



Canadian Association of Social Workers' Statement on Abortion Access in Canada Summer 2022

The Canadian Association of Social Workers (CASW) is pro-reproductive rights. The CASW Code of Ethics privileges self-determination, and the Association affirms that timely, accessible abortion is not only health care, but a human right. We must do more to ensure that all those in Canada have access to timely, appropriate, and affordable health care services, which include abortion.

Roe v. Wade is the name of the 1973 United States Supreme Court decision that established abortion access as a constitutional right in the US. When this decision was overturned in June 2022 – leaving the legality of abortion to individual states – it created a shockwave in Canada: public reactions fell across the spectrum, ranging from relief to be living in Canada where abortion is legal across all provinces and territories, to the fear that something similar could happen here. And while a measure of this relief is certainly valid as it is true that abortion is technically legal throughout the country, equity and access are entirely different matters. And, unfortunately, in terms of a similar situation replicating itself in Canada, we must remain vigilant. The media and public attention generated by the situation to the south presents an opportunity to continue the dialogue on improving services, reducing barriers, and guaranteeing continued access to abortion services in Canada.

At the outset, it must be acknowledged that the abortion dialogue is intertwined with broader conversations on reproductive rights and reproductive justice. These conversations encompass sexuality, gender, and identity; contraceptive access; the social determinants of health (including to the question of free choice regarding whether to carry and/or parent a child in a low-resource environment), and a medical and legal institutions that have propped up racism, colonialism, and misogyny. That said, this statement is meant to respond directly to the current public climate in the wake of the overturning of Roe v. Wade and the specific threats to abortion access in Canada.

Despite being decriminalized in 1988 in Canada, there are many tangible barriers to abortion access in this country. One of the first, and most obvious, is geographical: many rural and remote areas, as well as some smaller urban communities, do not have a local option (due either to provincial regulations or lack of infrastructure, or both) for abortion services, meaning people seeking this health care option must travel – sometimes out of province – for access. This, of course, leads to another barrier: that of cost. Generally, people travelling to access an abortion must do so at their own expense, which is hugely prohibitive and represents a serious equity issue. The delay created by the necessity of raising or accessing funds may also put abortion-seekers health at risk, or further restrict where they may be able to access care due to gestational limits in different settings.

Another practical access issue is that of faith-based institutions, which are permitted under the Canadian Charter of Rights and Freedoms to refuse to offer abortion services. There are over a hundred publicly funded faith-based hospitals, for instance, across the country, and these institutions are often the only hospital in many smaller communities, again forcing abortion-seekers to travel out of region.

Other barriers to access include knowledge, education, and trust in public institutions: in many areas, the process of accessing an abortion is not taught in public schools or discussed in other public settings – and pathways to access can be fraught and confusing. Certain populations, including Indigenous people, racialized people, people with disabilities, people living in poverty, and 2SLGBTQIA+ people have a long history of violence, mistreatment, and medical negligence by both the medical community broadly and different levels of government because of racism and colonialism. Repairing these relationships and building trust in public health services must be part of the work of reconciliation and reparations efforts.

Another issue is that abortion is commonly understood as a cis-women's issue: this is simply untrue. People of many genders and identities will require abortion services, a fact still not well understood or supported by many policy makers and health care professionals due to both a lack of education and awareness, as well as prejudice. 2SLGBTQIA+ people already face many barriers to access when it comes to health care services, and abortion is no exception. Better abortion services that recognize the lived experiences and unique health care needs of 2SLGBTQIA+ people are urgently required across the country.

Stigma is also a barrier when it comes to abortion access – both internalized, by the person who is considering abortion services, and by the community at large. This is due to several factors including: lack of education of abortion as a legitimate and necessary health care service like any other; lack of understanding of the myriad reasons a person may seek an abortion; and larger forces of misogyny, racism, and colonialism that seek to control women, transgender, gender diverse/queer, and two-spirit people's bodies and choices. We must counter these narratives with the simple fact that abortion is health care necessary to numerous identities.

Because abortion can be such a polarizing issue for many, there is also the issue of physical and emotional safety in accessing an abortion in a community: many provinces do not have 'safe zone' legislation that guarantee a person can enter a clinic or provider site without fear of harassment from protesters. Until each person seeking an abortion can be guaranteed to do so without fear of intimidation and harassment, abortions are not truly accessible in Canada.

The above outlines many of barriers that must be addressed to improve abortion access in Canada to bring us from a state of passive legality to active access and care. But in addition to these concerns, there is also a real threat of backsliding in Canada when it comes to the legality of or access to abortion: over the past few years, there have been a number of Private Members Bills aimed at doing just that. In short, while striving to improve access, we must also remain vigilant regarding the fundamental human right to abortion, and all related health care services.