When I finished my undergraduate degree from the University of Prince Edward Island, I had the good fortune to embark on a master’s thesis in which I examined the barriers faced by women from Prince Edward Island (PEI) in their attempts to obtain a safe and legal abortion from the perspective of allies and advocates. This project was part of a larger study called “Trials and Trails of Accessing Abortion in PEI: Reporting on the Impact of PEI’s Abortion Policies on Women.” I had the honour of listening to women who have been helping women and girls navigate an inhumane health care system and fighting to change that policy. This research also helped me extend my own advocacy efforts and gave me more clarity on my own abortion experience.

A different set of emotions and circumstances frames each experience of abortion. My problem pregnancy occurred from an incident that resulted in a loss of trust in my partner at the time, who preferred not to use condoms, wanted to have a baby, and would sometimes
joke about getting me pregnant. I believe that my partner impregnated me against my wishes. Aware that I was ovulating, I warned him to take precautions and pull out very early. In this regard, he failed me, as did the morning-after pill. My abortion was not difficult, but my pregnancy was. For seven weeks, I endured coercion, guilt, and my partner’s anger with my desire to terminate. My difficulties did not include finding car rides, money, time off work, or privacy; they arose mainly from struggles with my partner, who wanted to “keep the baby.” The procedure itself was actually a very redemptive experience—through it, I was finally able to regain control over my own body, which I felt had been hijacked for many weeks. Dr. Morgentaler, who performed my abortion, became one of my heroes, and reproductive justice one of my passions. Because of my own abortion experience, this project has become very important to me.

Years after my abortion, when I moved to PEI to do my undergraduate degree, I was shocked to learn that islanders finding themselves regretfully pregnant must contend with many more barriers than I faced to get the care they need. I was disturbed by stories of women waiting weeks for an ultrasound, having to travel far out of province, and losing their privacy. I was appalled that although Canada mandates abortion access in every province and territory, islanders have been denied this basic medical procedure. When I brought up this lack of abortion access in PEI within a university setting, I was shamed by my professor. I also noticed that students generally spoke about the subject very quietly.

With the help and encouragement of another trusted professor, I decided to break this silence with a class project. I asked my classmates to participate by reading aloud, to the class, stories of circumstances surrounding problem pregnancies (poverty, substance abuse, incest, youth, etc.) and then to select a fortune cookie in order to find out whether their story-character would be able to access a legal and safe abortion, depending on her government’s policy. All of my classmates agreed to read the stories aloud, and the overall response was encouraging and supportive, with personal reactions ranging from silence to tears. The project was successful in showing PEI’s current policies as unjust and out of step with the more progressive stances on reproductive health in much of the world. Most satisfying, however, was the uninhibited and exploratory class discussion that followed. My professor responded by offering me the opportunity to collaborate in a large study with her and many others with a long history of fighting for access in PEI,
and I was very happy to accept. “Trials and Trails” is now completed, and the findings expose injustices far beyond those I had originally expected.

Interviews from this study have shown that the policies in place in PEI act, in various ways, as barriers to accessing a basic procedure covered by public health care, creating a web of obstacles that is particularly opaque for those who are less privileged. For example, obtaining a referral for an ultrasound may take over fifteen weeks—which is also the cut-off gestation period for an abortion in both of the nearest clinics on the mainland. If you are an islander attempting to access an abortion covered by health care, your first task is to find a pro-choice doctor to provide a referral, as many doctors will, in fact, deny you this service. It is also not uncommon to be shamed by other staff such as nurses or receptionists. Knowledge of which doctor to ask depends, to a large extent, on familiarity with the island community. Minors are less likely to have access to such information, and since they are also less likely to be employed and to have a driver’s licence or a car, they will have more difficulty in accessing a public, out-of-province clinic.

The prohibitive costs associated with a private clinic are often exacerbated by the costs of travel arrangements, time off from work, or hiring a babysitter. For people in controlling or abusive relationships, getting off the island may simply be unachievable. Indeed, data from “Trials and Trails” have shown that some islanders have been blocked entirely from getting the care they need, with outcomes ranging from self-imposed bodily harm resulting from attempting a self-induced abortion to problem pregnancies being brought to term. In short, PEI’s abortion restrictions have the largest impact on those who need the support the most. Unequal distribution in abortion access thus sharpens the divide in the province between rich and poor, adults and youth, educated and uneducated.

Responding to inquiries from curious islanders about my thesis topic has been difficult at times, since abortion is still very much contested terrain in PEI. More recently, however, I have found it increasingly rewarding. With the launch of this major research project, the cloak of silence that has, for many years, prevented open discussion of abortion on the Island has been lifted. Several abortion rights advocacy groups have formed that continually and publicly take issue with the Island’s unjust policies. Letters to the editor can now often be found in the local paper, brave leaders are coming forward, protests are gaining momentum, and local campaigns have garnered international attention. Increasing numbers of islanders are speaking
up, calling for control over our reproductive choices and demanding that our constitutional rights be upheld—and these voices are gaining ground. I have added my voice to this chorus because my studies and research have confirmed what I learned from personal experience: access to care is vital to a community’s health and equality. Anything less is an injustice.

Note