Abstract. Throughout the 1970s and 1980s, the Prince Edward Island Right to Life Association (RTLA) lobbied medical professionals, hospital boards, politicians, and neighbours to prevent the Charlottetown and Summerside hospital corporations, the only abortion providers on the Island, to eliminate their Therapeutic Abortion Committees. Because abortion committees were not mandatory and only hospital boards were responsible for establishing committees at accredited hospitals, the RTLA elected pro-life members to the boards and voted against abortion committee bylaws to establish barriers to abortion access. By holding key positions within the hospital corporations, pro-life activists ensured that abortion provisions were no longer legally or medically permissible in Island hospitals. This article draws on RTLA and government records, newspaper articles, as well as interviews with pro-life activists, to highlight the avenues through which the organization created a prominent social movement. By contesting the scientific reasoning for abortion, the RTLA quickly became a countermovement not only to the pro-choice movement, but also to the mainstream medical community.

Keywords. abortion, religion, science, Prince Edward Island, Canadian Medical Association, Prince Edward Island Medical Society, Right to Life Association, pro-life, pro-choice, social movements

Résumé. Tout au long des années 1970 et 1980, la Prince Edward Island Right to Life Association (RTLA) a fait de la représentation active auprès des professionnels de santé, des conseils d’administration d’hôpitaux, des politiciens de la région pour empêcher les hôpitaux de Charlottetown et Summerside, les seuls à offrir des services d’avortement sur l’île à l’époque, de maintenir leurs comités sur l’avortement thérapeutique. De fait, alors que ces comités n’avaient aucun caractère obligatoire et que seuls les conseils d’administration des hôpitaux

Katrina Ackermann, Department of History, University of Waterloo

CBMH/BCHM / Volume 31:2 2014 / p. 117-138
avaient la responsabilité d’établir de tels comités, la RTLA se chargea de faire élire des membres anti-avortement sur les conseils hospitaliers, permettant ainsi d’empêcher le vote de statuts pour ces comités et par là même l’accès à des services d’avortement. Via ces postes clé, les activistes pro-vie s’assuraient qu’une offre légale et médicalisée d’avortement ne soit plus disponible sur l’île. Notre article s’appuie sur la documentation gouvernementale et de la RTLA, la presse ainsi que des entrevues avec certains activistes pro-vie pour mettre en lumière les façons dont l’organisation a pu réussir à créer un mouvement d’envergure pour lutter contre la procédure. En contestant la dimension scientifique de cette dernière, la RTLA serait en fait rapidement devenue un contre-mouvement, non seulement face au mouvement pro-vie mais également face au gros de la communauté médicale.

Mots-clés. avortement, religion, science, Ile du Prince Edouard, Association médicale canadienne, Prince Edward Island Medical Society, Right to Life Association, pro-vie, pro-choix, mouvements sociaux

In a letter to the Prince County Hospital in 1980, the president of the Prince Edward Island (PEI) pro-life organization argued, “As long as you have a Therapeutic Abortion Committee you deny the facts of science and of modern medicine, you jeopardize the health and future pregnancies of the mother, and you accept the principle that the unborn child is not deserving of adequate medical care.”¹ The medical community’s assertion that abortion was a necessary medical procedure compelled some citizens to establish the PEI Right to Life Association (RTLA) in the 1970s to counter the idea that there were rational and logical reasons for abortions.² After a decade of lobbying medical professionals, hospital boards, politicians, and instituting community outreach seminars, the organization convinced members of the Charlottetown and Summerside hospital corporations to eliminate Therapeutic Abortion Committees (TACs). In its efforts to eradicate abortion, the organization drew on transnational pro-life literature and medical research that contested the scientific reasoning for abortion and quickly became a countermovement not only to the pro-choice movement, but also to the mainstream medical community. The success of the PEI pro-life organization was indicative of the growing fissures within the international medical community as physicians and scientists opposed to abortion adopted both scientific and religious discourses to prove what they perceived as the immorality of abortion.

The emergence of the PEI anti-abortion movement was not unique and its ability to shape societal and governmental responses to abortion demonstrates the power of grassroots movements. As little research has been conducted on Canadian pro-life organizations, an analysis of the PEI anti-abortion movement provides an important case study for the impact of transnational politics in a local Canadian setting.³ PEI’s small population and tightly knit communities helped the RTLA become one of the most effective regional pro-life organizations in Canada.
The significant presence of religion on the Island certainly influenced opposition to abortion; out of 121,225 citizens, there were 56,425 Roman Catholics and the church was a vocal opponent to abortion. While not all Catholics opposed abortion, RTLA records indicate that Catholics were predominant members in the organization. An analysis of RTLA, government, and medical society records, newspaper articles, as well as interviews with pro-life activists, highlights the avenues through which the Island organization countered the view that abortion was a reasonable medical procedure and became a prominent social movement.

Religious principles undeniably informed the pro-life perspective, but the role of science in the Canadian anti-abortion movement remains understudied. The RTLA garnered support by drawing on international scientific research that questioned the medical necessity for abortions. Numerous countries liberalized their abortion laws throughout the 1960s and 1970s with the support of national medical associations, and in response, many scientists and medical practitioners became key members of transnational anti-abortion movements to refute the justifications for abortion services. The common perception that anti-abortion beliefs were irrational is problematic given that Canadian and international medical societies did not have straightforward scientific reasoning for determining when life began; scientific beliefs, as well as ethical, legal, and moral considerations influenced individuals' and medical societies' reasoning on the abortion issue. Furthermore, advancements in neonatal medicine and the use of medical technologies to highlight embryological development convinced scientifically trained professionals to oppose abortion and these insights shaped the effective counter narrative disseminated by the pro-life movement globally.

Exploring the emergence and longevity of pro-life activism in PEI between 1969 and 1988, the period in which the Canadian government liberalized and decriminalized the abortion law, respectively, demonstrates how pro-life arguments circumvented the dominant medical discourse on abortion and influenced provincial abortion policies. After the federal government liberalized abortion laws in 1969, national and provincial medical societies questioned the effectiveness of TACs in hospitals and argued that abortion should become a private matter between a woman and her doctor. The Canadian Medical Association’s (CMA) decision to support abortions performed for socioeconomic reasons drew fire from various doctors across Canada and inspired the formation of anti-abortion groups. PEI doctors outraged by the CMA stance joined the RTLA and helped the organization disband the TACs at Island hospitals. Because abortion committees were not mandatory and only hospital boards were responsible for establishing committees at accredited hospitals, the RTLA elected pro-life members to the boards and voted against abortion committee bylaws to establish barriers to
abortion access. By holding key positions within the hospital corporations, pro-life activists ensured that abortion provisions were no longer legally or medically permissible in Island hospitals. The reality that abortions were often being performed for socioeconomic and mental health reasons convinced many citizens and physicians that there was no rational, scientific justification for abortion and the RTLA systematically eroded medical authority over abortion.

ABORTION AND THE MEDICAL COMMUNITY

The Canadian medical profession’s struggle to maintain control over abortion can be traced back to the 19th century, when abortion was first criminalized in the colonies. Medical societies used aspects of science and religion to argue that life begins at conception and condemned alternative medical practitioners for performing abortions. As physicians strove to enhance their professional status and become “priests of the body,” the medical literature stressed that moral health care practitioners did not perform abortions. Medical professionals’ responses within the debate varied, however, as they reconciled the reality of women’s experiences with their professional and legal responsibilities. Women constantly attempted to control their own fertility with illegal abortifacients or by seeking abortion providers and forced the profession to shift its approach to abortion in response to the increasing maternal mortality rate; however, the profession’s resolve to maintain authority over abortion prevailed throughout the 20th century.

Despite a growing acceptance for therapeutic abortions in the medical community, the profession was conflicted over the pervasive Christian worldview that life begins at conception. Some medical professionals and laypeople challenged the reasoning behind a liberalized abortion law during the federal government’s Standing Committee on Health and Welfare hearings in 1967. The abortion debate gained greater notoriety when Pope Paul VI condemned abortion in the 1968 encyclical Humanae Vitae and framed abortion as a moral rather than medical issue. Transnational grass-roots movements formed, such as the Canadian Alliance for Life, and quickly gained the support of local Knights of Columbus and Catholic Women’s League chapters. In addition, anti-abortion groups such as Nurses for Life, Canadian Physicians for Life, and Coalition for Life emerged in the 1970s to combat the notion that abortions were legitimate medical procedures.

Anti-abortion sentiments intensified within the medical profession when the CMA passed a policy that supported abortions for socioeconomic or mental health reasons. The federal government passed Omnibus Bill C-150 in 1969, which legalized the termination of pregnancies that endangered women’s lives or health. However, abortions
needed to be approved by TACs, consisting of at least three physicians, and performed in accredited hospitals. The amendment was informed by the common-sense notion that medical knowledge was objective and abortions would be approved based on rational and scientific grounds. However, the ambiguous wording within the law allowed TACs to determine the meaning of “health” on a case-by-case basis and TACs began to receive innumerable requests from women seeking abortions for socioeconomic, psychological, and physical reasons. In 1971 the CMA put forward a new abortion policy, which argued that abortion should be a “matter to be decided upon by the patient and physician concerned” and approved on “non-medical social grounds.” The policy passed with a vote count of 78 to 74. The CMA continued to debate the abortion policy at the annual meetings throughout the 1970s, further demonstrating internal divisions within the medical society over abortion. The association remained opposed to “abortion on demand” and asserted that no practitioner or hospital should be forced to perform them. While the medical society attempted to clarify the policy by defining abortion as the “termination of pregnancy before 20 weeks of gestation,” dissatisfied members called for a special federal commission on abortion so that the CMA could “build a scientific base for decisions on abortion.” The association’s policy troubled a number of doctors and prompted provincial medical associations to address the issue.

The CMA policy created internal divisions within the PEI Medical Society. Physicians opposed to abortion put forward an amendment at the 1974 annual meeting to demonstrate that the CMA’s position was not representative of the provincial association. A doctor gave notice of motion to withdraw from the CMA at the next annual meeting because of its stance on abortion. The physician requested that the PEI society “set up a Special Committee of the Executive to promote to CMA the equal human rights of the unborn fetus with a view to changing the present policy of the CMA with regard to abortion.” The Executive established the committee to explore the views of their members and the questionnaire indicated that 38 of the 59 respondents (60% of doctors responded to the questionnaire) agreed with the CMA position and 21 disagreed. A report was not presented to the CMA regarding the rights of the unborn because the “committee would be acting on behalf of a minority group within [the] society.” The Executive was confident that its report justified supporting the CMA’s abortion policy, but the nature of the anti-abortion comments summarized in the report suggested that many doctors were unlikely to remain silent on the issue. A summary of the responses indicated that many doctors agreed with the CMA advocacy for improved family planning to decrease the requests
The rise in anti-abortion sentiments in the international scientific community bolstered numerous PEI physicians’ belief that there was no medical justification for abortion committees. Canadian and American doctors spoke at local pro-life events in PEI between 1974 and 1981 and demonstrated the divisiveness of the issue within the medical community. In the 1980s, American physicians Jack Willkie, and founding member of the National Association for the Repeal of Abortion Laws, and former abortion provider, Dr. Bernard Nathanson, spoke before hundreds of Islanders about the scientific basis for pro-life beliefs. Nathanson created controversy within the medical community when he drew on the science of fetology and ultrasound imaging to argue that abortion violently and painfully killed an unborn child in the film, The Silent Scream (1984). While many medical professionals quickly refuted Nathanson’s claims, the scientific research conducted by prominent international doctors and scientists fuelled anti-abortion activism on the Island. One of the loudest scientific voices in the transnational pro-life movement was Jerome Lejeune, the French geneticist who discovered the connection between chromosome abnormalities and intellectual disabilities in the 1950s. Lejeune, outraged that the medical community used his research to justify the termination of fetuses, became a prominent pro-life advocate and his research appeared often in the RTLAs newsletters and briefs presented to medical professionals. New Zealand gynaecologist and obstetrician A.W. Liley—“the father of fetology”—was also frequently cited by the pro-life movement because of his assertion that the fetus was alive and human in the womb. The anti-abortion research assured both physicians and citizens that anti-abortion activism was not only justifiable, but also necessary. In 1981, several doctors formed Physicians for Life on the Island, further demonstrating the extent to which the medical community was divided over who had the authority to determine the necessity for abortions.
PRO-LIFE ACTIVISM AND THE END OF THERAPEUTIC ABORTION COMMITTEES

Grassroots organizations emerged as citizens became aware that PEI hospitals ignored the counsel of many doctors opposed to the procedure and approved abortions for ‘non-medical’ reasons. In February 1974, the RTLA emerged as a non-sectarian affiliate of Alliance for Life and called on Islanders to lobby for the unborn child. The association grew from a handful of male and female members in 1974, including the PEI representative for the National Advisory Council on the Status of Women, a paediatrician, several clergymen, and a nun, to over a thousand in seven years and citizens established five chapters throughout the Island. Past president of the RTLA Ann Marie Tomlins joined the pro-life movement after an acquaintance had an abortion and “there were no health issues involved in her decision whatsoever. She just didn’t want her parents to know she was pregnant.” Tomlins notes that at that time people argued that the women did not use the law “frivolously … and I knew basically that this was not true. I knew that this was a lie.” A few years later, she read a letter to the editor from the RTLA that asked for volunteers and she promptly joined the organization. Activists kept the abortion debate in public consciousness and continued to garner support; they hosted pro-life workshops, spoke at schools, wrote letters to newspapers and politicians, distributed newsletters, petitions, books and films, established a Respect for Life Week, ran newspaper and radio advertising campaigns, and set up a Right to Life booth at the annual Country Day and Old Home Week. Throughout their campaigns, activists stressed the importance of disbanding the TACs at the Charlottetown and Summerside hospitals. When the medical society voted in support of the CMA’s abortion policy in 1975, the organization decided that its best strategy was to target the hospital boards that implemented TACs.

An opportunity to limit accessibility to abortions arose during the amalgamation of the Catholic Charlottetown Hospital and the government-funded Prince Edward Island Hospital into one newly constructed hospital, the Queen Elizabeth Hospital. Hospitals were under no obligation to establish a TAC and the Hospital and Health Services Commission (HHSC)—the provincial body responsible for the provision of the provincial health insurance plan—implemented guidelines and a payment policy for abortion services. Access to publicly funded abortion services was already relatively limited after the HHSC decided that it would not approve payment for abortions unless there were concrete medical grounds for the procedure in 1976. Some PEI doctors argued that the HHSC’s decision was arbitrary, did not reflect the present law, and forced doctors to refer women with the economic means to abortion
clinics in Massachusetts, Maine, or New York. Access to abortion services steadily decreased and in 1978, Statistics Canada reported that PEI’s abortion rate was the lowest in Canada. The knowledge that accessibility to abortion services was comparatively low in the province did not lessen pro-life activism. The RTLA’s lobbying efforts escalated to the extent that in 1980 Dr. Prowse, executive director of the HHSC, became concerned that citizens were confusing “abortion on demand” with TACs. Dr. Prowse and John Mungall, administrator of Prince County Hospital in Summerside, informed one journalist that the TACs at the two hospitals followed strict procedures when dealing with applicants and were confident that abortions were not getting out of hand. However, activists continued to argue that medical professionals were not qualified to determine the necessity for abortions—abortion was a moral issue, not a medical decision. Furthermore, the declining abortion rate convinced the RTLA that abolishing the abortion committees in Charlottetown and Summerside was a feasible objective.

Catholic members and organizations provided tremendous financial and vocal support for the RTLA throughout the 1970s and 1980s and demonstrated the extent to which the religious institution continued to shape medical policies. This is not to suggest that Protestants were not members—Anglican and Baptist clergymen held executive positions within the association. However, the amalgamation of the PEI Hospital and the Charlottetown Hospital, which was run by nuns, motivated the Knights of Columbus, Catholic Women’s League, Sisters of St. Martha, and priests from various congregations to become prominent supporters of the pro-life movement. In addition to Sisters sitting on both the hospital and the RTLA boards, launching fundraising campaigns, and participating in various pro-life workshops, the Winnipeg Catholic charitable institution Valade Vitae Service funded pro-life educational efforts through Education Liaison Officer positions in the late 1970s. With the financial assistance of the service, the educational liaison officers held meetings with medical professionals at several PEI hospitals and spoke before the Association of Nurses of PEI and the Board of Queen Elizabeth Hospital in 1978 in their efforts to establish a “Pro-Life philosophy on the Board of the new Charlottetown Hospital.”

Perhaps the organization’s most divisive action to co-opt medical authority was its request for citizens to withhold donations to the Queen Elizabeth Hospital Equipment Fund until the hospital board decided whether to establish a TAC. Numerous citizens were outraged that the RTLA was imposing its values on all citizens—some went so far as to argue that the association was blackmailing the hospital. However, letters published in the Charlottetown newspaper also provide insight into why some PEI residents stridently lobbied members of the community. One citizen believed that withholding funds was
important because “the hospital board … will listen NOW. Money talks. It is our most eloquent speaker in this issue. If we ignore this opportunity to speak out, will we get another?” Another citizen asserted that as a “nurse who respects life,” she wanted the “best equipment for the new hospital. But short of refusing to pay taxes and going to jail, withholding support for the fund [was] the only method [she had] to force the Board to take responsibility, make the decision and stop straddling the fence.” Furthermore, she questioned why doctors or medical personnel were even involved in the decision-making process. Since doctors were medical authorities and not ethical authorities, she argued that “the question of which of the unborn will be allowed to live is an ETHICAL question.” While the organization’s attempt to thwart the hospital’s fundraising efforts was not entirely successful—the Executive Director of the Queen Elizabeth Hospital argued that the campaign may have actually backfired since the hospital quickly reached its fund-raising goal—the campaign heightened awareness for the pro-life cause and propelled grass-roots activism on the Island.46

In briefs submitted to the government and the hospital boards, PEI activists often drew on the research conducted by international scientists Nathanson, Lejeune, and Liley to illuminate the non-medical nature of abortion. A PEI registered nurse objected to the information distributed by the RTLA, arguing that the organization took the quoted research out of context and distorted it to gain public support.47 The RTLA argued that the Canadian abortion law, “without regard for scientific fact, consider[ed] the unborn child less than human” and placed hospital employees in a moral dilemma as they were forced to witness horrific acts, such as an unborn child being torn apart limb by limb during the procedure.48 The traumatic nature of the procedure, the organization argued, caused undue stress: “Nurses are sometimes asked to assemble the fetal parts after they have been ripped apart in a suction abortion, to deliver the dead baby after a saline abortion, and to dispose of the live baby after a hysterotomy.”49 Former RTLA President Judy Chaisson indicated that she witnessed similar traumatic procedures while she worked as a clerk in the operating room in Ontario because she was required to send the specimen to the lab.50 Activists argued that doctors were not the only medical professionals affected by the procedure—hospital staff, including anaesthesiologists, nurses, and lab technicians were involved in the procedure—and therefore doctors alone should not be authorized to determine the medical necessity for abortions.

The Queen Elizabeth Hospital Corporation members and board were still in favour of establishing a TAC in 1980 and while the board did not request the PEI Medical Society’s opinion regarding establishing a TAC at the new hospital, it formed a steering committee that included
numerous doctors and hospital staff. Dr. Colin MacMillan informed The Guardian that even if the hospital asked the Medical Society for an opinion, a consensus was unlikely. Despite hospital insiders informing the RTLA that the Executive Director and the majority of the hospital corporation advised against forming a TAC, the hospital board voted ten to six in favour of the committee in 1980. The pro-life organization strategized to eliminate the TAC at the 1981 annual meeting and promptly cut-off access to abortion on the eastern portion of the Island.

Prior to the hospital’s annual meeting, the RTLA sent information letters to members to ensure the annual meeting ran smoothly and effectively. The letter reminded members that membership cost $1.00 and was open to anyone 18 years or older. The hospital did not allow proxy votes, so registration would open an hour and a half before the meeting commenced with registration lists arranged alphabetically on 10 tables to speed up the process. The association planned to give out a pro-life “fact sheet” at the door to provide voters with additional information. The information sheet instructed members to vote on item “h” in the medical bylaws, and once the bylaw was moved and seconded by the board, “pro-abortionists” would receive the opportunity to discuss the issue before the vote. The letter advised members that:

In the event of discussion, selected pro-life speakers will respond to all pro-abortion arguments, speaking from prepared texts. AS SOON AS POSSIBLE, WE CALL FOR THE VOTE (all holler ‘Question!’ Chairman will say ‘All in favor?’ Do not respond. Chairman will say ‘Contrary’ Respond! A recess will follow, the board will convene, delete the T.A.C. clause(s), then propose the adoption of the by-laws without the therapeutic abortion committee. This time we vote I FAVOR of the amended by-laws.

One pro-life doctor was concerned that the resolution would fail if activists did not compromise and allow provision for abortions when a pregnancy endangered a mother’s life. The organization declined his suggestion and went forward with its anti-abortion amendment. Activists saw the proposed amendment as a slippery slope and did not want to create any avenues for doctors to perform abortions in the Charlottetown hospital.

In addition to voting against an abortion bylaw, the organization planned to elect pro-life members to the hospital board to ensure that the hospital maintained its anti-abortion policy and it gave members a list of pro-life candidates from which to choose. The list of candidates included: a former director of public health nursing; a Protestant lawyer who was involved in numerous charitable organizations; a provincial government employee trained in social work and a former employee of the Prince County Family Services Bureau; a wife of a clergyman;
the chairman of the Diocesan Pastoral Council; an administrator of the village of Cornwall who was also director of the United Way; a minister and executive director of the PEI branch of the Canadian Mental Health Association; and lastly, a Charlottetown lawyer. The slate of Protestant, Catholic, and highly educated pro-life board members provided assurance that the resolution would not be easily overturned.

The efforts of the RTLA culminated on 25 June 1981 when the members of the Queen Elizabeth Hospital voted against a TAC. Membership grew from 200 members in 1980 to over 3,000 members in 1981 with 1,796 people attending the annual meeting to cast votes.55 Citizens traveled from all over the Island and braved a downpour to attend the meeting hosted at the local arena.56 Tomlins was the president in 1981 and she recalled that “[they] sent letters out to churches and groups and just asked for support and it came. There were busloads from all over the Island … and at least four times as many of us. At least four times.”57 One interview participant remarked that the crowd was “bigger than at many of the hockey games.”58 Activists remembered waiting in line for hours before being able to cast their votes and the board comically attempting to rush through its usual business as over 1000 people waited to vote on the abortion issue.59 The board then took a 45-minute recess to tally the votes and after hours of anxiously waiting for the decision, it informed members that the vast majority of the 1,796 members voted against establishing a TAC. The pro-life organization was also able to elect its slate of pro-life candidates onto the hospital board. The RTLA ensured that its candidates would succeed: “if there was a lawyer being presented by the hospital … we put in a more qualified lawyer. If there was a doctor we put in a more qualified doctor, etc., so that the people we put in were … there for years and … did a wonderful job … Our slate won.”60

RTLA members described the event as exciting and electric and recalled that emotions ran high that evening. While the majority of the interview participants remembered the event fondly, Doreen Beagan, a long time pro-life activist and former president of PEI REAL Women of Canada, remembered feeling disappointed when some pro-life members booed a citizen who spoke in favour of a TAC. She remarked that the booing was ungracious and regardless of the speaker’s position, it took a lot of courage to stand up in front of a rink full of people and express his or her views.61 Another member of the RTLA wrote a letter to the editor apologizing on behalf of the organization for the rudeness displayed by some of its members. She argued that “under no circumstances is it laudable to boo, hiss, or laugh at serious people making serious speeches on subjects of importance to them.”62 Overall, Beagan, Tomlins, and numerous other interview participants were proud of their success in 1981 and continued their involvement through a variety of
forums. Whether the women were creating posters, lobbying the Prince County Hospital board, or voting against their preferred party because of its liberal abortion stance, the women were eager to fight for the life of the unborn child.

Their victory at the Queen Elizabeth Hospital assured activists that eliminating access to abortion on the Island was not only possible, but also very likely, and they immediately focused their attention on disbanding the TAC at the Prince County Hospital. Beagan was one of the pro-life activists elected as a member of the board of trustees at the Summerside hospital in the 1980s and she remembered the slow process in which the organization elected members onto the board annually, beginning in the late 1970s. The association labeled the Prince County Hospital the “abortion centre of P.E.I.” because more than half of the abortions performed in the province annually occurred at the hospital. The hospital responded to anti-abortion activism by amending the abortion bylaw in the early 1980s to ensure that only abortions performed to save a mother’s life were acceptable, but the pro-life organization formed a special committee in 1982 to study the procedures and bylaws at the hospital to abolish the TAC. In addition to encouraging pro-life members to pay the $10 fee required to become a member and receive voting rights at the Prince County Hospital’s annual meetings, the organization disseminated pro-life ideology by organizing film showings and talks for church groups and high school classes in an attempt to increase its support base.

While the pro-life movement lost the motion to abolish the TAC at the 1984 annual meeting, pro-life members replaced several key members of the hospital corporation and indicated their resolve to achieve their goal from within the hospital. The realization that voters considered the election of trustees and the removal of the TAC as the same issue troubled several Summerside residents. The hospital’s executive director, Wayne Carew, explained that once members removed the TAC from the hospital bylaws, the board could not reverse the decision. A former director of nursing was concerned that if members of the hospital corporation replaced trustees with inexperienced pro-life citizens for three-year terms there would be tensions and bitterness between staff and hospital employees. Summerside residents lamented that “outsiders” were replacing trustees who devoted their life to improving health care and many hospital employees rallied behind veteran board members to prevent the election of pro-life members to the hospital board in 1985. The abortion issue intensified that year when citizens called the Prince County Hospital board members at home to express their views on the abortion issue prior to the annual meeting. The pro-life motion was defeated again in 1985, but the organization successfully filled seven of the eight positions available on the hospital board and
demonstrated its determination to succeed the following year. The organization’s failure to abolish the abortion bylaw at the annual meeting in 1985 was influenced by heightened pro-choice activities. In 1985 abortion rights activist Dr. Henry Morgentaler requested the support of all provincial governments in establishing regional abortion clinics. In addition, a chapter of the Canadian Abortion Rights Action League (CARAL) formed in PEI in February 1985 and presented a petition to Minister of Health Albert Fogarty in support of Morgentaler’s request. When the minister informed reporters that he was personally opposed to abortion and “would not in any way be willing to consider that as a possibility,” some citizens were compelled to confront the pro-life movement. One citizen who objected to “vocal people electing themselves to be my conscience” asked the government to start listening to “all voices on issues rather than a loud, complaining few.” However, many people who were in favour of a TAC were too afraid to speak out because of the “pro-life climate” in the province. Those who spoke out against the pro-life movement were CARAL members elected to respond to pro-life letters, or citizens who used pseudonyms to protect their identities. By 1986, after almost a decade of gradually electing pro-life trustees and increasing membership for the hospital corporation, the movement was able to abolish the abortion committee in Summerside. Churches organized buses and citizens traveled across the Island to attend the annual general meeting. On 3 June 1986, 1,374 members of the Prince County Hospital Corporation attended the meeting and 978 voted to abolish the TAC. In an interview following the hospital meeting, Dr. Douglas Tweel, spokesperson for the PEI Medical Society, argued that the removal of the bylaw was a “non-issue” because it did not change the status quo. Although the government last reported abortions on the Island in 1982, the dissolution of the TAC was a symbolic victory for the pro-life movement and many believed that the issue was resolved. When the Supreme Court deemed the abortion law unconstitutional in January 1988, citizens and fellow politicians pressured the provincial government to take a stand in the debate and ensure that the medical procedure did not resurface in Island hospitals. The daily newspapers and government representatives were flooded with letters from citizens. Charlottetown’s The Guardian even created a separate abortion forum to publish citizens’ letters. When CARAL published an advertisement in the newspaper entitled “Islanders for Choice” with the names of close to 200 citizens, churches responded by printing “People for Life” advertisements with entire lists of parish members. A former member of the PEI Advisory Council on the Status of Women indicated that a few women complained to the council about parishes printing their
names without their permission and falsely claiming that they were pro-life. Between February and April 1988, citizens on both sides of the debate asked the government to take action and put forward its motion to the federal government.

The decriminalization of abortion revealed how divisive abortion had become within society and the health care profession. The Queen Elizabeth Hospital and Prince County Hospital boards decided to maintain their anti-abortion stances despite the CMA’s assertion that abortion should be a confidential decision between a woman and her doctor. The PEI Medical Society president, a founding member of PEI Physicians for Life, also went against the CMA policy by giving an anti-abortion presentation to the Conservative and Liberal parties. A doctor formally complained that the president took “advantage of his position to lobby a personal stance on a very debatable topic.” At the society’s annual meeting in June 1988, the president went a step further by condemning abortion in his presidential address. He argued that the termination of a fetus when the mother’s life was not threatened went against the Christian medical tradition of treating illness. The president condemned both Morgentaler and the Supreme Court judges for defining abortion as “a medical necessary act” or “therapeutic act.” He asserted that “[w]e meet in these quotations clear examples of persons accepting ‘the big lie’ … This remains purely a matter at law, if ordinary use of the English language is to retain its meaning, or reasoned thought its course.” The president reasoned that if Canadians decided abortions must still take place then they should occur in “technologically well equipped facilities, by technologically superbly trained operators” outside of hospitals and apart from the medical profession. Interestingly, he also mentioned that he and anti-abortion advocate Dr. Nathanson were classmates at McGill University, further illuminating the interconnections between transnational anti-abortion activism and local politics. When 30 physicians at the Queen Elizabeth Hospital opposed offering abortions at their facility in June 1988, their stance indicated the extent to which abortion had become a moral and social issue, out of the purview of the medical community.

On 30 March 1988, citizens packed the Legislative Assembly gallery as Premier Joe Ghiz’s Liberal government responded to public pressure and put forward Resolution 17, which declared that the Legislative Assembly of Prince Edward Island, at the behest of citizens, opposed abortion. The resolution argued that the majority of citizens believed life begins at conception and, therefore, the government became responsible for demonstrating “the political will to protect the unborn fetus.” Minister of Health Keith Milligan denounced the federal government for placing immense pressure on the provincial governments, hospital boards, and medical professionals. Milligan only supported
abortions performed to save the life of the mother because “life begins at conception and ... there is ample biological evidence in support of this position.” Justice Minister Wayne Cheverie supported the resolution and advocated for a law to protect the fetus at the federal-provincial ministers’ conference. Two Progressive Conservative members voted against the resolution because the amendment to protect the life of the mother was “too loosely worded.” On 7 April 1988, Members of the Legislative Assembly approved the anti-abortion resolution and sent it to the federal government on behalf of citizens, proclaiming PEI as a pro-life province.

CONCLUSION

The success of the pro-life movement in PEI rested in the activists’ willingness to not only lobby the medical community and politicians, but also their neighbours, friends, and families. One woman who grew up in a feminist Protestant household, but resided in a “really, really Catholic community,” remembered her mother’s outrage when she came home wearing a pro-life symbol:

I was probably nine or ten and I went with my friend ... to her aunt’s yard sale and her aunt was hard core Right to Life and gave us each—I can’t remember if it was earrings or a pin of the baby’s feet—that symbol of the anti-abortion movement. And ... because of course I was a nine or ten year old girl and I thought that they were really cute and I had no idea of the significance of the symbolism. And so I wore my little feet home and my mom freaked out ... she sort of felt that it was ... I mean, one completely inappropriate to give abortion propaganda to someone else’s kid and also really felt that it was directed at her because she would have been known as someone who didn’t adhere to the very popular anti-choice sentiment in our community.

The abortion debate within her community illuminated the divisions between Protestant and Catholics on the Island and she became aware that her family thought differently than many of her friends and neighbours. Another interview participant who grew up in a Protestant household in Kings County remembered that many people, including her parents, supported a TAC at the Queen Elizabeth Hospital but they were “railroaded” by the large Catholic population. Although many silent people favoured accessible abortion services, the repercussions associated with being labeled “pro-abortion” in their small Island community far outweighed their support for access.

Despite PEI pro-choice activists’ attempts to create access to abortion services at the Queen Elizabeth Hospital in June 1988, 874 members of the hospital corporation voted against allowing abortions at the hospital and only 70 voted in favour. In the weeks following the annual
meeting, the PEI Advisory Council on the Status of Women released a study they funded on the provincial abortion issue. When the survey asked Islanders if they supported abortions performed in hospitals, 39% of the respondents said yes, 40% replied no, 20% said only in some circumstances, and 1% was indifferent. The study also found that faith influenced one’s stance in the abortion debate. When the survey asked citizens if they favoured provision of abortion services at hospitals, the responses were stark: 51% of Protestants and 29% of Catholics were in favour; 25% of Protestants and 54% of Catholics opposed availability; and 24% of Protestants and 17% of Catholics said only under certain circumstances. The survey illuminated the divisive nature of the abortion debate and the unwillingness of most citizens to speak publicly against the pro-life movement.

Whether or not the majority of Islanders supported hospital abortions under certain circumstances, the hospital corporations chose to maintain the status quo. Although officials could not determine the exact number of PEI women who traveled out-of-province for abortions throughout the 1980s, the estimations ranged between 200 and 650 annually. The HHSC remained opposed to “abortion-on-demand” after abortion was decriminalized, but it established the Medical Advisory Committee to determine when to fund abortions performed at accredited out-of-province hospitals. The committee would reimburse a resident or hospital if a woman submitted documentation, such as imaging that proved she was pregnant, as well as a reason(s) and explanation(s) in writing as to why the abortion was necessary. By implementing the committee, the government ignored the Supreme Court of Canada ruling and the CMA’s advice and forced women to prove that their abortion was medically necessary. As Sandra Rodgers has aptly argued, the decriminalization of abortion did not remove the provincial barriers to abortion services; the belief that decriminalization increased access was merely an illusion.

The abortion issue has maintained a looming presence in Canadian media coverage and politics over the past 30 years and it does not appear to be fading. When the province recently celebrated its 30th year as a “life sanctuary,” citizens regarded the longevity of the PEI pro-life movement with both delight and despair. While abortion rights activists attempted to remove financial barriers to abortion services by challenging the government to pay for services at the Halifax Morgentaler clinic, the provincial Court of Appeal ruled in favour of the government, thereby upholding the status quo. In 2014, women continue to travel out-of-province for abortion services and often pay out-of-pocket to maintain their anonymity. Recent reporting of a PEI family doctor prescribing abortifacient drugs in his office demonstrates that the battle for authority over abortion is ongoing.
ACKNOWLEDGEMENTS

I would like to thank the Social Sciences and Research Council of Canada and the University of Waterloo for funding my research; Wendy Mitchinson, Tracy Penny Light, Matthew Hayday, Shannon Stettner, Thomas Wendelboe, and the anonymous reviewers for their feedback; the interview participants for sharing their stories; and Sara K. Tennant for her research assistance.

NOTES

1 Prince Edward Island Right to Life Association Records (hereafter PEI RTLA), President Ann Marie Tomlins to Administrator of Prince County Hospital John R. Mungall, 7 September 1980.

2 I use the terms “anti-abortion/pro-life” and “pro-choice” to ensure consistency and historical accuracy, as they were the terms used by the media, government, and activists throughout the period.


15 “Matinee,” Henry Morgentaler interviewed by Helen Hutchinson on CBC radio, 18 June 1970; Henry Morgentaler, Abortion and Contraception (Toronto: General Publishing, 1982), p. x. When the federally appointed Badgley Commission researched the impact of the abortion law nationwide in the mid-1970s, the findings indicated a significant reduction in maternal deaths due to fewer women self-inducing or seeking illegal abortions. However, it also indicated that abortion services were inequitable across Canada. LAC, RG106, Box 65, file 1230-C6, “Summary of the Report,” Committee on the Operation of the Abortion Law, p. 5.
19 Public Archives and Records Office (hereafter PARO), PEI Medical Society fonds: “Report of the Special Study Commission on Abortion, Appendix B, 10 June 1975; Minutes of PEI Medical Society Executive Meeting, 16 April 1975.
20 PARO, PEI Medical Society fonds: “Report of the Special Study Commission on Abortion, Appendix B, 10 June 1975; Minutes of PEI Medical Society Executive Meeting, 16 April 1975.
24 For example, see “Silent Scream: Distorted Truth?,” CMAJ 132, 11 (1 June 1985): 1301.
27 PEI RTLA, “A Brief to the Board of Trustees of Queen Elizabeth Hospital from the PEI RTLA,” September 1980.
28 Newly-Formed Group of MDs Oppose Abortion Committee,” The Guardian, 4 May 1981.
In Defence of Reason

31 Interview with Ann Marie Tomlins, Charlottetown, 11 February 2013.
33 PARO, PEI Medical Society fonds, “Health Services Commission to Chairman, Board of Trustees, All Hospitals; Administrator, All Hospitals; All Physicians,” 17 September 1976.
36 PARO, PEI Medical Society fonds: Executive Meeting Minutes, Charlottetown, PEI, 23 July 1979; Executive Meeting Minutes, Charlottetown, PEI, 9 January 1980.
39 PEI RTLA, Vice President WW. to Sister TV., Executive Director of Valade Vitae Services, 13 October 1980.
41 PEI RTLA: Board to Valade Vitae Services, “A Proposal for the Employment of an Educational Liaison Officer(s),” 14 November 1977; President WW. to Sister TV., Executive Director, Valade Vitae Service, 11 May 1981.
46 Marian Bruce, “Prince Edward Island,” p. 12.

49 PEI RTLA, “A Brief to the Board of Trustees of Queen Elizabeth Hospital From The PEI RTLA,” September 1980.

50 Telephone interview with Judy Chaisson, 22 April 2013.


54 Interview with Ann Marie Tomlins, Charlottetown, PEI, 11 February 2013.

55 “Large Hospital Membership to Vote on Abortion Issue,” *Patriot*, 2 June 1981.


57 Interview with Ann Marie Tomlins, Charlottetown, 11 February 2013.

58 Interview with Doreen Beagan, Charlottetown, 17 February 2013.

59 Phone Interview with PEI Resident, 9 March 2013.

60 Interview with Ann Marie Tomlins, Charlottetown, 11 February 2013.


For example, see “Public Forum,” *The Guardian*: Friends of the Prince County Hospital, 5 June 1984; Alice Crook, CARAL, 5 February 1985; Concerned Citizens of Prince...
In Defence of Reason

County Hospital, 10 April 1985; A Counsellor, 1 June 1985; Shame on Council, 6 June 1986.


82 Interview with PEI Resident, Charlottetown, 14 February 2013.


84 “Newly-Formed Group of MDs Oppose Abortion Committee,” The Guardian, 4 May 1981.


92 Interview, Charlottetown, 15 February 2013.

93 Interview, Charlottetown, 13 February 2013.

94 Another PEI resident argued that there was “a lot of quiet support for choice.” She suggested that a silent majority did not want to speak up because the Island was a small place and maintaining their privacy was important. Telephone Interview with PEI Resident, 22 February 2013.


96 “Pro-Abortion Group May Take QEH to Court,” The Guardian, 6 July 1988.


