhaps, why nothing was done in Manitoba to alleviate the situation.

Other ministers were outright anti-choice. According to Gail Kellough, author of *Aborting Law: An Exploration of the Politics of Motherhood and Medicine*, NDP provincial Health Minister Larry Desjardins was anti-choice, representing a largely Catholic riding (1996: 192). What is certain is that the Minister of Health supported medical control over health related issues and strongly advocated that abortions remain in hospital (Kellough 1996: 192). In fact, according to *The Winnipeg Free Press* of March 3, 1983, he threatened to leave the NDP if the party decided to establish the reproductive health clinic proposed by Boroditsky and Tyson. According to *The Winnipeg Free Press*, a number of NDP delegates were upset with Desjardins over the statement, indicating that the strength of the anti-choice movement was diminishing within caucus.

Nevertheless, the abortion issue was very intense. In January 1983, during a public debate between Morgentaler and Borowski at the University of Manitoba, a bomb threat interrupted Borowski when it was his time to speak. According to one of my respondents,

Morgentaler had his say, feelings were running pretty high and the place is packed. It's time for Borowski to speak and there was an evacuation because of a bomb threat! It was a crank thing, but it didn't

give Joe a chance to speak ... things like that happened to shut out our voices.

Prior to the debate, Morgentaler was upset with provincial Attorney-General Penner's decision to follow the normal course of the law and his reluctance to refuse prosecution. Perhaps in retaliation, Morgentaler alluded to having performed an abortion on Penner's son's girlfriend. The animosity which existed between Morgentaler and Penner caused many women of the pro-choice movement to question Penner's motivations. However, the resentment expressed towards Penner was misplaced. Contrary to many people's views, I believe Penner helped the woman's movement, but because much of his actions were done behind the scenes, they went unnoticed. For example, one of my respondents claimed Penner had been in private conversations with Morgentaler's lawyer, offering advice to help clear the good doctor's name. He had also confided to friends that he did not think the law would defeat Morgentaler's challenge but if it had, that he would sooner resign than prosecute the doctor (Morton 1992). Also, as we shall see, Penner would switch the charges against Morgentaler from "conspiracy to perform an abortion" to "procuring an abortion," which had the effect of ensuring that Morgentaler could not be prosecuted because it could not be proven that Morgentaler performed any abortions.

In February 1983, Borowski announced plans to challenge the NDP government if they did not renounce their pro-choice stance. *The Winnipeg Sun* quoted a University of Winnipeg political science professor who told the press that a pro-choice stance by the NDP party would likely cost them needed votes (Meder 1983: 14). One of my respondents agreed,

The reality of politics is that if you can't satisfy a reasonable number of voters you don't get in and you can't do anything. Debates in the party and things that have passed have a pull, but that group sitting around the cabinet table has the final say. There's sometimes fear of retaliation of not just the voting public but of institutions. For example, Catholic hospitals were more of a no-no than the Health Sciences Centre towards abortion.

With Morgentaler on the scene, women's groups were becoming involved and others were becoming more active in their fight to expand abortion services in Manitoba (Meder 1982b: 5). The Manitoba Association of Women and the Law began fundraising to aid Morgentaler. They also joined the parent body, the National Association of Women and the Law, to have abortion removed from the Criminal Code. They lobbied to have Desjardins approve the Morgentaler Clinic and wrote to Penner to ask him to stay charges against Morgentaler (FitzGerald 1983b: 3).

Anti-choice groups were equally active. In April, Patricia Soenen of the League for Life sent members of the government telegrams ordering them not to allow the clinic to open as it would be in defiance of the law. On September 16, 1983, 500 anti-abortion supporters marched in the Hike for Life at the University of Manitoba and raised \$30,000. In November, Joe Borowski, along with the League for Life, lodged a complaint against the proposal to open the Morgentaler Clinic. PC Mayor Bill Norrie proclaimed February 6 to the 12 as Respect for Life week in Winnipeg. Pro-choicers argued that the decision signalled an official anti-abortion stance, but League for Life president Pat Soenen defended Norrie and denied the allegation.

On February 1, 1983, *The Winnipeg Free Press* ran a photograph of the Morgentaler Clinic on Corydon that included both anti-abortion and pro-choice

statements³ (McLaren 1983b: 3). Also at this time, Anna Desilets started the Committee against Commercial Abortion Clinics in an effort to stop the Morgentaler Clinic from opening. The spokesman for the group, lawyer Ernest Wehrle, argued that the group could prosecute the city for aiding Morgentaler in his crimes. Councillor Harry MacDonald, in contrast, argued that the government could not legally refuse Morgentaler a permit (Speirs 1983: 2).

The Medical Community and the Morgentaler Clinic

Despite the fact that 60 percent of women in Manitoba who obtained an abortion were forced to go to the United States, the province's medical community was strongly opposed to the Morgentaler Clinic. Dr. James Morison announced that the College of Physicians and Surgeons of Manitoba refused to license the clinic and threatened to remove Morgentaler's license to practice in Manitoba if he broke any rules or regulations set out by the College and/or the province of Manitoba (McLaren 1982: 1, 4).

Morgentaler needed this license as well as an occupancy permit in order to open. He also needed to meet quality control standards set by the Manitoba College of Physicians and Surgeons. Since he believed that he would not have a problem getting a license for the clinic and because he was eager to open, he had already hired architects to renovate the house on Corydon to comply with health standards (McLaren 1983a).

Doctors in Manitoba were requesting changes in the federal law to have the requirement for therapeutic abortion committees removed or amended. An article in *The Winnipeg Sun* reported liberal tendencies in the medical profession, with 61.5 percent of

³ This is another example of even-handed media coverage that disputes the claim of one of my anti-choice respondents that "the press has played a big part, I think, in shutting out the pro-life view."

doctors saying that they considered “socio-economic concerns” a valid reason for an abortion. However, the survey also reported that only 49.5 percent of doctors would accept a women’s right to make the final decision, compared to 72 percent of the general public. This indicates that half the medical profession felt justified in having the final say as to whether or not a woman should be required to continue with an undesired pregnancy. As we have already seen, the decriminalizing of abortion had the effect of securing decision-making power in the hands of doctors. Giving doctors the right to withhold abortions from women ensured a form of public patriarchy (Kellough 1996). That is, the medical profession in Canada had control to act as gatekeepers of society’s reproductive needs, power they felt was both justified and warranted.

In early March 1983, Morgentaler threatened to operate outside the approval system. In response, Roland Penner told Morgentaler he would be charged. After hearing Morgentaler’s threats, Borowski launched a court challenge, even though no illegal act had yet been committed (FitzGerald 1983a: 3). Morgentaler begged the provincial government to ensure that women would not need to go out of province to procure an abortion, but to no avail. The province refused to grant him a permit. He claimed the reason the government failed to act was because they were fearful of a vocal anti-choice minority (McKinley 1983: 3).

On March 3, 1983, during a legislative debate, former PC Attorney-General Gerald Mercier insisted that since Morgentaler publicly acknowledged that the clinic would be operating illegally (by not setting up a therapeutic abortion committee), steps were needed to ensure he would not be able to open. Health Minister Desjardins (1974-1977 and 1981-1987) responded by saying that he had received many phone calls about

the issue and that one former member of the house blamed the College of Physicians and Surgeons. Desjardins added, "I think it should be understood that the College had little choice but to license Dr. Morgentaler." He added that he had been licensed to perform legal therapeutic abortions and that anything illegal would not be tolerated by the province.

Mercier then asked NDP Premier Pawley (1981-1988) if he could assure Manitobans that no public funds would be provided to the Morgentaler Clinic. Pawley responded that public funds would not be allocated for illegal abortions. Mercier then asked the Minister of Labour if he would ensure the funds sought by the Manitoba Association of Women and the Law would not be used for the defence of Dr. Morgentaler. Mercier questioned why Desjardins was not more concerned with doctors who announced that they would defy the law, and insisted that he would look into a way to reverse the College's decision (HF March 3, 1983: 475-476). Mercier was clearly passionate and persistent about the pro-life cause.

In March 1983, the NDP's abortion resolution passed. It agreed that the province would increase abortion services by establishing reproductive health clinics. Some MLAs were so appalled that they threatened to resign if the resolution went into effect. Borowski was furious. He vowed to do everything in his power to stop the expansion. Anti-choice groups accelerated the scope of their activities by running anti-choice TV commercials across Canada (Billinkoff 1983: 7). Health Minister Larry Desjardins reportedly announced that he would step down if he was forced to establish clinics.

A personal interview with a respondent who was a highly placed elected official at the time suggested that Desjardins was not necessarily opposed to expanding abortion

services, evidenced by the fact that he increased services at the Health Sciences Centre. Instead, the respondent informed me that Desjardins was against the Morgentaler Clinic becoming a hospital because of government policy dealing with the issue of the private sector.

Anti-choice pressure increased in March when 400 people demonstrated and sang hymns in front of the Morgentaler Clinic. Another tactic of the group was petitioning at the Morgentaler Clinic (personal interview). When women arrived at the clinic, the protestors would do "sidewalk counselling," which amounted to harassment in an attempt to deter the women from having abortions. The pro-life movement also made a point of (falsely) advertising themselves as "crisis pregnancy centres." These centres endorsed carrying pregnancies to term (Crisis Pregnancy Centre of Winnipeg 2004).

The hearing to decide if the Morgentaler Clinic's permit would be upheld was scheduled for March 25, 1983. Because the issue was so widely contested, extra police were sent to keep the peace. Anna Desilets was designated to speak on behalf of neighbours who surrounded the clinic and who were opposed to abortion. Carol Rosset of the Coalition for Reproductive Choice was asked to speak on behalf of the neighbours who supported Morgentaler and his clinic. On May 4, Ellen Kruger presented a petition by the Coalition for Reproductive Choice with the signatures of 500 supportive people who lived within a three block radius of the clinic. In retaliation, Pat Soenen of the League for Life announced that they had 1,800 signatures of neighbours who opposed the clinic (Rosner 1983b: 3). On March 26, 1983, good news came: "Abortion clinic to Open Good Friday: Environment Committee Upholds Building Permit for Morgentaler" (McLaren and O'Brien 1983: 1).

With the clinic permit upheld, Morgentaler again requested that provincial Health Minister Larry Desjardins give his clinic hospital status. Desjardins denied his request because he was reported to have said that he would then have a stream of clinics also requesting hospital status. The lawyers involved with the Manitoba Coalition for Reproductive Choice argued that without the clinic women's right to choose (as guaranteed by the Charter) was not ensured. Borowski rebutted these allegations, charging that the lawyers were "crazy" and announced that he had his own suit against any allocation of abortion services. Ellen Kruger of the Coalition for Reproductive Choice announced that she "would not launch a case" (which could cost between \$250,000 and \$500,000) in favour of the clinic until she had the financial and moral support to do so (Cormier 1983: 4). During this time a the local city councillor asked PC Mayor Bill Norrie to deny Morgentaler an occupancy permit because of a large number of phone calls that he had received from anti-choice advocates ("Abortion Clinic Opening Planned for Next Week," *The Winnipeg Free Press* 1983). Then during a legislative debate on April 22, 1993, NDP Premier Pawley reminded NDP Attorney-General Roland Penner that he would have to prosecute Henry Morgentaler if he operated his clinic illegally. This indicates that the NDP itself was not very strong on the pro-choice party line. Further, the topic was such that it enticed members of the same party to feel compelled to tell their own members how to do their job.

PC leader Sterling Lyon and PC member Gerald Mercier routinely requested assurance that if the clinic opened, Morgentaler would be prosecuted. At one point, Pawley responded that the Attorney-General had already dealt with this line of questioning several times and said that he had made it very clear that he would prosecute

upon warranting evidence. He added that interfering with the Attorney-General's duties would be inappropriate and unnecessary (HF April 22, 1983: 2010).

On another occasion, Penner repeated again that the normal course of action would be taken. He went on at length to explain to Mercier that although preparatory steps had been taken, nothing would be done unless Morgentaler opened his door, people other than tradespersons were entering or complaints were made. If this occurred, Penner explained, results of the investigation would be turned over to the Crown-Attorney's officer which who would then determine whether there was sufficient evidence to lay a criminal charge. Finally Penner said that there would be no favours dispensed in this case and that there would be no stay of prosecutions.

Despite the fact that Mercier had been the Attorney-General in Manitoba for five years, and should have been aware of the due process, no amount of explanation would suffice. Mercier went on to ask the Attorney-General if he would instruct the Director of Prosecutions to take every possible step to ensure that no more illegal abortions would take place at the Morgentaler Clinic while his charges were being dealt with. Yet again, Penner informed him that it would ultimately be up to the judge to decide (HF April 29, 1983: 2257-2258).

In the meantime, the opening of the Morgentaler Clinic kept getting pushed back. Borowski was a prominent figure in the delays, and fought to postpone the opening by requesting city councillors to rescind the occupancy permit. None came to fruition until May 1983, when the Morgentaler Clinic was refused hospital accreditation. According to *The Winnipeg Sun*, this was because the NDP government was against for-profit healthcare and believed that abortions were safer in hospitals rather than in clinics. The

government announced that if the province needed more abortion services, it would look into expanding them (Stephenson and Muir 1983: 3). Morgentaler declared that he would open the clinic on the following Thursday regardless. Anti-choice groups promised that they would also find ways to appeal his occupancy permit.

On May 3, 1983, PC member Mercier asked the Premier whether the Minister of Health's statement that the Morgentaler Clinic would not be accredited as a hospital was the government's position and if it was subject to change. Despite being given an answer, Mercier was unsatisfied and repeated the question. Finally, Pawley indicated that "he knew what the Member for St. Norbert was up to," implying that the minister would stop at nothing short of being told that the clinic would never open. At this point there were outbursts from various members of cabinet (HF May 3, 1983: 2332-2333). Premier Howard Pawley announced that an examination would take place of abortion services in the province, including hospitals that failed to perform them. He added that he would do this despite his belief there was no need for additional services ("Province Will Study Need for Abortions," *The Winnipeg Sun* 1983: 3).

The Clinic Opens

On May 6, 1983, after many delays caused by the legal manoeuvring of the anti-choice movement, Morgentaler opened his clinic. It was not officially a hospital and it did not have a three doctor committee as required by federal law. Morgentaler's actions defied the laws that restricted women's reproductive decision-making. His refusal to have a committee defied medical control of abortion. Reaction was immediate and venomous. Morgentaler would be held accountable "for his failure to uphold the patriarchal order of

society” (Kellough 1996: 145). Luckily for Morgentaler, the occupancy permit that the anti-choice activists were successful in delaying caused the clinic to open a day late. When it did open, there were only half a dozen picketers (armed with eggs) present.

By 9:30 in the morning, however, approximately 200 people gathered and packed the sidewalk. Things were looking up for Morgentaler’s number one opponent. Borowski was yelling profanities directed at Morgentaler, the clinic and pro-choice supporters through a loud speaker. Winnipeg’s Assistant Zoning Administrator showed up and ordered Borowski to remove his trailer within 48 hours or face a \$5,000 zoning violation fee (McLaren and Speirs 1983: 1).

Within a week of the clinic’s opening, Attorney-General Penner announced (on May 11, 1983) that he would not begin legal action against Morgentaler despite allegations that abortions had been performed. He claimed that the “matter [was] for the police” (Stephenson 1983c: 2). This infuriated Joe Borowski, who ordered Penner to lay the charges or to resign. Penner criticized his opposition, calling them “legal illiterates” (Stephenson 1983b: 2).

Meanwhile, picketers and protestors on both sides of the debate were hostile at the clinic (Brosnahan 1983: 1, 4). Morgentaler was advised to assume that his clinic was “bugged” as it was under investigation by the College of Physicians and Surgeons. Dr. Robert Scott of Ontario was working in the clinic and announced that he was willing to take the risk of being prosecuted for performing abortions. Borowski was adamant that Dr. Scott, as well as Morgentaler, be charged (Hill and FitzGerald 1983: 1, 4; United Press Canada 1983: 3).

On May 11, 1983, former PC Attorney-General Mercier asked the Attorney-General if he would request that the police conduct an investigation at the Morgentaler Clinic. Penner, as per usual, said that the police force knew what their duties were and that there was no need for him to intervene. Mercier then asked the Premier to replace the Attorney-General with someone who would uphold the law. Pawley supported his Attorney-General, Penner (HF May 11, 1983: 2643-2644).

Joe Borowski

Within days of the clinic opening, Joe Borowski found out that the province was also paying for out-of-province abortions. He argued that since such abortions were done on demand they should not be paid for by public healthcare dollars.⁴ Premier Pawley told the press that abortions done outside of Manitoba were paid for by the province if they were permitted under Canadian law and they were carried out in accordance with provincial procedures.

It was also on this day that Borowski and his lawyer, Morris Shumiatcher, began Borowski's trial against the abortion law in Regina, Saskatchewan. Borowski's decision to challenge the law was interesting because he was not directly involved with the case. He was neither a doctor wanting to perform abortions nor was he a woman wanting to have one; rather, he was simply a disapproving citizen.

Borowski's lawyer informed him that court costs would be \$350,000. In order to cover the costs, Borowski used \$100,000 from the Alliance for Life; \$10,000 from the editor and publisher of *The Catholic Register*; \$10,000 from Share-life (a church-

⁴ This is especially interesting because here Borowski specifically indicated that his problem with abortion was that it would be done "on demand," rather than having to do with the fetus.

sponsored group); money from the Knights of Columbus (an affiliate of the Catholic Church); money from the Catholic Women's League; and contributions made by individuals. In the end, he had more funds than were necessary. Borowski credited Morgentaler for generating hatred and a sense of urgency to help his cause (Morton 1992: 131-133).

Support from the Medical Community

At this time, Dr. Richard Boroditsky, along with the former president of Planned Parenthood of Manitoba and a member of the Medical Association's 1979 Committee on Therapeutic Abortions, told the press that the access to legal abortions in Manitoba was decreasing. He insisted that this was the reason Morgentaler had felt the need to set up his clinic. The declaration did not imply a shift in position of the medical community, but rather one in Dr. Boroditsky. As you might recall, Dr. Boroditsky was always sympathetic to women's rights vis-à-vis abortion, and had worked within the women's movement to establish a clinic for women. He had abandoned this effort in 1979, but it seemed that in 1983 he was again interested in assisting the women's movement.

Dr. Boroditsky informed the press that the Grace Hospital had closed its therapeutic abortion committee after the national headquarters said its hospitals would no longer provide abortion services. At the same time, the Health Sciences Centre ended its second trimester abortions except in situations to save the life of the mother. Boroditsky added that recent decisions to stop obstetrical services at the Seven Oaks Hospital would bring their therapeutic abortion committees to a close as well. Boroditsky concluded that women were leaving the province because of delays dangerous to their health.

Pat Stainton, Executive Director of the Women's Health Centre, agreed and argued further that the hospital boards failed to respect women's reproductive decision-making and caused problems of access. Anna Desilets of the League for Life denied each of these claims. She could not acknowledge that the situation in Manitoba was endangering women because to do so would undermine the campaign for the rights of the unborn (Russell 1983: 7).

The Abortion Wars Emerge

Towards the end of May, anti-choice supporters were urging provincial NDP Health Minister Larry Desjardins to investigate after *The Winnipeg Sun* had been told that human tissue was being dumped down the sink at the Morgentaler Clinic. Far from convinced that abortions were being performed at the clinic, Desjardins nevertheless agreed to the inquiry (Stephenson 1983a: 3).

On June 3, 1983, provincial NDP Attorney-General Penner announced that the results of the police investigation at the Morgentaler Clinic were inconclusive. He added that the investigation on the clinic was difficult to carry out because the League for Life was picketing disruptively outside. League for Life President Pat Soenen and Joe Borowski accused Penner of being too lenient with Morgentaler and of "taking sides with abortionists" (McNeill 1983: 3). Borowski added that he would risk arrest and jail time in an effort to oust Penner from his office and would hold a sit-in if Premier Pawley refused to move Penner from his cabinet post.

On June 8, 1983, Brian Ransom, a PC minister from Turtle Mountain, asked the Minister of Health what percentage of the women travelling to the United States for

abortions were qualified under the Criminal Code of Canada. Desjardins began by saying that it was impossible to know exactly how many women were going to the United States for abortions but that the estimate was between 1,000 and 4,000 each year. He went on to say that if the women were going for reasons of confidentiality, the number would never decrease. He said that some women were going to the United States because the wait for going before the therapeutic abortion committee was too long and, as a result, the pregnancy was too far along to be performed in Manitoba. He said that another reason why women might be travelling for an abortion was because they might be getting information from their doctors that they would not be granted an abortion in the city.

Desjardins added that the department was going to start educating through family planning and that the hospital facilities would be monitored. "We will try to provide the services if need be ... there is a Criminal Code and we will try to provide the services for legal, safe, therapeutic abortions" (HF June 8, 1983: 3559).

On June 9, 1983, this same minister asked Health Minister Desjardins why he had said that abortion facilities would be expanded when James Rodgers of the Health Sciences Centre reported that the facilities were underutilized. Dr. Richard Boroditsky retaliated and provided statistical evidence to disprove the statement, but many of the hospital staff were anti-choice and demanded that the government prove there was a need for services before expanding them ("Clinics More Efficient Say ND Abortionists," *The Winnipeg Sun* 1983: 2; HF June 9, 1983: 3587).

During this time there was a lot of buzz around the city about Morgentaler. Manitobans were well aware that a serious problem existed with respect to access to abortion services. Barely a month after the Morgentaler Clinic opened, Larry Desjardins

announced that he would direct \$300,000 into existing hospital abortion services (Stephenson 1983e: 2). It is important to remember that in hospitals, unlike the Morgentaler Clinic, doctors were the final arbiter of women's reproductive decisions. Increasing services in hospitals meant that medical decision-making was also increased. With increased hospital services, women lost a significant bargaining tool in their struggle for political mobilization as they would no longer be able to lobby the federal government based on a lack of services.

What is more, the College of Physicians and Surgeons took a long time to grant Morgentaler a license for his clinic. In fact, it was not until the end of February 1983 that the College decided to do so and as soon as March 4, 1983, Morgentaler was already claiming that he would not use the approval system set out by law for women to have abortions at his clinic (FitzGerald 1983a: 3). Despite having both a medical license and a clinic license, Morgentaler was still fighting to have the clinic accredited as a hospital so that abortions would be funded. In September 1983, the Manitoba College of Physicians and Surgeons changed its rules, so that abortions would be restricted to hospital settings (Rosner 1983a: 1, 4). This effectively revoked Morgentaler's license to practice in his clinic. As a result, the women's movement had no other choice but to accept increases in hospital abortion services.

Had anti-choice supporters within the government not calmed the situation by increasing access, Manitobans might have become more involved, thereby forcing the government to allow the Morgentaler Clinic to operate. "There was receptivity and some expansion in the health services then, but we couldn't get the will from the government [to expand services to the Morgentaler Clinic]" (personal interview). Equally important is

that the increase in hospitals did not happen until *after* the clinic opened, showing that the increase was a tactic to shut out Morgentaler, rather than a response to women's needs (Rubin 1982).

When Morgentaler opened his clinic, it forced attention on the number of women who were forced to seek abortions outside of the hospital, which the pro-choice groups had been ineffectively trying to show the government for years. This outraged Borowski and other pro-lifers who consistently argued that the number of women wanting abortions was decreasing and that increased services were not necessary (Stephenson 1983e: 2).

Police Raids on the Clinic

The Morgentaler Clinic had been open less than a month when it was first raided by Winnipeg police. It was initially raided on June 3 and again on June 25, 1983. After the first raid, the clinic was closed and reopened. After the second raid, Morgentaler, Dr. Scott (the medical director) and six others were charged with conspiracy to procure an abortion, which enabled the government to keep the clinic closed ("Smith Upset by Boos at Pro-Choice Rally: Minister Near Tears in Outlining Government Policy," *The Winnipeg Free Press* 1983: 1, 4; Williamson 1983: 2). Pro-choice forces argued that police raids were helping the anti-choice groups' crusade. To make matters worse, internal politics in Manitoba between Penner and the police service created havoc for the clinic. In a private interview, I was told that Roland Penner did not stay the charges against Dr. Morgentaler but that he did against the nurses who were working at the clinic. My informant told me that Penner was rapped over the knuckles for not staying all of the charges, but that realistically, it would have been close to impossible. My respondent also

said that although it was not public knowledge, they were informed that Penner was in conversation with Morgentaler's lawyer, whom he had advised to challenge the law on Charter grounds if he lost in trial.

Towards the end of June, approximately 400 pro-choice supporters marched through downtown Winnipeg to protest the police raids that occurred in June ("Smith Upset by Boos at Pro-Choice Rally: Minister Near Tears in Outlining Government Policy," *The Winnipeg Free Press* 1983: 1, 4; Williamson 1983: 2). Despite the government's attempt to shut down the Morgentaler Clinic, it remained open to offer medical tests, counselling and physical exams at no cost to patients. Clinic spokeswoman Suzanne Newman asked pro-choice doctors to volunteer their time and pro-choice supporters to donate money in order to help the clinic stay open. She reported that Nurse Lynn Hilliard was still there helping women by taking calls and referring them to North Dakota clinics or to sympathetic doctors in Manitoba (Muir 1983: 7).

At this time, a pro-choice rally organized and met at the legislature and Premier Howard Pawley was invited to speak. Pawley was out of town and it was up to the other NDP ministers to send someone out to address the crowd. Muriel Smith volunteered after several other ministers refused. Smith, a pro-choice supporter, had no choice but to toe the party line. She informed the protestors that while many ministers inside caucus were torn on the issue, the provincial government did not have the constitutional right to challenge the federal law (Williamson 1983: 2).

Several members of the NDP government were not satisfied with only increasing abortion services and many worked within the caucus to lobby for women's rights to abortion on demand. According to one of my respondents, "Muriel [Smith] was one of

them, doing work within the caucus.” Nonetheless, many of the protestors felt betrayed. Above the constant booing, some protestors could be heard shouting “hypocrite!” and “cop-out!”

Smith informed the crowd that the Attorney-General had little discretionary power in the nature of the charges against the Morgentaler Clinic staff since the police force was following federal law. Carol Rossett, who was present at the rally, told the press that it was extremely difficult to listen to Smith because she had been active with the Coalition for Reproductive Choice for years. Recalling the event, one of my respondents had this to say:

It was just awful, just pain, Pawley was supposed to go out, he was anti-choice and wasn't there, so they were trying to find a woman to go out and placate us. Mary Beth Dolland had refused to go out because she was pro-choice. Muriel, who is always a person who will compromise and accommodate, and has wonderful talents in that way, she agreed to go. I don't know how she explained it. She started saying, 'but' and 'and' and people started booing and I thought, 'oh no, don't boo Muriel' and she kept saying 'you have to wait' and it got worse and worse and she kept going. She started sobbing, I was sobbing, other people were booing and sobbing and yelling. Oh it was just awful. You kept thinking, 'Muriel, don't! Just tell us that it's not the way you would make the decision and leave!' But she kept trying to justify and explain it and here's 400 people standing there. It was a mistake I think on her part to agree to do it, and it was an awful moment because Muriel had worked within the women's movement. People knew that and they weren't booing Muriel, they were booing what she was saying.

Another respondent discussed the importance of party and cabinet solidarity:

It was definitely the cabinet line. Thanks to a lot of women on the inside, they had developed a fairly progressive policy, at least on the right to choose, and that there should be accessible services, but it was very controversial. I think that what people learned was that politicians might have a personal opinion, but when questioned on a public platform, they had to state the party policy and if they felt compelled, they could say that personally they had a different view and could

continue to work inside the party to change it, but that at that moment, that was the party position.

During the rally, the pro-choice forces blamed the government of Manitoba for the events that had recently occurred at the Morgentaler Clinic, declaring their outrage at the police's interference with a woman's right. The organizers raised \$3,400 for the defence of the clinic staff (Williamson 1983: 2).

In the early part of June, Morgentaler offered the provincial government his clinic so that it could be funded under Medicare. Premier Howard Pawley reportedly rejected the offer (Martin and Young 1983: 1). This sparked debate on all sides of the issue. Dr. Richard Lee of North Dakota argued that the province's decision was a grave financial mistake because "clinic abortions are much less costly than hospital abortions" ("Clinics More Efficient Say ND Abortionists," *The Winnipeg Sun* 1983: 2).

The anti-choice movement argued that there was already too much access for women in Manitoba, while the women's movement felt that the government was continuing to deny women's autonomic decisions with regards to their reproduction. The woman's movement continued to hold city-wide meetings organized through posters and networking. As many as twenty different organizations were represented and new women would become a part of the growing movement. Another respondent indicated:

There would be women there from the Manitoba Action Committee on the Status of Women, someone from the Women and the Law, someone from the Women's Institute, Women's Health Clinic, the Jewish Women ... it became bigger and bigger, it was the most incredible thing I had ever been involved with ... women would just come out of their house with homemade signs to support the clinic, it became spontaneous ... we got so that we could say, 'if they raid the clinic, be here at 5:00 on Friday for a demonstration' and 350 people would show up.

In July 1983, during an NDP convention in Regina, members of the party criticized the actions taken by the government in the Morgentaler case. One of my respondents informed me that although the issue was important to the NDP, "it's not their gut-level issue, not one they'll go to the wall on." In addition to this lack of determination, Manitoba's Premier at the time, Howard Pawley, was less than uninterested in expanding abortion services and dismissed the criticism entirely. A Winnipeg Alderman, Magnus Eliason, called the meeting an outrage and a thinly veiled criticism of the country's only NDP government. He was quoted saying: "Who needs enemies when your own party is willing to condemn you?" ("Pawley Lashed Over Abortion," *The Winnipeg Sun* 1983: 3).

In September 1983, Morgentaler announced plans to make a new bid for his Winnipeg clinic because of the College of Physicians and Surgeons' new rules on where abortions could be performed (Rosner 1983a: 1, 4). Due to this new bid the College of Physicians and Surgeons approved Morgentaler's freestanding clinic (Benham 1983: 3). Larry Desjardins, however, "refused to grant the clinic hospital status" (Stephenson 1983d: 4). When asked why the government did not grant hospital status, a government leader at the time said:

Because it was not a hospital for one, and for two, it's considered a private clinic. In order for healthcare to be considered as it is now and not going toward privatizing, there was no need for [the Morgentaler Clinic]. The government certainly tried to do its job and to be careful not to be unjust with either side but this was totally impossible. The pro-choice side was a lot happier after access improved at the Health Sciences Centre. There was a need for that but there wasn't a need for the clinic. (personal interview)

At the time, the Deputy Health Minister, Reg Edwards, told reporters that abortion procedures at the Health Sciences Centre could double by the next year because

of the government's refusal to grant the clinic hospital status ("Abortion Expansion Funds Set," *The Winnipeg Free Press* 1983: 3).

Morgentaler's Court Case

It was clear from the onset that the Morgentaler case was going to be political. The trial became a means of influencing public opinion and political mobilization, and thereby represented a larger political goal. Both the pro- and anti-choice movements would try to use the trial to their advantage (Morton 1992: 43).

In November 1983, Morgentaler's charges of conspiracy to procure an abortion were heard. In December, Roland Penner dropped the conspiracy charges against Morgentaler. Borowski predictably demanded his resignation. Pat Soenen, League for Life's president, agreed and was reported to have said that the charges were dropped so that Penner could manipulate the legal system for the pro-choice position. Penner argued that he had dropped the charges so that "a substantive charge could be laid, rather than a conspiracy charge" (Goldstein 1983: 1, 4). One of my respondents called the incident a "terrible disaster" and said that the intention was to disable the case against Morgentaler. Another respondent thought that the decision had a different intention:

[Roland Penner] or his father actually said that conspiracy charges are used when one is lacking evidence or courage to attack the issue head on ... and then he lays conspiracy charges!

The issue upset Borowski, who argued that because Penner knew that Morgentaler did not perform the clinic abortions himself, that Morgentaler would be acquitted. Borowski, the leading anti-choice proponent, knew that in order to win his battle against the Morgentaler Clinic, he needed more political allies. Later that month,

Gary Filmon of the Conservative party allegedly accepted an offer from Borowski to support him in the next provincial election ("Borowski Offers Filmon Backing," *The Winnipeg Free Press* 1983). As you might recall, Zirakzedeh argued that the success of social movements often depended on their ability to partner up with government to implement social policies. As we shall see, Borowski's decision to do so helped the anti-choice movement in several incidents, providing support for Zirakzedeh's claim.

CHAPTER 6

SLOW MOVEMENT AND HEATED POLITICS: 1984-88

Between 1984 and 1988 both sides of the abortion movement were increasingly dissatisfied: the pro-choice movement over restricted access and government control and the anti-choice side over women gaining abortion rights. Each demanded state intervention. As we shall see, anti-choice activists turned to violence to have their demands met. The pro-choice side, under strict instruction from Morgentaler's lawyer, Greg Brodsky, abstained even from counter-demonstrations in front of the Morgentaler Clinic as part of a strategy to win over public support (Morton 1992: 154-155).

The work by the pro-choice movement was beginning to pay off, as more ministers and more MLAs voiced pro-choice opinions in provincial debates. Of course, this did not stop anti-choice ministers from refusing to co-operate with women's demands. In this chapter we also see the medical community continuing their hold on women's reproductive autonomy. Over the mid-1980s, there was increased involvement by church groups to restrict abortion access.

Resistance to the Women's Movement

In addition to the well-organized women's movement other interest groups began lobbying together for women's rights to abortion. Women from the Law Society, the university student's organizations, the Jewish community and within political parties joined the movement and worked to influence their groups from within.

Those women who were members worked hard organizing and lobbying the government from within. When we'd do letter writing campaigns, women in ministers' offices would ask us to remind people

to put their return address because they wanted to make sure that the ministers wrote everybody. (personal interview)

There were times, of course, when the main organization was opposed to choice, as occurred with the Federation of Labour. When a group of labour women from the Federation formed a committee to join the coalition, executives demanded that the women withdraw. The women involved were furious and denounced the Federation for prohibiting them from organizing on a woman's issue. The women knew that they would have an uphill battle with the organization (as it was mainly run by men) and said that they would form a separate group called Labour People for Choice. After a month of struggle, the Manitoba Federation of Labour agreed to support the decision. Ten years earlier, in 1972 at the 18th annual convention of the Manitoba Federation of Labour, Marva Smith had made a motion for the repeal of the abortion law. The delegates refused to discuss the issue and some even laughed at the suggestion. At that time, Smith was not able to change the minds of the delegates. A decade later, the Manitoba Federation of Labour was willing to take a pro-choice stand — evidence of how an organization can be changed by internal activism.

Similar situations occurred when the College of Physicians and Surgeons would not join the women's movement's struggle for increased abortion services. As a result of the College's reluctance, Doctors for Choice was formed.

When we couldn't get the big ones, we had women on the inside organizing. We had all kinds of little groupings. (personal interview)

As one woman involved with the movement told me, "Successful movements cannot only work on one level, you need several strategies" (personal interview). And they had. The movement worked on publicity in order to get their message across. They had

women from television and radio stations volunteer on media committees to raise money. In the mid-1980s, the group raised over \$100,000 by learning how to do direct mail campaigns, using a list of over 4,000 names. The mail campaigns always included information on what the groups were doing and how the money would be used (personal interview). The members went on speaking tours where volunteers talked about women's lives, birth control and the importance of educating young people. Public meetings with guest speakers were routinely held. At one meeting a panel of religious leaders was brought in to speak to people who felt that their faith prevented them from being pro-choice. The group also put together an all-day conference at the University of Winnipeg to talk about pro-choice as a moral, religious decision. Groups took out ads, negotiated with the government, did public education and activist work and brought in new support from a broad spectrum of organizations through demonstrations and marches. Their hard work, along with Morgentaler's decision to open up his clinic, created a climate where the topic of abortion was of central concern.

I couldn't go anywhere at that time without it being a topic of conversation ... and part of that energy came from Henry opening the clinic. (personal interview)

In January 1985, the pro-choice movement learned that their efforts were making a difference when they were notified that hospital abortions had increased by 35 percent. Simultaneously, a doctor in Grand Forks told the press that he had seen a 75 percent drop in the number of Manitoba patients who came to his clinic for abortions ("Hospital Abortions On Increase," *The Winnipeg Sun* 1985: 5).

Later that year, the Manitoba Action Committee on the Status of Women announced plans to put the abortion law on a cross-country trial with women who had

had an abortion as witnesses to show the government how restrictive the law could be. Approximately 150 people attended the conference at the University of Winnipeg to hear the testimonies of nine women speaking about their experiences with abortions (Mauthe 1986: 4).

In the spring of 1986, a report commissioned by the Status of Women Canada concluded that abortion laws in Canada were unfair and discriminatory. The national report, which urged for increased services, was praised by women's groups and dismissed as meaningless, elitist and biased by anti-abortion groups. Ellen Kruger was grateful that the study was an internal government document because she knew this added to its importance. After all, she and others had been urging the provincial government of Manitoba to set up freestanding health centres since the 1970s to no avail ("Abortion Reports Sparks Debate," *The Winnipeg Free Press* 1986: 3).

In October of 1986, a recommendation came from the Women's Agenda Conference to set up a chain of women's health clinics which would provide abortion on demand. The provincial NDP Status of Women Minister, Judy Wasylycia-Leis, announced that the provincial government would consider the recommendation. Provincial NDP Health Minister Larry Desjardins contradicted Wasylycia-Leis' announcement and was reported to have said it would never happen (Larry 1986: 8).

Many ministers with significant political power in Manitoba strongly disliked Morgentaler and, by this time, it was becoming clear that some segments of the women's movement also wanted to distance themselves from the Morgentaler Clinic. Many women felt it was preferable if abortion services increased elsewhere (personal

interview). Pro-choice groups did not abandon Morgentaler entirely and continued to urge the government to drop charges against him.

Borowski's challenge to the Supreme Court was approaching. A Saskatchewan judge discouraged the Canadian Abortion Rights Action League and the Canadian Civil Liberties Association from becoming active on the case and was reported to have said that this was because by supporting the current laws, they did not have anything to add. Ken Swan, chairman of the Canadian Civil Liberties Association, argued that his group had as much right to be involved as did Borowski (Sterdan 1987: 4). Borowski had initially introduced his challenge in May 1983 and in October 1983 the judge rejected Borowski's claim that the unborn child was protected by the Charter. Borowski decided to appeal and was more optimistic about his chances after having learned that the judge had accepted the evidence of the development of the fetus as fact. However, it would be years before the appeal case would be heard and, in the meantime, Morgentaler's Supreme Court case would be heard. As it turned out, the Morgentaler decision was decided before Borowski's appeal and, as we shall see, the Morgentaler decision would make Borowski's case irrelevant (Morton 1992: 133, 169-170, 253).

After the police raided the clinic, the Morgentaler Clinic was forced to switch its focus to counselling services and to general healthcare. Although the province had since dropped all the charges except those against Morgentaler, Dr. Scott and Nurse Lynn Crocker, the province was adamant about keeping the clinic closed.

Former PC Attorney-General Mercier, staunchly anti-choice, blamed Penner for applying laws on the Morgentaler case at his own whims. In an attempt to prove that Penner was to blame, Mercier directly asked the Attorney-General if the decision to drop

the “conspiracy to permit abortion” charges against Dr. Morgentaler was based on recommendations of his department and the law officers of the Crown, or if the decision was made on his own. Penner told the House that he made the decision himself, based on his responsibilities and within his legal duty. Penner added that his intervention was not personal, but made because he was responsible to do so. He said that he did not believe that anyone would have a problem with his decision since, “the evidence on the charges which will be dealt with are stronger than the conspiracy charge” (HF January 11, 1984: 5483-5484).

Mercier continued with this line of argument for months and in May went public with his accusations, fuelling the fire of anti-choicers (O'Brien 1984: 3). On another occasion, Mercier, always keen to stir up abortion debate in the legislature, asked Penner why he would oppose bail for people who repeatedly committed offences but not for Dr. Morgentaler. He went on to accuse Penner of giving Morgentaler special treatment. Penner responded that the case was unique because Morgentaler had faced prosecution four times and had been found innocent each time. After further prodding by Mercier, Penner said that he and his party were opposed to Section 251 of the Code because the issue of abortion should be between a woman and her doctor (HF May 2, 1985: 1506-1509). It is evident that Mercier, who was the Attorney-General before Penner, would stop at nothing short of having the charges against Morgentaler reinstated. As the former Attorney-General, he would have been well aware of Penner's responsibilities and limits therein, proving that his incessant accusations were more an effort to enrage members than to elicit results.

purchased by the government and taken over by the Winnipeg Regional Health Authority in 2002. Even before the private clinic was taken over, some surgeries were contracted out *by the government* to the clinic and these were paid for in full by the government of Manitoba (personal communication with associate of the Pan Am Clinic in Winnipeg, Manitoba August 15, 2005). What is more, to this day the Dauphin General Hospital remains a privately owned hospital under the Manitoba Corporations Act Registration (Paul 1991b). If the province's true concern was with surgeries being performed in private institutions, then there would have been a push to ban them in the Dauphin General Hospital. The issue has never arisen since its establishment in 1901.

On March 8, 1985, Don Orchard, the PC member from Pembina, asked the Attorney-General what he intended to do to stop Dr. Morgentaler from performing illegal abortions at his clinic, which was scheduled to reopen in two days. Penner reiterated his strong belief in the justice system: that everyone is innocent until proved guilty and that it was not his position to make a judgment outside of the judicial system. Penner said that the issue would be before the courts the next day, and that he would abide by whatever ruling would be made in the judicial process (HF March 8, 1985, 14-15).

Russell Doern of the Independent party (formerly of the NDP) was another politician who was an avid anti-choice advocate. Much like Mercier, his attention was habitually turned towards the Attorney-General. Doern, too, constantly accused Penner of failing to meet expectations, all of which were outside of his jurisdiction as Attorney-General. For example, he accused Penner of sitting idly by and not proceeding with the charges against Dr. Morgentaler when Penner's hands were tied because the case was taking place in Ontario. Penner rightfully argued that to hold a trial in Manitoba would be

Although feminists wanted Penner to reveal his pro-choice position, to do so would have jeopardized his position with the government and his ability to quietly assist the pro-choice movement. On the other hand, Penner announced that he would consider dropping the charges against Morgentaler in Winnipeg if the Toronto acquittal stood. However by December, Penner was still delaying the abortion prosecution despite the acquittal. Feminists were outraged. Suzanne Newman, then co-administrator of the Morgentaler Clinic, urged Penner to drop the charges and added that his actions were “disgusting” because it was well known that “abortions go underground when they aren’t legal or funded” (FitzGerald 1984: 1).

Resistance Within the Governing Party

According to *The Winnipeg Sun*, despite more MLAs accepting women’s right to abortion, an increasing number of NDP candidates openly opposed abortion notwithstanding official pro-choice party line. It was common for moralistic issues (such as abortion) to cut through every party. According to Morgentaler, a plausible explanation for this (and the reason why the abortion issue was on the backburner) was because three of the major parties in Canada were predominately comprised of Roman Catholics (Thampi 1984: 4). Morgentaler may have been correct. For example, Larry Desjardins often told the press that Morgentaler was not a target to lose his license. He was reported to have said that he was more concerned about the safety of Manitoba patients (thereby insisting that abortions be performed in hospitals) than with whether or not Morgentaler was breaking any laws (Graham 1984: 8). In direct contrast, surgeries were permitted at the Pan Am clinic in Winnipeg for eleven years before the centre was

irresponsible as it would unnecessarily cost Manitoba taxpayers between \$250,000 and \$500,000. With nothing else to retort, Doern said that regardless, the cost of doing nothing would open the possibility for violence (HF March 8, 1985: 14-15). On other occasions, Doern argued that Penner gave preferential treatment to Morgentaler and that he impaired the ability of his staff to function appropriately with regard to the Morgentaler Clinic because he publicly stated that he was pro-choice. He habitually accused Penner of incompetence and of avoiding his duties and asked the Premier to replace him. Penner, in response, would defend his right to have his personal views known, said that he was honouring the law and following his duties as Attorney-General and that he refused to overstep his boundaries (HF April 4, 1985: 603-604; HF April 8, 1985: 616; HF April 10, 1985: 737-738; HF April 16, 1985: 904-905; Thampi 1985b: 3). However when asked why his government had not approved the Morgentaler Clinic as a hospital, rather than take ownership, Attorney-General Penner told the press that changes had to come from the federal government.

Provincial NDP Deputy Premier Muriel Smith was reported to have said that the Health Department could have approved the clinic but that there was not complete consensus within the party. In an interview, a highly placed elected official at the time had this to say:

It wasn't party policy so much as where the cabinet was at, the elected people. Naturally they were disappointed the government didn't move. Many people were disappointed. Knowing Muriel, I know she was disappointed too. It's just that there must be solidarity, intense debate within, yes, but solidarity without. (personal interview)

Another example of preferential treatment for the anti-abortion side came in April 1985, when the federal government issued pro-lifers a tax-break for their work,

arguing that the organization was a charitable one. The Coalition for Reproductive Choice did not qualify for the same benefit (Roberts 1985: 1).

In March 1986, political candidates were polled for their positions on women's issues, including abortion. Charlie Bird, a Conservative incumbent, was reported to have said that the abortion question was "silly." Gary Filmon of the Conservative party told the press that he favoured the existing law and that his party would not legalize independent clinics. Opposition minister Sharon Carstairs of the Liberal party said that she favoured the extension of existing services where it was necessary but did not support independent clinics. Ian Band of the Liberal party reportedly announced that he wanted to tighten the system so as to ensure that no abortions were being carried out when the woman did not need one, "i.e., anyone who just happens to make a mistake." Ivan Merritt, of the Western Canada Concept party told the press that he thought a referendum should take place as he believed abortion was murder. Clancy Smith of the Independent party said that he thought too many abortions were occurring for psychological, social and convenience grounds (Bohuslawsky 1986: 2).

Pro-Choice Members Within the NDP

During their annual meeting in 1984, a number of members of the New Democratic Party planned to recharge the abortion debate. In 1983, the party adopted a resolution that reproductive health clinics be established across the province. As we have already discussed, Health Minister Larry Desjardins threatened to resign before implementing the clinics and when the issue came to a vote, a number of other cabinet ministers were also opposed. As a result, the government opted to improve abortion services within hospitals.

Unhappy with the results, seven members of the party wanted the NDP to re-implement the previous year's policy. They wanted to make sure that all areas of the province had access to abortion services and that any further legal action taken against Dr. Morgentaler be ruled unconstitutional. Another resolution by the group called on the government to take over and operate the Morgentaler Clinic (Stephenson 1984: 5). The resolution did not pass.

Later that month the NDP convention was held. On the question of the establishment of reproductive healthcare clinics, the delegates were forced to vote after only two delegates in favour of the clinic had the chance to speak. Since the opposition was given a fair chance to voice their position, the delegates who were fighting for the clinics were furious ("Railroaded Abortion Motion Sparks Outrage," *The Winnipeg Sun* 1984: 3). This time the NDP delegates voted in favour of publicly funded clinics, in favour of lobbying the government to repeal Criminal Code provisions dealing with abortion and in favour of making the provision of abortion services a condition for funding of hospitals. The elected government was being pushed to comply with party policy. Nevertheless, anti-choice forces still existed within caucus and counter-balanced the advancement; Desjardins again warned that he would resign if the government moved to implement the "free-choice" abortion resolution that was adopted ("Desjardins Vows to Resign if Abortion Stance Adopted," *The Winnipeg Free Press* 1984: 16).

In February 1987, the Attorney-General's department had to give up trying to prosecute anti-abortion activist Joe Borowski for a sign he painted on his health food store in an attempt to deter women from having an abortion. Borowski had adamantly fought against orders to remove the sign and found loop hole after loop hole around the

court's orders (Rollason 1987: 2). The mural was a painting of a cemetery with a caption over top that read: "Pro-choicers have a place for unwanted babies" and underneath: "but they can't live there: NO BABIES; NO FUTURE."

As was common for the NDP Minister Responsible for the Status of Women, on March 11, 1987, Judy Wasylycia-Leis¹ talked about women's under-representation in politics. She said that information and advice regarding the accessibility of all Manitoban women to the full range of reproductive healthcare was imperative. When she asked the Speaker how much time she had left, the Madam Speaker said, "The Honourable Minister has unlimited time." Women were finally being given respect in the House, at least by some members. She went on for a few minutes about International Women's Day and about demands for freedom of choice in all regards, but Gerrie Hammond moved, seconded by the member for River East, that the debate be adjourned (HF March 11, 1987: 275-281).

On May 1, 1987, Muriel Smith² said that the Manitoba Advisory Council on the Status of Women Act should be made permanent as they did a great deal of research on women's issues including the issue of reproductive choice. She urged members to support the legislation which would serve a variety of issues of interest for women. Former Conservative Attorney-General Mercier said that it was questionable whether the legislation towards women's liberation was really needed "because a piece of legislation by itself is not going to help women in society." He went on to claim that women who made the decision to stay at home and raise children should be given the utmost respect

¹ Wasylycia-Leis was the Minister Responsible for the Status of Women from April 17, 1986 to September 21, 1987.

² Smith was the Minister Responsible for the Status of Women from January 30, 1985 to April 17, 1986 and from September 21, 1987 to May 9, 1988.

“because they are raising the very future of our province and of our country, and in fact they do the best job” (HF May 1, 1987: 1555-1557).

The Medical Community

In May 1984, the Seven Oaks Hospital reinstated their therapeutic abortion committee. *The Winnipeg Sun* reported that they did so because the government would not give the hospital enough money to deliver babies, forcing the hospital to perform abortions instead, as this was the less expensive of the two procedures. This is not only an example of crass coverage of women’s reproductive autonomy but is also insensitive to the reality surrounding abortion. It curiously attempts to persuade the government to allocate more money to hospital births, so that they would ‘be able’ to perform fewer abortions. The argument has no basis in reality because the number of women who chose to carry their pregnancies to term would not be affected by the Seven Oaks Hospital’s decision to only perform abortions.

Then in June 1984, the Seven Oaks Hospital refused to meet with anti-choice advocates. Dawna Kroeker, the head of the Seven Oaks Citizens Committee Against Abortion was refused entry to show the board the signatures of 532 people who signed her petition against the hospital’s decision to perform abortions (“Hospital Board Refuses to Meet Abortion Foes,” *The Winnipeg Free Press* 1984: 2).

After months of setbacks Morgentaler was finally reinstated with a Manitoba medical license in March of 1985, but was denied a permit to perform abortions. Morgentaler’s license renewal brought the resignation of the president of the College of Physicians and Surgeons of Manitoba, Dr. Frances Doyle (a known Catholic). Dr. James

Morison of the College defended the renewal, saying that the panel acted in accordance with regulations (Thampi 1985a: 3). It was at this time that the Manitoba Physicians for Reproductive Choice asked that police raids end as they jeopardized the sterile conditions of the clinic and put patients at risk for infection (“Borowski Plans Law-Breaking Protest,” *The Winnipeg Sun* 1985: 3). This genuine outpouring of concern for safety standards was a long-time coming, although it should have been expected much earlier from the College of Physicians and Surgeons.

The Morgentaler Clinic

On March 23, 1985, the League for Life lost their fight to keep the Morgentaler Clinic closed when Justice Guy Kroft rejected their bid. Ruth Corobow, who worked for Morgentaler, announced that the clinic would see women the next day. The League for Life planned a protest.

As could be expected, two days later the police raided the clinic, bringing the total raid count up to three. When police escorted Morgentaler out of his clinic he was greeted by protesters from the Springs of Living Water Church and students from the Catherine Booth Bible College who were yelling “Baby Killer!” and “Dirty Butcher!” (“I Have to Obey Law, Penner Says Sympathies Are With Pro-Choicers, Attorney-General Tells Them,” *The Winnipeg Free Press* 1985: 4). Morgentaler was charged with three counts of procuring an abortion bringing the total number of charges to four (Chronology of Court Cases: Dr. Morgentaler and Others 2002).

After the police raid, about 200 protesters went to protest against Roland Penner at his home. Penner responded to allegations by both the pro- and anti-choice side by

saying that he had to obey the law. More than 300 people at the legislative building chanted and sang in support of the clinic's reopening and in protest of the latest (the third) raid of the Morgentaler Clinic (Marlin and Goldstein 1985: 1). Penner told the press that his decision to not stay charges against Morgentaler had created a great deal of controversy both within caucus and by pro-choice activists. In his own defence he explained: "Morgentaler said that he planned to perform an abortion in Winnipeg the following week despite the raid and the possibility of additional charges." He said that the only problem was that the police had confiscated his equipment, which was unnecessary since he admitted to performing abortions and the equipment was not needed for evidence (Graham 1985a: 3).

Ellen Kruger, the chair of the Coalition for Reproductive Choice, chastised the police and the provincial government for letting the raid occur³ ("I Have to Obey Law, Penner Says Sympathies are with Pro-Choicers," *The Winnipeg Free Press* 1985: 4). Despite allegations made by some feminists who thought that it was a mistake for Morgentaler to open the clinic (Graham 1985a: 3), Morgentaler helped, rather than hindered the cause. Morgentaler provided access to a service which women went to great lengths to attain. What is more, he simultaneously forced the government to acknowledge the need for increased services. On the other hand, as Attorney-General Penner was reported to have said when Morgentaler opened the clinic, it "turn[ed] attention away from the issue of choice to the issue of himself" (Aggerholm 1985c: 1).

Borowski was happy with the raid and told the press that he would stop breaking the law. Nonetheless, he continued to demand Penner's resignation for siding with law-

³In retrospect, the police raids did serve to muster an unprecedented amount of public support for the women's movement. "That did it, it just snowballed up and up and up and you had people who never would have joined join because they were so angry about the way women were treated" (personal interview).

breakers⁴ (Williamson 1985b: 2). Following the raid, Premier Howard Pawley told the press that he favoured the existing law and that he would try to improve access within the existing system (Aggerholm 1985d: 4).

In late March, Morgentaler told the press that his pending charges would not prevent him from operating the clinic. The equipment that was seized from his Corydon clinic during the raids was replaced by his clinics in Montreal and Toronto (Muir 1985a: 5). On March 29, 1985, the Manitoba College of Physicians and Surgeons suspended Morgentaler's license to practice medicine. Morgentaler said that he would perform an abortion at his clinic the next day irrespective of the suspension and announced he would appeal the College's decision. Through all of the actions against the clinic, it was very clear that the College had great disdain towards Morgentaler.

Pat Soenen of the League for Life was reported to have said that Morgentaler's decision would add more weight to their case. The Coalition for Reproductive Choice defined the College's decision to suspend Morgentaler's license to be a political statement. Donna Singbell of the Coalition for Reproductive Choice said that she would hold a rally to protest the College's decision, the police raid that happened the week before and the one that she expected would occur ("Morgentaler Loses Licence: Abortionist Vows to Resume Clinic Operations Today," *The Winnipeg Free Press* 1985: 1). As expected, the Morgentaler Clinic was raided again, bringing the count up to four raids. Ellen Kruger of the Coalition for Reproductive Choice declared that the police actions were no longer the normal enforcement of the law.

Morgentaler was now growing impatient and demanded the resignation of Attorney-General Roland Penner. In defiance of the province's laws and orders he

⁴ It has to be deduced that Borowski meant *pro-choice* law-breakers since he had just openly broken the law.

announced that he would perform a scheduled abortion in the beginning of April. Both pro-choice and anti-choice supporters were present during Morgentaler's interview. Pro-choice supporters were chanting in support of Morgentaler while anti-choice activists were yelling "Baby-killer" and "Butcher" (Graham 1985c: 3). Morgentaler's lawyer was threatened with criminal charges for aiding and abetting in an indictable offence. It was at this time that Morgentaler was reported to have said that he was willing to abandon one of his strongest principles for the sake of having his clinic accredited. He would agree to have a panel of three doctors approve a woman's abortion if it meant his clinic could legally open. He admitted that he did not think it would make a difference to Health-Minister Larry Desjardins, who Morgentaler said, "places his religion above the rights of women" ("Willing to Compromise," *The Winnipeg Sun* 1985: 3).

As Morgentaler predicted, the Manitoba government remained firm in its refusal to license the clinic. Health-Minister Desjardins defended the decision by allegedly saying that there was not any proof of anyone having to go to the United States for an abortion (Cox 1985: 1). The Winnipeg police warned Morgentaler against reopening his clinic and told the press that they would be tougher on him should he decide to do so (Cox 1985: 4). At the end of May, 1985, abortions were further put on hold at the Morgentaler Clinic. The College of Physicians and Surgeons won a minor battle in its legal war against Morgentaler when Queen's Bench Justice James Wilson ruled that the clinic would remain closed until all court proceedings were over. The College refused to reinstate Morgentaler's license unless the court called the clinic a hospital and the requirements of the therapeutic abortion committees were met (Williamson 1985a: 5).

Morgentaler was reported to have said that the Winnipeg Police Department was the most dogged, disruptive and destructive in Canada. Morgentaler also accused The Manitoba College of Physicians and Surgeons of being the worst in Canada (Graham 1985b: 3; "Morgentaler Assails City Police as the Most Dogged, Disruptive" *The Winnipeg Free Press* 1985: 4). In late July, 1985, Morgentaler sought a licensing approval from the College of Physicians and Surgeons for his abortion clinic to operate as a non-hospital, surgical facility. He announced that it was one thing to stop him from running an unlicensed facility but another to stop him from running a licensed one.

Morgentaler admitted that part of the reason he was applying to have the clinic approved was to see if the College would act in good faith. He told the press that he was trying to prove that even if he had applied prior to performing abortions in the Corydon clinic, the College would have denied the clinic anyway ("Morgentaler Plans to "Call Bluff,"" *The Winnipeg Free Press* 1985: 3). When the doctors from the College agreed to inspect the Morgentaler Clinic, anti-choice demonstrators paced outside hoping for a denial (Aggerholm 1985b: 3).

In the meanwhile, in late October 1985, *The Winnipeg Free Press* printed a letter written by Dr. James B. Morison of the College of Physicians and Surgeons of Manitoba that defended the decision not to approve the Morgentaler Clinic. It explained that one of their precedents was that surgical procedures performed outside of hospitals only be performed by persons who were competent and that they be carried out under circumstances that protected the well-being of the patient. The letter said that since Dr. Morgentaler did not hold a current license (it was finally reinstated March of 1985, but revoked by the end of the month) or a hospital appointment he could not be approved as

director of the clinic. The letter said that the reason Morgentaler did not hold a current license was because he chose to not recognize the College's authority. This letter is indicative not only of the medical community's drive to be the final arbiter over health matters but also of a power struggle between the College and Morgentaler (Jacobs 1985: 4).

After much delay and activity on the parts of the pro-and anti-choice forces, Morgentaler won his case against the College of Physicians and Surgeons on February 18, 1986. Justice Peter Morse struck down the College's decision because they did not let Morgentaler argue his case before they ruled against the clinic (Jacobs 1986: 3). As a result, Morgentaler decided to reapply to have his clinic approved as a hospital under a different doctor who would function as clinic director ("Morgentaler to Reapply Under Another MD's Name," *The Winnipeg Free Press* 1986: 3).

Even though many people in Manitoba agreed with the government's position that medicine should be socialized (i.e. public and not-for-profit), many saw the Morgentaler Clinic as a necessary step until another facility was available. The much needed Morgentaler Clinic as a private, non-profit centre was better than no centre at all (personal interview).

Anti-Choice Activities

During this time period, anti-choicers continued their efforts to oust Morgentaler and to put an end to abortion. In addition to public acts such as marches and demonstrations, they added new strategies which they believed would stop women from aborting. An ad sponsored by Couples for Open Adoption offered women money if they decided not to

abort ("Ad Looks Legal," *The Winnipeg Sun* 1984: 6). In desperation, the anti-choice forces also began using threats of violence to persuade politicians to concede to their demands (Aggerholm 1985e: 3). In November 1984, Borowski wrote Morgentaler a threatening letter which was reported to have said that he would be harmed if he returned to Manitoba (MacKenzie 1984: 3). It was around this time that someone fired a shot through the back window of Morgentaler's lawyer's car and through the front door of his house (Morton 1992: 155).

In March 1985, Joe Borowski urged citizens to protest the clinic's reopening by "sensibly" breaking the law. Borowski told the press that he would not picket the clinic because it had proven ineffective in the past, but he did encourage members of the Alliance Against Abortion to join the Christians Against Abortion who were doing so. Many political leaders accused Borowski of acting irresponsibly. Other activities included protests for human rights, "especially the rights of the youngest members of the human family" (Manitoba Pro-Life 1985: 14), injunctions against the clinic and the perpetual faulting of Attorney-General Roland Penner. These tactics seemed to attract new members. In February, the League for Life held its annual meeting and announced that it had the largest local turn-out since its founding (Aggerholm 1985a: 4; 1985e: 3). As was common for the group, the League for Life released a newsletter in April 1985, which announced that abortion would be a key issue in the upcoming election. It said that people who believed in human rights would be anti-choice if they knew the truth about abortion. The group commonly encouraged people to watch 'The Silent Scream' in order to get the facts on abortion (Manitoba Pro-Life 1985: 3)

In April 1985 the anti-choice movement was still attracting support from the medical community. Dr. Morison of the College of Physicians and Surgeons sent the League for Life a letter that contained "private & confidential" material. That the College had private and confidential correspondence with the League for Life indicates a possible allegiance. According to social movement theorists, this would be a very good strategy on the part of the anti-choice movement because the resource-rich medical community is a respected institution that could attract future members (Manitoba Pro-Life 1985: 5).

The Church/Religious Power

The Roman Catholics of Winnipeg announced in March 1985 that they would commence prayer services against abortion. Adam Exner, the head of the Roman Catholic Archdiocese, told the press that Winnipeg Catholic leaders had called for an abortion protest at the legislature at the beginning of the month (Muir 1985b: 2; O'Brien 1985: 1). Mary Lamont of the League for Life was reported to have said that the Catholic Church's support was very welcome and criticized other churches for failing to issue similar appeals against abortion.

Most anti-choice activists claimed strong religious views, which fuelled their campaign against abortion. For example, it was common knowledge that Larry Desjardins was Catholic. Morgentaler strongly believed that this explained his unwillingness to allow his clinic to operate. As noted earlier, Morgentaler once said that Desjardins "places his religion above the rights of women" ("Willing to Compromise" 1985, *The Winnipeg Sun*: 3).

There were however, varying levels of opposition amongst the various sects of Christian Churches in Manitoba. For example, Walter Jones, an Anglican Bishop of Rupert's Land, told the press that he supported the Roman Catholic Bishops but refused to march with them in their protest in March. He said that he believed in the fetus' right to life but also in a greater availability of birth control and counselling for unwed mothers. Reverend Bob Hamlin, the president of the Manitoba and the North-Western Ontario conference of the United Church of Canada, was reported to have said that he supported the Canadian abortion law as it stood and added that some people's quality of life was "nothing to jump in the air about either" (Aggerholm 1985a: 4). The primate of the Ukrainian Orthodox Church of Canada, Wasyly Fedak, told the press that although he believed abortion was murder, he would not take part in the march as he felt it was unnecessary.

The Jewish community was also divided. Rabbi Tracy Guren reportedly said that she believed all human beings were viable at the moment of birth and supported a woman's right to abortion if her life was in danger, if the fetus was known to have a crippling abnormality or if the woman had become pregnant as a result of rape or incest. Rabbi Guren also told the press that she would attend the march.

In the end, 3,000 people joined the march against abortion on March 7, 1985. The marchers, led by Catholic bishops, were seeking to persuade Penner to grant an injunction that would prevent Morgentaler from carrying out his intentions to reopen the clinic. Morgentaler questioned why the church was upset with him when hospitals also performed abortions and called for a meeting with church leaders (Aggerholm 1985a: 4). Then on March 9, seventy anti-choice demonstrators from Christians Against Abortions

(affiliated with the Springs of Living Water Church) picketed at the Health Sciences Centre (Johnson 1985: 11).

The Media

As already mentioned, media coverage was clearly anti-choice in the early days of the struggle for abortion access in Manitoba. Although a shift was beginning to appear,⁵ anti-choicers continued to receive much sympathetic publicity. A possible explanation is that their activities were, for the most part, more attention-grabbing than the pro-choice activists. After all, the majority of Manitobans were pro-choice, according to polling. Another possibility is money. Pro-life forces had generous funds and it was common for them to take out ads to publicize their views. For example, CKY television ran six weeks of ads for the League for Life that were publicized in Winnipeg, Brandon, Portage La Prairie and Dauphin. The costs associated with the ads were covered by pro-life supporters through media funds (Manitoba Pro-Life 1985: 9).

Very important, however, is the effect that such media coverage had on the public. The vast majority of Canadians were well aware of both sides of the debate as it was by then a prominent feature of Manitoban law, politics and discourse and it can only be deduced that the ads served to insult, enrage and anger the public. It can also be argued that the pro-life ads, along with Borowski's moralistic crusade, hindered rather than helped the pro-life cause.

I think that in a sense the anti-choice organizations were very successful in intimidating the government, doctors and hospitals and in the final analysis, the majority of Canadians. Did this work in the long run? No. (personal interview)

⁵For example, in April 1986, the Manitoba Telephone System refused to publish a pro-life ad in their directory that was placed by Joe Borowski.

CHAPTER 7

A PRO-CHOICE VICTORY (ONE PART REAL, ONE PART SEEMING...)

AND THE AFTERMATH:

1988-2005

This chapter focuses on the Supreme Court decision of 1988 and the implications that it had for women and for abortion services in Manitoba. Although the change in the law had the potential to be liberating, it also permitted provinces to keep intact the barriers to women's access. This chapter documents strong shifts that occurred in Canada in terms of the abortion debate, especially in terms of a shift in public perception of abortion and a growing intolerance of anti-choice views. Pro-choicers, who were once seen as the moral minority and who were stigmatized for their 'liberal' views, became the moral majority. Nevertheless, in this chapter we learn that what was at first seen as a victory for the pro-choice movement proved to require ongoing struggle. It would not be until 2004 that the women's movement's demands would finally be met in Manitoba, when the NDP government agreed to fund the Morgentaler Clinic (which by then had been sold to a group of women and changed its name to the Jane Clinic).

It is important to note that the NDP government was defeated in 1988 by the Conservatives under Gary Filmon.¹ Ten years later, Filmon's government was defeated by Gary Doer's NDP in 1999. The NDP Doer government is now in its second term. It was anticipated at the onset of this project that the change in government would have significantly altered relations with the Morgentaler Clinic, the women involved in the women's movement and access to abortion services in general. Surprisingly, the shift from an NDP to a Conservative government and back again did not have a noticeable

¹ Borowski's promise to support the minister appeared to have paid off.

effect on Manitoba's abortion situation. The only thing that the Conservative government did to worsen an already grave situation was to stop providing the doctors' fee at the Morgentaler Clinic (Canada Newswire 2001). This finding does not indicate that politics and/or government do not matter; it does indicate, however, that the political process is complex and in this instance, other factors played a more important part than did the official party line.

During this time, the NDP began voicing pro-choice rhetoric much more publicly than they had done while in power. The party showed support for women's right to abortion by urging the province to expand services (CARAL 1999). It seems that when not obliged to be the ones to make it happen, the NDP were pro-choice and pro-women. Had the NDP government given the women of Manitoba all that they had promised at the onset of their first term in government, then we might have seen cutbacks when the Conservatives came into power. However, with the situation being as it was (i.e. Morgentaler and the government at logger heads since the idea to set up a clinic in the province was introduced), this was not the case. An additional factor was timing. By the time the Conservatives came into power in 1988, it would have been political suicide for them to further set back what was already considered a disgraceful situation. Abortion was widely accepted by then and the Conservatives were aware of this fact. Had the party been in power fifteen years prior, Manitoba's history might have been much different.

By the late 1990s, the abortion issue had quieted dramatically. Articles in newspapers became few and far between, as did records left by the movements who fought so ferociously during the 1970s and 1980s. Although a significant drop in media

attention occurred, there was a noticeable shift in pro-choice coverage. One of my respondents from the anti-choice movement indicated:

We had a huge movement through the 1980s and won this issue in the first instance. We haven't been lobbying or hassling them to the same extent because the issue went back to sleep.

Another had this to say:

Those that believe in life haven't quit, we're just not as visible. [I]t's not in the public eye and a lot of our work now has a lot to do with human life and the question of euthanasia and less on the abortion question.

Young women who were not involved during the initial struggle are unaware of what women in Manitoba went through to acquire today's access to abortion services. This is important because the victory is fragile and without awareness, it could be lost. As we will see with the Jane Clinic and the resurgence of anti-choice forces such as 'Silent No More,' women's rights vis-à-vis abortion remain precarious.

A Pro-Choice Victory

On January 28, 1988, Dr. Henry Morgentaler and his supporters celebrated a victory after their twenty year battle against the law restricting access to therapeutic abortions. The Supreme Court of Canada had just ruled that the law requiring permission from a hospital panel for an abortion violated Section 7 of the Charter of Rights and Freedoms. The abortion law was declared invalid and Drs. Morgentaler, Scott and Smoling were acquitted. It was now up to the Mulroney government to decide what new abortion legislation, if any, would be enacted (Morton 1992).

Chief Justice Brian Dickson wrote the judgement, which was supported by Justices Antonio Lamer, Jean Beetz, Willard Estey and Bertha Wilson. Wilson was the

only judge who complained that the grounds on which Dickson struck down the law were such that the procedure (rather than the law itself) was the problem. She found this problematic as it was left open for Parliament to re-enact a new abortion law that took into account the objections as to the procedure (Brodie, Gavigan and Jenson 1992: 127). After learning of the differences of opinion, the *Winnipeg Free Press* asserted that “instead of having their debate settled, the consensus yesterday was that the ruling simply increases the likelihood it will become a political issue” (Douglas 1988b: 4).

Differences of opinion were temporarily forgotten when news of the decision spread throughout Canada. In Winnipeg, euphoria reigned at the Morgentaler Clinic. The clinic’s phones rang with congratulations and requests for appointments. Pro-choice advocates told the press that they would begin work immediately to implement the new right that women had won. Morgentaler told the press: “I’m filled with joy and emotion at the fact that finally after twenty years of struggle Canadian women across the country have won the right to decent, safe medical abortions wherever they are. Bravo for the Supreme Court of Canada. Bravo for the women of Canada” (Douglas 1988b: 4). Ellen Kruger echoed him, saying, “It has been said that a measure of democracy of a nation is reflected in how its women are treated. Our courts today have ruled with the utmost respect for the dignity of women and their right to independence. Today, I am proud to be a Canadian woman” (Comeau 1988: 1).

Members of pro-choice organizations were reported to have said that they would begin lobbying the government for more money to spend on family-life education, counselling and support for those seeking an abortion or birth control counselling. Perhaps most importantly, money would also be spent on freestanding clinics so that all

women would have access to abortions (“Court Decision Thrills, Chills Opposing Sides,” *The Winnipeg Sun* 1988: 5). Ellen Kruger asked women on both sides of the debate to put aside their past differences and direct energy toward providing better childrearing supports.

The mood was sombre for the opposition. Anti-choice supporters saw the problem as a right to life issue and childrearing supports were the last thing on their mind after the Supreme Court ruling. Pat Soenen compared the decision to the one made during the time of slavery in the United States which ruled that blacks were the property of their owners. Anti-abortion leaders vowed to keep fighting and to pressure the federal government for laws that would protect the unborn. Joe Borowski told the press that he was so shocked after hearing the decision over the radio that he almost drove off the road (Douglas 1988b: 1, 4). Laura McArthur, president of the Right to Life Association of Toronto said that the decision had stripped the movement of all its defences for the unborn. She would soon find out that this was not in fact true and that although this battle was lost, the war would continue (Douglas 1988b: 1, 4).

Joe Borowski

Two days after the groundbreaking Supreme Court decision, Joe Borowski announced that pro-lifers were planning to turn to violence. While he personally did not advocate or condone this decision, he claimed that there were times when such actions were justified. Borowski admitted that he had been contacted in 1985 by two different men who offered up to \$20,000 to anyone who would kill Morgentaler (Cantin 1988: 5).

In February, Borowski announced that he was considering forming a new political party so that anti-choice forces would have a political voice (Stephenson 1988g: 3). To this end, he said that he was working to forge an alliance with the Conservative government through his allegiance with Gary Filmon. He told reporters that this was dependent on a meeting with MPs, MLAs and representatives from the League for Life, the Alliance for life and the Alliance Against Abortion scheduled the second week of February 1988.

Anti-choice forces were manoeuvring so that the Borowski case would be postponed until a new law existed, at which point his case would fight against the new abortion law. Such actions were well outside the law's normal parameters. What is worse, the Chief Justice decided that he would hear the motion to postpone despite it being put forth *in private* by the Governor General of Canada, Ray Hnatyshyn, without input from women's groups (Morton 1992: 257-258). Thankfully, groups in Toronto were able to leak this information to the press and as a result, the public (as well as several unlikely Members of Parliament, namely, anti-choice Conservative party members) was outraged. Hnatyshyn unsuccessfully tried to explain his actions and denied having a bias in either direction. However, the damage caused by his underhanded actions was done and, in the end, it was decided that the case would go on as scheduled (Morton 1992: 260).

In July, the Supreme Court of Canada refused to postpone Borowski's case on the constitutional rights of the unborn and his demand that the government pay for the costs of his appeal (Douglas 1988a: 1, 4). Pro-choice forces were stunned that the case was not thrown out entirely. They anticipated the case would be thrown out of court since the law that he was disputing no longer existed. They anticipated the case would be thrown out of

court. Borowski was pleased because he saw his case as a fight *for* the rights of the unborn rather than a fight *against* any law, and the government's attempt to elbow him out of court was thwarted (Morton 1992: 263, 266).

Not only was the case going to be heard, but the Supreme Court was allowing exceptions which seemed to favour Borowski. For example, REAL (Realistic, Equal, Active, for Life) Women asked the Supreme Court for a hearing even though their affidavit came six months after the final filing deadline. The Supreme Court bent its rules to accommodate the extremely traditional and right-wing pro-life supporters (Morton 1992: 254). In the end, the Supreme Court decision came five months later. In March 1989, the Supreme Court of Canada refused to rule on Borowski's claim that fetuses had a constitutionally guaranteed right to life. It announced that in the absence of a law on abortion, making a judgement would be the equivalent of directing the government as to what law it should enact and this would be outside of the Court's authority (Morton 1992: 271; A History of Abortion in Canada 2002).

The Church

The Catholic Church was outraged with the Supreme Court decision of January 28, 1988. Catholic leaders urged parishioners to protest the ruling. Priests in at least thirty city churches read a letter written by Winnipeg Archbishop Adam Exner calling for a protest against what was happening to the unborn, and urging congregation members to write letters to Prime Minister Brian Mulroney and to their MPs. In April 1988, Exner urged voters to consider candidates' stand on abortion when they voted. He told the press that the Catholic Church regarded abortions as an unspeakable crime ("Archbishop Urges

Catholics to Cast Vote Against Abortion,” *The Winnipeg Free Press* 1988: 28). In May 1993, Exner urged Roman Catholic healthcare workers to oppose abortion more actively and to take a more concrete stand for their faith and conscience. Exner was clearly trying to evoke interest among nurses and doctors.

The Christian Heritage Party² urged the federal government to ban abortion unless the woman’s life was at risk. Russ Adey, the spokesman for the group, told reporters that the Supreme Court’s decision could lead to anarchy, while the St. Vital Catholic Church and the Church of the Way told the press that they would hold prayer services (Stephenson 1988d: 3). The anti-life forces still believed in the power of the church to help the movement. In February, Anna Desilets urged parishioners to write letters to the provincial government to encourage them to stop allowing abortions (FitzGerald 1988: 1).

Anti- and Pro-Choice Activities

Anti-choice activist Pat Soenen claimed that the League for Life was stronger than ever and had thirty to forty new members each day as a result of the Supreme Court’s decision. Anna Desilets of the Alliance for Life said that they were continuing their telegram and letter writing campaign to the Prime Minister (Stephenson 1988e: 3). On April 20, a pro-life group polled election candidates and set up a hotline so that the public could find out where candidates stood on the abortion issue (Pollett 1988: 4). It is interesting to note that despite the anti-choice activists’ perseverance to discover

² This is Canada’s only pro-life, pro-family federal political party with a religious mandate. The party came into being in 1986 (communication with personnel in Ottawa, Ontario on January 29, 2006).

politicians' stand on abortion, abortion was not an issue in the 1988 national election.³

The anti-choice movement also continued to protest at the Morgentaler Clinic and hired an American consultant who trained sidewalk protestors how to try to convince pregnant women not to have an abortion (Olijnyk 1988: 1, 4).

As for the pro-choice movement, after the Supreme Court decision of January 28, 1988, Lynne Bingham of the Coalition for Reproductive Choice said that she wanted the province to build freestanding clinics and to cover the costs of abortions that would be performed there (Priest and Paul 1988: 4). Although supportive, Jennifer Cooper, the Executive Director of the Women's Health Clinic said that she could not imagine who would pick up the responsibility. She told the press that the Women's Health Clinic could not offer women abortions as they did not have surgical facilities (Stephenson 1988b: 5).

Then in April 1988, almost as soon as the women felt a victory, Jane Bouvard of the Fargo-based Women's Health Organization told the press that despite the Canadian abortion law being struck down, Winnipeg women were still being forced to cross the border because of lengthy waiting periods (Paul 1988b). It suddenly became apparent that the struggle was not over.

Politicians

Charges against Morgentaler, Scott and nurse Lynn Crocker were dropped after the Supreme Court decision. The new provincial Attorney-General of the NDP (from September 1987 to May 1988), Vic Shroeder, announced: "As of now, abortion is between a woman and her doctor" (Stephenson 1988c: 5). NDP Health Minister (from

³ Only 0.8 percent of the electorate cited abortion as the most important issue. In fact, abortion has not been listed as one of the most important election issues since 1974 (Tatalovich 1996: 22-23).

September 21, 1987 to May 9, 1988), Wilson Parasiuk, announced that abortion should be a matter between a woman and her doctor and that he would write to hospitals to have therapeutic abortion committees disbanded. Suzanne Newman of the Morgentaler Clinic told the press that she wished Parasiuk would help women who were in immediate need of abortions (Flood 1988: 1). Liberal leader Sharon Carstairs told reporters that she supported the abolishment of therapeutic abortion committees but added that provinces should require counselling for every woman who had an abortion. Many Manitobans remained upset over the government's ongoing refusal to fund the Morgentaler Clinic.

Although the government had said that it would pay doctors for performing an abortion in a hospital or in an approved clinic, Health Minister Wilson Parasiuk told the press that the government preferred that these services be provided in community-based, non-profit health facilities. According to a *Winnipeg Sun* article of February 11, 1988, the Manitoba government had paved the way for community health centres to do abortions, but was reported to have said that it would be a long time (if ever) for that to happen (Stephenson 1988b: 5). The Liberal party was aware of this issue, as evidenced by their campaign platform indicating that they would fund freestanding clinics if elected. The Liberals were treading lightly. Leader Sharon Carstairs announced that she would increase welfare payments to help women carry their pregnancies to term, appealing to both pro- and anti-choice supporters.⁴

Not every politician was happy. In February 1988, the provincial conservative caucus told the press that they wanted the NDP government to restore the old abortion law under the notwithstanding clause. Don Orchard of the PC party said that in absence

⁴ That a politician would advocate increased welfare payments, which equates to raising taxes in a campaign platform, shows just how critical the abortion issue was in Manitoba.

of the law, an abortion could presumably be done at eight months gestation. He also told the press that the province should not allow abortions in clinics and should continue with the therapeutic abortion committees. He stressed that he wanted to pressure the province to work with Ottawa to reinstate the previous abortion laws (Benham 1988: 3). PC MLA Albert Driedger agreed, saying that people were not happy with the present NDP government and accused it of being "morally bankrupt." He blamed the previous Minister of Health for stepping down, arguing that if he had not, the present one would not have jumped in to say that the government would allow abortion on demand. He finished by saying that the government had lost a lot of respect over the issue, as was evidenced by the many letters he had received on the issue (HF February 19, 1988: 167).

Right before being elected as Premier, PC member Gary Filmon declared that he believed that the federal government should override the Charter of Rights and Freedoms and make therapeutic abortion committees legal again so that there would be some protection for the unborn. Filmon told the press that Parasiuk's policy amounted to taxpayer abortion on demand (Benham 1988: 3). Filmon submitted to the anti-choice side in March of 1988, allegedly vowing to close the clinic if his party became the next provincial government (Stephenson 1988a: 5). Despite the fact that the Tory election promise to only fund hospital abortions would be in violation of the Canada Health Act, when the party did come to power in May of 1988, PC Health Minister Don Orchard announced he had no fears of defending his government's restrictive abortion policies in court (Paul 1988a).

It is ironic that the Conservative party was more antagonistic toward the clinic than the New Democratic Party. From the perspective of private enterprise,

Conservatives have always been more supportive of privatization than the NDP, suggesting that the issue had more to do with abortion and what abortion meant for society than market values. But what was it about the clinic that the NDP government held in such disdain? Was it that the clinic offered women abortions and, in turn, the benefits associated with reproductive freedom? This seems unlikely because the NDP had traditionally been receptive to women's liberation and rights. Was it perhaps that the government was furious that Morgentaler defied it time and time again, making the issue one of power and machismo? If this latter proposition is correct, it is no better than the former, since pride and power became more important than women's access to abortion services.

The Medical Community

After the Supreme Court ruling of 1988, constitutional law specialists were reported to have said that the ruling did not require the provinces to pay for non-therapeutic abortions. They also said that the ruling did not require hospitals to provide non-therapeutic abortions or to ensure that everyone had the right to publicly funded abortions at publicly funded hospitals (Stephenson 1988d: 3).

On January 30, 1988, the directors of the Health Sciences Centre, the Seven Oaks Hospital and the Victoria General Hospital told the press that they would consult legal counsel before disbanding abortion committees (McFarland and Lyons 1988a: 3). Dr. James Morison said that doctors and hospitals would continue to follow the established medical guidelines. The Manitoba Medical Association agreed with the Canadian Medical Association by saying that abortions should be done in hospitals or clinics under

hospital control but that committees were not necessary (FitzGerald 1988: 1). Although it was obvious by these last statements that doctors wanted to retain control over medical procedures (including abortion), this did not mean that therapeutic abortion committees were required to ensure this end. In fact, therapeutic abortion committees were also a means of government control.

In mid-February, 1988, the Brandon General Hospital, the Portage District General Hospital, the Victoria General Hospital and the Health Sciences Centre abolished their therapeutic abortion panels and decided to leave the matter between a doctor and the patient. Unlike the other hospitals, the Health Sciences Centre did not limit this decision to first trimester abortions and told the press that second opinions for second trimester abortions would not be required (Simon 1988: 3). Abortions in the third phase, or after twenty-four weeks gestation, would only be allowed if the mother's health was in danger or if the baby could not be carried to term. The approval of two doctors would be necessary. As expected, Pat Soenen of the League for Life was appalled by the decisions (Lawrence 1988: 6).

On February 18, 1988, Dauphin's General Hospital voted to retain their therapeutic abortion committee and warned that it would discipline doctors who disobeyed their decision. This decision left the Dauphin General Hospital the only one with a committee.⁵ Greg Brodsky and Ellen Kruger were reported to have said that the board would create hardships for women, contradicting the Supreme Court decision that therapeutic abortion committees were unfair and should be removed. Finally, in late

⁵ This is perhaps not surprising considering that it was not until 1971 that Dauphin, Manitoba ceased to fire its female civic workers upon marriage (Canadian Research Institute for the Advancement of Women 2000).

March of 1988, the Dauphin General Hospital also abolished its therapeutic abortion committee ("Hospital Scraps Abortion Panel," *The Winnipeg Free Press* 1988: 2).

Dr. Jack Armstrong, the president of the Manitoba Medical Association, told the press that the issue of disbanding the committees raised serious ethical questions because the question of whether or not abortions could be conducted beyond the first trimester had not yet been addressed. He added that the Manitoba Medical Association did not have strict requirements except those that were laid out by the Canadian Medical Association and the College of Physicians and Surgeons.⁶

In the beginning of March, the Morgentaler Clinic got the stamp of approval from the College of Physicians and Surgeons to perform abortions, so long as abortions took place within the first fourteen weeks of pregnancy and the clinic employed doctors with admitting privileges (Stephenson 1988f: 4). In May, the Manitoba College of Physicians and Surgeons was reported to have said that they wanted Morgentaler to cover the \$35,000 in legal expenses incurred in their case against him. Morgentaler told the press that he, in turn, was considering suing the College for \$500,000 in damages, claiming it had cost him \$200,000 to keep his clinic open in Winnipeg (Rollason 1988: 3).

In May 1989, Jim Rodger, assistant to the president of the Health Sciences Centre, was reported to have said that abortions would cost an out-of-province woman \$205. He also said that any woman could obtain an abortion at the Health Sciences Centre in 48 to 72 hours. The figures raised protest from the Morgentaler Clinic and the Coalition for Reproductive Choice because they were false. To prove it, a woman telephoned the Health Sciences Centre on May 31 and was told that she would first have to go to another

⁶ In fact, the Manitoba Medical Association only required that abortions be done on an equitable basis by qualified doctors who counselled their patients and stressed birth control. The Manitoba Medical Association allowed physicians who felt uncomfortable with abortions to recommend patients to a different doctor.

clinic to obtain proof of pregnancy and to then phone back for an initial appointment, nearly two weeks after her initial request. She was also told that the surgery would be booked a week later, making the actual wait time an estimated three weeks.

With overwhelming evidence proving he was 'mistaken,' Rodger admitted that the hospital fee for a woman who lived outside of the province and who did not have insurance would be \$49.50 for the doctor's examination, \$141.50 for the abortion, \$75 for an anaesthetic and an additional \$50.50 for the ultrasound, for a total of \$316.50. The Morgentaler Clinic charged women less than twelve weeks pregnant \$300 for the procedure, \$140 of which was the doctor's fee (Reynolds 1989: 8). From these figures we see how far-reaching the government's drive to keep the Morgentaler Clinic closed was. Despite the evidence that the clinic was *more* cost effective and the wait time was substantially *less*, government officials went so far as to mislead the public in order to convince them that the clinic was not necessary.

This was not the only time a government official would have to change his story in regards to the Morgentaler Clinic. In April 1995, while campaigning near the Morgentaler Clinic, Liberal leader Paul Edwards claimed that his government would support and pay for clinic abortions. According to the *Winnipeg Free Press*, he then called the newspaper to say that he did not support government funded abortions in clinics (Owen 1995: 1). In this instance, it is evident that Edward flip-flopped in an effort to secure votes from both from the pro- and anti- choice sides.

Dr. Morgentaler

Lawyer Greg Brodsky told the press that as a result of the Supreme Court ruling, he expected that Morgentaler would seek to reinstate his license, which had been revoked back in March of 1985. If Brodsky's request to have Morgentaler's license reinstated was successful and the Corydon clinic was approved, the clinic could reopen by March 3, 1988 (McFarland and Lyons 1988b: 1). At this time Health Minister Parasiuk announced that the province would pay for both hospital and clinic abortions if the Morgentaler Clinic was approved by the College of Physicians and Surgeons.

In the beginning of February 1988, Morgentaler's clinic equipment was returned and the doctor announced that he still wanted to offer the clinic to the government. Morgentaler sent a letter to Health Minister Parasiuk to renew the offer ("Morgentaler Renews Offer," *The Winnipeg Sun* 1988: 5). Suzanne Newman told the press that Morgentaler had proposed that the province use his clinic as a facility to train doctors or to use the clinic as a community health clinic pending approval from the College of Physicians and Surgeons. At the time, the clinic was only referring and counselling women for abortions. Brodsky told the press that in order to be able to hire a medical director for the clinic, Morgentaler's license would have to be reinstated. Morgentaler and his lawyer were scheduled to meet with the College of Physicians and Surgeons on March 2, 1988 to resolve the issue ("Morgentaler Renews Offer," *The Winnipeg Sun* 1988: 5).

On February 17, 1988, the Morgentaler Clinic filed a licensing bid naming Dr. Robbie Mahood as director (and not listing Morgentaler). In response, Health Minister Parasiuk again announced that he favoured a community-based health system, not direct

government control (McFarland 1988: 3). In March, he added that the Morgentaler Clinic would have a much better chance of receiving provincial funding if it became a community-based, non-profit board. The provincial government announced that as it stood, only doctor's fees, not fees for equipment and maintenance costs, would be covered (Paul 1988c: 1).

After five years of struggle, on March 2, 1988, the College of Physicians and Surgeons finally re-licensed the Morgentaler Clinic. Conditions were attached to their approval. One was that no abortions could be performed after fourteen weeks gestation. Another was that the doctor performing the abortion would have to have admitting privileges to a hospital.⁷ Morgentaler wanted to return to his Winnipeg clinic to either train local doctors to perform abortions or perform them himself if no doctors would step forward. This meant Morgentaler would have to regain his license and convince a Winnipeg hospital (that performed abortions) to grant him admitting privileges (Paul 1988c: 1).

On June 28, 1988, the Morgentaler Clinic officially reopened after having performed no abortions since 1983. Only a handful of protestors were present (Marshall 1988: 5; personal communication with Jane Clinic nurse August 18, 2005). By July, the protesting had escalated and Morgentaler was considering prosecuting protestors (Paul 1989: 10).

⁷ This created difficulties since Dr. Robbie Mahood had not been trained to do abortions and only had privileges at the St. Boniface Hospital where abortions were not performed. The clinic was forced to find another director. Morgentaler considered asking Dr. Robert Scott to fly in each week from Toronto.

Politicians

On June 27, 1991, opposition member Judy Wasylycia-Leis of the New Democratic Party asked provincial PC Health Minister Orchard if he had changed his mind about refusing to insure abortions performed in community clinics. The minister said that the government was providing coverage under the healthcare system as required by law. Over Orchard's protests, Wasylycia-Leis accused him of treating Morgentaler with disdain by denying him access and hospital admitting privileges. She reminded the minister that the College of Physicians and Surgeons had licensed the clinic. Wasylycia-Leis further reminded the minister that the same provision existed for all non-hospital facilities, such as plastic surgery and cataract clinics. She again accused him of treating the Morgentaler Clinic differently. Orchard said that Wasylycia-Leis would "never be satisfied" because she wanted the services at the Morgentaler to be fully insured. In his defence, he said that his government was safely providing women in Manitoba what was required by the Canada Health Act.

Wasylycia-Leis was unsatisfied with his response. She disagreed with Orchard's concern about safety and pointed out that the College of Physicians and Surgeons had deemed the clinic to be safe. She said that Orchard's argument about a private clinic did not add up either, because the government did not de-insure services provided in private plastic surgery or cataract clinics. She also provided evidence that refuted the claim that physicians in the Morgentaler Clinic had to have admitting privileges to a hospital in a bylaw of the Medical Act.

The NDP MLA argued that the Progressive Conservatives were anti-choice, and highlighted that many women were not able to afford the wait at the hospital and were

forced to pay at the Morgentaler Clinic. Orchard disagreed that services were insufficient and disputed her claim that the Morgentaler Clinic was meeting an unmet need. He also denied that there was a two-tiered system in Manitoba. Wasylycia-Leis declared that the fact that over 1,000 women received service at the Morgentaler Clinic each year was concrete evidence to the contrary. Orchard responded that the women of Manitoba made their own reproductive decisions as a number of hospitals provided the service.⁸ He used religious freedom arguments to defend the right of the St. Boniface, the Misericordia and the Grace Hospitals to not provide abortion services (HF June 27, 1991: 3977-3980).

During another legislative debate, Gulzar Cheema of the Liberal party asked the Minister of Health if the counselling done at the Morgentaler Clinic would be covered by the province. Provincial PC Health Minister Orchard responded that it would not because the government would only pay for non-directional counselling⁹ (HF June 27, 1991: 3983). Cheema persisted, asking the minister about waiting lists for counselling services. Orchard denied the existence of waiting lists because not only did hospitals provide counselling, but there was also a toll-free line which could be accessed. Cheema asked Orchard to make sure that all physicians were aware of the services because there were reports that women were not being properly referred (HF June 27, 1991: 3977-3984).

From these exchanges in 1991, we see that Orchard was unsympathetic to the reproductive health needs of women, exemplifying the patriarchal political context of Manitoba's government. By denying problems, the Manitoba government undercut the ability of the women's movement to increase reproductive services.

⁸ However, as recently as 2003, only 17.8 percent of hospitals in Canada provided abortion services. In Manitoba only two of fifty hospitals perform abortions, where only eight doctors perform them. At the Health Sciences Centre the wait time was on average six weeks in 2003 even though the gestational limit was fourteen weeks. At the Morgentaler Clinic, the wait was one week (CARAL 2003b).

⁹ However, the government was funding the counselling services at Childbirth by Choice Trust, which refused to provide abortion referrals (CARAL 2003b).

Wasylycia-Leis repeatedly argued in the legislature that the Supreme Court had ruled that forcing women to carry a fetus to term was a profound interference with her body and an infringement on her security of person. She argued that abortions must be accessible and affordable (HF February 26, 1992: 746-748). During one of her speeches, Becky Barrett of the NDP party stood up to show her support for the resolutions put forward by Wasylycia-Leis (a former Minister on the Status of Women). Barrett said that since the Minister of Health decided to de-insure the Morgentaler Clinic in June 1988, and since the government did nothing to reverse the decision, "this government is not committed to the full provision of services to all of its residents." She charged the government with discriminating against women (HF April 8, 1992: 2008-2011). Barrett was interrupted by the Speaker who said that the member would have six minutes to complete her thought the next day. Yet, the next day there is no record of the discussion (HF April 8, 1992: 2008-2011).

In June 1992, the four year battle ended when the Manitoba Health Services Commission (MHSC) was ordered by the government to pay for abortions performed at the Morgentaler Clinic. By July of 1992 the MHSC had not yet begun to implement the court's decision (Dingwall 1992: 2). Nearly ten months later (in March 1983), Morgentaler challenged the province's refusal to pay for abortions at his clinic. The Manitoba Court of Appeal ruled again that the province pay. In the summer, the Manitoba government passed the Health Services Amendment Act to nullify the court's decision, again showing what great lengths it would go to in an effort to drive out the Morgentaler Clinic. The Act excluded non-hospital abortions from government funding (CARAL 2003b). When challenged on the decision, PC Health Minister Orchard retorted

that the Court of Appeal found that the regulation did not contravene the Canada Health Act and that abortions were being provided in a number of provincial hospitals (HF April 6, 1993: 1478-1479). He concluded: "The Health Services Insurance Amendment Act will permit us a greater degree of flexibility in providing the level of healthcare Manitobans have a right to expect. It will provide the government of Manitoba with the authority to control where and by whom care services are to be insured" (HF May 12, 1993: 2878-2879). This statement is further proof that the government's main concern was not with providing the most comprehensive care for women but in having control over which services would be provided and, in turn, over women's healthcare.

Many politicians spoke out against Orchard's position. Some said that the Court of Appeal ruling in March was clear that the government was implementing a two-tiered system. Others argued that the amendment was a backdoor method of dealing with the abortion issue and that the government should instead deal with the issue in a public forum (HF July 9, 1993: 5312-5315)

Disapproving sentiments and discussions regarding the two-tiered system of healthcare surrounding the abortion issue continued with no headway for years. Still in 1996, Diane McGifford of the NDP made very poignant points when she said that healthcare was moving towards a free enterprise system that reflected Tory ideology. She said that the lack of female participants on new Regional Health Boards, insufficient abortion services and insufficient training and education on women's health issues all needed serious attention. She reprimanded the Health Minister for ignoring these concerns, which had been raised during a private meeting with the minister. She also voiced her disappointment in the minister for failing to include a woman among the

appointees in his department (HF September 19, 1996). Later that month, the Filmon government rewrote its laws to ban the payment of fees to doctors for abortions performed outside of hospitals, despite the Manitoba Court of Appeal's ruling that the province's refusal to fund clinic abortions was discriminatory. The Filmon government then announced that it was promoting community-based services to save money — but not abortions. The government was decidedly anti-choice as clinic abortions were low-cost effective and would have saved the government between \$300 and \$1,100 per abortion (Teichroeb 1996: A4).

In 1999, Gary Doer was elected premier and led his province's NDP to a majority government. In 2000 Dr. Morgentaler wrote to the federal Minister of Health, Allan Rock to ask him to force the provinces to pay for abortions provided in clinics. An official from Health Canada responded that it was up to the provinces to decide whether or not to fund them (CARAL 2003b). In April 2000, the Coalition for Reproductive Health began meeting with NDP Health Minister Dave Chomiak to discuss expanding abortion services. The government agreed that increased services were necessary and asked the Winnipeg Regional Health Authority to prepare a proposal. The Winnipeg Regional Health Authority proposed that the province increase the capacity of hospitals to perform abortions and that they fund either the Morgentaler Clinic or a community-based clinic not yet established (McCracken 2002: 1). By June, the government was still refusing to fund the Morgentaler Clinic and had not established an alternative. Morgentaler called Minister Chomiak, an anti-choice “wolf in sheep's clothing” because of his continued refusal to fund the clinic (Brodbeck 2000: 4). Chomiak had no reservations in publicly announcing and defending the province's decision (CARAL 2003b).

The federal government finally took a stand in regard to transfer payments in January 2001. It said that it could only discourage provinces from not paying for insured services, but admitted that this threat rarely materialized (“Abortion Insurance,” *The Winnipeg Free Press* 2001: A18). A few days later Federal Health Minister Allan Rock warned four provincial governments (including Manitoba) that they could lose federal health money unless they “force taxpayers to pay the extra fees charged by private abortion clinics” (Cleverly 2001). In reality, Rock was saying that federal payments would be withheld if the government did not fund clinic abortions, but the reporter, Fred Cleverly, spun the abortion issue as one of increased taxes. Cleverly also announced that Rock must be pro-choice since he would not allow taxpayers to pay the extra fees charged by private MRI companies. Cleverly insinuated that the reason why Morgentaler was in the abortion business was to make money: “All [the government taking over the clinic] would mean, unless Dr. Morgentaler has suddenly become a philanthropist, is that he would get a one-time profit rather than the money he is making through the continued operation of his clinic” (Cleverly 2001: A10).

This article is misleading and reflects anti-choice bias. The reality is that the cost of clinic abortions is lower than the cost of hospital abortions. Clinic abortions could therefore lower, rather than raise, taxes (Kellough 1996: 183). Moreover, Health Minister Chomiak had rejected an offer to take over the clinic (at no cost), proving that the minister was evading the issue. In fact, in April 2001, the Doer government announced that they would no longer even negotiate with Morgentaler. Chomiak told the press that Morgentaler was being “unreasonable,”¹⁰ forcing him to end negotiations. Morgentaler

¹⁰ Morgentaler’s conditions for the take-over included that he be medical director, that the same staff be kept on at the clinic for the next five years and that the women who used his clinic remained anonymous. Hardly unreasonable, the first two would facilitate the

threatened to sue the Manitoba government for discrimination and violation of the Canada Health Act when Chomiak called off the deal (Fallding 2001b: A3).

Finally, and as we shall see, the fact that Morgentaler lowered the cost of his clinic abortions in February 2003, suggests that his main interest was in providing access to abortion services and not primarily in making a profit.

The Medical Community

According to Raymond Tatalovich (1996), it was doctors who were responsible for overturning Bill C-43 through mobilizing strong opposition in the Senate. Introduced in 1989, Bill C-43 was an attempt to re-criminalize abortion. The bill would have made abortion an indictable offence for a maximum penalty of two years to induce an abortion unless the medical practitioner who was inducing the abortion believed that the continuation of the pregnancy would threaten the life or health of the female person. Most importantly, if the bill passed, abortion would be a criminal offence, so that if the woman's health was not found to be at risk, the doctor would face a two year jail sentence. The bill was initially passed in the House of Commons by a majority of 140-131, but defeated in the Senate by a tie vote (Harrison 1991: 3). Derailing the bill was incredibly important, but because the medical profession rather than women's groups were successful in doing so, feminists argue that "Canada made no advance on incorporating abortion in rhetoric of women's rights" (Tatolovich 1996: 11). Rather than having the bill derailed because of its affront to women's rights and women's bodies, the bill was sidetracked because it infringed on the power of the medical community.

take-over and the third pertains to patient confidentiality. Once again, Chomiak's baseless accusation points to the government's disdain of the Morgentaler Clinic.

The introduction of the bill caused significant damage to women's right to abortion. While the bill was being debated, 100 doctors across Canada quit performing abortions and another 275 threatened to if the bill passed. In Manitoba alone, four doctors stopped performing abortions and one promised to if the bill passed, for fear of prosecution (CARAL 2003b). Jennifer Cooper, the Executive Director at the Women's Health Clinic, said that Bill C-43 had an impact on abortion rates and caused a drop in the total number of abortions at the Health Sciences Centre by 300. She was also reported to have said that some doctors feared lawsuits and shied away from the abortion issue, despite the legislation's defeat (Verttaeghe 1991: 5).

The proposed legislation allowed anti-choice hospitals to set limits on abortions. In 1991 all of the progress that had been made at the Dauphin General Hospital was reversed when the Board of Directors voted to ban all abortions except where the continuation of the pregnancy posed "an obvious threat of death" and when two surgeons and the woman's physician approved the abortion (Lessard 1993: 143). The ban caused much controversy both within the hospital and within the community. Many doctors, including the Chief of Staff, threatened to resign from the hospital committee, arguing that the ban was an intrusion into professional autonomy. By March 1991, the Dauphin General Hospital was still not providing abortions, prompting action from women's groups. Jack London, a former University of Manitoba law professor, told the press that the Dauphin General Hospital's decision to restrict abortions in Manitoba appeared legal (Paul 1991a). In April, the Dauphin General Hospital board members announced they were requesting the medical records of patients who had dilatation and curettage

procedures (the procedure involved in abortions) (Gair 1991). Such a request would be both illegal (since medical records are confidential) and disrespectful of women.

David Yerama, chairman of Dauphin's General Hospital Board told the press that he was considering resigning because of the stresses involved with the abortion controversy. At the time, the Citizens for Responsible Healthcare were trying to bring down board members who wrote anti-choice healthcare policies based on their religious beliefs (Paul 1991b).

Anti-Choice Infiltration into Hospital Boards

It was not uncommon for anti-choice activists to take over abortion hospital boards so that they could disband the provisions for abortions or staff the hospital with anti-choice doctors. For example, members of the Brandon General Hospital board paid \$30 for a lifetime membership and elected Michael Dubois, a fervent anti-abortion activist to the board. In June 1991, members of the Brandon General Hospital recommended that the hospital stop performing abortions. The motion was passed at the hospital's annual general meeting with a vote of 472 to 446 in favour of the anti-choice recommendation ("Abortions in Dauphin," *The Winnipeg Free Press* 1991: 6).

Appalled by the decision, Chief of Staff Dr. Warrian resigned the next day (Behm 1991: 1). After this happened, the chair of the board of the Dauphin General Hospital, David Yerama, also resigned, while many other doctors threatened to. Other hospital committee members resigned to avoid being affiliated with such an organization (Lessard 1993: 143). Kathy Prendergast, a spokeswoman for the Manitoba Action Committee on the Status of Women, argued that the anti-abortion stance at the Brandon General

Hospital did not represent the community. Prendergast told the press that her group would work to ensure that abortion services would continue at the hospital (Gervais 1991: 1; Paul 1991c: 2).

Then in June 1991, voting members at the Dauphin General Hospital also passed a vote banning abortions, but the director of medical services told the press that they were not bound to the decision. Here again, anti-choicers had infiltrated the board (Wild 1991). As a result of the anti-abortion membership takeover, the Brandon General Hospital has limited access to abortion to this day and the Dauphin General Hospital does not provide abortions (personal communication with personnel at the Dauphin General Hospital October 18, 2005). This also happened in Thompson, Manitoba where abortions were banned completely several years ago (CARAL 2003b). These are frightening examples of anti-choice takeovers and the implementation of anti-choice policies under the false rubric of democracy and local control. As a result, today only two hospitals in Manitoba perform abortions, the Health Sciences Centre and the Brandon General Hospital, where only one doctor performs them (CARAL 2003a).

Alliances Between the Catholic Church and Hospitals

In the 1990s, mergers of Catholic with non-Catholic hospitals resulted in less access to abortion services as Catholic facilities regularly request exemptions from the provision of reproductive health services. Between 1990 and 1998, half of the 127 hospitals that had eliminated all or a portion of their reproductive health services had merged with Catholic hospitals. Between 1997 and 1998, the number of hospitals operated by Catholics

increased by 11 percent, which corresponded with a 2 percent decline in the number of secular facilities (CARAL 2003b).

It is important to note that hospitals without abortion services do not tend to advertise this fact. To the contrary, many advocate that they provide comprehensive women's healthcare. This false claim can create problems for women who travel long distance to the facilities only to find out that abortions are not provided. What is most problematic is that the state does not interfere, and the lack of services occurs without repercussion. As previously noted, the reduction of transfer payments to hospitals or other facilities which do not provide true comprehensive care is extremely rare, if not non-existent (Kondro 2001).

In August 2001, another blow against women's right to choose came when Canadian Physicians for Life wrote to Canada's Health Minister, Allan Rock. These physicians held that abortions were not medically necessary and complained that the only prohibition against abortion was for gender selection. The physicians asked "We question why such a *specific* reason for eliminating one's unborn child is wrong when *no reason at all* is good enough?" (An Open Letter to Canada's Health Minister Honourable Allan Rock 2001, emphasis in original). The doctors told the press that as a result, abortions should not be paid for by the government. The doctors also urged for the protection of pro-life healthcare workers.

Feminists respond that because pregnancies occur in women's bodies, the decision to decline to continue a pregnancy *is* a perfectly satisfactory reason. The physicians, in turn, had this to say: "If we think it through, we might see that devaluing females is no different than devaluing all 'unwanted' human beings" (An Open Letter to

Canada's Health Minister Honourable Allan Rock 2001). Seventeen physicians across Canada signed the letter. The lead author was Dr. Paul Adams of Winnipeg.¹¹

Another disturbing example of the medical community impeding women's choice came in January 2003 when a woman who was eight and a half weeks pregnant was turned down for an abortion at the Health Sciences Centre because the waiting list for an abortion was nearly two months (Rabson 2003: A3). Despite this case, Dr. Krepart of the Winnipeg Regional Health Authority denied that there was a problem with hospital wait times. In January 2004, the wait time at the Health Sciences Centre was estimated at six weeks, compared to one week at the Morgentaler Clinic (Scarth 2003: 11).

Escalating Violence by Anti-Choice Activists

In November 1997, Manitobans learned that the abortion controversy was far from settled when Dr. Jack Fainman, a doctor who performed abortions in the city of Winnipeg, was shot by a bullet fired through his living room window. Fainman's case was the third attempted murder of a provider in Canada (DiCresce 2000: 5). The shooting had broad implications in Manitoba. The number of doctors willing to perform abortions dropped from twenty-two in 1997 to eleven in 2000 in Winnipeg (DiCresce 2000: 5). By October 1998, hospitals had spent \$380,000 on security against anti-abortion violence (Paul 1999: A1, A2). The irony in this action was that anti-choice activists, as we shall see, were beginning to use decreased taxes as an argument to convince Manitobans to support their movement, yet their actions in this case created tax increases.

¹¹ Dr. Adams had been chosen to be on Health Minister Larry Desjardins' Family Planning Association of Manitoba back in 1977. This was the committee that Desjardins said would not have strong pro- or anti-choice activists as members, so as not to influence policies.

In January 2003, Dr. Suzanne Newman,¹² one of nine doctors who performed abortions in Winnipeg, told the press that she feared for her personal safety and wore a bullet-proof vest to work. Newman declared that fear would not stop her from continuing the fight for women's rights. Newman told the press that despite the fact that the issue had quieted in the papers, the controversy over abortions continued with protests at the clinic that were sometimes violent (Brodbeck 2003: 5).

The controversies and violence seemed to rekindle the spirits of pro-life forces. On January 28, 1998, thirteen silent protesters stood outside the Law Courts Building holding up what appeared to be photos of aborted babies. The group did not want to speak to the media, but passed out leaflets outlining their opposition to the Supreme Court decision. The group realized how important public opinion was and knew that the media played a crucial role in this and wanted to avoid the possibility of bad press. The anti-choice forces were very distrustful of the media and believed that they were biased in favour of the pro-choice opinion¹³ (Paul 1999: A1, A2).

During this time, the Campaign Life Coalition of Manitoba was distributing cards to be mailed to provincial MLAs encouraging them to oppose any expansion of abortion services. Much had changed since the 1970s and 1980s and this group was no longer opposing abortion by using the "right to life" of the unborn child. At this point, the group was trying to deter the public from supporting abortion by arguing that it caused increased taxes ("Manitoba Health Wants Abortion Monopoly" 2001). This does not necessarily mean that the pro-life force viewed the problem as one of increased taxes;

¹² Suzanne Newman was a volunteer at the Morgentaler Clinic since it opened. She went through medical school in order to help provide abortion services. Once a doctor, she began performing abortions at the Health Sciences Centre (where she was paid) and at the Morgentaler Clinic (where she was not paid) (Brodbeck 2003: 5).

¹³ Although media coverage in the 1970s leaned pro-life and in the 1980s was more even-handed, by the 1990s it leaned pro-choice.

more likely it indicates that their strategies had changed. One of my informants admitted that despite not being personally opposed to abortion, people were opposed to increased taxes.

The argument that 'abortion is a choice so why are we funding it through Medicare?' was usually quite useful because people didn't like having their taxes increased to pay for abortions. They didn't necessarily speak out about abortion, but they didn't want their dollars spent on it when there wasn't money to fix their heart or other major problems.

In October 2004, approximately 250 anti-abortion activists from across Canada met in Winnipeg for their annual conference. Protests, vigils, speakers and discussion groups were planned. Pro-choice groups and supporters vowed to counter protest and to be involved in their weekend events. At one point, pro-choice supporters interrupted the prayer vigil held at the Women's Hospital. While pro-life forces marched along Notre Dame Avenue, pro-choice supporters played drums and tambourines and chanted the slogan: "Not the church, not the state, we will decide our own fate" (Turenne 2004: 2).

Pro-Choice Movement

On October 15, 1996, Yvonne Peters of the Women's Health Clinic spoke during a legislative debate about issues that needed to be addressed by the government. One was to have more input from women on the development of services intended for them, including reproductive health services. Her second concern was the government's failure to uphold the principles of the Canada Health Act with emphasis on the provision of universal access to health services. She wanted the government to provide an outline of the services which would continue to be insured in the area. Her third concern was the lack of funding which worked to discourage potential providers from setting up in

Manitoba. She said that she was afraid that the government would further cut services because of their statement that they would dramatically reduce the healthcare budget in the coming years to “adjust to projected reductions in federal transfer payments” (HF October 15, 1996).

It is interesting that the provincial government anticipated that the federal government would withhold transfer payments (which results when provinces fail to uphold the standards of the Canada Health Act; i.e. refusing to pay for abortions at private clinics). Rather than rectify the situation, the province chose to further cut services in order to cover the costs of the penalty for not having adequate services.

In 1998, the Canadian Abortion Rights Action League and the Prairie Women’s Health Centre conducted studies and launched reports. In both reports, Manitoba was highlighted as a province with extensive limitations on access to abortion services (CARAL 1999: 7; Paul 2001: A8). To alleviate the problem, the Women’s Health Clinic developed a plan for a clinic that would operate as a satellite to the services at the Women’s Health Clinic. The plan was submitted after Health Minister Dave Chomiak made it clear that he wanted to fund abortions in a community-based clinic without dealing with Dr. Henry Morgentaler.

Not everyone supported the idea. Health Authority Public Affairs Director Terry Goertzen told the press that the provision of abortion services in a community-based setting should not be a priority. Goertzen said that two other possibilities were to expand the Health Sciences Centre program or to have the Women’s Health Clinic buy the Morgentaler Clinic (Fallding 2001a: A3). The Morgentaler Clinic manager, Cathie Colombo, agreed. She told the press that a new abortion facility could not function more

efficiently than the Morgentaler Clinic, which was already fully stocked and had trained staff.

In September 2002 the NDP government and the Winnipeg Regional Health Authority was reported to have said that access to abortion was not compromised by the wait or the fee at the Morgentaler Clinic and, as a result, the issue went on the backburner (Welch 2002: A9). The fact that the Regional Health Authority and the government refused to acknowledge the uncomplicated facts that a fee for an abortion does compromise access for women who cannot afford the service and that each additional week of gestation increases the risks for women by 20 percent, demonstrates a blatant lack of concern for women's well-being.

Dr. Morgentaler

In October 1990, Dr. Henry Morgentaler filed a notice of motion charging that it was unconstitutional for the province to withhold Medicare fees from his clinic. He argued that the province was discriminating against poor women. He went on to remind readers that every week of delay raised the level of danger by 20 percent (Guttormson 2000: A6; Paul 1990: 3). It would not be until April 2001 that the government would promise to begin funding the clinic. A month after the promise, abortions were still not being funded. Morgentaler wrote a letter to NDP Health Minister Chomiak expressing his frustration over the situation. Two days later, Chomiak announced that he would no longer negotiate with Morgentaler. Chomiak denied that his religion had anything to do with the breakdown. According to one of my respondents, it was Morgentaler's

inflammatory attitude in public, which made “it very difficult to negotiate anything privately.”

Dr. Morgentaler insisted that he was being reasonable and stated that he told Chomiak that he would agree to the same conditions offered to Dr. Hildahl of the Pan Am Sports Clinic to transform the formerly private clinic into a public corporation. Instead, the Doer government was considering opening a freestanding clinic as an alternative to the Morgentaler Clinic, despite the fact that the Morgentaler Clinic was already operating. Morgentaler concluded that the NDP government was denying women access to abortions by letting the anti-choice Minister of Health incapacitate negotiations for the clinic, violating the principles of the NDP, and victimizing women under the spurious pretext of fighting privatization. In fact, when a MLA questioned Chomiak during a legislative debate, Chomiak responded that the Morgentaler Clinic was no different than the Pan Am Clinic or the Western Surgery Centre and therefore would not be considered a hospital (HF July 3, 2001).

Here Chomiak admitted that the Morgentaler Clinic was no different than similar facilities and yet these similar agencies were funded while the Morgentaler Clinic was not. Morgentaler also argued that the Canada Health Act necessitated that provinces fund abortions which were considered a medical necessity, regardless of whether or not the facility was private. He asked the Federal Minister of Health to penalize the province and announced that legal action against the province was going to be taken (Canada Newswire 2001). Federal Health Minister Allan Rock threatened to fine the Manitoba government for not covering the fees, but a spokesman told the press that the minister

was convinced that Manitoba was working on a solution despite the fact that nothing had moved forward since April 2001 (Moore 2001: A8).

In July, two Winnipeg women launched a class-action suit against the Manitoba government for refusing to fund the abortions that they were forced to have at the Morgentaler Clinic because of delays at the Health Sciences Centre (Brodbeck 2001: 2). In November 2002, Morgentaler was still urging the government to buy his clinic and again accused Chomiak of letting his religion get in the way of negotiations (“Abortion Attacks: Morgentaler Insinuates Chomiak’s Religious Bias Stalling Deal,” *The Winnipeg Sun* 2002: 8). In December, Chomiak told the press that he would open a women’s health clinic which would be owned by the government — despite the fact that Morgentaler was willing to give the \$500,000 clinic to the government free of charge, change the clinic’s name and set up an independent board of directors. The government refused, arguing that Morgentaler was “too difficult” to deal with (Rabson 2002: A11). Chomiak also denied that the clinic was offered for free and argued instead that Morgentaler led government officials to believe that he wanted to remain the clinic’s paid consultant and be paid rent for the Corydon Avenue clinic (Rabson 2002: A11).

One of my respondents said that “[Morgentaler] didn’t acknowledge what price he was exacting; he was wanting quite a large personal payment for the transfer of the clinic.” When I interjected to indicate that Morgentaler had offered the clinic free of charge, my respondent told me that although Morgentaler had indicated that publicly, his story changed behind the scenes and that “the government was reluctant to carry on the debate in public, so they did not do a lot of disclaimers.” This respondent added that the reason Morgentaler had asked for such a high price for his clinic was because he had not

managed his finances and “became quite mercenary and wanted a price that wasn’t acceptable.” It seems many people were reluctant to believe that Morgentaler had offered the clinic free. One spokesman said, “This was no gift, based on communication we’ve had with him he doesn’t share our vision in this area” (“Morgentaler Says NDP Hasn’t Accepted Donation of his Clinic,” *The Winnipeg Free Press* 2002: A15).

The issue goes further than whether or not the clinic was offered for free. The government of Manitoba and Morgentaler had been at loggerheads since he arrived in the province. For anyone to believe that the government would let the opportunity slip by to publicly shame Morgentaler by accepting his ‘fake’ offer of the clinic free of charge would be foolish. If Morgentaler was lying, he would have to withdraw the offer and the controversy would have been laid to rest. If the government’s allegations that Morgentaler was lying were true, why not prove it to the province rather than have people write about the dispute for years to come? If Morgentaler had made an honest offer, the government would have acquired a fully functional surgical facility free of charge – and for the first time in a long while, would have looked like a hero. Instead, the Morgentaler Clinic would be sold to a group of women involved with women’s liberation in 2004. If Morgentaler was going to give the clinic free of charge to the government, why not give it free of charge to the women’s group? Perhaps Morgentaler was simply trying to prove the point: the government of Manitoba was unwilling to accept his clinic.

After many futile attempts to have the government fund his clinic, Dr. Morgentaler dropped the price of abortions at his clinic from \$530 to \$265 in February 2003 to make abortion more accessible for women. He told the press that he decided to halve the price after the number of abortions in his clinic had doubled since January of

2002, in direct response with the growing wait time for abortions at the Health Sciences Centre. The fee reduction at a time when his clinic was the busiest contradicts the claim made by one of my respondents that Morgentaler had become mercenary.

Jane's Clinic

On April 1, 2004, ownership of the Morgentaler Clinic was transferred to a group of local pro-choice women. The clinic was renamed Jane Clinic and its status was changed to a community-based board. Suzanne Newman, who had been involved with the Morgentaler Clinic for twenty-one years, was named medical director of the new clinic. Amanda LeRougatel told the press that the clinic would operate with the same standards of excellence Morgentaler had established, and that claims would be submitted to Manitoba Health because all medical costs were expected to be paid in full. Morgentaler hoped that by removing himself from the clinic, the problem of funding would be resolved (“Women’s Group Buys Clinic,” *The Winnipeg Sun* 2004: 4).

As a result of the transfer of ownership, abortion costs went up from \$265 to \$400 (and up to \$650 depending on the gestation of the pregnancy). The clinic women told the press that they were willing to sacrifice in the short term in pursuit of their long time goal of having abortions funded by the government. Then in mid-April, the province announced that they would not fund abortions performed at the Jane Clinic. This move illustrates that the government had been concealing the reason why it would not fund the clinic (Janzen 2004: A5). The government insisted that instead it had visions of a more comprehensive women’s reproductive health centre that would provide services *they believed* were necessary in Manitoba (Schmeichel 2004: 9).

One of my respondents had this to say,

I'm sad to say, because I'm an NDPer, but declining to pay is wrong. In my opinion there's internal pressure, not what Chomiak purports, 'we want it to be part of a larger scheme.' I don't believe that for a moment. There must be some members of both caucus and cabinet who are saying 'it's not our issue, it's going to get us into political trouble.' They're looking for some political easy road, I think the refusal up until now is, I don't mind saying, even for publication, political cowardness!

Another respondent agreed by saying that "the NDP would, very much more than any other party, favour abortions. It comes down to the individual again."

In 2004, after thirty-five years of struggle, and because of a complex interplay of agency and structure outlined in this thesis, the women's movement in Manitoba experienced their biggest breakthrough in their fight for women's reproductive freedom. In July the Manitoba government began funding the cost of therapeutic abortions performed at the Jane Clinic (Left 2004: A1). Victory appeared to be won.

A national anti-abortion group criticized the government's decision. Jim Hughes, the president of the Toronto based Campaign Life Coalition was reported to have said that "Taxpayers should never have to finance lifestyle choices" (Kitching 2004: 4). One anti-choice supporter I interviewed agreed, comparing abortions to breast reduction surgeries. Healthy Living Minister Jim Rondeau denied allegations that the government had caved into pressure from the women of the clinic¹⁴ and said that the facility was no different from any other not-for-profit centre (Kitching 2004: 4).

Another pro-choice victory came when the case of the two women who were suing the government of Manitoba for their refusal to pay for the abortions they were forced to have at the Morgentaler Clinic was finalized. Chief Justice Jeffrey Oliphant of

¹⁴ It is interesting (and insulting) that the minister made a point of mentioning that the government's decision had nothing to do with pressure from women.

Manitoba Court of Queen's Bench ruled in the women's favour. He agreed that the province's unwillingness to fund abortions at private clinics was unconstitutional. He ruled in favour of Jane Doe No. 1 and Jane Doe No. 2. He argued legislation which forced women to wait in an overburdened system was a gross violation of the rights of women to liberty and security of the person. *The Winnipeg Free Press* declared that Oliphant's decision placed blame "solely at the feet of the NDP government" (McIntyre and Rabson 2004: A1). Chief Justice Oliphant concluded that "the real objective the government sought to achieve in enacting the impugned legislation was to keep Dr. Henry Morgentaler or any other person or persons, out of the business of operating a freestanding clinic that provides therapeutic abortions in Manitoba" ("Clinics and the Courts," *The Winnipeg Free Press* 2004: A14). This decision lends support to the thesis that the Doer government was willing to support a terrible law in order to keep Morgentaler out and to reduce women's choices.

Maria Slykerman of the Campaign Life Coalition was disappointed by the ruling and told the press that more women would seek an abortion because of the improved access. She also told the press that women "want to abort a baby whenever they feel like it and they want us to pay for it ... [B]efore they had to wait for an appointment at the Health Sciences Centre and sometimes they would change their minds. Now it's going to be easier. It's crazy" (Pona 2004: 3).

The Winnipeg Free Press added that the province's legal team was reviewing the decision as it appeared to contradict rulings made by the Supreme Court which gave the provincial government the right to allocate health resources as long as the standards of the Canada Health Act were met (McIntyre and Rabson 2004: A4).

An article in *The Winnipeg Sun* by Tom Brodbeck insisted that the role of the courts was to ensure that legislation was consistent with the Constitution and with the Charter of Rights and Freedoms. If Parliament enacted provincial legislation that deviated from the Charter of Rights and Freedoms, then the courts could overrule the decision. According to Brodbeck, the courts were abusing the system and he therefore accused the judge of being an activist. Brodbeck painfully went on to compare abortions at private clinics to sex-change operations and tummy tucks and concluded by saying that the decision to fund a private clinic “was entirely a political matter, not a rights issue” and called the ruling “judicial activism of the worst kind” (Brodbeck 2004a: 5). The article asked readers if the government should fund abortions. Of the 499 people who responded, 84 percent answered no and 16 percent answered yes (Brodbeck 2004b: 10). This statistic reflects a biased poll and non-representative sample and is intended to elicit support for the anti-choice movement.

Predictably, in January 2005 Health Minister Tim Sale appealed Oliphant’s decision. Sale told the press that the province would take the case to the Supreme Court if necessary. According to Sale, Oliphant’s ruling implied that “everyone was constitutionally entitled to a healthcare service based upon the time of their choosing without regard to medical necessity” (Moore 2005: A10). He added that the government feared the ruling would set a precedent for patients to dictate where their services occurred and declared that healthcare in public facilities was both cheaper and superior in quality to healthcare in private, for-profit clinics. Making sense out of the inconsistencies, the lawyer who defended the two women which led to Oliphant’s groundbreaking ruling said that he felt the government’s true disdain was abortion rather than the public-private

dichotomy (Rabson 2005: A2). Whether or not the government will be successful in their underlying motive — to retain a hold on women's reproductive autonomy — was yet to be seen. In October of 2005 the Manitoba highest court overturned Oliphant's lower court ruling and the NDP government won their appeal (Pona and Squires 2005: 4).

Major change has occurred in the province of Manitoba over the past decades. Women now have greater access to abortion services than when the struggle began, but not without constant resistance from a multi-faceted opposition (i.e. politicians, the medical community, institutionalized religion and the anti-choice movement). Although not always overt, opposition to women's autonomy has always been evident. Women in the province of Manitoba need to be aware of the risk of inaction. As already mentioned, the abortion controversy quieted in these later years, and evidence of what can happen when women's issues are put on the backburner came with the government of Manitoba appeal of Oliphant's groundbreaking decision: "The outcome of the women's case could have far-reaching implications for the province" (Kuxhaus 2005: A1). Also of significance was the decision to close the CARAL chapters in the summer of 2005 all across Canada (personal communication with personnel at Canadians for Choice in Ottawa on February 7, 2006). Women in our province, as elsewhere, need be vigilant and active to ensure that what has been gained is never lost. Women will need to continue their activism to ensure that every woman has reproductive freedom vis-à-vis safe and accessible abortion.

CHAPTER 8

CONCLUSION

“That it is women who get pregnant has been the source of our confinement (in all senses) and our (limited) power,” says Rosalind Petchesky (1990: 5). Of equal importance is the near universal phenomenon that the burden of childrearing falls on women. Because women face primary responsibility for both being pregnant and raising children, feminists argue that women should have complete autonomy with regard to reproductive decisions.

This thesis has sought to recount, through an historical sociological analysis, how women’s access to abortion services has developed in Manitoba over the past thirty-six years. Detailing the historical development of abortion services uncovered many years of activism, changed societal attitudes towards gender roles and sexuality and a complex interplay of determined individuals, groups and politicians. At the onset I promised that the project would be anchored in feminist theory; looking back, we find women’s voices did not lead Manitoba’s abortion history. One would imagine that a case study of women’s most basic autonomous right would be synonymous with the women’s movement’s demands, but the evidence proves otherwise. Morgentaler, Borowski and various male political leaders (such as Desjardins, Penner, Mercier and Chomiak) took up most of the space and were the prominent figures in setting the agenda. This illustrates the profound truth that women in Manitoba have not yet overcome the patriarchal controls that restrain and disempower us.

Although women have “come a long way” over the past thirty years, we have only in 2004 obtained reproductive autonomy at a freestanding, women-led abortion

clinic. This victory is obviously related to changes in other areas of women's lives.

Young women today owe an enormous debt to the women who fought so hard for the access that we now have.

Anti-choice forces were never able to completely silence women. Women have won the right to be the final arbiters of their reproductive decisions because the government has finally decided to fund abortions at the Jane Clinic. This decision has increased women's access and has removed a major barrier to choice. However, other barriers still exist. These include misinformation, anti-choice agencies, lack of doctors willing to perform or refer for abortions, religious affiliations and the stigma associated with abortion.

Theoretical Implications

This thesis opened with the theoretical insights developed by Bacchi — that we should analyze how and by who a problem is interpreted — in light of Petchesky's observations that accessible abortion is a necessary step towards women's equality and will be denied in an effort to sustain patriarchy. So, what do we learn from Manitoba's history? As we saw, the period mapped an enormous shift: from a time when abortion was rarely discussed and infrequently supported, to a time when the majority of Canadians believe and even take for granted women's fundamental right to abortion and decisions regarding their bodies. How and why this evolution occurred is very complex, filled with many individual actors and group activists. Bacchi's theoretical approach has the ability to significantly simplify the process of uncovering which elements were essential and which would not have altered Manitoba's history. Since issues become social problems to

varying degrees within specific locales over time, or not at all in different locales, it is important to remember that social problems are not strictly objective. Social problems are created when they are interpreted as such, and when those doing the interpreting have the power to make their case heard. "Abortion, it seems, achieves social problem status only when it appears to contradict desired national goals" (Bacchi 1999: 159).

There were many interested parties in Manitoba's struggle for abortion services. I used the approach developed by Bacchi to uncover how problems were constructed and solutions sought. Manitoba's historical development of abortion services and the changing views of our society on the moral status of abortion exemplifies Bacchi's point that "despite the common framing of abortion as an obvious moral problem in the United States, Canada, Britain and Australia, history and context have more to do with its status than a foundationalist morality" (Bacchi 1999: 148).

Leading evidence of this is that even within the church, views on abortion changed over time and within denominations. One of the most important things to remember in terms of institutionalized religion's influence in the struggle for abortion services is the number of times its influence was felt by people intimately involved in Manitoba's history of abortion services. The church was very powerful. "We have dichotomy on the Prairies of groupings of people who are very progressive on economic issues, but because of religious socialization and so on, are less progressive on the social issues" (Ellen Kruger cited in Morton 1992: 158).

For institutionalized religion, the problem signalled by abortion was murder. Of course, even for the church, the issue was very complex. As one example, the church had to answer to questions posed by feminists as to why, if the issue was the sanctity of

human life, they had not stepped in when so many women had died as a result of botched, illegal abortions? Also problematic was the question of *quality* of human life and its importance. Some would argue that one of the biggest concerns of the church and its followers was with what abortion further signalled: female sexuality often out of wedlock.

Morality surrounding abortion has usually been embedded in the rights of individual actors. For instance, individual doctors and hospitals have always been able to withhold abortion services for moral reasons. Here, “discretion over abortion as a ‘moral’ issue” was put “in the hands of individual physicians” (Bacchi 1999: 155). When the frame is a moral one, several consequences emerge. For one, the issue moves away from the public sphere and allows politicians to avoid abortion. Allowing doctors to frame the issue creates inconsistencies since some doctors’ framework is that abortion was murder in all situations, others’ was that women should have autonomy since pregnancies occurred in women’s bodies and still others’ claimed that if a woman was not “fit,” aborting the fetus was preferable to allowing the woman to mother. Not only were women at the mercy of their doctors’ moral framework but this frame also individualized abortion, forcing women to judge themselves rather than the cultural constraints that shaped their situation.

Many legal and political scholars believe that the law on abortion was liberalized in 1969 for the benefit of the medical community. Prior to the change in the law, it was legal for doctors to perform abortions, but ambiguities in the wording of the Criminal Code made many doctors hesitant to perform them for fear of prosecution. The changes to the Criminal Code clarified the conditions under which doctors could perform

abortions. In a sense, the state regulated abortion by regulating doctors (Brodie, Gavigan and Jenson 1992: 21).

The stigma associated with abortion creates a culture of silence and is undoubtedly the result of years of male control and the belief that female sexuality is taboo. Because there was such strong pressure to contain women's sexuality and because abortion signalled sex, there was in turn a strong drive to restrict abortion. Many people believed that if women could solve the problem of an unwanted pregnancy they would exploit this ability by being promiscuous. This fear lingers today and women are still made to feel ashamed for having an abortion. Despite new laws and more abortion services, these social myths remain powerful, and still need debunking.

Discourse surrounding abortion in Manitoba went through such a dramatic shift over thirty-six years thanks to many actors. Before 1969, abortion and birth control were the responsibility of women, despite there being few services and little support. Because abortion was illegal, women faced great dangers procuring abortions and many died from illegal abortions. By the late 1960s birth control use had become so widespread that the Government of Canada's Criminal Code was practically ridiculed. Something had to be done.

In 1969, Pierre Elliot Trudeau introduced the Omnibus Bill to change the law so that it would coincide with already changed social behaviour. Even though abortion was widely practised and the law now reflected this reality, this did not mean that abortion was a woman's choice. In the quiet illegal years, challenges to patriarchal assumptions were few and far between. It was not until the women's movement gained strength, coupled with the actions of Dr. Morgentaler, that people in Manitoba began to

acknowledge that abortion should be or might be a woman's right. In 2004, the women's movement of Manitoba finally won their struggle for increased access to abortion services in the province. To this day, anti-choice forces still attempt to shut down abortion access.

For political parties, the problem with the abortion issue is that it is a contentious issue and stimulates the worry about votes. Prior to the 1980s, politicians tried to ignore the issue or alternately express ties to the anti-choice movement for fear of losing votes, future electoral chances and, hence, political power. After years of sensitization, more political leaders today now express sympathy with the right to choice, perhaps because they realize that the majority of Canadians are pro-choice, which has eliminated fear of lost votes. More women in politics has also helped give women's issues recognition in politics.

The lack of access that existed in Manitoba until 2004 shows that despite legal niceties, the state has not respected the women's movement's demand that abortion decisions should be made by women. The issue caused much outcry by both the pro- and anti-choice forces, but for very different reasons. Canadian political figures neutralized the issue by ignoring it. To this day, neither the Conservatives nor the Liberals have an official stand on abortion. Canadian political parties are strong and organized and do not allow single issue activists to infiltrate the system. Members are strongly urged to toe the party line. As a result, the Canadian parliamentary system has contained the abortion controversy within discourse of law and medicine, not gender equality.

Interestingly, prior to the 1980s, anti-choice rhetoric cut across all party lines but the same did not happen in the reverse; that is, pro-choice rhetoric was rarely, if ever,

heard from traditionally anti-choice political parties. For some politicians, the problem with their party's platform on the abortion issue was its incompatibility with their moral, religious or occasionally feminist epistemologies.

Although the moral ramifications of abortion complicate the issue, it can be argued that since it is the responsibility of politicians to keep their constituents happy, if the views of the Manitoban populace had not changed, neither would the views of politicians. An important influence on public opinion was the media. The media are very influential and important in selling ideas. Although the media in Manitoba were influenced by political parties, the church and other powerful institutions, several other biases influence which side of the story gets told. There is the bias of the writer, the bias of whether the source leans conservative or liberal, the bias of not wanting to offend the audience and perhaps most important, there is the profit-motive to tell the story that will sell.¹

The media's favour switched over Manitoba's abortion history and this undoubtedly influenced Manitobans and also reflects changing public opinion. In the early years, the media favoured anti-choice's ideas, in that they printed stories that favoured the anti-choice side or wrote in a tone that was anti-women or anti-choice. Over the years the slant became more hostile to the anti-choice side rather than more pro-woman. This undoubtedly influenced the populace, which in turn encouraged more pro-choice articles.

The reasons for this vary but it is my opinion that Joe Borowski was most influential in hindering the anti-choice movement. At first his actions were seen as heroic and gave the anti-choice movement a voice that dwarfed that of the pro-choice

¹ All of these issues are fascinating and an in-depth analysis remains to be told.

movement. In time, his unforgiving and disrespectful remarks turned many away, reporters included. His boorish nature and inflammatory remarks made for excellent news stories, thereby further spreading disdain for Borowski and the anti-choice movement. This change undeniably influenced Manitoba's climate towards the abortion issue, and influenced more and more people to adopt a public pro-choice position, in turn strengthening the newspapers' decisions to print stories with a pro-choice slant.

Of course the media cannot be credited alone for changing the anti-choice climate in Manitoba. Also of importance was the women's movement. It gained much strength over the years and despite the fact that Morgentaler and Borowski were more adept at setting the agenda, feminists are recognized and appreciated. More and more women became interested in their rights and this is credited to the women's movement.

Once the women's movement gathered strength and fought for abortion on demand, the medical community resisted loss of control over women's reproductive abilities. For doctors, as with politicians, control over women's reproduction (also known as patriarchy) proved to be their main objective and explains what they saw as the "problem" with respect to abortion. The medical community was very influential in creating "problem status" around abortion. As we discussed in chapter three, the medical community was instrumental in having abortion legalized in order to help curtail the number of women who died as a result of illegal abortions and to alleviate the fear that doctors had of persecution, should they perform an abortion. This medicalization made abortion a problem that doctors had the expertise to resolve and had the effect of lessening the stigma surrounding abortion as they were deemed medically necessary.

Here, the state gave control over to the medical community and hand-in-hand, the two defined the problem.

Although not intended, medical control was helpful to the women's movement because it brought abortion out from the underground and into public discourse. When abortion was liberalized, it became a matter for public scrutiny. For the women's movement, abortion and the corresponding right of women to control their own body was a vital component in their struggle for autonomy. Once feminists realized that the medical community had created the problem as one that only doctors had the expertise to handle, the women's movement realized that they were subordinated to the medical community's definition in order to qualify for an abortion. Feminists decided to fight to define their own need for an abortion and discovered that their autonomy depended on the ability to control their own bodies, rather than be at the mercy of doctors. And so their struggle for abortion on demand began.

Activists of the women's liberation movement were adamant that because pregnancies occur in women's bodies and affect women's lives, women need to be the only arbiters in the decision-making process. Women are the only ones capable of defining the regulations surrounding abortions. In order for this to be realized, abortion has to be legal and readily accessible. To do this, the pro-choice movement had to change the problem status surrounding abortion and shift the framework.

The other key interest group was anti-choice activists. For them, the conflict was complex. At the beginning, anti-abortion opposition had much to do with the erosion of the nuclear family and upholding the ideal of women as homemakers. Because urbanization, industrialization, abortion rates, divorce rates and female employment are

all positively related, and inversely related with birth rates, many believed that abortion signalled an end to traditional family values (Ursel 1992: 234, 235). Of course, many other factors also played into the anti-choice rhetoric. For example, many equated abortion with women's ability to be sexual and feared that women would use abortion as a method of birth control. For others, abortion was deemed immoral by their religion and they were inspired to fight against 'evil' on behalf of unborn others. For anti-choice advocates, being pro-choice meant giving primacy to human volition, whereas pro-life meant upholding maternal responsibility to an abstract life.

What is interesting about the pro-life advocates is that the rights of the unborn were not initially their main focus. At first, the group was rightfully termed anti-choice, as they would not until later become the "pro-life" movement by adopting the rhetoric of rights for the unborn. Initially the problem was not that abortion was murder, but rather something else: the sexuality of young unmarried women and/or the undermining of the traditional nuclear family, which would allow women to forego childbearing responsibilities and compete with men in the public sphere. What the problem was varied depending on who was doing the interpreting. The movement's frame and tactics changed when it introduced the rights of the unborn as the problem with abortion.

When Dr. Henry Morgentaler set up a clinic in Manitoba, the results for the women's movement were a mixed blessing. On the one hand, Morgentaler acted on his own accord and the women involved in the struggle for women's autonomy were put in a position to react to and support his decisions. On the other hand, his intentions were good and Morgentaler's public defiance of the province's laws finally attracted the attention that the women's movement alone had not been able to draw. Dr. Morgentaler's name

was instantaneously recognized with abortion rights. He, like the women's movement, saw the problem as a feminist one of gender justice: women were being denied the right to control their own bodies and this was not acceptable. The women's movement was grateful because women's rights were finally being acknowledged. However, a man was being recognized for getting them there. While women were being accorded autonomy on a personal level, on a political level they were unhappily dependent on Morgentaler.

In fact, Morgentaler's actions not only absorbed a great deal of political and media attention, but his defiance also served to paradoxically weaken the women's political aim. As the government reacted to Morgentaler by increasing hospital abortions, political mobilization became even more difficult and the medicalization of abortion became more entrenched. This project has shown that women did not attain reproductive rights on their own accord. This is not to say that Morgentaler's success did not depend on the strength of the women's movement. It is clear that women were active and did very important grassroots work, but advocacy meetings were not groundbreaking news and feminist hard work was largely unnoticed when compared to how much work was done.

Implications

Abortion access by itself does not guarantee women's equality, but it is a necessary precondition for it. One of the most important implications of this research is the ongoing need to educate women on the historical struggle involved in attaining the access we have today. Because the 1988 revision to the Criminal Code left the possibility for future legislation open; because abortion requires surgery and is therefore partly controlled by

the medical community (which continues to be dominated by men); and because our provincial leaders have already expressed animosity towards women's right to fully funded abortions in women-led clinics, it cannot be stressed enough that our struggle is not over. Women need to learn the history and become active to ensure that we do not lose further ground. I believe Manitoba women should join forces to encourage Jane Doe No. 1 and Jane Doe No. 2 to appeal the Supreme Court's recent decision to not hear their case. Otherwise, as it now stands, the province has grounds to rescind their decision to fund abortions at the Jane Clinic. This signals a renewed urgency for action on the part of the women's movement in Manitoba to ensure women's rights to accessible abortion services.

This project not only explores the history of what happened in our province, but sheds lights on how the problem was and might again be constructed, allowing for the recognition of ineffective solutions based on inappropriate constructions of the problem. For example, when the abortion law was liberalized in 1969, the women's movement celebrated. It was not until later, when women realized that reproductive decision-making was in the hands of their doctors, that they appreciated the problem of how the issue was defined and remedied. Women then had to fight to reframe the problem over the demand that abortion decisions should be made by none other than the woman herself.

This project has also demonstrated the need to debunk myths. Strategies that could help would be introducing information on birth control, abortion and sexuality in school curricula and in the media. Education on birth control and sexuality and the acceptance of women as sexual beings equal to men coincides with lower abortion rates in the United States (Petchesky 1990: 390). Changing perceptions by ending the silence

and secretiveness surrounding sexuality will increase women's ability to prevent unwanted pregnancies in the first place.

Medical students must be trained to perform abortions and healthcare workers must be educated on abortion and related services available. The fact that the training is elective perpetuates a culture of neglect and silence. Through training, healthcare workers can become sensitized and better direct women to the services they require. Although the medical community in general has a history of being anti-choice and pro-power, there are many pro-choice doctors who have provided women with the resources they needed to decide on the outcome of their pregnancies. These doctors deserve our gratitude. Because the anti-choice activists are still fighting for rights, and because pro-choice medical practitioners have been the target of anti-choice violence, safeguards and laws to deter this kind of violence are required.

Another recommendation that this research unearthed is for grassroots groups to preserve their history of activism by donating their records to their Provincial Archives. It was evident in my research that most people involved in Manitoba's abortion history did not keep or donate records of their experiences. For example, had Joe Borowski's family donated his extensive private collection to the Archives of Manitoba before they were ruined in Manitoba's flood of 1997, my study would have greatly benefited (personal communication with Joe Borowski's daughter summer 2005).

Another implication of my research is that it is important for social movements to carefully locate and direct their energy appropriately. This includes both the level of government and ministry responsible. For example, on countless occasions, grievances were directed at the provincial level of government when the responsibility actually

belonged to the federal government. On other occasions, grievances were directed at the wrong provincial government official, for example the Minister of Health, even though power lay with the Attorney-General. My recommendation about appropriate targeting does not imply that Manitoba's activism was of no value. To the contrary, as has been demonstrated, the provincial government placed heavy restrictions on women's right to abortion, despite the law. If it were not for the women's movement's fight against this, the Jane Clinic might still not be funded.

In an effort to maintain and improve abortion access, women must continue to challenge patriarchal laws, lawmakers and practices in the market and the home, and ensure that the proper welfare rights and support services are available. This will ensure that the decisions to reproduce or not to reproduce, to abort or not to abort, to care for children or not to care for children, are freely chosen.

Limits to the Research

It is impossible to guarantee that an historical account is fully exhaustive. In this study, it is likely that not every newspaper clipping was located, that not every television program was recorded and not every private record was found. It was evident in my research that most people involved in Manitoba's abortion history did not keep records of their experiences; this is particularly true of grassroots activism. As a result, my interviews were the main window into these experiences. This is problematic because respondents rely on their memory and with a historical analysis covering thirty-six years, memories cannot be completely accurate. Another limitation to my thesis was the issue of confidentiality and anonymity. Because of the ethics review process, I had to promise all

of my respondents' anonymity, even though some of my respondents were leading political figures of the time and wanted to speak on the record, but could not.

What is more, with the subject matter being so contested, changes in responses or the likelihood of not getting the entire story were increased during my interviews as controversial issues are hard to research. As with all research, the study was also limited because it depended entirely on what the respondent chose to disclose or even admit. This is the story of mainly white Manitoban women and their fight for reproductive issues. The particular experiences and needs of Aboriginal women and racialized women are not addressed in this thesis. Moreover, it is also the story of women in Manitoba's south. An account and an analysis of what abortion, birth control and motherhood means for women in remote areas in Manitoba is missing from my analysis and is important to note because macro and micro structures and their meanings are much different for women from rural parts of the province. Since Aboriginal women are disproportionately represented in northern Manitoba, their particular story remains to be told. The necessity for further research in this area cannot be stressed enough as these experiences might have greatly enhanced the research, and would contribute to a more complete historical picture.

Finally, although all research has an element of bias, this undoubtedly becomes more prominent when controversial issues are studied. Although I set out to undertake feminist work, I had also adopted a theoretical analysis that forced me to uncover social constructions, or to "walk a mile in another person's shoes" so to speak. I believed uncovering other people's interpretation of the problem would enable me to be more understanding. During my interviews I set out to take in my respondents' experiences and uncover what their interpretation of the problem was without judgment. In retrospect, I

believe that I was able to do so during the interviews. What I had difficulty with in terms of interviews with pro-life informants were the inconsistencies with what was said to be the problem with abortion. Although I do believe that the unborn fetus' life is of primary importance to most pro-life activists, I do not believe it was or is the exclusive priority of every anti-choice activist and believe that these individuals should have been more forthright about their concerns with abortion.

I want to make it clear that I have the utmost appreciation for the participants that I interviewed. When these opinions became matter for public policy and advocacy, I felt obligated to introduce my views as well. As a feminist doing social constructionist work, I expected and welcomed a plurality of opinion and diverse voices. My tolerance stopped, however, when these restricted and silenced the opinions of others.

Strengths of the Research

Although aspects of my interviews had weaknesses, overall they were a great asset to this project. Because records left behind by the movements were not complete and because the media portrayal was often biased, my interviews provided a more comprehensive picture of what went on. Although the sample was small, my interviews provided a rounded and detailed account of a range of experiences.

This study is unique because it focuses on the actions involved in abortion services in one distinctive location. By studying Manitoba (rather than the whole of Canada), this study provides a more detailed and specialized historical account. Finally, by taking into account the history of abortion services, this project demonstrates the importance behind having *real* choices. By showing how the change in the law in 1969

did not increase women's autonomy (because it placed decision-making in the hands of doctors), and how increasing hospital abortions served to minimize women's political mobilization, this project has uncovered that formal legal rights do not always translate into women's realities.

Future Research

The question of what made Manitoba's historical development of abortion services unique is a complex one. It was not only impossible to cover all of the relevant information in one thesis, but my research also revealed new questions.

Future research should include comparisons of Manitoba with other provinces to examine different approaches, different frames, the role of players, and to compare their effectiveness. It would also be interesting to look at the experiences of women living in remote areas within various provinces because pregnancy, abortion rates and abortion services appear quite different in remote and Aboriginal communities. Research should also compare Canada with other countries to uncover similarities and differences in frames, strategies, forces and outcomes. A very interesting country to compare would be the United States where women won the legal right to freely choose (in *Roe vs. Wade*) but without the corresponding right to access. The situation in the United States also points out just how precarious women's right to their bodies is, as President George W. Bush has vetoed embryonic stem cell research because of the "slippery slope" and the rights of the fetus. Bush even went so far as to admit the following to the Associated Press: "The use of federal money, taxpayers' money, to promote science which destroys

life in order to save life – I'm against that" (President Bush Promises to Veto Embryonic Stem Cell Bill 2005).

As already mentioned, since the women's movement's accounts were not recorded to the same extent as the actions of Morgentaler and Borowski, future qualitative research is needed in order to give women the recognition they deserve, and to ensure that their voices are heard.

The women's movement must continue its fight to make certain that women have access to the resources that are needed to ensure that choice is a reality. This includes: equal pay and equal employment; reliable, affordable and universal childcare; male sharing in childrearing responsibilities; equal representation in politics; accessible birth control; and fully funded and accessible abortion services. Since pregnancies occur in women's bodies and because reproductive technologies are never fool proof, the need for abortion will never go away. For this reason, women's struggle to ensure their rights will never end.

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Former MLA and Minister	February 20, 2004
Active Member of the Anti-Choice Movement	March 1, 2004
Active Member of the Pro-Choice Movement	April 14, 2004
Former MLA and Minister	May 25, 2004
Former MLA and Minister	July 1, 2004

CONSENT FORM

**"A Historical, Sociological and Social Constructionist Approach
to a Case Study of Abortion Services in Manitoba"**

The purpose of this research is to provide Aldean Stachiw with information on the role that the organization that I belong(ed) to played in increasing access or in diminishing access to abortion services in Manitoba.

I have volunteered to be interviewed and agree to have my interview tape-recorded. I understand that I'll be asked to speak about the politics and policies surrounding abortion in Manitoba and about the organization or constituency that I was or am involved with. I understand that my own ethical orientation or moral stance will not be questioned or probed, as this has no relevance or interest to the project at hand. I will only answer questions I want to answer: I do not have to answer any question, for any reason, and I can stop the interview any time I want.

I know that I will not be paid for my interview.

I expect that my identity will remain anonymous and that any information relating to me or my personal opinions will remain confidential. I understand that the name of my organization or constituency, but not my own name, will be used in the thesis. I know that all tape recordings and transcribed interviews will be kept in a secure place, that only the interviewer will have access to and that these tape recordings and transcribed interviews will be destroyed when this research project is complete. If I make a written request for a copy of the final paper, it will be sent to me.

I know that if any child abuse is discovered through my interview, it will be reported to legal authorities.

I know that this study has been approved by the University of Manitoba's Research Ethics Review committee, and that if I have any questions about this project, I can call either Aldean Stachiw the Principal Investigator (204-) or Susan Prentice, Aldean Stachiw's primary advisor (204-). I know that I can contact the Human Ethics Secretariat at 204- or I can e-mail Margaret_bowman@umanitoba.ca with any concerns or complaints I have about the project.

I am signing two copies of this consent form. I will keep one copy, and I will give the second copy to the interviewer.

Name: _____

Signature: _____

Date: _____

Place of interview: _____

Please send me a written copy of the final paper:

**A Historical, Sociological and Social Constructionist Approach
to a Case Study of Abortion Services in Manitoba"**

Thank you for agreeing to be interviewed for my Sociology Master's Thesis. I am looking forward to learning about the role that the organization or constituency that you belong(ed) to played in the historical development of access to abortion services in Manitoba. The focus of our discussion will be the role of groups and organizations; I am not primarily interested in analyzing your private views as an individual.

Here is a copy of the consent form you are required to sign. Please read it. If you have any questions, I will be happy to answer them.

I would like to remind you that you may stop the interview at any time, or choose not to answer any question for any reason. You have agreed that I can tape record this interview. Are there any questions before we begin?

I have eight questions that I hope can form the basis for our discussion.

1. In your view, what kind of access to abortion services does Manitoba have?
2. In your opinion, what explains how and why this access has developed?
3. In your view, what solution did your organization seek in terms of the question of access to abortion services in Manitoba?
4. In your view, who have been the main players in increasing access and who have been the main players in diminishing access to abortion services in Manitoba?
5. In your view, what explains the relative success of each group?
6. To the best of your knowledge, what were the strategic tactics used by your organization to further its goals in terms of the abortion issue?
7. In your view, what were the major influences to your organization's opinions or goals? For example, did religion, the growing needs of the market, of the desire for women's liberation drive your organization?
8. In your view, where there items or goals belonging to your group which failed to get onto political agendas?

HES Protocol Submission Form 1

HES Fax No. 261-0325

Protocol # 12003-085-086

(Assigned by HES Admin.)

**Human Subject Research
Ethics Protocol Submission Form (Ft. Garry Campus)**

Psychology/Sociology REB Education/Nursing REB Joint-Faculty REB

Check the appropriate REB for the Faculty or Department of the Principal Researcher. This form, attached research protocol, and all supporting documents, must be submitted in quadruplicate (original plus 3 copies), to the Office of Research Services, Human Ethics Secretariat, 244 Engineering Building, 474-7122.

If the research involves biomedical intervention, check the box below to facilitate referral to the BREB:

Requires Referral to Biomedical REB

Project Information:

Principal Researcher(s): Aldean Stachiw

Status of Principal Researcher(s): please check

Faculty Post-Doc Student: Graduate Undergraduate Other Specify: _____

Campus address: Isbister (Soc.) Phone: _____ Fax: _____

Email address: _____ Quickest Means of contact: email

Project Title: "A Historical, sociological and social constructionist approach to a case study of abortion services in Manitob"

Start date January 2004 Planned period of research (if less than one year): January-May 2004

Type of research (Please check):

Faculty Research:

Self-funded Sponsored
(Agency) _____

Administrative Research:

Central
Unit-based

Student Research:

Thesis Class Project
Course Number: _____

Signature of Principal Researcher: _____

This project is approved by department/thesis committee. The advisor has reviewed and approved the protocol.

Name of Thesis Advisor Susan Prentice Signature _____
(Required if thesis research)

Name of Course Instructor: _____ Signature _____
(Required if class project)

Persons signing assure responsibility that all procedures performed under the protocol will be conducted by individuals responsibly entitled to do so, and that any deviation from the protocol will be submitted to the REB for its approval prior to implementation. Signature of the thesis advisor/course instructor indicates that student researchers have been instructed on the principles of ethics policy, on the importance of adherence to the ethical conduct of the research according to the submitted protocol (and of the necessity to report any deviations from the protocol to their advisor/instructor).

Ethics Protocol Submission Form (Basic Questions about the Project)

The questions on this form are of a general nature, designed to collect pertinent information about potential problems of an ethical nature that could arise with the proposed research project. In addition to answering the questions below, the researcher is expected to append pages (and any other necessary documents) to a submission detailing the required information about the research protocol (see page 4).

1. Will the subjects in your study be UNAWARE that they are subjects? Yes No

2. Will information about the subjects be obtained from sources other than the subjects themselves? Yes No

3. Are you and/or members of your research team in a position of power vis-a-vis the subjects? If yes, clarify the position of power and how it will be addressed. Yes No

4. Is any inducement or coercion used to obtain the subject's participation? Yes No

5. Do subjects identify themselves by name directly, or by other means that allows you or anyone else to identify data with specific subjects? If yes, indicate how confidentiality will be maintained. What precautions are to be undertaken in storing data and in its eventual destruction/disposition. Yes No

* see CONSENT FORM. INTERVIEW SUBJECTS WILL AGREE TO HAVE THE NAME OF THEIR ORGANIZATION IDENTIFIED

6. If subjects are identifiable by name, do you intend to recruit them for future studies? If yes, indicate why this is necessary and how you plan to recruit these subjects for future studies. Yes No

7. Could dissemination of findings compromise confidentiality? Yes No

* SEE NOTE 5 ABOVE.

8. Does the study involve physical or emotional stress, or the subject's expectation thereof, such as might result from conditions in the study design? Yes No

9. Is there any threat to the personal safety of subjects? Yes No

10. Does the study involve subjects who are not legally or practically able to give their valid consent to participate (e.g., children, or persons with mental health problems and/or cognitive impairment)? If yes, indicate how informed consent will be obtained from subjects and those authorized to speak for subjects. Yes No

11. Is deception involved (i.e., will subjects be

HES Protocol Submission Form 3

intentionally misled about the purpose of the study, their own performance, or other features of the study)?

___ Yes No

12. Is there a possibility that abuse of children or persons in care might be discovered in the course of the study? If yes, current laws require that certain offenses against children and persons in care be reported to legal authorities. Indicate the provisions that have been made for complying with the law.

___ Yes No

13. Does the study include the use of personal health information? The Manitoba Personal Health Information Act (PHIA) outlines responsibilities of researchers to ensure safeguards that will protect personal health information. If yes, indicate provisions that will be made to comply with this Act (see document for guidance - <http://www.gov.mb.ca/health/phia/index.html>).

___ Yes No

Provide additional details pertaining to any of the questions above for which you responded "yes." Attach additional pages, if necessary.

In my judgment this project involves:

- minimal risk
- more than minimal risk

(Policy #1406 defines "minimal risk" as follows: "... that the risks of harm anticipated in the proposed research are not greater nor more likely, considering probability and magnitude, than those ordinarily encountered in life, including those encountered during the performance of routine physical or psychological examinations or tests.")

03 11 2003
dd mm yr

Signature of Principal Researcher

Ethics Protocol Submission Form**Required Information about the Research Protocol**

Each application for ethics approval should include the following information and be presented in the following order, using these headings:

1. **Summary of Project:** Attach a detailed but concise (one typed page) outline of the purpose and methodology of the study describing precisely the procedures in which subjects will be asked to participate.
2. **Research Instruments:** Attach copies of all materials (e.g., questionnaires, tests, interview schedules, etc.) to be given to subjects and/or third parties.
3. **Study Subjects:** Describe the number of subjects, and how they will be recruited for this study. Are there any special characteristics of the subjects that make them especially vulnerable or require extra measures?
4. **Informed Consent:** Will consent in writing be obtained? If so, attach a copy of the consent form. (see guidelines on informed consent). If written consent is not to be obtained, indicate why not and the manner by which subjects' consent (verbally) or assent to participate in the study will be obtained. How will the nature of the study and subjects' participation in the study be explained to them before they agree to participate. How will consent be obtained from guardians of subjects from vulnerable populations? If confidential records will be consulted, indicate the nature of the records, and how subjects' consent is to be obtained. If it is essential to the research, indicate why subjects are not to be made aware of their records being consulted.
5. **Deception:** Deception refers to the deliberate withholding of essential information or the provision of deliberately misleading information about the research or its purposes. If the research involves deception, the researcher must provide detailed information on the extent and nature of deception and why the research could not be conducted without it. This description must be sufficient to justify a waiver of informed consent.
6. **Feedback/Debriefing:** Describe the feedback that will be given to subjects about the research after they have completed their participation. How will the feedback be provided and by whom? If feedback will not be given, please explain why feedback is not planned. If deception is employed, debriefing is mandatory. Describe in detail the nature of the post-deception feedback, and when and how it will be given.
7. **Risks and Benefits:** Is there any risk to the subjects, or to a third party? If yes, provide a description of the risks and the counterbalancing benefits of the proposed study. Indicate the precautions taken by the researcher under these circumstances.
8. **Anonymity and Confidentiality:** Describe the procedures for preserving anonymity and confidentiality. If confidentiality is not an issue in this research, please explain why. Will confidential records be consulted? If yes, indicate what precautions will be taken to ensure subjects' confidentiality. How will the data be stored to ensure confidentiality? When will the data be destroyed?
9. **Compensation:** Will subjects be compensated for their participation? Compensation may reasonably provide subjects with assistance to defray the costs associated with study participation.

Ethics Protocol Submission Form
Review Your submission according to this:

Checklist

Principal Researcher: ALDEAN STACHIW

✓	Item from the Ethics Protocol Submission Form
✓	All information requested on the first page completed in legible format (typed or printed).
✓	Signatures of the principal researcher (and faculty advisor, or course instructor if student research).
✓	Answers to all 13 questions on pages 2-3 of Ethics Protocol Submission form.
✓	Detailed information requested on page 4 of the Ethics Protocol Submission Form in the numbered order and with the headings indicated.
✓	Ethics Protocol Submission Form in quadruplicate (Original plus 3 copies).
✓	Research instruments: 4 copies of all instruments and other supplementary material to be given to subjects.
✓	Copy of this checklist.

4. Informed Consent:

Informed consent forms will be signed. See attached.

5. Deception:

No deception is involved.

6. Feedback/Debriefing:

Upon written request, all respondents will be offered a copy of the final thesis.

7. Risks and Benefits:

There are no anticipated risks or benefits.

8. Anonymity and Confidentiality:

In order to protect the anonymity of my research subjects, I will remove the respondent's name from the data immediately following the interview, I will keep all transcripts and tape recordings in a secure location, and will destroy all data containing personally identifying information on the completion of the study, including recordings and transcripts. In order to preserve confidentiality, under no circumstances will I give to anyone, any information gathered during the course of the interviews that may not pertain to group positions. Respondents will waive expectations of confidentiality pertaining to the group positions that they belong to, and this will be explicit in the consent form (see attached).

9. Compensation:

A copy of the final paper will be available to respondents upon their request.

**"A Historical, Sociological and Social Constructionist Approach
to a Case Study of Abortion Services in Manitoba"**

ETHICS REVIEW APPLICATION

1. Summary of Project

I intend to conduct in-depth interviews with various players associated with the abortion issue in Manitoba over the past fifteen years. The interviews are needed to complement the secondary and archival research I will undertake as part of my work on my Master's thesis.

The larger project is designed to situate current abortion access and what explains how and why this access has developed. The project will cover the period from 1969 to 2004. I want to study the political context surrounding abortion services in Manitoba and explore the development of access to abortion services in Manitoba. I am interested in learning how abortion was represented as a political issue, how it was regulated and organized, and how different players and organizations shaped the development of the current situation. I am particularly interested in answering the question of how access to abortion services in Manitoba violates the Canada Health Act, seemingly without repercussions. Finally, I would like to situate all of this in a framework of concern for women's equality and women's rights.

The purpose of the thesis is to identify the people and factors that helped women's access and those that inhibited women's access to abortion services in Manitoba. I seek to uncover how abortion became a social problem, who defined it as such and who in Manitoba was responsible for "solving" the problem. I aim to look at the main players involved in the province's present system of abortion services. I will explore government action as well as inaction, and discover who benefits from policies and those who are perhaps worse off as a result of policies. I aim to uncover the processes and events that have influenced access to abortion services available to women in Manitoba since 1969. I will look at macro level interest groups (as they relate to the market, the church, the state and patriarchy), but only to set the context for a close study of historical and political developments in Manitoba, to illustrate how agency matters. My thesis will focus upon the actors and organizations in the historical development of abortion services in Manitoba to show that despite the reality of capitalism, patriarchy and other structural features, provincial access to abortion varies. Specifically, I will undertake a case study to discover who were and are the major players in determining Manitoba's present model of abortion services, and how they explained their role and action.

I plan to conduct interviews with key representatives from important organizations which played a role (on all sides) of the abortion debate. The purpose of the interviews is to uncover the strategic choices and tactics made by organizations that would otherwise go unlearned. Interviews will also allow me to discover how much of a gap there was or is between the private story and what groups said publicly. It is important to note that any interview data will be used to better understand organizational positions. Because groups collectively develop how they will frame the problem, it is not the private views of individuals that are of primary interest to me. Instead, my focus will be on the position of the group to which interviewees belong(ed) and what they represent(ed).

2. Research Instrument:

A semi-structured questionnaire will be utilized to guide my interviews. The interview schedule is attached.

3. Study Subjects:

I will be interviewing five to seven subjects. The respondents will be representative of the group or organization that they belonged to. Study subjects will be made aware that I am interested in what her or his organization or constituency represented and contributed to the present situation in Manitoba, as well as her or his views on politics and policies. Subjects will be made aware that I am not interested in his or her ethical orientation or moral stance. Interview subjects will be made aware that her or his interview will be a data source for my thesis and that only her or his organization (not herself or himself), will be cited by name. Anonymity and confidentiality of any information not pertaining to group positions will be preserved (see #8).

**"A Historical, Sociological and Social Constructionist Approach
to a Case Study of Abortion Services in Manitoba"**

Thank you for agreeing to be interviewed for my Sociology Master's thesis project. I am looking forward to learning about the role that the organization or constituency that you belong(ed) to played in the historical development of access to abortion services in Manitoba. The focus of our discussion will be the role of groups and organizations; I am not primarily interested in analyzing your private views as an individual.

Here is a copy of the consent form you are required to sign. Please read it. If you have any questions, I will be happy to answer them.

I would like to remind you that you may stop the interview at any time, or choose not to answer any question for any reason. You have agreed that I can tape record this interview. Are there any questions before we begin?

I have eight questions that I hope can form the basis for our discussion.

1. In your view, what kind of access to abortion services does Manitoba have?
2. In your opinion, what explains how and why this access has developed?
3. In your view, what solution did your organization seek in terms of the question of access to abortion services in Manitoba?
4. In your view, who have been the main players in increasing access and who have been the main players in diminishing access to abortion services in Manitoba?
5. In your view, what explains the relative success of each group?
6. To the best of your knowledge, what were the strategic tactics used by your organization to further its goals in terms of the abortion issue?
7. In your view, what were the major influences to your organization's opinions or goals? For example, did religion, the growing needs of the market, or the desire for women's liberation drive your organization?
8. In your view, were there items or goals belonging to your group which failed to get onto political agendas?



UNIVERSITY
OF MANITOBA

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APPROVAL CERTIFICATE

3 February 2004

TO: Aldean Stachiw (Advisor S. Prentice)
Principal Investigator

FROM: Jacquie Vorauer, Interim Chair
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol #P2003:086
"A Historical, Sociological and Social Constructionist Approach to a
Case Study of Abortion Services in Manitoba"

Please be advised that your above-referenced protocol, as revised, has received human ethics approval by the **Psychology/Sociology Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval has been issued based on your agreement with the change(s) to your original protocol required by the PSREB. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note that, if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

CONSENT FORM

"A Historical, Sociological, and Social Constructionist Approach to a Case Study of Abortion Services in Manitoba"

The purpose of this research is to provide sociology MA student, Aldean Stachiw with information on the role that the organization that I belong(ed) to played in increasing access or in diminishing access to abortion services in Manitoba.

I have volunteered to be interviewed and agree to have my interview tape-recorded. I understand that I'll be asked to speak about the politics and policies surrounding abortion in Manitoba and about the organization or constituency that I was or am involved with. I understand that my own ethical orientation or moral stance will not be questioned or probed, as this has no relevance or interest to the project at hand. I will only answer questions I want to answer. I do not have to answer any question, for any reason, and I can stop the interview any time I want.

I know that I will not be paid for my interview.

I expect that my identity will remain anonymous and that any information relating to me or my personal opinions will remain confidential. I understand that the name of my organization or constituency, but not my own name, will be used in the thesis. I know that all tape recordings and transcribed interviews will be kept in a secure place, that only the interviewer will have access to and that these tape recordings and transcribed interviews will be destroyed when this research project is complete. If I make a written request for a copy of the final paper, it will be sent to me.

I know that if any child abuse is discovered through my interview, it will be reported to legal authorities.

I know that this study has been approved by the University of Manitoba's Research Ethics Review committee, and that if I have any questions about this project, I can call either Aldean Stachiw, the student researcher (204-) or Dr. Susan Prentice, Department of Sociology, Aldean Stachiw's primary advisor (204-).

I'm signing two copies of this consent form. I will keep one copy, and I will give the second copy to the interviewer.

Name: _____

Signature: _____

Date: _____

Place of interview: _____

Please send me a written copy of the final paper:
