




Travel to Access Abortion Services in Canada

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On April 26, 2012, Conservative Party Member of Parliament Stephen Woodward introduced a motion asking for a special committee to consider the legal beginnings of human life. Woodward's action revived fears that the Conservative Government has a "hidden agenda" regarding changes to the status of abortion in Canada even though Prime Minister Stephen Harper stated he opposed the motion and Party whip Gordon O'Connor made the following statement:

The decision of whether or not to terminate a pregnancy is essentially a moral decision and, in a free and democratic society, the conscience of the

individual must be paramount and take precedence over that of the state ... I do not want women to go back to the previous era where some were forced to obtain abortions from illegal and medically dangerous sources. This should never happen in a civilized society.¹

Abortion is recognized globally as a vital component of sexual and reproductive health care for women. It is a commonplace, albeit time-sensitive medical procedure that has good health outcomes for women when trained personnel perform it under sanitary conditions within the first trimester. Yet abortion has become a stigmatized ►

¹ Gordon O'Connor quoted in Warren Kinsella, "Harper proves true to his word," *Toronto Sun*, April 30, 2012 <http://www.torontosun.com/2012/04/30/harper-proves-true-to-his-word>, Retrieved May 2, 2012



Since 1988 access to abortion services throughout the country remains patchy because of numerous extra-legal obstacles, thereby making travel a necessity for many women.

practice. Legal or extra-legal obstacles can impede access to abortion services; indeed, abortion does not have to be illegal in order to be inaccessible. Travel is a major extra-legal obstacle to abortion as the further a woman has to travel to access abortion services, the more likely she is to be young and underprivileged.

Women cross international and national borders for abortion services. This form of travel is commonly known as “abortion tourism.” It can be considered an insensitive term that portrays women’s decision to have an abortion as frivolous or opportunistic. Nevertheless, abortion tourism has become the generic designation for the transnational travel that women undertake for abortion services. Ireland is often upheld as a prime example of abortion tourism; it is estimated that five to seven thousand women travel to England for pregnancy termination every year. The Irish example distracts us from understanding that travel to access abortion services also occurs within the borders of a nation

such as Canada. Thanks to the assistance of Dr. Marion Doull, now a post-doctoral researcher at the University of British Columbia, as well as research assistants and volunteers from the University of Ottawa, I undertook a four-year SSHRC-funded study tracking, mapping and analyzing the journeys of Canadian women to freestanding abortion clinics across the country. We are now wrapping up this study and preparing the findings for publication.

In Canada, abortion was traditionally used as a back-up birth control method. However, abortion, as well as the sale, dissemination and advertisement of contraception and abortifacients, was criminalized in the late nineteenth century. The eugenics movement lent some support for contraception and sterilization to prevent the birth of individuals deemed “unfit,” but abortion remained a clandestine practice. Women who attempted to terminate their pregnancies injured themselves, swallowed potions and pills of various efficacy and/or inserted instruments into their cervixes. Others turned to



patients, doctors and staff at hospitals and clinics. Anti-abortion gatekeepers at hospitals (for example, switchboard operators, volunteers, nurses and doctors) can misinform women about abortion, refuse to refer them for abortion services or refer them to anti-abortion agencies instead. These behaviors are especially problematic for women living in towns or on reserves with few medical personnel.

Abortion is considered a “medically necessary” service under the *Canada Health Act*. Abortion, like any other medically necessary service, should be subject to the Act’s five principles. Accordingly, abortion has to be *accessible, portable, universal, comprehensive* and *publicly administered* regardless of a woman’s place of residence. However, Prince Edward Island (PEI) offers no abortion services at all despite recent pro-choice lobbying. The lack of abortion services mean that women must leave this province for Halifax, Fredericton or Montreal, depending on the length of pregnancy. Abortion is excluded from reciprocal billing agreements between some provinces and territories, meaning that women pay up front for the abortion in addition

to transportation and accommodation costs they incur in travelling for abortion services. Provincial and territorial governments have refused to pay for abortions; in New Brunswick abortions are covered by the province’s healthcare system *only* if approved by two physicians and performed by a gynecologist in a hospital within 14 weeks of the pregnancy. Court challenges concerning reimbursements for abortion services and excessive wait times should encourage the federal government to use its power to penalize provinces and territories that do not comply with the provision of abortion services according to the *Canada Health Act*.

Aboriginal women, younger women, poorer women, women from rural areas and women from Atlantic Canada are most likely to travel for abortion services today. Their travel is cloaked in silence although public debates over two-tier health care, wait times and privatization of medical services rage. The lack of attention paid to these journeys not only highlights the vulnerability of this population but also provides confirmation that abortions need not be illegal in order to be inaccessible to many women. ■



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