Abortion: The Unfinished Revolution

August 7-8, 2014
University of Prince Edward Island
Charlottetown, PEI

Conference Timetable:

8:45-10:15 Panel Session I
10:30-11:45 Discussion Forums
11:45-01:00 Lunch
01:00-02:30 Panel Session II
02:45-04:15 Panel Session III
04:30-05:30 Discussion Forums

Conference Building: Don and Marion McDougall Hall

(*Please note that panels and times are subject to change prior to the publication of the final program.)

Thursday, August 7, 2014

0:800-08:30
Arrival and Registration
Vendors open

08:30-08:45
Welcome and Introduction
Colleen MacQuarrie, Tracy Penny Light, Shannon Stettner

08:45-10:15: Panel Session One (concurrent panels)

Panel 1A: Understanding for a Change: How PEI's abortion policies impact on women's lives
Chair: TBA
Colleen MacQuarrie, Jo-Ann MacDonald, and Cathrine Chambers, *Trials and Trails of Accessing Abortion in PEI: Reporting on the impact of PEI's Abortion Policies on Women*

Melissa Fernandez, *The Regulated "Female Body": Understanding Reproductive Narratives from Prince Edward Island Women*

Alicia Lewis, *Time for Change: Quantitative & Qualitative Analyses of Women's Desires to Improve Access to Abortion Services on Prince Edward Island*

Emily A. Rutledge and Colleen MacQuarrie, *Understanding for a Change in our Culture of Silence: Interrogating Effects from Twenty Years of Denying Women's Access to an Abortion in PEI from the Perspective of Allies and Advocates*

Panel 1B: Telling Abortion Stories

Chair: TBA

Cara Delay, *Women's Abortion Narratives in Twentieth-Century Irish Courts*

Melissa Madera, *The Stories We Share: Abortion Story-Sharing and Listening*

Jessica Shaw, *The stories that we tell: How abortion is shaped by story, and how story is a tool for change*

Mary Thompson, *Contemporary Women's Memoirs and Abortion: Thinking Back Through Our Mothers*

Panel 1C: Global South Considerations of Care: Morality and Criminality

Chair: TBA

Fatoumata Ouattara and Katerini Storeng, *The Moral Economy of Abortion Policy in Burkina Faso*

Jess Newman, *Contesting Abortion and Unplanned Pregnancy in Morocco: Affect, Activism, and the Construction of the Maternal Subject*

Susanne Klausen, *The National Party Regime's Racialized Response to the Epidemic of Clandestine Abortion in South Africa under Apartheid (1948-1990)*

Irene Maffi, *Modernisation and abortion policies in Tunisia from Independence to Revolution. How a national "war machine" became a contentious institution*

Lieta Vivaldi, *The criminalization of abortion as a violation of women's human rights: The Chilean case*

10:30-11:45: Discussion Forums

Room A: Abortion Democracy, Documentary film by Sarah Diehl (facilitator: Tracy Penny Light)

Room B: Bearing Witness: Anastasia's story and Arts4choice (facilitator: Colleen MacQuarrie)

Room C: Language choices: naming a movement (facilitator: Shannon Stettner)

11:45-0100: Lunch (on your own)

01:00-02:30 Panel Session Two (concurrent panels)

Panel 2A: Abortion in Northern Ireland: an interdisciplinary perspective on historical and contemporary issues
Chair: TBA

Mark Benson, ***Northern Ireland's medical profession and its role in the continued criminalisation of abortion: 1937 to 1984***

Fiona Bloomer, ***Abortion Tourism in Northern Ireland***

Kellie O'Dowd, ***Abortion in the classroom: pedagogy and politics***

Emma Campbell, ***Abortion journeys in Northern Ireland; using art activist practice to highlight discrimination***

Panel 2B: Exposing the Outcomes of Antiabortion Efforts
Chair: TBA

Kia Heise, ***Abortion as "Black Genocide": Racialized Framing Strategies in the Pro-Life Movement***

Prudence Flowers, ***The US Right-to-Life Movement and the Issue of Exceptions***

Anne O'Rourke, ***Anti-abortion Strategies Down Under***

J. Shoshanna Ehrlich, ***Abortion Regret and the Erosion of Decisional Dignity***

Jamila Taylor, ***Advocacy Efforts to Secure Funding for Abortion Under U.S. Foreign Assistance***

Panel 2C: Fetal Considerations
Chair: TBA

Katrina Ackerman, ***'The Big Lie': Fetal Rights and the Canadian Medical Profession, 1969-1988***

Erica Rose Millar, ***The foetus—a grievable life?***

Tanfer EminTunc, ***Prenatal Politics: Fetal Surgery as an Alternative to Abortion in the United States***

Lena Hann, ***The Option to Look: Women's access to products of conception in elective abortion***

02:45-04:15 Panel Session Three (concurrent panels)

Panel 3A: NGOs Effecting Change
Chair: TBA

Dawn Flowler, ***The National Abortion Federation - Ensuring Quality Care and Access for Canadian Women***

Jane Hebert, ***Trust Women: Transformative Strategies for Reproductive Justice***

Suzanne, ***Reproductive Justice in Canada: Using a Reproductive Justice Framework***

Panel 3B: Barriers to Access: Abortion in Canada
Chair: TBA

Tracy Penny Light, ***Searching for Dr. Metcalf: Doctors, Women and the History of Abortion Access in Canada***

Jessica Wu, ***26 Years After Morgentaler: Barriers to Access & Life Liberty and Security***

Peggy Cooke, ***When Government Breaks the Law: Barriers to Abortion Access in New Brunswick***

Shannon Ingram, ***Unmasking the Barriers: Analysis of Limiting Factors for Women Obtaining Abortions in Alberta and Newfoundland and Labrador***

Panel 3C: Abortion in Literature and Popular Culture
Chair: TBA

Karen Weingarten, ***Imagining Abortion in American Literature***

Claire Barrington, ***Abortion and the Abject: Reading horror in Dumplings (2004) and Re-cycle (2006)***

Fran Bigman, ***A Bit of Himself: British Male-authored Abortion Narratives from Waste to Alfie***

Anessa Babic, ***Cultures of Abortion and the Fetish Within: Popular Culture, Abortion, and Political Imagery in post 9-11 America***

04:30-05:30: Discussion Forums

Room A: Creating a manifesto for change (facilitator: Colleen MacQuarrie)

Room B: Talking about my abortion (facilitator: Tracy Penny Light)

Room C: The Politics of Studying Abortion (facilitator: Shannon Stettner)

06:30 – 08:30 Conference Banquet:
Wanda Wyatt Dining Hall
Keynote Address: Rickie Solinger, ***What makes "reproductive justice" different from "reproductive rights"?***

08:00 -09:00 Authors Signing

Friday, August 8, 2014

08:45-10:15: Panel Session One

Panel 1A: Abortion and Health Policy
Chair: TBA

Marion Doull and Christabelle Sethna, ***The Waiting Game: Patient wait times and freestanding abortion clinics in Canada***

Barbara Baird, ***RU486 in Australia: A 'glocal' story***

Susanne Klausen, ***The Eugenic Clause in the Abortion and Sterilization Act (1975): The Spectre of Thalidomide-Affected Children and the Production of Statutory Law on Abortion in Apartheid South Africa***

Rachael Johnstone and Emmett Macfarlane, ***Regulatory Bodies: The Assisted Human Reproduction Act and the future of abortion access in Canada***

Panel 1B: Abortion in Europe
Chair: TBA

Karen Celis and Gily Coene, ***Legal abortion: a solid woman's right. Explaining the status quo in abortion legislation - lessons from the Belgian case***

Maria José Magalhães, Manuela Tavares , Maria do Mar Pereira, ***Three decades to legalize abortion in Portugal***

Karin Koole, ***Do Women Matter? Women's Movements and the Struggle for Abortion Rights in Five European Countries***

Johanne Sundby, ***Abortion - legal and care issues in Norway***

Panel 1C: Experiencing Abortion: Global perspectives
Chair: TBA

Laura Salamanca, ***Reproductive Justice in Canada: Immigrant Women's Experiences***

Burcu Bozkurt, ***The 'Private' Providers of Abortion: The Case of Vietnam***

Rafia Peer, ***Lived Experience of Women Facing Pregnancy Loss in Indian Administered Kashmir***

10:30-12:00: Discussion Forums

Room A: Building Community: Bridging the Academic/Activist Divide (facilitator: Colleen MacQuarrie)

Room B: Abortion in the Classroom (Presenters: Sara Matthiesen, ***Abortion Politics in the Classroom: Building Solidarity*** *and* N. Ann Davis, ***Teaching Abortion)*** (facilitator: Tracy Penny Light)

Room C: ***"Shooting the Opposition: Documentary film and the anti-abortion movement"***
(Presenters: B. Lynn Estomin & Andrea T. Kornbluh) (facilitator: Shannon Stettner)

11:45-01:00 lunch (on your own)

01:00-02:30 Panel Session Two (concurrent panels)

Panel 2A: Barriers to Access: Abortion in the United States
Chair: TBA

Amanda Dennis, ***Evaluation of the impact of restrictions on insurance coverage of abortion in the United States***

Kate Grindlay, ***Access to abortion for women stationed overseas in the US military***

Liza Fuentes, ***Evaluation of the impact of legal restrictions on abortion services in Texas***

Carolyn McKee, ***Defining Rape: How the Definition of Sexual Assault Can Affect Access to Abortion in the United States***

Panel 2B: Challenging Discourses and Changing Conversations
Chair: TBA

Emily Parker, ***Assumptive Ideologies: The Invisible Abortion Revolution***

Colleen MacQuarrie and Christine Pottie, ***Post Abortion Discourses: Listening for New Directions***

Becka Viau, ***Access: listening as an active form of resistance and as a form of feminist activism***

Panel 2C: Framing Abortion in Canada
Chair: TBA

Kelly Gordon, Men, ***Masculinity, and Anti-Abortion Discourse in Canada***

Jaime Nikolaou, ***Commemorating Morgentaler? Reflections on Movement Efficacy, 25 Years Later***

Christina Rousseau, ***The Link Between Socialism and Feminism: Reframing The Struggle for Abortion Rights in Canada***

Achsah Turnbull, ***Efficiency or Autonomy: Federalism and Abortion Policy in Canada***

02:45-04:15 Panel Session Three (concurrent panels)

Panel 3A: Abortion Histories: Documenting Oppressions
Chair: TBA

Lena Lennerhed, ***"A chronic state of malaise." Women, Abortion and Psychiatry in Sweden in the 1940s and 1950s Courts***

Shannon Stettner, ***The Undercurrent of Reform: Women and the Abortion Law in 1960s Canada***

Karissa Patton, ***"As a Parent": Parental Perceptions of Authority on the Issues of Birth Control, Abortion, and Premarital Sex in 1974 Lethbridge***

Kristin Burnett, ***TBA***

Panel 3B: Confronting Abortion Stigma
Chair: TBA

Lesley Hoggart, ***'I didn't like killing my baby': teenage pregnancy, the construction of risk, and abortion stigmatisation in the UK***

Fiona Bloomer, ***Abortion Stigma: Case study of the Northern Ireland***

Edna Asbury Ward, ***Abortion – Stigma by association***

Erin Mullan, ***Abortion shame, stigma and the impact of ethical reframing***

Panel 3C: Material and Discursive Spaces and Places
Chair: TBA

Lori Brown, ***Spatializing reproductive justice: a design competition for the last clinic in Mississippi***

Joanna Erdman, ***The Place of Reproduction***

Angele DesRoches, ***The Choice Mirage***

Mindy Roseman, ***The Last Dystopia: abortion, human rights and gender***

04:30-05:30 Closing Address

Marlene Gerber Fried
Abortion Rights Activism and Reproductive Justice

5:30 Abortion: Our Bold Vision:Wrap up and Future Plans

Colleen MacQuarrie, Tracy Penny Light, Shannon Stettner

Panel Abstracts:

Thursday, August 7, 2014

08:45-10:15: Panel Session One

Panel 1A: Understanding for a Change: How PEI's abortion policies impact on women's lives

Colleen MacQuarrie, Jo-Ann MacDonald, and Cathrine Chambers, ***Trials and Trails of Accessing Abortion in PEI: Reporting on the impact of PEI's Abortion Policies on Women***

To understand the various impacts on women's lives of PEI's abortion policies, we have conducted 45 research conversations ranging between 1-2 hours in our community to document the experience of trying to access abortion services in PEI. We spoke with women who have tried to access abortion and with friends, family, professionals, medical personnel, and advocates who have tried to assist women. Participants often filled various categories, however 22 participants had personally sought abortion services between 1979 and the present day. All participants have experienced multiple barriers and have witnessed blocked access to abortion. The access to abortion was described as a maze of multiple paths leading to dead ends, barriers, and delayed access but participants in the project somehow found a way to end the pregnancy. Some were forced to leave the province, others tried to self induce by their own hand or with the help of boyfriends and others used medical abortion; however without local surgical termination, this choice in at least one case resulted in maltreatment in the local emergency room. Some women were forced to continue the pregnancy, give birth, and parent against their will. All participants documented various harms to health in the maze of trying to access abortion services in PEI.

The maze had 4 intersecting trails which characterized several barriers that threatened to entirely block their access to a safe abortion. The barriers consisted of both information and resource barriers. Trail 1 is the "Surgical Abortion Paths through the Public Health System"; The "Medical Abortion Path" is an off shoot of this. Trail 1 has multiple loops connected to the other

paths. Trail 2 are a number of "Dead End Paths" which cross other trails and serve to deter the woman from her goal. Trail 3 are the attempts to "Self (Harm) Induce at Home Paths". Trail 4 are the "Self Referral Surgical Abortion Paths Outside the Public Health System."

Even for women with adequate supports and resources, significant barriers to access to abortion persisted and in many cases, negatively impacted women's physical, mental and emotional health. Women who were poorer, younger, isolated, or with few supports were the most harmed.

Taken together, the first voice accounts and the advocates' stories described the situation in PEI in recent historical and present day contexts. This understanding will continue the feminist project of promoting women's health and will be used to inform and influence abortion policy in PEI in particular and to address reproductive justice policy in general.

Melissa Fernandez, ***The Regulated "Female Body": Understanding Reproductive Narratives from Prince Edward Island Women***

A subset of participant interviews from the "Understanding for a Change" project were analysed with a Foucauldian Discourse Analysis to investigate the ways in which people talk about the perceived "female body." We wanted to understand how those discourses influenced transgression, regulation, and abortion in PEI. Results indicated a single overarching discourse entitled the 'The Ideal Female Body" which was bolstered by 2 regulatory discourses "Anti-Choice" conceptions of the "The Gentle Island", and resisted by 4 liberating discourses such that women articulated "Resistance to the Ideal", "Pro-Choice", "It's my body and I live here", and a "Maternal Ethic of Care." Importance was placed on understanding how language acts both as a regulatory mechanism at the personal and at the structural level of policy formation. Regulatory ideals inhibit access to abortion and entrench anti-choice ideals. Conversely alternatives to the dominant discourse create a source of resistance and liberation for Prince Edward Island women.

Alicia Lewis, ***Time for Change: Quantitative & Qualitative Analyses of Women's Desires to Improve Access to Abortion Services on Prince Edward Island***

The ICD-9 codes for Pregnancy with Abortive Outcome that are used by physicians and hospitals on Prince Edward Island in the billing process were requested from January 1996–Present. The data showed that up to two illegal and/or failed attempted abortions were recorded each year since 1996, however, complications followed many illegal or failed attempted abortions that were recorded, indicating that illegal or attempted abortions that did not have complications may have gone unreported as the woman may not have felt the need to go to the hospital afterwards. In addition, between 6 and 80 unspecified abortions were recorded each year, for which the potential for further illegal or failed attempted abortions exists. This data shows that women continue to attempt abortions and receive illegal abortions indicating that they do not have sufficient access to abortion services or the knowledge of how to obtain a safe, legal abortion.

With Prince Edward Island being the only province in Canada without local access to abortion services, the desired changes surrounding abortion access from women who had previously accessed abortion services were sought and analysed. Individual interviews that were conducted with participants from the Understanding for a Change project were analysed, and it was found that better access to counselling services, increased information and education, better

privacy and patient confidentiality, and access to abortion services in a clinic or at a hospital were desired. A focus group performed two years following the interviews, and the rise of local abortion access activism revealed that access to a local health clinic, better access to information, and increased support were indicated as essential changes to the healthcare provided on Prince Edward Island.

Emily A. Rutledge and Colleen MacQuarrie, ***Understanding for a Change in our Culture of Silence: Interrogating Effects from Twenty Years of Denying Women's Access to an Abortion in PEI from the Perspective of Allies and Advocates***

What are the impacts of losing local access to safe surgical abortions? How do women in a relatively isolated province deal with the lack of reproductive options? Women in Prince Edward Island, Canada's only province to remove access to local surgical abortions in 1986 after a concerted anti-choice campaign, have been dealing with the barriers to access in various ways. The research in this panel explores the many aspects of PEI's abortion policy on women's lives and the implications for reproductive justice.

Panel 1B: Telling Abortion Stories

Cara Delay, ***Women's Abortion Narratives in Twentieth-Century Irish Courts***

The October 2012 case of Savita Halappanavar, who died in a Galway hospital after medical staff there reportedly refused to give her an abortion, is only the most recent controversy surrounding reproduction that has exposed deep ruptures in modern Irish society. Indeed, some of Ireland's most divisive scandals in the past century, from the famous murder trial of midwife and abortionist Mamie Cadden in the 1950s to the symphysiotomy controversy of recent years, have centered on women's bodies, reproduction, and motherhood, signifying the importance of women and gender to dialogues about morality, purity, and the Irish nation itself. Still, scholars, and particularly historians, have paid scant attention to reproduction and motherhood in modern Ireland.

Through an analysis of court records and newspaper accounts, this paper examines illegal or "backstreet" abortion court cases in Ireland from 1900 to 1967. It focuses in particular on the depositions of female witnesses (both "perpetrators" and "victims") in the court cases. Reading abortion court cases from the 1900s to the 1960s gives us unprecedented access to narratives of women's health and women's communities even as it allows us to assess the ways in which Irish women involved in abortion cases attempted to work their way around legal and medical restrictions. Abortion trial records tell complex and complicated stories, and, when read closely, they shed new light on women's reproductive experiences and their decision-making processes. In particular, they reveal that for twentieth-century Irish women, abortion was not something they took lightly but part of a carefully thought out plan.

Melissa Madera, ***The Stories We Share: Abortion Story-Sharing and Listening***

The exists political, academic and activist discourses about abortion and the role that stigma plays in women's abortion experiences and their access to abortion care. But what if there was a

space where people could share their own personal abortion experiences and present it as part of the narrative of their lives? What if they could be part of a community based on awareness, healing, empowerment and connection with others by talking, listening, and supporting each other? What if people had a safe space to speak out against the stigma, shame, secrecy and isolation surrounding abortion by generating, sharing and receiving personal stories? This presentation focuses on how we can create safe spaces for abortion story-sharing and listening, and how we can listen to and hear beyond the abortion stories themselves. This paper will focus on the importance of creating spaces for personal abortion story-sharing in the reproductive justice movement and abortion access/rights activism. Moreover, I discuss what I have learned from my experience as the founder and story-sharer and listener for The Abortion Diary Podcast (www.theabortiondiarypodcast.com). The Abortion Diary Podcast is the intersection of self-expression, healing, and the art of story-sharing and listening. Within the discourse and activism around abortion storytelling this podcast project is unique; something that anyone can access and listen to anywhere and at any time. Moreover, it is not always feasible for people to talk to their family members, friends or partners about the abortion they've had, the ones they are considering or how that feel about abortion. This podcast is a way to leverage free forms of communication to allow people to share a story that they haven't been able to share or listen to a story they have not had the opportunity to hear.

Jessica Shaw, ***The stories that we tell: How abortion is shaped by story, and how story is a tool for change***

Twenty-six years after the legal decision that decriminalized abortion in Canada, significant barriers and issues continue to impact the ability of women to exercise their right to bodily integrity. Provinces have abdicated their responsibility to provide adequate abortion access; Members of Parliament continue to introduce and entertain anti-abortion motions and bills; Crisis Pregnancy Centres and anti-abortion advocates perpetuate myths; and women continue to face judgment for controlling their reproduction. At the centre of it all are women who continue to need abortions, and physicians who continue to provide them. But who hears these stories?

As long as people have been living, we have been telling stories of that living. Stories are used to relate to people, to share experiences, and to compel change. It was stories of illegal abortion that compelled Canadians to demand that our country's abortion laws be abolished. It is stories of women in areas where abortion remains inaccessible that remind us why our fight for abortion is not over. The stories of women are important. So too are the stories of the physicians who provide abortion care. In order to destigmatize abortion, we need to humanize abortion providers. Based on my doctoral research "A Narrative Inquiry with Canadian Abortion Providers", this presentation will examine the importance of story to the abortion rights movement, and compel attendees to consider how storytelling is a form of activism.

Mary Thompson, ***Contemporary Women's Memoirs and Abortion: Thinking Back Through Our Mothers***

In two recent memoirs, Cheryl Strayed's Wild: From Lost to Found on the Pacific Crest Trail (2012) and Terry Tempest Williams' When Women Were Birds: Fifty-Four Meditations on Voice (2012), abortion occupies a structurally central position and is provocatively paired with

the dominant thematic concern of mother-loss. This essay explores this connection to consider how contemporary memoirs are rewriting the plot of abortion narratives.

Recounting the period of her mid-twenties, Strayed's bestselling testimony recounts her despair following her mother's early death from cancer, after which Strayed fails to complete college (one final paper short), ends her youthful marriage to a good man, engages in a series of inconsequential sexual affairs, and flirts with a heroin addiction. After temporarily returning to her home in Minnesota from Oregon and confronted with an unplanned pregnancy, Strayed buys a book about the Pacific Crest Trail on a whim and realizes hiking the trail will become her quest. She aborts her pregnancy and undertakes a grueling summer-long hike of the trail through California to Oregon, during which she reflects on her mother's death and assesses what has become of her life. The narrative concludes with the completion of her adventure during the week of what would have been her mother's fiftieth birthday and her own due date. Foregoing motherhood, Strayed is instead reborn herself by the time of her arrival at the Bridge of the Gods in Oregon.

Like Wild, Terry Tempest Williams' work does not take abortion and women's reproductive lives as its primary topic. Instead, in this work Williams recalls how her mother, "the matriarch of a large Mormon clan in northern Utah," who like Strayed's mother also died of cancer, promised to leave her daughter her journals with the agreement that Williams would not look at them until after her death. Williams' later discovery that these journals are blank prompts this series of musings on voice, silence, and listening. Drawing on feminist writers from Tillie Olsen to Helene Cixous, Williams considers the silences, secrets, and suppressions that characterize women's voices and positions within society. Centrally located in the work (chapter twenty-seven of the fifty-four variations), Williams ponders the issue of abortion and the silence that surrounds it. Reflecting on her mother's unorthodox decision to have her tubes tied and her own sense that "birth control gave me my voice," she suggests that the silence that engulfs abortion—despite its commonplace and important role in the lives of women and the people who love them—maintains a society that is tragically unaware of itself.

In this essay I explore the presence of abortion in these two fascinating memoirs by women seeking to understand themselves better through understanding their mothers (as Virginia Woolf predicted). In doing so, I re-assess Judith Wilt's argument from Abortion, Choice and Contemporary Fiction: The Armageddon of the Maternal Instinct (1990), in which she observes that abortion in the plots of contemporary fiction necessarily produces two ghosts: the child and mother that could have been. Instead, my argument is that, in these contemporary memoirs, abortion raises questions for daughters about how their mothers' lives might have been different with greater reproductive choices. Contemporary women writers, apparently free of the anxiety of "potential not-being" that abortion supposedly provokes (Wilt), imagine their mothers' reproductive lives in order to clarify their own commitment to abortion rights and women's self-realization.

Panel 1C: Global South Considerations of Care: Morality and Criminality

Fatoumata Ouattara and Katerini Storeng, ***The Moral Economy of Abortion Policy in Burkina Faso***

As in many African countries, in Burkina Faso induced abortion is socially censured and legally restricted, but still frequently practiced, often resulting in complications and even death. Abortion is thus both a serious public health problem and a major social issue.

Based on an anthropological study, this paper analyzes how the Burkinabe State has dealt with the issue of abortion, drawing on the concept of moral economy to understand tension between the private and public/institutional spheres.

The national policy is positioned in relation to international (global) policy and, as such, focuses on post-abortion care aimed at reducing maternal mortality rates. The Burkinabe government's commitment to post-abortion care illustrates the influence of transnational policies anchored in a public health paradigm. However, instead of opening the way for a debate on the broader issue of abortion that would focus on human rights, the post-abortion care option has been used to stifle the uncomfortable political and moral debate that would arise from any societal questioning around abortion. These are the contours within which national choices contribute to the logics underlying the silence around abortion.

The paper shows how the political authorities' reticence to address the possible liberalization of abortion is an arena within which the private sphere and public space collide. In fact, the authorities' silence around rights related to abortion, and the implicit consensus among national and international authorities on post-abortion care as a potential opening toward a debate around abortion, are moral logics.

Jess Newman, ***Contesting Abortion and Unplanned Pregnancy in Morocco: Affect, Activism, and the Construction of the Maternal Subject***

This paper explores the untidy relationships between local and transnational feminist movements and public health advocacy targeting unplanned pregnancy and abortion—and specifically "unsafe" abortion—in Morocco. The Maliki school of Islam, to which Morocco belongs, disallows abortion after 40 days of gestation and Morocco's criminal code outlaws both abortion and premarital sex. Attempts to contest these laws therefore challenge religious and state authority, which are entwined in the Moroccan state apparatus. Despite proscriptions against abortion in Morocco, enduring high rates of the practice bespeak the myriad ways in which women negotiate access to abortive care in cases of unplanned pregnancy.

While abortion remains a highly charged subject in Moroccan public discourses, activism and media coverage surrounding single mothers has increasingly problematized state and social responses to unplanned pregnancies. Organizations providing social assistance to single mothers construct these women as victims of social and political hypocrisy, producing maternal subjects who are worthy of sympathy and aid. Single mothers and their children can thus be constructed as deserving subjects, while women who seek abortions both in medical and extra-medical contexts are frequently seen as transgressive and even unhygienic subjects. By troubling these relationships, I show how women's bodies are the terrain on which ideological battles are fought at the same time that these bodies are erased and subsumed within broader discourses of rights and reproduction.

Susanne Klausen, ***The National Party Regime's Racialized Response to the Epidemic of Clandestine Abortion in South Africa under Apartheid (1948-1990)***

Under National Party (NP) rule in South Africa under apartheid (1948-1990), girls and women were denied accessible, safe medical abortion, and as a consequence many turned to the thriving clandestine abortion industry to terminate unwanted pregnancy: starting in the late 1960s an estimated 200,000 illegal abortions were procured annually. The regime's official stance on abortion made no racial distinctions: women of all races should be denied accessible medical abortion. However, it devised a racialized response to clandestine abortion. On the one hand it made a rigorous attempt to cut off white girls' and women's access to doctors willing to perform abortion whilst, on the other hand, ignoring the epidemic of unsafe abortion that was taking place in black communities where few safe options were available. The NP, the political embodiment of Afrikaner nationalism, was concerned about abortion only insofar as it affected white women, the symbolic and biological reproducers of the Afrikaner *volk* and whiteness in general. This paper explores the NP's ideological stance on abortion and the impact of its bifurcated approach to abortion that resulted in: the mobilization of the racial state to discipline white women's reproductive sexuality; and an attempt to avoid the extremely harmful consequences of, and render invisible, unsafe abortion within the far larger black population oppressed under apartheid.

Irene Maffi, ***Modernisation and abortion policies in Tunisia from Independence to Revolution. How a national "war machine" became a contentious institution***

Since Independence (1955), the Tunisian state has promoted the modernisation of society including the improvement of women's condition. The promulgation of the Code of Personal Status (1956) granting women unprecedented rights was a substantial step towards juridical equality.Already in the 1960s HabibBourguiba, the first Tunisian president, started a strong policy of family planning, which culminated in the legalisation of abortion for all women (1973). The official aim of the abortion legalisation was not to make women responsible for their body and their reproductive decisions, but to decrease the high birth rate, which Bourguiba believed would be an obstacle to the socioeconomic development of the country. Not only women did not have to fight to acquire the access to abortion, but they were in many ways forced to change their reproductive practices. After the Revolution (2011) and the political victory of the Islamist party *al-nahda*, Tunisian women saw their rights to access abortion threatened by new conservative attitudes. Free to express their opinion and act according to their intimate convictions, a number of health professionals working in the public and private sectors have began to refuse to perform abortions so that many women have been confronted to the limitation of their reproductive decisions. Drawing upon my on-going fieldwork, in this paper I will explore current medical and social practices of abortion in Tunisia considering the recent transformations caused by the Revolution.

Lieta Vivaldi, ***The criminalization of abortion as a violation of women's human rights: The Chilean case***

Chile is one of the 7 countries in the world where abortion is prohibited in all circumstances. This situation violates women human's rights in several aspects, as I will argue in this paper, and

a legal change is urgent and necessary, all the more since it was established in the last days of Pinochet's dictatorship.

I will address this problem following the testimonies (collected in a recent study in which I participated) of many Chilean directly or indirectly involved in abortion cases (women, doctors, midwives, but friends, partners and psychologists as well). We found a strong correlation between the illegality and penalization of abortion and severe situations of vulnerability: loneliness, guilty, and plain fear of being prosecuted, of being physically and psychologically damaged, of being socially ostracized, etc. Practically in all cases we were dealing with avoidable suffering.

On that background, two cases are particularly interesting. On the one hand, the case of misoprostol, which has been of great help in preventing harm as well as enhancing women's agency, but was prohibited lately. On a more positive note, the intervention of feminist and women groups of various kinds have been crucial for generating new strategies of solidarity. Last estimations established a number of 70.000 abortions per year, forcing many women to a highly unregulated black market, in which wealth and networks (already in hands of a very few) play a decisive role. The question then remains open over the efficacy of the rights-based discourse in the fight for equal rights.

10:30-11:45: Discussion Forums

Room A: ***Abortion Democracy***, Documentary film (facilitator: Tracy Penny Light)

Abortion Democracy: Poland/South Africa
2008, 50 min
Language: English/Polish with English subtitles
Written and Directed by Sarah Diehl

In the 90's, Poland banned abortion due to the increasing influence of the Catholic Church after the fall of communism; around the same time South Africa legalized it, reforming the health system after the fall of apartheid.

The film reveals how the legal status of women is a direct result of the silencing or empowering of women's voices. In the Polish society and media, women's perspectives were made invisible; in South Africa, on the other hand, they were invited to give public hearings in the parliament about problems in the realm of reproduction.

The film also illustrates the paradox that the implementation of such laws may have little effect on the accessibility of abortion services. In Poland, illegal abortions are available, relatively safe but very costly; in South Africa, women have a harder time getting information and services in public hospitals due to judgemental behaviour of the health staff. Only a change in the attitudes towards abortion, contraception, and reproductive health can ensure a woman's right to choose in a world where about 80.000 women die annually from unsafe abortions.

Panel 2A: Abortion in Northern Ireland: an interdisciplinary perspective on historical and contemporary issues

Mark Benson, ***Northern Ireland's medical profession and its role in the continued criminalisation of abortion: 1937 to 1984***

There is significant evidence suggesting that elements of the British legal and medical professions supported Dr Aleck Bourne's successful 1938 test case challenging the 1861 Offences Against the Person Act; legislation that made abortion provision, or procurement, punishable by up to life imprisonment. Additionally, between the 1938 case and the 1967 Abortion Act, which decriminalised most abortion provision, there is also evidence of a thriving, if discreet, abortion 'industry' within Britain that was conducted by established medical practitioners and supplemented by 'amateurs' and women self-inducing abortions.

While there is an expanding historiography documenting the above (Hindell and Simms, 1971; Brookes,1988; McClaren, 1993; Fisher, 2006; Moore, 2013), the body of historical research that specifically relates to abortion and Northern Ireland is still incredibly small (McAvoy, 2003; Rattigan, 2009; McCormick, 2009; Delay, 2013). Moreover, whilst there has been some exploration of court records there remains almost no systematic analysis of medical professionals, their institutional attitudes, practices and influence on the lives' of women in relation to abortion.

Using contemporaneous professional journals, the minutes of medical organisations and other underutilised archives, this paper will endeavour to understand the position and practices of physicians and their governing bodies in six county Ulster from the 1938 Bourne case onwards. In exploring the period post the 1967 Abortion Act, research will investigate what part the medical profession played, if any, in the continued criminalisation of abortion provision by various governments of the Province. This research is ongoing and forms part of the PhD project 'Abortion and Northern Ireland: 1937-1984'.

Fiona Bloomer, ***Abortion Tourism in Northern Ireland***

Constitutionally Northern Ireland is part of the United Kingdom (UK), however unlike the rest of the UK (England, Scotland, Wales) access to abortion is not governed by the 1967 Abortion Act, which permits abortion in specified circumstances. Instead the legislation in Northern Ireland is governed by the 1861 Offences Against the Person Act and case law permitting abortion only when "the woman's life or long term health it at risk". Attempts to reform the law have been met with significant institutional resistance. As a result of the restrictions an average of 45 individuals per year obtains abortions in Northern Ireland, in contrast an average of 1000 per year travel to England to do so. This paper provides an overview of the nature of abortion tourism in Northern Ireland; and explores the barriers which have prevented legal reform.

Data documenting 10 years trends in abortion tourism is presented, as too is an analysis of how the political discourse has been shaped by moral conservatism emanating from both traditional Catholicism and Evangelical Protestantism. A disconnect between public and political opinion is identified. Utilising a feminist perspective the research draws on material from political debates to document the narratives around abortion and identifies a paternalistic, misogynistic theme throughout the political discourse. The research concludes that legal reform will likely occur as a result of a tipping point which will bridge political discourse and public opinion.

Kellie O'Dowd, ***Abortion in the classroom: pedagogy and politics***

There is little literature on teaching controversial issues in Northern Ireland, including the particularly contentious issue of abortion. The rationale for this work was to document reproductive rights education in Northern Ireland and to assess the extent to which it could challenge the prevailing perception promoted by the media and politicians that the majority of people in the region did not want improved access to abortion.

The paper explores whether participation in reproductive rights education can enable individuals to look beyond their own value bases and view access to abortion as a social justice, welfare and health issue. Through mapping of a range of educational providers, the research identified where reproductive rights education was taking place within Northern Ireland, explored the impact of education programmes on a sample of participants and identified good practice for educators teaching controversial issues. Findings indicated that participants' attitudes to abortion were influenced by religious education, public discourse and their life experiences.

Abortion remains a highly controversial subject globally, with public and political debates often framed around moral and religious arguments. Education can play a key part in shifting this debate, particularly in the context of reproductive rights. In such settings educators demonstrate commitment to breaking the silence around the issue and to counter the undermining of women's agency and voice, advocating that the woman is best placed to consider the needs of herself, her family and to make the correct decisions with regard to her pregnancy.

Emma Campbell, ***Abortion journeys in Northern Ireland; using art activist practice to highlight discrimination***

There has historically been a huge silence around the issue of abortion in Northern Ireland. This paper will attempt to show that the combined practices of research, art and activism can address pertinent issues around the experience of being denied access to abortion for women in Northern Ireland.

Reproductive justice has always been central to feminist concerns and the research is grounded in a feminist historical perspective, as well as practiced adhering to feminist ideologies.

This paper will draw on material which documents the abortion journey for women travelling to access abortion in England through the medium of a short film and photographs. Then the outcomes of the project and how it leads on to my current PhD practice will be explained. This will include a particular focus on Women on Waves and Women on Web, sister organisations who provide women in countries where abortion is illegal, with the means and advice to procure an Early Medical Abortion. One of their projects includes a boat, which travels to international waters outside these same countries and invites women aboard for abortions. This paper will present how documenting their work through an art intervention can be beneficial to widening the discourse and creating conversations around, what many people in Northern Ireland, and indeed around the world, find a difficult topic.

This paper will illuminate the clearly dangerous and financially discriminatory, journeys that either need to be made by the people who wish to end their pregnancy, the providers of the abortion pill, and of course the pills themselves. The paper also explores the idea that activism and art can work powerfully together to change people's views on a highly stigmatized subject.

Panel 2B: Exposing the Outcomes of Antiabortion Efforts

Kia Heise, *Abortion as "Black Genocide": Racialized Framing Strategies in the Pro-Life Movement*

Women of color in the United States have a complicated history with reproductive 'choice.' For black women especially, the meaning of birth control and abortion is complicated by its racist uses to regulate their reproduction in the name of solving social problems. In recent years, several anti-abortion organizations and Pro-Life movement leaders have launched campaigns utilizing these existing racial anxieties about reproductive abuses, focusing specifically on the higher rate of abortion among black women compared to white women. I call these framing strategies "race genocide" frames. Movement leaders using these framing strategies attempt to shore up support for outlawing abortion by recalling and inciting fears of reproductive rights violations of women of color. These Pro-Life framing strategies utilize discourses of "civil rights" and "human rights" as a strategy to reframe the Pro-Life movement as a defender of the civil and human rights of women of color, drawing their rhetoric closely from reproductive justice movements led by women of color against such reproductive abuses. The most public manifestation of this new framing strategy comes in the various billboards commissioned by these organizations, which have received a significant amount of media attention (e.g., "Black Children are an Endangered Species," "Black Children are in Danger," "The Most Dangerous Place for an African American is in the Womb"). I trace the historical context of this frame and its development in the contemporary Pro-Life movement. This paper is based on a frame analysis of media produced by the most influential Pro-Life organizations currently using this frame.

Prudence Flowers, ***The US Right-to-Life Movement and the Issue of Exceptions***

In the 1970s and 1980s, the anti-abortion movement in the United States was united in its opposition to *Roe v. Wade,* but movement groups experienced striking internal division over how to achieve the legislative goal of overturning *Roe*. In particular, right-to-life groups struggled over the question of whether there might be instances where abortion could be medically, ethically, or legally justified. In the 1970s and 1980s, the prevailing political orthodoxy decreed that anti-abortion legislation was not viable unless it included 'exceptions' for instances of rape, incest, foetal abnormality, and to protect the life and health of the mother. The issue of exceptions divided the movement and stymied attempts to draft legislation that all right-to-life groups could support. Hardliners believed that the only acceptable anti-abortion legislation was a blanket ban and they advocated an approach that was even more restrictive than the state landscape before abortion law reform. Political pragmatists, including leading figures in the National Right to Life Committee, argued that it was better to work for legislation that had a chance of passing Congress, even if that legislation still permitted a handful of legal abortions. Throughout the Reagan and Bush years, this pragmatic approach to exceptions reflected the mainstream right-to-life position and the views of most members of the Republican Party. This fact stands in marked contrast to recent controversial Republican statements regarding rape and pregnancy, as well as the slew of abortion restrictions passed from 2011 that contained no exceptions for rape and incest. This paper will consider the historical debates over exceptions and contrast the pragmatic approach of the 1970s and 1980s with the current push from anti-

abortionists and Republicans for ever more restrictive and uncompromising state-level legislation.

Anne O'Rourke, ***Anti-abortion Strategies Down Under***

Historically in Australia the issue of abortion has not attracted the violent protests that are frequently part of the American political landscape. Nor had it featured prominently in parliamentary debates. This began to change in 2004 when it was put back on the political agenda by a small but vocal group of conservative members of the Federal Parliament. It also emerged as an issue at the state level in 2008 and 2013 with the decriminalisation of abortion in two Australian states. The reforms generated much public debate due to the inclusion of a conscience clause that contained an 'obligation to refer' on objecting medical practitioners. These changes have initiated a campaign by opponents that consist of three main strategies: an acceleration of claims to conscientious objection and lobbying to repeal the conscience provisions; a disingenuous focus on sex-selection as a means to limit public funding of abortions; and attempts to introduce Bills into state parliaments recognising foetal personhood. This paper examines all three strategies. It argues that the first strategy is misleading and dishonest relying on false interpretations of international human rights treaties and guidelines. It shows that the second strategy is based on falsehoods as there is no evidence to show that sex-selection abortion occurs in Australia. It then turns to the problematic nature of foetal personhood laws arguing by reference to American experience against the implementation of such laws in Australia. The final part evaluates the likely success of these strategies in Australia.

J. Shoshanna Ehrlich, ***Abortion Regret and the Erosion of Decisional Dignity***

Between 1973 and 2007, the U.S. Supreme Court's abortion jurisprudence drew a bright line between the constitutional status of adult and minor women. Grounded in the recognition that reproductive control is closely linked to the ability of women to map their own destinies and to participate as equal members of society, the Court, although permitting some limits on the abortion right, nonetheless treated adult women as competent decision-makers. In contrast, based on an assumption of decisional incapacity, the Court has made clear that the rights of teen women can be limited in favor of third-party adult involvement requirements to ensure they understand the weight and meaning of the decision to abort within the value structure of their families.

However, as explicated in this paper, this understanding of women as competent decision makers has been eroded by the Court's 2007 decision in Gonzales v. Carhart, in which it upheld the federal ban on intact D & E abortions in order to protect women from the heartbreak of "abortion regret." Raising the specter that the Justices have embraced the "woman-protective" anti-abortion argument that regret is inevitable because it is "so outside the normal conduct of a mother to implicate herself in the killing of her own child," the Court tacitly assumed that women cannot give informed consent to this procedure because of its "gruesome and inhuman nature," despite the fact that most "highly qualified experts…believe it to be…the safest, most appropriate procedure under certain circumstances." In conclusion, the paper thus argues that the Court has started down a slippery jurisprudential path of turning women into girls based on a similarly erroneous assumption that they too require protection from the consequences of their reproductive choices.

Jamila Taylor, ***Advocacy Efforts to Secure Funding for Abortion Under U.S. Foreign Assistance***

Each year, nearly 20 million women in developing countries seek abortion from unsafe providers. Millions suffer serious injury and 47,000 lose their lives. This presentation will provide an overview of the Helms Amendment and provide examples from Ghana and Nepal, where its over-interpretation is hindering access to safe abortion.The Helms Amendment to the Foreign Assistance Act (Helms) was passed in 1973, prohibiting the use of funds for the performance of abortion "as a method of family planning" or to "motivate or coerce any person to practice abortions." Helms has been over-interpreted by the US government to ban a range of activities. As written, the law is merely a limitationon the use of funds. Although abortion is not a "method of family planning" where the life or health of a woman is threatened or in cases of rape, USAID does not support provision of safe services, even in these extreme cases. Nearly *all other* abortion-related restrictions under US law allow funding for abortion in these cases. Between 2009 and 2011, Ipas sponsored 3 fact-finding projects, including more than 200 interviews with NGOs, government officials, USAID staff, and other stakeholders in Ghana and Nepal (where abortion is legal), as well as with organizations implementing USAID-funded reproductive health/family planning programs. Our findings indicated that Helms obstructs efforts to make abortion safe, creates equipment shortages and censors information. Current advocacy efforts are aimed at encouraging the Obama administration to ensure US funding for abortion in cases of life endangerment and pregnancy resulting from rape and incest and provide clarification to US grantees that they can provide information and counseling on abortion.

Panel 2C: Fetal Considerations

Katrina Ackerman, ***'The Big Lie': Fetal Rights and the Canadian Medical Profession, 1969-1988***

Over the past three decades, Canadian scholars have demonstrated that medical professionals were centrally involved in both the criminalization of abortion in the nineteenth century and the decriminalization of abortion in the late-twentieth century. Despite this significant scholarship, there is little research on the role of science in the formation of anti-abortion beliefs. 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.

Through an analysis of medical discourse on abortion between 1969 and 1988, this paper explores how pro-life arguments within the Canadian Medical Association, as well as PEI, Nova Scotia, and New Brunswick Medical Societies, circumvented the dominant medical discourse on abortion and influenced provincial abortion policies.My research suggests that the Canadian Medical Association's decision to support abortions performed for socioeconomic reasons drew fire from various doctors across Canada and inspired anti-abortion activism. The reality that the majority of abortions were performed for socioeconomic and mental health reasons, with little

consideration for the unborn child, convinced many physicians that there was no rational, scientific justification for abortion. Investigating anti-abortion views within the medical profession will provide insight into restricted abortion services in the Maritime Provinces between 1969 and 1988.

Erica Rose Millar, ***The foetus—a grievable life?***

In 2014, New South Wales is set to become the first Australian jurisdiction to recognise the foetus as an autonomous life. This change in law was brought in response to a campaign initiated by Brodie Donegan who, when she was eight months pregnant, lost the foetus she was carrying through the actions of a driver affected by drugs and alcohol. Donegan felt that her loss was not fully acknowledged in the existing law on grievous bodily harm, which frames such losses as to the pregnant woman rather than of a foetus. The proposed law enables an individual to be charged with grievous bodily harm to a foetus over twenty weeks of gestation. This law formalises and strengthens a normative regime whereby the foetus appears as an inherently grievable object. When the foetus appears as such, pregnancy is configured as a relationship between two autonomous subjects, which, when a pregnancy does not result in the birth of a child, transforms into one between the woman who grieves and the foetus that is grieved. This paper considers the regulatory and political effects of constructing the foetus as an inherently grievable object while opening up consideration of the grief that can be experienced when pregnancies are lost or aborted. It asks how we can acknowledge the losses of women like Donegan without reifying the foetus as an inherently grievable object.

Tanfer EminTunc, ***Prenatal Politics: Fetal Surgery as an Alternative to Abortion in the United States***

Fetal surgery grew out of a need in the 1960s to reduce abortion and neonatal problems by "fixing" physical birth defects *in utero*. Reducing abortion was particularly crucial in the United States given the general illegality of the procedure and the highly-regulated limits on therapeutic pregnancy termination that existed before the 1973 *Roe v. Wade* Supreme Court decision that decriminalized abortion. While remarkable technological developments have occurred within the realm of prenatal surgery since the 1970s, and procedures are becoming more and more successful at treating birth defects prior to birth, the uncomfortable marriage between abortion prevention and fetal surgery which undergirded the original development of the medical specialty has not dissipated, even in the era of legality. In fact, over the past two decades, fetal surgery has become even more intertwined with the moral and legal politics of second and third trimester pregnancy termination (most of these pregnancies are terminated because of birth defects), with those in the anti-abortion camp promoting the idea that, eventually, improvements in prenatal surgery will eliminate the need to terminate *all* pregnancies, even those in the first trimester.

Such statements have understandably alarmed feminists and other individuals working to preserve abortion rights in the United States because they completely elide the existence of other, untreatable, congenital conditions (such as genetic disorders); ignore the fact that the majority of pregnancies, especially those in the first trimester, are terminated because they are unwanted, and not because effective fetal therapeutics do not exist; and place an insurmountable amount of pressure on women to risk their own lives to deliver medically-dependent babies. They fear that

such rhetoric (that any "baby can be saved" through the appropriate medical technology) will accelerate the erosion of a woman's legal right to terminate her pregnancy by further promoting the fetal "right to live"—a concept which has already limited abortion availability and accessibility in the United States through state-based fetal viability laws which are slowly chipping away at the *Roe* decision.

This presentation will trace the historical development of fetal surgery, its early ties to reducing pregnancy termination, and how these connections have played out in the post-*Roe* era.

Like all procedures that involve sexuality and reproduction (e.g., birth control, pregnancy, childbirth, and of course abortion), fetal surgery has become highly politicized, with many of its original developers also assuming active roles in the "pro-life" movement. This has ostensibly shifted the focus away from prenatal surgery as an invasive, and often risky, medical technology, towards the technology as a life-saving medical "miracle," with the fetal surgeon assuming the role of God. As this paper will discuss, this has resulted in increased tension between feminists, who strive to protect women's rights, and fetal surgeons, who strive to protect fetal rights, positioning the two groups as adversaries in a prenatal tug-of-war which is closely linked to the ongoing struggle for abortion rights.

Lena Hann, ***The Option to Look: Women's access to products of conception in elective abortion***

There is an abundance of literature about fetal imaging technologies, and how we have come to visualize and socialize the fetus in medical and popular culture settings. These images are often used by activists to politicize abortion, and may have implications for clinician and patient assumptions about the fetus that are enacted in the clinic setting. While recent research has uncovered that even mandatory ultrasound viewing does not deter women from obtaining abortions, there is limited information about how and when women can see the aborted fetus in the clinic setting. This paper explores how experiences of pregnant embodiment and use of fetal imagery influence both clinicians' and women's assumptions about, and access to the post-abortion fetus, also known as the products of conception (POC). Few women know whether they have the option to see the POC after an elective abortion, and while some clinics offer this service, such policies are rarely publicized and barriers for women and clinicians are common and complex. Feminist approaches to abortion care aim to provide women with agency throughout the education and procedural process, yet basic information regarding POC-viewing is not common knowledge. As abortion is a highly-stigmatized practice, and there is limited literature about women's ability to interact with POC, this research is important in understanding how viewing the fetus shapes expectations during the abortion process, and how access to the POC may be an important component of feminist health care and public health practice.

02:45-04:15 Session Four (concurrent panels)

Panel 3A: NGOs Effecting Change
Dawn Flowler, ***The National Abortion Federation - Ensuring Quality Care and Access for Canadian Women***

The National Abortion Federation (NAF) is the professional association of abortion providers in North America. The mission is to ensure safe, legal and accessible abortion care, which promotes health and justice for women. This presentation will highlight the work of NAF and give examples of some of the recent activities undertaken by NAF. For example, NAF develops and maintain evidence-based guidelines and standards as well as to educate providers in the latest technologies and techniques. NAF programs make it possible for women to receive the highest quality abortion care. In terms of policy, NAF works to try to have abortion care in areas that do not have readily access to care. For example, NAF has been instrumental in trying to have PEI include the provision of abortion as part of its health services. NAF has also been working to have mifepristone available in Canada and the work to achieve will be discussed.

Suzanne Boileau, ***Reproductive Justice in Canada: Using a Reproductive Justice Framework***

With the reproductive justice framework taking hold and expanding the pro-choice construct, Canadians for Choice (CFC) has reoriented its mandate towards reproductive justice and has correspondingly adapted its research and organizing methodologies to further reproductive justice. CFC's presentation will highlight the results of a preliminary scan of the Reproductive Justice movement, its conceptual frameworks, and its appearance in Canada today. CFC will provide historical context, explanations of RJ organizing methodologies, key findings about distinctions and challenges for the Canadian movement, and the strategies CFC has used to incorporate RJ principles and an RJ framework in its work.

This work was undertaken by CFC to assist the organization in locating its reproductive rights organizing and research activities in relation to the RJ movement and frameworks, and to develop a clearer understanding of potential strategies and opportunities for partnership that may exist to further reproductive justice in Canada and elsewhere. Information informing this work was drawn from electronic literature and web scans, reviews of existing tools, and general inquiries to potential informants. Overview of findings grouped thematically into 1. Infrastructure and Interpretation, 2. Strategies and 3. Gaps in Content, Usability and Appropriateness of Tools/Resources and, 4. Next Steps.

RJ organizing in Canada can be loosely grouped into four key sites of activity: (1) First Nations, Inuit, and Métis (FNIM), (2) Student-led, (3) Organizing by primarily pro-choice associated groups, and (3) Independent initiatives. FNIM organizing forms the core of Canadian RJ work, and Native Youth Sexual Health Network (NYSHN) was the only consistently identified RJ national organization.

Canadian RJ organizing lacks the movement-building and coordinated infrastructure of the US movement. This lack of infrastructure hinders the growth of the movement and the ability to build cross-sectoral alliances. Key gaps include articulated provincial/national policy agendas for advancing and RJ framework and RJ goals across sectors, a comprehensive communications strategy, and a national membership-based coordinating body.

Differences in the interpretation of RJ across organizing sites may adversely affect alliances and movement-building objectives. Differences include interpretation of what types of activities should properly be called "RJ" work, particularly when RJ language is used in association with traditionally pro-choice movement/ reproductive rights activities.

Some organizers are not identifying an anti-racist structural analysis and on-going AR/AO work as being at the core of RJ. This threatens to co-opt the work of communities of colour while

simultaneously excluding those communities. This problem has been identified as an issue in the RJ by movement leaders in the US and Canada.

Jane Hebert, ***Trust Women: Transformative Strategies for Reproductive Justice***

This presentation traces the formation of the Halifax-based Trust Women Project and its creative critical praxis as a response to institutional and grassroots movements which seek to stigmatize and shame women who have had abortions or who may consider having an abortion.

Using direct action, creative resistance, cultural production, and institutional human rights processes, members of the Trust Women project apply various tactics to name and challenge reproductive injustice. We will pay particular attention to strategies of resistance which address the overlapping cultures of campus misogyny and community-based religious fundamentalism.

At the intersections of androcentric universities and the policies of Conservative and Liberal parties parties upholding and promoting restrictions on women's reproductive autonomy, we will examine case studies of several Canadian post secondary environments and their responses to anti-abortion activism and feminist resistance. The regional policy contexts of Atlantic Canada, the United States, and Western Canada, will be examined through an anti-colonial lens which connects provincially regulated abortion access with the federal policy aims of the patriarchal colonial state.

Panel 3B: Barriers to Access: Abortion in Canada

Tracy Penny Light, ***Searching for Dr. Metcalf: Doctors, Women and the History of Abortion Access in Canada***

Jessica Wu, ***26 Years After Morgentaler: Barriers to Access & Life Liberty and Security***

As the 26th anniversary of *R. v. Morgentaler* comes to pass, the decision which was often revered for placing women's reproductive rights back into their own hands has not in fact achieved the same weight for our reproductive justice as it first appeared. Restrictions on abortion access continue to exist today both overtly – through the unavailability or very limited access to services – as well as covertly and systemically – through a lack of abortion training in medical schools, and the unavailability of mifepristone (RU-486), known to be the "gold standard" for medical abortions.

The many barriers that exist for access to abortion have led to the reality that many women, especially those in rural or remote areas, continue to be unsuccessful in obtaining abortions in Canada. In this way, I argue that women's section 7 rights of life, liberty and security of the person under the *Charter* continue to be engaged and remains a pressing concern, much in the same ways that it had been in 1988, when the Supreme Court ruled that state interference with women's bodily integrity and imposed psychological stress constituted a breach of security of the person.

With the likely re-emergence of the abortion debate on Parliament Hill this year as Health Canada considers the approval of mifepristone, I urge our government to take active steps to engage in issues effecting women's access to abortion, in accordance with the Court's holding in

Morgentaler that women's choice to terminate their pregnancy falls within the purview of protected decisions for which the state is required to respect.

Peggy Cooke, ***When Government Breaks the Law: Barriers to Abortion Access in New Brunswick***

With abortion decriminalized in Canada, the focus of reproductive rights advocates has necessarily shifted to access. The uneven levels of access to sexual and reproductive health services can be observed along class, race, age, population, and wealth lines across the country.

The true access crisis in this country is in the Maritimes, specifically in New Brunswick where a small population with limited resources collides with a government unwilling to follow the rules. When we talk about abortion in Canada, the dire situation in New Brunswick is often glossed over or ignored completely; however despite the lack of an abortion law, New Brunswick mirrors the bleak situations of some of the more conservative United States when it comes to access. And due to a shortage of providers, patients in surrounding provinces are also affected by illegal restrictions when travelling to New Brunswick to access care.

Using a reproductive justice framework, this presentation will bring attention and clarity to this situation, the factors that caused and maintain it, as well as solutions that can be implemented at a grassroots level. Drawing from personal and professional experience, testimonials from patients, residents, and abortion clinic staff on the ground, and a historical understanding of the social history of the province, the presentation will shine a long-awaited new light on the problem in New Brunswick - and how we can solve it.

Shannon Ingram, ***Unmasking the Barriers: Analysis of Limiting Factors for Women Obtaining Abortions in Alberta and Newfoundland and Labrador***

It is difficult to categorize the main obstacles impeding women's reproductive autonomy. However, with the constant scrutiny from anti-abortion groups and recurrent government investment to reintroduce laws prohibiting women's reproductive rights illustrates that access to safe abortion remains a dominant struggle not only nationally, but internationally as well. In a country as sweeping as Canada, one of the primary obstacles for women, particularly women living in rural areas, is having close access to a private facility or hospital that provides surgical abortions. According to research conducted by scholar Carol Williams, access to abortion services in Canada are steadily decreasing, rather than increasing in provinces and territories. From 2003 to 2006, access to safe abortion services decreased by 1.9% in provinces and territories, with the lowest percentage of abortion services being offered in Alberta, 6% and in Prince Edward Island (P.E.I.), where abortion services are prohibited. The abysmal amount of available facilities that provide surgical abortion creates further challenges for women living in rural areas who might wish to obtain an abortion. While this provides only one example of the multiple barriers in the struggle for women's reproductive autonomy, I believe it is an area of considerable importance and deserving of further inquiry. Through analyzing the average travel time, average cost and average recuperation time for women from rural areas, scholars are better able to understand the work that needs to be done to further women's rights.

Panel 3C: Abortion in Literature and Popular Culture

Karen Weingarten, ***Imagining Abortion in American Literature***

In February 2011 an anti-abortion group from Texas called Life Always put up a billboard in New York showing a young black girl with this message above her head, "The most dangerous place for an African American is in the womb." The billboard is typical in the context of the contemporary abortion debate, but when read against early twentieth-century abortion discourse it exhibits a curious inversion. In claiming that abortion threatens the black community's extinction, Life Always transposed an early twentieth-century rhetoric shared by politicians, medical doctors, and feminist activists, who all argued that if abortion continued to be accessible in the U.S., then the white race would soon see its demise. In both cases, the anti-abortion rhetoric they evoke is ensconced in racial politics meant to incite fear, resentment, and an insular population politics. My paper seeks to trace a continuum between early twentieth-century conversations about abortion in American literature and culture and our contemporary moment's representation of abortion in cultural productions. I argue that these earlier representations of abortion shed light on how abortion is tied up in American racial politics. Lillian Smith's *Strange Fruit* (1944) dramatically signaled a shift in abortion's representation in American fiction. Smith's novel openly links the issue of abortion to American racial politics. My paper uses this novel as a launching pad to speculate how abortion rhetoric and representations from the early twentieth century might help us rethink contemporary abortion politics and its racial discourses.

Claire Barrington, ***Abortion and the Abject: Reading horror in Dumplings (2004) and Re-cycle (2006)***

This paper will contrast how two Chinese films, the Pang Brothers Re-cycle (2006) and Fruit Chan's Dumplings (2004), explore abortion from pro-choice and pro-life perspectives. In Dumplings (Chan, 2004) life is preserved through cannibalism - a rejection of the natural through the act of consuming aborted foetuses. Mrs Li, a middle aged ex-film star, seeks rejuvenation through Mei's dumplings, made from aborted human foetuses. The regenerative power of the ingested foetuses originates from the potential life stolen by the act of abortion. Re-Cycle (Pang Cun & Pang, 2006) contemplates redemption, rebirth and forgiveness in relation to abortion. Ting-Yin, a successful author, is drawn into the world of the abandoned where she meets her aborted daughter while running from a faceless rage-filled supernatural creature. These films will be considered through Julia Kristeva's Power of Horror (1982). Kristeva examines the abject, arguing that it is a reaction to anxieties surrounding humanity's biological vulnerabilities. Constructing such anxieties fictionally, allows for the establishment of bodily control, providing a cathartic experience. Abortion however, creates a confrontation of existence. The notion of being denied existence before existence is too close to a phobia to be familiarised and tamed through popular entertainment. Both films suggest this unease within their exploration of the subject matter. Dumplings (2004) suggests the act of abortion is destructive and unnatural by increasing the anxieties surrounding the issue. Re-cycle (2006), by fixating on healing the inner trauma of abortion to both non-mother and non-child, attempts to control the topic's rupture.

Fran Bigman, ***A Bit of Himself: British Male-authored Abortion Narratives from Waste to Alfie***

When Gordon, the hero of George Orwell's novel *Keep the Aspidistra Flying* (1936),learns his girlfriend is pregnant, the news doesn't sink in at first. Then she mentions abortion, and "the words 'a baby' took on a new significance…They did not mean any longer a mere abstract disaster, they meant…a bit of himself, down there in her belly." Gordon then rejects abortion as "disgusting" and "blasphemy."

In this presentation, I will analyse how abortion is used as a moral wake-up call for the male protagonists of novels and plays written by British male authors, from one of the first literary representations of abortion, the 1907 drama *Waste* by Harley Granville-Barker, to the radio, stage, novel, and film versions of Bill Naughton's *Alfie* (1962-66). While many anti-abortion activists claim that they are interested in protecting women, the existence of a specifically male opposition to abortion emerges in these works, as male characters speak about the foetus as a potential son. By appropriating the experience of abortion to serve as both a turning point for male characters and a metaphor for male suffering and by imagining the endangered or aborted fetus as male, thus restricting sympathy to male channels, these narratives write women's experiences out of the picture while making an anti-abortion case.

My focus on men follows a move by historians such as Simon Szreter and Kate Fisher to look more closely at male involvement in birth control and abortion. Critics who have examined abortion narratives in literature have overwhelmingly read them as empowering and feminist, neglecting or misinterpreting novels and plays that, in presenting negative message about abortion, both reflect and contribute toanti-abortion sentiment in the UK and beyond.

Anessa Babic, ***Cultures of Abortion and the Fetish Within: Popular Culture, Abortion, and Political Imagery in post 9-11 America***

The 2013 Democratic Texas senator Wendy Davis made national headlines with her eleven hour filibuster to delay the passage of a Texas bill dismantling abortion clinics, and as such, access throughout the state. Among the many points of the law, part of it stated that the Morning After Pill must be administered by a doctor and all abortions must be performed within an ambulatory care facility (i.e. a full-fledged hospital). Davis's stand is certainly not the longest filibuster in history, but its purpose captures the essence of the moment aptly. The *Roe v Wade* decision theoretically protected a woman's right to an abortion, but it did not mandate access. Thus, in a de facto grassroots manner local and state legislatures are aggressively finding creative ways to dismantle not only *Roe v Wade* but women's choices in general. As abortion rights are being legally chipped away in the United States, Hollywood has emerged as a platform for the vocalization of concern. Contemporary films such as *Revolutionary Road* (2008), *The Cider House Rules* (1999),*Vera Drake* (2004), among others, are increasingly challenging the erosion of abortion rights in the United States by conveying the horrors and social, racial, and sexual injustices of the criminal period.

These films, primarily set in thepost-World War II period (but before Roe),serve as forms of protest reminding audiences of life during the illegal period. In *Revolutionary Road* the abortion subject takes on the form of suicide, the loss of a dreamer, and the imagery of abortion is juxtaposed against the backdrop the traditional and ideal family. While the movies here show a counter to illegal access, clips of fetuses with an overlapped laughing baby infiltrating television shows (one example, *The Drew Carey Show*) permeate with a clear message of pro-life. Thus, this discursive debate demands a critical examination as the access and defining of women's

bodies remains a topic at large with legislative mandates serving as portals of fetish desire and regulation.

Keynote Addresses:

Rickie Solinger, What makes "reproductive justice" different from "reproductive rights"?

I have been interested for 25 years in questions about how the popular reproductive rights term "choice" – the most common euphemism for abortion -- has structured assumptions and policies regarding who gets the right to be a legitimate mother in the United States (and elsewhere), and which women are defined as "illegitimate" mothers. How do these matters get decided and enforced? What do race and class – and historical, cultural, and political elements of the concept of "choice" – have to do with maternal legitimacy and illegitimacy? What are the consequences of associating women's reproductive liberty chiefly with the consumerist term "choice" and with reference to the individual decision to constrain or terminate pregnancy? Reproductive justice (RJ), on the other hand, refers to women's reproductive needs and also to their right to be mothers – legitimate mothers, worthy of adequate, respectfully delivered medical care, decent housing, a safe environment and the other basic human resources necessary to be a person, a mother, and a full and equal member of society – a set of conditions that cannot be captured simply via individual choices. Reproductive justice refers to language and public policies that secure personal, bodily sovereignty regardless of a woman's race, class, and citizenship status or her independent access to the marketplace of reproductive options. This talk will clarify the distinction between "reproductive rights" and "reproductive justice," discuss the origins and promise of RJ, its contemporary trajectories, and the various kinds of resistance confronting this vibrant concept and politics.

Friday, August 8, 2014

08:45-10:15: Panel Session One
Panel 1A: Abortion and Health Policy

Marion Doull and Christabelle Sethna, ***The Waiting Game: Patient wait times and freestanding abortion clinics in Canada***

Patient wait times remain a major issue for Canadians. Abortion is a time sensitive procedure. Yet, little is known about regional differences in wait times for an abortion appointment and even less is understood about the experiences of women waiting for that appointment. A national mixed methods study of freestanding abortion clinics (n=17) was conducted to determine wait times for an abortion appointment, investigate how wait times affect women and illustrate the results visually and textually. A total of 1186 women participated. Approximately a third of the women waited less than one week (36.8%), more than one week (28.6%) or more than two weeks (31.7%) for an abortion appointment. A small portion (2.9%) waited more than one month. The further a woman lived from a clinic the more likely she was to have reported a longer wait [OR (95% CI) = 0.69 (0.50, 0.93)]. Women's qualitative responses

reveal why they did not or could not get an earlier appointment: 1) Personal reasons; 2) Lack of appointments; 3) Clinic guidelines; 4) Obstacles to access. Abortion is recognized internationally as an essential part of reproductive health care that must be delivered in a timely manner. As abortion is unique to women, wait times for an abortion appointment place an undue burden on women only. Health policy interventions should require a more comprehensive assessment of wait times for abortion services and a commitment to treat abortion as a medically necessary service as defined by the *Canada Health Act*.

Barbara Baird, ***RU486 in Australia: A 'glocal' story***

Despite being widely available around the world, and despite the otherwise 'liberal' abortion provision in this country, medication abortion via RU486 (Mifepristone) has come late to Australia. The federal government's ban on the drug in 1996 was removed after a cross-party campaign by women in the parliament in 2006, allowing it to become available in restricted circumstances. Subsequently an international NGO abortion provider succeeded in allowing the entry of the drug into the Australian market. RU486 was listed as a subsidised drug on the Pharmaceutical Benefits Scheme in 2013 making it, hypothetically, readily accessible. Observers of the provision of abortion services are waiting expectantly to see how its legal, subsidised, commercial availability will change the provision of abortion provision in Australia.

This paper will tell the story of RU486 in Australia up to the current moment where it signifies the possibility of radically addressing some of the entrenched problems of poor access to abortion services for poor and rural and regionally remote women in particular. It will attend to the global and national dimensions of the story as well as the idiosyncratic local twists and turns along the way so far. Regulation of the drug may be a national matter but its availability and its discursive life cross national boundaries and its future effects cannot (yet) be simply known. The paper will draw on a small scale oral history project conducted in 2013 with abortion doctors and associated health workers and activists about the provision of abortion in Australia.

Susanne Klausen, ***The Eugenic Clause in the Abortion and Sterilization Act (1975): The Spectre of Thalidomide-Affected Children and the Production of Statutory Law on Abortion in Apartheid South Africa***

Between 1957 and 1961 thalidomide in various forms was given out as samples, sold over-the-counter, or distributed via national health facilities, in at least 46 countries across the world. The drug was never distributed in South Africa and thus it has become conventional wisdom that there is no history of thalidomide there. However, even though there was no impact of thalidomide in terms of children afflicted by it, the drug – more specifically the threat of it – had great significance in political discourse and impacted the production of regulatory legislation. The thalidomide "tragedy" was widely reported in international media, and the spectre of thalidomide-affected children haunted parliamentary debates about proposed legislation on abortion in the early 1970s. Despite injunctions from the official church of Afrikaner nationalism, the Dutch Reformed Church, to disallow disability as an indication for medical abortion, thalidomide helped shape the final version of the first statutory law on abortion, the Abortion and Sterilization Act (1975), in the form of a eugenic clause. After

providing a brief history of the global thalidomide scandal, this paper explores this facet of its impact on South Africa under apartheid.

Rachael Johnstone and Emmett Macfarlane, ***Regulatory Bodies: The Assisted Human Reproduction Act and the future of abortion access in Canada***

In 2004, the federal government in Canada passed the *Assisted Human Reproduction Act,* which was intended to regulate and, in some cases, prohibit a range of existing and emerging reproductive health technologies under the *Criminal Code*. The Act was widely scrutinized for its significant reach, which many felt infringed on the rights of provinces to regulate healthcare, and was promptly challenged by the government of Quebec. In December of 2010, the Supreme Court of Canada ruled that many sections of the act were *ultra vires*, in other words, not appropriately criminal matters, but more suitably relegated to the realm of healthcare. Regulatory control over many aspects of reproductive technology has since shifted to the provinces.

The regulation of reproductive technologies in Canada has thus followed a similar trajectory as that of abortion rights, which are still regulated by the provinces more than twenty-five years after the Supreme Court struck down Canada's abortion law. . This paper intends to explore the relationship between these two questions of reproductive rights. Through an exploration of the legal and policy history of this Act, with a particular focus on the regulation of embryos, this paper investigates the implications of the current regulatory model of assisted human reproduction technologies for the future of abortions rights in Canada.

Panel 1B: Abortion in Europe

Karen Celis and Gily Coene, ***Legal abortion: a solid woman's right. Explaining the status quo in abortion legislation - lessons from the Belgian case***

After a long and salient political struggle, Belgium adopted a law that partially legalised abortion in 1990. Once enacted, the 1990 abortion law seems to have installed a very solid status quo and the issue almost entirely disappeared from the public arena. In light of the evolution of abortion debates and legislation in other European countries, this paper aims to offer some explanations for the absence of political debate on abortion in Belgium. Although anti-abortion activism has recently revived, the opportunities for it to change the current legislation seems to be negligible. This is however also the case for the proponents of a broader legalisation of abortion.

The paper discusses a variety of explanations for the apparently solid status quo. Next to the specificity of the history of the abortion struggles in Belgium, the paper points, first, at the series of ethical progressive legislations that have been enacted (on patients rights, euthanasia, fertility treatment, same-sex marriages and adoption), which provide a solid legal anchoring of liberal attitudes to reproductive and bioethical issues. In addition, women's policy agencies have been established at all policy levels providing the women's movement access to the state and decision-making. These factors, the paper argues, have foremost prevented a conservative reform restricting the right to abortion in Belgium.

Maria José Magalhães, Manuela Tavares, Maria do Mar Pereira, ***Three decades to legalize abortion in Portugal***

This article presents an historical and sociological analysis, with a feminist approach, of the long struggle for legal abortion in Portugal, after the 25th of April, the democratization of the country, following 48 years of a dictatorship and fascist regimen. It addresses three decades of political and feminist agency, in the context of a mysigynist and sexist society, that had come from an authoritarian regimen and where the left wing were not able to include gender issues.

In this sense, in first place, it is presented the role of the feminists in political lobbying in favour of abortion on demand, where radical feminists had a crucial role. Further, it is analysed the 1984 act for abortion, which was a restrictive law, even more restrictively applied, followed by a decade of silences. Then, it is analysed the polítical context and respective simbolic meaning of the referendum of 1998, presenting the reasons for the defeat, following wiht the analysis of the new pathways feminist movement found to pursue the struggle for abortion. These new pathways included the dennounce of the trials of women who had abortion (2001-04), innovative political actions like "the boat of abortion" (2004) and a petition for a new referendum (2003). We finish with the reasons for the victory in the new referendum in 2007 and some ideas for a new feminist agenda post-referendum.

Karin Koole, ***Do Women Matter? Women's Movements and the Struggle for Abortion Rights in Five European Countries***

To what extent do women's movements influence abortion policy debates? And under which conditions does this influence occur? After first establishing the amount of women's movements' influence (much, some, none) for each individual debate, I identify the (combinations of) conditions under which women's movements are able to influence policy debates. Drawing on the social movement literature, I argue that a strong women's movement is a necessary condition for influence to occur. I test this hypothesis with a fuzzy-set qualitative comparative analysis (fsQCA) of 14 salient policy debates in five originally Catholic countries between 1970 and 2000: Belgium, France, Ireland, Italy and Spain. The analysis confirms that a strong women's movement is indeed necessary for women's movement influence on abortion policy debates. This condition is however not sufficient, but should be combined with rightist partisanship, or critical actors who actively push for women-friendly policy changes and the absence of strong religiosity in society. By identifying the combinations under which women's movements influence policy debates I add to the currently 'movement-centered' social movement literature by linking movements' characteristics with their context and show *when* social movements influence policy processes.

Johanne Sundby, ***Abortion - legal and care issues in Norway***

Norway had a broad political discourse on illegal abortions and abortion complications way back in 1913, with a well known feminist Katti Anker Møller raising the issue. We continued to have illegal abortions until after the World War 2, but them the situation changed somewhat. The first law that allowed abortions on medical grounds was passed in the 1960ies and on social grounds some ten years later. In the later part of the old abortion law practically everyone who applied for an abortion got one, but the case had to be presented in front of a panel. Feminists, novelists and historians alike raised the issue sharply, especially the issue about how humiliating it was for women to make a case for abortion in front of powerful people. A

PhD on abortion documented the issue more broadly, and eventually, after one failed attempt, a law that granted abortion on demand until 12 weeks of gestation was passed in the late 1970ies. Abortion rates remained nearly the same, but the debate continued afterwards, both the issue of late abortion, health workers' objection to conducting abortions, and mandatory counseling have been suggested, but not really made it into the laws. Care for abortion is free of charge, and access to care is good. Medical abortions and surgical abortions are available, but a new legal attempt to expand the objection paragraph to also include GP's who do not want to refer to abortion counseling, has brought back a forceful debate on the moral grounds for having a clear abortion law, and clear politics at the same time as it is legally allowed to be against the law. The conflict between empathy and care for vulnerable women is in the forefront of the debate.

I am a feminist, researcher and OB/GYN who have experienced the clinical and sociopolitical issues around abortion in Norway for a long time, since I started medical school in 1972. I have also worked on research on abortion in Burkina Faso and Cote d'Ivoir. I will discuss some of the issues that make this debate so complicated, and how it stops us from having a real debate about abortion dilemmas and its links with social context and living conditions of vulnerable women.

Panel 1C: Experiencing Abortion: Global perspectives

Laura Salamanca, ***Reproductive Justice in Canada: Immigrant Women's Experiences***

This presentation is based on an ethnographic study with immigrant women in Toronto which was meant to uncover whether the availability of abortion services has an effect on women's experiences of pregnancy options and decision making. Arguments against abortion based on the premise that the physical existence of the service will prompt women to utilize it fall apart when one considers women's conceptual ecology vis a vis fertility and pregnancy. The extent to which women in Canada are able to access services that make their options realistic is not only subject to primary providers' gatekeeping; for immigrant women this may include past experiences of diverse socio-cultural and legal contexts of abortion in their country of origin. The study revealed that availability and legality may not significantly change a woman's thoughts on abortion, whether or not she originates from a country where the procedure is illegal. Even though in theory abortion, adoption, and prenatal services are available in most of the country, a myriad of factors lead many women in Canada to experience pregnancy and pregnancy options decision making not as a matter of 'choice'. Rather, changes brought about by migration in economic and social support dictate the nature of immigrant women's engagement with Ontario's system of sexual healthcare in the service of their own conceptual frameworks of health, wellness, fertility and pregnancy.

Burcu Bozkurt, ***The 'Private' Providers of Abortion: The Case of Vietnam***

Abortion is a commonly performed and easily accessible procedure in Vietnam, and has been legal since the 1960s. Approximately half a million abortions are reported in the public sector each year, with past studies indicating that at least the same number has been provided in the private health sector (TD, Phan, & NK, 2008). This presentation, based on published information and interviews by the author in 2011, provides an overview of the rising and prominent private health sector of Vietnam as it relates to abortion provision. As part of a larger

qualitative study that captured provider attitudes on abortion in Hanoi, the author also captured providers' insights and perceptions around the private provision of abortion in Vietnam, shedding light onto the spectrum of possible patient experiences with a private provider. Providers hinted at a bi-modal private market, with high-quality, efficient private facilities on one end, and poor, unlicensed 'informal' providers on the other. A significant number of providers also mentioned the lack of regulation and reporting from the private sector. The interface between abortions and the private sector have ramifications for providers, patients and populations alike. Differing financial motivations for both doctors and patients, mixed quality of care, and inconsistent regulatory and reporting mechanisms paint a mixed picture for quality abortion service in Vietnam.

Rafia Peer, ***Lived Experience of Women Facing Pregnancy Loss in Indian Administered Kashmir***

The Indian administered Kashmir is the most under- researched area in India. There are many areas in Kashmir which demand extensive research. One such area is public health. Under the main domain public health, reproductive health forms a significant part of public health. Under reproductive health, issue of pregnancy loss which is not only a clinical problem but is associated with socio-economic dimension as well remains unexplored.

Women whose health demands are unique and special coupled with their relation to social structure is something which makes an interesting area to study. Though there are many quantitative studies with regard to abortion (spontaneous and induced). Yet, there are handful of studies that have dealt with lived experience of those women who face pregnancy loss.

To locate induced abortion in a patriarchal society where decisions which women take are not their alone but are conditioned by virtue of being integral part of a given social structure makes any decision(here abortion) a very complex problem. To capture lived experience of women will give us an insight as to how *agency* of women show either resistance or collusion and very often surrender in a situation where not only her foetus but her life is in jeopardy.

Not only its social implications, pregnancy loss is associated with grief and pain and is emotionally traumatising an experience. The study will focus on different themes arising out of the lived experience of women who have faced pregnancy loss. It will also reflect on the access to health service in terms of availability, affordability and quality of health services.

10:30-12:00: Discussion Forums

Room B: Abortion in the Classroom: Presenters: Sara Matthiesen, ***Abortion Politics in the Classroom: Building Solidarity*** and N. Ann Davis, ***Teaching Abortion*** (facilitator: Tracy Penny Light)

Sara Matthiesen, ***Abortion Politics in the Classroom: Building Solidarity***

While abortion rights activists and advocates are largely in agreement when it comes to opposing the pro-life movement's seemingly tireless efforts to restrict access to abortion, this unity often breaks down when it comes to supporting women believed to be "misusing" the procedure. In this paper I lay out strategies for discussing abortion in the classroom that address

prejudice against women who have had more than one abortion or experience an unplanned pregnancy soon after an abortion. Using Jeannie Ludlow's article "The Things We Cannot Say," I have challenged past students—most of which identified as pro-choice—to think about how some stories of abortion elicit their sympathy and understanding while others elicit their embarrassment and reproach. Importantly, I help students to see how their personal evaluations of different abortion stories are tied to broader discourses about abortion created by both pro-choice and pro-life political efforts. Encouraging students to think more critically about the limited ways American society conceives of abortion also enables more open and honest conversations about unprotected sex and unplanned pregnancies. This honesty was especially useful in addressing students' classist and racist assumptions about who is most likely to experience an unplanned pregnancy. These pedagogical strategies not only help students to achieve a more nuanced understanding of the abortion debate, but also help cultivate political solidarity for all individuals who choose abortion, regardless of circumstance.

N. Ann Davis, ***Teaching Abortion***

I have been teaching about the ethics of abortion, abortion rights, and the history of abortion law for over 30 years. My plan is to talk a bit about how and why the scope and focus of my teaching and public speaking about abortion have changed in this time.

Room C: ***Shooting the Opposition: Documentary film and the anti-abortion movement***
Presenters: B. Lynn Estomin & Andrea T. Kornbluh (facilitator: Shannon Stettner)

For the last 40 years in the US we have experienced a political, cultural, and shooting war over abortion rights. Since 1993 eight people have been murdered for helping women exercise their constitutionally protected right to choose; according to NARAL some 6,400 acts of violence against abortion providers have been documented since 1977. One kind of reaction to these decades of attacks on legal rights has come from documentary filmmakers, using cameras to capture and publicize the actions and outlooks of anti-abortion activists.

This panel proposes a discussion of the strategies and tactics of filmmakers who, since *Roe V. Wade*, have sought to use filmmaking to help the American public gain an understanding of the long-running conflicts over abortion. Filmmakers have examined the actions of anti-abortion activists, ranging from clinic protests, to fake pregnancy clinics, to assassinations, as well as the less dramatic, but equally potent, political fights for legal restrictions on abortion. We propose to screen our documentary, The Other Side of the Fence: Conversations with a Female Fundamentalist (28 minutes; Filmmakers Library) http://lycofs01.lycoming.edu/~estomin/fence.html, and to place it in the larger context of twenty years of documentary work that explores the tactics, motives and outlooks of abortion opponents. Our discussion might include commentary about any or all of the following:
The Abortion War, Faultlines Al Jezeera English (25 minutes; 2012)
12th and Delaware, Loki Films (90 minutes; 2010)
The Coat Hanger Project, Angie Young (53 minutes: 2008)
The middle of everywhere, Rebecca Lee and Jesper Malmberg (53 minutes, 2008) Women Make Movies
Lake of Fire, Tony Kaye (152 minutes; 2006)

The Anti-Abortion Army Of God, Daphne Pinkerson, Marc Levin, Daniel Voll (70 minutes; 2000; HBO America Undercover 2013)
The Fragile Promise of Choice, Dorothy Fadiman (56 Minutes; 1996)
When Abortion Was Illegal, Dorothy Fadiman (28 minutes; 1992)

01:00-02:30 Panel Session Two (concurrent panels)

Panel 2A: Barriers to Access: Abortion in the United States

Amanda Dennis, ***Evaluation of the impact of restrictions on insurance coverage of abortion in the United States***

Medicaid, a government-funded health insurance program in the United States, is designed to ensure low-income populations have access to affordable health care. Whether abortion should be covered by the program has been fiercely debated for over 35 years. Most state Medicaid programs severely restrict coverage of abortion, though a small number of states provide full abortion coverage for Medicaid enrollees. It is anticipated that under the Affordable Care Act, more women will be insured; however these women will be subject to restrictions on abortion coverage and will not gain access to covered abortion care.

We have evaluated the impact of abortion coverage restrictions on women and abortion providers through: 1) In-depth interviews with abortion providers at 70 facilities in 15 states; 2) In-depth interviews with 99 low-income women in five states; and 3) A "mystery caller" survey of Medicaid staff in 17 states. We found that policies restricting Medicaid coverage of abortion have a number of detrimental emotional and financial impacts on women and their families. Restrictive coverage policies also interfere with the provision of abortion care by limiting abortion providers' abilities to implement clinical decisions consistent with their medical judgment and by creating time-intensive, costly administrative hurdles. Policies supporting affordable abortion care largely prevent these harms to women and abortion providers. Study findings are useful for understanding the impacts of differing Medicaid coverage policies and can be used to advocate for evidence-based federal and state-level policies that are responsive to the needs of women, their families, and abortion providers.

Kate Grindlay, ***Access to abortion for women stationed overseas in the US military***

Unintended pregnancy rates among women in the US military (105/1,000 women of reproductive age) are double those found in the general US population (52/1,000 women of reproductive). While 43% of unintended pregnancies in the US end in abortion, due to federal funding bans, abortion is only available on military bases in a few exceptional cases. We have explored access to abortion for US servicewomen by: 1) analyzing data from 130 US military women and dependents seeking information about medication abortion from an online service during overseas deployment between 2005 and 2009; 2) conducting an online survey with 300 servicewomen about their knowledge of military abortion laws and services and experiences with unintended pregnancy and abortion during deployment; 3) conducting in-depth interviews with 22 servicewomen about their reproductive health experiences, including pregnancy, during deployment.

Women reported many challenges in accessing abortion abroad. These included the lack of services available though military facilities, and also women's highly restricted mobility that prohibited travel elsewhere for care. Other challenges stemmed from fears of harming/losing their military careers or facing reprimand if they took leave to have the abortion in the US, even in cases of rape. Several women expressed their desire to complete their tour and felt that abortion was the only means to do so, and some contemplated unsafe methods of termination.

These study findings highlight significant barriers to accessing safe abortion care among deployed servicewomen and the impact that restrictive abortion policies can have on women's health and wellbeing.

Liza Fuentes, ***Evaluation of the impact of legal restrictions on abortion services in Texas***

Texas has recently implemented some of the most severe abortion restrictions in recent U.S. history. A 2011 law required that women make an in-person visit for a fetal ultrasound description, delivered by the providing physician, at least 24 hours before her procedure. We evaluated the impact of this statute by: 1) analyzing abortion surveillance and clinic administrative data; 2) fielding a survey of abortion clinic clients to assess their experiences with travel and cost for their abortion and their perceptions of the laws; 3) and conducting semi-structured interviews with clinic staff and patients regarding their experiences providing and obtaining services under the law. We found that the two-visit requirement with ultrasound viewing does not affect women's decision to have an abortion. However, while many women appreciate the information presented with the ultrasound, some have a negative emotional response to viewing it. In terms of the 24 waiting period, again some women appreciated the additional time before abortion, while some report negative emotional responses. We found that the two-visit requirement is burdensome for some women—especially low-income women and those who have to travel farther. We also found that there was an increase in the proportion of abortions after 12 weeks after the law was implemented, suggesting the need for further research on whether such laws may cause women to delay care.

Carolyn McKee, ***Defining Rape: How the Definition of Sexual Assault Can Affect Access to Abortion in the United States***

The issues of abortion and sexual assault are closely linked. While there are many social conservatives in both Canada and the United States who reject that abortion should be accessible, many concede that abortion should be permitted in cases of rape, incest, or to protect the life of the mother. While cases of incest and medical necessity are more straightforward to identify, definitions of rape vary which can impact a victim's access to abortion. A feminist critique of language is useful to analyze how definitions of rape can affect abortion access in the United States. For example, qualifying terms associated with rape, such 'forcible' and 'legitimate' became part of the media lexicon during the 2012 presidential election. These terms can limit women from feeling able to report rape as a crime and receive the care they need. The critique of language will focus on silencing as a mechanism of social control and I will argue that limiting definitions of rape not only silences women and denies them the opportunity to share their experiences, but can also affect whether or not they are permitted to access abortion services. While President Obama has broadened the FBI's definition of rape, it is important to make

explicit the connection between rape and abortion access. Constructing a broad definition of rape can increase women's ability to choose how they move forward from sexual assaults which result in pregnancy.

Panel 2B: Challenging Discourses and Changing Conversations
Emily Parker, ***Assumptive Ideologies: The Invisible Abortion Revolution***

Current academic understanding about women's reproductive rights in the Kingdom of Bahrain and other Muslim-majority countries are undeveloped, leaving them excluded from international conversations about the abortion revolution. There is a significant gap in Western academic literature about abortion rights in these countries, which fails to account for most Islamic countries and renders entire populations invisible to international conversations about the abortion revolution. This "invisibility" not only reinforces our ability to make assumptions about Islamic women and their relationship to the state, but also allows for the continuation of any policies which might be overly-restrictive or detrimental to their reproductive well-being. The prevailing literature gap stems from the Western ideological assumptions which attempts to fit Islamic countries into either a fantasy of the liberal-democratic "good" Muslim or the stereotype of the demonized Eastern barbarian. Through an ideological rhetorical analysis of Western academic texts about Islamic women and their reproductive rights in "Eastern" countries, this paper will explain the reasons for the prevailing literature gap and discuss how to begin revealing these invisible populations. Abandoning the desire to reify our own stereotypes about the "East" will create the possibility for greater understanding and more productive discussions about the circumstances of Muslim women.

Colleen MacQuarrie and Christine Pottie, ***Post Abortion Discourses: Listening for New Directions***

We conducted a Foucauldian discourse analysis of the literature on the concept of Post Abortion Syndrome (PAS) commonly referred to as 'abortion regret' and augmented this with our own first voice research with women who live in a province without local access to safe abortions and who have experienced an assorted set of circumstances surrounding their abortion(s). Women's voices gave rise to seven discourses, two overarching discourses were prevalent in their experiences. One was rooted in their experience of an anti-choice refrain of being told "Abortion is wrong/murder," and the other overarching discourse was voiced as a resistance response "Abortion is a medical procedure." Five sub-discourses organized women's narratives of their experience with trying to access abortion under these two overarching discourses. Under the anti-choice rhetoric women experienced three of these: "Abortion is not welcome here," "You're going to regret this," "Some abortions are okay, some are not". Under the voices for choice, women told how "Abortion is about caring," and "Abortion can be part of positive self growth." The latter two voices for choice discourses have not yet been detected in the published literatures and may represent the unique discourses that occur when women live in areas with intense challenges to overcome in order to access a safe abortion procedure. In conclusion, the concept of abortion regret is created under certain types and forms of anti-choice discourse and it was not present in a population of women who could articulate resistances to dominant anti-choice discourses.

Becka Viau, ***Access: listening as an active form of resistance and as a form of feminist activism***

As an academically trained visual artist and committed social activist I have been involved in many discussions around feminist activism, feminist social action theories, politics of the body and what forms of effective feminist resistance can and should be employed to obtain social justice, political/social change.

I am currently working on an experimental documentary titled *Access* that visually presents my research and explorations into the topics of feminist social activism and Foucauldian theories of power and resistance. The documentary is focused on local opinion concerning access to female reproductive and sexual health services and facilities on Prince Edward Island – which includes the lack of access to abortion services among other non-existing health services. However, instead of people voicing their opinion directly to the audience, the viewer of this documentary is presented with the image of people listening to the collected opinions of others.

I propose to present a paper at the upcoming conference that will discuss the social and political power or impact of listening, describing the act as a form of feminist resistance. I will present short sections of the documentary, *Access*, and a few images to create a dynamic presentation of an alternative approach to social activism.

Panel 2C: Framing Abortion in Canada

Kelly Gordon, ***Men, Masculinity, and Anti-Abortion Discourse in Canada***

Throughout the past 50 years, abortion rights scholars and activists have correctly maintained that abortion is strictly an issue of women's rights. The decision to have an abortion, then, has been framed as a woman's choice, and her choice alone. This framing has equally been reflected in the academic research done on abortion. Departing from the premise that abortion is a women's issue, the majority of research on the abortion debate has focused on the ways in which the discursive framing of the anti-abortion position has impacted women through its construction of femininity, gender roles, and motherhood (see, for instance, Kellough 1996; Brodie et al. 1992; Luker 1994).

However, while this scholarship has been profoundly important and influential in shaping contemporary understandings of both the abortion debate and its effect on female subjectivities, it runs the risk of overlooking the role abortion discourse plays in shaping masculinity. Given the recent rise in both academic and popular interest in the issue of masculinity (Connell 2005; Kimmel 2000, 2013), this paper will examine the different ways the Canadian anti-abortion discourse construct men's involvement in the abortion debate, as well as the ways in which anti-abortion representations of men reinforce particular constructions of hegemonic (and non-hegemonic) masculinities.

Drawing on a systematic and rigorous qualitative and quantitative study of anti-abortion discourse, as well as ethnographic observation, this paper will examine the new and surprising rhetorical strategies employed by the contemporary Canadian anti-abortion movement, focusing particularly on the diverse – and at time divergent – ways that this discourse is positioning men and masculinity in relation to abortion.

Jaime Nikolaou, ***Commemorating Morgentaler? Reflections on Movement Efficacy, 25 Years Later***

A review of social movements analyses of abortion shows that the majority are comparisons of pro-choice and anti-abortion strategizing. Of studies that examine within-camp dynamics, most focus on anti-abortion activity. The limited research on advocates posits ongoing legal reform as that which structures movement strategy. However, this literature also suggests that tactics that flow from legal battles are too institutionalized for the general public to recognized or feel sensitized to, which ultimately perpetuates abortion as a "settled" versus "contested" issue. This paper suggests that a collective identity focus can help resolve some of the problems that emerge from formalized feminist activism, as well as from social movements research that consistently delimits strategy as flowing from legal reform. It centers on the Canadian case to do so. Not only is 2013 the 25th anniversary of the decriminalization of abortion in Canada; it is the year the pro-choice movement lost a distinctive leader, Dr. Henry Morgentaler. Might affective occasions function as sources of strategy-making and revitalization for social movements? Specifically, this project asks: What strategic opportunities does the occasion of Morgentaler offer Canada's abortion rights movement? Upon reflection, are activists inspired to further entrench into institutionalization or venture into more radicalized, direct-action territory?

Christina Rousseau, ***The Link Between Socialism and Feminism: Reframing The Struggle for Abortion Rights in Canada***

Canada's 1969 Criminal Law Amendment Act decriminalized abortion and contraception, ostensibly granting women control over their own bodies. However, it was not until 1988 and 1989 (and two important Supreme Court cases) that women in Canada were finally granted the right to choose. Much of the discourse on abortion frames it as a human right, focusing on individual access to forms of reproductive control, thereby ignoring the larger systemic social and economic inequalities that force this "choice."

Following Nancy Fraser's notion of justice and rights, I argue that we must re-examine the "right to choose" to consider what is often missing from discussions about reproductive rights: the inverse practice of forced sterilizations and other restrictive reproductive policies that have been waged against women in marginalized communities in Canada and other parts of the world. This paper contributes to the work of feminist scholars like Johanna Brenner and Catherine MacKinnon in examining abortion with a consideration of a society that is structured according to the imperatives of capitalism. I revisit the abortion struggle in Canada in the 1970s and 1980s from a socialist-feminist perspective, where the right to choose means not only having access to abortions, but also being able to have the children you *do* want. I argue that in order for women to have "the right to choose," we must consider the nuances that take into account agency, representation, legal rights, and access to healthcare and social services.

Achsah Turnbull, ***Efficiency or Autonomy: Federalism and Abortion Policy in Canada***

A woman's access to abortion services in Canada often depends on where she resides within the country. The purpose of this paper is to understand why this disparity exists, through an analysis of Canadian federalism and how the interpretation of its intended function has

allowed a variation in abortion access within Canada. This analysis will utilize François Rocher's argument that Quebec scholars place greater importance on respecting the federal principle than English Canadians, who view efficiency as paramount, in regards to their understanding of federalism's purpose-that is to say that the division of powers can be violated to create efficient policy. This paper will demonstrate that Quebec and New Brunswick's abortion policies differ significantly, despite both governments' insistence on respecting the federal principle. In Quebec, throughout history, the government has enacted policies that have made the process of procuring an abortion more accessible. The National Assembly has also criticized the federal government for not doing more to accomplish the same goal. The New Brunswick government, however, has been adamant that the federal government cannot force it to remove barriers to accessing abortions in the province. Both governments thus insist on respecting the federal principle and keeping the federal government out of the jurisdiction of abortion policy, one insisting it can restrict access, the other it cannot be forced to. Based on this conclusion one can now ask if either respecting the federal principle or emphasizing efficiency can open up possibilities for ensuring equal abortion access across Canada.

02:45-04:15 Panel Session Three (concurrent panels)

Panel 3A: Abortion Histories: Documenting Oppressions

Lena Lennerhed, ***"A chronic state of malaise." Women, Abortion and Psychiatry in Sweden in the 1940s and 1950s Courts***

In the paper, a change of the discourse on abortion will be discussed, more specifically a process I term the "psychiatrization" of abortion. Psychiatrization will be understood as an aspect of medicalization. I will focus on psychiatric theory and praxis, and to some extent policymaking, on abortion in Sweden in the 1940s and 1950s. My aim is to highlight norms and ideals of femininity and maternity in the psychiatric discourse on abortion.

From 1938, abortion was legal on medical, humanitarian and eugenic grounds, and from 1946 also on socio-medical grounds. During the 1940s, legal abortions increased tenfold and psychiatric reasons such as "weakness" and "anticipated weakness" became the dominant reasons for legal abortion, while the number of abortions performed because of "diseases" or "bodily defect" fell sharply. At the same time, psychiatrists entered the abortion bureaucracy. In 1947, The National Board for Health and Medicine set up a special department for dealing with abortion applications: the social-psychiatric committee.

The "maternal instinct" was seen as natural and given. When women wanted abortions it was explained as due to external factors, marital or sexual problems, or a physiologically induced but passing depression in early pregnancy. The desire to have an abortion could also be linked to a deficiency in the women. Women who got legal abortion in the 1950s were often described as mentally weak and inadequate.

Shannon Stettner, ***The Undercurrent of Reform: Women and the Abortion Law in 1960s Canada***

Discussions of abortion law reform in 1960s Canada often overlook the thoughts of Canadian women on the issue. This paper uncovers women's voices on abortion and analyses

their constructions of authority over the issue in different sites. I employ a broad definition of "political" to include the personal and to argue that women spoke out with relevance and authority on the issue of abortion between 1959 and 1970, contributing to this critical decade of abortion law reform. The overarching argument of this paper is that the dominant reform narrative must be revised to better reflect the place of women in the debate and account for the influence that their demands for reform had on changes to the abortion law.

Karissa Patton, ***"As a Parent": Parental Perceptions of Authority on the Issues of Birth Control, Abortion, and Premarital Sex in 1974 Lethbridge***

This paper examines a small part of the Lethbridge Birth Control and Information Centre's (LBCIC) history including its representation and acceptance within the community of Lethbridge as well as the centre's influence on the local community. This original research on the LBCIC illustrates how the community of Lethbridge was divided in terms of social views, mores and acceptance of the services and education provided by LBCIC through the investigation of the centre's 1974 funding controversy.

Specifically, this paper examines the letters to Lethbridge City Council during the controversy, analyzing public declarations of parental authority to argue against youth's access to birth control, abortion, and sexuality information and education at the LBCIC. Several of the letters examined contain statements of parental authority over youth's education on, and access to, birth control, abortion, and sex.

The letters use of parental status is worthy of deep exploration. Twenty-one of 138 opposing letter writers indicate their roles as parents as a way to wield or demonstrate authority on the issue of birth control and the sexual education of youth. Why did these writers believe their parental status needed to be identified and, in some cases, highlighted to strengthen their arguments? This paper will attempt to answer these questions as well as analyzing why so many advocated for parental driven sexual education, how parental authority was used, and the moral and values arguments behind the perceived parental authority.

Kristin Burnett, *TBA*

Panel 3B: Confronting Abortion Stigma

Lesley Hoggart, ***'I didn't like killing my baby': teenage pregnancy, the construction of risk, and abortion stigmatisation in the UK***

In the UK, under New Labour the risk discourse around teenage pregnancy was essentially about the risk of social exclusion associated with teenage parenthood. The risk discourse increasingly replaced moral opprobrium with respect to teenage pregnancy and motherhood. Teenage pregnancy targets, however, were always based on conceptions. But what do teenage pregnancies ending in abortion have to do with the 'risk' of social exclusion? Unlike the 'risk' of teenage parenthood, the 'risk' of teenage abortion is entirely dependent on moral arguments; it is undesirable because it is abortion. In other words, in teenage pregnancy policy discourse, abortion was (and is) intrinsically undesirable. The risk discourse around teenage abortion can be seen to reflect, and contribute towards, an agenda in which prevailing social

values and norms contain assumptions about the morality / immorality of abortion and significantly contributes towards abortion stigma. This paper draws on three empirical studies that examined teenage pregnancy decision-making. Two of these were concerned with teenage motherhood, whilst the third focused on teenage abortion. The paper analyses the extent to which the young women located their pregnancy decision-making – whatever decision they made – within a moral framework. It will then consider how value-based constructions of the risk of abortion may be interpreted and internalised by young women who have experienced one or more abortion; and the consequences this may have for post-abortion feelings and behaviour.

Fiona Bloomer, ***Abortion Stigma: Case study of the Northern Ireland***

This paper explores the nature of abortion stigma in Northern Ireland, where access to abortion is restricted, governed by legislation dating back to 1861. The research explores what role the political discourse and media have played in the public debate on abortion and how this has been viewed by prochoice activists.

Replicating the approach adopted by Macleod & Feltham-King (2012) of media representation on abortion in South Africa, this study reports on a preliminary analysis of representations of abortion in Northern Ireland newspapers from 1998 to 2013. This period began with the setting up of a new government and legislation to improve gender equality. Little progress has been made on this latter issue, with commentators identifying the limited access to abortion as a prime example of the unwillingness of a morally conservative government to respond to gender issues. During this period several legal cases challenged the provision of guidance to medical professionals on abortion; in more recent years the opening of the Marie Stopes International Clinic and individual cases of women being forced to travel outside of Northern Ireland to access abortions have received widespread media attention. An analysis of the political discourse during this period is also considered. In depth interviews with pro-choice activists explore their views on the changes within the public, media and political representations about abortion.

The research concludes that the more recent events have seen a closer connect between public opinion and the media. Whilst there is evidence that this has contributed to an increased willingness amongst the public to discuss abortion the evidence also indicates that anti-abortion rhetoric remains dominant in the political discourse.

Edna Asbury Ward, ***Abortion – Stigma by association***

This paper presents the findings of a pilot study which set out to explore the perceptions of staff working in abortion care. Utilising a qualitative methodology a series of in-depth semi structured face-to-face interviews were conducted with doctors and nurses (n = 8) working in NHS abortion services in the UK.

The results indicate that staff working in NHS abortion services often feel isolated from other medical and nursing colleagues because of their decision to work in abortion care. Staff 'glossed over' the fact they worked in abortion care, telling others they vaguely worked in women's health or gynaecology. Staff were reluctant to reveal what they <u>actually</u> did, in part because there was acknowledgement that at best they may be vilified or at worst may suffer from violence or attack.

It is argued that staff working in abortion services suffered from the moral taint and fear of consequences of their work. Staff were reluctant to openly share (much less celebrate) the value and worth of their work, except with those whom they trusted and who they felt understood and sympathised with their decision to work in abortion care. The perception of abortion care as "dirty work" is as much to do with the narrow definitions held by the general public of what 'nice' doctors and nurses do as well is the increasing exercise of the conscientious objection clause by medical and nursing staff. The powerful combination of stigma by association, fear of reprisals (whether actual or perceived) and moral objection is a toxic cocktail for the future of abortion services.

Erin Mullan, ***Abortion shame, stigma and the impact of ethical reframing***

Panel 3C: Material and Discursive Spaces and Places

Lori Brown, ***Spatializing reproductive justice: a design competition for the last clinic in Mississippi***

Part of a larger book project, Contested Spaces: Abortion Clinics, Women's Shelters and Hospitals (June 2013), the culmination of data collection examining such issues as the extent and severity of state restrictions, emergency contraception access, hospital locations, religious and cultural influences, and interviews with both the owner and the director of the only remaining abortion clinic in Mississippi, has made clear that patient privacy and security are being severely comprised by the shear volume and frequency of protestors the clinic regularly receives. Because Mississippi does not have a buffer zone law combined with insufficient parking, protestors remain extremely close to patients as they approach the building and noise levels often exceed legal limits causing problems for both the clinic and it's immediate neighborhood. To address these issues, I will be co-organizing a two-phased architectural design competition to transform the clinic's wrought iron fence in order to create a less penetrable visual and aural border between the protestors and those accessing the clinic - including women seeking abortions, clinic employees and clinic escorts. Employing an architectural lens, this paper is particularly interested in discussing how Jackson's zoning and building codes create opportunities for, rather than obstacles to, subverting the state's goal of closing the last clinic. The presentation will also include excerpts from the first phase of the design competition.

Joanna Erdman, ***The Place of Reproduction***

This paper examines the role of *place* in the regulation of reproduction, with a specific emphasis on abortion. Medical abortion, or the use of medicines to terminate early pregnancy, promised an opportunity to expand the availability and access to services. The promise was premised on the method being available earlier in pregnancy, and through a more diverse set of providers in a broader range of facilities. Yet in many countries, medical abortion was made subject to regulation designed for surgical services. In-facility restrictions in particular, that the drug be administered in hospital, were legally challenged in the U.K. and New Zealand. In these challenges emphasis was placed on the lack of medical need for the restriction. Yet a wider and historical review of place-based regulation in abortion care reveals claims of clinical safety as

often specious. Building off recent interrogations of place based regulation in medical abortion, this paper explores the implicit and many regulative qualities of place in reproduction. Through early suspicions of lying-in homes, to fortressed abortion clinics, and into communities of self-use, the paper considers how the physical, social and cultural dimensions of place feature in the regulation of abortion, both to restrictive and permissive ends.

Angele DesRoches, ***The Choice Mirage***

The meaning of a salient reproductive event is influenced by an intuitive process, which is mediated by a host of external factors. The reproductive justice paradigm permits, or necessitates, that attention be given to the context in which reproductive decisions are made. In contrast to the individualistic pro-choice position, the reproductive justice movement has dedicated a substantial amount of energy to call attention to the fact that reproductive decisions are not made within a vacuum. Issues of systemic discrimination and inequality place limits on the choices available to individuals, communities, and populations. From this perspective, in acknowledging the complex relationship between human agency and social structure, the meaning of choice – and what it means to have choice – requires examination with a degree of scepticism. Against the backdrop of a neoliberal agenda, the ways in which traditional hierarchies of privilege have extended their dominance is too often erased through the intensification of individualization. This project explores the space between a pregnancy event and the lived meaning of that event through interpretive phenomenological analysis (IPA). The experiences communicated by a small sample of young (< 25 years) Canadian women highlight why abortion remains a woman's issues and why, after coming so far, we still have such a long way to go.

Mindy Roseman, ***The Last Dystopia: abortion, human rights and gender***

International human rights has been named "The Last Utopia," in the well-acclaimed 20-titled history. What might be claimed the persistent avoidance of abortion by human rights: the last (and recurrent) dystopia? The grand claims of equality "in dignity and rights" pronounced in the 1948 Universal Declaration of Human Rights, provided rhetorical cover for the persistence of all sorts of discriminatory attitudes and practices, especially those related to the family, gender, and reproduction. Aspects of "private life" that were predicated on state action, such as legal licensing of marriage, came under human rights principle of "non-discrimination;" the consequences of marriage (and sexual expression in gender) fell to domestic law and custom. In 1994, at the International Conference on Population and Development, Cairo Egypt, after decades of national and international advocacy, abortion appeared as a carve out to the definition of reproductive rights: it should never be used as a method of family planning.

This paper examines the status of abortion in international human rights law historically, examining advocacy claims and doctrinal developments. It also reviews current instances of human rights advocacy to establish a right to abortion before international human rights expert bodies and courts. It argues that the avoidance of abortion by international human rights mechanisms reflects the initial political (and gendered) bargain struck in establishing the human rights regime, relegating the "private," to the domestic sphere. The paper concludes with contemporary examples, from various domestic settings of how law restricting abortion access (and compelling pregnancy) makes for dystopic societies.

Closing Address:

Marlene Gerber Fried, ***Abortion Rights Activism and Reproductive Justice***

Since the U.S. Supreme Court decision legalizing abortion (Roev.Wade), there has been a broad attack on all aspects of women's reproductive and parenting rights. The consequences have been devastating, especially for women whose race, age, legal, or economic status makes them targets of discrimination. At the same time, these threats have galvanized activism. There has been tremendous growth in the number of organizations and coalitions working to protect abortion rights, as well as those advocating a broader reproductive rights, health, and justice agenda. I am proposing a session based on my article, "Reproductive Rights Activism in the Post-Roe Era," published in the American Journal of Public Health, January. The article documents the major activist approaches in the post-Roe period including: pro-choice, prioritizing women of color in the agenda, reproductive rights, women's health, abortion access, and reproductive justice. The article highlights the organizing by women of color and their allies outside the mainstream pro-choice movement. Documenting this activist history allows us to draw important lessons for future advocacy. The paper also identifies priorities for future organizing that cut across all the approaches, including youth-focused leadership and advocacy, a renewed emphasis on abortion as a public health issue, and the need to combat the stigma and silence surrounding abortion. Finally, I argue that reproductive justice, is a compelling, expansive, and inclusive vision for safeguarding all aspects of reproductive rights and health, including access to safe and legal abortion.