Q&A Vibrant Calgary Communities

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The state of reproductive health in Alberta: A Q&A with Dr. Carol Williams

The overturn of Roe vs. Wade had us asking, should we be concerned about abortion access in Alberta?

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When an individual's physical, mental, and social health are compromised, their chances of falling into poverty are increased. Calgarians require broad access to an integrated health delivery system and services that are respectful of the diversity of personal situations. With recent changes to abortion access in the United States came a renewed sense of urgency to understand what access to reproductive health looks like in Alberta, and where potential threats to this access lie. Dr. Carol Williams from the University of Lethbridge has been teaching and researching reproductive health for nearly 20 years. In the interview below, she highlights how few resources exist in rural Alberta, explores the organizing power of pro-life groups across North America, and shares recommendations for securing access.

How would you describe the state of access to reproductive health in Alberta today?

CW: The state of access to a full slate of reproductive health services in Alberta may be described, at best, as uneven. In Alberta, those living in Edmonton and Calgary, urban dense communities, possess greater, more reliable, access than those in smaller towns or rural communities. Both Edmonton and Calgary have individual freestanding clinics that provide full range of reproductive health services.

An interesting recent development according to the Abortion Rights Council of Canada (ARCC-CDAC) is the emergence of an independently-funded network of abortion doulas, who offer non-judgemental support including "accompaniment, travel funding, aftercare, and peer support" if needed for anyone seeking abortion. Closer to home, *Alberta Abortion Access* is a group of "trained and compassionate abortion support workers (also known as doulas) who accompany pregnant people through the abortion process." AAA express their commitment to "compassionate access to abortion services regardless of race, gender, age, or geographical barrier."

Southern Alberta, where I reside and teach a course in Reproductive Justice, exemplifies inconsistent access as there are no self-identified easily identifiable abortion providers or clinics. Moreover, in our region, doctors are difficult to secure for basic medical care never mind what some physicians might conceive as controversial reproductive health options. Significantly, as students have consistently revealed to me, practitioners in smaller towns frequently refuse to provide non-judgemental guidance when consulted on various "controversial" matters relevant to sexual and reproductive health including birth control abortion options, or gender nonconforming sexualities.

There is no open or public manifest of physicians who perform surgical abortion or prescribe *Mifegymiso* (the so called abortion pill approved by Health Canada in 2015) for those seeking guidance on abortion services and care. In 2022, Lethbridge and surrounding area, ProChoice YQL reached out to 715 regional physicians to compile a list of providers who have declared themselves willing and trained to prescribe *Mifegymiso*. Only 4 responded positively. ProChoice YQL is currently surveying Lethbridge pharmacies to confirm which are carrying the drug, which could prove to be yet another barrier after popular journalism revealed that certain US corporations, including Walmart and CVS, are known to have invested in anti-abortion campaigns.

As physicians Katharine Smart, Gigi Osler, and Deidre Young noted in a brief, yet comprehensive, opinion piece published in the *Globe and Mail*, the federal government did, in 1995, affirm access to abortion care and services as "a medical necessary . . . under the Canada Health Act." Nonetheless, many provincial governments are more than lax with regards to the Canada Health Act, nor does the federal government actively hold provinces who fail to provide equitable access accountable.

Travelling for an abortion remains a necessity in Alberta and is limited to those who do have the funds, childcare coverage, and time off work as well as transportation. Moreover, certain seekers of care (trans people; immigrants; Indigenous peoples; young adults; poor or working-class people, and rural residents) face more extensive barriers

than affluent non-racialized seekers. As a 2015 research project observed, "Physician bias and outdated practices were cited as significant barriers to quality [reproductive health care]. New immigrants, youth, young adults, and women in small rural, Northern and Aboriginal communities were all identified as particularly vulnerable."

This 2015 study proposed a few useful recommendations based on insights shared by their informants:

- restructuring health policy and subsidized contraception
- enhancing public and healthcare provider education, and
- expanding the scope of practice of nurses, nurse practitioners and pharmacists, alongside telephone and virtual healthcare consultations, to create multiple points of entry into the system

My own review of anecdotal accounting of over 700 postsecondary students during my 20 more years of teaching a course on Reproductive Justice affirms that rural Albertan young people face substantial and multiple barriers to accurate information. Provincial schools teach a Career and Life Management course (CALM) that supposedly instruct on matters of reproductive health and sexualities. But students tell me these courses are inconsistent focusing almost exclusively on biology; students describe the courses to be largely ineffectual; upholding obsolete values irrelevant to contemporary generation.

Across Alberta, *Sexual and Reproductive Health Clinics* are AHS-funded although often under resourced. They provide sexual health services and options counselling in many smaller Alberta towns. While services offered are inconsistent across the province, most advertise that they prescribe emergency contraception, testing and treatment for STIS, and contraception prescriptions free of charge for any client under 26.

It should be noted that not every small town or city in Alberta has a Sexual and Reproductive Health Clinic. Nor is it inconsequential that many smaller rural towns, like Stettler, Strathmore, Rocky Mountain House, Olds, Medicine Hat, Hinton, Grand Prairies, Edson, Drumheller, Brooks, Barrhead, Airdire and Cochrane have Pregnancy Care Centres (PCCs). Since the digital presence of Alberta's Sexual and Reproductive Health Centres is diminutive compared to Alberta's PCCs, it is likely that anyone searching for guidance around reproductive health or non-judgemental counselling on abortion options might stumble into a website for anti-abortion PCC rather than an AHS funded Sexual and Reproductive Health Service digital platform.

Access to abortions and other reproductive health services has yet again been in the spotlight given recent announcements at the US Supreme Court. How does access to these health services differ in a Canadian or Albertan contest? Should we be concerned?

CW: There are some similarities. However, the US constitutional and legal judicial landscape diverges from Canada's Charter-based system.

The US Supreme Court majority opinion known as *Dobbs v Jackson Women's Health Organization* (2022) authored by Justice Samuel Alito, struck down both *Roe v Wade* (1973) and *Casey v Planned Parenthood* (1992). *Casey* had significantly upheld the findings of *Roe.* Justice Alito dismissed these two significant precedents by arguing that abortion was **not** constitutionally rooted.

To make that argument Alito was purposefully selective in his reading of the history of abortion jurisprudence. Correspondingly, his opinion has been broadly condemned by constitutional scholars and historians alike. Some have pointed to glaring mistakes he makes. Justice Alito instrumentally cherry picked from history to underwrite his argument and, as many observe, to open the door to the dismantlement of other constitutional rights such as same sex marriage; right of intimate association; pluralism; and the right not to conform.

Pre-existing archival documents on the history of abortion decisively show how the US Supreme court opinion crafted by Justice Alito omits some crucial facts. For example, criminalization of abortion in the United States only began in 1820 shifting incrementally from 1860 to early 20th century.

Why is this historical evidence important for contemporary readers?

CW: In this earlier period, "life was deemed legally to **begin only when a pregnant woman sensed the fetus stirring in her womb**." This meant the law did not prohibit

abortion and a woman's acknowledgement of the stirring or "quickening" of the fetus was the measure of whether the fetus was viable.

This assertion implied that prior to "quickening" abortion was rarely, if ever, considered as a crime in the early to mid 19th century. But perhaps most significantly, this assertion also meant the person who carried the fetus possessed the liberty, to decide about its (the fetus's) existence.

I think this early history is important because it suggests the law does hold a precedent in affirming the bodily autonomy of those who get pregnant.

The aspiration to guarantee full bodily autonomy for those who get pregnant and who may choose, or need to, terminate informs contemporary legal decisions including *Roe v Wade* in the US and the *Morgentaler Decision* (1988) in Canada. What is also interesting is that anti abortion activism has elevated the status of the fetus to "personhood" distinct from the person carrying the fetus. The expressions of concern for the fetus, so commonly visualized as autonomous of the body in antiabortion signage at marches, is understood by historians, and legal scholars, as a contemporary manifestation, rather than rooted in concrete historical evidence.

Common in both the US and Canadian contexts, is that those who identify as anti-choice or "Prolife" are well organized; some organizations are operating and sharing strategies across the northern border. In the US, "Prolife" organizers have sustained campaigns in the courts making legal arguments, lobbying state legislators and justices to advocate for the recriminalization of abortion (and all practitioners involved including doctors, nurses and anyone assisting in any manner). Therefore, today, the terms of legal debate in a politically charged landscape have sought to dismantle and diminish the self determination and bodily autonomy of those who get pregnant and who "chose" to terminate as a matter of health.

Prolife organizations on both sides of the border are well organized and appear very well funded. Some organizations have not only a frontline of volunteers and paid organizers but also have a backend of workers who produce a very sophisticated digital and social media presence.

I would propose, sadly, that provincial and publicly, or even privately, funded reproductive health services and clinics may have been completely out strategized by more conservative, media-savvy, anti-abortion regional clubs and organizations whose campaigns seem lavishly funded. As scholars have shown, religious conservatives recognize that an ever expanding digital and public presence feeds the appetite for

reproductive health information for those seeking advice on reproductive services who have failed to receive guidance from family, siblings, from public health providers, or in school classrooms. It is no surprise that students of all ages have become one of the primary targeted consumers of "prolife" campaigning.

Should we be concerned? Yes. While the contemporary political and legal landscape differs between US and Canada, it is important to be alert to the aggressive push to recriminalize abortion in the United States because the strategies and rhetoric of fetal personhood as civil rights that has been weaponized by anti abortionist legal-judicial activists and larger organizations such as the *Centre for Bioethical Reform* (CBR) and *March 4 Life* which have vaulted the border. "Prolife" organizations in Canada are closely watching and learning from reforms in the US.

What are some of the ongoing threats or challenges to prochoice services?

As the US evisceration of constitutional rights to abortion (Roe v Wade) shows, well-funded, strategically sophisticated, anti-abortion activism has infiltrated all tiers of state governance and clearly is a major threat to bodily autonomy. The primary focus of conservative extremists is door-to-door campaigning, visual advertising campaigning, and the recruitment of younger constituents. Campaigns by local "prolife" groups is not unusual outside of high schools and on post-secondary campuses.

Pregnancy Crisis Centres, as enterprises that are unregulated and who claim to provide reproductive health options counselling and services, are also a threat. As ARCC-CDAC has documented, not only are PCCs unregulated they mislead by glaring omissions on their websites. They are under no obligation to provide accurate information; they do not disclose their religious or "prolife" affiliations or who provides them with financial backing. Nor are they a medically authorized facility although some conduct ultrasounds.

Members of Parliament who do not fully endorse abortion as a basic medical care necessarily covered by Canada's Health Act are also a threat. We do have a right to expect our elected parliamentary representatives to fulfill the obligations of the federal Health Act. ARCC-CDAC has assembled a comprehensive up to date listing of MPs who identified as Prolife or have supported bills that are eroding bodily autonomy or personifying the fetus to erode the right to bodily autonomy of those who can get or are pregnant.

Political complacency is a threat. Voting matters. In any election where you live, attend forums to ask the candidates in your community about their stance on access to the full range of reproductive health services and options.

Being aware not only of the history of the criminalization and decriminalization of abortion but of the history of sterilization without consent of Indigenous, immigrant, and differently-abled in Canada is needed in our educational systems. The histories of human rights and the right to bodily sovereignty in Canada is important to civic education. Moving toward a reproductive justice framework is more inclusive than maintaining a narrow focus on access to abortion. A campaign of "choice" that emphasizes not only the choice to **not have children** but **the choice to have children** is more equitable.

Do you have recommendations or policy suggestions you'd like to see that would secure or improve access to abortions and other reproductive health services?

- A region by region, easily accessible and transparent listing of all those physicians who provide a full range of reproductive health options and counselling including those who offer a critical and empathetic understanding of trans reproductive health care needs.
- We need our federal government to enforce consistent support for non-judgemental reproductive health services province to province and from north to south.
- A federal, easily accessible source of emergency travel funds to assist anyone seeking services beyond their own region to cover costs including a companion if required, access translators or advocates like abortion doulas, temporary accommodation, childcare, and wages coverage for any workdays missed. As already noted, travel to other jurisdictions to seek the full range of care has always been common to those who could afford it, but many cannot afford these costs.

- Pharmacies should be transparent in declaring that they support the full range of access to medication abortion within their pharmacy. For instance, a sticker campaign would be worthwhile; this could be an initiative of regional prochoice organizations.
- We need school curriculums in progressive sex education for elementary, middle, and high schools that goes beyond fear mongering, shaming, cisnormativity, or abstinence as basic values. This curriculum should be open and available to all students and not require parental approvals. Youth remain particularly vulnerable to the misinformation and fake science on which anti abortion or "prolife" activism thrives.

  The digital delivery of accurate information on reproductive health and sexuality is critical to effective sex education and health care outreach. Lacking comprehensive sex education at all tiers of the curriculum, the internet, and social media platforms like YouTube, TikTok etc... emerge as premier vehicles of information for youth. While social media is not entirely bad as a resource, it is not entirely reliable. Youth may be susceptible to the biases embedded in websites professing to educate them about the realities of intimacy and reproductive health and justice.

Additional Resources and Readings:

- The Action Canada for Sexual Health and Rights is an outstanding online comprehensive resource research service useful for those in need of reproductive care across Canada or specific to any province.
- Alberta Services can be found using this search engine.
- Action Canada operates a 7-days-a-week, toll-free, confidential access line (phone calls or text messages). Caller can ask any question regarding sexual health, pregnancy options, abortion, safe sex, and Action Canada also has the capacity to make referrals.
- Find a comprehensive updated list of anti-choice groups in Canada here, compiled in March 2022 by ARCC-CDAC
- Read the National Aboriginal Council of Midwives website for an excellent position statement on coerced or forced sterilization of indigenous peoples.