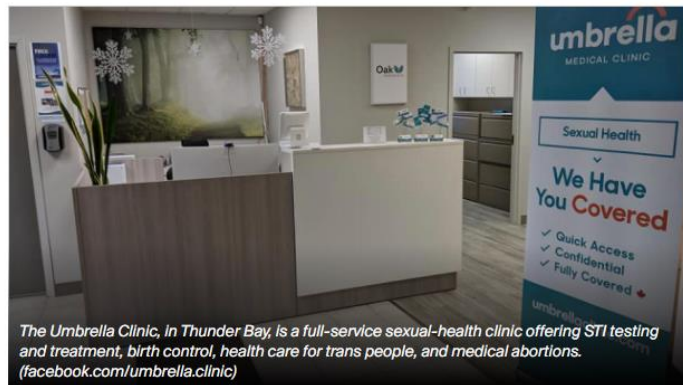


Health

## These Ontario organizations are trying to make abortion more accessible

Abortion isn't illegal, but that doesn't mean it's accessible. TVO.org talks to three organizations working to increase access to the procedure

By [H.G. Watson](#) - Published on Nov 06, 2019



*This is the second instalment in a three-part series on access to abortion in Ontario. Read [Part 1](#) and [Part 3](#).*

“The structure of the system regulating access to therapeutic abortions is manifestly unfair.”

So said the majority of the justices on the Supreme Court of Canada when, in 1988, it struck down the Criminal Code provisions regarding the procedure. But the matter didn't end there: in response to the ruling in the Morgentaler case, Brian Mulroney's Progressive Conservative government in May 1990 passed in the House of Commons Bill C-43, which prohibited abortion except in cases where a doctor said the pregnancy would mentally or physically harm the women.

In early June, a Kitchener teenager underwent an illegal abortion at a private home and sustained injuries. On June 11, Yvonne Jurewicz, a 20-year-old Toronto woman, died after attempting to terminate her own pregnancy with a coat hanger — the first known death due to an illegal abortion in Canada in at least two decades.

At a press conference two days later, the *Globe and Mail* reported, Carolyn Egan of the Ontario Coalition for Abortion Clinics linked the incidents to the introduction of Bill C-43. “Within two weeks suddenly we have two instances

of women taking matters into their own hands when no one has done it for two decades,” she said. “I don’t think it is jumping to conclusions.”

In January 1991, the bill failed to pass the Senate; since then, no federal party has sought to reopen the debate, and, to this day, there is no federal law governing abortion access.

But the fact that abortion is not illegal does not mean that it is accessible.

There are abortion providers across Ontario, but they are not equally distributed across the province, and most are based in larger communities. As Rachael Johnstone writes in *After Morgentaler: The Politics of Abortion in Canada*, many Ontarians are shocked to learn that they may have to drive long distances or wait a significant amount of time to have the procedure. “The disbelief that women express ... is completely reasonable and should be taken as a positive sign,” writes Johnstone. “It suggests that women in this position feel they are truly equal citizens and are shocked to be denied services necessary for that equality.”

Solid data about how many providers there are and where they’re located is hard to find — in large part, experts says, because many don’t publicize their services. “I think the biggest issue is there are people who don’t advertise [that they provide abortions],” says Jill Doctoroff, the Canadian director of the National Abortion Federation. “You just don’t know where to go. That’s, I think, the biggest issue.” The solution, according to Doctoroff, is to work to destigmatize both those who provide abortions and those who need them.

Across Ontario, there are organizations trying to do exactly that.

## The Umbrella Medical Clinic

Over the course of four years practising medicine in Thunder Bay, Annabella Zawada realized there was a gap in the system.

“I worked in various clinics and settings, and it really struck me that there wasn’t a huge amount of services available in Thunder Bay for sexual health,” she says.

So she decided to start her own clinic.

The Umbrella Clinic — a full-service sexual-health clinic offering STI testing and treatment, birth control, health care for trans people, and medical abortions — opened [its doors in 2018](#). Zawada bills her services to OHIP, which covers the costs of the clinic.

According to Zawada, it was hard to access abortion services in Thunder Bay before the clinic opened. “My sense from the community was that not a lot of doctors were prescribing the medical-termination medication,” she says. Indeed, she discovered that no pharmacies in Thunder Bay stocked Mifegymiso, the medical-abortion drug.

And, while it was possible to get a surgical abortion at the hospital in Thunder Bay in the first 12 weeks of pregnancy, after that, people almost always had to travel outside the city to find a provider.

Zawada has worked to address both these issues. The Umbrella Clinic has partnered with a local pharmacy that now stocks Mifegymiso. “That way, we are able to physically dispense the medication to clients when they are at our office,” she says.



Although the clinic does not provide surgical abortions, it does refer people elsewhere for procedures not available in Thunder Bay. Zawada has developed a resource binder of clinics in southern Ontario that are both OHIP covered and provide travel grants. “[Raising funds] can be really challenging,” Zawada says, noting that it was only after she opened the clinic that she began to understand the full scope of the barriers that exist in Thunder Bay.

Zawada is well aware of the stigma and fear surrounding the abortion conversation in Ontario. “I had colleagues in the field of women’s health tell me, ‘I can’t believe you are doing this — that’s so scary,’” she says. “I didn’t really feel that way. I felt like it was something that needed to happen.”

### **Choice Connect**

At the SHORE Centre, in Kitchener, clinic staff have been providing referrals for abortions for 45 years.

Although the local hospital does provide in-clinic abortions, it doesn’t list its booking line on its website — a not uncommon practice across Canada, according to Lyndsey Butcher, the executive director of the centre. And, for many of the SHORE Centre’s clients, it can be difficult to talk to the people in their life, even their doctor, about the choice to end a pregnancy.

But Waterloo Region has the [fastest-growing tech-talent market in the country](#). “We knew that there must be a tech solution to this barrier of finding your nearest abortion provider,” says Butcher. Clinic staff joined a bootcamp for female tech entrepreneurs run by the Communitech, a public-private innovation hub based in Kitchener, and worked with Zeitspace, a software company. The result was an app called [Choice Connect](#).

Patients enter their gender, age, and location into the app. Then they answer a series of questions meant to match them with the abortion provider that will best meet their needs, which could involve seeing a female doctor or getting

an appointment on a Saturday. The process is completely anonymous and designed with privacy in mind — on the top-right corner of the app, there is large red “leave” button that users can push if they need to exit it quickly.

A version of the app localized to southwestern Ontario was released in 2017. Based on data collected since then, Butcher believes that about 70 per cent of patients who’ve gone to local clinics have found them through Choice Connect. “So we kind of knew that there was a need across the country,” she says.

With their development partner, Zeitspace, SHORE Centre unveiled a new version of the app, for all Canadians, at the True North tech conference in Kitchener last June. [According to the Waterloo Region Record](#), about 500 people across the country had already used the national version of the app before its official launch.

The goal of Choice Connect is not just to connect more people with abortion providers, but also to encourage more medical professionals to offer abortions. “We know that there are family doctors out there who would be willing to see people that aren’t on their roster for the abortion pill. But how do they get the word out they’re open to doing that?” Butcher says.

### **Medical Students for Choice**

At the University of Ottawa’s medical school, a group of students meet on their own time to learn how to perform surgical abortions. Under the supervision of an experienced doctor, they practise the techniques involved. “It’s a really good way for students to not only learn about the actual technique of surgical abortions, but also interact with abortion providers in our community,” says Maria Berliant, a U of O medical student and one of the leaders of Medical Students for Choice’s Ottawa chapter.

Medical schools in Ontario, and across Canada, take different approaches to training students in this complex topic. Some devote time to training students in how to counsel patients and in the procedures. At the University of Toronto, for instance, MD students receive four hours of in-class teaching about surgical and medical abortions and two hours of instruction during clerkship.

The Abortion Rights Coalition of Canada, however, has raised concerns about the state of abortion training. “In many medical schools across Canada, future physicians do not receive comprehensive training in abortion care, either in the classroom or on the wards,” it stated [in a 2018 position paper](#).

[A 2018 study published in \*BMC Medical Education\*](#) found that, of the Canadian family-medicine residents surveyed, “79% reported never observing or assisting with an abortion during training. Similarly, 80% of residents reported receiving less than 1 hour of formal education on abortion. Residents strongly supported receiving abortion education.”

But, Berliant notes, abortion is just one of many procedures that doctors-in-training must familiarize themselves with during medical school. “People actually described medical school as trying to drink from a fire hydrant, just because of the sheer volume of information that’s coming at you,” she says.

That’s why students themselves are expanding their training through on-campus workshops and conferences. As of 2018, all medical schools across Canada, except for l’Université Laval and l’Université de Montréal, had Medical Students for Choice chapters, according to ARCC. As well as offering on-campus workshops, many chapters also provide the opportunity to attend seminars and shadow abortion providers. “I think it’s important for organizations like this to exist on campus because I think there is almost a hunger to learn more about this topic given how important it is in our society,” says Berliant.

This year, Ottawa hosted the first-ever Canadian family-planning conference, which Berliant helped organize. Typically, these conferences are held in Philadelphia and run by the American Medical Students for Choice organizers. “Every year, without a doubt, there were medical students from Canada coming to Philadelphia to take part in this conference,” Berliant says. “So it was clear that the interest was there and that students did want to have those experiences. What we wanted to do is offer them a little bit closer to home.”

According to Berliant, students travelled from across the country for the one-day event.

She believes that the on-campus training sessions and the conference help address the stigma around abortion. “When looking at abortion-related stigma, I have heard of patients feeling uncomfortable discussing abortion with their family doctors due to a fear of being judged by the medical professional,” Berliant says. “If the general public was made more aware of the medical-school curriculum on abortion care and the requirement that physicians opposed to providing the service must make a timely referral to a physician that can provide the service, there may be backlash from those that do not support the provision of abortion care, but it may also relieve some of the stigma felt by patients seeking the service.”

*Correction: An earlier version of this story misspelled Maria Berliant's surname. TVO.org regrets the error.*

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Description

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