Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION RECORD

September 4, 2025

CHARTER ADVOCATES CANADA

[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicants

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Electronically issued / Délivré par voie électronique : 01-Mar-2024
Ottawa Superior Court of Justice / Cour supérieure de justice

Court File No.:

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(g.1) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

NOTICE OF APPLICATION

TO THE RESPONDENT

A LEGAL PROCEEDING HAS BEEN COMMENCED by the applicant. The claim made by the applicant appears on the following page.

THIS APPLICATION will come on for a hearing in person at the Ottawa Courthouse, 161 Elgin Street, Ottawa, ON, K2P 2K1 on a day to be set by the registrar.

IF YOU WISH TO OPPOSE THIS APPLICATION, to receive notice of any step in the application or to be served with any documents in the application, you or an Ontario lawyer acting for you must forthwith prepare a notice of appearance in Form 38A prescribed by the Rules of Civil Procedure, serve it on the applicant's lawyer or, where the applicant does not have a lawyer, serve it on the applicant, and file it, with proof of service, in this court office, and you or your lawyer must appear at the hearing.

IF YOU WISH TO PRESENT AFFIDAVIT OR OTHER DOCUMENTARY EVIDENCE TO THE COURT OR TO EXAMINE OR CROSS-EXAMINE WITNESSES ON THE APPLICATION, you or your lawyer must, in addition to serving your notice of appearance, serve a copy of the evidence on the applicant's lawyer or, where the applicant does not have a lawyer, serve it on the applicant, and file it, with proof of service, in the court office where the application is to be heard as soon as possible, but at least four days before the hearing.

IF YOU FAIL TO APPEAR AT THE HEARING, JUDGMENT MAY BE GIVEN IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO OPPOSE THIS

APPLICATION BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

Date ..... Issued by.....
Local registrar

Address of court office: Ottawa Courthouse
161 Elgin Street
Ottawa, ON K2P 2K1

TO: **EDELSON FOORD LAW**
[redacted]

Brandon Crawford (LSO#: 66597W)
[redacted]

Counsel for the Respondent,
Parliamentary Protective Service

APPLICATION

1. The applicant makes application for:

   a. A declaration pursuant to ss. 2(b) and 24(1) of the *Canadian Charter of Rights and Freedoms* (the "*Charter*") that the Parliamentary Protective Service (the "**Respondent**") violated the Applicants' right to freedom of expression by prohibiting them from displaying "Choice Chain" signs during a press conference held on Parliament Hill; and

   b. A declaration pursuant to ss. 2(b) and 52 of the *Charter* that the General Rules on the Use of Parliament Hill which apply to "Signs and Banners" (the "**Rules**") are unconstitutional and of no force and effect.

2. The grounds for the application are:

The Parties

a. The Applicant, Campaign Life Coalition ("**CLC**"), is a pro-life organization, established as a not-for-profit corporation, which works at all levels of government to defend the sanctity of human life, and in particular, opposing abortion and euthanasia;

b. The Applicant, Maeve Roche, is employed by CLC as a Youth Coordinator. Her role is to educate and mobilize young, pro-life Canadians to engage in advocacy through educational events, outreach, and training;

c. The Respondent, Parliamentary Protective Service (the "**PPS**") is established by the *Parliament of Canada Act*, R.S.C., 1985, c. P-1 and is responsible for physical security throughout the Parliamentary precinct and Parliament Hill;

The Press Conference

d. Once per year, CLC organizes the National March for Life (the "**March**") to protest abortion and euthanasia and assisted suicide by gathering on Parliament Hill and marching through downtown Ottawa;

e. In 2023, the March was held on May 11;

f. On May 10, 2023, the day before the March was to take place, CLC organized a press conference on Parliament Hill where multiple speakers would talk to members of the press (the "**Press Conference**");

g. CLC planned to reveal Choice Chain signs during the Press Conference. Choice Chain signs depict abortion victim photography. Choice Chain signs are used by CLC and other pro-life advocates to communicate the consequences of abortion and to persuade others (the "**Signs**");

h. The Signs were face down on the lawn of Parliament Hill and were to be raised and revealed at a predetermined point during the Press Conference;

i. The Applicant, Ms. Roche, planned to hold one of the Signs;

j. Prior to the start of the Press Conference, Daniel Trudel, an officer with the PPS, asked to see what was depicted on the Signs;

k. Matthew Wojciechowski, Vice-President of CLC and the person responsible for organizing the Press Conference, showed Officer Trudel the Signs;

l. After conferring with a PPS supervisor, Officer Trudel informed Mr. Wojciechowski that the Signs were too graphic and would not be permitted to be shown at the Press Conference (the **"PPS Sign Restriction"**).

m. CLC complied with the PPS Sign Restriction, and different signs, which only contained words, were held up at the Press Conference;

n. Because of the PPS Sign Restriction, Ms. Roche did not hold up one of the Signs as intended;

o. The next March for Life will take place on May 9, 2024;

The Rules

p. On May 10, 2023, after the Press Conference, Officer Trudel provided an excerpt from the "General Use of the Hill" which set out rules for signs;

q. The excerpt provided by Officer Trudel indicated that "[m]essages that are obscene, offensive, or that promote hatred are prohibited";

r. The most recent version of the "General Rules for the Use of Parliament Hill" available on the Parliament Hill website indicate that the rules were updated on May 3, 2023 (the "**Updated Rules**");

s. The Updated Rules provide that "[o]bscene messages or messages that promote violence are prohibited" and that "[s]igns or banners that display explicit graphic violence or blood is prohibited";

The PPS Violated the Applicants' Rights to the Freedom of Expression

t. The Applicants' purpose of showing the Signs was to educate the public on the violent nature of abortion and to further political discourse on this issue;

u. Parliament Hill is historically and functionally a public square whose use is consistent with the freedom of expression. As the location of the Canada's legislature and a symbol of law-making authority, Parliament Hill is important to the Applicants as a place of protest to convey their disapproval of the current state of the law with respect to abortion and euthanasia;

v. The PPS via the PPS Sign Restriction limited the Applicants' right to freedom of expression by preventing them from displaying the Signs during the Press Conference as intended;

w. The action of the PPS was premised on a version of the General Rules on the Use of Parliament Hill which was no longer operative and so was not prescribed by law;

x. In the alternative, the action of the PPS which prevented CLC and Ms. Roche from displaying the Signs was not demonstrably justified in a free and democratic society;

y. The version of the General Rules on the Use of Parliament Hill relied on by the PPS limits the content of expression on Parliament Hill in a manner that is not demonstrably justified in a free and democratic society;

z. The Updated Rules, which could be utilized by PPS to restrict the Applicants expression in the future, including at the 2024 March, limit the content of expression on Parliament Hill in a manner that is not demonstrably justified in a free and democratic society;

3. The following documentary evidence will be used at the hearing of the application:

a. The Affidavit(s) of Matthew Wojciechowski (sworn February 29, 2024);

b. The Affidavit(s) of Maeve Roche (sworn February 29, 2024); and

c. Such further and other materials as counsel may advise and this Court permit.

Dated this 1st day of March, 2024.

[redacted]

Hatim Kheir

Chris Fleury

CHARTER ADVOCATES CANADA

[redacted]

CAMPAIGN LIFE COALITION ET AL.
APPLICANT

-and-

PARLIAMENTARY PROTECTIVE SERVICE
RESPONDENT

Court File No.:

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

NOTICE OF APPLICATION

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules ~~14.05(3)(g.1)~~ 14.05(3)(h) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AMENDED NOTICE OF APPLICATION

TO THE RESPONDENT

A LEGAL PROCEEDING HAS BEEN COMMENCED by the applicant. The claim made by the applicant appears on the following page.

THIS APPLICATION will come on for a hearing in person at the Ottawa Courthouse, 161 Elgin Street, Ottawa, ON, K2P 2K1 on a day to be set by the registrar.

IF YOU WISH TO OPPOSE THIS APPLICATION, to receive notice of any step in the application or to be served with any documents in the application, you or an Ontario lawyer acting for you must forthwith prepare a notice of appearance in Form 38A prescribed by the Rules of Civil Procedure, serve it on the applicant's lawyer or, where the applicant does not have a lawyer, serve it on the applicant, and file it, with proof of service, in this court office, and you or your lawyer must appear at the hearing.

IF YOU WISH TO PRESENT AFFIDAVIT OR OTHER DOCUMENTARY EVIDENCE TO THE COURT OR TO EXAMINE OR CROSS-EXAMINE WITNESSES ON THE APPLICATION, you or your lawyer must, in addition to serving your notice of appearance, serve a copy of the evidence on the applicant's lawyer or, where the applicant does not have a lawyer, serve it on the applicant, and file it, with proof of service, in the court office where the application is to be heard as soon as possible, but at least four days before the hearing.

IF YOU FAIL TO APPEAR AT THE HEARING, JUDGMENT MAY BE GIVEN IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO OPPOSE THIS

Electronically issued / Délivré par voie électronique : 23-Feb-2025
Ottawa Superior Court of Justice / Cour supérieure de justice

APPLICATION BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

Date ..... Issued by.....
Local registrar

Address of court office: Ottawa Courthouse
161 Elgin Street
Ottawa, ON K2P 2K1

TO: **PARLIAMENTARY PROTECTIVE SERVICE**
[redacted]

Electronically issued / Délivré par voie électronique : 23-Feb-2025
Ottawa Superior Court of Justice / Cour supérieure de justice
Court File No./N° du dossier du greffe : CV-24-00094951-0000

APPLICATION

1. The applicant makes application for:

   a. A declaration pursuant to ss. 2(b) and 24(1) of the *Canadian Charter of Rights and Freedoms* (the "*Charter*") that the Parliamentary Protective Service (the "**Respondent**") violated the Applicants' right to freedom of expression by prohibiting them from displaying "Choice Chain" signs during a press conference held on Parliament Hill; and

   b. A declaration pursuant to ss. 2(b) and 52 of the *Charter* that the General Rules on the Use of Parliament Hill which apply to "Signs and Banners" (the "**Rules**") are unconstitutional and of no force and effect.

2. The grounds for the application are:

The Parties

a. The Applicant, Campaign Life Coalition ("**CLC**"), is a pro-life organization, established as a not-for-profit corporation, which works at all levels of government to defend the sanctity of human life, and in particular, opposing abortion and euthanasia;

b. The Applicant, Maeve Roche, is employed by CLC as a Youth Coordinator. Her role is to educate and mobilize young, pro-life Canadians to engage in advocacy through educational events, outreach, and training;

c. The Respondent, Parliamentary Protective Service (the "**PPS**") is established by the *Parliament of Canada Act*, R.S.C., 1985, c. P-1 and is responsible for physical security throughout the Parliamentary precinct and Parliament Hill;

The Press Conference

d. Once per year, CLC organizes the National March for Life (the "**March**") to protest abortion and euthanasia and assisted suicide by gathering on Parliament Hill and marching through downtown Ottawa;

e. In 2023, the March was held on May 11;

f. On May 10, 2023, the day before the March was to take place, CLC organized a press conference on Parliament Hill where multiple speakers would talk to members of the press (the "**Press Conference**");

g. CLC planned to reveal Choice Chain signs during the Press Conference. Choice Chain signs depict abortion victim photography. Choice Chain signs are used by CLC and other pro-life advocates to communicate the consequences of abortion and to persuade others (the "**Signs**");

h. The Signs were face down on the lawn of Parliament Hill and were to be raised and revealed at a predetermined point during the Press Conference;

i. The Applicant, Ms. Roche, planned to hold one of the Signs;

j. Prior to the start of the Press Conference, Daniel Trudel, an officer with the PPS, asked to see what was depicted on the Signs;

k. Matthew Wojciechowski, Vice-President of CLC and the person responsible for organizing the Press Conference, showed Officer Trudel the Signs;

l. After conferring with a PPS supervisor, Officer Trudel informed Mr. Wojciechowski that the Signs were too graphic and would not be permitted to be shown at the Press Conference (the **"PPS Sign Restriction"**).

m. CLC complied with the PPS Sign Restriction, and different signs, which only contained words, were held up at the Press Conference;

n. Because of the PPS Sign Restriction, Ms. Roche did not hold up one of the Signs as intended;

o. The next March for Life will take place on May 9, 2024;

The Rules

p. On May 10, 2023, after the Press Conference, Officer Trudel provided an excerpt from the "General Use of the Hill" which set out rules for signs;

q. The excerpt provided by Officer Trudel indicated that "[m]essages that are obscene, offensive, or that promote hatred are prohibited";

r. The most recent version of the "General Rules for the Use of Parliament Hill" available on the Parliament Hill website indicate that the rules were updated on May 3, 2023 (the "**Updated Rules**");

s. The Updated Rules provide that "[o]bscene messages or messages that promote violence are prohibited" and that "[s]igns or banners that display explicit graphic violence or blood is prohibited";

The PPS Violated the Applicants' Rights to the Freedom of Expression

t. The Applicants' purpose of showing the Signs was to educate the public on the violent nature of abortion and to further political discourse on this issue;

u. Parliament Hill is historically and functionally a public square whose use is consistent with the freedom of expression. As the location of the Canada's legislature and a symbol of law-making authority, Parliament Hill is important to the Applicants as a place of protest to convey their disapproval of the current state of the law with respect to abortion and euthanasia;

v. The PPS via the PPS Sign Restriction limited the Applicants' right to freedom of expression by preventing them from displaying the Signs during the Press Conference as intended;

w. The action of the PPS was premised on a version of the General Rules on the Use of Parliament Hill which was no longer operative and so was not prescribed by law;

x. In the alternative, the action of the PPS which prevented CLC and Ms. Roche from displaying the Signs was not demonstrably justified in a free and democratic society;

y. The version of the General Rules on the Use of Parliament Hill relied on by the PPS limits the content of expression on Parliament Hill in a manner that is not demonstrably justified in a free and democratic society;

z. The Updated Rules, which could be utilized by PPS to restrict the Applicants expression in the future, including at the 2024 March, limit the content of expression on Parliament Hill in a manner that is not demonstrably justified in a free and democratic society;

3. The following documentary evidence will be used at the hearing of the application:

a. The Affidavit(s) of Matthew Wojciechowski (sworn February 29, 2024);

b. The Affidavit(s) of Maeve Roche (sworn February 29, 2024); and

c. Such further and other materials as counsel may advise and this Court permit.

Dated this ~~1st day of March, 2024~~ 28th day of January, 2025.

Hatim Kheir

Chris Fleury

CHARTER ADVOCATES CANADA

[redacted]

CAMPAIGN LIFE COALITION ET AL. **-and-** **PARLIAMENTARY PROTECTIVE SERVICE**
APPLICANT RESPONDENT

Court File No.: CV-24-00094951-0000

AMENDED THIS 24th DAY / JOUR
MODIFIÉE DE
OF / DE February 20 25
PURSUANT TO RULE 14.09
CONFORMÉMENT A LA REGLE
OR ORDER
OU A L'ORDONNANCE
DATED THIS / FAIT CE
DAY / JOUR OF / DE 20
REGISTRAR, SUPERIOR COURT OF JUSTICE
GREFFIER, COUR SUPÉRIEURE DE JUSTICE

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AMENDED NOTICE OF APPLICATION

CHARTER ADVOCATES CANADA

[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

SUPERIOR COURT OF JUSTICE
EAST REGION
OFFICE OF THE ASSOCIATE JUDGES

5022 - 161 Elgin Street
Ottawa ON CA K2P 2K1
Telephone:
E-Mail: [redacted]

REQUEST FOR A LONG MOTION OR APPLICATION DATE REQURING A HEARING LONGER THAN TWO HOURS
(To be completed by proposed moving party and submitted to the Office of the Associate Judges)

Title of Proceedings: Campaign Life Coalition et al. v. Parliamentary Protective Service	**Court File No.: CV-24-00094951-0000**
Moving Party: Campaign Life Coalition and Maeve Roche (Applicants)	

Nature of relief requested:	Declaratory relief pursuant to ss. 24(1) and s. 52 of the *Charter*.
Rules/statutes relied upon *(Please be specific)*	*Courts of Justice Act*, R.S.O. 1990, c. C.43, s. 11; *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194, rules 14.05(3)(h) and 38; *Canadian Charter of Rights and Freedoms*, ss. 2(b), 24(1), and 52.
Jurisdiction: *(as required by rule or statute)*	**Judge** ☒ (As per rule/statute 38.02) **Associate Judge** ☐

Is this a bilingual proceeding?	**Will an interpreter be required?**	**Preferred timing and length of motion/application:**
Yes ☐ No ☒	Yes ☐ No ☒	October 2, 2025 (Month/Year) 1 day Time Required (Please consider additional time required for interpretation in needed)

If a virtual hearing is sought, explain why	**N/A**

Anticipated Motion Materials
(please provide best estimate)

	Moving Party	**Responding Party**
# of Affidavits	**3**	**4-6**
# of Documents/Pages (please provide a range)	Documents 7 Pages 113	Documents 7-12 Pages 150 - 250

Request approved by all parties: Yes ☒ No ☐

Hatim Kheir – Charter Advocates Canada	Brandon Crawford, Jocelyn Rempel – Edelson Foord Law	
(Name and firm of moving Party/Lawyer)	*(Name and firm of responding Party/Lawyer)*	*(Name and firm of responding Party/Lawyer)*
[redacted]	[redacted]	Tel: Email:

(Telephone No. and Email address)	*(Telephone No. and Email address)*	*(Telephone No. and Email address)*

After this form has been submitted, including Appendix "A", the parties will be offered a fixed date for the hearing of the proposed motion/application or, if the moving party's request is not granted, a case conference will be scheduled.

DISPOSITION BY ASSOCIATE JUDGE:

1. The proposed motion / application shall take place on October 2, 2025.
2. Motion / application records filed by the parties must be continuously paginated and in a searchable format. Every separate document must be either electronically bookmarked or hyperlinked to the table of contents.
3. Factums shall not be longer than 20 pages in length.
4. Books of authority are required and shall be uploaded to CaseLines.
5. All materials shall be filed electronically through the Civil Claims Online Portal or by email to [redacted] as per the local practice directive in relation to Rule 4.05 (2). **Late materials will not be accepted by court staff.**
6. A copy of this completed form and endorsement shall be included in the motion / application record.
7. A motion confirmation form must be filed electronically, either through the Civil Claims Online Portal or by email to [redacted] by 2:00 p.m. five days prior to the hearing date.
8. Additional terms

_____

Date: February 18, 2-25

[redacted]

Signature of Associate Justice Fortier

APPENDIX "A"

TIMETABLE FOR MOTION/APPLICATION

Applicants affidavits: Served on January 17, 2025

Responding affidavit(s): April 22, 2025

Reply affidavit(s) (if any): May 7, 2025

Cross examinations: If necessary, to take place between May 8 - August 5, 2025

Moving party to serve motion / application record: To be served with factum on September 4, 2025

Other affidavits or evidence: N/A

Examination of non-party witness/experts: N/A

Factums to be exchanged: Applicants' Factum – September 4, 2025 | Responding Factum – September 22, 2025

NOTE: **All material for use on the motion to be filed with the court in accordance with the timelines prescribed by the *Rules of Civil Procedure.***

Late material will not be accepted by court staff.

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(g.1) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF MATTHEW WOJCIECHOWSKI SWORN FEBRUARY 29TH, 2024

I, MATTHEW WOJCIECHOWSKI, of the [redacted] in the Province of Ontario, MAKE OATH AND SAY:

1. I am the Vice-President of Campaign Life Coalition, which is an Applicant in this matter, and as such have personal knowledge of the facts herein deposed, except where based on information and belief, in which case I verily believe the same to be true.

2. I am the Vice-President of Campaign Life Coalition ("**CLC**"). CLC is a pro-life organization, established as a not-for-profit corporation, which works at all levels of government to defend the sanctity of human life, and in particular, to oppose abortion and euthanasia.

3. I joined the organization in 2011 as a Communications Coordinator. I have been Vice-President since 2019. My responsibilities include overseeing staff and day-to-day operations for Campaign Life Coalition and working with department managers to ensure organizational objectives are met. As Vice-President, I also oversee the National March for Life Organizing Committee.

4. Once per year, CLC organizes the National March for Life (the "**March**") to protest abortion and euthanasia and assisted suicide by gathering on Parliament Hill and marching through downtown Ottawa. The March is CLC's largest annual event, bringing together thousands of Canadian citizens to Parliament Hill and Ottawa to protest the ongoing killing of almost 300 pre-born human beings per day in Canada and to urge parliamentarians to defend the right to life for all human beings from conception until natural death by enacting legal protection for children in the womb.

5. Parliament Hill serves as an important location for demonstration because it is the seat of the level of government responsible for the laws we are seeking to change and it is a symbol of Canadian politics more generally.

6. In 2023, the March was held on May 11.

7. On May 10, 2023, the day before the March was to take place, CLC organized a press conference on Parliament Hill where multiple speakers would talk to members of the press (the "**Press Conference**").

8. My role in organizing the press conference was to support CLC's Communications Director in his efforts to ensure the event goes smoothly. I was also CLC's contact person for the Parliamentary Protective Service (the "**PPS**") and the Use of Parliament Hill Committee.

9. During the Press Conference, CLC planned to reveal signs depicting abortion victim photography (the "**Signs**"). The Signs came from a project known as "Choice Chain" which shows the consequences of abortion on the infant at different stages of development. Photographs of the Signs are attached as "**Exhibit A**" to this affidavit.

10. Abortion victim photography is used by CLC and other pro-life advocates to communicate the consequences of abortion and to persuade others. CLC uses abortion victim photography

because we believe it clearly conveys both the humanity of the preborn and the inhumanity of abortion. I am aware of research conducted by the Centre for Bio-Ethical Reform in which polling conducted before and after demonstrations with abortion victim photography reveal a shift in perspective towards pro-life views. In addition to causing a general shift towards pro-life sentiments, the study revealed a shift towards opinions that the law should be less permissive of abortion. The Report by the Centre for Bio-Ethical Reform is attached as "**Exhibit B**" to this affidavit.

11. I am aware that, historically, many other social movements have successfully used graphic imagery to expose an injustice and bring about change. For example, images of the murdered Emmitt Till were important to the Civil Rights Movement,[1] images of child labour spurred legal reform to protect children,[2] and even the pro-abortion movement used a photo of Gerri Santoro who had died following an attempt to perform an abortion on herself.[3] CLC shows these signs on a regular basis in the public square, and they have been an invaluable tool for starting conversations with passersby and engaging in civil dialogue.

12. I am also aware of Father Tony Van Hee who has regularly protested abortion on Parliament Hill for over 25 years. I have seen him displaying signs on Parliament Hill with abortion victim photography.

13. Prior to the News Conference, we placed the signs face down on the lawn of Parliament Hill and planned to lift up and reveal the signs at a predetermined point during the Press

[1] Childs, Arcynta Ali. (2011) "The Power of Imagery in Advancing Civil Rights" in Smithsonian Magazine: https://www.smithsonianmag.com/arts-culture/the-power-of-imagery-in-advancing-civil-rights-72983041/.
[2] Saunders, Beth. (2023) "The Photographer Who Foced the U.S. to Confront Its Child Labor Problem" in Smithsonian Magazine: https://www.smithsonianmag.com/history/the-photographer-who-forced-the-us-to-confront-its-child-labor-problem-180982355/.
[3] MacMillan, Jade and Joanna Robin. (2022) "Before Roe v. Wade fell, Gerri Santoro's death galvanised America's abortion movement. This is her story" in ABC News: https://www.abc.net.au/news/2022-06-26/before-roe-v-wade-gerri-santoro-galvanised-abortion-movement/101168136.

Conference. Approximately ten CLC volunteers and employees were planned to hold up the Signs. Among them was Maeve Roche, an Applicant in this matter.

14. Prior to the start of the Press Conference, Daniel Trudel, an officer with the PPS, asked to see the Signs. I lifted up one of the signs and showed it to Officer Trudel.

15. After conferring with a PPS supervisor, Officer Trudel informed me that the Signs were too graphic in his opinion and would not be permitted to be shown at the Press Conference on Parliament Hill.

16. CLC complied with Officer Trudel direction, understanding that he was speaking with government authority. CLC was therefore required to use different signs, which only contained words and not abortion victim photography, were held up at the Press Conference. We were prevented from conveying the message about the reality of the consequences of abortion to the audience that we intended. Some of our Press Conference speakers had to make adjustments to their pre-written statements due to this change in program.

17. On May 10, 2023, after the Press Conference, Officer Trudel provided an excerpt from the "General Use of the Hill" setting out rules for signs. The excerpt provided indicated that "[m]essages that are obscene, offensive, or that promote hatred are prohibited." The email from Officer Trudel dated May 10, 2023 is attached as "**Exhibit C**" to this affidavit.

18. The most recent version of the "General Rules for the Use of Parliament Hill" available on the Parliament Hill website indicate that the rules were updated on May 3, 2023 (the "**Updated Rules**"). The Updated Rules provide that "[o]bscene messages or messages that promote violence are prohibited" and that "[s]igns or banners that display explicit graphic violence or blood is prohibited." The Updated Rules dated May 3, 2023 are attached as "**Exhibit D**" to this affidavit.

19. The next National March for Life will take place on May 9, 2024.

20. I swear this affidavit *bona fide* for no improper purpose.

SWORN by Matthew Wojciechowski
before me at the [redacted]
in the Province of Ontario
on the 29th day of February, 2024.

[redacted]

Hatim Kheir
Barrister & Solicitor

[redacted]

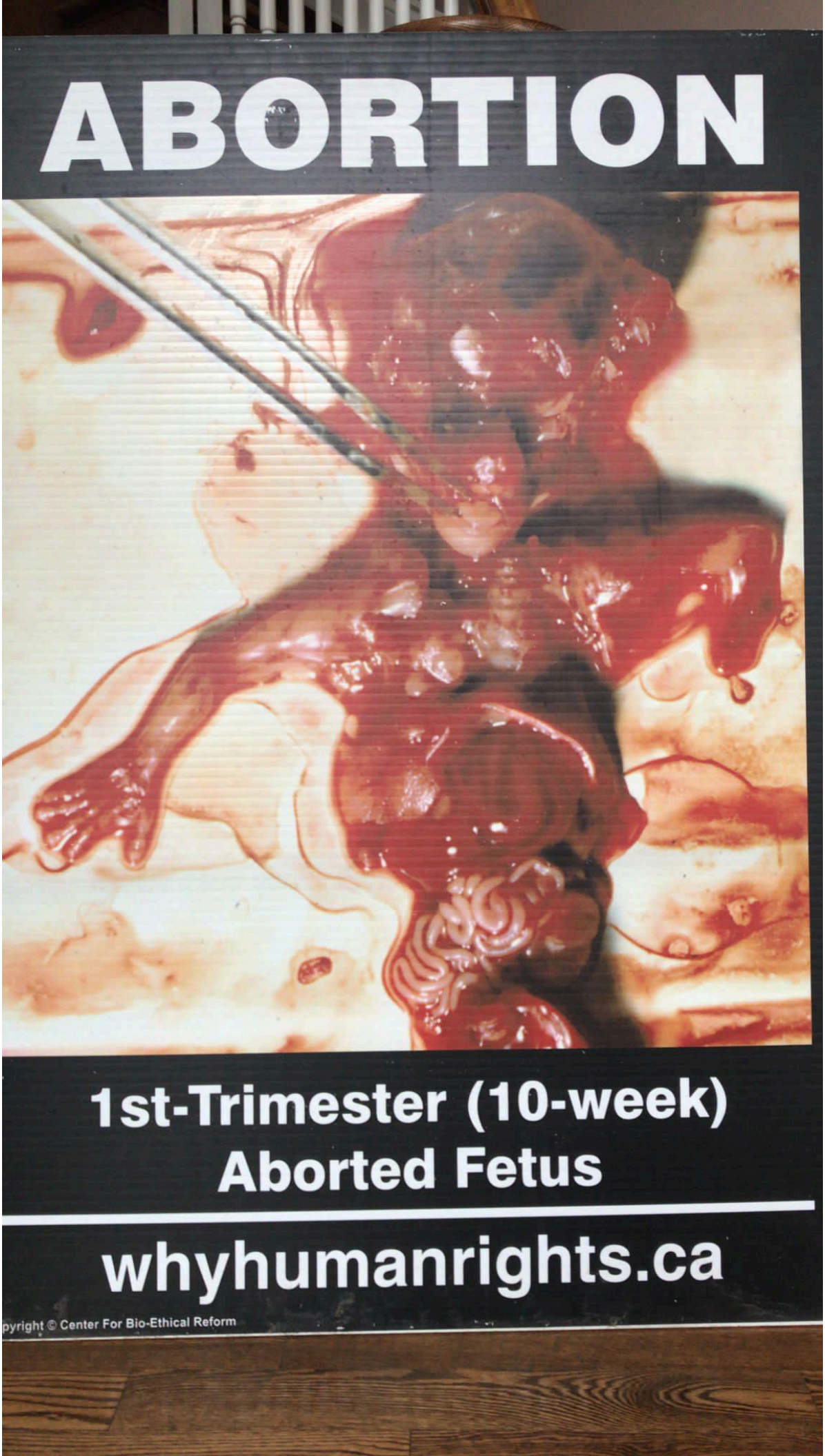
Matthew Wojciechowski

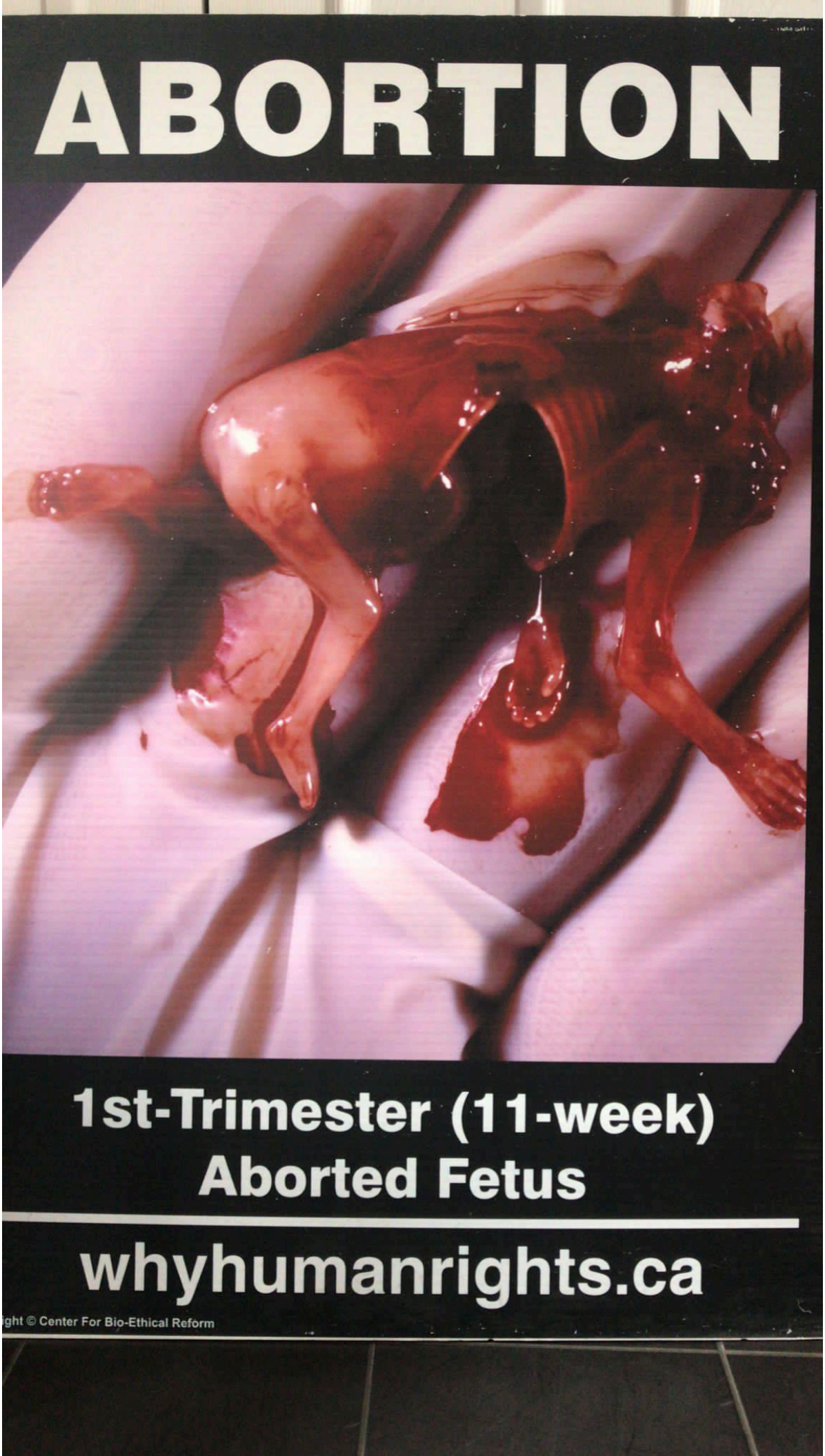
This is **Exhibit "A"** referred to in the Affidavit of **Matthew Wojciechowski** sworn before me this 29th day of February, 2024.

[redacted]

Barrister & Solicitor


ABORTION
1st-Trimester (8-week)
Aborted Embryo
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (10-week)
Aborted Fetus
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (11-week)
Aborted Fetus
whyhumanrights.ca
ght © Center For Bio-Ethical Reform

This is **Exhibit "B"** referred to in the Affidavit of **Matthew Wojciechowski** sworn before me this 29th day of February, 2024.

[redacted]

Barrister & Solicitor

CCBR

CANADIANCENTRE
FOR BIO-ETHICALREFORM

A Statistical Analysis on the Effectiveness of Abortion Victim Photography in Pro-Life Activism

Dr. Jacqueline C. Harvey

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About The Author.

Dr. Jacqueline C. Harvey is a bioethics and public policy scholar from Texas. She holds a Ph.D. in Public Administration, conducts research on an array of bioethics policies and is often called to submit analysis and expert opinions to various state courts and even the U.S. Supreme Court in defense of life. Her work can be found in *National Review Online, Public Discourse,* and *Human Life Review* among others. She currently teaches Political Science at Tarleton State University.

Executive Summary.

The use of abortion victim imagery in pro-life outreach is perhaps one of the most enduring debates within the pro-life movement. Although proponents cite cases of lives saved and minds changed supporting the effectiveness of the strategy, opponents insist these images impede public receptiveness to other strategies they claim could save more lives. They suggest, therefore, that these images do not advance the pro-life cause, but rather set the cause back by damaging the public opinion of the pro-life movement.

To test this theory, the Canadian Centre for Bio-Ethical Reform (CCBR) launched an effort and commissioned a scientific study on the impact of abortion victim imagery. CCBR developed a survey administered by an independent party—immediately preceding and following simultaneous campaigns in selected geographic areas. By canvassing thousands across several neighbourhoods and surveying 1,741 diverse respondents, results found a statistically significant shift in pro-life worldview, a greater negative perception of abortion, a decreased degree of

permissiveness and liberalism towards abortion law, and a significant gain in pro-life political views after seeing abortion victim imagery.

Those identifying as completely pro-life increased by nearly 30% following the campaign, with those identifying as pro-abortion also decreasing in their degree of remaining support for abortion. Overall, there was a statistically significant gain of nearly 17% toward a pro-life worldview. Those who were generally pro-life had an overall gain of 7%, with the corresponding loss (of those generally pro-abortion), also 7%. The degree of permissiveness toward abortion was statistically decreased and support for incremental pro-life gains, like gestational limits, substantially increased by 15% overall.

Feelings about abortion shifted toward a negative abortion view with fewer reporting feeling positive about abortion after CCBR's campaign showed what abortion truly is, although these results were not statistically significant. Additional analysis found that the strength of one's feelings toward abortion were conclusively parallel to political views about abortion, with those who felt strongly positive towards abortion favoring no legal restrictions, and those who felt strongly negative towards abortion favoring complete prohibition of abortion. This suggests that changing how the public feels about abortion impacts how people vote for candidates who would be willing and able to enact legal restrictions that actually save lives. Abortion victim imagery was effective at changing these feelings, with upwards of 90% of people responding that seeing these images increased their negative feelings towards abortion.

Those who had previously seen an image of abortion victim imagery before the CCBR campaign still reported that the other images increased negative feelings as well. This increase was statistically greater following the CCBR campaign, indicating that CCBR's presentation or choice of images for the campaign were more effective than images they had previously seen. This still suggests, nonetheless, that abortion victim imagery itself, regardless of presentation, is intrinsically effective at altering previously positive perceptions on abortion and changing the culture.

Ultimately, opponents' claims that abortion victim images are ineffective at changing public opinion are unsupported, as was the claim that this strategy is counterproductive or irreconcilable with other strategies. This indicates a loss from those inhibiting the abortion victim imagery strategy, since this strategy is scientifically established as an effective tool. More research is needed to determine where and when this strategy, among others, is the most fruitful choice for pro-life outreach.

Introduction.

Pro-life activists and organizations that employ images of abortion victims as a strategy to educate the public about the horrors of abortion, face substantial criticism and opposition to their efforts. This is certainly to be expected from those who identify as pro-abortion and are uncomfortable or unable to defend their position when the victims are visible.[1] However, pro-abortion opposition to abortion imagery often pales in comparison to the hostility from those who avow themselves as pro-life, yet are opposed to the use of victim imagery, even when they credit this strategy for their own conversion.[2] Pro-life people who decry the use of abortion victim photography suggest that the images not only fail to shift public perception against abortion, and in so doing, fail to advance the pro-life cause. Rather, they say that these images set the movement back by damaging public opinion of the pro-life movement and public receptiveness to other strategies that they assert *are* effective.

In spite of the frequency and fervor of these debates spanning for several decades, this topic has been virtually ignored in scientific literature. The effectiveness of these images on shifting public opinion is a controversy that predates later debates, such as the effectiveness of state-level abortion regulations versus a national ban. Nonetheless, while the personhood versus incrementalism debate[3] is informed by a wealth of studies from pro-life scholars[4] and pro-abortion thinktanks[5] on the impact these laws have on abortion rates, the abortion victim images debate continues devoid of any scientific evidence to defend or condemn their use. Furthermore,

while those opposed to incremental laws represent a small minority (many of whom do not identify as members of the pro-life movement or relegate themselves to distinct factions), opponents of abortion victim imagery constitute a large number, and penetrate a diverse array of pro-life organizations that have sufficient influence where they can. Often, they join government officials to inhibit other organizations who swear to the effectiveness of the use of abortion victim imagery.[6] This makes the need to study these claims even more critical than what the pro-life movement has been and will continue to study.

There are informal attempts like dueling commentary and anecdotes to offer evidence for each position, pro and con. Those in favour, offer their experience to support abortion victim imagery as effective,[7] while those opposed, with limited to no observation or experience, also attempt to provide a rationale for their perspective. At best, they assert with data they have on the effectiveness of their own approaches that these images would repel those they serve in their own organizations.[8]

To test these hypotheses, substantiate the effectiveness of the abortion victim imagery strategy, and improve the impact of their efforts, the Canadian Centre for Bio-Ethical Reform (CCBR) commissioned several sets of a scientific survey to gauge public opinion on abortion before and after their extensive campaigns in 2015. CCBR delivered postcards with these images to thousands, and commissioned an independent party to survey 1,741 respondents, a sample size sufficient to gauge public opinion within a five-point margin, with 99% certainty that results are generalizable to the entire population of Canada, which is 35,749,600.[9]

The Study.

The Canadian Centre for Bio-Ethical Reform (CCBR) educates the public with images of abortion victims displayed in a variety of approaches. These include *"Choice" Chain,* where groups of activists, each with individual handheld signs and literature, attempt to spark dialogue in heavy traffic pedestrian areas; a *Truth Truck,* otherwise known as the *Reproductive "Choice" Campaign,* features abortion victim imagery, and is driven on major roadways during heavy volume hours; the *Genocide Awareness Project* events, which are travelling projects that erect large panels on college campuses and use panels and banners in public areas like intersections or highway overpasses. CCBR also creates literature to disseminate: drop cards that are small and can be distributed liberally, and larger postcards for direct mail and canvassing neighbourhoods door to door.[10]

For years, CCBR has evaluated the effectiveness of their efforts by public response, either in conversations at face-to-face events, or by calls and correspondence. They have also utilized surveys to gauge public opinion on abortion and to attempt to determine the effectiveness of their campaigns. With such large-scale events, pinpointing enough respondents who witnessed their efforts presented a limitation. Even if enough respondents could be found, survey answers after an event would be likewise limited without baseline data to establish public opinion before the campaign, to demonstrate any change, and to determine the degree of change following the campaign. Campaigns themselves would need to reach a substantial sample size in order to be representative of public opinion and measurable through a survey.

To overcome these limits, CCBR targeted specific geographic areas to canvass with postcards. These postcards were delivered directly to the mailboxes in these specific areas, to ensure delivery was not impeded by post office personnel. CCBR crafted a survey and hired the independent company, Blue Direct,[11] to collect responses in these target areas immediately prior to and following each campaign. Campaigns included more than one area to increase validity and were conducted simultaneously (to control for time): first in June of 2015, and then in September of 2015.

The survey employed before and after each campaign asked specific questions about the respondent's opinion and perception of abortion, and their political views on when abortion should be allowed, or if it should be restricted by law. The sample included demographic data on respondents from gender, age, language spoken, and whether or not there were children in the home.

Questions asked whether the respondent believed that abortion, in general, should be legal, mostly legal, mostly illegal, or illegal. The survey also asked whether abortion should be legal, mostly legal, mostly illegal, or illegal in all three trimesters of pregnancy to determine how the respondent would qualify their overall answer. For example, mostly legal could mean that the respondent thought abortion should be limited to the first trimester, whereas mostly illegal could be those who think abortion should sometimes be permitted in rare cases like rape, incest, fetal anomaly, or when posing a threat to the mother. The survey also asked the respondents' feeling about abortion on a four-point scale, from positive, mostly positive, mostly negative, and negative. It inquired if seeing an image of an abortion victim changed their feeling of abortion, and if so, if it increased positive feelings or negative feelings.

Research Methods.

The dataset yielded 1,741 respondents and the subsets were comparable: 845 before the campaign and 896 after. Some answers lacked responses and were excluded from the analysis of that item. Initial frequencies showed no disparities in demographics between the two datasets that could skew results. Data was identified by campaign and coded as 'before' or 'after', so campaigns could be compared individually and as a whole. The subsets were comparable: n=845 before the campaign, and n=896 after the campaign. Each subset was a sample size sufficient to gauge public opinion within a five-point margin, with 99% certainty that results are generalizable to the entire population of Canada in 2015: 35, 749,600.[9] These were not paired samples that showed changes in individual opinions, but paired samples that showed changes in public opinion.

Responses were analyzed as written in the survey, and then taken a step further and recoded into measures that indicate the degree of support for abortion. They could also yield and measure change, and then they were subjected to analysis otherwise impossible with nominal or ordinal data. Moreover, these new variables more accurately represented respondent viewpoints, given the totality of answers. For example, one who thought abortion should be legal (but not mostly

legal) yet would restrict it to the first trimester and has a generally negative view of abortion, has a different overall perspective than one who believes abortion should be legal, supports no restrictions, and views abortion as strongly positive.

In addition to creating new and complex indicators of abortion perception, variables were also useful when simplified into new variables of dichotomous groups that could segregate those generally in favour of abortion, to those generally opposed. Those who thought abortion should be completely illegal, or at least mostly illegal, were coded as "generally pro-life" and those who though abortion should be completely legal, or at least mostly legal, were coded as "generally pro-abortion." For those who felt strongly positive or somewhat positive about abortion, they were coded as "generally positive," while those who felt somewhat negative or strongly negative about abortion were coded "generally negative." For those who would permit abortion at least in some cases, a measure of permissiveness was created based on how extreme those pro-abortion views were, from restricted to the first trimester, to those who wanted no restrictions, even in the third trimester. This was also coded as another variable: those who were "generally liberal" on abortion and supported even post-viability and late-term abortions, and those who were "generally conservative" and would permit abortion in the first trimester only.

Since many new explanatory variables were created from the same data and measured the same construct, the new variables were contrasted against original responses and comparable variables to ensure validity. Of course, those who felt generally positive about abortion were assuredly more liberal in their views on restrictions, and those who felt generally negative were overwhelmingly against abortion even in the first trimester. This supports the theory that perception about abortion and altering perception affects a person's stance on abortions legality. All new variables were significant and the strength of the relationship with Cramer's V statistic as a perfect v=1.

The analysis contrasted 'before' responses and 'after' responses for all the variables to determine if there was a statistically significant change for each item. These were done in contingency tables: first for the dichotomous variables and then for the original responses. Relationships were determined as well as the strength of the relationship. For any change determined, the next step would be determining the degree of change through ordinal regression to measure the specific difference in ordered responses, i.e. how many changed their view on abortion from "legal" to the lesser "mostly legal," or went from feeling only "somewhat negative" about abortion to "strongly negative."

Effects of Abortion Imagery Campaigns on Public Opinion.

Across all survey items and constructs, pro-life views increased and pro-abortion views decreased. Negative perception of abortion increased and positive perception decreased. On the mean, those who were “generally prolife”, “generally conservative,” or had a “generally negative” view of abortion had a statistically significant increase. On the other hand, those who were “generally pro-abortion,” “generally liberal,” or had a “generally negative” view of abortion had a statistically significant decrease.

This validates the fact that the shift CCBR seeks in public opinion is changing in the right direction. Since sample sizes are not identical and neither are respondents, therefore statistical significance, rather than frequencies, is the only valid measure of change and whether this change could be due to the CCBR campaign.

Increase in Pro-Life Worldview, Decreased Pro-Abortion Sentiment

The survey questioned respondents about their general and specific view of when abortion should be legal. Those who favoured complete abortion on demand or complete prohibition, were the fringe minority on polar ends. Most were leaning toward regulation after the first trimester. Those who wanted complete prohibition or a first-trimester limit were considered more pro-life than pro-abortion, while those who would keep late-term second trimester and full-term third-trimester abortion on demand were clearly more pro-abortion. The first table indicates the shift in worldview from before and after the CCBR campaign.

This is measured by looking at the direction of change toward a more pro-life worldview and away from a pro-abortion worldview. When analyzing the upper threshold for pro-abortion views, such as those that support total legality, and those who feel strongly positive about abortion – this threshold should only decrease. While this may show an increase in moderate views or in those who are somewhat positive toward abortion, this is not an increase in pro-abortion sentiment, unless the threshold for pro-life views decreased in the pro-abortion direction.

However, in regards to the degree of support for abortion on a four-point scale from total prohibition, mostly prohibited, mostly permitted, and completely permitted, the support for legal abortion decreased and the pro-life view increased. In the case of incremental changes in the

degree of abortion support, this was statistically significant with p=0.02. There was a decrease in the most extreme pro-abortion stance and a trend toward the more pro-life view. Table 1 has these results, showing that all percentages shifted away from abortion legality.

Table 1: Impact of CCBR Abortion Victim Image Campaign on Abortion Worldview*

	Before CCBR Abortion Victim Image Campaign	After CCBR Abortion Victim Image Campaign	Pro-Life Percentage Points Gained	Cultural Impact (Percentage Increase in Pro-Life Views)
Completely Pro-Abortion	15.30%	13.60%	1.70%	11.11%
Moderately Pro-Abortion	18.50%	16.00%	2.50%	13.51%
Mildly Pro-Life	39.00%	35.20%	3.80%	9.74%
Completely Pro-Life	27.20%	35.20%	8.00%	29.41%
Total Overall Cultural Impact: 15.95%				

***Statistically Significant at p=0.02**

The upper threshold of abortion on demand with no restriction is accurately labeled with completely pro-abortion. However, those mildly pro-abortion that supported abortion in limited cases would not be accurately identified as completely pro-life. Nonetheless, these individuals who wish for abortion to be "mostly illegal" (just not illegal), as more closely ideologically aligned with those who are completely pro-life than those who are moderately pro-abortion.

For this reason, a new variable was created to split the respondents into 'generally pro-life' and 'generally pro-abortion.' Statistical significance was found with the four-point scale, but was just shy of statistical significance. While the percentage of those who were pro-life increased by 4.92%, and those identifying as pro-abortion decreased 9.16%, this gain was not statistically

significant due to the change in those identifying as pro-life falling within a 5 percentage point margin of error.

The total cultural impact is an overall 7.04% gain towards a pro-life worldview. This was not statistically significant to suggest the change was due to the campaign, but nonetheless, the frequencies are in the right direction. Results are detailed in Table 2 below.

Table 2: Impact of CCBR Abortion Victim Image Campaign on General Abortion View

	Before CCBR Abortion Victim Image Campaign	After CCBR Abortion Victim Image Campaign	Pro-Life Percentage Points Gained	Cultural Impact (Percentage Increase in Pro-Life Views)
Generally Pro-Life	48.80%	51.20%	4.80%	9.16%
Generally Pro-Abortion	52.40%	47.60%	2.40%	4.92%
Potential Overall Cultural Impact: 7.03%				

Increased Conservative Views on Abortion, Decreased Liberal Abortion Views:

While not all who changed from 'generally pro-abortion' moved to 'generally pro-life,' nearly a tenth of respondents no longer thought abortion should be legal or mostly legal after the first trimester, even if they did not wish to make it totally illegal or mostly illegal in the first trimester. Since the increase to pro-life was not quite statistically significant, pro-life respondents were controlled for, in an analysis on the nearly substantial 9.16% that no longer identified as thinking abortion should, overall, be mostly legal.

Although it was not statistically significant, it can be assumed that 4.92% did identify as more pro-life, by excluding just those who saw an abortion victim and yet did not convert to the pro-life cause. Examining just those who supported legal abortion, it was possible to determine how

many were liberal in their support of legal abortion on demand (into the second and third trimesters,) and how many were conservative in wanting abortion on demand, yet wanting it to be legal only in the first trimester. Since there are nuances like rape, incest and health that could not be addressed in detail during the survey, those who thought abortion should be "mostly illegal" in later gestation were more conservative than those who thought abortion should be "mostly legal." The gain in a more conservative view parallels the gain in the liberal view. Table 3 shows this gain.

Table 3: Impact of CCBR Abortion Victim Image Campaign on Degree of Liberalism*

	Before CCBR Abortion Victim Image Campaign	After CCBR Abortion Victim Image Campaign	Pro-Life Percentage Points Gained	Cultural Impact (Percentage Increase in Pro-Life Views)
Liberal	54.60%	45.40%	9.20%	16.85%
Conservative	46.10%	53.90%	7.80%	16.92%
Total Overall Cultural Impact: 16.88%				

***Statistically Significant at p=0.03**

Conservative sentiment switched from the minority to the majority by a virtually identical margin. There was a statistically significant gain, lost from a pro-abortion liberal worldview, to a (not completely, but incrementally) more pro-life conservative worldview, following the abortion victim image campaign. There was an almost 17% overall increase in the number of people who were conservative and a corresponding decrease in those who were liberal. Since this was statistically significant with p=0.03 at the 0.05 level, this indicates the change was not due to randomization or chance, but more likely the intervention of CCBR campaigns.

Abortion Victim Images Increase Negative Feelings, and Feelings Correspond to Public Policy Positions

This study examines the effect of abortion victim images, so the survey questioned regarding the images specifically. Respondents were asked if pictures of abortion victims affected their feelings about abortion, and whether positively or negatively. The results from viewing any image of abortion victims (not just a CCBR campaign image), was that it increased negative feelings, but that this increase was higher following CCBR's image choice and method of delivery.

Feelings on abortion are critical because how one feels is statistically shown to correspond to one's view of abortion legality and degree of liberalism. While those who think negatively of abortion may still support its legality, the degree of permissiveness parallels these feelings. Those who feel strongly negative about abortion are more likely to support a total ban, much like those who view abortion as strongly positive support total legality. There are incremental parallels as well, as evidenced in Figure 1.

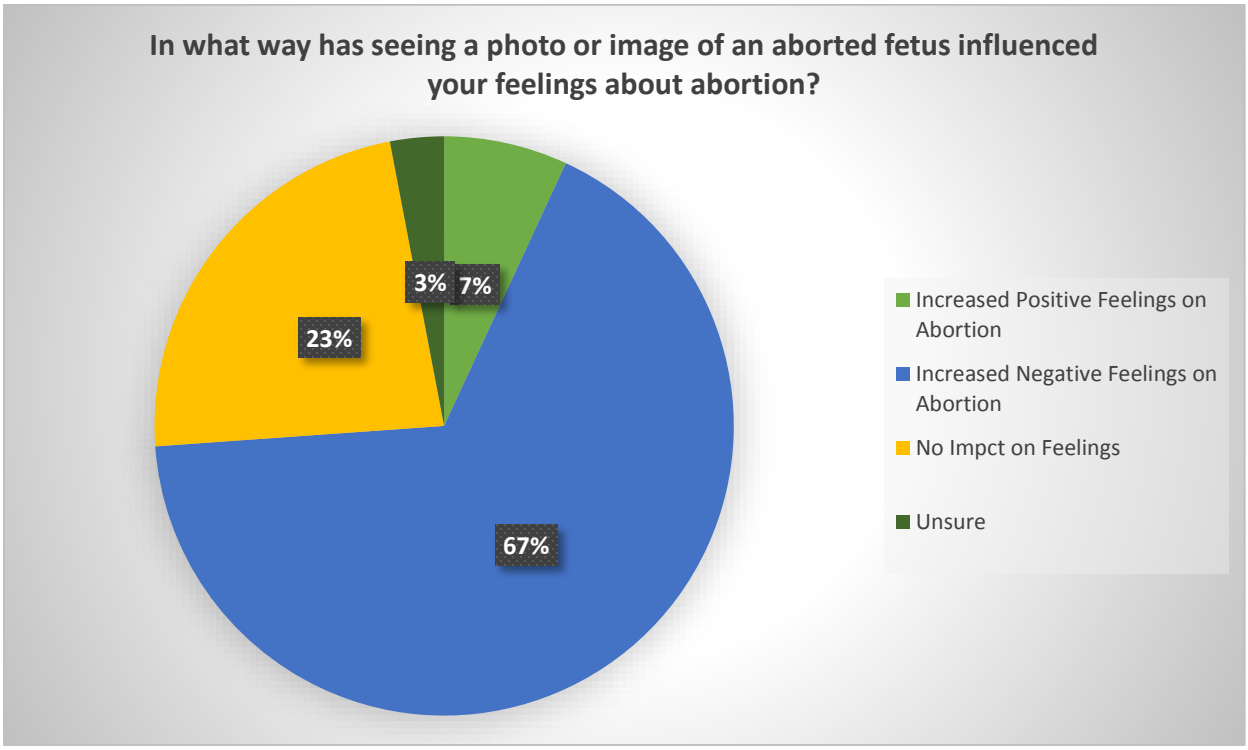


Figure 1

The correlation between these are significant, but the strength of the relationship is the key evidence. Cramer's V indicates a relationship of v=0.756 which shows a strong relationship, but one which does not parallel perfectly and suggest the two are the same construct. People who feel negatively about abortion still support legality, so it does not parallel perfectly, but 75% of answers correspond to one's feelings.

When looking simply upon the impact of abortion victim imagery themselves, there is a subset of viewers that indeed declared no reaction to these images. Unfortunately, those who claim the images had no impact are more likely to be pro-abortion than pro-life. Pro-life persons indicated no reaction only 20% of the time, and negative thereafter. When including the 26.7% of those undecided who declared themselves unmoved by these images, a disturbing 53.3% supported abortion. This is the target audience, not the 20% who already knew what abortion entails and therefore reject it.

Overall, results show overwhelming negative feelings after viewing the image: 66.9%, ten fold more than those who say they had increased positive feelings (6.9%). Figure 1 does indicate that the 23% are not affected overall, but this does not indicate public relations damage, rather just those resolute or apathetic about abortion. If isolating simply those affected by the images, the results are much more stark.

A majority of people are affected by abortion victims, and when they are, over 90% increase their negative view of abortion. Figure 2 shows this contrast.

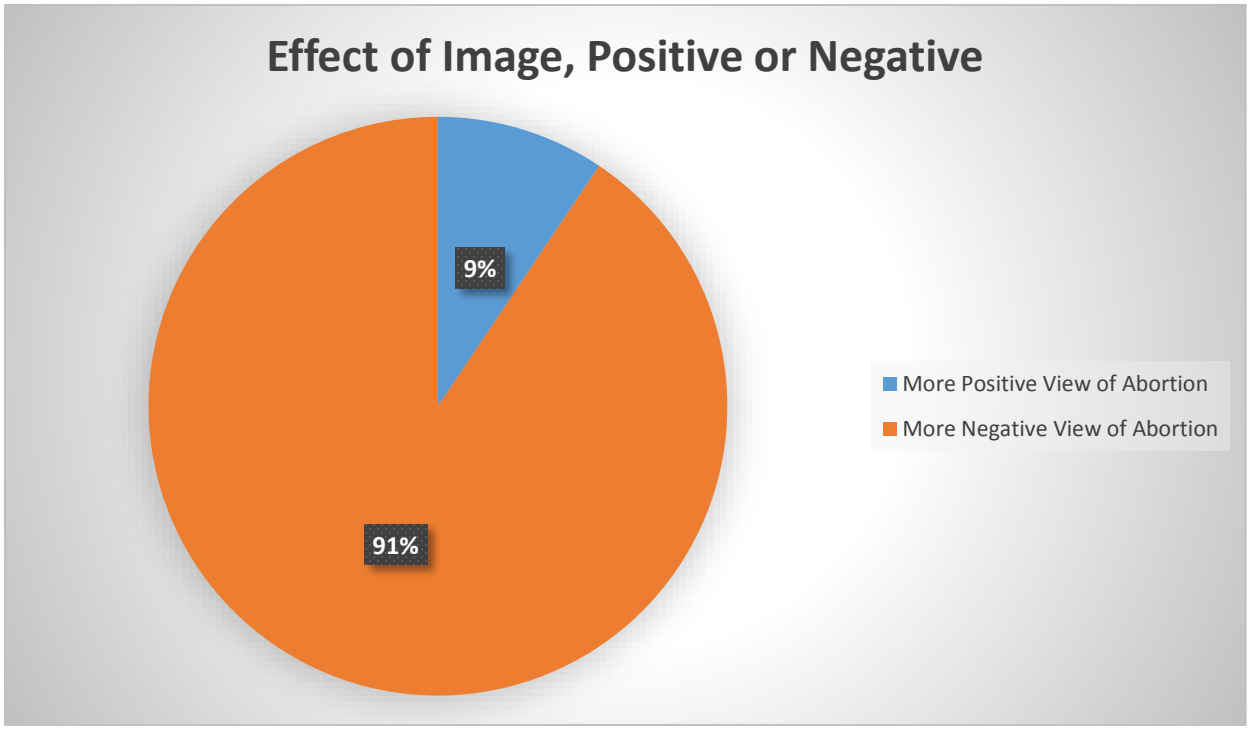


Figure 2

The overall difference between increased negative feelings attributed to the CCBR campaign was not statistically significant (1.2%), as evidenced by Table 3. It is important to note that this table, in spite of lacking statistical significance, still favours the pro-life direction all the same. The results in themselves indicate that abortion victim images increase negative feelings against abortion, so this modest gain is simple encouragement that CCBR could indeed be conveying this message with greater acumen than other uses of abortion victim imagery. As well, it does so without impugning other campaigns. Table 3 shows how these images change people's overall feelings when they think about abortion, after seeing victims of abortion in a CCBR campaign.

Table 3: Impact of CCBR Abortion Victim Image Campaign on Abortion Feelings				
	Before CCBR Abortion Victim Image Campaign	**After CCBR Abortion Victim Image Campaign**	**Pro-Life Percentage Points Gained**	**Cultural Impact (Percentage Increase in Pro-Life Views)**
Generally Positive Feelings About Abortion	37.80%	36.60%	1.20%	3.17%
Generally Negative Feelings About Abortion	62.20%	63.40%	1.20%	1.93%
Potential Overall Cultural Impact: 1.2%				

Incremental Shift in Abortion Acceptance and Legal Permissiveness

Examining just those who had not converted to the complete pro-life worldview of total prohibition shows clear incremental changes in the pro-life direction. Frequencies do illuminate the overall results. It also shows potential incremental change. Answers that appear negative, like an increase in those who are moderately or mildly pro-abortion, show that there is more likely to be an incremental gain according to the overall results.

This is measured by looking at the direction of change toward a more pro-life worldview, and away from a pro-abortion worldview. When analyzing the upper threshold for pro-abortion views such as those that support total legality, and those who feel strongly positive about abortion- this threshold should only decrease. While this may show an increase in moderate views or of those who feel somewhat positive toward abortion, this is not an increase in pro-abortion sentiment unless the threshold for pro-life views decreased in the pro-abortion direction. Those views should only increase. Without significance, it is not possible to attribute these changes to the campaign rather than to change, but they do show a potential shift in the making. In the case of incremental changes in the degree of abortion support, this was statistically significant with $p=0.02$. There was a decrease in the most extreme pro-abortion stance, and a trend towards the more pro-life view.

Conclusion.

Opponents' claims that abortion victim images are ineffective is unsupported by a statistically significant gain in public opinion. There was a statistically significant gain in those who were generally pro-life, and a corresponding loss of those generally pro-abortion: an overall 17% gain in anti-abortion political view (permissiveness) rather than pro-abortion after the campaign. The degree of permissiveness toward abortion was statistically decreased and support for incremental pro-life gains like gestational limits, substantially increased.

Those identifying as completely pro-life increased by nearly 30% following the campaign, with those identifying as pro-abortion decreasing also in their degree of remaining support for abortion. Overall, there was a statistically significant gain of nearly 17% towards a pro-life worldview: those who were generally pro-life and the corresponding loss of those generally pro-abortion. As well, there was an overall 7% gain in those identifying as pro-life rather than pro-abortion after the campaign. The degree of permissiveness towards abortion was statistically decreased and support for incremental pro-life gains (like gestational limits) substantially increased by 15% overall.

Feels about abortion shifted significantly toward a negative abortion view, with fewer reporting feeling positive about abortion after CCBR's campaign, showing what abortion truly is. Additional analysis found that the strength of one's feelings toward abortion were conclusively parallel to political views about abortion, with those who felt strongly positive about abortion favouring no legal restrictions, and those who felt strongly negative favouring complete prohibition. This suggests that changing how the public feels about abortion impacts how they vote for candidates willing and able to enact legal restrictions that actually save lives. Abortion victim imagery was effective at changing these feelings, with upwards of 90% responding that seeing these images increased their negative feelings toward abortion.

Those who had previously seen an image before the CCBR campaign still reported that other images had increased negative feelings as well. This increase was statistically greater following the CCBR campaign, indicating that CCBR's presentation or choice of images for the campaign was more effective than images they had previously seen. This still suggests, nonetheless, that abortion victim imagery in itself, regardless of presentation, is intrinsically effective at altering previously positive perceptions on abortion and changing the culture.

Based on a single campaign this change is not drastic, yet for every variable there were marked incremental shifts in the desired direction toward more pro-life public opinion. Respondents still report as pro-abortion, but fewer do. Those who do, demonstrate less enthusiasm and greater support for abortion restrictions. Opposing claims that abortion victim images are ineffective at changing public opinion can only be supported if effectiveness is qualified as an unrealistic, instantaneous, and drastic conversion against all abortion. However, there was no evidence to support claims that the strategy of abortion victim images does any harm whatsoever, or that it inhibits other strategies.

Endnotes.

[1] Erdreich, Sarah (October 8, 2015). The Dark History of the Right's Graphic, Misleading Abortion Images *Talking Points Memo*

[2] Hatten, Kristen (June 19, 2012). A Graphic Image Converted Me to Pro-Life; Now Here's Why I Am Against Graphic Images *Live Action News*

[3] Rogers, Jay (June 17, 2014). "Incrementalism vs. Immeadiatism" – Strategy of the National Personhood Alliance *Personhood.org*

[4] New, Michael (July 17, 2012). Casey at 20: Pro-Life Progress Despite a Judicial Setback

The Public Discourse

[5] Guttmacher Institute (March, 2016). Fact Sheet: Induced Abortion in the United States *Guttmacher.org*

[6] Strand, Paul (January 15, 2013). Graphic Abortion Signs Ban Threat to Free Speech? *Christian Broadcasting Network*

[7] Gray, Stephanie (September 18, 2012). Ending the Killing: Why Graphics Images of Abortion are Necessary *Live Action News*

[8] Pauker, Paul (September 19, 2012). Why Stephanie Gray's Argument is Wrong (and Misguided) *Live Action News*

[9] Statistics Canada (January 7, 2016). Population and Dwelling Count, Census Program *www.statcan.gc.ca*

[10] Canadian Centre for Bio-Ethical Reform (2015). Projects *Unmaskingchoice.ca*

[11] Blue Direct (2013). IVR Voter ID and Polling *www.bluedirect.ca*

This is **Exhibit "C"** referred to in the Affidavit of **Matthew Wojciechowski** sworn before me this 29th day of February, 2024.

[redacted]

Barrister & Solicitor

[redacted]
Sent: Thursday, May 11, 2023 8:04 AM
[redacted]
Subject: Re: [EXTERNAL] 2023-05-11 March for Life signage

Hi Matt,

Thank you for your understanding, Talk soon.

Best regards,

PARLIAMENTARY PROTECTIVE SERVICE
SERVICE DE PROTECTION PARLEMENTAIRE
CANADA

Daniel Trudel
Planning Coordinator - Coordonnateur de la planification

Planning and Event Management Unit (PEMU)
Planification et Gestion d'événement (UPGE)

Operations Sector
Secteur des opérations

[redacted]

[redacted]
Sent: May 10, 2023 4:32 PM
[redacted]
Subject: Re: [EXTERNAL] 2023-05-11 March for Life signage

Hi Daniel,

Noted.

Just for your own peace of mind, the three signs we were planning on using for today's press conference, which we did not use, were only meant for today. All our official signage tomorrow will be similar to previous years. Everything should fall under your measurements.

However, I will point out that we can't be responsible for the signs that others bring.

Looking forward to tomorrow. Hoping for a peaceful event!

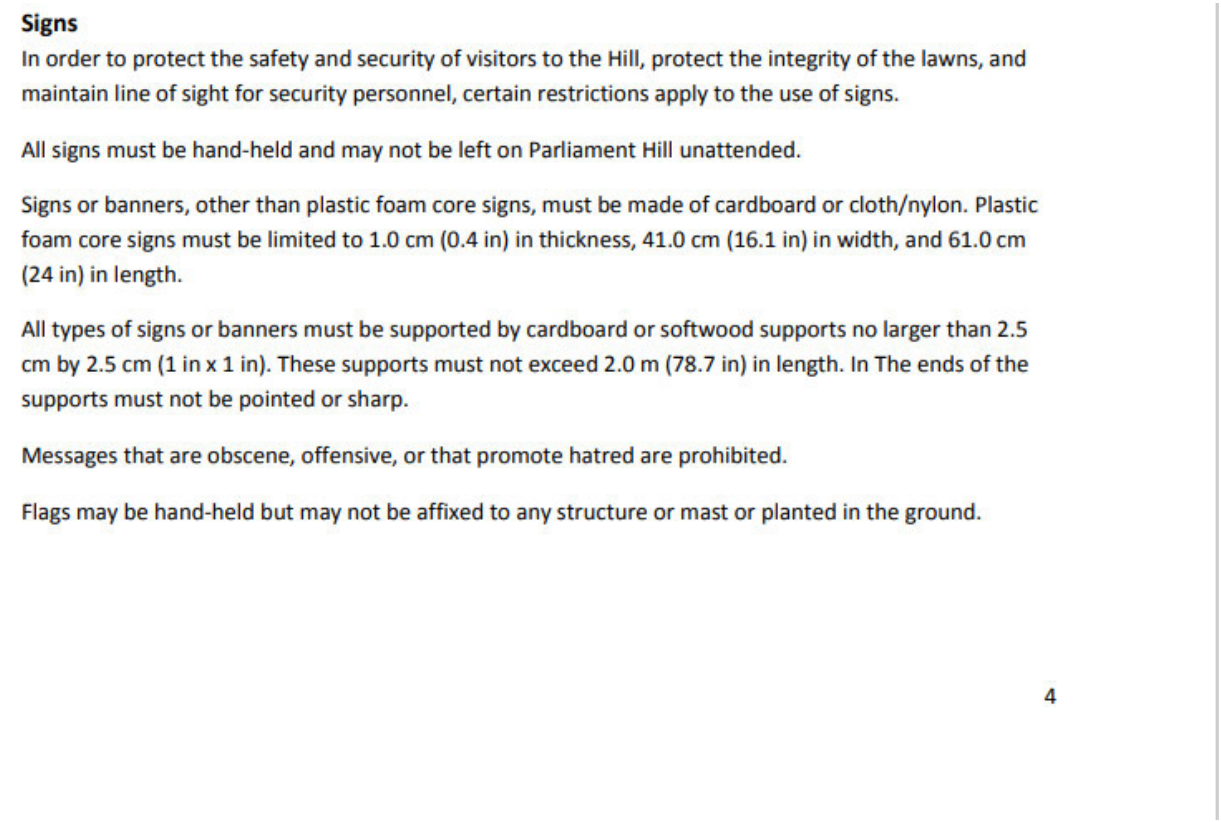
Take care

Ma

[redacted]
Sent: Wednesday, May 10, 2023 2:22 PM
[redacted]
Subject: [EXTERNAL] 2023-05-11 March for Life signage

Hi Matthew,

Thanks again for your understanding in regard to the speaker and graphic imagery for the press conference that took place on the Hill today.
I want to address the question of signage. I've attached a snip of Page 4 of the General Use of the Hill that addresses signage. I just want to make sure we're all on the same page for tomorrow.



Signs

In order to protect the safety and security of visitors to the Hill, protect the integrity of the lawns, and maintain line of sight for security personnel, certain restrictions apply to the use of signs.

All signs must be hand-held and may not be left on Parliament Hill unattended.

Signs or banners, other than plastic foam core signs, must be made of cardboard or cloth/nylon. Plastic foam core signs must be limited to 1.0 cm (0.4 in) in thickness, 41.0 cm (16.1 in) in width, and 61.0 cm (24 in) in length.

All types of signs or banners must be supported by cardboard or softwood supports no larger than 2.5 cm by 2.5 cm (1 in x 1 in). These supports must not exceed 2.0 m (78.7 in) in length. In The ends of the supports must not be pointed or sharp.

Messages that are obscene, offensive, or that promote hatred are prohibited.

Flags may be hand-held but may not be affixed to any structure or mast or planted in the ground.

4

We'll be enforcing these rules for all participants attending the Hill tomorrow. If you have any questions, feel free to contact me.
Best regards,

PARLIAMENTARY PROTECTIVE SERVICE
SERVICE DE PROTECTION PARLEMENTAIRE
CANADA

Daniel Trudel
Planning Coordinator - Coordonnateur de la planification

Planning and Event Management Unit (PEMU)
Planification et Gestion d'événement (UPGE)

Operations Sector
Secteur des opérations

[redacted]

This is **Exhibit "D"** referred to in the Affidavit of **Matthew Wojciechowski** sworn before me this 29th day of February, 2024.

[redacted]

Barrister & Solicitor

PARLIAMENT | PARLEMENT
CANADA

General Rules for the Use of Parliament Hill

Last updated May 3, 2023

Parliament Hill is the seat of Canada's Parliamentary democracy, a place where parliamentarians from across the country meet to make laws that affect the lives of every Canadian. Parliament is also a place to meet, a place to express views, a place to celebrate, and a place to visit.

Given the foregoing and the necessity to ensure it remains a safe and secure environment, it is necessary to establish general rules surrounding organized activities and events on Parliament Hill.

The objectives of these General Rules are to:

- Support and guide the Committee on the Use of Parliament Hill (the Committee) in the effective management of the use of Parliament Hill as it relates to requests to host events;
- Provide guidance to the public and event organisers so that they may gather in a safe and secure environment to express their views in peaceful demonstration or otherwise hold events;
- Preserve Parliament Hill as a safe and dignified space where parliamentarians and other participants in parliamentary business, or those on their way to such business, will not be obstructed; and
- Provide all users of Parliament Hill with the information they need to assist in preserving the physical integrity, historical value and the parliamentary prestige that this property is owed.

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Organizing Events on Parliament Hill

Parliamentarians, government departments and agencies as well as members of the public must apply for a permit to hold an event on Parliament Hill by completing and submitting an **online application form**. It is recommended that the form be submitted ten (10) working days prior to the date of the event. Greater notice is required for larger events.

Permits for events may be issued for a maximum of a one (1) month period.

Permits for the use of Parliament Hill are issued by the Committee on the Use of Parliament Hill.

Permits which are granted by the Committee are non-transferable.

The Committee

- may contact event organisers seeking further clarification on details of their application;
- will strive to notify the event organiser(s) in writing as to the status of the application, with authorizations granted or denied within a reasonable period of time following receipt of the application; and
- reserves the right to change the conditions of the permit and / or cancel the event at any time.

The Parliament of Canada is not liable for any loss or inconvenience which may result from any changes or cancellation.

The following are key guidelines for event organisers planning an event on Parliament Hill.

Hours of Operation
Events on Parliament Hill are to be held between 7:00 a.m. and 9:00 p.m., inclusive of set-up and tear-down times.

Positioning
Although events are predominantly held within the boundaries of Parliament Hill, which is confined to the Main Walkway in front of Centre Block (Centennial Flame) and the West and East Lawns. These Rules also include the exterior front of the Senate of Canada Building.

Please find a **live feed from Parliament Hill** and a current view of the Hill grounds.

Use of Electricity
Requirements must be sent to the committee when applying. Fifteen amps are available upon request.

Vehicle Access and Parking
Vehicle access is restricted for delivery and pick up only for approved articles used in support of the event. All vehicles must be pre-authorized by the Committee and registered a minimum of one (1) working day prior to the event. Authorized and registered vehicles must undergo a security screening at the Vehicle Screening Facility located at Bank and Vittoria Streets. Occupants of the vehicle(s) must be prepared to display a valid government-issued photo identification as well as the Committee's approval letter.

Note: Parking on Parliament Hill is not available and / or authorized at anytime.

The following **link** has several private and city parking lots located nearby.

Washrooms
Accessible public washrooms are located behind the West Block Building at 111 Wellington - west of the Visitor Welcome Centre. See last page for Map.

Litter
It is the responsibility of the event organiser to ensure that any litter generated as a result of the event is picked up. The Committee does not supply the tools and / or equipment to perform the pickup.

Music and Sound Levels

Music & sound levels must be kept to a level that does not interfere with parliamentary business and / or other events. A maximum of two (2), 300 watt speakers will be authorized for use. Other requests listed on the application will be assessed based on the projected event attendance and the number of speakers / wattage requirements.

Use of amplifiers is prohibited during the Changing of the Guard (during the summer daily, from 10 a.m. to 10:30 a.m.) or during the Dominion Carillonneur musical concert (from September through June, Monday to Friday, from 12:00 p.m. to 12:15 p.m. and in July and August, Monday to Friday, from 11:00 a.m. to 12:00 p.m.)

Signs and Banners

In order to protect the safety and security of visitors to the Hill, protect the integrity of the lawns, and maintain line of sight for security personnel, certain restrictions apply.

- All signs and banners must be hand-held and may not be left on Parliament Hill unattended.
- Signs or banners must be made of cardboard or cloth / nylon.
- All types of signs or banners must be supported by cardboard or materials which will not cause a risk of injury or pose a danger. Supports must be no larger than 2.5 cm by 2.5 cm (1 in x 1 in). These supports must not exceed 2.0 m (78.7 in) in length. These supports cannot have pointed or sharp ends.
- Banner size is limited to 400 cm (157.4 in) in length and 150 cm (59.0 in) in height.
  Plastic foam core signs can be used but are limited to 1.0 cm (0.4 in) in thickness, 41.0 cm (16.1 in) in width, and 61.0 cm (24 in) in length.
- Obscene messages or messages that promote hatred or violence are prohibited.
- Signs or banners that display explicit graphic violence or blood is prohibited.

Note: Organisers may be requested to share images they plan to display before approval.

Flags

- All Flags must be hand-held and may not be left on Parliament Hill unattended.
- Flag size is limited to 400 cm (157.4 in) in length and 150 cm (59.0 in) in height.
- Flags may have poles or flagstaffs but must not exceed 2.5cm by 2.5cm (1 in x 1 in) and 2.0 m (78.7 in) in length and must be made of materials which will not cause a risk of injury or pose a danger.These poles or flagstaffs cannot have pointed or sharp ends.
- Flags may not be affixed to any structures, mast or planted in the ground.
- Obscene messages or messages that promote hatred or violence are prohibited.

Note: Organisers may be requested to share a photo of proposed flags before approval.

Structures

In order to preserve the integrity of the lawns and maintain line of sight for security personnel, structures of any kind are prohibited unless pre-authorized by the Committee.

It should be noted that if the Committee permits an event, structures such as canopies of 10x10, risers / stages measuring 4’ x 8’ x 2’ and / or a podium may be provided at a cost to the requester. Arrangements must be made directly by the requester to a Ceremonial and Protocol Services Agent after approval.

Props and Furniture

For security reasons and to preserve the physical integrity of the buildings and lawns, props such as backdrops, billboards, screening apparatus or other such displays are prohibited unless pre-authorized by the Committee. It is the responsibility of the organizer to provide comprehensive details as to why such items are necessary and how they would be safely deployed.

Chairs and tables of any sort are also prohibited unless pre-authorized by the Committee. These items are to be provided at a cost to the requester. Arrangements must be made directly by the requester to a Ceremonial and Protocol Services Agent after approval.

Prohibitions and Restrictions

Admission Fees
Admission fees for any / all events taking place on Parliament Hill are prohibited.

Advertising
Use of the grounds for commercial advertising is prohibited. Signs or banners displaying for-profit organizations or sponsors are prohibited, including logos on handouts or on items such hats and t-shirts.

Alcohol
Selling, serving or consuming alcoholic beverages is prohibited.

Animals
Persons with pets must comply with the **City of Ottawa Animal Care and Control By-law**.

Balloons
Balloons or the use of any other inflatable articles is prohibited unless pre-authorized by the Committee.

Barbecues
Barbecues or the use of any other cooking equipment is prohibited unless pre-authorized by the Committee.

Blocking Passage
In the setup of equipment approved by the Committee, event participants, guests or delivery vehicles must not hinder the passage of parliamentarians, employees, pedestrians or emergency vehicles within Parliament Hill as defined in **Positioning**.

Camping
The **Public Works Nuisances Regulations** prohibits residing, camping, and sleeping on Parliament Hill.

Commercial Operations / Transaction
Any trading by exchanging one commodity for another, monetary or otherwise, is prohibited.

Drones
Recreational drones are prohibited.

Fires
Fires and / or flames are prohibited. Electric and or battery-operated candles during vigils may be used.

Fireworks
The use of fireworks is prohibited.

Fixtures
For security reasons and to preserve the physical integrity of the buildings and lawns the hanging, affixing, and / or attaching of any item to the buildings, grounds, walkways, pillars, statues, monuments, trees, fences or other structures is prohibited. Likewise, piercing the ground on Parliament Hill, is prohibited.

Portable Washrooms
Portable washrooms are prohibited unless pre-authorized by the Committee. Guests are asked to use the accessible, public washrooms located at the Visitor Welcome Centre behind the West Block Building.

Food
The sale of food is prohibited. The distribution of food is prohibited unless pre-authorized by the Committee.

Fundraising
Fundraising is prohibited.

Sports
Sporting events are prohibited unless pre-authorized by the Committee or in relation to a government sponsored or protocol related event.

Weapons
Weapons and other devices dangerous to public peace are prohibited. Ceremonial swords and daggers are restricted but may be considered by the Committee with a demonstrated plan on why they are necessary and how such items will be always secured.

Note: Organisers may be requested to share a photo of proposed weapons before approval.

Weddings
Wedding ceremonies and receptions are prohibited. Wedding photos may be taken but photoshoot pre-authorization is necessary.

Special Provisions

Drones
The airspace over Parliament Hill is a no-fly zone. Parliament Hill and the area within a 1.2Km (0.74 mile) radius belong to two restricted airspaces (CYR537 and CYR538). Before entering CYR537, pilots must request authorization by submitting an **application form** to the Parliamentary Protective Services at **requestscyr537demandes@pps-spp.parl.gc.ca**

Filming
Commercial filming is prohibited unless pre-authorized by the Committee.

Flag Raisings
Event organisers must inform and seek permission from the Committee should they wish to raise any flag(s) at their event.

Note: Organisers may be requested to share a photo of proposed flag to be raised before approval.

Arrangements must be made directly by the requester to a Ceremonial and Protocol Services Agent after approval for the rental of a temporary flagpole.

Illumination of the Peace Tower and other Parliamentary Buildings

Illumination of the Peace Tower and of other Parliament Precinct Buildings are reserved for the commemoration of events of national significance to Canada and or depicts the history of Canada.

The Peace Tower is Canada's preeminent War Memorial and serves as a commemoration to those fallen soldiers who fought and died in the service of Canada. Therefore, to preserve the meaning, dignity and purpose of the Peace Tower, requests to illuminate the Peace Tower are to be considered in the context that it is first and foremost, a War Memorial.

Liability

All visitors to the Hill shall respect the property in its entirety. Those failing to abide by these rules will be asked to leave the premises and may be removed in accordance with the **Trespass to Property Act, R.S.O. 1990**.

In the event of physical damage of any sort to the grounds, buildings or fixtures on Parliament Hill, the total cost of the damage including any associated repair, replacement, or cleaning (including excessive garbage or garbage disposed outside of designated receptacles) shall be the responsibility of the individual or group to whom permission to use the Parliament Hill was granted or of the person who caused the damage.

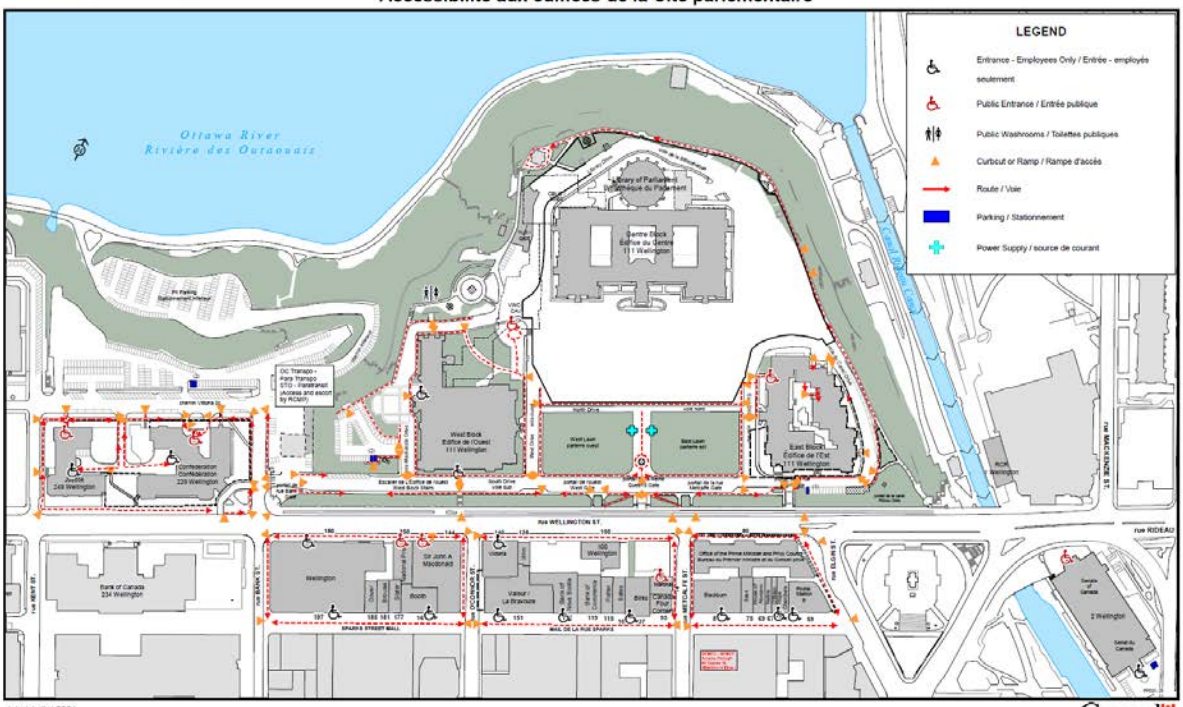
The Parliament of Canada and its employees will not be held responsible for any injury, including death, or loss or physical damage incurred by the event organizer and participants or other persons by reason of events permitted on Parliament Hill.

The event organizer shall indemnify and save harmless the Parliament of Canada and its employees from any losses, damages, costs, expenses (including reasonable solicitor / client fees and administrative fees and disbursements), and all claims, demands, actions and other proceedings made, sustained, brought, prosecuted, threatened to be brought or prosecuted in any manner based upon, occasioned by or attributable to any injury to or death of a person or environmental effect or damage to or loss of property arising directly or indirectly and whether by reason of anything done as a result of any willful or negligent act or delay on the part of the event organizer or the event organizer's employees or volunteers in the conduct of the event, except that the Parliament of Canada shall not claim indemnification under this section to the extent that the injury, death or damage has been caused by its employees.

Public Services and Procurement Canada
Parliamentary Precinct

Services publics et de l'Approvisionnement Canada
Cité parlementaire

Accessibility to Parliamentary Precinct Buildings
Accessibilité aux édifices de la Cité parlementaire



July / Juillet 2021

Canada

CAMPAIGN LIFE COALITION ET AL. **-and-** **PARLIAMENTARY PROTECTIVE SERVICE**
APPLICANT RESPONDENT

Court File No.:

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AFFIDAVIT OF MATTHEW WOJCIECHOWSKI

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(g.1) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF MAEVE ROCHE SWORN FEBRUARY 29TH, 2024

I, MAEVE ROCHE, of the [redacted] in the Province of Ontario, MAKE OATH AND SAY:

1. I am an Applicant in this matter and as such have personal knowledge of the facts herein deposed, except where based on information and belief, in which case I verily believe the same to be true.

2. I joined Campaign Life Coalition ("**CLC**") in 2020 as a summer intern. I have been a Youth Coordinator since 2021. My responsibilities include educating and mobilizing young, pro-life Canadians to engage in advocacy through educational events, outreach, and training

3. On May 11, 2023, CLC organized its annual National March for Life in Ottawa, Ontario. (the "**March**"). I travelled to Ottawa to take part in the March. I was one of the organizers and one of the masters of ceremony.

4. On May 10, 2023, the day before the March, CLC organized a press conference on Parliament Hill (the "**Press Conference**").

5. As part of CLC's plan for the Press Conference, we had signs depicting abortion victim photography lined up face down on the lawn of Parliament Hill (the "**Signs**"). The Signs came from a project known as "Choice Chain" and depicted victims of abortion at various stages of development. The plan was to lift the signs up at a pre-determined point in the Press Conference. I intended to participate in the Press Conference as one of the individuals holding up a Sign.

6. Just before the Press Conference began, I witnessed an officer with the Parliamentary Protective Services (the "**PPS**") approach the Vice-President of CLC, Matthew Wojciechowski, and ask to see what was displayed on the Signs which were laying face-down on the lawn. Mr. Wojciechowski lifted the Sign lying by my feet to reveal the image depicted on it.

7. I was informed by Mr. Wojciechowski that the PPS had prohibited CLC from displaying the Signs on Parliament Hill because they were too graphic.

8. Since we were prohibited from displaying the images of abortion victim photography during the Press Conference, I and the other who had intended to hold the Signs simply stood in the background while various speakers made statements during the Press Conference. The restriction on holding the Signs significantly curtailed our participation. Approximately halfway through the Press Conference, one of our volunteers dropped off several National March for Life signs with text that read "Stand Firm" and "Tenez Ferme" and a silhouette icon of a fetus. The other volunteers and I, who stood in the background during the Press Conference, were handed the National March for Life signs, without any abortion victim photography depicted. We held these signs for the remainder of the Press Conference.

9. Displaying abortion victim photography reveals the injustice of abortion while simultaneously showing the humanity of the preborn. Abortion is often conveyed, through euphemism, as a "clean", "sterile", "medical procedure", but through photos of the dead bodies

of human embryos and fetuses killed by abortion we are able to convey the reality of abortion in Canada to fellow citizens. Similar to the strategy of other social reform movements throughout history, we seek to display the injustice through the presentation of photographic evidence. Abortion victim photography serves as an effective tool to uncover the hidden violence of abortion, that results in the death of a human embryo or fetus.

10. I have had personal experiences where I have spoken to people during demonstrations who were moved and whose opinions were swayed by abortion victim photography. For example, in the summer of 2021, at a demonstration in Hamilton, Ontario, I was approached by a man expressing anger that I was showing images of an aborted human fetus. He called the images were "gross" and "disturbing." I agreed and explained that the images serve to convey the disturbing nature of abortion. When I told him that the image of the human fetus on my sign was from 10 weeks of gestation, tears began to well in his eyes. He revealed to me that when he and his ex-girlfriend were together, she had an abortion at 10 weeks. He explained that he was wrestling with the idea of his lost fatherhood, but felt hopeless. He told me that had he had known that his developing child "looked like that at 10 weeks", perhaps he would have tried to save his or her life. Following the realization that abortion was so horrific, even at 10 weeks, and the connection to his own child killed by abortion, he broke down crying. I sympathized with his pain, apologized for his loss, and directed him to resources offering free, professional, post-abortive counselling. He expressed his gratitude.

11. In my experience, demonstrations utilizing abortion victim photography have been effective in conveying the pro-life message, revealing the reality of abortion, and influencing people’s opinions.

12. I swear this affidavit *bona fide* for no improper purpose.

SWORN by Maeve Roche
before me at the [redacted]
in the Province of Ontario
on the 29th day of February, 2024.

[redacted]

Hatim Kheir
Barrister & Solicitor

[redacted]

Maeve Roche

CAMPAIGN LIFE COALITION ET AL. **-and-** **PARLIAMENTARY PROTECTIVE SERVICE**
APPLICANT RESPONDENT

Court File No.:

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AFFIDAVIT OF MAEVE ROCHE

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(g.1) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF JOSEPHINE LUETKE SWORN MAY 5TH, 2025

I, JOSEPHINE LUETKE, of the [redacted] in the Province of Ontario, MAKE OATH AND SAY:

1. I am the Director of Education and Advocacy for Campaign Life Coalition ("**CLC**") which is an Applicant in this matter, and as such have personal knowledge of the facts herein deposed, except where based on information and belief, in which case I verily believe the same to be true.

2. I make this affidavit in reply to the affidavit of Dr. Erin Lovett sworn April 16, 2025.

3. In my role as Director of Education and Advocacy, I am a member of the planning committees for our National March for Life and Life Chain events. I also write articles and do speaking engagements and interviews to spread CLC's message.

4. CLC organized a press conference on Parliament Hill for May 10, 2023. I was part of a collective decision made to reveal signs depicting abortion victim photograph (the "**Signs**") in the middle of the press conference. We had agreed that CLC staff and volunteers would show the signs

during my portion of the press conference. I was also responsible for helping to obtain the Signs from a local group, Ottawa Against Abortion.

5. The Signs noted ages of the fetuses depicted (e.g. "8-Week"). At paragraphs 9, 12, and 14 of her affidavit, Dr. Lovett doubts the accuracy of the ages listed on the Signs. She believes that the fetuses depicted on the Signs appear older than the age listed. A misunderstanding may explain the discrepancy because I understand obstetricians/gynecologists date pregnancies using gestational age as measured from the mother's last menstrual period.

6. By contrast, CLC consistently uses embryonic or fetal age as measured from fertilization ("**Fetal Age**") to communicate the age of embryos and fetuses.

7. My understanding was that the Signs were communicating Fetal Age. The Signs were originally from the Canadian Centre for Bio-Ethical Reform ("**CCBR**"). I asked Blaise Alleyne, the Eastern Strategic Initiatives Director for CCBR, how these types of signs were dated. He told me that these signs are always dated using the Fetal Age method. CLC and I have always intended to communicate the age of the fetuses depicted in reference to that method.

8. My understanding is that embryologists use Fetal Age to describe stages of prenatal development. I regularly encounter Fetal Age in materials when I am learning and teaching about fetal development. For example, information from Contend Projects on the Carnegie Stages of embryonic development begins week 1 at fertilization. This is a resource I have used to better understand stages of embryonic development. A copy of Contend Projects' information on the Carnegie Stages is attached as **Exhibit "A"** to this affidavit.

9. CLC uses Fetal Age in our advocacy and educational work because it is more appropriate for the subjects we are discussing and the perspective we are communicating. Fetal Age is more

consistent with our activism in which we display abortion victim photography and images of embryos and fetuses in the womb. Our focus is on the fetus and communicating facts about it.

10. This approach is also consistent with the conversations we have with passersby when doing street activism. Our messaging is focused around ensuring human rights for all human beings, regardless of age. We often will make reference to the photos when describing a "10-week-old fetus," for instance, or an "8-week-old embryo." We can't accurately describe how old a fetus is by measuring since last menstrual period. We often talk about fertilization as when a human being comes into existence, and the point at which we believe a human being deserves protection. In our conversations, I have found that using Fetal Age avoids confusion that could arise from dating from the last menstrual period.

11. I swear this affidavit *bona fide* for no improper purpose.

SWORN REMOTELY by Josephine Luetke
at the [redacted]
in the Province of Ontario
before me at the [redacted],
in the Province of Ontario
on the 5th day of May, 2025
in accordance with O.Reg 431/20.

[redacted]

Hatim Kheir
Barrister & Solicitor

[redacted]

Josephine Luetke

This is **Exhibit "A"** referred to in the Affidavit
of **Josephine Luetke** sworn before me this
5th day of May, 2025.

[redacted]
Barrister & Solicitor

The Carnegie Stages

The Carnegie Stages of Human Embryonic Development

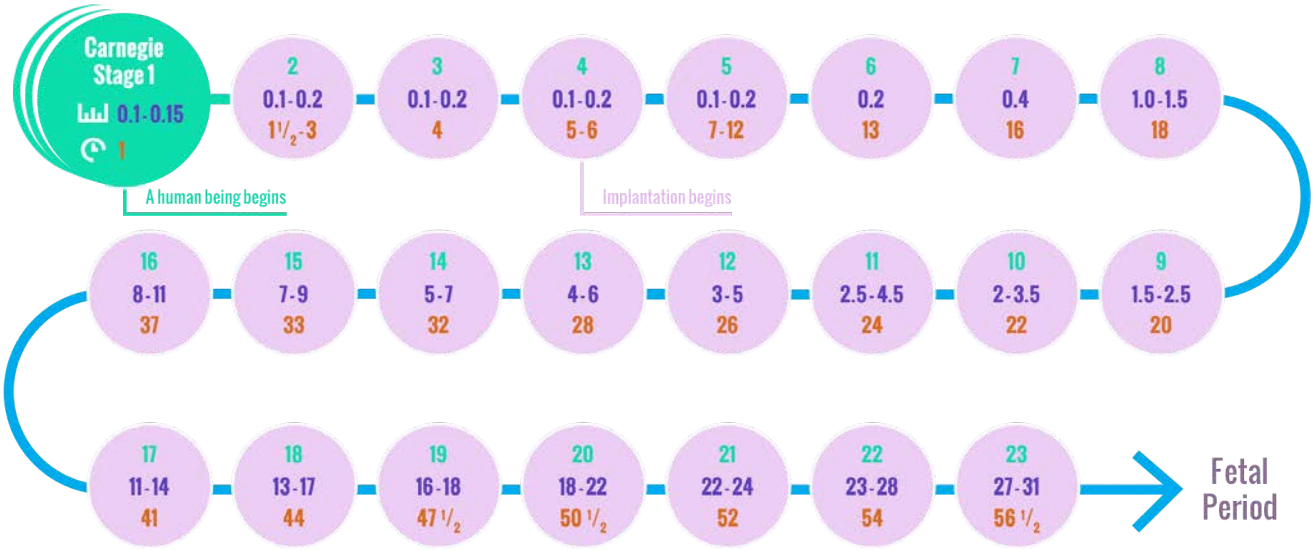
There is international agreement among human embryologists that human development during the 8 week embryonic period (/the-science/key-terms/#Embryonic-Period) be divided into 23 stages: the Carnegie Stages of Human Embryonic Development. The Carnegie Stages are **the most reliable sources for accurate scientific facts of sexually reproduced human beings – THE GOLD STANDARD.**

The Carnegie Chart

Carnegie Stage, Greatest Length (MM) & Age Estimate (Post-Fertilization Days)

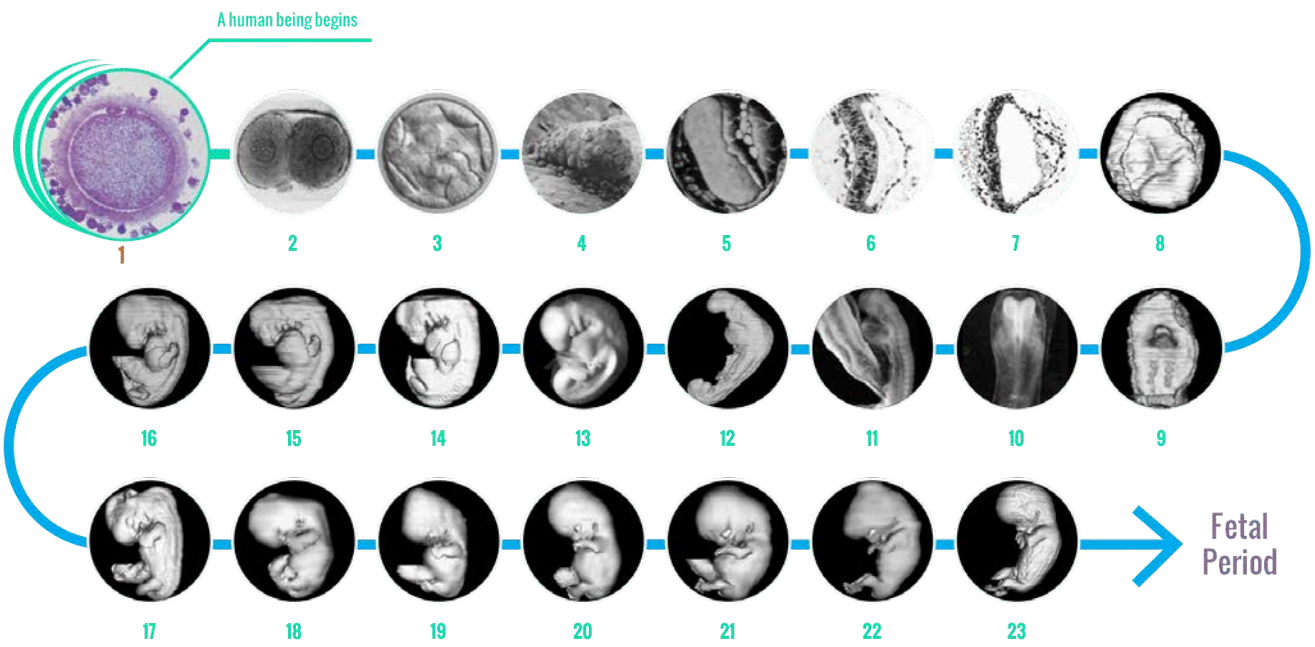
Human development during the 8 week embryonic period is divided into 23 Stages.

Carnegie Stage 1 is when a human being begins to exist.



Source: O'Rahilly R, Müller F. 1987. Developmental Stages in Human Embryos. Washington: Carnegie Institution.

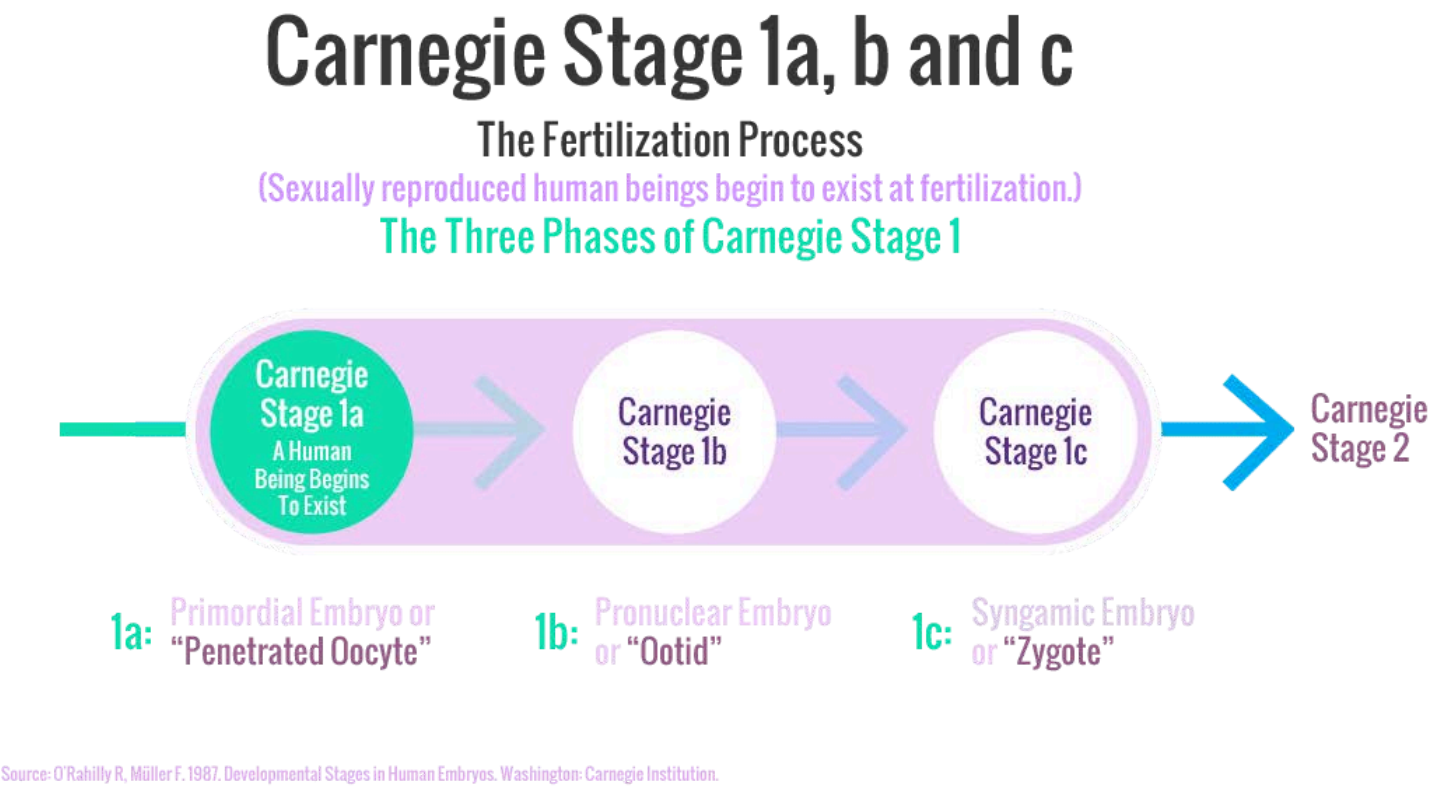
Carnegie Stage & Human Embryo Image



Source: The Virtual Human Embryo (www.ehd.org/virtual-human-embryo), O'Rahilly R, Müller F. 1987. Developmental Stages in Human Embryos. Washington: Carnegie Institution.

The Carnegie Stages were instituted as scientific fact in 1942 by a secular government organization that is part of the National Institutes of Health, the National Museum of Health and Medicine's Human Developmental Anatomy Center. They are based on acclaimed research and are consistently reviewed and verified by the international nomenclature committee (20-25 of the leading Ph.D's in human embryology). The Carnegie Stages are internationally required to be used professionally in all textbooks written by human embryologists.

Carnegie Stage 1 represents FERTILIZATION and is divided into three substages; a, b and c, and is the unicellular embryo that contains unique genetic material and is a **single-cell HUMAN BEING that develops into all of the subsequent stages of a human being.** The earliest human embryo is represented by Carnegie Stage 1a, and the "zygote" is represented by Carnegie Stage 1c.



Source: O'Rahilly R, Müller F. 1987. Developmental Stages in Human Embryos. Washington: Carnegie Institution.

A sexually reproduced **HUMAN BEING BEGINS** to exist at the beginning of Carnegie Stage 1a, at **FIRST CONTACT** of the oocyte/"egg" and the sperm.

The empirical factual determination of the **"final genome"** is biologically set at the beginning of the process of fertilization (Carnegie Stage 1a), at first contact (of the sperm and oocyte). Once first contact takes place there is substantial change that itself determines what comes next, genetically and otherwise — so at first contact you have an **"actual" human being** not a "possible" human being. From the very beginning, Carnegie Stage 1a, a human embryo produces specifically human enzymes and proteins; he or she forms specifically human tissues and organ systems, and develops humanly continuously from the stage of a single-cell human embryo onward. Unless prevented, a new human being (a human embryo) will continue to grow and biologically develop continuously until his or her death (just like a fetus, infant, toddler, child, teenager and adult human being). Learn more about the Carnegie Stages here Human Embryology Glossary (https://contendprojects.org/the-science/key-terms/) and here Scientific Documentation. (https://contendprojects.org/the-science/scientific-documentation/)

"There is considerable variation in normal human development during the postnatal period. The prenatal period is no different with variations in the size, rate of growth, and order of appearance of some structures or functions."

The Endowment for Human Development (EHD)

"Stage 1 (a), (b), (c) includes the new unicellular human organism, the new human embryo, the new human being, who is sexually reproduced, and who begins to exist from the beginning of the process of fertilization. After that critical event, the new sexually reproduced human embryo simply continues to grow bigger and more complex continuously through the later embryonic, fetal, infant, childhood through adult stages of human development."

Dianne N. Irving, M.A., Ph.D.

References: *National Museum of Health and Medicine's Human Developmental Anatomy Center (HDAC), Ronan O'Rahilly and Fabiola Muller Developmental Stages in Human Embryos (Carnegie Institute of Washington, 1987).,The Virtual Human Embryo (VHE), Digitally Reproduced Embryonic Morphology*

About Us

Contend Projects is a non-profit education organization spreading the basic, accurate scientific facts about when a human life starts and the biological science of human embryology.

Contend Projects is a 501 (c)(3)
ein: 47-4157401

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Scientific Documentation (https://contendprojects.org/the-science/scientific-documentation/)
S.A.F.E Decisions Wheel (https://contendprojects.org/the-science/safe-decisions-wheel/)
The Science Guide (https://contendprojects.org/the-science/the-science-guide/)
The Science Quiz (https://contendprojects.org/the-science-quiz/)
Human Embryology Lesson (https://contendprojects.org/science-teachers-human-embryology-lesson/)
Children's Science Picture Book (https://contendprojects.org/childrens-science-picture-book/)
In the News (https://contendprojects.org/in-the-news/)
Science Education For LIFE Capital Campaign (https://contendprojects.org/give/)
Shop (https://contendprojects.storenvy.com/)

CAMPAIGN LIFE COALITION ET AL.
APPLICANT

-and-

PARLIAMENTARY PROTECTIVE SERVICE
RESPONDENT

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AFFIDAVIT OF JOSEPHINE LUETKE

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(g.1) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF MATTHEW WOJCIECHOWSKI SWORN MAY 5TH, 2025

I, MATTHEW WOJCIECHOWSKI, of the [redacted] in the Province of Ontario, MAKE OATH AND SAY:

1. I swear this affidavit further to my affidavit sworn February 29th, 2024 and in reply to the affidavits of Cst. Daniel Truden sworn February 26, 2025 and Cpl. Lucas Angeli sworn February 26, 2025.

2. At paragraph 7 of his affidavit, Cpl. Angeli states that the signs (the "**Signs**") Campaign Life Coalition ("**CLC**") intended to display on Parliament Hill "had never been allowed."

3. To clarify, in the last 14 years, while I've been with CLC, we have never attempted to display abortion victim photography on Parliament Hill before. We have not brought the Signs or any similar signs to the annual March for Life. Cst. Trudel's demand that we not show the Signs at our press conference held on May 10, 2023 was the first time the issue had arose between CLC and the Parliamentary Protective Service.

4. At paragraph 15 of his affidavit, Cst. Trudel refers to an email exchange in which I stated that "official signage tomorrow will be similar to previous years. Everything should fall under your measurements." Cst. Trudel states in his affidavit that he interpreted this to mean that I "was already aware of the Rules."

5. To clarify, while I was aware of the General Rules for the Use of Parliament Hill, I never considered the Signs to be prohibited. I did not consider the signs to be "obscene, offensive" or to "promote hatred." In fact, CLC has displayed these Signs publicly (though not at Parliament Hill) in the past. Despite the possession of obscene materials and the promotion of hatred being criminal offences, we were never stopped by police from displaying the Signs. We have even called police to assist us when we were displaying these Signs. Nevertheless, CLC staff and volunteers have never been prohibited from doing so in public spaces.

6. I swear this affidavit *bona fide* for no improper purpose.

SWORN REMOTELY by Matthew Wojciechowski at the [redacted] in the Province of Ontario before me at the [redacted], in the Province of Ontario on the 5th of May, 2025 in accordance with O.Reg 431/20.

[redacted]

Hatim Kheir
Barrister & Solicitor

[redacted]

Matthew Wojciechowski

CAMPAIGN LIFE COALITION ET AL.
APPLICANT

-and-

PARLIAMENTARY PROTECTIVE SERVICE
RESPONDENT

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AFFIDAVIT OF MATTHEW WOJCIECHOWSKI

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(g.1) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF NATHALIA COMRIE SWORN MAY 6TH, 2025

I, NATHALIA COMRIE, of the [redacted] in the Province of Ontario, MAKE OATH AND SAY:

1. I have personal knowledge of the facts herein deposed, except where based on information and belief, in which case I verily believe the same to be true.

2. I make this affidavit in reply to the affidavit of Dr. Angel Foster sworn April 25, 2025.

3. I have reviewed the images at issue in this matter (the "**Signs**") which are attached as **Exhibit "A"** to this affidavit.

4. At paragraph 22 of her affidavit, Dr. Foster states that "unwanted receipt of these images can have negative psychological impacts, especially on…women who have had abortions…and women who have become pregnant from sexual violence and had abortions." However, I have had an abortion. The father of the child had sexually assaulted me numerous times. Not only do I not find the Signs psychologically harmful, but I wish I had seen them prior to obtaining an abortion. Had I seen them, I believe I would have made a different decision.

5. I underwent an abortion in 2019. I immediately regretted it and soon after adopted a pro-life perspective. Thereafter, I contacted the Canadian Centre for Bioethical Reform (the "**CCBR**") and volunteered with them to engage in street outreach, which involved going out onto the streets with signs identical to the Signs and others which were similar. We would use it as an opportunity to engage in discussions with passersby.

6. My involvement with the CCBR was my first experience with abortion victim photography. Having seen it, I wish I saw it before I had an abortion.

7. While abortion victim photography is deeply unpleasant and hard to see, I do not feel harmed or traumatized by it.

8. Rather, the abortion I experienced was traumatizing. It is my only regret in life because I will not be able to see my child again. Looking back, I do not feel as though I was properly informed about the nature of abortion. The clinic I attended withheld information. In particular, they did not let me see the images from the ultrasound they performed before the abortion.

9. For that reason, I believe that I would have benefited from seeing the Signs before hand. I believe that, had I seen abortion victim photography before having an abortion, I would not have made the same decision.

10. I swear this affidavit *bona fide* for no improper purpose.

SWORN REMOTELY by Nathalia Comrie
at the [redacted] in the Province of Ontario
before me at the [redacted],
in the Province of Ontario
on the 6th day of May, 2025
in accordance with O.Reg 431/20.

[redacted]

Hatim Kheir
Barrister & Solicitor

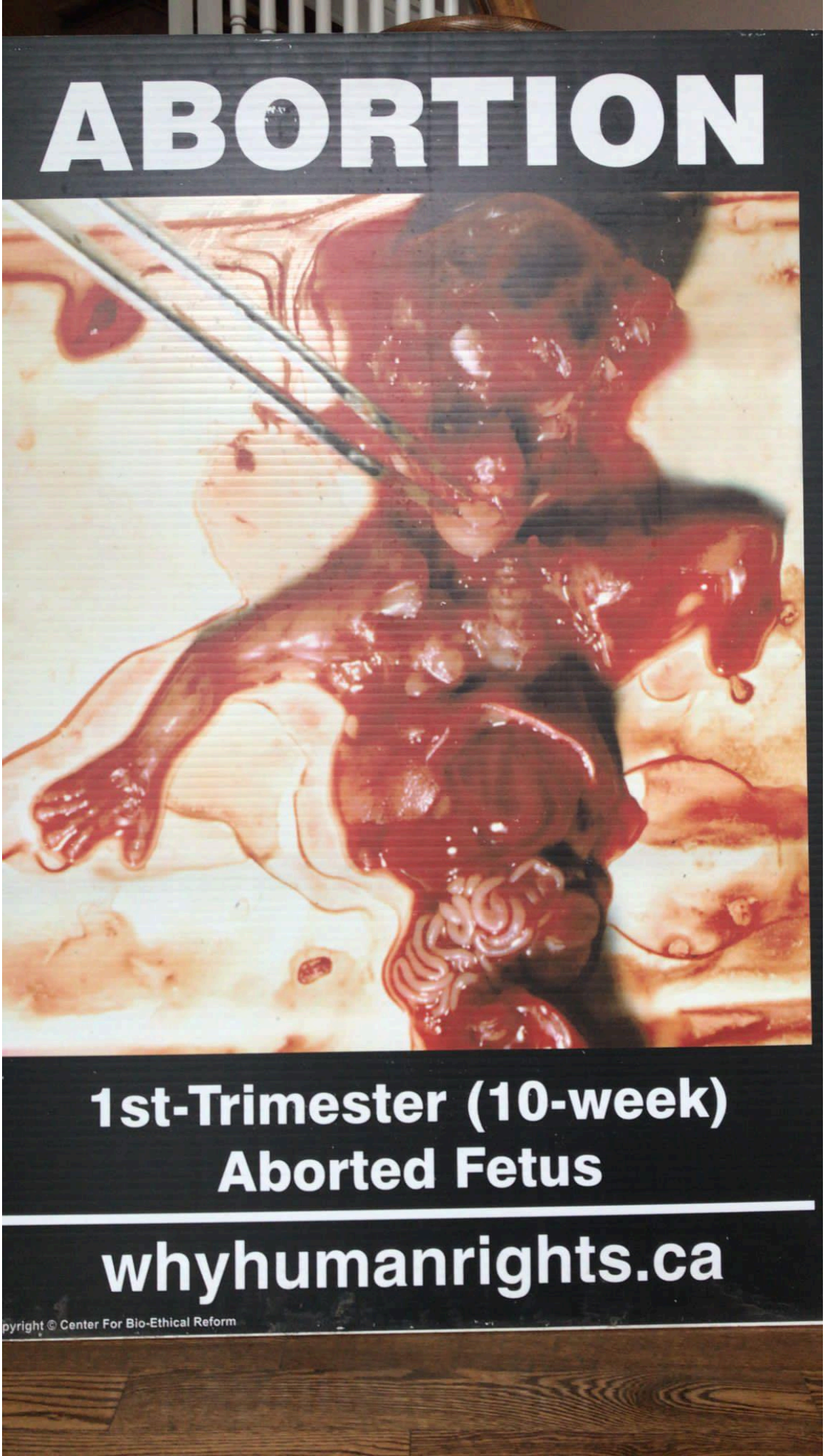
[redacted]

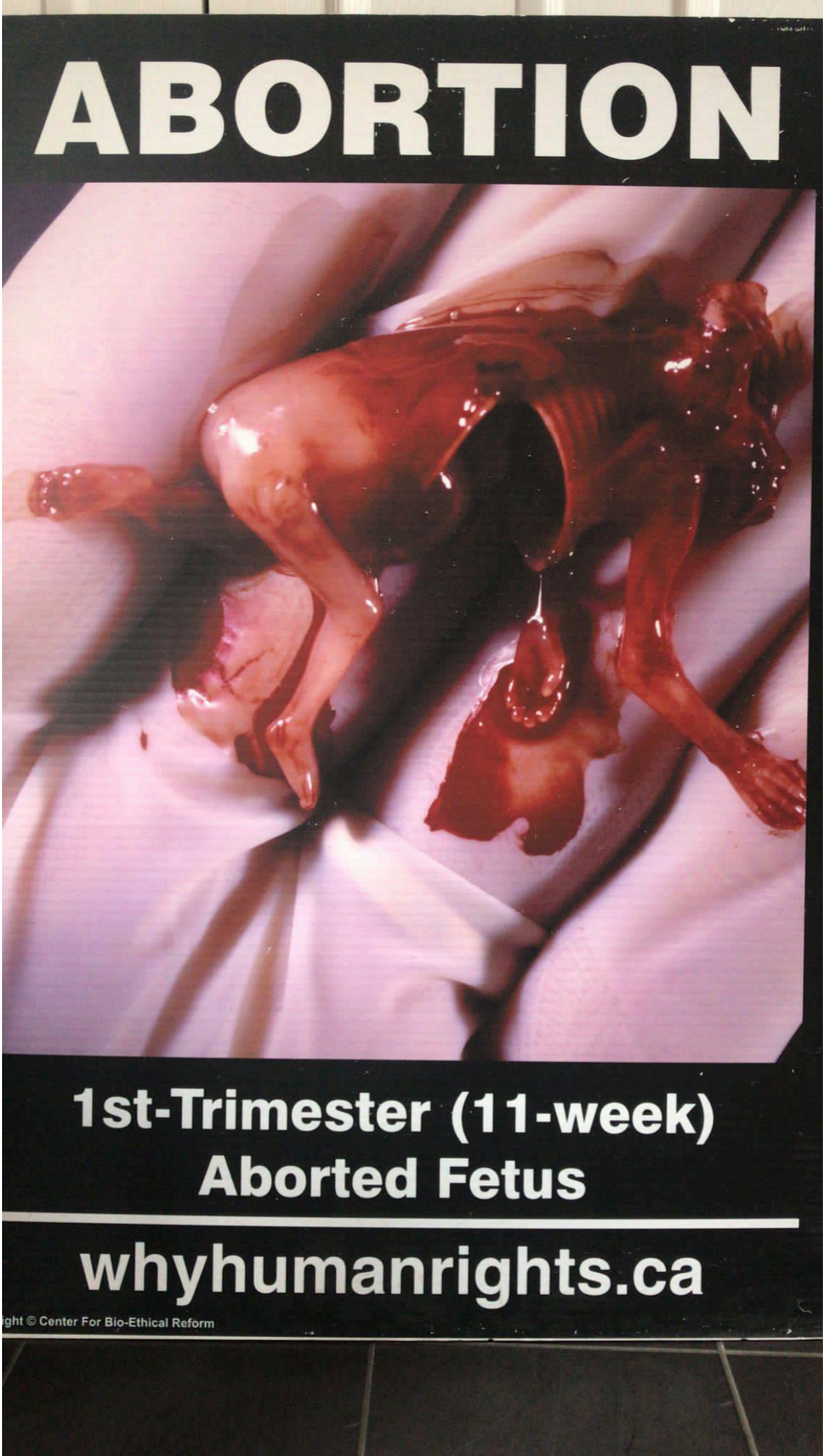
Nathalia Comrie

This is **Exhibit "A"** referred to in the Affidavit of **Nathalia Comrie** sworn before me this 6th day of May, 2025.

Hatim Kheir
Barrister & Solicitor


ABORTION
1st-Trimester (8-week)
Aborted Embryo
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (10-week)
Aborted Fetus
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (11-week)
Aborted Fetus
whyhumanrights.ca
ght © Center For Bio-Ethical Reform

CAMPAIGN LIFE COALITION ET AL. **-and-** **PARLIAMENTARY PROTECTIVE SERVICE**
APPLICANT RESPONDENT

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AFFIDAVIT OF NATHALIA COMRIE

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(h) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF DANIEL REILLY SWORN MAY 6TH, 2025

I, DANIEL REILLY, of the [redacted] in the Province of Ontario, MAKE OATH AND SAY:

1. I am a licensed medical doctor and specialist in obstetrics and gynecology. I am an associate clinical professor of obstetrics and gynecology at McMaster University. I have knowledge of the matters herein deposed, except where such knowledge is based on information and belief, in which case I have specified the source of such information and belief and verily believe the same to be true.

2. I have been asked to provide an expert opinion replying to the Affidavit of Dr. Erin Lovett affirmed April 16, 2025 and, specifically, answering the questions that are set out below. My signed Acknowledgement of Expert's Duty is attached to this affidavit as **Exhibit "A"**.

3. I graduated from the Queen's University School of Medicine in 2000. I completed a five-year residency in obstetrics and gynecology at The University of Ottawa in 2005. In 2007 I completed a Masters in Health Sciences in Bioethics at The University of Toronto. I have been

practicing at the Groves Memorial Community Hospital in Fergus and the Palmerston & District Hospital since 2005. I have held my teaching position at McMaster University since 2005.

4. As a physician I have combined a full clinical practice with teaching residents, medical students, and midwifery students and various physician leadership roles at the local and provincial level. I have received numerous awards for excellence in teaching.

5. I perform the procedures used for abortion for patients experiencing a non-viable pregnancy. Since 2005 I have provided those patients with both medical (using pills) and surgical (both suction and extraction) terminations of their pregnancies. Such procedures are part of the education and training I provide to medical students, residents, and family physicians. A copy of my CV is attached to this affidavit as **Exhibit "B"**.

Facts and Assumptions

6. I have been provided with and have reviewed the Notice of Application in this matter and the Affidavits of Matthew Wojciechowski and Maeve Roche and the Reply Affidavit of Matthew Woijciechowski. For one of the questions put to me (detailed below) I have been asked to provide an opinion given an assumption about the dating method used in the signs (the "**Signs**") that Campaign Life Coalition ("**CLC**") attempted to display on Parliament Hill. In my opinion below, I state where I rely on that assumption.

Opinion

7. I have been asked by counsel for the applicants, CLC and Maeve Roche, to provide an opinion answering the following questions:

1. From what point in time are the age of fetuses measured by medical doctors. How does this differ from you understanding of the practices of embryologists?

2. If the Signs were dating the age of the fetuses from the date of fertilization, how would the age listed on the Signs have to be adjusted to obtain the age as measured from the last menstrual period?
3. Assuming that the Signs are measuring the age of the fetuses since the date of fertilization (as is believed by CLC) is it reasonably possible that the fetuses depicted are the age they are claimed to be? Given the quality and nature of the photographs, can one reasonably conclude otherwise?
4. What is the most common method of surgical abortion for pregnancies under 14 weeks of gestation (as measured from the last menstrual period) in Canada? What would a fetus aborted by such a method look like with respect to physical damage?
5. Prior to the adoption of suction dilation and curettage abortion, how were surgical abortions performed at under 14 weeks of gestation? What would a fetus aborted by such a method look like with respect to physical damage?
6. Is there a method by which a surgical abortion could be performed which could result in fetuses in the condition in which they are depicted on the Signs?
7. Overall, is it more likely than not that the photos are real depictions of aborted fetuses, or would they need to be doctored to appear as they do?
8. An article from the Guardian is attached as Exhibit C to Dr. Lovett's affidavit. In the article, a photo depicts the result of an abortion performed at 10 weeks. It appears very different from the photos on the Signs. In your opinion, if both photos could be real, what explains the difference in appearance?

8. Medical doctors refer to the age of a fetus the same way they refer to the age of the pregnancy. Pregnancies are dated from the first day of the menstrual period prior to the pregnancy or by ultrasound determination based on measurements of the fetus. Both methods assume fertilization occurred and the embryo came into existence 14 days after the first day of the last menstrual period. This is referred to as the "gestational age" of the fetus. Embryologists refer to the age of a fetus using fertilization as the first day. Thus, when a physician states the age of a fetus, they state an age 2 weeks greater than an embryologist referring to the same fetus.

9. If the Signs stated the age of the fetuses from the date of fertilization, then 2 weeks would be added to the stated age to be consistent with gestational age.

10. If Poster 1 – "8-week aborted embryo" uses the dates from fertilization, then it would be a 10-week fetus by gestational age. I agree with Dr Lovett that the appearance of the fetus is consistent with 10 weeks of gestational age.

11. If Poster 2 – "10-week aborted fetus" uses the dates from fertilization, then it would be a 12-week fetus by gestational age. At paragraph 12 of her affidavit, Dr. Lovett states that she believes the fetus depicted would need to be 14 or 15 weeks. While I agree that her estimate is within a reasonable range, I do not believe that the age of the fetus can be accurately determined to within 1 or 2 weeks, given the mutilated nature of the fetus and the absence of any indication of the degree to which the image is magnified. In my opinion, one cannot reliably rule out that the fetus depicted is at 12 weeks of gestation.

12. If Poster 3 – "11-week aborted fetus" uses the dates from fertilization, then it would be a 13-week fetus by gestational age. At paragraph 14 of her affidavit, Dr. Lovett states that she believes that the fetus depicted would need to be 14 or 15 weeks. Again, I agree that her estimate is within a reasonable range. However, I do not think that the fetus can be accurately determined

to within 1 or 2 weeks, given the mutilated nature of the fetus and the absence of any indication of the degree to which the image is magnified. In my opinion, one cannot reliably rule out that the fetus depicted is at 13 weeks of gestation.

13. The most common method of surgical abortion for pregnancies under 14 weeks of gestational age is dilation of the cervix and suction curettage of the uterus ("**Suction D&C**"). All of the contents of the uterus are removed through a suction device. All the contents, including the fetus would be fragmented.

14. Prior to the adoption of Suction D&C for surgical abortion, surgical abortions performed at under 14 weeks of gestation used an instrument called a curette to remove the contents of the uterus after dilation ("**Sharp D&C**"). A fetus aborted by such a method would be fragmented but to a lesser degree than with suction.

15. It is possible that the image on Poster 1 is consistent with pieces of a fetus at 10 weeks gestational age after Sharp D&C.

16. The images on Posters 2 and 3 are not consistent with Suction or Sharp D&C. For a fetus to be as intact as pictured the cervix would need to be opened more than is done for either D&C technique. The fetus could then be grasped and pulled through the cervix. An alternate possibility is that the abortion was done by medically inducing expulsion of the pregnancy from the uterus in a manner like how the pregnancy is passed with natural abortion, generally referred to as miscarriage.

17. At paragraph 16, Dr. Lovett states that she believes that the images on the posters "are likely not real aborted fetuses or have been manipulated…in some way." It is my opinion that it can not be concluded, from a medical perspective, that the images are not of real aborted fetuses. It is possible that the images in the Posters are real fetuses and that the images have not been

manipulated. For Poster 1 the fetal fragments would need to be collected from all the tissue removed from the uterus and then magnified. For Posters 2 and 3 the fetus would need to be removed from the uterus in a manner that did not fragment the fetus.

18. An article from the Guardian that is attached as Exhibit C to Dr. Lovett's affidavit contains a photo depicting the result of an abortion performed at 10 weeks gestational age. It appears very different from the photo on Poster 1. The Guardian photo is of all of the contents of the uterus, not of fetal fragments under magnification. The Guardian photo has removed any blood that would come from the uterus. In my opinion, both photos could be real given the differences in the processing of the contents of the uterus, magnification, and selection of what contents were photographed. The differences between the photos appears to be a matter of portrayal, rather than veracity.

19. I certify that I am satisfied as to the authenticity of every authority or other document or record referred to in this affidavit.

20. I swear this affidavit *bona fide* for no improper purpose.

SWORN REMOTELY by videoconference by
Daniel Reilly [redacted]
in the Province of Ontario,
before me at the [redacted],
in the Province of Ontario
on the 6th day of May, 2024
in accordance with O.Reg 431/20.

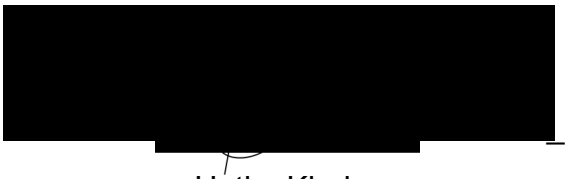
[redacted]

Hatim Kheir
Barrister & Solicitor
A commissioner of oaths
in the Province of Ontario

[redacted]

Daniel Reilly

This is **Exhibit "A"** referred to in the Affidavit of **Daniel Reilly** sworn before me this 6th day of May, 2025.



Hatim Kheir
Barrister & Solicitor

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(h) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

ACKNOWLEDGMENT OF EXPERT'S DUTY

---

1. My name is Dr. Daniel Reilly. I live [redacted], in the Province of Ontario.

2. I have been engaged by or on behalf of the applicants, Campaign Life Coalition and Maeve Roche to provide evidence in relation to the above-noted court proceeding.

3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:

   (a) to provide opinion evidence that is fair, objective and non-partisan;

   (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and

   (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

5. I certify that I am satisfied as to the authenticity of every authority or other document or record to which I have referred in the expert report accompanying this form, other than:

a. documents and records provided to me by or on behalf of the party intending to call me as a witness and consisting of evidence or potential evidence in the court proceeding that I have analysed or interpreted in my report; and

b. authorities and other documents and records to which I have referred in my report **only** in order to address how another expert witness in the same court proceeding has used them in their report.

Dated this 4 day of May, 2025,

Dr. Daniel Reily

This is **Exhibit "B"** referred to in the Affidavit of **Daniel Reilly** sworn before me this 6th day of May, 2025.

Hatim Kheir
Barrister & Solicitor

Dan Reilly

[redacted]

Summary

Dr. Reilly is an accomplished and distinguished physician, educator, and leader. Through the practice of obstetrics and gynecology and formal and informal teaching, speaking, and advising, Dr. Reilly serves hundreds of patients, students, colleagues, and members of the public each year. He has taught on a wide variety of topics related to medicine, administration, ethics, and teaching. Across Canada, Dr. Reilly has engaged individuals and groups varying from high school classes through grand rounds at hospitals to general interest talks in the community. These interactions have varied from small groups to large audiences as well as podcasts, radio and television appearances.

Professional Roles

Department of Obstetrics and Gynaecology, Faculty of Health Sciences, McMaster University
Associate Clinical Professor: 2010 - present
Undergrad Program Director: 2016 - 2018
Assistant Clinical Professor: 2005 - 2010

- Teaching obstetrics/gynaecology and ethics to medical students and residents

Wellington Health Care Alliance
Staff Physician, GMCH Site: 2005 - present
Consulting Staff Physician, PDH Site: 2005 – present
Consulting Staff Physician, LMH Site: 2022 – present
Medical Affairs Committee, various roles: 2009 - present
President of Medical Staff, GMCH Site: 2009 – 2016

- Providing patient care, ethics support, and physician leadership; teaching obstetrics/gynaecology and ethics to hospital staff, physicians, and the community

Ontario Medical Association
Co-Chair, Physician Payment Committee: 2021 – present
OB/GYN Section Tariff Chair: 2018 – 2021
District 3 Chair: 2015 – 2018

- Representing physicians; providing physician leadership

Christian Medical and Dental Association of Canada
President: 2010-2012, 2022 – 2025
Treasurer: 2016 - 2022
Board Director: 2005 – 2025

- Providing physician leadership and ethics support

Dan Reilly

The Pregnancy Centre of Kitchener/Waterloo
Board Chair: 2020 – 2022
Board Director: 2017 – 2023
- Providing leadership and governance

Waterloo Wellington Cancer Program
Regional Colposcopy/Cervical Screening Lead: 2016 - 2018
- Providing cervical cancer screening clinical leadership and community education

Education

2005-2007 ***Master's of Health Science in Bioethics***, University of Toronto

2000-2005 ***FRCSC, Obstetrics and Gynaecology, Residency***, University of Ottawa

1996-2000 ***Doctor of Medicine***, Queen's University

1991-1996 ***Honours Bachelor of Science (Biology),*** Redeemer University College

Publications

2005-Present ***Regular Contributor***, Focus Magazine. Christian Medical and Dental Society of Canada

Reilly DR. *Bioethics and the Majority World.* In L Elit, & J Chamberlain Froese (Eds.), Women's Health in the Majority World: Issues and Initiatives (2nd Ed). Haulage, NY: Nova Publishers; 2015.

Reilly DR. *Caesarean section on maternal request: how clear medical evidence fails to produce ethical consensus*. Journal of Obstetrics and Gynaecology of Canada 31(12): 1176-9; 2009.

Reilly DR. *Breaching confidentiality and destroying trust: the harm to adolescents on physicians' rosters*. Canadian Family Physician 54: 834-5; 2008.

Reilly DR. *Surrogate pregnancy: a guide for Canadian prenatal health care providers*. Canadian Medical Association Journal 176(4): 483-8; 2007.

Reilly DR, *Oppenheimer LW. Fever in term labour*. Journal of Obstetrics and Gynaecology Canada 27(3): 25-30; 2005

Reilly DR. *Not just a patient: the dangers of dual relationships*. Canadian Journal of Rural Medicine 8: 51-53; 2003.

Reilly DR, Delva NJ, Hudson RW. *Protocols for the Use of Cyproterone, Medroxyprogesterone, and Leuprolide in the Treatment of Paraphilia*. Canadian Journal of Psychiatry 45: 559-563, 2000.

Awards

Excellence in Teaching Award. Department of OB/GYN, McMaster University. 2022

Distinguished Alumni Award, Redeemer University College. 2018

Residents' Award for Excellence in Teaching Obstetrics and Gynecology. McMaster University. 2015.

Outstanding Preceptor Award, OB/GYN. Faculty of Health Sciences, McMaster University. 2009, 2010, 2011, 2012.

Preceptor Award, Undergraduate Specialty Medicine ROMP. 2010.

APGO Excellence in Teaching Award. Department of OB/GYN, McMaster University. 2008.

Golden Speculum Award. Given to one finishing resident for best overall contribution to residency program, as judged by fellow residents. June 2005

Best Collaborator, Obstetrics and gynaecology residency program. June 2005

CAMPAIGN LIFE COALITION ET AL.
APPLICANT

-and-

PARLIAMENTARY PROTECTIVE SERVICE
RESPONDENT

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

AFFIDAVIT OF DANIEL REILLY

CHARTER ADVOCATES CANADA
[redacted]

Hatim Kheir (LSO# 79576K)

[redacted]

Chris Fleury (LSO# 67485L)

[redacted]

Counsel for the Applicant

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF SUPERINTENDENT MATTHEW RITCHIE
Sworn February 25, 2025

I, **Superintendent Matthew Ritchie,** of [redacted], in the Province of Ontario, SOLEMNLY AFFIRM as follows:

My background at the Parliamentary Protective Service

1. I have approximately 18 years of experience in security services on Parliament Hill. My roles have encompassed working as a front-line protection officer as well as various managerial roles overseeing virtually every role within the operations in the Parliamentary Protective Service (PPS). I currently hold the rank of superintendent — I am responsible for and oversee all the operational personnel in the PPS.

2. The PPS was formed in 2015. I started working on Parliament Hill in 2007 as a constable for the House of Commons. From 2010 – 2013, I worked on a team devoted to the Prime Minister's close protection. After that, as part of PPS, I moved into the following management roles:

- Corporal in charge of an operational team;
- Sergeant in charge of an operational team;
- Sergeant in charge of overseeing security in 39 / 40 buildings of the parliamentary precinct;
- Inspector overseeing security for all of the House of Commons buildings;
- Inspector overseeing the Exterior Operations Division; and
- Associate Chief of Operations at the superintendent rank — my current role since October 2022, overseeing all of the operational employees.

3. I also hold a Critical Incident Commander designation from the Ontario Provincial Police. This designation allows me to oversee any critical or high-risk security incidents.

The background and purpose of the Rules of the Use of the Hill

4. The *General Rules for the Use of Parliament Hill* ("the Rules") are a set of guidelines and principles that need to be respected on the Parliament Hill grounds. PPS protection officers are responsible for enforcing the Rules on the Parliament Hill grounds. The Rules apply to everyone who attends the Hill.

5. The Committee on the Use of Parliament Hill drafted the rules. The Committee was created by Order-In-Council in 1942 to coordinate activities and ensure the security of the general public on Parliament Hill as well as maintain the integrity of the Hill. Up until 2018, this Committee was led by the Department of Canadian Heritage. In 2018, the leadership was transferred to Committee as it currently stands today.

6. The Committee's authority comes from the leaders of both houses of Parliament — the Speakers of the Senate and the House of Commons. Both speakers are responsible for the Committee and their designates chair the Committee. The Committee is comprised of representatives of the Senate, the House of Commons, the PPS, the National Capital Commission, the Privy Council Office, and the departments of Canadian Heritage and Public Works and Government Services.

7. From 2015 - 2018, Royal Canadian mounted Police (RCMP) members were stationed outside on the grounds of Parliament Hill. PPS protection officers from 2015 – 2018 were stationed inside the parliamentary buildings and did not enforce rules on the grounds of Parliament Hill. PPS protection officers began enforcing the Rules in 2018. The RCMP transitioned out from being stationed on the grounds of Parliament Hill from 2018 until the Fall of 2020.

8. The Rules under the current Committee, which PPS protection officers are responsible for enforcing, were first publicly posted in 2018 and updated on May 3, 2023. The update Rules were posted online publicly on May 9, 2023. The Rules were posted online to codify the safety and security measures for the PPS protection officers to enforce and for the public to know prior to attending Parliament Hill. The 2018 Rules are attached as **Exhibit "A"** to my affidavit. The 2023 Rules are attached as **Exhibit "B"**.

9. The Rules are enacted to ensure safety and security on Parliament Hill. For example, some of the rules are concerned with ensuring evacuation — such as prohibitions on bringing vehicles and setting up tents, chairs, and tables. Some of the rules are concerned more with safety risks — such as prohibitions on what materials can be used for signs/banners and their handles. PPS

protection officers have to be mindful that anything brought onto the Hill could be used by that person, or taken by someone else, to injure another.

10. Event or demonstration organizers can apply to the Committee for a permit if they wish to bring in certain items that would otherwise be prohibited — such as chairs or tables — or use certain equipment — such as speakers. Permits are considered on a case-by-case basis. Permits are not mandatory to attend Parliament Hill for an event or demonstration. In 2022, approximately 200 permits were given. In 2023, approximately 240 permits were given.

11. Rule changes are communicated to front-line PPS protection officers by email. The Rules are publicly posted on Parliament's website once they have been translated. The rules are publicly accessible on a webpage entitled "Organizing an event on Parliament Hill? Start here!": https://hill-colline.parl.ca/en/. We have approximately 2500 events on Parliament Hill in a year, including gatherings for various activities (such as fun runs or yoga), demonstrations for various causes, high level presidential visits, and celebrations. These routinely occur without any issue.

12. Many people visit Parliament Hill on a daily basis. In my experience, approximately half of the visitors to Parliament Hill are families and tourists. School groups of varying ages visit at least weekly throughout the year. We see a large increase in school-aged children in May and June. There are generally hundreds of children daily at Parliament Hill in May and June. The lawns of the Hill are treated as a public park where all should feel welcome and able to enjoy, whether they are demonstrating or picnicking.

The Rule prohibiting messages that are obscene, offensive, and/or promote hatred

13. One of the Rules the PPS enforces on the Parliament Hill grounds is the rule prohibiting

messages that are obscene, offensive, and/or promote hatred. The wording of this rule slightly changed between the 2018 and the 2023 versions — but the core of the rule remained the same. The 2018 rule read "[ın]essages that are obscene, offensive, or that promote hatred are prohibited". The 2023 rule reads "[o]bscene messages or messages that promote hatred or violence are prohibited". The 2023 rules also added an additional rule: "signs or banners that display explicit graphic violence or blood is [sic] prohibited". My understanding is that these changes were updates and were not in response to any particular event. As a result, the 2023 rules did not meaningfully change the way PPS protection officers approached images/messages depicting graphic aborted fetuses. Either set of rules would prohibit showing these images on Parliament Hill. Demonstrators wanting to show images that are prohibited are not turned away from the Hill. They are allowed to demonstrate, just within the rules that everyone must abide by – which is not showing the signage during their demonstration.

14. The Rules allow the PPS some discretion to balance the twin goals of respecting individuals' right to peacefully protest on Parliament Hill and maintaining safety and security for all the people who visit and work on the Hill. The PPS protection officers applying the rule prohibiting messages that are obscene, offensive, and/or promote hatred are trying to protect people's free expression while ensuring that the public — including women, children, and tourists — are not subjected to images that may negatively impact their physical, emotional, and psychological safety and security.

15. The prohibition on the types of messaging captured by the Rules is in part to prevent violent outbreaks by those on opposing sides of a debate. Where there are two opposing groups protesting a divisive issue, tensions often run high. Messages that are obscene, offensive, and/or promote hatred or that show graphic violence or blood could inflame those tensions to the point of violence.

The PPS has denied demonstrators in the past who have not complied with the messaging Rules — such as individuals displaying Nazi imagery during the Freedom Convoy demonstrations. Recognizing the heightened safety risk of opposing protesters, the PPS often provides a cordoned off area for anticipated counter-protesters. For example, a cordoned off area was provided for the last two years for the Freedom Convoy demonstrations, Israeli and Jewish demonstrations, Gaza and Palestinian demonstrations, and the March for Life demonstrations. It is common for PPS protection officers to employ methods such as cordoning off areas and denying demonstrators who refuse to comply with the Rules.

16. The Rules help ensure that Parliament Hill is a place all feel welcome, safe, and secure.

Sworn before me at the [redacted] in the Province of Ontario, this 25 day of February, 2025.

[redacted]

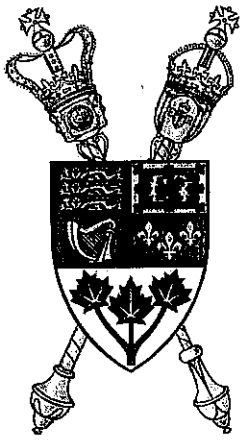
Karima Toulait, a commissioner of oaths (LSO#: 67629L)

[redacted]

Superintendent Matthew Ritchie

This is **Exhibit "A"** referred to
in the Affidavit of Superintendent Matthew Ritchie,
sworn before me this 25 day of February, 2025

Karima Toulait, a commissioner of oaths
(LSO#: 67629L)



PARLEMENT | PARLIAMENT
CANADA

General Rules for the Use of Parliament Hill

Last updated 2018-10-22

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Responsibility ..... **Error! Bookmark not defined.**
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General Information

Parliament Hill is a focal point of public life in Canada where individuals are free to visit and express their views. These general rules apply to organized activities and events on Parliament Hill.

The objectives of these General Rules are to:

- Support the Committee in the effective management of the use of Parliament Hill;
- Provide guidance to the public and event organisers so that they may gather to express their political views in the form of peaceful demonstration or otherwise hold events;
- Preserve Parliament Hill as a safe and dignified space where parliamentarians and other participants in parliamentary business, or those on their way to such business, will not be obstructed; and
- Provide all users of Parliament Hill with the information they need to assist in preserving the physical integrity, historical value and the parliamentary prestige that this property is owed.

Organizing Events on Parliament Hill

Parliamentarians, government departments and agencies as well as members of the public must apply for a permit to hold an event on Parliament Hill by completing and submitting the online application form. It is recommended that the form be submitted at least 10 working days prior to the date of the event. Greater notice is required for more complex events.

Permits for the use of Parliament Hill are issued by the Committee on the Use of Parliament Hill, a multi-jurisdictional group composed of key stakeholders from the Parliament of Canada and the Government of Canada.

Permits for events recurring daily may be issued for a maximum of 3 months to individuals or groups no greater than 20.

The Committee may contact event organizers seeking further clarification of their application.

The Committee will notify the event organizer in writing with respect to the status of the application, with authorizations granted or denied.

The Committee on the Use of Parliament Hill reserves the right to change the conditions included in the authorization at any time and without prior notice. It can also cancel all activities for security reasons. The Parliament of Canada is not liable for any loss or inconvenience which may result from any changes or cancellation.

The following are key considerations for event organizers on Parliament Hill.

Hours of operation

Events on Parliament Hill are to be held between the hours of 7:00 a.m. and 9:00 p.m., including set-up and tear-down times.

Noise levels

Noise levels may not exceed 87 dBA in compliance with the Canada Labour Code, Part II (R.S.C. 1985, c. L-2).

Use of amplifiers during the Changing of the Guard (during the summer time, daily, from 10 a.m. to 10:30 a.m.) or during the Dominion Carillonneur musical concert (from September through June, Monday to Friday, from 12:00 p.m. to 12:15 p.m. and in July and August, Monday to Friday, from 11:00 a.m. to 12:00 p.m.) is prohibited.

Litter

It is the responsibility of the event organizer to ensure that any litter generated as a result of the event is picked up.

Positioning

Events may only be held within the confines of the main walkway between the Centennial Flame and the base of the main stairs so as not to block pedestrian traffic.

For events with a large number of participants, the Committee on the use of Parliament Hill ("Committee") may grant access to the grassed areas of the East and West lawns of the forecourt.

Activities wishing to be held on the front steps leading up to the Peace Tower must be pre-authorized by the Committee.

A map of Parliament Hill is provided in Attachment A.

Signs

In order to protect the safety and security of visitors to the Hill, protect the integrity of the lawns, and maintain line of sight for security personnel, certain restrictions apply to the use of signs.

All signs must be hand-held and may not be left on Parliament Hill unattended.

Signs or banners, other than plastic foam core signs, must be made of cardboard or cloth/nylon. Plastic foam core signs must be limited to 1.0 cm (0.4 in) in thickness, 41.0 cm (16.1 in) in width, and 61.0 cm (24 in) in length.

All types of signs or banners must be supported by cardboard or softwood supports no larger than 2.5 cm by 2.5 cm (1 in x 1 in). These supports must not exceed 2.0 m (78.7 in) in length. In The ends of the supports must not be pointed or sharp.

Messages that are obscene, offensive, or that promote hatred are prohibited.

Flags may be hand-held but may not be affixed to any structure or mast or planted in the ground.

Structures

In order to preserve the integrity of the lawns and maintain line of sight for security personnel, structures of any kind, including tents, shelters, stages, platforms, podiums, screening apparatus, bridges, and games or any other structure must be pre-authorized by the, Committee.

Props

For security reasons and to preserve the physical integrity of the buildings and lawns, props such as backdrops, billboards or other such displays are restricted. All props must be pre-authorized by the Committee.

Parking and Vehicles

The presence of vehicles must be pre-authorized by the Committee. No parking is available.

Washrooms

Public washrooms are located behind East Block.

Accessibility

In order for arrangements to be made for mobility-impaired persons, the section "Additional Information" in the Form for the Use of Parliament Hill must be completed accordingly. Accessible washrooms are available.

Prohibitions and Restrictions

Admission Fees
Events that charge an admission fee are prohibited.

Advertising
Use of the grounds for commercial advertising is prohibited.

Alcohol
Selling, serving or consuming alcoholic beverages is prohibited.

Animals
Persons with pets must comply with City of Ottawa Animal Care and Control By-law No. 2003-77.

Balloons
Balloons are restricted.

Barbecues
The use of barbecues or any other cooking equipment is restricted.

Blocking Passage
The use or set-up of furniture, displays or any other item in a manner that could hinder the passage of pedestrians or emergency vehicles is restricted.

Camping
The Public Works Nuisances Regulations prohibit residing, camping, and sleeping on Parliament Hill.

Commercial Operations/Transaction
Any trading by exchanging one commodity for another, monetary or otherwise is prohibited.

Drones
Drone use is restricted.

Fires
Fires are prohibited. Electric candles during vigils may be used.

Fixtures
For security reasons and in order to preserve the physical integrity of the buildings and lawns, affixing, hanging or attaching any item to the buildings, grounds, walkways, pillars, statues, monuments, trees, or other structures, or piercing the ground within the Hill Precinct, is restricted.

Food
The sale of food is prohibited. The distribution of food is restricted and must comply with the guidelines outlined in R.R.O. 1990, Reg. 562: FOOD PREMISES under the Ontario *Health Protection and Promotion Act*.

Fundraising
Fundraising is restricted.

Sports
Organized sports such as baseball, football, soccer are restricted.

Weapons
Weapons and other devices dangerous to public peace are prohibited.

Weddings
Wedding ceremonies, and receptions are prohibited, but wedding photos may be taken.

Special Provisions

Drones

Parliament Hill is designated as restricted airspace by NAV Canada. Unless pre-authorized by the Committee, no person shall operate an aircraft, including model aircraft and drones, within 560 meters of the Peace Tower.

Drone-related inquiries may be addressed to:

Filming

Commercial or professional filming must be pre-authorized by the Committee. Filming for personal purposes is permitted.

Flags

Only the National Flag and the Flag of the Governor General of Canada are permitted to be raised on Parliament Hill.

Courtesy flags may be flown on the Courtesy Flagpoles on the East and West Lawns for special occasions such as visits of foreign dignitaries, or annual commemorative days. Decisions governing the use of the Courtesy Flagpoles are made by the Speaker of the Senate and the Speaker of the House of Commons.

Illumination of the Peace Tower

Illumination of the Peace Tower is reserved for Parliamentary and governmental purposes. Applications from the public will not be considered.

Liability

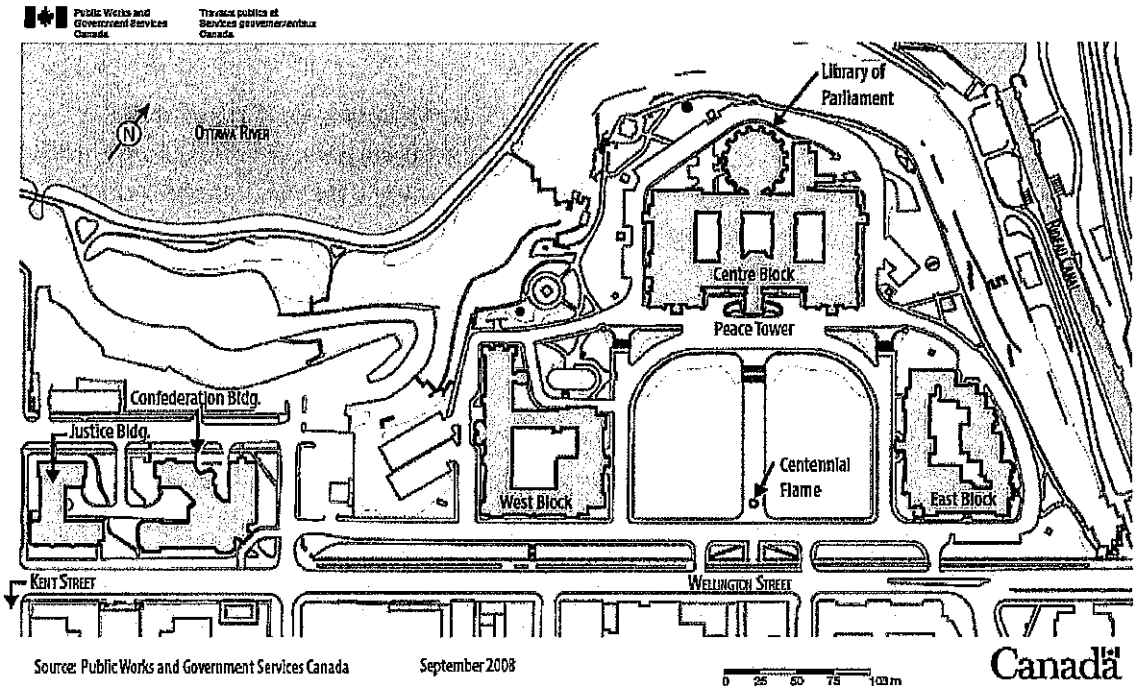
All visitors to the Hill shall respect the Parliament Hill Precinct property in its entirety. Those failing to abide by these rules will be asked to leave the premises and may be removed in accordance with the Trespass to Property Act, R.S.O. 1990.

In the event of damage, the cost of repair, replacement, or cleaning (including excessive garbage, mislaid garbage (anything outside of designated receptacles) and property damages of any sort) shall be the responsibility of the individual or group to whom permission to use the Parliament Hill Precinct was granted, or the person who caused the damage.

The Parliament of Canada and its employees will not be held responsible for any injury, including death, or loss or physical damage incurred by the event organizer and participants or other persons by reason of such events.

The event organizer shall indemnify and save harmless the Parliament of Canada and its employees from any claims, losses, damages, costs, expenses, including reasonable solicitor/client fees; administrative fees and disbursements, and all claims, demands, actions and other proceedings made, sustained, brought, prosecuted, threatened to be brought or prosecuted in any manner based upon, occasioned by or attributable to any injury to or death of a person or environmental effect or damage to or loss of property arising directly or indirectly and whether by reason of anything done as a result of any willful or negligent act or delay on the part of the event organizer or the event organizer's employees or volunteers in the conduct of the event, except that the Parliament of Canada shall not claim indemnification under this section to the extent that the injury, death or damage has been caused by its employees.

Attachment A – Map of Parliament Hill



This is **Exhibit "B"** referred to
in the Affidavit of Superintendent Matthew Ritchie,
sworn before me this 25 day of February 2025

Karima Toulait, a commissioner of oaths
(LSO#: 67629L)

PARLIAMENT | PARLEMENT
CANADA

General Rules for the Use of Parliament Hill

Last updated May 3, 2023

Parliament Hill is the seat of Canada's Parliamentary democracy, a place where parliamentarians from across the country meet to make laws that affect the lives of every Canadian. Parliament is also a place to meet, a place to express views, a place to celebrate, and a place to visit.

Given the foregoing and the necessity to ensure it remains a safe and secure environment, it is necessary to establish general rules surrounding organized activities and events on Parliament Hill.

The objectives of these General Rules are to:

- Support and guide the Committee on the Use of Parliament Hill (the Committee) in the effective management of the use of Parliament Hill as it relates to requests to host events;
- Provide guidance to the public and event organisers so that they may gather in a safe and secure environment to express their views in peaceful demonstration or otherwise hold events;
- Preserve Parliament Hill as a safe and dignified space where parliamentarians and other participants in parliamentary business, or those on their way to such business, will not be obstructed; and
- Provide all users of Parliament Hill with the information they need to assist in preserving the physical integrity, historical value and the parliamentary prestige that this property is owed.

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Organizing Events on Parliament Hill

Parliamentarians, government departments and agencies as well as members of the public must apply for a permit to hold an event on Parliament Hill by completing and submitting an online application form. It is recommended that the form be submitted ten (10) working days prior to the date of the event. Greater notice is required for larger events.

Permits for events may be issued for a maximum of a one (1) month period.

Permits for the use of Parliament Hill are issued by the Committee on the Use of Parliament Hill.

Permits which are granted by the Committee are non-transferable.

The Committee

- may contact event organisers seeking further clarification on details of their application;
- will strive to notify the event organiser(s) in writing as to the status of the application, with authorizations granted or denied within a reasonable period of time following receipt of the application; and
- reserves the right to change the conditions of the permit and / or cancel the event at any time.

The Parliament of Canada is not liable for any loss or inconvenience which may result from any changes or cancellation.

The following are key guidelines for event organisers planning an event on Parliament Hill.

Hours of Operation
Events on Parliament Hill are to be held between 7:00 a.m. and 9:00 p.m., inclusive of set-up and tear-down times.

Positioning
Although events are predominantly held within the boundaries of Parliament Hill, which is confined to the Main Walkway in front of Centre Block (Centennial Flame) and the West and East Lawns. These Rules also include the exterior front of the Senate of Canada Building.

Please find a live feed from Parliament Hill and a current view of the Hill grounds.

Use of Electricity
Requirements must be sent to the committee when applying. Fifteen amps are available upon request.

Vehicle Access and Parking
Vehicle access is restricted for delivery and pick up only for approved articles used in support of the event. All vehicles must be pre-authorized by the Committee and registered a minimum of one (1) working day prior to the event. Authorized and registered vehicles must undergo a security screening at the Vehicle Screening Facility located at Bank and Vittoria Streets. Occupants of the vehicle(s) must be prepared to display a valid government-issued photo identification as well as the Committee's approval letter.

Note: Parking on Parliament Hill is not available and / or authorized at anytime.

The following link has several private and city parking lots located nearby.

Washrooms
Accessible public washrooms are located behind the West Block Building at 111 Wellington - west of the Visitor Welcome Centre. See last page for Map.

Litter
It is the responsibility of the event organiser to ensure that any litter generated as a result of the event is picked up. The Committee does not supply the tools and / or equipment to perform the pickup.

Music and Sound Levels

Music & sound levels must be kept to a level that does not interfere with parliamentary business and / or other events. A maximum of two (2), 300 watt speakers will be authorized for use. Other requests listed on the application will be assessed based on the projected event attendance and the number of speakers / wattage requirements.

[redacted]

Signs and Banners

In order to protect the safety and security of visitors to the Hill, protect the integrity of the lawns, and maintain line of sight for security personnel, certain restrictions apply.

- All signs and banners must be hand-held and may not be left on Parliament Hill unattended.
- Signs or banners must be made of cardboard or cloth / nylon.
- All types of signs or banners must be supported by cardboard or materials which will not cause a risk of injury or pose a danger. Supports must be no larger than 2.5 cm by 2.5 cm (1 in x 1 in). These supports must not exceed 2.0 m (78.7 in) in length. These supports cannot have pointed or sharp ends.
- Banner size is limited to 400 cm (157.4 in) in length and 150 cm (59.0 in) in height.
  Plastic foam core signs can be used but are limited to 1.0 cm (0.4 in) in thickness, 41.0 cm (16.1 in) in width, and 61.0 cm (24 in) in length.
- Obscene messages or messages that promote hatred or violence are prohibited.
- Signs or banners that display explicit graphic violence or blood is prohibited.

Note: Organisers may be requested to share images they plan to display before approval.

Flags

- All Flags must be hand-held and may not be left on Parliament Hill unattended.
- Flag size is limited to 400 cm (157.4 in) in length and 150 cm (59.0 in) in height.
- Flags may have poles or flagstaffs but must not exceed 2.5cm by 2.5cm (1 in x 1 in) and 2.0 m (78.7 in) in length and must be made of materials which will not cause a risk of injury or pose a danger.These poles or flagstaffs cannot have pointed or sharp ends.
- Flags may not be affixed to any structures, mast or planted in the ground.
- Obscene messages or messages that promote hatred or violence are prohibited.

Note: Organisers may be requested to share a photo of proposed flags before approval.

Structures

In order to preserve the integrity of the lawns and maintain line of sight for security personnel, structures of any kind are prohibited unless pre-authorized by the Committee.

It should be noted that if the Committee permits an event, structures such as canopies of 10x10, risers / stages measuring 4' x 8' x 2' and / or a podium may be provided at a cost to the requester. Arrangements must be made directly by the requester to a Ceremonial and Protocol Services Agent after approval.

Props and Furniture

For security reasons and to preserve the physical integrity of the buildings and lawns, props such as backdrops, billboards, screening apparatus or other such displays are prohibited unless pre-authorized by the Committee. It is the responsibility of the organizer to provide comprehensive details as to why such items are necessary and how they would be safely deployed.

Chairs and tables of any sort are also prohibited unless pre-authorized by the Committee. These items are to be provided at a cost to the requester. Arrangements must be made directly by the requester to a Ceremonial and Protocol Services Agent after approval.

Prohibitions and Restrictions

Admission Fees
Admission fees for any / all events taking place on Parliament Hill are prohibited.

Advertising
Use of the grounds for commercial advertising is prohibited. Signs or banners displaying for-profit organizations or sponsors are prohibited, including logos on handouts or on items such hats and t-shirts.

Alcohol
Selling, serving or consuming alcoholic beverages is prohibited.

Animals
Persons with pets must comply with the City of Ottawa Animal Care and Control By-law.

Balloons
Balloons or the use of any other inflatable articles is prohibited unless pre-authorized by the Committee.

Barbecues
Barbecues or the use of any other cooking equipment is prohibited unless pre-authorized by the Committee.

Blocking Passage
In the setup of equipment approved by the Committee, event participants, guests or delivery vehicles must not hinder the passage of parliamentarians, employees, pedestrians or emergency vehicles within Parliament Hill as defined in Positioning.

Camping
The Public Works Nuisances Regulations prohibits residing, camping, and sleeping on Parliament Hill.

Commercial Operations / Transaction
Any trading by exchanging one commodity for another, monetary or otherwise, is prohibited.

Drones
Recreational drones are prohibited.

Fires
Fires and / or flames are prohibited. Electric and or battery-operated candles during vigils may be used.

Fireworks
The use of fireworks is prohibited.

Fixtures
For security reasons and to preserve the physical integrity of the buildings and lawns the hanging, affixing, and / or attaching of any item to the buildings, grounds, walkways, pillars, statues, monuments, trees, fences or other structures is prohibited. Likewise, piercing the ground on Parliament Hill, is prohibited.

Portable Washrooms
Portable washrooms are prohibited unless pre-authorized by the Committee. Guests are asked to use the accessible, public washrooms located at the Visitor Welcome Centre behind the West Block Building.

Food
The sale of food is prohibited. The distribution of food is prohibited unless pre-authorized by the Committee.

Fundraising
Fundraising is prohibited.

Sports
Sporting events are prohibited unless pre-authorized by the Committee or in relation to a government sponsored or protocol related event.

Weapons
Weapons and other devices dangerous to public peace are prohibited. Ceremonial swords and daggers are restricted but may be considered by the Committee with a demonstrated plan on why they are necessary and how such items will be always secured.

Note: Organisers may be requested to share a photo of proposed weapons before approval.

Weddings
Wedding ceremonies and receptions are prohibited. Wedding photos may be taken but photoshoot pre-authorization is necessary.

Special Provisions

Drones
The airspace over Parliament Hill is a no-fly zone. Parliament Hill and the area within a 1.2Km (0.74 mile) radius belong to two restricted airspaces (CYR537 and CYR538). Before entering CYR537, pilots must request authorization by submitting an application form to the Parliamentary Protective Services at requestscyr537demandes@pps-spp.parl.gc.ca

Filming
Commercial filming is prohibited unless pre-authorized by the Committee.

Flag Raisings
Event organisers must inform and seek permission from the Committee should they wish to raise any flag(s) at their event.

Note: Organisers may be requested to share a photo of proposed flag to be raised before approval.

Arrangements must be made directly by the requester to a Ceremonial and Protocol Services Agent after approval for the rental of a temporary flagpole.

Illumination of the Peace Tower and other Parliamentary Buildings

Illumination of the Peace Tower and of other Parliament Precinct Buildings are reserved for the commemoration of events of national significance to Canada and or depicts the history of Canada.

The Peace Tower is Canada's preeminent War Memorial and serves as a commemoration to those fallen soldiers who fought and died in the service of Canada. Therefore, to preserve the meaning, dignity and purpose of the Peace Tower, requests to illuminate the Peace Tower are to be considered in the context that it is first and foremost, a War Memorial.

Liability

All visitors to the Hill shall respect the property in its entirety. Those failing to abide by these rules will be asked to leave the premises and may be removed in accordance with the Trespass to Property Act, R.S.O. 1990.

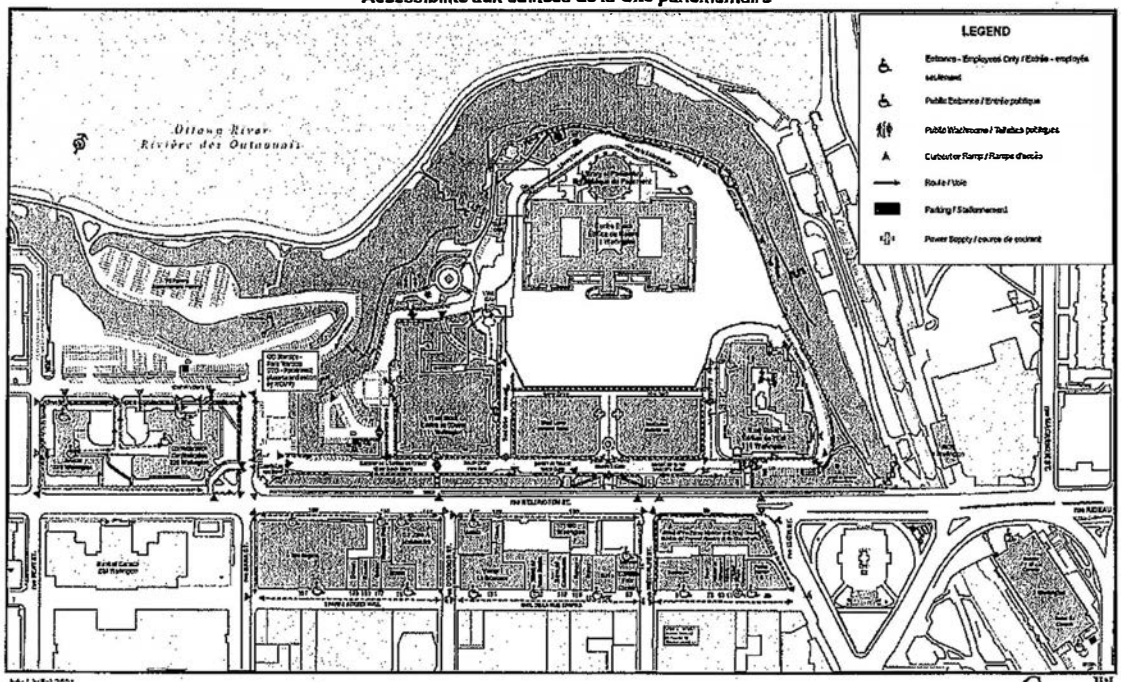
In the event of physical damage of any sort to the grounds, buildings or fixtures on Parliament Hill, the total cost of the damage including any associated repair, replacement, or cleaning (including excessive garbage or garbage disposed outside of designated receptacles) shall be the responsibility of the individual or group to whom permission to use the Parliament Hill was granted or of the person who caused the damage.

The Parliament of Canada and its employees will not be held responsible for any injury, including death, or loss or physical damage incurred by the event organizer and participants or other persons by reason of events permitted on Parliament Hill.

The event organizer shall indemnify and save harmless the Parliament of Canada and its employees from any losses, damages, costs, expenses (including reasonable solicitor / client fees and administrative fees and disbursements), and all claims, demands, actions and other proceedings made, sustained, brought, prosecuted, threatened to be brought or prosecuted in any manner based upon, occasioned by or attributable to any injury to or death of a person or environmental effect or damage to or loss of property arising directly or indirectly and whether by reason of anything done as a result of any willful or negligent act or delay on the part of the event organizer or the event organizer's employees or volunteers in the conduct of the event, except that the Parliament of Canada shall not claim indemnification under this section to the extent that the injury, death or damage has been caused by its employees.

Public Services and Procurement Canada / Parliamentary Precinct
Services publics et Approvisionnement Canada / Cité parlementaire

Accessibility to Parliamentary Precinct Buildings
Accessibilité aux édifices de la Cité parlementaire



July / Juillet 2021

Canada

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

— and —

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF SUPERINTENDENT MATTHEW RITCHIE
Sworn February 25, 2025

Brandon Crawford
Jocelyn Rempel

EDELSON FOORD LAW

[redacted]

Counsel for the Respondent

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF CST. DANIEL TRUDEL
Sworn February 26, 2025

I, Cst. Daniel Trudel, of [redacted], in the Province of Ontario, SOLEMNLY AFFIRM as follows:

My role at the Parliamentary Protective Service

1. I have been a constable with the Parliamentary Protective Service (PPS) at Parliament Hill in Ottawa, Ontario for 6 years. I spent one year as a detection specialist before moving to the protective officer role. I was on assignment with the Planning and Event Management Unit (PEMU) from approximately December 2022 – July 2024.

2. Members of the PEMU coordinate with individuals organizing events on Parliament Hill. PEMU works cooperatively with event organizers to ensure the safety and security of people

attending the event as well as members of the public who may be on the Hill during the event. The mandate of PEMU is to ensure security around events on Parliament Hill and develop security perimeters and parameters to ensure the safety of surrounding events.

The Rules of the Hill

3. One of the ways the PPS ensures the safety and security of all during events, and at all times, is to enforce the *General Rules for the Use of Parliament Hill* ("the Rules"). The previous version of the Rules were updated on May 3, 2023 and posted publicly online on May 9, 2023. The updated Rules were not posted immediately because there was a delay in having the rules translated. I have attached an email I received on May 3, 2023 explaining the delay publicly posting the rules as **Exhibit "A"** to my affidavit.

4. The Rules do not prevent people from demonstrating or protesting. Rather, the Rules provide guidelines for PPS protection officers to apply to manage aspects of demonstrations or protests to ensure the safety and security of visitors to the Hill. In my experience, the Rules balance people's freedom to express themselves while maintaining the safety and security of visitors to the Hill. Event organizers can, and often do, apply for permits to use equipment that is otherwise prohibited by the Rules, such as speakers, tables, and chairs. I am aware that the Campaign Life Coalition (CLC) applied for permits for their yearly March for Life in 2021 and 2023.

The March for Life press conference on May 10, 2023

5. I was working in PEMU as a Planning Coordinator on May 10, 2023. My shift was scheduled from 8am – 4pm.

6. I was aware that the annual March for Life demonstration was proceeding the next day, May 11, 2023. As stated above, a permit was obtained for this event. I had been liaising with the organizers in anticipation of May 11, 2023.

7. In the late morning or early afternoon of May 10, 2023, Cpl. Lucas Angeli called to tell me that a group of people had gathered on the East Lawn of Parliament Hill near the central walkway. Cpl. Angeli was working that day as an Exterior Operations Supervisor near the lawns. Cpl. Angeli told me that the group appeared to be from the CLC because of their signage. He mentioned there were signs of a graphic nature. I told Cpl. Angeli that I was not aware that the group would be hosting an event that day.

8. I walked over to the East Lawn from my office located across the street from Parliament Hill at 180 Wellington Street and confirmed with the Use of the Hill Committee Coordinator that the CLC had not obtained a permit for this event.

9. I arrived at the East Lawn and saw the group of people with cameras on stands, speakers, and signs. It looked like a press conference. I looked around to see if I knew anyone in the crowd. I identified Matthew Wojciechowski, who I knew was an organizer for the group because we had communicated repeatedly about their March for Life event scheduled for the next day, May 11, 2023. I approached Mr. Wojciechowski and asked him what was happening. He said they were setting up a press conference.

10. I saw three large signs face down on the lawn near the group. The signs were approximately 3-4 feet tall and 2-3 feet wide. I asked Mr. Wojciechowski what the signs were for. He said the signs were to be held up at the press conference. He described the signs dismissively as having "writing" and "imagery". I asked to see the signs. Mr. Wojciechowski flipped the signs over one

by one. The signs had some writing and large color photos of what appeared to be disfigured human fetuses. The large photographs were very graphic, depicting fetuses that were bloody, misshapen, with some appearing to have broken bones.

11. Based on my knowledge of the Rules of the Hill, I determined that the signs could not be shown because they displayed messages that were 'obscene, offensive, and/or promoted hatred'. I understood the graphic fetus photos to convey a message about abortion. I was aware that the 2023 Rules of the Hill prohibit "obscene messages or messages that promote hatred" as well as "signs or banners that display explicit graphic violence or blood". I also considered the 2018 Rules of the Hill as a matter of fairness to the CLC group since the 2023 Rules were publicly posted online only the day before (May 9, 2023) due to translation delays. The 2018 Rules of the Hill prohibited "messages that are obscene, offensive, or that promote hatred". I determined that the large images of disfigured fetuses were prohibited under the 2018 Rules — because they were obscene, offensive and/or promoted hatred — and under the 2023 Rules — because they were obscene messages or messages that promote hatred and/or displayed graphic violence or blood.

12. Based on my assessment of the Rules, I told Mr. Wojciechowski that they could not display the signs. I explained to him that the images were not compliant with the general Use of the Hill Rules. Mr. Wojciechowski indicated he understood, and I suggested he keep the signs face down on the ground while they held the press conference. He acknowledged the offered solution and agreed to comply. The CLC held their press conference without issue and did not display the signs.

Steps taken after the press conference

13. I wrote a brief description that day of what happened in the Event Analysis Information report. I attach this report as **Exhibit "B"** to my affidavit. I do not have other notes. We enforce

the rules every day. We do not write reports every time we enforce the rules because it is routine to enforce them. We routinely tell event organizers they cannot set up chairs or tables or use certain signs. We only write incident reports for security-related incidents. This was not a security-related incident.

14. Later in the day on May 10, I sent Mr. Wojciechowski an email following up on our conversation about the prohibited signs. I knew their march was the next day and thought they may have signs to bring. I sent him a picture of the 2018 Rules of the Hill where it prohibits "messages that are obscene, offensive, or that promote hatred". I sent him the 2018 Rule because I knew the CLC would have prepared for the May 11 march referencing the 2018 Rules. I thought it was the fairest option to reference the rules they were familiar with. I knew the signs I saw at their press conference would be prohibited under either set of Rules.

15. Mr. Wojciechowski replied that he understood and that the three signs they brought were not going to be used at the march. He indicated that their "official signage tomorrow will be similar to previous years. Everything should fall under your measurements." I interpreted Mr. Wojciechowski's reply to indicate that he was already aware of the Rules because the group knew that the signs for the march were compliant. I attach my email exchange with Mr. Wojciechowski as **Exhibit "C"** to my affidavit.

16. I had no further contact with Mr. Wojciechowski about the signs from May 10, 2023.

Sworn before me at the [redacted] in the Province of Ontario, this 26 day of February, 2025

[redacted]

Karima Toulait, a commissioner of oaths (LSO#: 67629L)

[redacted]

Cst. Daniel Trudel

This is **Exhibit "A"** referred to
in the Affidavit of Cst. Daniel Trudel,
sworn before me this 26 day of February, 2025

[redacted]

Karima Toulait, a commissioner of oaths
(LSO#: 67629L)

Outlook

FW: NEW - General Rules for the Use of Parliament Hill 2023 and Use of the Hill Application 2023

From PPS-SPP: Planning & Event Mgmt/Plan. et gestion des événements [redacted]
Date Wed 2023-05-03 2:47 PM

[redacted]

3 attachments (3 MB)

FINAL COPY OF RULES (MAY 3 2023).pdf; FRM_CUPH-Application-Form_2023-04-27_E_Final.pdf; FRM_CUPH-Application-Form_2023-04-27_F_Final.pdf;

FYI!

BARBARA AMONA PURDIE
Senior Analyst, Planning and Event Management
Analyste principale, planification de gestion des événements

Planning and Event Management Unit (PEMU), Operational Planning & Preparedness, Operations Sector
Unité de planification et gestion d'événements (UPGE), Planification et preparation opérationnelles, Secteur des opérations

[redacted]

PARLIAMENTARY PROTECTIVE SERVICE
SERVICE DE PROTECTION PARLEMENTAIRE
CANADA

[redacted]

Sent: May 3, 2023 2:34 PM

[redacted]

[redacted]

Subject: NEW - General Rules for the Use of Parliament Hill 2023 and Use of the Hill Application 2023

Good afternoon to ALL,

After a long run, I would like to thank everyone for their comments and inputs at the start of this project or throughout.

All inputs were reviewed, dissected and considered at several different stages of the revisions to come to an end today.

Attached is the Final Approved General Rules for the Use of Parliament Hill 2023. This version once translated, will be replacing the Online 2018 Version.

This should happen sometime next week at the same time that our New Application Forms go live online. Also attached.

Again thank you all,

Regards,
Steph

PARLIAMENT | PARLIAMENT
CANADA

Stéphane Letendre
(He/Il)

[redacted]

This is **Exhibit "B"** referred to
in the Affidavit of Cst. Daniel Trudel,
sworn before me this 26 day of February, 2025

[redacted]

Karima Toulait, a commissioner of oaths
(LSO#: 67629L)

2023.05.10 March for life EventinfoandAnalysis-2023-05-11-March for life-pps.e

I was called by Cpl. Lucas ANGELI. He called me regarding Matthew WOJCIECHOWSKI and other March for life supporter were hosting a press conference on Parliament Hill without a permit.

* I contacted Stephane LETENDRE, from the Use of the Hill to double check if he received a last-minute application for a permit for the press conference. No last-minute permit was received.

* I asked Matthew WOJCIECHOWSKI to take down his speakers due to him not having the proper permit and due to the size of the speakers. He complied.

* I noticed three signed faced down. Out of curiosity, I asked WOJCIECHOWSKI if I could inspect their contents to ensure that what was displayed falls within the guidelines of the use of the hill.

Upon further inspections, on each of the three posters there was imagery of dismembered human fetuses. I informed WOJCIECHOWSKI that imagery of this nature is not allowed on parliament hill in accordance to the General rules of the use of the Hill. WOJCIECHOWSKI was compliant and put the signs away.

This is **Exhibit "C"** referred to
in the Affidavit of Cst. Daniel Trudel,
sworn before me this 26 day of February, 2025

[redacted]

Karima Toulait, a commissioner of oaths
(LSO#: 67629L)

Outlook

Re: [EXTERNAL] 2023-05-11 March for Life signage

[redacted]

Date Thu 2023-05-11 8:04 AM

[redacted]

Hi Matt,

Thank you for your understanding, Talk soon.

Best regards,

Daniel Trudel
Planning Coordinator - Coordonnateur de la planification

Planning and Event Management Unit (PEMU)
Planification et Gestion d'événement (UPGE)

Operations Sector
Secteur des opérations

[redacted]

Parliamentary Protective Service
Service de protection parlementaire
Canada

[redacted]

Sent: May 10, 2023 4:32 PM

[redacted]

Subject: Re: [EXTERNAL] 2023-05-11 March for Life signage

Hi Daniel,

Noted.

Just for your own peace of mind, the three signs we were planning on using for today's press conference, which we did **not** use, were only meant for today. All our official signage tomorrow will be similar to previous years. Everything should fall under your measurements.

However, I will point out that we can't be responsible for the signs that others bring.

Looking forward to tomorrow. Hoping for a peaceful event!

Take care
Matt

[redacted]
Sent: Wednesday, May 10, 2023 2:22 PM
[redacted]
Subject: [EXTERNAL] 2023-05-11 March for Life signage

[WARNING: This message comes from outside of CLC. Double-check when clicking on links, opening attachments, etc. If you're unsure of a link or an attachment, ask a colleague or as a last resort, ask IT.]
Hi Matthew,

Thanks again for your understanding in regard to the speaker and graphic imagery for the press conference that took place on the Hill today.
I want to address the question of signage. I've attached a snip of Page 4 of the General Use of the Hill that addresses signage. I just want to make sure we're all on the same page for tomorrow.

Signs

In order to protect the safety and security of visitors to the Hill, protect the integrity of the lawns, and maintain line of sight for security personnel, certain restrictions apply to the use of signs.

All signs must be hand-held and may not be left on Parliament Hill unattended.

Signs or banners, other than plastic foam core signs, must be made of cardboard or cloth/nylon. Plastic foam core signs must be limited to 1.0 cm (0.4 in) in thickness, 41.0 cm (16.1 in) in width, and 61.0 cm (24 in) in length.

All types of signs or banners must be supported by cardboard or softwood supports no larger than 2.5 cm by 2.5 cm (1 in x 1 in). These supports must not exceed 2.0 m (78.7 in) in length. In The ends of the supports must not be pointed or sharp.

Messages that are obscene, offensive, or that promote hatred are prohibited.

Flags may be hand-held but may not be affixed to any structure or mast or planted in the ground.

4

We'll be enforcing these rules for all participants attending the Hill tomorrow. If you have any questions, feel free to contact me.
Best regards,

PARLIAMENTARY PROTECTIVE SERVICE
SERVICE DE PROTECTION PARLEMENTAIRE
CANADA

Daniel Trudel
Planning Coordinator - Coordonnateur de la planification

Planning and Event Management Unit (PEMU)
Planification et Gestion d'événement (UPGE)

Operations Sector
Secteur des opérations

[redacted]

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

BETWEEN:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

— and —

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF CST. DANIEL TRUDEL
Sworn February 26, 2025

Brandon Crawford
Jocelyn Rempel

EDELSON FOORD LAW

[redacted]

Counsel for the Respondent

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF CPL. LUCAS ANGELI
Sworn February 26, 2025

I, **Cpl. Lucas Angeli,** of [redacted], in the Province of Ontario, SOLEMNLY AFFIRM as follows:

1. I have been employed with the Parliamentary Protective Service (PPS) since its creation in 2015. From 2008 – 2015, I worked with the House of Commons Security Services. I have been a corporal for approximately six years. I am currently on the Exterior Operations team which patrols the grounds of Parliament Hill to ensure security and safety of all who attend Parliament Hill.

2. On May 10, 2023, I was working with the Exterior Operations team. My shift that day was from 7am – 7pm. In the late morning, I observed a group forming on the East lawn of Parliament

Hill. I could tell they were there for a gathering because they went straight to the lawn and appeared to have equipment to set up. I drove over to the group.

3. My normal practice when approaching a group is to ask who the organizer is and to speak with them about what they have planned, what equipment they have, and to explain any relevant rules. It is our duty to know the Rules of the Hill and to share them with people on the grounds. Matthew Wojciechowski of the Campaign Life Coalition (CLC), the group who attends Parliament Hill for the yearly March for Life, was identified as the organizer of the group on the East lawn.

4. As I got closer, I could see the group had graphic signs. The signs had blown up images of aborted fetuses. I indicated to Mr. Wojciechowski that I understood the Rules prohibited showing the graphic images of the fetuses on Parliament Hill. I asked if he had a permit and he said he did not. I asked him for a few minutes to confirm with the Planning and Event Management Unit (PEMU) on how to proceed.

5. I called Cst. Daniel Trudel on my cell phone because I knew he was on duty with PEMU that day. I asked him whether PEMU was expecting a demonstration by the CLC on the East lawn. He indicated that he was not aware of a demonstration and said he was on his way over. He arrived in 5-10 minutes. I remained in sight of the group while I was waiting for him. When Cst. Trudel arrived, I stayed back and allowed him to speak with Mr. Wojciechowski.

6. After his conversation with Mr. Wojciechowski, Cst. Trudel came back and told me that he was not going to allow the graphic images to be shown. The demonstrators left the signs on the lawn face down. Our interactions were peaceful and civil. Cst. Trudel and I watched the CLC hold their press conference to ensure they did not show the signs.

7. Asking the CLC not to show the signs did not feel controversial at the time. We followed the Rules of the Hill, which prohibited messages that are obscene, offensive, or that promote hatred. I know the March for Life has happened yearly for a long time. To the best of my knowledge, the graphic imagery the CLC wanted to show on May 10, 2023 had never been allowed at their demonstrations on Parliament Hill.

8. Parliament Hill is a very political and sensitive environment. As a member of the PPS, I work to find a compromise that both the demonstrators and PPS can live with. Many different people come to the Hill to visit and express themselves. Children visit daily. We allow people to come to Parliament Hill to say whatever they want to say for whatever their cause is. We do not take a position on it. The Rules do not prevent a demonstration from happening, they restrict what physical items demonstrators can use. We ask that the demonstrators compromise slightly to follow the Rules of the Hill so they can still express themselves and we can make sure the public is safe and secure.

Sworn before me at the [redacted] in the Province of Ontario, this 26 day of February, 2025.

[redacted]

Karima Toulait, a commissioner of oaths (LSO#: 67629L)

[redacted]

Cpl. Lucas Angeli

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

— and —

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF CPL. LUCAS ANGELI
Sworn February 26, 2025

Brandon Crawford
Jocelyn Rempel

EDELSON FOORD LAW

[redacted]

Counsel for the Respondent

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF DR. ERIN LOVETT
Sworn April 16, 2025

I, **Dr. Erin Lovett,** of [redacted], in the Province of Ontario, SOLEMNLY AFFIRM as follows:

Background

1. I am a practicing medical doctor and educator specializing in gynecology and obstetrics, including abortion care.

2. I received my medical degree from the University of Western Ontario (UWO) in London, Ontario in 2003. I completed my 5-year residency in obstetrics and gynecology at the UWO in 2008. I practiced in various hospitals in Ontario as an obstetrician/gynaecologist from 2008-2010. Since 2010, I have been an academic physician. I was first an assistant professor, and then associate professor, in the department of Obstetrics and Gynecology at the UWO Schulich School of Medicine & Dentistry. I have also been an active member of clinical staff since 2010 at the London Health Sciences Centre teaching hospital.

3. As an academic physician, I am involved in resident and medical student training both in the classroom and in the hospital. I am currently the Division Head of general obstetrics and gynecology at the UWO Schulich School of Medicine & Dentistry. I have received numerous awards for excellence in teaching. Most recently, I was awarded the Western OBGYN Golden Forceps Award at UWO, awarded to the consultant deemed to be most influential in teaching and guidance to the graduating resident class.

4. I have been actively involved in abortion care since 2010. I have facilitated abortion procedures — both medical (using pills) and surgical (both suction and extraction) — consistently as part of my practice since 2010. I have provided abortions up until the fetal age of 24 weeks and 6 days. I have been involved in the Pregnancy Options Program at the London Health Sciences Centre since 2010. I am currently the Director of the Pregnancy Options Program and have been since 2017. Medical and surgical abortion education and training is a part of what I teach at UWO and the London Health Sciences Centre.

5. I attach my current CV as **Exhibit "A"** to my affidavit. The black boxes on pages 13 and 14 represent redacted student names.

Expert Declaration

6. I have not acted as an expert in a court proceeding before. I have provided an expert opinion once before in a College of Physicians and Surgeons of Ontario proceeding.

7. I understand the role of an expert in a court proceeding. I swear that any evidence I give as part of this Court proceeding, including this affidavit, will be impartial, independent, and unbiased. I will only provide opinion evidence in this case related to matters within my area of expertise as a medical abortion-care provider and educator.

Medical accuracy of the three posters at issue

8. I have been asked to provide my medical opinion on the accuracy of the images on three posters at issue in this case. I attach the images of the posters I referred to for the purposes of my affidavit as **Exhibit "B"**. Poster 1 is alleged to show an 8-week aborted embryo. Poster 2 is alleged to show a 10-week aborted fetus. Poster 3 is alleged to show an 11-week aborted fetus.

A. Poster 1 – "8-week aborted embryo"

9. The image of a fetus shown on Poster 1 is inconsistent with an 8-week aborted fetus. It is not possible to see that level of detail — bones, ribs, fingers, toes, and eyes — with the naked eye in an 8-week fetus. An 8-week fetus does not have the extensive bone structure shown in the image. Fetal bone formation generally begins around 10 weeks. It is possible that viewing an 8-week fetus through a high-powered microscope would show the beginning of bone formation. But this image is not what a fetus looks like through a high-powered microscope. If this image is a real aborted fetus, it is approximately a 10-week fetus, not an 8-week fetus.

10. The image is furthermore not representative of an abortion done in Canada and may not be real. It appears that the fetus has been aborted through a surgical abortion — using a suction tool, which is why parts of the fetal tissue have separated — but is somehow suspended in 3D pool or still inside a woman's body. Once a surgical abortion procedure is done, the fetus is outside the woman's body, not inside. I do not understand how this picture could show a surgical abortion while the fetus is still inside the woman's body. The only post-abortion clinical procedure I am aware of that would involve viewing the fetus in liquid is transillumination. Transillumination involves thoroughly washing the fetus off after it is removed from the woman's body and then floating the fetus in a couple centimetres of water on a glass Petrie dish. Transillumination would not look like this 3D pool. The fetus and surrounding liquid in this image also appear very bloody, which is not how the procedure is performed. There is also an odd light at the back of the photo, which is inconsistent with viewing specimens in transillumination.

11. I have attached an article published by *The Guardian* in 2022 that shows what transilluminated abortion specimens from the first trimester actually look like as **Exhibit "C"**. Based on my experience, the transilluminated specimens shown in the article are representative of the size and development of aborted fetuses of 5 - 9 weeks gestation viewed with the naked eye.

B. <u>Poster 2 – "10-week aborted fetus"</u>

12. The image of a fetus shown on Poster 2 is inconsistent with a 10-week aborted fetus. The thickness of the skin on the abdomen, the highly developed spine, and the well-developed intestine would not be seen in a 10-week fetus. For example, intestines in a 10-week fetus viewed with the naked eye would look like tiny threads. The size of the hand and the length of the upper limb also appear too big for a 10-week aborted fetus, although it is possible this could be seen through

transillumination. It is difficult to tell the size of this fetus because it is so bloody and mutilated, but the body appears too long for 10-weeks. If this image is a real aborted fetus, it is approximately a 14 or 15-week fetus, not a 10-week fetus.

13. The presentation of this fetus is not representative of abortion practices in Canada. It appears the bloody fetus is resting on glass, maybe a Petrie dish. I am not sure what type of medical procedure this depicts, but it is not one that would be typically done in Canada. There is an upside-down V incision on the abdomen that must have been done post-abortion with a knife. This type of incision could not happen with surgical abortion, done by suction, or medical abortion, done by pills. These are the only two methods of abortion used for termination of a pregnancy in the first trimester. Neither use sharp tools. I am not aware of any legitimate medical reason to cut open an aborted fetus like this other than to take tissue for medical research that the patient had given consent for. Furthermore, the presentation is extremely bloody, which is not the way a medical practitioner would examine a fetus after an abortion through transillumination. A fetus does not even contain this amount of blood at 10 weeks. This blood, if real, would be maternal blood. The metal forceps are also curious. It is unclear what they are trying to grab near the oral cavity, as a 10-week fetus's oral cavity would not open. Whatever procedure is being depicted is not representative of a medical or surgical abortion procedure I have ever seen or that is routinely used in Canada.

C. Poster 3 – "11-week aborted fetus"

14. The image of a fetus shown on Poster 3 is inconsistent with an 11-week aborted fetus. The size of the visible leg and arm appear too long for an 11-week fetus. As well, the amount of blood apparently spilling out of the fetus is medically impossible because a fetus at 11 weeks does not

contain that much blood in its whole body. Based on the stage of development, if this image is a real aborted fetus, it is approximately a 14 or 15-week fetus, not an 11-week fetus.

15. The presentation here again is not representative of an abortion done in Canada. The image appears to show a surgical abortion (using suction) because the head is missing. With a medical abortion (pills), the fetus comes out intact. But the tissue at the neck shown is not representative of tissue disruption from suction. There is blood clotting at the neck that is not medically accurate because the fetus does not have that much blood in its body. Although uncommon to see, it is possible the blood at the neck is a maternal blood clot that has not been washed off. The abdomen has also been sliced open under the ribcage. A surgical or medical abortion would not cause such a clean cut because no sharp tools are used. I am not aware of any legitimate medical reason why a practitioner would cut open a fetus like this after an abortion other than to take tissue for medical research that the patient had given consent for.

Educational value of the posters

16. I have never seen aborted fetuses as shown in Posters 1-3. The images are not medically accurate of the fetal age suggested on each poster. The images on the posters are likely not real aborted fetuses or have been manipulated either physically after an abortion or photoshopped in some way. It is also possible these posters show abortions carried out in an unsafe, non-Canadian abortion practice with sharp instruments.

17. Regardless of whether the images are real, none are representative of abortions done in Canada at the stage of fetal development they purport. I have never seen images like these used for education purposes in my approximately 15 years as a medical educator and practitioner. I would not use these photos, or recommend they be used, for medical education purposes or to

educate the public on abortion because they are out of context, medically inaccurate, and misleading.

Sworn virtually at the [redacted] in the Province of Ontario in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely* before me at the [redacted] in the Province of Ontario, this 16th day of April, 2025.

[redacted]

Jocelyn Rempel, a commissioner of oaths (LSO#: 82895Q)

[redacted]

Dr. Erin Lovett

This is **Exhibit "A"** referred to
in the Affidavit of Dr. Erin Lovett,
sworn remotely before me this 16th day of April, 2025

Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

Schulich School of Medicine & Dentistry
Professional Curriculum Vitae
APRIL 9, 2025

ERIN LOVETT
MD, FRCSC

Associate Professor - Department of Obstetrics & Gynaecology

PERSONAL SUMMARY

Name	Erin Lovett

EDUCATION AND QUALIFICATIONS

Degrees and Diplomas

1999 - 2003	Doctor of Medicine, Western University, Medicine, Faculty of, London, Ontario, Canada
1998 - 1999	Honours Certificate, University of Alberta, Physiology, Certificate, Edmonton, Alberta, Canada
1994 - 1998	Bachelor of Science, University of Alberta, Biological Sciences, Edmonton, Alberta, Canada

Specialized Training

2017	CBME Training, Schulich, CBME Continuing Education
2017	CBME Training, Schulich, CBME Continuing Education
2016	Attendee, Centre for Minimal Access Surgery, McMaster University, Comprehensive Gynecological Laparoscopic Surgery Course, Supervisor: Dr. Stephen Bates, Hamilton, Ontario, Canada
2012	AAGL, Fundamentals of Laparoscopic and Robotic Hysterectomy, Las Vegas, Nevada, United States
2009	ASCCP, Comprehensive Colposcopy, Salt Lake City, Utah, United States
2007 - 2011	Learner, Western University, Obstetrics and Gynecology, Second Trimester Abortion Provision, Supervisor: Dr. Fraser Fellows, London, Ontario, Canada
2006	Attendee, AAGL, AAGL, Myomas: Choosing the Best Treatment Options, Las Vegas, Nevada, United States
2006	AAGL, Hands on Experience and Technology Update on Hysteroscopy, Endometrial Ablation and Hysteroscopic Tu, Las Vegas, Nevada, United States
2003 - 2008	Residency, University of Western Ontario, Department of Obstetrics and Gynecology, London, Ontario, Canada

Qualifications, Certifications and Licenses

2009 - present	Medical Council of Canada Qualifying Examination Part 2, License
2008 - present	Fellow of the Royal College of Physicians and Surgeons of Canada, RCPSC, License, 636663, Canada
2005	Laser Fundamentals, St. Joseph's Health Care London, Qualification, London, Ontario, Canada
2004 - 2008	ATLS Provider, Committee on Trauma American College of Surgeons, Qualification, London, Ontario, Canada
2003 - 2007	Neonatal Resuscitation Program, St. Joseph's Health Care London, Qualification, London, Ontario, Canada
2003 - present	Medical Council of Canada Qualifying Examination Part 1, License, Canada
2003 - 2007	ACLS Provider, Heart and Stroke Foundation of Canada, Qualification, London, Ontario, Canada

APPOINTMENTS

Academic Appointments

2017 - present	Associate Professor, Department of Obstetrics & Gynaecology, Schulich School of Medicine & Dentistry, Western University
2010 - 2017	Assistant Professor, Department of Obstetrics & Gynaecology, Schulich School of Medicine & Dentistry, Western University

Clinical Appointments

2010 - present	Obstetrician / Gynaecologist, London Health Sciences Centre, Department of Obstetrics and Gynaecology

POSITIONS HELD & LEADERSHIP EXPERIENCE

Clinical Positions

2009 - 2010	Locum Tenens, Stratford General Hospital, Obstetrics and Gynecology, Stratford, Ontario, Canada
2009	Locum Tenens, Cambridge Memorial Hospital, Obstetrics and Gynecology, Cambridge, Ontario, Canada
2009	Locum Tenens, Stratford General Hospital, Obstestrics and Gynecology, Stratford, Ontario, Canada
2009	Locum Tenens/ Adjunct Professor, St. Joseph's Health Care London, University of Western Ontario, Obstetrics and Gynecology, Ontario, Canada
2008 - 2009	LocumTenens, Stratford General Hospital, Obstetrics and Gynecology, Stratford, Ontario, Canada
2008	Locum Tenens, Cambridge Memorial Hospital, Obstetrtics and Gynecology, Cambridge, Ontario, Canada

HONOURS AND AWARDS

Honours

Received

2022 - 2023 Western OBGYN Golden Forceps Award, Awarded to the consultant deemed to be most influential in teaching and guidance to the graduating resident class. Schulich School of Medicine and Dentistry - - London, ON, Type: Distinction, Local, London, Ontario, Canada

2008 Special Excellence in Endoscopic Procedures, Sponsored by AAGL, nominated by program director, AAGL, Type: Distinction, International, Obstetrics and Gynecology, London, Ontario, Canada

Teaching Awards

Received

2019 Carl Nimrod Educator Award, Level: Undergraduate, Scope: Faculty, UWO, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology, London, Ontario, Canada

2014 - 2015 USC Teaching Honour Roll Award of Excellence, Level: Undergraduate, For excellence in teaching in undergraduate medical education, Scope: Faculty, UWO, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology, London, Ontario, Canada

2012 2012 PAIRO Excellence in Clinical Teaching Award, Given to faculty nominated by residents who display exceptional clinical teaching abilities. Scope: Province of Ontario, PAIRO, PAIRO, London, Ontario, Canada

2010 - 2011 USC Teaching Honour Roll Award of Excellence, Level: Undergraduate, For excellence in teaching in undergraduate medical education, Scope: Faculty, UWO, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology, London, Ontario, Canada

SERVICE AND ADMINISTRATION

Professional Affiliations and Activities

Professional Associations

2023 - present Member, American Association of Gynecologic Laparoscopists
2022 - present Member, North American Menopause Society
2019 - present Member, European Society of Aesthetic Gynecologists
2013 - present Member, Canadian Doctors for Medicare
2010 - present Member, London and District Academy of Medicine
2010 - present Member, National Abortion Federation
2008 - present Member, Royal College of Physicians and Surgeons of Canada, 636663
2008 - present Member, The Society of Obstetricians and Gynaecologists of Canada
2008 - present Member, Ontario Medical Association, 785030
2008 - present Member, Canadian Medical Protective Association
2008 - 2021 Member, Canadian Medical Association, 117533

Administrative Committees

Regional

LHSC Victoria

2017 - present **Director**, Pregnancy Options Program

Local

LHSC/ Schulich

2017 - 2020 **Chair**, Competency Based Medical Education Commitee

Western University

2022 - present **Division Head**, General Obstetrics & Gynecology

Hospital

London Health Sciences Centre

2014 **Leader**, HUGO

Western University

2024 - present **Member**, Gynecology Quality Care

2023 - present **Member**, A & P Committee

2022 - present **Division Head**, Generalist Committee

2021 - present **Member**, Late Termination Advisory Group

2020 - present	**Member**, CME
2020 - 2022	**Member**, Post Graduate Medical Education (PGME)
2020 - 2022	**Member**, Surgical Education Committee
2020 - 2022	**Member**, Surgical Foundation Committee
2020 - 2022	**Program Director**, Executive Committee
2020 - 2022	**Director**, Residency Training Program
2015 - present	**Member**, Generalists Committee
2015 - 2020	**Member**, Undergraduate Medical Education Committee
2015 - 2020	**Deputy**, Residency Training Program
2015 - 2020	**Member**, CBME Steering Committee
2013 - 2015	**Member**, Residency Training Program
2012 - present	**Member**, Women's Development Council
2012 - 2018	**Member**, Continuing Medical Education Commitee
2011 - present	**Member**, Genetic Termination Pathway
2011 - present	**Member**, Prenatal Diagnosis Committee
2010 - present	**Member**, Citywide OB/Gyn
2010 - 2017	**Member**, Pregnancy Options Program

PRESENTATIONS

Invited Lectures

Local

1. **Expert**, Kirsten Barry Talk for Aspen, 2023 Sep 29, London, Ontario, Canada, Continuing Medical Education, Hours: 2
2. **Expert**, Innovations in COC's; Therapies in Menopause/Perimenopause, Department of Family Medicine, 2022 Dec 15, London, Ontario, Canada, Continuing Medical Education, Hours: 2
3. **Invited Lecturer**, Women in Surgery - Special Interest Group, Department of Family Medicine, 2022 Nov 21, London, Ontario, Canada, Continuing Medical Education, Hours: 1.5
4. **Invited Lecturer**, Annual Clinical Day in Family Medicine - On the Hot Seat: Menopause 2022, Department of Family Medicine, 2022 May 11, London, Ontario, Canada, Continuing Medical Education, Hours: 1
5. **Invited Lecturer**, Women in Surgery - Special Interest Group, Department of Family Medicine, 2021 Nov 18, London, Ontario, Canada, Continuing Medical Education, Hours: 1
6. **Invited Lecturer**, Women's Health Day. HRT, Chatham Kent, 2016 Oct 22, London, Ontario, Canada, Continuing Medical Education, Hours: 1
7. **Invited Lecturer**, HH Allen Day, 2016 - What's New in STI's, Department of Obstetrics and Gynecology, 2016 Sep 30, London, Ontario, Canada, Continuing Medical Education, Hours: 1
8. **Invited Lecturer**, Annual Clinical Day in Family Medicine - 5 Things You Need to Know About Mature Women in Obstetrics and Gynecology, Department of Family Medicine, 2016 May 11, London, Ontario, Canada, Continuing Medical Education, Hours: 1
9. **Invited Lecturer**, Annual Clinical Day in Family Medicine - 5 Things You Need to Know About Issues in Adolescent Gynecology, Department of Family Medicine, 2015 Apr 22, London, Ontario, Canada, Continuing Medical Education, Hours: 1
10. **Invited Lecturer**, Contraceptive Choices, Bayer Pharmaceutical, 2014 May 14, London, Ontario, Canada, Continuing Medical Education, Hours: 1
11. **Invited Lecturer**, Contraceptive Choices, Bayer Pharmaceutical, 2013 Oct 24, London, Ontario, Canada, Continuing Medical Education, Hours: 1
12. **Panelist**, Round Table Discussion: Long Acting Reversible Contraception, Bayer Pharmaceutical, 2012 Sep 26, London, Ontario, Canada, Hours: 3
13. **Invited Lecturer**, Critical Care Issues in Obstetrics and Gynecology, Critical Care Physicians London, 2012 May 1, London, Ontario, Canada, Continuing Medical Education, Hours: 2

TEACHING PHILOSOPHY

2016

I had never planned on becoming an educator, at least not in the academic sense. Throughout my medical career I came across countless inspiring individuals whose passion for education was obvious and contagious. I admired these teachers their gift, but did not feel I was bound for the same path. There are those who knew they always belonged in academia, who made sure to come to the forefront when asked about lifelong plans. “I would be happy in the community” I said. I will not be back here. Life does not always take us in the direction we had planned.

It is true that sometimes we do not truly appreciate something until it is gone. Community work allowed me to experience valuable patient interaction and care, but something was missing. There was no one with which to share these discoveries of technique and diagnosis. Gone were my junior residents and medical students, community medicine had left me without an outlet for mentorship.

Part of education is recognizing when you have something to offer; and knowing if it is of enough value to inspire. I am an inadvertent academic. My teaching philosophy is grounded in the foundation set by my own inspirational teachers. Those who were professorial and not. Medical and lay. Intentional and accidental.

Learning is not always a linear process of A + B = C. Learning involves circles as well as straight lines; success and failure; support and comeuppance. My philosophy of education today is rooted in the examples set forth throughout my life. Having been a student of dance, a student of art, then science and medicine, and finally a teacher myself, the methodology of learning is vast and varied. My learning has been through countless iterations.

I have been taught through example. From the earliest days following the steps of Maxine in a dusty studio until I was able to turn as fast and leap as high, to watching intently a precise and thorough physical exam.

I have been taught through lecture. Some so monotonous I could not recall the topic. Others so inspiring their lessons penetrate everyday life. The “aha” moment when the broad ligament was compared to a blanket and demonstrated on the semi-clad professor!

I have been taught through repetition. Whether it was countless repeats of a shuffle two hours before competition or all night surgical knot tying in a smoke filled lounge; each has stuck.

I have been taught through standardized patient. Letting us fail through practice so that we do not falter during true patient encounter.

I have been taught by fire. Watching the staff leave the OR before the case is complete; being alone in the room with a life in your hands.

I have been taught through compassion; remembering how a mentor allowed tears of sorrow and understanding to surface when faced with tragedy.

In order to teach in a medical environment, one must be both rigid and flexible to provide exemplary patient care and to be sure the learners are an integral part of the process. In my practice, as in my life, I strive to ensure that each day is a learning experience, both for the patient, the provider, and the student. In my own clerkship training the adage was “See one; Do one; Teach one”. I still hold to this philosophy, though with a broader definition.

“See one”. We are mostly visual learners. In order to understand a concept we must see it in action. Lectures cannot be just words on a screen. The student must see the concept; see through the lecture to the core of the issue. In practice, exposure is key; we must see the organ to heal it. We must see the anguish to understand it. I feel both the literal and figurative “seeing one” is the beginning of learning. Helping students to go beyond the obvious and mundane is our challenge.

“Do One”. In order to be proficient, one must engage, and repeat. The more I can have a student actually do, as opposed to just observe, the better the outcome. As opposed to doing just one, our challenge is to have the learner do many. Challenging them beyond their preconceived capabilities; allowing them to become part of the process; supporting them when they feel overwhelmed and exhausted with the doing.

“Teach one”. The most rewarding aspect of teaching in medicine and beyond is having a student become a colleague. Our role allows us to instill the same aspirations; however it is up to the learner to choose their path. Watching a former student teach as you have taught them is certainly satisfying; yet more inspiring when they are able to make the lesson their own.

I am, as stated, an inadvertent academic. Without intending to, I have found myself in a position to influence, to expand, to engage. I take this position very seriously and I try to bring the inspirational teaching that was provided to me to those I have the privilege of instructing today. Over my years as staff I have taken on more and more teaching roles as undergraduate lecturer, residency training program deputy and teacher of a specific operative skill set. Through teaching others, I am constantly faced with the challenge to better myself, to be able to expand my knowledge and expertise so that what I can share is the pinnacle of learning in my field. The philosophy of teaching I maintain is not static. It is constantly changing to suit the needs of learners and instructors alike so that we may engage in the most productive and inspiring way possible.

INNOVATIONS IN TEACHING

Teaching Innovations

Postgraduate

2013 Course Director, Chief Resident Preparatory Session, Postgraduate, Chief Resident Boot Camp, Western University, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology, Hours: 3

Curriculum Development

Undergraduate

2014 - present Staff Supervisor, Dedicated rotation for clerks to experience abortion counseling and provision, Undergraduate, Pregnancy Options Opt-out Clerkship Elective, Western University, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology

Postgraduate

2018 - 2020 CBD Lead/Competence Committee Chair, Postgraduate, CBD Implementation/Competence Committee Chair, Schulich, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology, Hours: 500, 100, Huge, Canada

2016 - present Course Director, Development of single block opt-out rotation in abortion counseling and provision for PGY-1 residents, Postgraduate, Resident Optout Pregnancy Options Rotation, Western University, Schulich School of Medicine & Dentistry, Department of Obstetrics & Gynaecology

SUPERVISORY EXPERIENCE

All Supervisory Roles & Program Types

Total Number of Years Reported: All + current year. (Full Details)

Academic Year	Role	Program Type	Number of Learners	Total Hours
2023 - present	Primary Supervisor	Other Research Student Supervision		N/A
	[redacted]	POP SIM Development		
2022 - 2024	Co-Supervisor	Other Research Student Supervision		N/A
	[redacted]	Mifegymiso Phase IV Clinical Trial		
2017 - 2021	Co-Supervisor	Other Research Student Supervision		4
	[redacted]	Pregnancy Options Program Survey on Reasons Patients do not Choose LARC		
2017 - 2021	Co-Supervisor	Other Research Student Supervision		4
	[redacted]	Pregnancy Options Program Survey on Reasons Patients do not Choose LARC		
2014 - 2017	Co-Supervisor	Other Research Student Supervision		4
	[redacted]	Pregnancy Options Program		
		Total	**0**	**12**

MENTORING ACTIVITIES

All Mentoring Types

Total Number of Years Reported: All + current year. (Full Details)

Academic Year	Mentoring Type / Position Faculty / Student Name		Encounters Per Year	Total Hours
2023	Resident	Academic Advisor	N/A	0
	[redacted]			
2023	Resident	Academic Advisor	N/A	0
	[redacted]			
2023	Resident	Academic Advisor	N/A	0
	[redacted]			
2023	Resident	Academic Advisor	N/A	0
	[redacted]			
2023	Resident	Academic Advisor	N/A	0
	[redacted]			
2023	Resident	Academic Advisor	N/A	0
	[redacted]			
2017	Resident	Mentor for Visiting Elective	N/A	0
	[redacted]			
2017	Resident	Mentor for Visiting Elective	N/A	0
	[redacted]			
		Total	**0**	**0**

TEACHING HOURS - SUMMARY TABLE

Overall Summary - Program Teaching Hours

(Total Amount = All Programs, All 7 Years = 3717 Hours)

Total Number of Years Reported: Most Recent 6 Years + Current Year

Program	2018 - 2019	2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025
UME	84	0	1	5.5	30	14.5	0
PME	966	519	985	300	427.1	348.9	0
CME / CPD	3.8	4.8	3.8	3.8	3.8	3.8	3.2
FAC DEV	9	0	0	0	0	0	0
Total	1062.8	523.8	989.8	309.3	460.9	367.2	3.2

PROGRAM TEACHING - POSTGRADUATE MEDICAL EDUCATION

Total Number of Years Reported: All + current year

Start Date	End Date	Type of Course / Activity *	Avg Score	No. of Students	Total Hours
2024	2024	Resident Mentor		1	40
2024	2024	Resident Mentor		1	40
2024	2024	Resident Mentor		1	40
2024	2024	Resident Mentor		1	4
2023	2023	Resident Mentor		1	4
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	4
2023	2023	Resident Mentor		1	4
2023	2023	Resident Mentor		1	4
2023	2023	Resident Mentor		1	4
2023	2023	Resident Mentor		1	4
2023	2023	Resident Mentor		1	4
2023	2024	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2023	2023	Resident Mentor		1	40
2022	2023	Resident Mentor		1	40
2022	2022	Resident Mentor		1	4
2022	2022	Resident Mentor		1	4
2022	2022	Resident Mentor		1	4
2022	2022	Resident Mentor		1	40
2022	2022	Presenter - Resident Lecture		1	4
2022	2022	Resident Mentor		1	4
2022	2022	Resident Mentor		1	4
2022	2022	Resident Mentor		1	40
2022	2022	Resident Mentor		1	40
2022	2022	Resident Mentor		1	40
2022	2022	Resident Mentor		1	40
2022	2022	Resident Mentor		1	40
2022	2022	Resident Mentor		1	40
2022	2022	Examiner - Practice Oral Exams		1	4
2022	2022	Resident Mentor		1	40
2022	2022	Interviewer - CaRMS		1	16
2022	2022	Resident Mentor		1	40
2021	2022	Resident Mentor		1	40

2021	2021	Resident Mentor		1	40
2021	2021	Resident Mentor		1	40
2021	2021	Resident Mentor		1	160
2021	2021	Resident Mentor		1	160
2021	2021	Interviewer - CaRMS		1	20
2020	2021	Resident Mentor		1	160
2020	2021	Resident Mentor		1	160
2020	2020	Resident Mentor		1	160
2020	2020	Presenter - Resident Lecture		1	4
2020	2020	Presenter - Resident Lecture		1	1
2020	2020	Resident Mentor		1	160
2020	2020	Resident Mentor		1	160
2020	2020	Examiner - Practice Oral Exams		1	5
2020	2020	Presenter - Resident Lecture		1	3
2020	2020	Examiner - Practice Oral Exams		1	4
2020	2020	Resident Mentor		1	160
2020	2020	Resident Mentor		1	160
2020	2020	Interviewer - CaRMS		1	27
2019	2019	Resident Mentor		1	160
2019	2019	Resident Mentor		1	160
2019	2019	Resident Mentor		1	160
2018	2018	Presenter - Resident Lecture		1	3
2018	2018	Presenter - Resident Lecture		1	3
2018	2018	Resident Mentor		1	160
2018	2018	Resident Mentor		1	160
2018	2018	Resident Mentor		1	160
2018	2018	Resident Mentor		1	160
2018	2018	Presenter - Resident Lecture		1	3
2018	2018	Resident Mentor		1	160
2018	2018	Examiner - Practice Oral Exams		1	4
2018	2018	Resident Mentor		1	160
2018	2018	Interviewer - CaRMS		1	27
2017	2017	Resident Mentor		1	160
2017	2017	Resident Mentor		1	160
2017	2017	Resident Mentor		1	160
2017	2017	Resident Mentor		1	96
2017	2017	Examiner - Practice Oral Exams		1	4
2017	2017	Interviewer - CaRMS		1	27
2016	2016	Examiner - Practice Oral Exams		1	8
2016	2016	Resident Mentor		1	16
2016	2016	Resident Mentor		1	16
2016	2016	Resident Mentor		1	16
2016	2016	Resident Mentor		1	16

2016	2016	Resident Mentor		1	92
2016	2016	Resident Mentor		1	16
2016	2016	* MCCQE Part 2 Examiner		1	8
2016	2016	Examiner - Practice Oral Exams		1	4
2016	2016	Resident Mentor		1	8
2016	2016	Interviewer - CaRMS		1	27
2015	2015	Resident Mentor		1	4
2015	2015	Resident Mentor		1	7
2015	2015	Resident Mentor		1	4
2015	2015	Resident Mentor		1	4
2015	2015	Presenter - Resident Lecture		1	3
2015	2015	Resident Mentor		1	4
2015	2015	Presenter - Resident Lecture		1	3
2015	2015	Resident Mentor		1	4
2015	2015	Resident Mentor		1	4
2015	2015	Interviewer - CaRMS		1	5
2015	2015	Interviewer - CaRMS		1	5
2014	2014	Resident Mentor		1	0
2014	2014	Resident Mentor		1	0
2014	2014	Resident Mentor		1	0
2014	2014	Resident Mentor		1	0
2014	2014	Examiner - Practice Oral Exams		1	5
2014	2014	* MCCQE Part 2 Examiner		1	8
2014	2014	Resident Mentor		1	0
2014	2014	Interviewer - CaRMS		1	5
2014	2014	Resident Mentor		1	0
2013	2013	* MCCQE Part 2 Examiner		1	8
2013	2013	Presenter - Resident Lecture		1	3
2013	2013	Presenter - Resident Lecture		1	3
2013	2013	Interviewer - CaRMS		1	5
2012	2012	Examiner - Practice Oral Exams		1	4
2011	2011	* MCCQE Part 2 Examiner		1	8
2011	2011	Examiner - Practice Oral Exams		1	4
2011	2011	Interviewer - CaRMS		1	15
2010	2010	Presenter - Resident Lecture		1	0
			TOTALS	**117**	**5009**

PROGRAM TEACHING - UNDERGRADUATE MEDICAL EDUCATION

Total Number of Years Reported: All + current year

Start Date	End Date	Type of Course / Activity *	Avg Score	No. of Students	Total Hours
2024	2024	Supervisor / Examiner - OSCE Year 2 or Year 4		1	4.5
2023	2023	Observerships (Meds I and II)		1	4
2023	2023	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2023	2023	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2023	2023	Instructor - Clerkship Seminar		1	1
2023	2023	Observerships (Meds I and II)		1	6
2023	2023	Observerships (Meds I and II)		1	7
2023	2023	Speaker - UWO OB/GYN Interest Group		1	1
2023	2023	Observerships (Meds I and II)		1	8
2022	2022	Observerships (Meds I and II)		1	4
2022	2022	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2021	2021	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2
2021	2021	Instructor - Clinical Methods - Year 2 OB/GYN		1	3.5
2021	2021	Instructor - Clerkship Seminar		1	1
2018	2018	Instructor - Clinical Methods - Year 2 OB/GYN		1	2.5
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Instructor - Clinical Methods - Year 2 OB/GYN		1	2.5
2018	2018	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2018	2018	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2018	2018	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2018	2018	Instructor - Clerkship Seminar		1	3
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Observerships (Meds I and II)		1	8
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Observerships (Meds I and II)		1	60
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Speaker - UWO OB/GYN Interest Group		1	2
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Observerships (Meds I and II)		1	8
2018	2018	Observerships (Meds I and II)		1	8
2018	2018	Instructor - Clerkship Seminar		1	1
2018	2018	Supervisor / Examiner - OSCE Year 2 or Year 4		1	5
2018	2018	Observerships (Meds I and II)		1	8
2018	2018	Observerships (Meds I and II)		1	8

2017	2017	Instructor - Clinical Methods - Year 2 OB/GYN		1	2.5
2017	2017	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2017	2017	Instructor - Clinical Methods - Year 2 OB/GYN		1	2.5
2017	2017	Observerships (Meds I and II)		1	8
2017	2017	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2017	2017	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2017	2017	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2
2017	2017	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2017	2017	Observerships (Meds I and II)		1	11
2017	2017	Observerships (Meds I and II)		1	27.5
2017	2017	Observerships (Meds I and II)		1	24
2017	2017	Instructor - Clerkship Seminar		1	1
2017	2017	Instructor - Clerkship Seminar		1	1
2017	2017	Supervisor / Examiner - Clerkship Exam		1	4.5
2017	2017	Instructor - Clerkship Seminar		1	1
2016	2016	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2016	2016	Observerships (Meds I and II)		1	6
2016	2016	Instructor - Clinical Methods - Year 2 OB/GYN		1	10
2016	2016	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2016	2016	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2016	2016	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2016	2016	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2
2016	2016	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2
2016	2016	Instructor - Clerkship Seminar		1	1
2016	2016	Observerships (Meds I and II)		1	4
2016	2016	Observerships (Meds I and II)		1	4
2016	2016	Instructor - Clerkship Seminar		1	1
2016	2016	Speaker - UWO OB/GYN Interest Group		1	1
2016	2016	Observerships (Meds I and II)		1	10
2016	2016	Instructor - Clerkship Seminar		1	1
2016	2016	Speaker - UWO OB/GYN Interest Group		1	1
2016	2016	Observerships (Meds I and II)		1	8
2016	2016	Observerships (Meds I and II)		1	4
2016	2016	Speaker - UWO OB/GYN Interest Group		1	1
2016	2016	Speaker - UWO OB/GYN Interest Group		1	1

2016	2016	Supervisor - Elective Student		1	16
2016	2016	Observerships (Meds I and II)		1	6
2016	2016	Observerships (Meds I and II)		1	8
2016	2016	Instructor - Clerkship Seminar		1	1
2015	2015	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2015	2015	Observerships (Meds I and II)		1	8
2015	2015	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2015	2016	Clerkship - Exam Marking		1	4
2015	2015	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	4
2015	2015	Observerships (Meds I and II)		1	4
2015	2015	Observerships (Meds I and II)		1	6
2015	2015	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2015	2015	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2015	2015	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2015	2015	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2015	2015	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2
2015	2015	Observerships (Meds I and II)		1	4
2015	2015	Instructor - Clerkship Seminar		1	1
2015	2015	Observerships (Meds I and II)		1	12
2015	2015	Instructor - Clerkship Seminar		1	1
2014	2014	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2014	2014	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2014	2014	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2014	2014	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2014	2014	Observerships (Meds I and II)		1	6
2014	2014	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2014	2014	Observerships (Meds I and II)		1	6
2014	2014	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1.5
2014	2014	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2
2014	2014	Instructor - Clerkship Seminar		1	1
2014	2014	Observerships (Meds I and II)		1	0
2014	2014	Instructor - Clerkship Seminar		1	1
2014	2014	Observerships (Meds I and II)		1	0
2014	2014	Instructor - Clerkship Seminar		1	1
2014	2014	Instructor - Clerkship Seminar		1	1
2014	2014	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	3.5

2014	2014	Supervisor / Examiner - OSCE Year 2 or Year 4		1	5
2014	2014	Supervisor / Examiner - OSCE Year 2 or Year 4		1	5
2014	2014	Instructor - Clerkship Seminar		1	1
2013	2013	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2013	2013	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2013	2013	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2013	2013	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2013	2013	Speaker - UWO OB/GYN Interest Group		1	1
2013	2013	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	2.3
2013	2013	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2013	2013	Supervisor - Elective Student		1	8
2013	2013	Observerships (Meds I and II)		1	8
2013	2013	Supervisor / Examiner - OSCE Year 2 or Year 4		1	5.5
2013	2013	Observerships (Meds I and II)		1	3
2013	2013	Observerships (Meds I and II)		1	24
2013	2013	Supervisor / Examiner - OSCE Year 2 or Year 4		1	5
2012	2012	Instructor - Clerkship Seminar		1	1
2012	2012	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2012	2012	Observerships (Meds I and II)		1	6
2012	2012	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2012	2012	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2012	2012	Observerships (Meds I and II)		1	4
2012	2012	Instructor - Clerkship Seminar		1	1
2012	2012	Observerships (Meds I and II)		1	8
2012	2012	Instructor - Clerkship Seminar		1	1
2011	2011	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2011	2011	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
2011	2011	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2011	2011	Instructor - Clerkship Seminar		1	1
2011	2011	Supervisor - Elective Student		1	16
2011	2011	Instructor - Clerkship Seminar		1	1
2011	2011	Supervisor - Elective Student		1	12
2011	2011	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2011	2011	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2011	2011	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2011	2011	Instructor - Clinical Methods - Year 2 OB/GYN		1	3
2011	2011	Supervisor / Examiner - OSCE Year 2 or Year 4		1	5
2011	2011	Instructor - Classroom Teaching (excluding PCL/Clinical Methods/Clinical Skills)		1	1
			TOTALS	**145**	**611.8**

PROGRAM TEACHING - CONTINUING MEDICAL EDUCATION / CONTINUING PROFESSIONAL DEVELOPMENT

Total Number of Years Reported: All + current year

Start Date	End Date	Type of Course / Activity *	Avg Score	No. of Students	Total Hours
2020	2020	Presenter - Grand Rounds		1	1
2018	2018	Instructor - Faculty development course/workshop		35	9
2014	2014	* Supervisor - Friday Morning Rounds		1	1
2010	present	Attendee - Department Rounds		1	56
			TOTALS	**38**	**67**

PROGRAM TEACHING - OTHER EDUCATION

Total Number of Years Reported: All + current year

Start Date	End Date	Type of Course / Activity *	Avg Score	No. of Students	Total Hours
2022	2022	Facilitator - Small Group Teaching		1	2
2021	2021	Facilitator - Small Group Teaching		1	2
2017	2017	* Instructor		1	8
2017	2017	Facilitator - Small Group Teaching		1	2
2015	2015	* Instructor		1	4
2015	2015	* Instructor		1	4
2014	2014	Facilitator - Small Group Teaching		1	2
2014	2014	* Instructor		1	4
2014	2015	* Mentor		1	18
2014	2019	* Repro Course Committee Member		1	3
2012	2014	Facilitator - Small Group Teaching		1	2
2012	2012	Facilitator - Small Group Teaching		1	2
2011	2011	Facilitator - Small Group Teaching		1	2
2011	2011	Facilitator - Small Group Teaching		1	2
2011	2011	Facilitator - Small Group Teaching		1	2
			TOTALS	**15**	**59**

MAINTENANCE OF CERTIFICATION

Royal College Section 1 - Group Learning

Accredited Activities

Accredited Conferences

2024	Western University, 11th Annual Paul Harding Research Awards Day, Hours: 9
2023	Western University, HH Allen Day, Hours: 9
2023	Western University, 11th Annual Paul Harding Research Awards Day, Hours: 9
2022	Western University, HH Allen Day, Hours: 9
2022	SOGC - Annual Conference - Quebec City, Hours: 32
2022	Western University, 11th Annual Paul Harding Research Awards Day, Hours: 9
2022	Western University, Strategic Planning Retreat, Hours: 8
2021	Western University, HH Allen Day, Hours: 5
2021	Western University, 11th Annual Paul Harding Research Awards Day, Hours: 6.3
2020	Western University, HH Allen Day 27th Annual, Hours: 7
2020	International Conference on Residency Education
2020	SOGC - Annual Conference - Webinar, Hours: 3
2016	Western University, 11th Annual Paul Harding Research Awards Day, Hours: 6.75
2016	Western University, Advancing Wellness Conference, Hours: 8
2016	McMaster University, Comprehensive Laparoscopic Gynecology, Hours: 11.75
2015	Western University, HH Allen Day, Hours: 6
2015 - 2016	Western University, HH Allen Day, Hours: 6
2015	National Abortion Federation, Advanced Second Trimester Termination Techniques, Hours: 8
2014	APOG, Annual Meeting: Innovation in Medical Education, Hours: 12.5
2014	Western University, HH Allen Day, Hours: 6
2013	Western University, 11th Annual Paul Harding Research Awards Day, Hours: 6.75
2013	National Abortion Federation, Orientation to Ultrasound with Hands-On Practice, Hours: 3.5
2013	National Abortion Federation, Canadian Providers Meeting, Hours: 6
2012	AAGL, 41st Conference on Minimally Invasive Gynecology, Hours: 12
2012	Western University, HH Allen Day, Hours: 6.25
2012	Western University, Advancing Wellness in Reproductive Health, Hours: 6.75
2011	SOGC, Ontario CME Program- Update on Obstetrics and Gynecology, Hours: 13.75

2011 National Abortion Federation, Canadian Providers Meeting, Hours: 8

2011 National Abortion Federation, NAF's 35th Annual Meeting

2011 National Abortion Federation, Post Graduate Seminar: Medical Abortion Workshop

2010 Western University, HH Allen Day, Hours: 5.5

2009 SOCG, 65th Annual Clinical Meeting, Hours: 23

Department Rounds

2010 Stratford general Hospital, M&M Rounds, Hours: 1

2009 Stratford general Hospital, M&M Rounds, Hours: 1

Small Group Learning

2011 Western University, How to get Promoted Workshop, Hours: 2

Royal College Section 2 - Self Learning

Planned Learning

Other Activity Description

2021 Western University, Crucial Conversations, Hours: 6.5

Formal Courses

2019 International Conference on Residency Education, Quebec City

Professional Development

Department Rounds

Other Activity Description

2021 Western University, Hours: 18

2020 Western University, Hours: 48

FRIDAY MORNING ROUNDS

Other Activity Description

2023 Western University, Hours: 25

2022 Western University, Hours: 37

2021 Western University, Hours: 26

Grand Rounds

Other Activity Description

2023 Western University, Hours: 20

2022 Western University, Hours: 22

2021 Western University, Hours: 25

2021 Western University, Hours: 18

2020 Western University, Hours: 48

Journal Club

Other Activity Description

2022 Western University, Hours: 1.5

2021 Western University, Hours: 6

OTHER ACTIVITIES

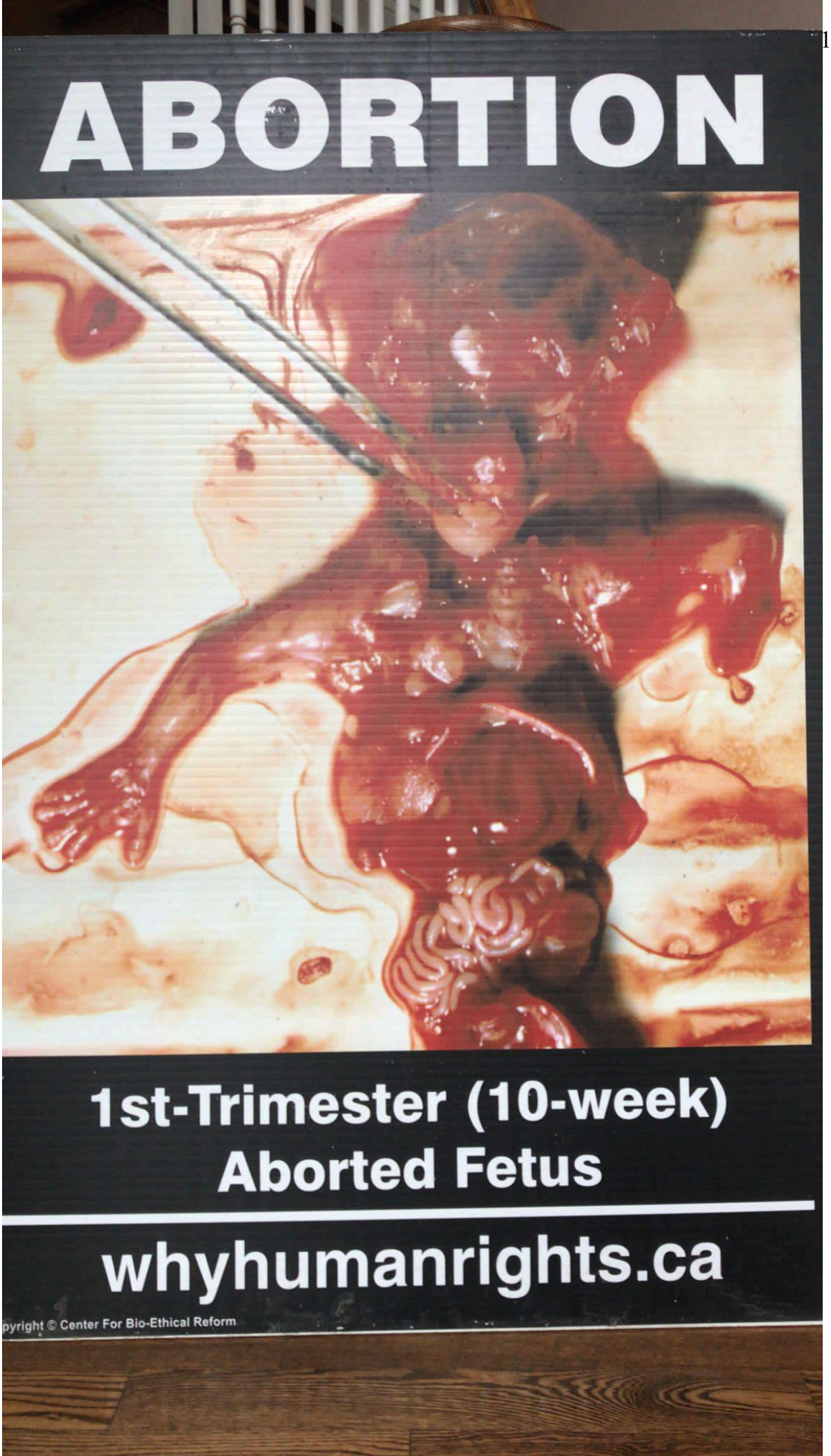
Other Noteworthy Activities

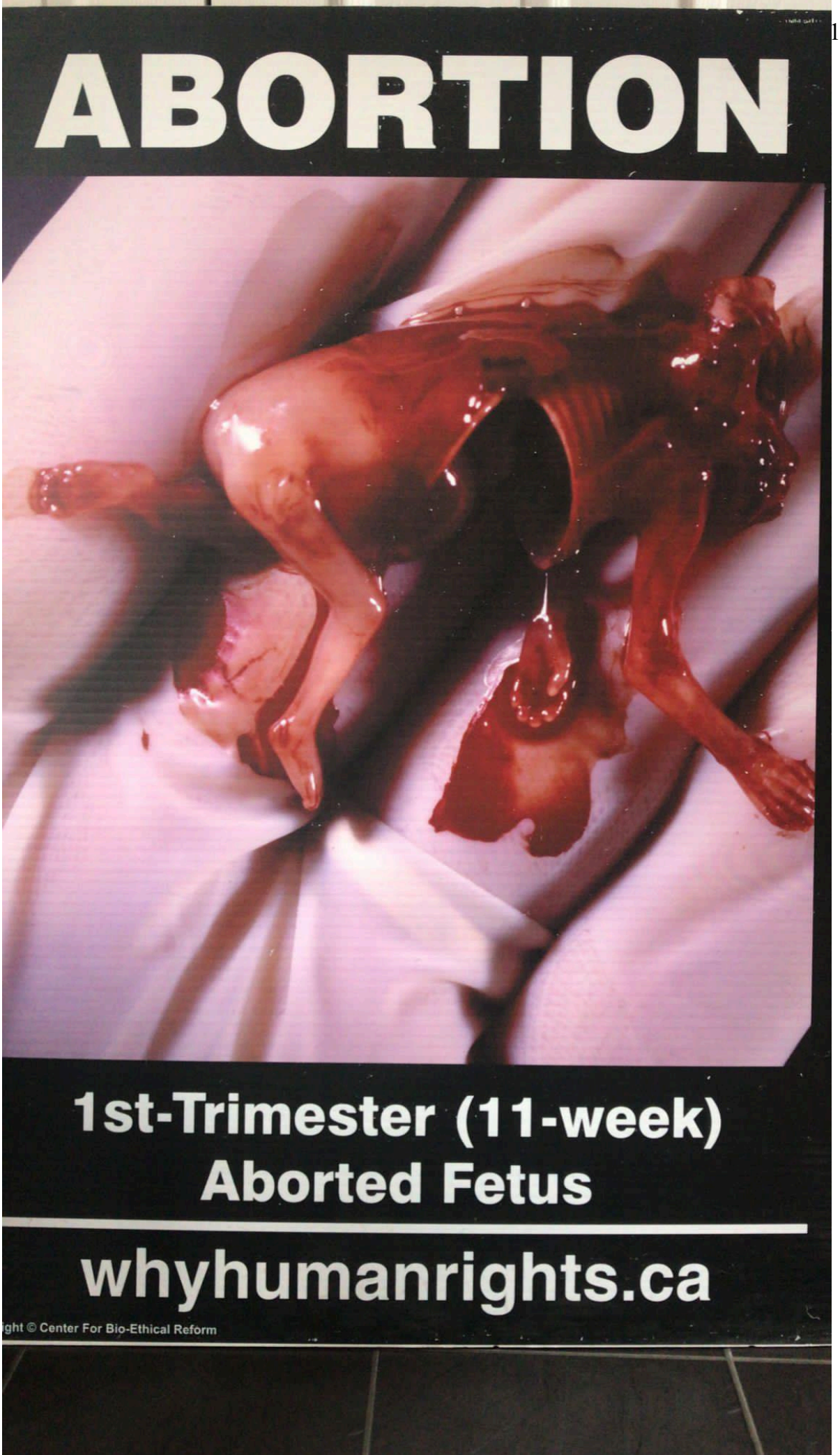
2024	Education, POP Refresher Day
2023	Education, POP Refresher Day Educational Session for POP Staff, POP program staff and support, 4 hour workshop, London, Ontario, Canada
2023	Education, UME Abortion Access Education: 2 hours, Invited speaker to Medical Students for Choice Presentation
2022	Education, POP Refresher Day
2022	Education, Resident Retreat - Zoom
2021	Education, Surgery Interest Group - Women in Surgery - Obstetrics and Gyneocology
2021	Education, Strategic Planning Retreat
2021	Education, Resident Retreat - Zoom
2021	Education, POP Refresher Day
2020	Education, Resident Retreat - Pallasad South
2020	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology
2019 - 2020	Education, Resident Retreat - Spencer Hall
2019	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology
2018	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology
2017	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology
2016	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology
2015	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology
2014	Education, UWO - Career Fair, Representative for Obstetrics and Gynecology

This is **Exhibit "B"** referred to
in the Affidavit of Dr. Erin Lovett,
sworn remotely before me this 16th day of April, 2025

Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)


ABORTION
1st-Trimester (8-week)
Aborted Embryo
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (10-week)
Aborted Fetus
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (11-week)
Aborted Fetus
whyhumanrights.ca
ght © Center For Bio-Ethical Reform

This is **Exhibit "C"** referred to
in the Affidavit of Dr. Erin Lovett,
sworn remotely before me this 16th day of April, 2025

_____ _____

Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

Abortion

This article is more than **2 years old**

What a pregnancy actually looks like before 10 weeks – in pictures

In 13 US states, abortion is banned even in the earliest stages of pregnancy. But we rarely see what such tissue really looks like

Tissue from five weeks of pregnancy to nine weeks. Photograph: MYA Network

Poppy Noor

Wed 19 Oct 2022 06.00 BST

Abortion is now banned or severely restricted in 14 states in the US, the outcome of a decades-long campaign by anti-abortion advocates. In many states, abortion is no longer seen as a health procedure, but a morality issue. Pennsylvania's Doug Mastriano - once a state senator, now running for governor – is one of a number of Republican politicians who has called for murder charges for people who defy abortion bans.

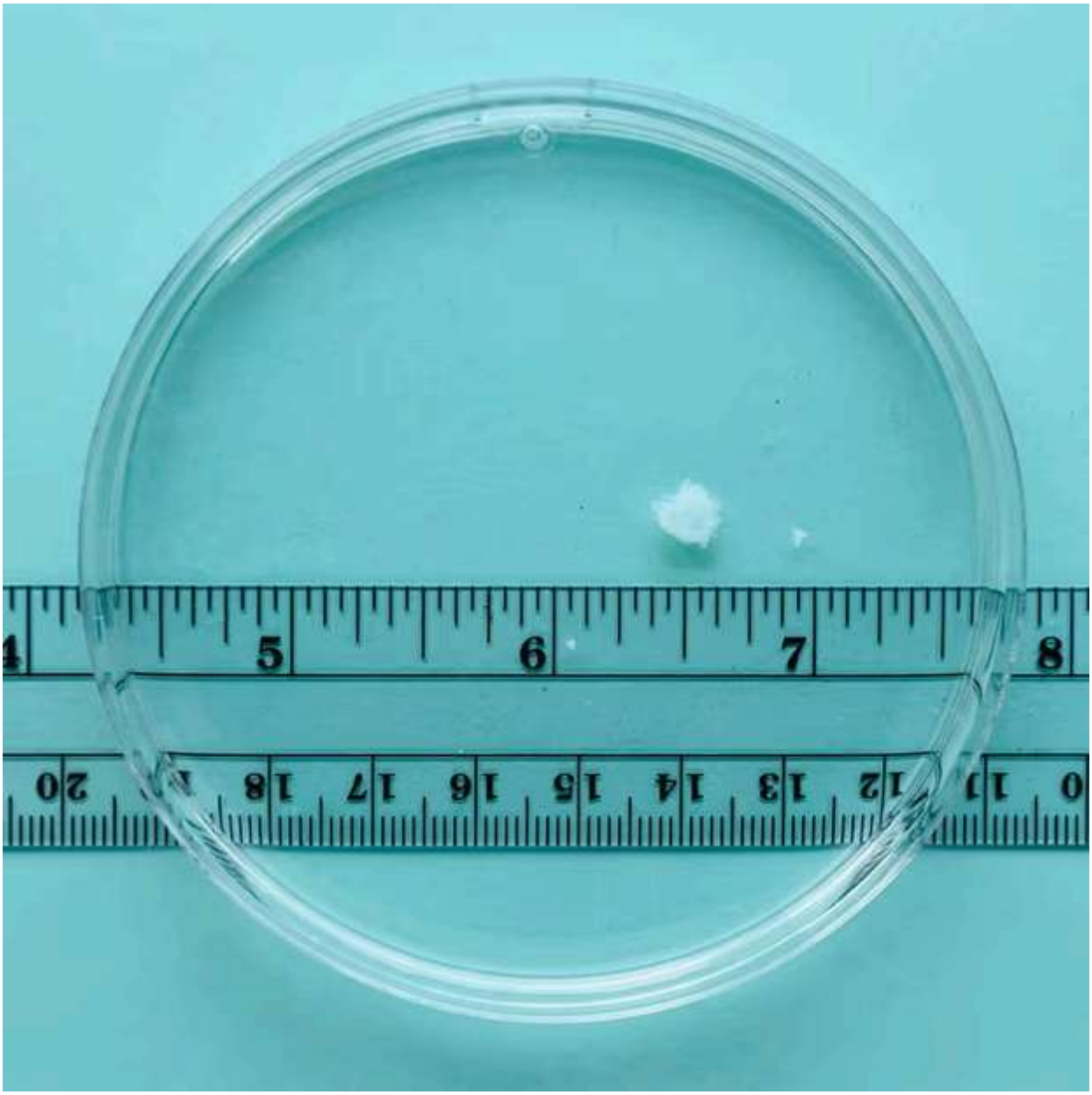
In 13 of those 14 states, abortion is banned even in the earliest stages of pregnancy.

These images, supplied to us by the MYA Network, a network of clinicians and activists who came together earlier in the pandemic when some states tried to classify abortion as "non-essential" medical care, show what tissue in the first nine weeks of pregnancy actually looks like.

Four weeks of pregnancy. Photograph: MYA Network

Above is early pregnancy tissue, at four weeks of pregnancy.

Dr Joan Fleischman, part of the MYA Network, uses a gentle handheld device that removes the tissue. This more delicate type of extraction keeps it intact.



Five weeks of pregnancy. Photograph: MYA Network

Above is pregnancy tissue extracted at five weeks.

Sometimes, patients want to see the tissue after an abortion. “They are stunned by what it actually looks like,” says Fleischman. “That’s when I realized how much the imagery on the internet and on placards - showing human-like qualities at this early stage of development - has really permeated the culture. People almost don’t believe this is what comes out.”

Six weeks of pregnancy. Photograph: MYA Network

Above is tissue removed at six weeks, when misleadingly named "fetal heartbeat" bills outlaw abortion.

"Clinicians date pregnancy from the first day of your last period, to help predict the due date. But you're not pregnant for those first two weeks," says Fleischman. So someone with a six-week pregnancy may have very little time after a missed period to get abortion care in states with a six-week limit.

Many images on the internet and in textbooks show development to be quite far along at this stage.

"A lot of early pregnancy images are driven by people who are against abortion and feel that life begins at conception, or by prenatal enthusiasts who want women to be excited about their pregnancy. What about people who aren't?" she asks.

Seven weeks of pregnancy. Photograph: MYA Network

Above is pregnancy tissue at seven weeks. There is still no visible embryo. The gestational sac is not yet half an inch. “I have been in the training field, and medical students and clinicians who see it are also shocked. That is how pervasive this misinformation is,” Fleischman says.

Patients may come in for an abortion fearful at this stage, having read through forums or looked at images online. “They’re expecting to see a little fetus with hands - a developed, miniature baby.” Often, she says, “they feel they’ve been deceived.”

Decidua and the gestational sac. Photograph: MYA Network

This image shows decidua (tissue to support the pregnancy) and the gestational sac (which would eventually become the amniotic sac, which supports the fetus). If we looked closer, under a microscope, would we see more human qualities?

“If you zoom in on anything, including sperm and an egg getting fertilized, it’s just an incredible thing to watch. But that’s very different from the everyday ways we see life. That perspective to me is the most relevant - but it is somehow absent from our consciousness,” says Fleischman.

Eight weeks of pregnancy. Photograph: MYA Network

Above is a gestational sac removed at eight weeks of pregnancy. While these images relate to early pregnancy, the network does not differentiate between a “good time” and a “bad time” to have an abortion, nor does it dismiss how emotionally fraught losing a pregnancy at any stage, including early pregnancy, can be. But they want people to know what is actually being removed in early pregnancy.

“Abortion is medical care. Every single person who makes this decision is complex. But this information, showing tissue in the first 10 weeks, is literally absent from our common understanding of what is going on, and people deserve accurate information.”

Nine weeks of pregnancy. Photograph: MYA Network

This image shows the gestational sac of a nine-week pregnancy. This is everything that would be removed during an abortion and includes the nascent embryo, which is not easily discernible to the naked eye. Showing this tissue can be a relief to patients. “Often people don’t speak to anyone about getting an abortion. They make a very quiet, private decision because they’re afraid to see people’s reactions. And then I do this simple procedure that’s a few minutes longer than a Pap test. For those who choose to look at the tissue, you can literally feel the tension come down. People have been on this emotional roller coaster. And they’re like, ‘You’re kidding. This is all that was?’” says Fleischman.

The progression from five weeks to nine weeks of pregnancy. Photograph: MYA Network

Finally, above is a number of gestational sacs on one petri dish, showing the progression in growth from five weeks of pregnancy to nine weeks. The sac grows 1mm a day.

Talking about why we don't see these images more often, Dr Michele Gomez, who is part of the MYA Network, says: "I do think there are some clinicians who are concerned about patient's reactions. But it's not really our right or our responsibility to decide how people will respond to this. We're just putting out the information and the facts to counter the misinformation. To say: this is not something that's scary, or dangerous, or violent. It's just a picture of something that's in your body."

This article was amended on 19 October 2022 to include the detail that at nine weeks the nascent embryo is not easily discernible to the naked eye.

Most viewed

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

— and —

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF DR. ERIN LOVETT
Sworn April 16, 2025

Brandon Crawford
Jocelyn Rempel

EDELSON FOORD LAW

[redacted]

Counsel for the Respondent

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF DR. ANGEL FOSTER
Sworn April 25, 2025

I, **Dr. Angel Foster,** of the [redacted], in the Province of Ontario, SOLEMNLY AFFIRM as follows:

Educational and employment background

1. I have studied and researched in the field of reproductive rights since 1996. I am a Medical Doctor and hold a DPhil in Middle Eastern Studies.

2. I completed my undergraduate degree in International Relations and Biology at Stanford University in the United States in 1996. My thesis was on comprehensive women's healthcare in Palestine. I continued studying in this area during my Master of Arts in International Policy Studies at Stanford University.

3. I completed my DPhil in Middle Eastern Studies with disciplinary training in public health and medical anthropology from the University of Oxford in 2001. I attended Oxford University as a Rhodes Scholar. My doctoral dissertation and post-doctoral research focused on women's comprehensive health care in Tunisia.

4. I received a medical degree from Harvard Medical School in 2006. During medical school I received high volume training in first trimester abortion provision in four different practice settings in Massachusetts and trained in the provision of medication abortion provision with mifepristone/misoprostol soon after the U.S. Food and Drug Administration approved the regimen in 2000.

5. From 2002 until 2011, I worked at Ibis Reproductive Health — a non-governmental research organization in Cambridge, Massachusetts. I led a program of work dedicated to sexual and reproductive health in the Middle East and North Africa and in humanitarian settings.

6. Since 2011 I have been an associate professor, then tenured professor, and then full professor at the School of Interdisciplinary Health Sciences in the Faculty of Health Sciences at the University of Ottawa. I am a global sexual and reproductive health social science and public health researcher. My action- and intervention-oriented research program focuses on emergency contraception, abortion, and health professions education. I currently lead projects in 22 countries in Africa, Asia, Europe, the Middle East and North Africa, and North America.

7. Since joining the University of Ottawa in 2011, I have developed an interdisciplinary program of work dedicated to abortion research in Canada. This includes completion of a large-scale qualitative study dedicated to the experiences of Canadian abortion patients prior to the approval of the mifepristone/misoprostol medication abortion regimen and research with both patients and providers after the introduction of Mifegymiso. In 2020, I received a multi-year

foundation grant to conduct a series of studies dedicated to documenting, implementing, and evaluating innovative and de-medicalized abortion medication delivery practices in Canada.

8. The following is a selective summary of my impact on research in the area of sexual and reproductive health since 2011:

- 2024-2029 – University Research Chair in Medication Abortion Studies at the University of Ottawa
- 2011-2016 – Endowed Chair in Women's Health Research at the University of Ottawa
- 144 peer-reviewed journal reports, H-index of 28, i-10-index of 74
- 138 invited lectures and presentations in 16 countries
- CAD6.6 million in extramural grants and research support
- Editor-in-Chief, *Perspectives on Sexual and Reproductive Health*
- Inducted Fellow of the Canadian Academy of Health Sciences
- Recipient of the Leadership Award for Excellence in Women and Children's Health (Canadian Partnership for Women and Children's Health (CanWaCH))
- Recipient of the Darroch Award for Excellence in Sexual and Reproductive Health Research (Guttmacher Institute)
- Honorary Member of the Federation of Medical Women of Canada

9. I attach my CV, current to August 2024, as **Exhibit "A"** to my affidavit.

Past experience as an expert

10. I provided an expert affidavit in Canada once before in 2020 in the case *Rev. Anthony van Hee and the Catholic Civil Rights League v. Her Majesty the Queen in Right of Ontario* (CV-19-80325). My understanding is that Rev. van Hee and the Catholic Civil Rights League challenged the constitutionality of Bill 163, *Protecting a Woman's Right to Access Abortion Services Act, 2017*. My opinion evidence in that case related primarily to a study done in June 2019 by my group

at the University of Ottawa in collaboration with NAF Canada. We received a Social Sciences and Humanities Research Council (SSHRC) Partnership Engage Grant to document and explore the relationship between safe access zone laws and protests and violence at abortion providing facilities across Canada. I was asked by the Ontario government to provide expert evidence about this research as well as: (a) the history of anti-abortion protests in Canada; (b) the nature and extent of current trends in anti-abortion protest in Ontario and Canada; (c) any impacts of anti-abortion protest outside abortion-providing facilities or at provider homes on the safety, security, physical and mental health and privacy of patients, providers and access to abortion generally; and (d) the effects of safe access zones outside abortion-providing facilities or provider homes.

11. I was cross-examined in relation to my affidavit in that case. I was not required to provide testimony in court. My qualifications and expertise were not challenged.

Expert declaration

12. I understand the role of an expert in a court proceeding. I swear that any evidence I give as part of this Court proceeding, including this affidavit, will be impartial, independent, and unbiased. I will only provide opinion evidence in this case related to matters within my area of expertise: sexual and reproductive health social science and public health.

13. I have been asked to provide opinion evidence about: (1) the impact, if any, of anti-abortion imagery on members of the public; and (2) the accuracy and utility of the results reported in the report written by Dr. Jacqueline Harvey, “A Statistical Analysis on the Effectiveness of Abortion Victim Photography in Pro-Life Activism”.

Current research on the impact of anti-abortion imagery on members of the public

14. I am currently working on a research project studying the impacts of anti-abortion imagery on members of the public with my team of graduate students. As the University Research Chair in Medication Abortion Studies, I have a discretionary research budget to undertake research questions from community groups and build proposals for research studies. The impetus for the study came from several municipalities across Canada that are reviewing their policies that limit public displays of anti-abortion imagery — such as bus ads and pamphlets left at people's homes. There is currently no published research in Canada focusing on the harms these types of graphic images have on members of the public. The types of anti-abortion images at issue in this research project involve alleged aborted fetuses of the same type as the three posters at issue in this case — bloody, graphic, and/or mutilated. I have reviewed and attached the posters as **Exhibit "B"**.

15. This study has three phases: (1) a scoping review of scientific literature available on the topic; (2) a case study involving in-depth interviews with individuals who have encountered these graphic anti-abortion images in their communities in St Catharines, Ontario; and (3) a policy review to assess the regulation of graphic anti-abortion advertisements at the local, provincial, and federal level.

16. We have completed the review of international authorities as part of the scoping review. We identified sources from across different countries that studied the impacts of anti-abortion imagery on people. From the 2,112 international sources located, and through subsequent filtering, we identified four themes about the use of anti-abortion imagery in public: (1) use of purposely deceptive fetal imagery in advertisements; (2) that anti-abortion advertisements are largely ineffective; (3) that some countries have successfully regulated graphic anti-abortion

advertisements; and (4) that anti-abortion groups disseminating graphic abortion advertisements are potentially linked globally. I have attached our preliminary scoping review summary as **Exhibit "C"**.

17. We have completed a proposal for the next two phases of the study for a SSHRC grant. I attach the substantive part of our proposal as **Exhibit "D"**.

18. As part of the development of the study methodology, we did a preliminary review of complaints provided to us about graphic anti-abortion image pamphlets that were passed out door to door. Based on the preliminary review of the complaints, I can provide a preliminary opinion on the trends we saw in the data.

19. There were two main groups who complained about harms from the graphic anti-abortion pamphlets delivered to their houses. First, parents of young children or people concerned about children's welfare. This group expressed concern that young children would see the graphic images without context and that the pamphlets would be disturbing to the children. Some complainants reported that their children found the flyers and were traumatized by the bloody, graphic images. Some complaints included concerns that the images were not age-appropriate and forced conversations with children about what they had seen — before the children were ready or could fully understand. Some complainants disclosed that they had been deeply traumatized by seeing graphic anti-abortion images as children and were concerned other children would be traumatized too.

20. Second, women who have had abortions, are pregnant, or have experienced pregnancy loss. These women expressed how upsetting and traumatizing — or re-traumatizing — being forced to see the graphic images was. They express how difficult it is to be reminded of the experience and

re-traumatized by the graphic images that are sometimes accompanied with words like “murder”. Some of the complainants were women who had an abortion after being raped and becoming pregnant. Some complainants disclosed that they had suffered recent pregnancy loss and that seeing the graphic images was horrifying and emotionally devastating after the loss of their child. Some complainants expressed that they were physically sick after seeing the graphic images.

21. I attach a representative sample of complaints (without names, for the complainant’s privacy) as **Exhibit “E”**.

22. Based on the complaints I reviewed and the scoping review, I am comfortable concluding that graphic anti-abortion imagery can be deeply upsetting for members of the public, especially parents of young children and those concerned for children’s welfare. In addition, unwanted receipt of these images can have negative psychological impacts, especially on young children, women who have had abortions or experienced pregnancy loss, and women who have become pregnant from sexual violence and had abortions.

Dr. Harvey’s Report

23. For the purpose of my expert opinion, I reviewed Dr. Harvey’s affidavit and report, “A Statistical Analysis on the Effectiveness of Abortion Victim Photography in Pro-Life Activism”, attached as **Exhibit “F”**.

24. Dr. Harvey’s report does not present as an objective, scientific study that I would be comfortable relying on as accurate. I urge tremendous caution in relying on the results reported in Dr. Harvey’s report for four reasons:

a) The design of the study is fatally flawed. The 'before' and 'after' samples were not the same people so the study was not truly measuring attitudinal change, as alleged. The study asked the same questions of 845 people before the campaign. It then asked a different group of 896 people after. The report's claim that comparing these different groups shows changes in public opinion is methodologically questionable. There are so many unknown variables about who was polled to determine whether each group was similarly representative of the public such that the groups can be compared. Without asking the same people their opinion before and after being shown the anti-abortion imagery, this study cannot accurately say it measured attitudinal change. The methodology is neither scientific nor reliable.

b) The report does not share what questions survey participants were asked. There has been a large amount of research over the last decade on opinion polling around abortion in the United States. This research has demonstrated that the wording of questions has a significant impact on how people respond to abortion related questions. How questions are worded can skew answers. There is nothing in this report that suggests the group who collected the data used best practices in survey item construction or attempted to mitigate bias.

c) The report's language suggests the "study" was not objective. For example, the report uses biased language such as "pro-abortion" instead of the more neutral and widely understood term, "pro-choice". As well, it includes the term "abortion victim images" instead of a neutral term such as "abortion imagery" or "anti-abortion imagery". Another example of language suggesting the study is skewed is the description of the activism undertaken by the group that commissioned the study, the Canadian Centre for Bio-Ethical Reform (endthekilling.ca). The description includes language such as conducting "genocide awareness", seemingly likening abortion to genocide (p. 8). Other examples of biased language include the "lives saved"/"saving lives" phraseology — see for example:

   i. The opening sentences of the report on p. 1: "The use of abortion victim imagery in pro-life outreach is perhaps one of the most enduring debates within the pro-life movement. Although proponents cite cases of lives saved and minds changed supporting the effectiveness of the strategy, opponents insist these images impede public receptiveness to other strategies they claim could save more lives."

   ii. This quote on p. 22: "This suggests that changing how the public feels about abortion impacts how they vote for candidates willing and able to enact legal restrictions that actually save lives."

Using language skewed towards one perspective throughout the study strongly suggests the study itself was not conducted objectively.

d) The report has not been peer-reviewed and, for the reasons above, I do not believe it would be published in a peer-reviewed journal. This report has not undergone the rigours of review by other academics and been approved for publication. This is the standard for reliable scientific studies. I have extensive experience reviewing reports for potential publication. I am the Editor-in-Chief of Perspectives on Sexual and Reproductive Health, a former Deputy Editor (and current editorial board member) at Contraception, and a former editorial board member of Maternal Child Health Journal. I can say with confidence that a manuscript based on this study design would be desk rejected by all three of these journals for the issues detailed above.

Sworn virtually at the [redacted] in the Province of Ontario in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely* before me at the [redacted] in the Province of Ontario, this 25th day of April, 2025.

_____

Jocelyn Rempel, a commissioner of oaths (LSO#: 82895Q)

[redacted]

Dr. Angel Foster

This is **Exhibit "A"** referred to
in the Affidavit of Dr. Angel Foster,
sworn remotely before me this 25th day of April, 2025

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Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

1. Personal information

Angel M. Foster, DPhil, MD, AM
Professor, School of Interdisciplinary Health Sciences, Faculty of Health Sciences, University of Ottawa
2011-2016 Endowed Chair in Women's Health Research
[redacted]
ORCID: 0000-0001-8848-203X

2. Summary of impact

- 2011-2016 Endowed Chair in Women's Health Research
- 144 peer-reviewed journal articles, H-index of 28, i-10-index of 74
- 138 invited lectures and presentations in 16 countries
- CAD6.6 million in extramural grants and research support
- Editor-in-Chief, *Perspectives on Sexual and Reproductive Health*
- Inducted Fellow of the Canadian Academy of Health Sciences
- Recipient of the Leadership Award for Excellence in Women and Children's Health (Canadian Partnership for Women and Children's Health (CanWaCH))
- Recipient of the Darroch Award for Excellence in Sexual and Reproductive Health Research (Guttmacher Institute)
- Honorary Member of the Federation of Medical Women of Canada

3. Educational degrees

Doctor of Medicine (MD), Harvard Medical School, USA, 2006
Doctor of Philosophy (DPhil), Modern Middle Eastern Studies, Oriental Studies Institute &
St. Antony's College, University of Oxford, UK, 2001
Dissertation: *Women's comprehensive health care in contemporary Tunisia*
Master of Arts (AM), International Policy Studies, Stanford University, USA, 1996
Bachelor of Arts & Sciences (BAS) with Honors & Distinction, International Relations & Biology,
Stanford University, USA, 1996
Thesis: *Mobilizing Palestinian women: The case of comprehensive women's health care in the West Bank*

4. Employment and current academic appointments

2018-Present	Professor, School of Interdisciplinary Health Sciences, Faculty of Health Sciences
2011-2018	Associate Professor, School of Interdisciplinary Health Sciences, Faculty of Health Sciences
2013-Present	Principal and Co-Founder, Cambridge Reproductive Health Consultants (CRHC), Cambridge, MA USA
2011-2020	Affiliated Scholar, Ibis Reproductive Health, Cambridge, MA USA
2002-2011	Senior Associate, Ibis Reproductive Health, Cambridge, MA, USA
2002-2003	Post-doctoral researcher, Centre for Middle Eastern Studies, University of Oxford, UK

5. Prizes and distinctions

2023	FCAHS, Canadian Academy of Health Sciences, Inducted Fellow
2023	University of Ottawa, Faculty of Health Sciences, Dean' Award of Excellence: Research
2022	Society of Family Planning, Innovations Learning Community Scholar
2021	Society of Family Planning, Innovations Learning Community Scholar

2020 Federation of Medical Women of Canada, Honorary Member
2019 Society of Family Planning, Wiki Scholar
2018 Society for the Scientific Study of Sexuality (SSSS), Public Service Award
2018 CanWaCH, Leadership Award For Excellence in Women and Children's Health
2018 National Abortion Federation, Social Science Research Award
Foster A, LaRoche K, Hassanzadeh R, El-Mowafi, I. *"If you change your mind and decide to save your baby, we can help you": Evaluating the practices of the Abortion Pill Reversal hotline*
2017 Guttmacher Institute, Darroch Award for Excellence in Sexual and Reproductive Health Research
2016 National Abortion Federation, Social Science Research Award
Foster A, Arnott G, Sietstra C. *Evaluating community-based distribution of misoprostol for early abortion on the Thailand-Burma border*
2015 Femmy Award
For outstanding contributions to women's rights and equality in Canada's National Capital Region
Awarded by: Amnesty International Canada, the Canadian Federation of University Women, Inter Pares, the Ottawa Coalition to End Violence Against Women, Oxfam Canada, Planned Parenthood Ottawa
2014 National Abortion Federation, Social Science Research Award
Foster A, Arnott G, Trussell J. *No exceptions: Documenting the abortion experiences of US Peace Corps Volunteers*
2011 Endowed Chair in Women's Health Research (2011-2016)
2009 American Public Health Association, Population, Reproductive & Sexual Health Section, Outstanding Young Professional Award,
2008 National Abortion Federation, Scientific Poster Award
Jackson C & Foster A. *Abortion training experiences among newly graduated Ob/Gyn residents*
2007 National Abortion Federation, Scientific Poster Award
Foster A, Daoud F, Abed S, Abu Sa'da K, Al-Ayasah H. *Illicit sex, abortion, and so-called "honor killings": Attitudes & opinions of female university students in Palestine*
2006 Harvard Medical School, Rose Seegal Graduation Prize
2004 Choice USA, 30 Under-30 Activists for Reproductive Freedom Award
2004 National Abortion Federation, Scientific Poster Award
Foster A, Fritsche M. *Contraception & abortion in preclinical medical education: Results from 54 schools in the United States & Canada*.
2004 American Medical Women's Association, Wilhelm-Frankowski Scholarship for Community Service
2003 American Medical Association, Foundation Award for Leadership
2002 Virginia Linnane Scholarship for Academic Excellence & Community Leadership (2002-2004)
2000 American Association of Achievement, Graduate Student Honoree
1996 Rhodes Scholar, District VIII-Oregon, USA
1996 Department of Biological Sciences, Stanford University (USA), Excellence in Teaching Award
1995 Department of Biological Sciences, Stanford University (USA), Excellence in Teaching Award
1995 International Relations Department, Stanford University (USA), Thesis Distinction Award
1995 Phi Beta Kappa Honors Society

6. Scholarly & professional academic activities (last 8 years)

6.1 Executive and other leadership positions

2022-Present Editorial Board, *Frontiers in Global Women's Health*
2021-Present Editor-in-Chief, *Perspectives on Sexual and Reproductive Health*
2021-Present Expert Panel, Contraception and Abortion, Our Bodies Ourselves

2021-Present Chair, Board of Directors, National Abortion Federation Canada
2021-Present Editorial Board, *International Perspectives on Sexual and Reproductive Health*
2019-Present Co-Chair, Safe abortion care sub-working group, Inter-Agency Working Group (IAWG) on Reproductive Health in Crises
2016-Present Editorial Board, *Contraception*, 2016-Present
Deputy Editor, *Contraception,* 2018-2022
2016-Present Editorial Board, *International Journal of Population Studies*
2015-Present Steering Committee, Coalition to improve access to mifepristone in the US
2013-Present Scientific Advisory Board, Women Help Women
2019-2022 Member, Research and impact committee, Society of Family Planning
2016-2022 Board of Directors, National Abortion Federation
2014-2022 Editorial Board, *Maternal and Child Health Journal*
2013-2020 Immediate Past Chair, Sexual & Reproductive Health Section (SRH), American Public Health Association (APHA)
Chair, 2013-2015 & 2017-2018
Chair-Elect, 2012-2013
2013-2017 Governing Council Member & Membership Chair, Contraception Access Research Team, Canada
2016-2017 Academic editor, *PLOS ONE*
2011-2017 Board of Directors, Backline

6.2 National and provincial service activities

2017-Present Scientific Review Committee, National Abortion Federation annual meeting
2013-Present Selection Committee, Society of Family Planning grants program
2011-Present Scientific Review Committee, North American Forum on Family Planning annual conference
2011-Present Organizing Committee, Social Scientists Networking Meeting, National Abortion Federation annual meeting
2023 Session organizer, Population Association of America, 2024 annual meeting
2022 External reviewer, Social dimensions of health graduate programs, University of Victoria
2020-2021 Conference Planning Chair, Sexual and Reproductive Health Section, APHA annual meeting
2020 SSHRC Peer Review Committee, Partnership Engage Grants
2013-2020 Selection Committee, Women's XChange grant program (Women's College Health, Toronto)
2016-2018 Selection Committee, Femmy Awards (Ottawa)
2013-2018 Governing Council & Membership Chair, Contraception Access Research Team, Canada

6.3 University of Ottawa service activities

2020-Present Council on Graduate Studies
2020-Present APUO Board of Directors, Interdisciplinary School of Health Sciences representative
2013-Present Selection Committee, uOttawa Rhodes Scholarship
2021-2023 Mental Health and Wellness Advisory Committee
2016-2020 School Teaching Personnel Committee, Interdisciplinary School of Health Sciences
2016-2020 APUO Scholarship Selection Committee, Faculty of Health Sciences representative
2013-2018 Graduate Studies & Research Committee, Interdisciplinary School of Health Sciences
2011-2018 Faculty of Health Sciences Academic Fraud/Academic Standing Committee

7. Trainee supervisions

7.1 Career numbers

	In progress	Completed
Postdoctoral fellows	1	2
Doctoral students	21	4
Master students	10	44
Visiting international students		3
Undergraduate honours students (1 year)		116
Undergraduate honours students (1 term)		82
Undergraduate Research Opportunity Program students		45

7.2 Supervision in progress: trainee details

Postdoctoral fellows

1. Anvita Dixit, PhD, *Safety and effectiveness of Mifegymiso® offered through different service delivery points: A national prospective cohort study*, February 2021–
    - Recipient, 2023-2024 SSHRC Partnership Engage Grant (CAD25,000)
    - Recipient, 2022-2023 SSRHC Partnership Engage Grant (CAD25,000)
    - Recipient, 2022, Abortion Research Incubator Fellow, Advancing New Standards in Reproductive Health, UCSF, Oakland, CA
    - Recipient, 2021-2023 Mitacs Elevate Post-doctoral Fellowship (CAD60,000)

Doctoral students

1. Rose Mary Tazinya Asong Epse Nkeng (PhD, Population Health), *Exploring the needs and experiences of HIV-positive young mothers in Cameroon: A multi-methods qualitative study*, December 2023 –
2. Muhammad Idrees (PhD, Population Health), TBD, September 2023 –
3. Hakima Lila (PhD, Population Health), TBD, September 2023 –
4. Carly Demont (PhD, Population Health), *Exploring the later gestational age abortion landscape in Canada: A multi-methods study with providers, support organizations, patients, and care seekers*, September 2022 –
5. Sandra Osuagwu (PhD, Population Health), TBD, September 2022 –
6. Roa Sabra (PhD, Population Health), *Sexual health knowledge, attitudes, and experiences of Lebanese Canadian Muslim women in Canada: A multi-methods study*, September 2022 –
7. Jennifer Smith (PhD, Population Health), *Exploring the journey of care for individuals with posttraumatic stress disorder in Canada: A multi-methods study,* January 2022 –
8. Manizha Ashna (PhD, Population Health), *Exploring the sexual and reproductive health knowledge and service utilization of Afghan refugee women living in Canada: A multi-methods study*, September 2021 –
9. Rachel Lawerh (PhD, Population Health), *Exploring the sexual and reproductive health experiences of young women and girls with HIV in the Lower Manya Krobo Municipality of Ghana: A multi-methods qualitative study*, September 2021 –
    - Recipient, 2022 OXFAM Scholarship
10. Ofeibea Asare (PhD, Population Health), *Exploring the role of health communication campaigns on youth knowledge, attitudes, and use of emergency contraception in Ghana: A multi-methods qualitative study*, September 2020 –
    - Recipient, 2022 OXFAM Scholarship
11. Margaret Mary Blankson (PhD, Population Health), *TBD*, September 2020 –
12. Sabrine Chengane (PhD, Population Health), *Contraceptive knowledge, attitudes, and practices in Algeria: A multi-methods study with women living in urban and rural areas*, September 2020 –

- Recipient, 2023 Gilles G. Patry Student Engagement Fund for Non-Ontario Student Residents (CAD500)
- Recipient, 2023 Middle East Studies Association (MESA) student travel award (CAD500)

13. Mariam Omar (PhD, Population Health), *Exploring women's sexual and reproductive health and gender-based violence needs in Libya: A multi-methods study*, September 2020 –
    - Recipient, 2023 AIMS I William Zartman North African Travel Award (USD750)
    - Recipient, 2023 MESA student travel award (USD500)
    - Recipient, 2021 Society of Family Planning membership award
14. Nished Rijal (PhD, Population Health), *Delivering medication abortion through pharmacies: A mixed-methods study in Nepal*, September 2020 –
    - Recipient, 2020-2021 Allan Rock Scholarship (CAD4,500)
15. Dipesh Suvarna (PhD, Population Health), *Exploring access to abortion services in India during the COVID-19 era: A multi-methods study*, September 2020 –
    - Recipient, 2022-2023 Mitacs Global Research Link Award (CAD6,000)
16. Ali Al-Gharabli (PhD, Population Health), *TBD,* September 2019 –
17. Cady Nyombe (PhD, Population Health), *Examining health care-seeking experiences in conflict and post-conflict settings: A multi-methods study of sexual violence in the eastern region of the Democratic Republic of the Congo,* September 2019 –
18. Abdiasis Yalahow (PhD, Population Health), *TBD,* September 2019 –
    - Recipient, 2020-2021 Ontario Graduate Scholarship
19. Florida Doci (PhD, Population Health), *Trapped in transition: A multi-methods assessment of sexual and reproductive health needs of youth in Albania,* September 2017 –
    - Recipient, 2020-2021 Ontario Graduate Scholarship
    - Recipient, 2019-2020 Ontario Graduate Scholarship
    - Recipient, 2018-2019 Ontario Graduate Scholarship
    - Recipient, 2019 Canadian Student Health Research Forum/CIHR Scholarship
    - Recipient, 2018 CIHR ICS Travel Award
    - Recipient 2018 CIHR Dissemination Award
20. Elyse Fortier (PhD, Population Health), *Exploring the knowledge, experiences, and health needs of young womxn living in Ontario: An action-oriented study dedicated to reproductive coercion,* September 2017 –
    - Recipient, 2020-2021 Ontario Graduate Scholarship
    - Recipient, 2020-2021 Bourses de recherche du Consortium national de formation en santé (CNFS) – Volet Université d'Ottawa (CAD10,000)
21. Srishti Hukku (PhD, Population Health), *Exploring knowledge and perspectives on artificial womb technology: A qualitative multi-methods study,* September 2017 –
    - Recipient, 2022 National Abortion Federation Social Science Research Award (USD1,000)
    - Recipient, 2018 Society of Family Planning Scholarship to attend the 2018 North American Forum on Family Planning

Master's students

1. Lisa Donna Bonhomme (MSc, Health Sciences), *TBD*, September 2022 –
2. Wendy Hou (MSc, Health Sciences), *Exploring womxn's experiences with medication abortion in Texas: A qualitative study*, September 2022 –
3. Emma Ouellette (MSc, Health Sciences), *TBD*, September 2022 –
4. Meredith Ross-Urwin Hou (MSc, Health Sciences), *Exploring the experiences of those obtaining medication abortion pills in advance of need: A mixed-methods study with womxn in the United States*, September 2022 –

5. Nicki El-Bouchi (MSc, Health Sciences), *Exploring adolescents' knowledge of attitudes toward, and experiences with emergency contraception in Ontario: A multi-methods study*, September 2022 –
6. Varsa Murugesu (MSc, Health Sciences), *Exploring the impact of COVID-19 on the sexual and reproductive health experiences of Ontarian womxn with physical disabilities: A multi-methods qualitative study*, September 2022 –
7. Gabe Al-Rahi (MSc, Health Sciences), *Exploring Arab immigrant women's experiences with accessing sexual and reproductive health services in Canada: A multi-methods qualitative study*, September 2021 –
8. Monica Bordin (MSc, Health Sciences), *Exploring young women's experiences with emergency contraception and abortion care in Northern Ontario during the COVID-19 pandemic: A multi-methods qualitative study*, September 2021 –
9. Sarah Shahi (MSc, Health Sciences), *Exploring young second-generation South Asian Canadian womxn's experiences with sexual and reproductive health information and services in Ontario*, September 2021 –
10. Fariborz Fazileh (MSc, Health Sciences), *Women's experiences with contraception and abortion in Canada: A qualitative study with Iranian immigrants,* September 2013 –

7.3 Supervision completed: trainee details

At University of Ottawa

Doctoral students

1. Céline Delacroix (PhD, Population Health), *Environmental sustainability as leverage to increase the prominence, legitimacy, and funding of global reproductive rights,* September 2015 – January 2022
    - Recipient, 2020-2022 Werner Fornos Fellowship
2. Kathryn LaRoche (PhD, Population Health), *Exploring the journey of mifepristone in Canada and Australia,* September 2015 – August 2020
    - Recipient, 2020 PhD Dissertation Prize, uOttawa
    - Recipient, 2019-2020 Mitacs Global Research Link Award (CAD6,000)
    - Recipient, 2017-2019 CIHR Doctoral Research Award
    - Recipient, 2017-2018 Society of Family Planning trainee grant (USD7,000)
    - Recipient, 2016-2017 Ontario Graduate Scholarship
3. Naomi Tschirhart (PhD, Population Health), *TB surveillance challenges and treatment barriers among migrant and refugee populations in Tak province, Thailand*, September 2012 – March 2017
    - Recipient, 2016 CIHR Health Services Institute Travel Grant (CAD1,500)
    - Recipient, 2014-2015 International Development Research Centre Graduate Student award (CAD20,000) for dissertation fieldwork
    - Recipient, 2014 CIHR Institute Community Support Travel Award
    - Recipient, 2012-2015 Queen Elizabeth II Graduate Scholarship in Science and Technology (CAD10,000)

Master's students

1. Émilie Friesen (MSc, Health Sciences), *Exploring the advance provision of Mifegymiso®: A mixed-methods study*, September 2020 – April 2024
2. Kyle Joseph Drouillard (MSc, Health Sciences), *Exploring LGBTQ2S people's experiences with intimate partner violence during the COVID-19 pandemic in Canada: A multi-methods qualitative study*, September 2020 – September 2023
    - Nominee, 2023 Master's Thesis Prize, uOttawa
    - Recipient, "Best poster award – Honorable mention" 2022 uOttawa MSc Health Sciences poster session, Ottawa, ON
3. Sydney Hart (MSc, Health Sciences, *Exploring Accompaniment in Abortion Care: A Multi-Methods Study*, September 2020 – May 2023

4. Brianna Pierre (MSc, Health Sciences), *Exploring the experiences of womxn who obtained abortion care through telemedicine in Ontario during the COVID-19 pandemic: A qualitative study*, September 2021 – October 2023
5. Carly Demont (MSc, Health Sciences), *Exploring womxn's experiences obtaining an abortion after the gestational age limit in the Maritimes: A multi-methods qualitative study*, September 2020 – October 2022
6. Manizha Ashna (MSc, Health Sciences), *Assessing the reproductive health needs of internally displaced women in Afghanistan: A multi-methods study,* September 2019 – April 2022
7. Laura Crich (MSc, Health Sciences), *Exploring Syrian refugee women's reproductive health experiences: A multi-methods qualitative study in Ontario*, September 2018 – August 2021
8. Stefanie Frappier (MSc, Health Sciences), *Exploring young adults with disabilities' knowledge of and experiences with contraception: A multi-methods qualitative study in Ontario*, September 2018 – June 2021
9. Luisa Marval-Peck (MSc, Health Sciences), *Exploring women's experiences obtaining medication abortion outside of the formal health care system,* September 2017 – June 2021
10. Kassandre Messier (MSc, Health Sciences), *Expanding access to safe abortion care through the community-based distribution of misoprostol in Pakistan*, September 2018 – March 2021
11. Madison Borsella (MSc, Health Sciences), *Exploring women's knowledge of, access to, and experiences with emergency contraception in New Brunswick*, September 2018 – October 2020
12. Dieula Cazeau (MSc, Health Sciences), *Exploring women's experiences using long-acting reversible contraception in Ontario: A mixed methods study,* September 2016 – April 2020
    - Recipient, CNFS-volet Université d'Ottawa Master's Scholarship (CAD1,500)
13. Nicola Brogan (MSc, Health Sciences), *Exploring the contraceptive experiences of adolescents living in rural Ontario,* September 2017 – October 2019
14. Ieman El-Mowafi (MSc, Health Sciences), *Assessing the reproductive health experiences and needs of Syrian child brides residing in Jordan,* September 2017 – August 2019
    - Nominee, 2019 Master's Thesis Prize, uOttawa
    - Recipient, "Best poster award" 2019 uOttawa MSc HSS poster session, Ottawa, ON
    - Recipient, SWAAC Student Award in Equity, Diversity and Inclusion (CAD3,000)
    - Recipient, 2018 Lånekassen µ (Norwegian government) scholarship for fieldwork in Jordan (CAD9,000)
    - Recipient, 2018-2019 Alex Trebek Fellowship (CAD9,000)
    - Recipient, 2017 Inter-Agency Working Group Scholarship to attend the 2017 IAWG on Reproductive Health in Crises, Athens, Greece
    - Recipient, 2017 Society of Family Planning Scholarship to attend the 2017 North American Forum on Family Planning
15. Ruth Geena Mimbosa Nara (MSc, Health Sciences), *Understanding the reproductive health needs of refugee and displaced women in the Democratic Republic of Congo,* September 2016 – October 2018
    - Recipient, 2018 Joseph de Konick Prize, uOttawa (Awarded annually to one outstanding master's thesis in an interdisciplinary or collaborative program)
    - Recipient, 2018 Society of Family Planning Scholarship to attend the 2018 North American Forum on Family Planning
    - Recipient, 2017 International Development Research Centre Maternal-Child Health Fellowship (CAD55,000)
16. Abdiasis Yalahow (MSc, Health Sciences), *Exploring the reproductive health education of health service professionals in Mogadishu, Somalia,* September 2015 – September 2017
    - Recipient, "Best poster award – Honourable mention" 2017 uOttawa MSc Health Sciences poster session, Ottawa, ON

17. Florida Doci (MSc, Health Sciences), *Emergency contraception in Albania: A multi-methods study,* September 2015 – August 2017
    - Nominee, 2017 Master's Thesis Prize, uOttawa
    - Recipient, 2017 Society of Family Planning Scholarship to attend the 2017 North American Forum on Family Planning
    - Recipient, "Best poster award" 2017 uOttawa MSc Health Sciences poster session, Ottawa, ON
    - Recipient, 2016 European Society of Contraception and Reproductive Health Grant (Euro4,875)
18. Elyse Marthe Yvonne Fortier (MSc, Health Sciences), *Exploring the experiences of teenage mothers in Ottawa: A qualitative study dedicated to rapid repeat pregnancy,* September 2015 – August 2017
    - Recipient, "Best poster award, 2nd place", 2018 Interdisciplinary Student Research Conference on Healthcare, Ottawa, ON
19. Marilia Paula Tavares (MSc, Health Sciences), *Emergency contraception in Brazil: Exploring the journey of the medication and current availability*, July 2015 – June 2017
20. Prabjyot Chahil (MSc, Health Sciences), *Exploring the abortion experiences of Punjabi women in Ontario,* September 2014 – October 2016
    - Recipient, 2015 Society of Family Planning Trainee Grant (USD4,000)
21. Lyne Jrade (MSc, Health Sciences), *Exploring the experiences of infertile Arab immigrant women: A qualitative study,* September 2014 – October 2016
22. Jennifer Cano (MSc, Health Sciences), *Documenting women's experiences obtaining abortion services while residing in the Canadian territories,* September 2014 – July 2016
    - Recipient, "Best poster award," 2016 uOttawa MSc Health Sciences poster session, Ottawa, ON
23. Andréanne Chaumont (MSc, Health Sciences), *Exploring the knowledge, attitudes, and practices of pharmacists in Ontario: A mixed-methods study dedicated to emergency contraception,* September 2014 – July 2016
    - Recipient, 2015 Queen Elizabeth II Graduate Scholarship in Science and Technology (CAD10,000)
    - Alternate, 2015-2016 Ontario Graduate Scholarship
    - Nominee (uOttawa), 2015-2016 Ontario Women's Health Scholars Award
    - Recipient, "Best poster award," 2016 Women's XChange Conference, Toronto, ON
    - Recipient, "Best poster award," 2015 Primary Care Women's Health Conference, Cleveland, OH
24. Katrina MacFarlane (MSc, Health Sciences), *An assessment of abortion experiences in Istanbul, Turkey,* September 2014 – July 2016
    - Recipient, 2016-2017 Society of Family Planning Junior Fellowship grant (USD15,000)
    - Recipient, 2015-2016 Mitacs Global Research Link Award (CAD5,000)
    - Recipient, 2015-2016 Centre for Global and Community Engagement Scholarship (CAD4,500)
    - Nominee, 2016 Master's Thesis Prize, uOttawa
    - Nominee (uOttawa), 2015-2016 Ontario Women's Health Scholars Award
25. Kristina Vogel (MSc, Health Sciences), *The potential of mifepristone in Canada: Exploring the perspectives of women and clinicians,* September 2014 – July 2016
    - Recipient, 2015 Society of Family Planning Scholarship to attend the 2015 North American Forum on Family Planning
26. Azam Abolbaghaei (MA, Women's Studies), *Female genital cutting: Prevalence and efforts to eliminate the practice in Canada,* May 2014 – December 2015
27. Jessica Silva (MSc, Health Sciences), *Exploring the sexual violence experiences of recent refugees in Ottawa and Toronto,* September 2013 – September 2015
    - Recipient, 2014-2015 CFUW École Polytechnique Commemorative Award (CAD5,000)
    - Recipient, 2014 International Gold Event with the Duke of Edinburgh Award (to participate in a conference in South Korea)

28. Simone Parniak (MA, Women's Studies), *What's in a name? Exploring the language of "peri-coital" contraception,* September 2013 – September 2015
    - Nominee, 2015 Master's Thesis Prize, uOttawa
    - Nominee (uOttawa), 2014-2015 Ontario Women's Health Scholars Award
    - Recipient, 2014-2015 SSRHC Graduate Student Fellowship
    - Recipient, 2014 Society of Family Planning Trainee Grant (USD5,000)
29. Martin St-Jean (MSc, Health Sciences), *Exploring the reproductive health content of nursing education in Palestine,* July 2013 – August 2015
30. Faduma Gure (MSc, Health Sciences), *Emergency contraception in post-conflict Somalia: Assessing awareness and perceptions of need,* September 2013 – July 2015
    - Recipient, 2015-2016 OceanPath Fellowship (CAD25,000) for project in Canada
    - Recipient, "Best poster award," 2015 uOttawa MSc Health Sciences poster session, Ottawa, ON
    - Nominee, 2015 Master's Thesis Prize, uOttawa
    - Recipient, 2014 Society of Family Planning Trainee Grant (USD5,000)
31. Kathryn LaRoche (MSc, Health Sciences), *The availability, accessibility, and structuring of post-abortion support services in Ontario,* September 2013 – July 2015
    - Nominee, 2015 Master's Thesis Prize, uOttawa
    - Nominee (uOttawa), 2014-2015 Ontario Women's Health Scholars Award
    - Recipient, 2014-2015 Ontario Graduate Scholarship
    - Recipient, 2014 Society of Family Planning Scholarship to attend 2014 North American Forum on Family Planning
32. Grace Sheehy (MSc, Health Sciences), *A reproductive health needs assessment in peri-urban Yangon, Myanmar,* September 2013 – July 2015
    - Recipient, 2015-2016 OceanPath Fellowship (CAD25,000) for project in Myanmar
    - Recipient, 2014-2015 Ontario Graduate Scholarship
    - Recipient, 2014-2015 Centre for Global and Community Engagement Scholarship
    - Recipient, 2014 Society of Family Planning Trainee Grant (USD5,000)
    - Recipient, "Best poster award," 2015 Women's XChange Conference, Toronto, ON
33. Lindsay Sheinfeld (MSc, Health Sciences), *Assessing the contraception and abortion content of nurse practitioner programs in survey of program directors*, January 2014 – July 2015
34. Maya Patel (MSc, Health Sciences, Co-Supervisor), *Exploring the definitions and impacts of slum dwelling for Indian women* February 2013 – December 2014.
35. Jillian Gedeon (MSc, Health Sciences), *Assessing the experiences of IUD users living on the Thailand-Burma Border*, September 2012 – August 2014.
    - Finalist, 2013 Rhodes Scholarship (Ontario)
    - Recipient, 2013-2014 Ontario Women's Health Scholars Award
    - Recipient, 2012-2013 Ontario Graduate Scholarship
    - Nominee, 2014 Master's Thesis Prize, uOttawa
    - Recipient, 2013 Society of Family Planning Scholarship to attend 2013 North American Forum on Family Planning
    - Recipient, 2013 Travel Grant to participate in the International Conference on Family Planning, Addis Ababa, Ethiopia
36. Grady Arnott (MSc, Health Sciences), *Mobilizing misoprostol: A multi-methods analysis of policies and practices in refugee and crisis settings*, September 2012 – July 2014.
    - Recipient, 2014-2015 PFF Fellowship (CAD30,000) for project on the Thailand-Burma border
    - Nominee, 2014 Master's Thesis Prize, uOttawa
    - Recipient, "Best poster award," 2014 uOttawa MSc Health Sciences poster session, Ottawa, ON

- Recipient, "Best poster award," 2014 Women's Xchange Conference, Toronto, ON
- Nominee (uOttawa), 2014 Rhodes Scholarship (Ontario)

37. Khalid Sulaiman (MA, Women's Studies), September 2011 – May 2013, *Exploring the roles and representations of women in the Egyptian Uprising*
38. Purna Barua (MA, Women's Studies), *Interpersonal and structural violence in post-earthquake Haiti,* September 2011 – December 2012
39. Natasha Aslan (MA, Graduate School of Public and International Affairs), Khul' *in Egypt: What has been the impact?*, September 2011 – August 2012

Visiting international students at the University of Ottawa

1. Ysla Demétrio Cardoso (BSc student, Federal University of Uberlândia, Brazil). *Exploring the impact of COVID-19 on telemedicine abortion services.* January 2022 – June 2022
    - Recipient, 2021-2022 Student Exchange Program Scholarship, Emerging Leaders in the Americas Program (CAD7,700)
2. Osmara Alves (PhD candidate, Nursing, University of São Paulo, Brazil). *Contraceptive discontinuation among women of reproductive age in Brazil*. September 2017 – December 2017
    - Recipient, 2017 Doctoral Sandwich Fellowship (CAD8,000)
3. Verity Pooke (PhD candidate in Social Policy, University of Kent, United Kingdom). September 2017 – December 2017
    - Recipient, 2017 Overseas Institutional Visits Competition Scholarship (CAD8,000)
    - Oral presentation, 2017 International Consortium for Emergency Contraception annual meeting, Washington, DC

Undergraduate honours students (one year)

1. Alexandre Eid (HSS4901), *Exploring the sexual and reproductive health experiences of Arab immigrant women in Canada*, 2023-2024
2. Belinda Lahu (HSS4901), *Documenting US womxn's medication abortion experiences*, 2023-2024
3. Charlotte Manaloto (HSS4901), *Documenting US womxn's medication abortion experiences*, 2023-2024
4. Danika Paquette Rochette (HSS4901), *Documenting the sexual and reproductive health experiences of Canadians with physical disabilities*, 2023-2024
5. Habiba Ali (HSS4901), *Exploring women's telemedicine abortion experiences in Canada*, 2023-2024
6. Harmony Selman (HSS4901), *Exploring belief-based denial of contraception, abortion, and MAiD services in Canada*, 2023-2024
7. Lia Fugnitto, *Understanding abortion service utilization before and after the onset of COVID-19 in Canada*, 2023-2024
8. Isabella MacKay (HSS4901), *Documenting the sexual and reproductive health experiences of Canadians with physical disabilities*, 2023-2024
9. Jenna Alli (HSS4901), *Understanding abortion service utilization before and after the onset of COVID-19 in Canada*, 2023-2024
10. Julia Singer (BIM4009), *Documenting Ontarian adolescents' experiences with emergency contraception*, 2023-2024
11. Karla Bozic (HSS4901), *Documenting Ontarian adolescents' experiences with emergency contraception*, 2023-2024
12. Linda El Rayes (HSS4901), *Exploring the sexual and reproductive health experiences of Arab immigrant women in Canada*, 2023-2024
13. Lindsey Santa Maria (HSS4901), *Exploring belief-based denial of contraception, abortion, and MAiD services in Canada*, 2023-2024
14. Mikaela O'Brien (PSY4276), *Documenting US womxn's medication abortion experiences*, 2023-2024

15. Mila Phongphilack (APA4200), *Exploring belief-based denial of contraception, abortion, and MAiD services in Canada*, 2023-2024
16. Areebah Ahmed (HSS4901), *Exploring womxn's experiences obtaining medication via telemedicine after the onset of the COVID-19 pandemic in Canada*, 2022-2023
17. Sneha Ananth (HSS4901), *Exploring belief-based denial of reproductive health services in Canada*, 2022-2023
18. Marina Azzawi (BIM4009), *Expanding access to sexual and reproductive health education among migrant workers in the garment sector in Jordan*, 2022-2023
19. Jessica Berryhill (HSS4901), *Exploring womxn's experiences obtaining medication via telemedicine after the onset of the COVID-19 pandemic in Canada*, 2022-2023
20. Oriana Bélisle Prada (HSS4901), *Exploring self-managed abortion practices in humanitarian settings*, 2022-2023
21. Jacquie Bishop (PSY4276), *Exploring US womxn's abortion experiences in the wake of Dobbs*, 2022-2023
22. Saredo Bouraleh (HSS4901), *Exploring abortion service delivery before and after the onset of the COVID-19 pandemic*, 2022-2023
23. Sara DiFrancesco (HSS4901), *Exploring womxn's contraception and abortion experiences in Northern Ontario*, 2022-2023
24. Arianna Halani (HSS4901), *Exploring US womxn's abortion experiences in the wake of Dobbs*, 2022-2023
25. Mackenzie Hildenbrand (BIM4009), *Exploring self-managed abortion practices in humanitarian settings*, 2022-2023
26. Wendy Hou (HSS4901), *Exploring abortion service delivery before and after the onset of the COVID-19 pandemic*, 2022-2023
27. Meeka Jean-Baptiste (HSS4901), *Exploring belief-based denial of reproductive health services in Canada*, 2022-2023
28. Ayesha Qadri (HSS4901), *Exploring South Asian Canadian womxn's reproductive health experiences in Ontario*, 2022-2023
29. Camille Sauvé (HSS4901), *Exploring Canadian womxn's experiences obtaining later gestational age abortion care*, 2022-2023
30. Oviya Sritharan (HSS4901), *Exploring South Asian Canadian womxn's reproductive health experiences in Ontario*, 2022-2023
31. Subah Vohra (HSS4901), *Exploring abortion service delivery before and after the onset of the COVID-19 pandemic*, 2022-2023
32. Anni Wu (HSS4901), *Exploring belief-based denial of reproductive health services in Canada*, 2022-2023
33. Meherin Ahmed (HSS4901), *Expanding access to medication abortion care in humanitarian settings*, 2021-2022
34. Alexa Cheng (HSS4901), *Exploring abortion service delivery in Canada before and after the COVID-19 pandemic,* 2021-2022
35. Jessica Cheng (HSS4901), *Exploring US women's medication abortion experiences: A large-scale national qualitative study,* 2021-2022
36. Nicki El-Bouchi (HSS4901), *Giving birth during a pandemic: Women's delivery experiences in Ontario during*, 2021-2022
37. Seairah Harricharan (HSS4901), *Exploring womxn's abortion experiences in New Brunswick*, 2021-2022
38. Erin Hastings (HSS4901), *Exploring Canadian womxn's abortion experiences in the US,* 2021-2022
39. Emma Iverson (HSS4901), *Exploring abortion service delivery in Canada before and after the COVID-19 pandemic,* 2021-2022
40. Besa Lahu (HSS4901), *Exploring young adults' sexual and reproductive health needs in Albania*, 2021-2022
41. Marie-Rose Lépine (PSY4276), *Exploring stigma among abortion seekers in North America*, 2021-2022
42. Mohamad Mehrez (HSS4901), *Exploring US women's medication abortion experiences: A large-scale national qualitative study*, 2021-2022

43. Victoria Paller (HSS4901), *Exploring abortion service delivery in Canada before and after the COVID-19 pandemic,* 2021-2022
44. Fatima Quershi (HSS4901), *Giving birth during a pandemic: Women's delivery experiences in Ontario during the COVID-19 era*, 2021-2022
45. Kezia Wirasana (HSS4901), *Exploring telehealth abortion service delivery before and after the onset of the COVID-19 pandemic*, 2021-2022
46. Leyla Abou-Moussa (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
47. Aseel Ahmad (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
48. Randa Ahmad (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
49. Hala Alshaer (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
50. Keara LiCheynne Armstrong (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
51. Kalista Coleman (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
52. Karim Zahr Eddin (BIM4920), *US womxn's medication abortion experiences,* 2020-2021
53. Julia Reine Kemzang Emogang (HSS4901), *Canadian womxn's experiences with abortion in the COVID-19 era,* 2020-2021
54. Élodie Héran (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
55. Rima Kaddour (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
56. Cassandra MacKinnon (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
57. Andréanne Ménard (BIM4920), *Canadian womxn's experiences with abortion in the COVID-19 era,* 2020-2021
58. Sabah Pirwani (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
59. Stephanie Prystupa-Maule (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
60. Mason Rozon (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
61. Zina Sabir (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
62. Ruby Sannoufi (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
63. Faith Stadnyk (HSS4901), *US womxn's medication abortion experiences,* 2020-2021
64. Anya Aissaoui (HSS4901), *Expanding access to abortion in humanitarian settings,* 2019-2020
65. Akhilesh Bhushan (HSS4901), *Exploring US women's medication abortion experiences,* 2019-2020
66. Maryem El Jaouhari (BIO009), *Exploring US women's medication abortion experiences,* 2019-2020
67. Zahra El-Sendi (HSS4901), *Exploring Syrian refugees' experiences with sexual and reproductive health services in Ontario,* 2019-2020
68. Reem Hashim (HSS4901), *Exploring Syrian refugees' experiences with sexual and reproductive health services in Ontario,* 2019-2020
69. Kanya Lakshmi Rajendra (HSS4901), *Expanding access to abortion in humanitarian settings,* 2019-2020
70. Hamza Malik (HSS4901), *Assessing the availability and accessibility of emergency contraception in Europe,* 2019-2020
71. Amelia Martzke (HSS4901), *Exploring key stakeholders' opinions about Safe Access Zone Laws in Canada,* 2019-2020
72. Andréa Rondeau-Brown (HSS4901), *Exploring the impact of MSFC events on attitudes toward and intentions to train in abortion care: A study with University of Ottawa medical students,* 2019-2020
73. Alina Yli-Juuti (HSS4901), *Assessing the availability and accessibility of emergency contraception in Europe,* 2019-2020
74. Marcel Miron-Celis (HSS4901), *Exploring the impact of the economic crisis on sexual and reproductive health in Venezuela,* 2018-2019
75. Mira Persaud (HSS4901), *Understanding the experiences of women who travel between provinces for abortion care,* 2018-2019
76. Sidrah Zafar (HSS4901), *Assessing the availability and accessibility of emergency contraception in humanitarian settings,* 2018-2019
77. Madison Borsella (HSS4901), *A mixed methods study of Canadian women's knowledge of and experiences with ulipristal acetate,* 2017-2018

78. Tierney Boyce (HSS4901), *Exploring the abortion experiences of FNIM women in Canada*, 2017-2018
79. Alice Carvalhal Schoffel (HSS4901), *Understanding the role of male partners in abortion-decision making in Canada*, 2017-2018
80. Gabrielle Di Lorenzo (HSS4901), *Exploring the reproductive health needs of Rohingya refugees in Kuala Lumpur, Malaysia,* 2017-2018
81. Masriska Silas (HSS4901), *Exploring LGBTQ+ young adults' experiences with contraception and abortion in Ontario*, 2017-2018
82. Lareina Aloysious (HSS4901), *Exploring the role of partners in abortion-decision making*, 2016-2017
83. Hiba Elhaj (BIM4009), *Exploring skin-bleaching practices among women in Canada: A qualitative study*, 2016-2017
84. Donna Ensan (HSS4901), *Exploring Canadian women's knowledge of and experiences with ulipristal acetate*, 2016-2017
85. Samantha Ghanem (HSS4901), *Exploring Polish women's experiences obtaining medication abortion through an online provider*, 2016-2017
86. Eva Gross (HSS4901), *Exploring the impact of the Zika virus on abortion policies and practices in Latin America*, 2016-2017
87. Sereen Hatem Akel (BCH4040), *Exploring women's experiences placing a child for adoption in British Columbia*, 2016-2017
88. Luisa Marval-Peck (HSS4901), *Assessing the availability of abortion services in Canadian hospitals*, 2016-2017
89. Julia Morris (HSS4901), *Exploring the abortion experiences of teens in Canada*, 2016-2017
90. Marisa Wijay (HSS4901), *Exploring adolescents' experiences with contraception on the Thailand-Burma border*, 2016-2017
91. Ankit Dhawan (APA4100), *Exploring women's abortion experiences in British Columbia*, 2015-2016
92. Kyle Joseph Drouillard (PSY4276), *Exploring US Peace Corps Volunteers' mental health experiences*, 2015-2016
93. Carolyne Godon (BIM4009), *Long acting reversible contraception in crisis, conflict, refugee, and emergency settings*, 2015-2016
94. Harvin Komal (BIM4009), *What are Jordanian medical students learning about contraception? A national qualitative study*, 2015-2016
95. Ruth Geena Mimbosa Nara (BIM 4009), *Exploring women's experiences using depo provera in Ontario*, 2015-2016
96. Brittney Powell-Lee (BIO4004), *Exploring sexual and reproductive health among young adults in Jamaica*, 2015-2016
97. Emily St. Pierre (BIM4009), *Assessing the availability and provision of emergency contraception in Ontario*, 2015-2016
98. Jade Taki (HSS4901), *Exploring Algerian-Canadian women's sexual and reproductive health knowledge, attitudes, and practices*, 2015-2016
99. Chantal Williams (BIM4009), *Exploring the availability of emergency contraception in the Maritimes: A mystery client study*, 2015-2016
100. Romina Hassan Zadeh (BIM4009), *Exploring women's abortion experiences in Saskatchewan*, 2015-2016
101. Arielle Kaneza (HSS4901), *Exploring young women's abortion experiences in Quebec*, 2014-2015
102. Michelle Miller (HSS4901), *Exploring young women's abortion experiences in Ontario*, 2014-2015
103. Simran Sandhu (HSS4901), *Exploring the reproductive health experiences aboriginal women living in urban areas of Ontario*, 2014-2015
104. Rachel Weekes (HSS4901), *Exploring the availability of emergency contraception in the Maritimes: A mystery client study*, 2014-2015
105. Andréanne Chaumont (HSS4901), *Exploring the knowledge, attitudes, and practices of pharmacists in Ontario: A multi-methods study dedicated to reproductive health technologies*, 2013-2014

106. Jill Muileboom (HSS4901), *Exploring adolescent sexual and reproductive health on the Thailand-Burma border*, 2013-2014
107. Maria Syoufi (HSS4901), *Exploring recent immigrants' knowledge of and attitudes toward sexual and reproductive health services in Ottawa*, 2013-2014
108. Gabrielle Veillet-Lemay (HSS4901), *Exploring sexual and reproductive health misinformation among young adults in Ontario*, 2013-2014
109. Simone Parniak (HSS4901), *How should we talk about "peri-coital" contraception?*, 2012-2013

Undergraduate honours students (one term)

1. Guntaas Bedi (HSS4900), *Exploring womxn's abortion experiences in the United States in the wake of* Dobbs, Winter 2023-2024
2. Saleh Rabeh Alkelani (HSS4900), *Exploring womxn's abortion experiences in the United States in the wake of* Dobbs, Winter 2023-2024
3. Oviya Sritharan (HSS4900), *Exploring South Asian Ontarians' experiences with sexual and reproductive health Information and services*, Fall 2023-2024
4. Alexandra Kane (HSS4900), *Exploring belief-based denial of reproductive health services in Canada*, Winter 2022-2023
5. Sally Yan (HSS4900), *Exploring belief-based denial of reproductive health services in Canada*, Winter 2022-2023
6. Nabeeha Shariff (HSS4900), *Exploring the availability of emergency contraception in Ontario*, Fall 2022-2023
7. Ehinomen Oko-Oboh (HSS4900), *Exploring the availability and accessibility of emergency contraception in Ghana*, Winter 2021-2022
8. Taylor Léveillé (HSS4900), *Exploring US women's medication abortion experiences*, Fall 2021-2022
9. Safa Iran-Manesh (HSS4900), *Exploring US women's medication abortion experiences*, Fall 2021-2022
10. Jasmine Niktash (HSS4900), *Exploring US women's medication abortion experiences*, Fall 2021-2022
11. Anne-Marie Parrot (HSS4900), *Exploring US women's medication abortion experiences*, Fall 2021-2022
12. Victoria Porter (HSS4900), *Exploring US women's medication abortion experiences*, Fall 2021-2022
13. Gabe Al-Rahi (HSS4900), *US womxn's medication abortion experiences,* Winter 2020-2021
14. Chaeyon Lee (HSS4900), *US womxn's medication abortion experiences,* Winter 2020-2021
15. Subikshan Sathyaurthy (HSS4900), *US womxn's medication abortion experiences,* Winter 2020-2021
16. Jewel Thompson-Adiuku (HSS4900), *US womxn's medication abortion experiences,* Winter 2020-2021
17. Monica Bordin (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
18. Shazia Dhanani (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
19. Umer Haider (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
20. Cindy Huynh (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
21. Adiba Mahbub (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
22. Clara Mizra (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
23. Joseph Punnooran (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
24. Naazish Shariff (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
25. Georgia Ann Stewart (HSS4900), *US womxn's medication abortion experiences,* Fall 2020-2021
26. Mariangela Bagnato (HSS4900), *Exploring the medication abortion experiences of women in the US*, Winter 2019-2020
27. Kaeshan Elamurugam (HSS4900), *Assessing the feasibility of collecting sexual and reproductive health core indicators in humanitarian settings: A case study in the DRC*, Winter 2019-2020
28. Michael John (HSS4900), *Exploring the medication abortion experiences of women in the US*, Winter 2019-2020
29. Mira Persaud (HSS4900), *Exploring emergency contraception stigma*, Winter 2019-2020
30. Nida Rehman (HSS4900), *Evaluating the community-based distribution of misoprostol for early abortion in Pakistan*, Winter 2019-2020

31. Catherine Gagnon-Jones (HSS4900), *Exploring Canadian women's medication abortion experiences*, Fall 2019-2020
32. Naomi Imalele (HSS4900), *Expanding access to abortion in humanitarian settings*, Fall 2019-2020
33. Elyce Ross (HSS4900), *Exploring Canadian women's medication abortion experiences*, Fall 2019-2020
34. Ariane Lefebvre (HSS4900), *Exploring the dynamics shaping abortion policies and practices in Niger*, Fall 2018-2019
35. Lisa Tanyaradzwa Gondo (HSS4900), *Exploring the dynamics shaping abortion policies and practices in Nigeria*, Fall 2018-2019
36. Elise Dahan (HSS4900), *Exploring the dynamics shaping abortion policies and practices in Pakistan,* Winter 2017-2018
37. Tomi Obe (HSS4900), *Exploring the relationship between dating practices, STIs, and unintended pregnancy*, Fall 2017-2018
38. Jenn Taylor (HSS4900), *Exploring the provision of emergency contraception among non-governmental organizations*, Fall 2017-2018
39. Sawila Bayat (HSS4900), *Assessing the availability of abortion services in Ontario hospitals*, Winter 2016-2017
40. Merrill Pappin (HSS4900), *Exploring the use of IUDs among Canadian women*, Winter 2016-2017
41. Moyandi Udugama (HSS4900), *Exploring the dynamics shaping abortion care among Rohingya refugees in Kuala Lumpur, Malaysia*, Winter 2016-2017
42. Nicola Brogan (HSS4900), *Exploring the use of long-acting reversible contraception among adolescents in Canada*, Fall 2016-2017
43. Roa Sabra (HSS4900), *Exploring religious restrictions on reproductive health service delivery in Canada,* Fall 2016-2017
44. Muhim Abdala (HSS4900), *Exploring women's health among East African diaspora communities in North America,* Winter 2015-2016
45. Tujuanna Austin, *Exploring the role of partners in abortion-decision making*, Winter 2015-2016
46. Tamara Coffin (HSS4900), *Exploring the dynamics shaping implant use along the Thailand-Burma border,* Winter 2015-2016
47. Philippa Katherine Dillon-Fordyce (HSS4900), *Trafficking: A systematic review of the literature from Canada,* Winter 2015-2016
48. Kathryn Jane Doyle (HSS4900), *Exploring the dynamics shaping implant use along the Thailand-Burma border,* Winter 2015-2016
49. Bronte Dakota Patterson (HSS4900), *Exploring women's abortion experiences in British Columbia,* Winter 2015-2016
50. Jennifer Perley (HSS4900), *Exploring adolescents' experiences with contraception on the Thailand-Burma border,* Winter 2015-2016
51. Megan Irene Petrasek Macdonald (HSS4900), *Exploring women's abortion experiences in Nova Scotia*, Winter 2015-2016
52. Kesheni Bianca Samaranayake (HSS4900), *Reproductive and sexual health in Rohingya populations: A systematic review of the literature,* Winter 2015-2016
53. Paulysha De Gannes (HSS4900), *What motivates adolescents to seek sexual and reproductive health services in Canada?* Fall 2015-2016
54. Jennifer Kuntz (HSS4900), *Exploring teenage mothers' experiences placing a child for adoption in Canada*, Fall 2015-2016
55. Nishali Patel (HSS4900), *Exploring the introduction and registration status of ulipristal acetate in different countries*, Fall 2015-2016
56. Hayley Nicole Pelletier (HSS4900), *Exploring contraceptive service delivery on the Thailand-Burma border*, Fall 2015-2016
57. Alysia Case Robinson (HSS4900), *Exploring the dynamics shaping abortion policies and practices in Lebanon*, Fall 2015-2016

58. Habon Warsame (HSS4900), *Evaluating the media coverage of Health Canada's decision on mifepristone*, Fall 2015-2016
59. Zeinab Altmeime (HSS4900), *Exploring contraceptive knowledge, attitudes, and practices of Middle Eastern populations in Canada*, Fall 2014-2015
60. Lorietta Nweke-Muse (HSS4900), *Reproductive health in Yemen: A systematic review of the literature* , Fall 2014-2015
61. Aamina Ahmed (HSS4900), *Exploring the sexual and reproductive health knowledge, attitudes, and behaviors of female university students in Palestine and Jordan*, Fall 2013-2014
62. Soumia Benmeddour (HSS4900), *Abortion in Algeria: A review of policies, published research, and media coverage*,
    Fall 2013-2014
63. Jennifer Cano (HSS4900), *Exploring access to sexual and reproductive health services in Canada's territories,* Winter 2013-2014
64. Laurence Caron-Poulin (HSS4900), *Exploring the abortion experiences of Franco-Ontarian women*, Fall 2013-2014
65. Prabjyot Chahil (HSS4900), *Understanding the global dynamics of sex-selective abortion*, Fall 2013-2014
66. Rula Charaf (HSS4900), *Exploring unmarried women's sexual and reproductive health in Tunisia,* Fall 2013-2014
67. Rami El-Sayegh (HSS4900), *Sexual and reproductive health among unmarried women in Palestine: Analyzing data from a survey conducted with university students*, Winter 2013-2014
68. Maria Fam (HSS4900), *Documenting US Peace Corps volunteers' opinions of, perceptions about, and experiences with reproductive health services and abortion care*, Fall 2013-2014
69. Ève Fréchette (HSS4900), *Une évaluation de la présence sur l'Internet d'ellaOne*, Fall 2013-2014
70. Taka Hoy (HSS4900), *Exploring the abortion experiences of women in Thunder Bay*, Fall 2013-2014
71. Alison Kutcher (HSS4900), *Exploring media representations of mifepristone in Canada*, Winter 2013-2014
72. Sallya Aleboyeh (HSS4900), *Assessing the reproductive health content of Step 1 study aides*, Winter 2012-2013
73. Keltouma Nouah (HSS4900), *Reproductive health experiences of Canadian-Algerian and Algerian young women: A comparison*, Winter 2013-2014
74. Yasmina Siguineau (HSS4900), *Factors influencing the decision to train in and the intention to provide abortion care: A national multi-methods study of Ob/Gyn residency programs*, Winter 2013-2014
75. Sinthusan Sinnadurai (HSS4900), *Exploring the coverage of Yaz and Yasmin in the Canadian media*, Winter 2013-2014
76. Maria Syoufi (HSS4900), *The introduction of emergency contraception in Kuwait: Exploring the context*, Winter 2012-2013
77. Abhi Bhandari (HSS4900), *Exploring the regulatory status and availability of misoprostol in the Arab world*, Winter
    2012-2013
78. Freya Crawley (HSS4900), *Is there a role for dramatic media in sexual and reproductive health programming in refugee settings?*, Fall 2012-2013
79. Annika McDowell (HSS4900), *Assessing the abortion content of nursing education in Canada: A survey of program directors*, Winter 2012-2013
80. Danielle Rutty (HSS4900), *Media representations of abortion in pre- and post-revolutionary Tunisia*, Winter 2012-2013
81. Lindsay Sheinfeld (HSS4900), *What are Canadian health service professionals learning about abortion care?*, Fall 2012-2013
82. Elizabeth Whicher (HSS4900), *Exploring the barriers to mifepristone registration in Canada*, Winter 2012-2013

Undergraduate Research Opportunities Program students

1. Khadija Aliyeva (2021-2022): *Exploring Canadian womxn's experiences obtaining medication abortion care through telemedicine*
2. Marina Azzawi (2021-2022): *Expanding access to sexual health education among migrant workers in the garment sector in Jordan*
3. Jessica Barryhill (2021-2022): *Exploring Canadian womxn's experiences obtaining medication abortion care through telemedicine*
4. Céleste Deforge (2021-2022): *Exploring Canadian womxn's abortion experiences in the US*
5. Sara DiFrancesco (2021-2022): *Exploring US womxn's experiences with medication abortion*
6. Arianna Halani (2021-2022): *Exploring US womxn's experiences with medication abortion*
7. Naisha Nicolas (2021-2022): *Exploring US womxn's experiences with medication abortion*
8. Camille Sauvé (2021-2022): *Exploring womxn's abortion experiences in New Brunswick*
9. Sana Almansour (2020-2021): *Establishing routine indicators to monitor sexual and reproductive health in humanitarian settings*
10. Musawwir Amatul (2020-2021): *Exploring US womxn's experiences with medication abortion*
11. Mohreet Badal (2020-2021): *Establishing routine indicators to monitor sexual and reproductive health in humanitarian settings*
12. Helly Bharwad (2020-2021): *Exploring the impact of COVID-19 on abortion care in Canada*
13. Olubusola Dehinbo (2020-2021): *Establishing routine indicators to monitor sexual and reproductive health in humanitarian settings*
14. Erin Hastings (2020-2021): *Exploring the impact of COVID-19 on abortion care in Canada*
15. Safa Iran-Manesh (2020-2021): *Exploring US womxn's experiences with medication abortion*
16. Varsa Murugesu (2020-2021): *Exploring the impact of protesters outside of clinics on abortion providers*
17. Thurvaraga Pirabakaran (2020-2021): *Exploring the coverage of contraception and abortion in teen magazines*
18. Victoria Porter (2020-2021): *Exploring US womxn's experiences with medication abortion*
19. Ayesha Qadri (2020-2021): *Establishing routine indicators to monitor sexual and reproductive health in humanitarian settings*
20. Megan Roy Pickard (2020-2021): *Exploring uOttawa medical students' knowledge of and intentions to provide abortion care*
21. Jacqueline Tian-Tran (2020-2021): *Exploring US womxn's experiences with medication abortion*
22. Janelle Anglin (2019-2020): *Exploring the availability, accessibility, and acceptability of emergency contraception in New Brunswick*
23. Catherine Gagnon-Jones (2019-2020): *Exploring the medication abortion experiences of women in the US*
24. Julia Kemzang (2019-2020): *Exploring the impact of protests outside of clinics on abortion providers*
25. Laura O'Connor (2019-2020): *Expanding access to abortion in humanitarian settings*
26. Emily Calibani (2018-2019): *Exploring adolescents' knowledge of and experiences with emergency contraception in rural Ontario*
27. Isabelle Labeca-Gordon (2018-2019): *Exploring young women's experiences with reproductive coercion: A qualitative study in Ottawa*
28. Kanya Lakshmi Rajendra (2018-2019): *Exploring the psycho-social support needs of Yazidi women in Iraq who have been released from captivity*
29. Sabrin Sanjana (2018-2019): *Exploring the sexual and reproductive health needs of Rohingya refugees in Cox's Bazar, Bangladesh*
30. Anya Aissaoui (2017-2018): *Exploring the sexual and reproductive health needs of Syrian refugees in Jordan*
31. Amelia Martzke (2017-2018): *Exploring the acceptability of a self-screening tool for chlamydia and gonorrhea*
32. Madison McGuire (2017-2018): *Exploring contraceptive use before and after obtaining an abortion*
33. Sidrah Zafar (2017-2018): *Exploring the reproductive health content of medical education in Jordan*

34. Madison Borsella (2016-2017): *Exploring the availability of emergency contraception in the British Columbia: A mystery client study*
35. Fadi Gorgi (2016-2017): *Exploring men's ability to obtain emergency contraception in Ontario: A mystery client study*
36. Valérie Lavigne (2016-2017): *Assessing the availability of abortion services in Canadian hospitals*
37. Shaezeen Syed (2015-2016): *Emergency contraception in the Prairies: A mystery client study*
38. Sapir Fellus (Winter 2014-2015): *Exploring abortion training and education in Jordanian medical schools*
39. Julia Zhou (Fall 2014-2015): *Contraceptive decision-making among abortion patients in Ontario*
40. Jaskiran Sandhu (Fall 2014-2015): *Exploring media representations of adoption in Canada*
41. Emma Adams (Winter 2013-2014): *Exploring the media coverage of emergency contraception in Canada*
42. Simran Sandhu (Winter 2013-2014): *Exploring the abortion experiences of women in Greater Timmins*
43. Lauren DeGroot (Fall 2013-2014): *Documenting US Peace Corps Volunteers' experiences with emergency contraception*
44. Samantha Clouthier (Winter 2012-2013): *How is ulipristal acetate being discussed online?*
45. Julie El-Haddad (Fall 2012-2013): *What are Jordanian medical students learning about emergency contraception?*

Outside of the University of Ottawa

Postdoctoral fellows

1. Dr. Danielle Bessett (Postdoctoral Fellow, Ibis Reproductive Health), October 2008 – August 2010
2. Dr. Courtney Jackson (Postdoctoral Fellow, Ibis Reproductive Health), October 2006 – August 2008

Doctoral students

1. Marianne McPherson (PhD, the Heller School, Brandeis University, Co-supervisor), September 2005 – August 2009, *Adolescent medicine physicians as reproductive health advocates*

Master students

1. Kristina Holtrop (MSc, Public Policy and Human Development, United Nations University-MERIT & Maastricht University, Netherlands). *The association between abortion access and poverty in the United States: A quantitative exploration*. January 2022 – August 2022
2. Natasja Duijf (MSc, Public Policy and Human Development, United Nations University-MERIT & Maastricht University, Netherlands). *Assessing the uptake of post-abortion contraception among adolescent participants in a Marie Stopes Ghana programme*. January 2022 – August 2022
3. Diana Carolina Chaparro Buitrago, (MSc in Global Health, McMaster University), November 2016 – August 2017, *Zika virus infection: A challenge for reproductive health and rights in Colombia*
4. Dr. Caroline Hedges (MPH, Harvard School of Public Health, Co-supervisor), January 2009 – May 2009, *Women's surgical health needs in Sub-Saharan Africa and curriculum development on obstetric and gynecologic surgery for the general surgeon as a strategy to improve women's health*
5. Sarah MacCarthy (MSc, Harvard School of Public Health, Co-supervisor), October 2006 – May 2007, *Beyond violence: Sexual and reproductive health initiatives in Brazil*

Undergraduate honours students

1. Dorsa Dordari, Undergraduate honours course, Carleton University, *Exploring contraceptive use before and after obtaining an abortion,* 2016-2017
2. Mayra Gonzalez, Undergraduate honours course, Carleton University, *Women's abortion experiences in Canada: Exploring issues related to support,* 2016-2017
3. Rajaa Debab, Undergraduate honours course, Carleton University, *Exploring Algerian-Canadian women's sexual and reproductive health knowledge, attitudes, and practices*, 2015-2016

4. Deanne Aby, Undergraduate honours course, Carleton University, *Factors influencing the decision to train in and the intention to provide abortion care: A national multi-methods study of Ob/Gyn residency programs*, 2014-2015
5. Ramatoulaye Camara, Undergraduate honours course, Carleton University, *Reproductive health in Mauritania: A systematic review of the literature*, 2014-2015 (Fall)
6. Fatema Hilmi, Undergraduate honours course, Carleton University, *What are Jordanian medical students learning about intimate partner violence: A national qualitative study*, 2014-2015
7. Maryam Attef, Undergraduate honours course, Carleton University, *Exploring early marriage in Yemen*, 2013-2014

7.4 Committees

Committees				
Name	**Program of study**	**Thesis title**	**Role**	**Date**
Natasha Mcbrearty	PhD, Population Health	TBD	Committee	4/24 – Present
Chen Hascalovitz	PhD, Population Health	TBD	Committee	3/23 – Present
Zainab Lawal	PhD, International Law	TBD	Committee	3/23 – Present
Ghayath Janoudi	PhD, Epidemiology	Introducing predictive ensemble models for rural maternity care in Ontario: Early identification of pregnant women who need to travel to attend a high-level care centre	Committee	10/16 – 08/23
Miya Ismayilova	MSc, Interdisciplinary Health Sciences	Women with PCOS in Canada: Their challenges in diagnosis and management of symptoms with available healthcare resources	Committee	10/17 – 11/21
Jane Whynot	PhD, Women's Studies	Where's Betty?: Integrating gender into the federal government evaluation function	Committee	08/15 – 04/21
Emmanuelle Gareau	MSc, Interdisciplinary Health Sciences	Assessing the impact of international travel experiences on sexual health risk perceptions and behaviours of young Canadian adults	Committee	09/16 – 02/21
Arone Fantaye	MSc, Interdisciplinary Health Sciences	Understanding health perceptions and needs to curb adverse maternal and perinatal health outcomes in Nigeria: A multi-method study in Edo State	Committee	10/17 – 12/19
Jessica Newman	PhD, Anthropology (Yale University)	Making the *mère célibataire*: NGOs, activism, and single motherhood in Morocco	Committee	07/16 – 06/17
Anna Bogic	PhD, Women's Studies	The confluence of East and West: *Our Bodies Ourselves* and women's reproductive rights in post-communist Eastern Europe	Committee	11/12 – 03/17
Johanna Guty	MSc, Interdisciplinary Health Sciences	Exploring dietary acculturation among recent European immigrants in Canada	Committee	01/16 – 10/17
Aklile Workneh	MSc, Interdisciplinary Health Sciences	The state of knowledge on posttraumatic stress disorder,	Committee	09/14 – 12/16

		depression and anxiety among refugee women in Africa: A scoping review		
Elena Yammine	MSc, Interdisciplinary Health Sciences	Labor market outcomes of Canadian post-secondary students graduating health sciences	Committee	09/14 – 06/16
Peter Scalia	MSc, Interdisciplinary Health Sciences	Factors associated with head trauma among professional mixed martial arts athletes	Committee	07/15– 08/15
Fatima Mougharbel	MSc, Interdisciplinary Health Sciences	Omega-3 fatty acids and postpartum depression: a systematic review and narrative synthesis	Committee	09/13 – 06/15
MacKenzie Turpin	MSc, Interdisciplinary Health Sciences	Using administrative and clinical data for ophthalmological investigation in rural India	Committee	09/13 – 06/15
Emily Field	MA, Women's Studies	The new national story: Safety, refugees, and colonial Canada	Committee	04/12 – 09/13
Yvonne Ivanescu	MA, Globalization & International Development	The power of solidarity: Feminist movements and their efforts to advance abortion policies in Chile	Committee	06/12 – 09/13
Sarah Fazekas	MA, Women's Studies	Constructions of power and conflict of race, religion, and women's bodies in Sudan	Second reader	04/12 – 09/12

8. Teaching

8.1 Graduate courses

2021-2024 Instructor, Population health interventions, POP8903, University of Ottawa, ON (except 2022)

2014-2024 Instructor, Qualitative methods module, HSS5902, University of Ottawa, ON (except 2022)

2021-2022 Instructor, Mixed-methods research, HSS6912, University of Ottawa, ON

2013-2020 Co-instructor, Population Health Interventions, POP8903, University of Ottawa, ON

2017-2018 Instructor, Mixed-methods research, HSS6912, University of Ottawa, ON

2006-2011 Co-instructor, International reproductive health issues: Moving from theory to practice
Harvard School of Public Health, Boston, MA

2003-2010 Director, Clinical Observation Program in Abortion and Reproductive Health
Charlotte Ellertson Post-Doctoral Fellowship Program

8.2 Undergraduate courses

2020-2024 Instructor, Perspectives on sexual and reproductive health, HSS4111, University of Ottawa, ON (except 2022)

2016-2023 Instructor, Critical appraisal and evaluation of health research, HSS4312, University of Ottawa, ON (except 2022)

2016-2017 Instructor, Sociopolitical and Economic Perspectives in Health, HSS2321, University of Ottawa, ON

9. Research funding

9.1 Career numbers

	PI/Co-PI	Co-Investigator/Collaborator	Total (in CAD)
External funding	6,635,000	1,450,000	8,085,000
Internal funding	75,700		75,700

9.2 External funding: details (last 8 years)

Years	Source	Type*	Amount	Purpose	PI	Title
2024-2026	Mountain Philanthropies	F	USD375,000	Research	A. Foster	The Massachusetts medication abortion access project
2024-2025	Women SOAR	F	USD15,000	Research	A. Foster	The Massachusetts medication abortion access project
2024-2025	Anonymous donor	I	USD100,000	Research	A. Foster	The Massachusetts medication abortion access project
2024-2025	Resources for Abortion Delivery	F	USD100,000	Research	A. Foster	The Massachusetts medication abortion access project
2023-2024	Global Health Institute, American University of Beirut	O	USD50,000	Research	M. Hammad (A. Foster Senior Co-I)	Harnessing artificial intelligence for adolescent empowerment: A holistic initiative to enhance sexual and reproductive health, counter gender-based violence, and mitigate child marriage in Jordan's refugee and host communities
2023-2024	SSHRC	G	CAD25,000	Research	A. Dixit (A. Foster Senior Co-I)	Exploring the impact of belief-based denial of Medical Assistance in Dying (MAiD) on those seeking services: A multi-methods qualitative study in Canada
2023-2025	CanWaCH	O	CAD250,000	Research	A. Foster	Collecting data on self-managed abortion in humanitarian and fragile settings: A global initiative (exploration phase)
2023-2024	ABC Fund	F	USD50,000	Research	A. Foster	The Massachusetts medication abortion access project
2023-2024	Anonymous donor	F	USD50,000	Research	A. Foster	The Massachusetts medication abortion access project
2023-2024	SSHRC	G	CAD25,000	Research	A. Foster	Exploring a patient navigation and support system for abortion seekers in Canada: A mixed-methods study
2023	Plan C	F	USD20,000	Research	A. Foster	The Massachusetts medication abortion access project
2022-2023	CanWaCH	O	CAD125,000	Research	A. Foster	Collecting data on self-managed abortion in humanitarian and fragile settings: A global initiative (inception phase)
2022-2023	SSHRC	G	CAD25,000	Research	A. Dixit (A. Foster Senior Co-I)	Exploring the impact of belief-based denial of contraceptive or abortion care on those seeking services: A multi-methods qualitative study in Canada
2022-2025	CIHR	G	CAD386,000	Research	A. Foster	Exploring the impact of COVID-19 on abortion care in Canada: A mixed-methods study dedicated to service delivery and utilization
2020-2024	Anonymous donor	F	USD650,000	Research	A. Foster	Demedicalizing medication abortion in Canada
2021-2022	National Abortion Federation Canada	O	CAD15,000	Publication	A. Foster	Supporting abortion-related publications in *Perspectives on Sexual and Reproductive Health*

2021	Guttmacher Institute	O	USD25,000	Publication	A. Foster	Relaunching *International Perspectives on Sexual and Reproductive Health*
2021	PSI	O	USD14,000	Research	A. Foster	Evaluating community-based distribution of misoprostol for early abortion in Uganda
2020-2021	SSHRC	G	CAD25,000	Research	N. Tschirhart (A. Foster Senior Co-I)	Giving birth during COVID-19: Women's birth experiences in Canada
2020-2021	SSHRC	G	CAD25,000	Research	A. Foster	Exploring abortion care in the COVID-19 era: A mixed-methods study in Canada
2020-2021	UN Women	F	USD200,000	Research	A. Foster M. Hammad	Renewing hope for child brides in Jordan: Addressing the educational, economic and sexual and reproductive health needs of child brides in Irbid, Mafraq and Ma'an
2019-2021	Grand Challenges Canada	G	CAD250,000	Research	A. Foster	Expanding access to mifepristone in humanitarian settings
2019	DFID (UK)	G	GBP10,000	Research	A. Foster	Expanding access to safe and legal abortion care among Syrian refugees in Jordan: An implementation study
2019-2020	SSHRC	G	CAD25,000	Research	A. Foster	Exploring protests and violence against abortion providers in Canada
2019-2020	Women's Xchange	F	CAD15,000	Research	S. Rodimon A. Foster	Barriers and Facilitators to Prescribing Medication Abortion among Primary Care Providers in Ottawa
2018-2020	CanWaCH	F	CAD350,000	Research	A. Foster	Collecting data on sexual and reproductive health in humanitarian settings: A global initiative
2018	Tara Health Foundation	G	USD37,500	Research	C. Sietstra A. Foster	How early can we use existing medication abortion methods? A scoping review
2018-2020	Grand Challenges Canada	G	CAD100,000	Research	A. Foster	Evaluating community-based distribution of misoprostol for early abortion
2018-2019	Women's Xchange	F	CAD15,000	Research	A. Foster	Exploring the knowledge, experiences, and health needs of young women living in Ottawa: An action oriented study dedicated to reproductive coercion
2018-2019	Women's Xchange	F	CAD15,000	Research	A. O'Brien A. Foster	Exploring the mental health needs of women residing in violence against women shelters in Ontario
2018-2020	World Bank	F	USD75,000	Research	A. Foster M. Hammad	Preventing intimate partner violence among new married couples in Jordan
2017-2019	UN Women, Global Acceleration Instrument	F	USD159,000	Research	A. Foster M. Hammad	Addressing early marriage in Jordan: Responding to a national epidemic through education and girls' empowerment
2016-2018	Society of Family Planning	F	USD80,000	Mentorship Research	A. Foster	Supporting a new generation of social scientists in abortion and contraception research
2017-2018	Eve Medical	O	CAD56,200	Research	A. Foster	Evaluating use and acceptability of a self-sampling technology for STI screening
2017-2018	Women's Xchange	F	CAD15,000	Research	A. Foster	Women's sexual health: Investigating the acceptability of offering medical abortion services in North Simcoe Muskoka through primary care practice
2017	Experiment	O	USD4,500	Research	A. Foster	Evaluating women's experiences with a referral system for safe and legal abortion care on the Thailand-Burma border
2017-2018	Women's Xchange	F	CAD15,000	Research	A. Foster	Exploring women's experiences using mifepristone in Ontario

2016-2017	European Society of Contraception and Reproductive Health	F	EUR9,000	Research Publication	A. Foster	Exploring Polish women's experiences obtaining medication abortion through an online provider
2016-2017	Society of Family Planning	F	USD15,000	Research Publication	K. MacFarlane (A. Foster Senior Co-I)	Assessing the reproductive health needs of Burmese refugees in Kuala Lumpur, Malaysia
2015-2017	Society of Family Planning	F	USD95,000	Research Training Publication	A. Foster	Access denied: Understanding the experiences of Burmese women who are unable to obtain a legal abortion in Thailand
2014-2017	Safe Abortion Action Fund	F	USD156,000	Research Training Publication	C. Maung (A. Foster Co-I)	Safe abortion referral & harm reduction among Burmese migrants & ethnic minorities along the Thailand/Burma border
2008-2017	Anonymous donor	I	USD750,000	Research Training Publication	C. Sietstra (A. Foster Co-I)	Improving reproductive health along the Thailand-Burma border

* F=Foundation, G= Government, I=Individual Donor, O=Other

9.3 Internal funding: details (last 8 years)

Year	Faculty/program	Amount	Purpose	PI	Title
2023	Office of Vice-President, Research and Innovation	CAD7,000	Research	A. Foster	Visiting Researchers Program (VRP)
2020-2021	Office of the Provost and Vice President, Academic	CAD5,800	Teaching	A. Foster	Développement de matériel pédagogique en français (POP8930)
2019-2020	Faculty of Health Sciences	CAD10,000	Research	A. Foster	Establishing a referral system for safe and legal abortion care for Syrian women residing in Jordan: A proposal to complete initial situational analysis research
2019-2020	Office of the Provost and Vice President, Academic	CAD5,800	Teaching	A. Foster	Développement de matériel pédagogique en français (HSS5902)
2019-2020	Teaching and Learning Support Service	CAD5,800	Teaching	A. Foster	Developing a blended course on sexual and reproductive health (HSS4111)
2018-2019	Teaching and Learning Support Service	CAD5,800	Teaching	A. Foster	Developing a blended course in critical appraisal
2018	Office of the Vice-President, Research and Innovation	CAD6,000	Research	A. Foster	Visiting Researchers Program (VRP)
2017	Faculty of Health Sciences (SSHRC)	CAD1,500	Conference	A. Foster	SSHRC International Travel Grant
2017	uOttawa Library	CAD1,000	Publication	A. Foster	Open Access Publication Program
2017-2018	Teaching and Learning Support Service	CAD6,000	Teaching	A. Foster	Developing a blended mixed methods research course
2016	Interdisciplinary School of Health Sciences, Faculty of Health Sciences	CAD5,000	Research	A. Foster	Exploring women's experiences with mifepristone: A multi-province qualitative study

10. Publications

10.1 Life-time summary (count) by category (including manuscripts forthcoming and under review)

Books edited .....4 (including 1 under contract)
Special issues edited 3
Refereed chapters in books.....12
Papers in refereed journals.....140 (including 35 under review)
Major invited contributions and/or technical reports.....26
Oral presentations and papers read.....102
Other: Posters presented.....27
Others: Reviews, theses, etc.....14

10.2 Details for the past eight years (same categories as above):

Note: "*" indicates intern or undergraduate student, graduate student, or post-doctoral supervisee

Books edited

1. **Foster, A.M.**, Wynn, L.L., Weitz, T.A (Eds.). Abortion, politics, and the pill that promised to change everything: The global journey of mifepristone. Palgrave Macmillan, New York, NY. (Under contract).
2. Wynn, L.L., **Foster, A.M.** (Eds.), 2022. Sex in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN.
3. Wynn, L.L., **Foster, A.M.** (Eds.), 2017. Abortion pills, test tube babies, and sex toys: Emerging sexual and reproductive technologies in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN.

Special issues edited

1. Cleland, K., **Foster, A.M.**, Manchikanti Gomez, A., Raymond, E.G. (Eds.), 2021. The mifepristone Risk Evaluation and Mitigation Strategy (REMS). Special issue of Contraception.
2. **Foster, A.M.**, LaRoche, K.J.* (Eds.), 2019. Reproductive health: Policy, programs, and research. Special issue of the Interdisciplinary Journal of Health Sciences.
3. Brindis, C., **Foster, A.M.**, (Eds.), 2017. Expanding access to long-acting reversible contraception: Lessons learned from the Global South. Special issue of the Maternal Child Health Journal.

Refereed chapters in books

1. **Foster, A.M.**, Wynn, L.L., 2022. Sex in the Middle East and North Africa: Complicated legacies and the politics of representation, in: L. Wynn & A. Foster (Eds.). Sex in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN, pp. 1–13
2. El-Mowafi, I.M.*, **Foster, A.M.**, 2022. Anywhere but home: Dating, hooking up, and casual sex in Jordan, in: L. Wynn & A. Foster (Eds.). Sex in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN, 17–32.
3. **Foster, A.M.**, 2017. Mifepristone in Tunisia: A model for expanding access to medication abortion, in: L. Wynn & A. Foster (Eds.). Abortion pills, test tube babies & sex toys: Emerging sexual and reproductive technologies in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN, pp. 44–57.
4. **Foster, A.M.**, Wynn, L.L., 2017. Sexuality, reproductive health, and medical technologies in the Middle East and North Africa, in: L. Wynn & A. Foster (Eds.). Abortion pills, test tube babies & sex toys: Emerging sexual and reproductive technologies in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN, pp. 1–12.
5. Daoud, F., **Foster, A.M.**, 2017. Navigating barriers to abortion access: Misoprostol in the West Bank, in: L. Wynn & A. Foster (Eds.). Abortion pills, test tube babies & sex toys: Emerging sexual and reproductive technologies in the Middle East and North Africa. Vanderbilt University Press, Nashville, TN, pp. 58–68.

Papers in refereed journals

1. Dixit, A.*, Suvarna, D.*, Arthur, J., **Foster, A.M**. 2024. Belief-based denial of contraception and abortion care in Canada: A scoping review. The Canadian Journal of Human Sexuality (In press).
2. Dixit, A.*, Suvarna, D.*, Deonandan, R., **Foster, A.M**. 2024. Exploring the availability and accessibility of medication abortion pills in Delhi, India: A mystery client study in community pharmacies. Contraception (In press).
3. Drouillard, K.J.*, **Foster, A.M.** 2024. "It definitely changed me": Exploring sexual and gender minorities' experiences with intimate partner violence in Ontario, Canada. Perspectives on Sexual and Reproductive Health (In press).
4. **Foster, A.M.,** Mark, A., Drouillard, K.*, Paul, M., Yanow, S., Shahi, S.**, Suvarna, D., Peña, A.* 2024. "Trust Women": Learnings from a Shield Law medication abortion practice in the United States. Perspectives on Sexual and Reproductive Health (In press).
5. Friesen, E.*, Dixit, A.*, **Foster, A.M**. 2024. The regulatory journey of progestin-only emergency contraceptive pills in Canada: A scoping review. The Canadian Journal of Human Sexuality (In press).
6. Henderson, J.T., Ramanadhan, S., Kimport, K., **Foster, A.M.**, Paynter, R., Sheridan, R., Noyes, J. 2024. The experiences and perspectives of abortion seekers who travel for care: A qualitative evidence synthesis protocol. Cochrane Database of Systematic Reviews (In press).
7. Janoudi, G.*, Uzun, M., Fell, D.B., Ray, J., **Foster, A.M.**, Giffen, R., Walker, M. 2024. Outlier analysis for accelerating clinical discovery: An augmented intelligence framework and a systematic review. PLoS Digital Health (In press).
8. Smith, J.*, Drouillard, K.J., **Foster, A.M.** 2024. Exploring the journey of recovery for individuals with post-traumatic stress disorder: A scoping review. Cureus, 16(2), 1–13.
9. Demont, C.*, Dixit, A.*, **Foster, A.M**. 2023. Later gestational age abortion in Canada: A scoping review. The Canadian Journal of Human Sexuality 32(1), 51–62.
10. Demont, C.*, Doctoroff, J., Neron, B., **Foster, A.M**. 2023. Seeking support for abortion care from national hotlines in Canada: Caller characteristics and call outcomes, 2019-2021. Perspectives on Sexual and Reproductive Health, 55(3), 192–199.
11. **Foster, A.M.**, Darney, B.G., Nguyen, B.T., Russo, J., Shah Arora, K., Westhoff, C. Advancing diversity, equity, inclusion, and anti-racism in *Contraception*: A statement of commitment from the Editorial Board. Contraception (In press).
12. Hammad, M., **Foster, A.M.,** Aissaoui, A.*, Clark, E., Elamurugan, K.*, Lakshmi Rajendra, El-Mowafi, I.M.*, K.*, Kobeissi, L. 2023. Exploring the feasibility of establishing a core set of sexual, reproductive, maternal, newborn, child, and adolescent health indicators in humanitarian settings: Results from a multi-methods assessment in Jordan. Reproductive Health (In press).
13. Janoudi, G.*, Fell, D.B., Ray, J., **Foster, A.M.**, Giffen, R., Walker, M. 2023. Augmented intelligence for clinical discovery in hypertensive disorders of pregnancy using outlier analysis. Cureus, 15(3), 1–12.
14. Janoudi, G.*, Uzun, M., Boyd, S., Fell, D.B., Ray, J., **Foster, A.M.**, Giffen, R., Walker, M. 2023. Can case reports and case series provide advance clinical discovery in preeclampsia? A systematic review. International Journal of Women's Health, 15, 411–425.
15. **Foster, A.M.,** Messier, K.*, Aslam, M., Shabir, N. 2022. Community-based distribution of misoprostol for early abortion: Outcomes from a program in Sindh, Pakistan. Contraception, 109, 49–51.
16. Hukku, S.,* Ménard A.,* Kemzang, J.,* Hastings, E.,* **Foster, A.M.** 2022. "I just was really scared, because it's already such an uncertain time": Exploring women's abortion experiences during the COVID-19 pandemic in Canada. Contraception, 110, 48–55.
17. LaRoche, K.J.*, Wylie, A., Persaud, M.*, **Foster, A.M.** 2022. Integrating mifepristone into primary care in Canada's capital: A multi-methods exploration of the Medical Abortion Access Project. Contraception, 109, 37–42.
18. Mark, A., Roberts, R., **Foster, A.M.**, Prager, S.W., Ryan, R., Winikoff, B. 2022. "Who is driving you home today?" Escort policy as a barrier to abortion access. Contraception, 109, 4–6.
19. LaRoche, K.J.*, Martzke, A.*, Doctoroff, J., Goldberg, E., **Foster, A.M**., 2022. Incidents of violence and

disruption reported by the National Abortion Federation's Canadian members in 2017. Contraception, 106, 75–77.
20. Cleland, K., **Foster, A.M.**, Manchikanti Gomez, A., Raymond, E.G, Westhoff, C., 2021. Contraception Special Issue on the mifepristone Risk Evaluation and Mitigation Strategy (REMS). Contraception, 104, 1–3.
21. Kobeissi, L.H., Ashna, M.*, Messier, K.*, Moran, A.C., Say, L, Strong, L., **Foster, A.M**., 2021. Exploring the feasibility of establishing a core set of sexual, reproductive, maternal, newborn, child, and adolescent health indicators in humanitarian settings: A multi-methods, multi-country qualitative study protocol. BMJ Open.
22. LaRoche, K.J.*, Wynn, L.L., **Foster, A.M**. 2021. "We have to make sure you meet certain criteria": Exploring the criminalisation of abortion on patient experiences in Australia. Public Health Research & Practice 31(3), 1–8.
23. Mark, A., **Foster, A.M.,** Perritt, J., 2021. The future of abortion is now: Mifepristone by mail and in-clinic abortion access in the United States. Contraception, 104, 38–42.
24. Borsella, M.*, **Foster, A.M.** 2020. Exploring the availability of emergency contraception in New Brunswick pharmacies: A mystery-client telephone study. Pharmacy 8(2), 1–8.
25. Doci, F.*, **Foster, A.M**., 2020. The ultimate gatekeepers: Exploring pharmacists' contraceptive service delivery practices in Albania. Contraception, 101, 189–193.
26. El-Mowafi, I.M.*, **Foster, A.M**., 2020. Emergency contraception in Jordan: Assessing retail pharmacists' awareness, opinions, and perceptions of need. Contraception 101, 261–265.
27. Filler, T., **Foster, A.M.**, Grace, S., Stewart, D., Straus, S.E., Gagliardi. A.R., 2020. Patient-centered care for women: Delphi consensus on evidence-derived recommendations. Value in Health 23(8), 1012–1019.
28. **Foster, A.M.,** Persaud, M.S.*, LaRoche, K.J.,* 2020. "I didn't doubt my choice but I felt bad:" A qualitative exploration of Canadian abortion patients' experiences with protesters. Contraception, 102, 308–313.
29. Gagliardi, A.R., Dunn, S., **Foster, A.M.**, Grace, S.L., Khanlou, N., Stewart, D.E., Straus, S.E., 2020. Is patient-centred care for women a priority for policy-makers? Content analysis of government policies. Health Research Policy and Systems, 18(23), 1–8.
30. LaRoche, K.J.*, **Foster, A.M**., 2020. "It gives you autonomy over your own choices": A qualitative study of Canadian abortion patients' experiences with mifepristone and misoprostol. Contraception, 102, 61–65.
31. LaRoche, K.J.*, Wynn, L.L., **Foster, A.M.** 2020. "We've got rights and yet we don't have access." Exploring patient experiences accessing medication abortion in Australia. Contraception, 101, 256–260.
32. LaRoche, K.J.*, Labeca-Gordon, I.N.*, **Foster, A.M.** 2020. How did the introduction of mifepristone impact access to abortion care in Ottawa? A qualitative study with abortion patients. FACETS, 5(1), 559–570.
33. Mark, A., Grossman, D., **Foster, A.M.**, Prager, S.W., Winikoff, B., 2020. When patients change their minds after starting an abortion: Guidance from the National Abortion Federation's Clinical Policies Committee. Contraception 101(5), 283–285.
34. Nara, R.*, Banura, A., **Foster, A.M**., 2020. A multi-methods qualitative study of the pregnancy and delivery care experiences of Congolese refugees in Uganda. Maternal Child Health Journal, 24(8):1073–1082.
35. Nara, R.*, Banura, A., **Foster, A.M**., 2020. Assessing the availability and accessibility of emergency contraception in Uganda: A multi-methods study with Congolese refugees. Contraception, 101, 112–116.
36. Yalahow, A.*, Doctoroff, J., Mark, A., **Foster, A.M.** 2020. Trends in medication abortion provision before and after the introduction of mifepristone: A study of the National Abortion Federation's Canadian member services. Contraception 102(2), 119–121.
37. Gagliardi, A.R., Dunn, S., **Foster, A.M**., Grace, S.L., Green, C.R., Khanlou, N., Miller, F.A., Stewart, D.E., Vigod, S., Wright, F.C., 2019. How is patient-centred care addressed in women's health? A theoretical rapid review. BMJ Open, 9(2), 1–9.
38. Gee, S., Vargas J., **Foster, A.M**., 2019. "The more children you have, the more praise you get from the community": Exploring the role of sociocultural context and perceptions of care on maternal and

newborn health among Somali refugees in UNHCR supported camps in Kenya. Conflict and Health, 13(11), 1-10.

39. Mark, A., **Foster, A.M.**, Grossman, D., Prager, S.W., Reeves, M., Villarreal Velasquez, C., Winikoff, B., 2019. Foregoing Rh testing and anti-D immunoglobulin for women presenting for early abortion: A recommendation from the National Abortion Federation's Clinical Policies Committee. Contraception, 99(5), 265–266.
40. Nara, R.*, Banura, A., **Foster, A.M**., 2019. Exploring Congolese refugees' experiences with abortion care in Uganda: A multi-methods qualitative study. Sexual and Reproductive Health Matters, 27(1), 1–10.
41. Ramlakhan, J., **Foster, A.M.**, Grace, S., Greene, C., Stewart, D., Gagliardi. A.R., 2019. What constitutes patient-centred care for women: A theoretical rapid review. International Journal for Equity in Health, 18, 1–12.
42. Doci, F.*, Thaci, J., **Foster, A.M.**, 2018. Emergency contraception in Albania: A multi-methods qualitative study of awareness, knowledge, attitudes, and practices. Contraception 98, 110–114.
43. Fortier, E.*, **Foster, A.M.**, 2018 Exploring young mothers' experiences with postpartum contraception in Ottawa: Results from a multi-methods qualitative study. Contraception 97, 434–438.
44. Gee, S., Vargas J., **Foster, A.M**., 2018. "We need good nutrition but we have no money to buy food": Sociocultural context, care experiences, and newborn health in two UNHCR-supported camps in South Sudan. BMC International Health and Human Rights, 18(40), 1–10.
45. LaRoche, K.J.*, **Foster, A.M**., 2018. Exploring Canadian women's multiple abortion experiences: Implications for reducing stigma and improving patient-centered care. Women's Health Issues 24, 327–332.
46. LaRoche, K.J.*, Gross, E.*, Sheehy, G.*, **Foster, A.M**., 2018. Put a ring in it: Exploring women's experiences with the contraceptive vaginal ring in Ontario. Women's Health Issues, 24, 415–420.
47. Tousaw, E.*, Moo, N., Arnott, G.*, **Foster, A.M.**, 2018. "It is just like having a period with back pain": Exploring women's experiences with community-based distribution of misoprostol for early abortion on the Thailand-Burma border. Contraception 97, 122–129.
48. Wynn, L.L., **Foster, A.M.**, 2018. Muftis in the matrix: Comparing English- and Arabic-language Cyberfatwas about emergency contraception. Journal of Middle Eastern Women's Studies 14:3, 314–332.
49. Arnott, G.*, Sheehy, G.*, Chinthakanan, O., **Foster, A.M.**, 2017. Exploring legal restrictions, regulatory reform, and geographic disparities in abortion access in Thailand. Health and Human Rights Journal 19, 187–195.
50. Arnott, G.*, Tho, E., Guroong, N., **Foster, A.M.**, 2017. To be, or not to be, referred: A qualitative study of women from Burma's access to legal abortion care in Thailand. PLoS ONE 12, 1–13.
51. Chaumont, A.*, **Foster, A.M.**, 2017. Introducing a "same day referral" program for post-coital IUD insertion in Ontario: A mixed-methods study with pharmacists. University of Ottawa Journal of Medicine 1, 1–7.
52. Chaumont, A.*, **Foster, A.M.**, 2017. The not so over-the-counter status of emergency contraception in Ontario: A mixed methods study with pharmacists. FACETS 2, 429–439.
53. Fortier, E.*, **Foster, A.M**., 2017. "It was kind of like if it happens it happens. It wasn't planned, it wasn't intentional": Young mothers' experiences with subsequent pregnancy in Ottawa, Canada. FACETS 2, 859–871.
54. **Foster, A.M.**, Arnott, G.*, Hobstetter, M.*, 2017. Community-based distribution of misoprostol for early abortion: Evaluation of a program along the Thailand-Burma border. Contraception 96, 242–247.
    - October 2017 Atlas Award Nominee (https://www.elsevier.com/connect/atlas/nominations)
55. **Foster, A.M.**, Evans, D., Garcia, M., Knaster, S., Krause, S., McGinn, T., Rich, S., Shah, M., Tappis, H., Wheeler, E., 2017. The 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: Revising the global standards. Reproductive Health Matters, 18–24.

56. **Foster, A.M.**, LaRoche, K.J.*, El-Haddad, J.*, DeGroot, L.*, El-Mowafi, I.M., 2017. "If I ever did have a daughter, I wouldn't raise her in New Brunswick:" exploring women's experiences obtaining abortion care before and after policy reform. Contraception 95, 477–484.
57. LaRoche, K.J.*, **Foster, A.M**., 2017. "I kind of feel like sometimes I am shoving it under the carpet": Exploring women's desire for and experiences with post-abortion support in Ontario. FACETS 2, 754–763.
58. MacFarlane, K.A.*, O'Neil, M.L., Tekdemir, D., **Foster, A.M.**, 2017. "It was as if society didn't want a woman to get an abortion": a qualitative study in Istanbul, Turkey. Contraception 95, 154–160.
59. Raymond, E.G., Blanchard, K., Blumenthal, P., Cleland, K., **Foster, A.M.**, Gold, M., Grossman, D., Pendergast, M.K., Westhoff, C.L., Winikoff, B., 2017. Sixteen years of overregulation: Time to unburden Mifeprex. New England Journal of Medicine 376, 790–794.
60. Tousaw, E.*, La, R., Arnott, G.*, Chinthakanan, O., **Foster, A.M.**, 2017. "Without this program, women can lose their lives": Migrant women's experiences with the Safe Abortion Referral Program in Chiang Mai, Thailand. Reproductive Health Matters, 58–68.
61. Tschirhart, N.*, Nosten, F., **Foster, A.M.**, 2017. Migrant tuberculosis patient needs and health system response along the Thailand-Myanmar border. Health Policy and Planning, 1–8.
62. Tschirhart, N.*, Thi, S.S., Swe, L.L., Nosten, F., **Foster, A.M.**, 2017. Treating the invisible: Gaps and opportunities for enhanced TB control along the Thailand-Myanmar border. BMC Health Services Research 17.
63. Yalahow, A.*, Hassan, M., **Foster, A.M.**, 2017. Training reproductive health professionals in a post-conflict environment: Exploring medical, nursing, and midwifery education in Mogadishu, Somalia. Reproductive Health Matters, 114–123.

Papers in refereed journals – Manuscripts under review

1. Borsella, M.*, Anglin, J.*, **Foster, A.M.** Documenting women's knowledge of and attitudes toward ulipristal acetate in New Brunswick, Canada. (Under review)
2. Boyce, T.M.*, LaRoche, K.J.*, Foster, A.M. Exploring the abortion experiences of First Nations, Inuit, and Métis women in Canada. (Under review)
3. Brogan, N.R.*, **Foster, A.M.** Exploring adolescent girls' contraceptive experiences in rural Ontario: A multi-methods qualitative study. (Under review)
4. Cano, J.K.*, **Foster, A.M.** "There's a lot of hoops that the women have to jump through to get to us": Dynamics shaping abortion care while residing in the Yukon. (Under review)
5. Crich, L.*, **Foster, A.M.** "I was scared on my own. What will I face there?" A multi-methods exploration of Syrian refugee women's experiences accessing sexual and reproductive health services in Ottawa, Canada. (Under review)
6. Demont, C., LaRoche, K.J., Sauvé, C., Foster, A.M. "I don't know why they don't do abortions": A qualitative exploration of Canadian women's experiences obtaining abortion care after 16 weeks. (Under review)
7. Dixit, A.*, Doctoroff, J. Mark, A., **Foster, A.M**. Trends in abortion service provision in 2019 and 2020: A study of Canadian members of the National Abortion Federation. (Under review)
8. Dixit, A.*, Omar, M.*, Drouillard, K.*, Demont, C.*, Kemzang, J.*, Friesen, É., **Foster, A.M**. Exploring the experiences of women obtaining medication abortion care during the COVID-19 era in the United States: A qualitative study. (Under review)
9. Doci, F.*, **Foster, A.M**. Exploring the impact of the COVID-19 pandemic on sexual and reproductive health services in Albania: A qualitative study with health service providers in Tirana. (Under review)
10. Doci, F.*, Keta, M., **Foster, A.M**. "We trumpet loudly that we are educating youth, but in reality we have no idea what we are doing": A multi-methods assessment of sexuality education curricula in Albania. (Under review)
11. Drouillard, K.J.*, **Foster, A.M.** "Falling through the cracks": Exploring the challenges to serving 2S/LGBTQIA+ survivors of intimate partner violence in Ontario, Canada. (Under review)

12. El-Haddad, J.*, Ayoub, M., Gedeon, J.*, **Foster, A.M.** What are Jordanian medical students learning about emergency contraception? (Under review)
13. El-Mowafi, I.M.*, Hammad, M., **Foster, A.M.** Child brides' knowledge of and attitudes toward emergency contraception: A qualitative study with Syrian refugees in Jordan. (Under review)
14. Fortier, E.*, Labeca-Gordon, I.*, Ali, A.A., **Foster, A.M.** "After sex, the condom would just be on the floor": Exploring young womxn's experiences with non-consensual condom removal and condom negotiation refusal in Ottawa, Canada. (Under review)
15. **Foster, A.M.**, Gedeon, J.*, Ayoub, M. Exploring the reproductive health content of Jordanian medical education: Results from a national qualitative study. (Under review)
16. **Foster, A.M.**, LaRoche, K.J.*, Hassanzadeh, R.*, El-Mowafi, I.M.*. "If you change your mind and decide to save your baby we can help you": Evaluating the practices of the Abortion Pill Reversal hotline. (Under review)
17. **Foster, A.M.**, LaRoche, K.J.*, Sheehy, G.*, Zouheir, S.*, Gedeon, J.*. The waiting game: Documenting women's abortion experiences in Ottawa. (Under review)
18. **Foster, A.M.**, LaRoche, K.J.*, Ghanem, S.*, Grenon, M.*, Hassanzadeh, R.*. Assessing the availability of abortion care in Canadian hospitals: A national study. (Under review)
19. **Foster, A.M.**, Silva, J.*, Dodson, S., Dockray, J.P. Calling Backline: Exploring a Talk Line dedicated to pregnancy, parenting, abortion, and adoption. (Under review)
20. Hukku, S.*, Demont, C., Kemzang, J., Hastings, E., Wirasana, K., Harricharan, S., LaRoche, K.J., **Foster, A.M.**, "This was the worst part of the whole experience": The underexplored burden of ultrasound on obtaining abortion care in Canada." (Under review)
21. Hukku, S.*, Wynn, L.L., **Foster, A.M.** "I don't really agree with that": Canadians' perspectives on the 14-day rule in relation to artificial womb technology. (Under review)
22. Hukku, S.*, Wynn, L.L., **Foster, A.M.** What are the ethical, legal, and social debates surrounding artificial womb technology. (Under review)
23. Hukku, S.*, Wynn, L.L., **Foster, A.M.** If somebody wants an abortion, nobody should override their decision": Modern Canadian perspectives on abortion in relation to artificial womb technology. (Under review)
24. Gee, S., Vargas J., **Foster, A.M**. "They said we are refugees – we should not have babies": Perceptions of reproductive, maternal and newborn health among Syrian refugees in UNHCR-supported camps in Jordan. (Under review)
25. Gose, E.S., O'Brien, A., Crich, L.*, **Foster, A.M.** "[T]here has to be a better way to deal with this": The importance of feminist mental healthcare in violence against women shelters. (Under review)
26. Kemzang, J.*, Dixit, A.*, Hart, S.*, Demont, C.*, Friesen, É., Omar, M.*, Drouillard, K.*, **Foster, A.M**. US medication abortion users' experiences with clinic protesters: Results from a national qualitative study. (Under review)
27. LaRoche, K.J.*, Demont, C.*, **Foster, A.M.** What do patients think about contraceptive counselling as a part of abortion care? Results from a national qualitative study in Canada. (Under review)
28. LaRoche, K.J.*, **Foster, A.M.** Does motherhood influence abortion decision-making and the process of obtaining care? Results from a large-scale qualitative study in Canada. (Under review)
29. LaRoche, K.J.*, Wynn, L.L., **Foster, A.M**. The shifting landscape of abortion care in Tasmania, Australia: Findings from a qualitative study with those who obtained services. (Under review)
30. Messier, K., Yalahow, A., Berro Pizzarossa, L., **Foster, A.M.** What are journalists writing about abortion in West Africa? A media audit. (Under review)
31. Moseson, H., Olson, I., **Foster, A.M.**, Han, L., Harris, M., Shuster, S.M., Levandowski, B. Approaching the concepts of gender and sex in family planning research. (Under review)
32. Prager, S.W., Mark, A., **Foster, A.M.**, Grossman, D., Winikoff, B. Detecting embryonic cardiac activity when providing abortion care: A review of the evidence. (Under review)

33. Watson, K., Carlisle, S., **Foster, A.M.**, Gold, M., Jones, R.K. Abortion is a fundamental human right, an ethical act, and an essential part of primary healthcare: An Ethics Statement of the National Abortion Federation. (Under review)
34. Weitz, T.A., DePiñeres, T., Madera, M., Perritt, J.B, Aiken, A.R.A, Njoku, O., Sueyoshi, K., Marshall Pepper, J., Schreiber, C.A., Foster, A.M. The future of US abortion care requires grappling with history and unequal power dynamics, making modest recommendations, and recognizing danger spots. (Under review)
35. Yalahow, A.*, Hassan, M., **Foster, A.M.** "If they learn about abortion then they will have to perform them on prostitutes": Challenges to incorporating abortion care into health professions training in Mogadishu, Somalia. (Under review)

Major invited contributions and/or technical reports

1. Nyombe Gbomosa, C.,* Rijal, N.,* Ashna, M.,* Braddock, M., **Foster, A.M.** 2023. Improving the availability and use of SGBV services in the Kanaga Project, Central Kasai, Democratic Republic of the Congo: Results from the Phase 2 evaluation: Stockholm Evaluation Unit, Stockholm, Sweden.
2. Mannering, C., Edman, A., Wheeler, E., Gill, R., **Foster, A.M.**, Tappis, H. 2022. Realizing the full potential for self-care in humanitarian and fragile settings. Chapter in *State of Self-Care Report*. Self-Care Trailblazer Group, New York, NY.
3. Nyombe Gbomosa, C.,* Rijal, N.,* Ashna, M.,* Braddock, M., **Foster, A.M.** 2022. Improving the availability and use of sexual and gender-based violence services in Central Kasai: A multi-phase evaluation of the Kananga project (Phase 1 final report). Stockholm Evaluation Unit, Stockholm, Sweden.
4. **Foster, A.M.**, El-Mowafi, M.*, Hammad, M., Ben Tareef, S. 2019. Gender-based violence and sexual and reproductive health in the South of Jordan: Results from a needs assessment and service mapping exercise. UNFPA Jordan, Amman, Jordan.
5. O'Brien, A.M., Gose, E.S, Crich, L.*, **Foster, A.M.** 2019. "[T]here has to be a better way to deal with this": Exploring the mental health needs of women residing in Violence Against Women shelters in Ottawa, Ontario. Le Royal, Ottawa, ON.
6. **Foster, A.M.**, El-Mowafi, M.* 2019. Assessment of the 2013-2018 National Strategy for Reproductive Health and Family Planning. Higher Population Council, Amman, Jordan.
7. Doci, F.*, **Foster, A.M.** 2018. Factor influencing women's reproductive health choices in Albania: A multi-methods qualitative study. CRHC, Cambridge, MA.
8. Inter-Agency Working Group on Reproductive Health in Crises. 2018. Inter-Agency Field Manual on Reproductive Heath in Humanitarian Settings. IAWG, New York, NY.
    - Led two-year revision process and served as lead author of introduction and conclusion and contributing author of fundamental principles, Minimum Initial Service Package, comprehensive abortion care chapters.
9. **Foster, A.M**. Newborn care practices: A review of peri-partum and newborn care practices among Somali, Sudanese, and Syrian populations, 2018. UNHCR, Geneva, Switzerland.

Oral presentations and papers read

1. **Foster, A.M.** "Exploring the role of midwives in contraception and abortion care in the Middle Easta nd North Africa: Lessons learned from Tunisia." Oral presentation at the Middle East Studies Association Annual Meeting, Montreal, QC, November 2023.
2. **Foster, A.M.** "Conducting fieldwork on sex, sexuality, and sexual and reproductive health in the Middle East and North Africa." Oral presentation at the Middle East Studies Association Annual Meeting, Montreal, QC, November 2023.
3. **Foster, A.M.** "Collecting date on self-managed abortion in humanitarian and fragile settings: Updates on a multi-year initiative." Oral presentation at the National Abortion Federation Canada annual meeting, Vancouver, BC, October 2023.

4. **Foster, A.M.** "Collecting information on self-managed abortion in humanitarian and fragile settings." Oral presentation at the CanWaCH 2023 Summit, Ottawa, ON, April 2023.
5. **Foster, A.M.** "Demedicalizing medication abortion in Canada." Oral presentation at the Psychosocial Annual Meeting, New Orleans, LA, April 2023.
6. **Foster, A.M.** "The changing legal landscape in the US: Implications for Canada." Oral presentation on the Abortion Unsettled Roundtable at the American Anthropology Association Annual Meeting Seattle, WA, November 2022.
7. **Foster, A.M.** "Community-based distribution of misoprostol for early abortion: Outcomes from a program in Sindh, Pakistan." Oral presentation at the American Public Health Association Annual Meeting Denver, CO (Virtual), October 2021.
8. **Foster, A.M.** "Abortion-related updates from the Sexual and Reproductive Health Section of the American Public Health Association." Oral presentation at the Society of Family Planning Annual Meeting (Virtual), October 2021.
9. **Foster, A.M.** "Demedicalizing medication abortion in Canada." Oral presentation at the Canadian Association for Health Services and Policy Research (Virtual), May 2021.
10. **Foster, A.M.** "Evaluating the impact of working on the National Abortion Federation Hotline: A qualitative study with former staff members." Oral presentation at the National Abortion Federation Annual Meeting Baltimore, MD (Virtual), May 2021.
11. **Foster, A.M.** "Sex in the Middle East and North Africa." Oral presentation at the Middle East Studies Association Annual Meeting, Washington, DC (Virtual), November 2020.
12. **Foster, A.M.** "Evaluating the impact of working on the National Abortion Federation Hotline: A qualitative study with former staff members." Oral presentation at the American Public Health Association Annual Meeting Denver, CO (Virtual), October 2020.
13. **Foster, A.M.** "Developing referral systems for abortion care: Lesson learned from programs with refugees in Thailand and Jordan." Oral presentation at the American Public Health Association Annual Meeting Philadelphia, PA, November 2019.
14. **Foster, A.M.** "Changing the Rh requirements for early medication abortion: The origin story." Oral presentation at the National Abortion Federation Annual Meeting, Chicago, IL, May 2019.
15. **Foster, A.M.** "De-medicalizing medication abortion through the community-based distribution of misoprostol: Lessons learned." Oral presentation at the National Abortion Federation Annual Meeting, Chicago, IL, May 2019.
16. **Foster, A.M.** "De-medicalizing medication abortion through the community-based distribution of misoprostol." Oral presentation at the Psychosocial Annual Meeting, Austin, TX, March 2019.
17. **Foster, A.M.** "De-medicalizing medication abortion and self-managed abortion research." Oral presentation at the Supporting Women to Self-Manage Abortion Conference, Bangkok, Thailand, February 2019.
18. **Foster, A.M.** "Sex and sexualities in the Middle East and North Africa: A focus on pedagogy." Oral presentation at the Middle East Studies Association Annual Meeting, San Antonio, TX, November 2018.
19. **Foster, A.M.** "Exploring Polish women's experiences using medication abortion telemedicine service." Oral presentation at the American Public Health Association Annual Meeting San Diego, CA, November 2018.
20. **Foster, A.M.** "Authorship: Lessons from the field." Oral presentation at the American Public Health Association Annual Meeting San Diego, CA, November 2018.
21. **Foster, A.**M. "Sex in the Middle East and North Africa: A focus on dating practices." World Congress of Middle Eastern Studies, Seville, Spain, July 2018.
22. **Foster, A.M.** ""If you change your mind and decide to save your baby we can help you": Evaluating the practices of the Abortion Pill Reversal hotline." Oral presentation at the National Abortion Federation Annual Meeting, Seattle, WA, April 2018.

23. **Foster, A.M.** "An introduction to the Global Gag Rule and US funding restrictions under the Trump Administration." Oral presentation at the Society for Adolescent Health and Medicine Annual Meeting, Seattle, WA, March 2018.
24. **Foster, A.M.** "Sex and sexualities in the Middle East and North Africa: A focus on masculinities." Oral presentation at the Middle East Studies Association Annual Meeting, Washington, DC, November 2017.
25. **Foster, A.M.** "Assessing the reproductive health needs of Rohingya women and girls in Kuala Lumpur, Malaysia: Emergency contraception findings" Oral presentation at the Inter-Agency Working Group on Reproductive Health in Crises 2017 Conference, Athens, Greece, November 2017.
26. **Foster, A.M.** ""Without this program, women can lose their lives": Refugee and migrant women's experiences with the Safe Abortion Referral Program in Chiang Mai, Thailand." Oral presentation at the Inter-Agency Working Group on Reproductive Health in Crises 2017 Conference, Athens, Greece, November 2017.
27. **Foster, A.M.** "The 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: The role of human rights." Oral presentation at the American Public Health Association Annual Meeting Atlanta, GA, November 2017.
28. **Foster, A.M.** "Assessing the availability of abortion care in Canadian hospitals: A national study." Oral presentation at the American Public Health Association Annual Meeting Atlanta, GA, November 2017.
29. **Foster, A.M.** "Emergency contraception in humanitarian settings." Oral presentation at the International Consortium for Emergency Contraception Annual Meeting, Washington, DC, September 2017.

11. Knowledge translation and mobilization activities

11.1 Lifetime summary

Invited lectures 138
Workshops and training sessions..... 22
Websites 3

11.2 Invited lectures (last 8 years)

International

2024 Department of Sociology, American University, Washington, DC, USA
"Abortion in Canada: Lessons learned from the North and how things could be different"

2023 Department of Sociology, American University, Washington, DC, USA
"Abortion in humanitarian settings"

2023 Boston School of Public Health, Boston, MA
"Abortion in humanitarian settings"

2023 Prof. Asha A Bhende Memorial Lecture, International Institute for Population Sciences, Mumbai, India
"Abortion, politics, and the pill that promised to change everything: The global journey of mifepristone"

2023 Middle East Center, Brown University, Providence, RI, USA
"Access to abortion in the Middle East and North Africa"

2022 Boston School of Public Health, Boston, MA, USA
"Abortion in humanitarian settings"

2022 Department of Sociology, American University, Washington, DC, USA
"Abortion in Canada: Lessons learned from the North and how things could be different"

2022 Legislating abortion conference, Harvard Law School, Cambridge, MA, USA
"De-medicalizing medication abortion through the community-based distribution of misoprostol: Learnings from a global initiative"

2022 Center for Health, Risk, and Society, American University, Washington, DC, USA
"Abortion in the Arab world: Challenges and opportunities for expanding services and access"

2022 Austin Community College Faculty Learning Committee, University of Texas at Austin, Austin, TX, USA
"Contraception and abortion in the Arab world: Challenges and opportunities for expanding services and access"

2021 A challenge to dignity: A conference on the health and well-being of refugees, asylum seekers, and forcibly displaced people, University of California at San Diego, San Diego, CA, USA
"Abortion in humanitarian settings: Challenges and opportunities for expanding access to safe services"

2021 World Health Organization Technical Consultation, Geneva, Switzerland
"Establishing a core set of SRMNCAH indicators for routine collection in humanitarian settings"

2021 Misoprostol for medication abortion workshop, Kampala, Uganda
"Demedicalizing medication abortion through the community-based distribution of misoprostol"

2021 Impact of COVID-19 on abortion provision: Patient and provider perspectives,
Society of Family Planning webinar (Global)
"Exploring abortion care in the COVID-19 era: A mixed-methods study in Canada"

2021 Boston School of Public Health, Boston, MA, USA
"Abortion in humanitarian settings"

2020 IAWG Research and Data Sub-Working Group, global webinar, New York, NY, USA
"Collecting data on abortion in humanitarian settings: A global initiative"

2020 Boston School of Public Health, Boston, MA, USA
"Abortion in humanitarian settings"

2020 Mifepristone Coalition and ReproAction webinar, New York, NY, USA
"Reconvening on the "abortion pill reversal" regimen"

2020 National Abortion Federation webinar, Washington, DC, USA
"Self-managed abortion: Clinical, activist, and reproductive justice perspectives"

2019 Misoprostol for medication abortion workshop, Doha, Qatar
"Demedicalizing medication abortion through the community-based distribution of misoprostol"

2019 EMMA project, FDA regulatory meeting, Washington, DC, USA
"Demedicalizing medication abortion in Canada."

2019 Inter-Agency Working Group on Reproductive Health in Crises, Safe Abortion Care Sub-Working Group, Annual Meeting, New York, NY, USA
"Collecting data on sexual and reproductive health in humanitarian settings: A global initiative"

2019 Women Help Women global webinar, Amsterdam, The Netherlands
"Demedicalizing medication abortion: Updates on research collaborations"

2019 Boston School of Public Health, Boston, MA, USA
"Abortion in humanitarian settings"

2019 Mifepristone Coalition Annual Meeting, New York, NY, USA
"Demedicalizing medication abortion in Canada: A multi-pronged research strategy"

2019 Mifepristone Coalition Annual Meeting, New York, NY, USA
"Method choice in humanitarian settings"

2019 Canadian Abortion Providers' Annual Meeting, Chicago, IL, USA
"Mifegymiso in Canada: Research updates"

2019 Group on Reproductive Health and Rights (Harvard School of Public Health), Cambridge, MA, USA
"Abortion in humanitarian settings: Challenges and opportunities for expanding safe services"

2018 Society for the Scientific Study of Sexuality Annual Meeting, Montreal, Canada

"Abortion, politics, and the pill that promised to change everything: The global journey of mifepristone"

2018 Mifepristone Coalition Annual Meeting, New York, NY, USA
"Evaluating the practices of the Abortion Pill Reversal hotline"

2018 National Abortion Federation Annual Meeting, Seattle, WA, USA
"Abortion in humanitarian settings"

2018 Canadian Abortion Providers' Annual Meeting, Seattle, WA, USA
"Women's experiences with Mifegymiso in Canada"

2018 Johns Hopkins University, Baltimore, MD, USA
"Abortion in humanitarian settings: Challenges and opportunities for expanding safe services"

2018 IAWG global webinar of the gender-based violence sub-working group
"The *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*: Updates on the 2018 revision and changes to the gender-based violence chapter"

2018 ICEC global webinar on emergency contraception in crisis settings
"Assessing the reproductive health needs of Rohingya women and girls in Kuala Lumpur, Malaysia: Emergency contraception findings"

2017 Inter-Agency Working Group on Reproductive Health in Crises Annual Conference, Athens, Greece
"The *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*: Updates on the 2018 revision"

2017 Boston University, Boston, MA, USA
Keynote address, AIMS Dissertation Workshop
"Conducting research on sexual and reproductive health in North Africa"

2017 University of Rochester School of Medicine, Rochester, NY, USA
Keynote address, Resident Research Day
"Abortion in humanitarian settings: Challenges and opportunities for expanding safe services"

2017 Reverse the Rhetoric, Mifepristone reversal conference, New York, NY, USA
"Potential disadvantages of doing clinical research on "mife reversal"

2017 Guttmacher Institute, New York, NY, USA
"Abortion in refugee, crisis, conflict, and emergency settings: Challenges and opportunities for expanding safe services"

2017 North American Forum on Family Planning, Atlanta, GA, USA
"Disseminating research findings internationally"

2017 Middle East Centre, 60th Anniversary conference, Oxford, UK
"Emergency contraception in the Arab world"

2017 Celebrating 40 years of women Rhodes Scholarships, Oxford, UK
"Standing up for health: Advancing reproductive health worldwide"

2017 Mifepristone Medical Abortion Annual Meeting, New York, NY, USA
"Abortion in refugee, crisis, conflict, and emergency settings: Challenges and opportunities for expanding safe services"

2017 DePaul University, Chicago, IL, USA
"Abortion in the Arab world: Current practices, challenges and opportunities for expanding safe services"

2016 Inter-Agency Working Group on Reproductive Health in Crises 2016 Conference, Dakar, Senegal
"Safe abortion in humanitarian settings: An overview of needs, gaps & priorities for action"

2016 Blavatnik School of Government, University of Oxford, Oxford, UK
"No exceptions: Documenting the abortion experiences of US Peace Corps Volunteers: Results and impact of a large-scale qualitative study"

2016 Medical abortion care day, National Abortion Federation, Austin, TX

"Mifepristone in Canada: Victories, challenges, and opportunities"

2016 Annual clinician training, Marie Stoppes International, Yangon, Myanmar
"Reducing harm from unsafe abortion and improving access to safe(r) abortion care: Lessons learned from Thailand"

National

2023 Asper Center Reproductive Rights Expert Round Table, University of Toronto, Toronto, ON
"Accessibility of abortion in Canada"

2020 Canadian Abortion Providers' Regional Meeting, Vancouver, BC
"Medication abortion in Canada: Research updates"

2020 CanWaCH global webinar, Toronto, ON
"Collecting data on abortion in humanitarian settings: A global initiative"

2020 Contraception webinar, Northern Ontario School of Medicine, Thunder Bay, ON
"Emergency contraception: What you need to know as a future physician"

2019 Canadian Abortion Providers' Regional Meeting, Vancouver, BC
"Medication abortion in Canada: Research updates"

2019 Federation of Medical Women of Canada Annual Meeting, Ottawa, ON
"Abortion, politics, and the pill that promised to change everything: The global journey of mifepristone"

2018 Canadian Conference on Global Health, Toronto, ON
"Collecting data on sexual and reproductive health in humanitarian settings"

2018 Abortion Beyond Bounds Conference, Montreal, QC
"Expanding access to medication abortion: Demedicalized strategies, lessons learned, and some outstanding questions"

2017 Global Affairs Canada, Ottawa, ON
"Abortion in humanitarian settings: Challenges and opportunities for expanding safe services"

2017 Canadian Abortion Providers' Annual Meeting, Montreal, QC
"Hospital provision of abortion in Canada"

2016 Canadian Abortion Providers' Annual Meeting, Austin, TX
"Documenting women's abortion experiences in Canada"

2014 Medical Students for Choice's Canadian Abortion Training Institute, Toronto, ON
"Abortion, medical education, and values clarification"

2014 Medical Students for Choice's Canadian Abortion Training Institute, Toronto, ON
"Abortion in Canada"

2012 Medical Students for Choice Annual National Conference, Montreal, QC
"Family planning and unsafe abortion in long term conflict settings: Lessons learned from Palestine & Burma"

2005 Keynote speaker, International Development Week, Mount Allison University, Sackville, Canada.
"Women's sexuality in the Arab world: Exposing myths, exploring realities."

Local

2024 HC x Girls Up event, University of Ottawa, Ottawa, ON
"Emergency contraception"

2024 Guest lecturer, "Abortion in the Global Context" APA 1122 (Summer session): Physical Activity in a Global Health Perspective

2024 Guest lecturer, "Abortion in the Global Context" APA 1122: Physical Activity in a Global Health Perspective

2024 Health Sciences Student Association, ISHS
Panelist, "Women Professors"
2024 Office of the Provost and Vice-President, Academic Affairs
Panelist, "Teaching difficult topics: Managing discomfort in the classroom, Part II"
2023 Guest lecturer, "Abortion in the Global Context" HSS4331: International Health
2023 Office of the Provost and Vice-President, Academic Affairs
Panelist, "Teaching difficult topics: Managing discomfort in the classroom"
2023 Discussant, Graduate Colloquium in Health Law, Centre for Health Law, Policy, and Ethics
2023 Guest lecturer, "How do we talk about abortion?" CMN4135: Health Communication course
2022 Guest lecturer, "Abortion in the Global Context" HSS4331: International Health
2022 Women's Health Interest Group, Faculty of Medicine, University of Ottawa, Ottawa, ON
"Emergency contraception"
2022 SHOUT, Faculty of Medicine, University of Ottawa, Ottawa, ON
"Emergency contraception"
2022 Grand Rounds, Obstetrics and Gynecology Department, University of Ottawa, Ottawa, ON
"Abortion in Canada and the implications for the changing legal landscape in the United States"
2022 Center for Health Law, Policy, and Ethics, University of Ottawa, Ottawa, ON
"Rights to abortion: 2022 and beyond"
2022 Medical Students for Choice & SHOUT, Faculty of Medicine, University of Ottawa, Ottawa, ON
"Abortion in Canada"
2021 Connecting Young Minds Annual Meeting, Ottawa, ON
"Conducting global sexual and reproductive health research"
2021 SHOUT, Faculty of Medicine, University of Ottawa, Ottawa, ON
"Medication abortion"
2021 SHOUT, Faculty of Medicine, University of Ottawa, Ottawa, ON
"Emergency contraception"
2019 Interdisciplinary Student Research Conference on Healthcare (ISRCH) 2019, Ottawa, ON
"Abortion in humanitarian settings: Challenges and opportunities for expanding safe services"
2019 Women in Medicine, International Women's Day event, Ottawa, ON
"Abortion, politics, and the pill that promised to change everything: The global journey of mifepristone"
2019 Equity, diversity, and inclusion lecture series, Faculty of Medicine, University of Ottawa, Ottawa, ON
"Abortion, politics, and the pill that promised to change everything: The global journal of mifepristone"
2013 Women's Health Research Day, University of Ottawa, Ottawa, ON
"Emergency contraception: The story of a global reproductive health technology"
2012 Interdisciplinary School of Health Sciences Career Fair, Faculty of Health Sciences, University of Ottawa, Ottawa, ON
"Lessons learned from a career in global health"

11.3 Workshops (last 8 years)

2023 World Health Organization ICFP Scientific Writing, Mentoring, and Coaching Workshop
Pattaya, Thailand
"Getting your paper noticed by journal editors"
2019 Workshop in multi-methods data collection, Kinshasa, the Democratic Republic of the Congo
"Collecting sexual and reproductive health data in humanitarian settings"
2018 Adolescent sexual and reproductive health in Arab world workshop, Beirut, Lebanon

"Approaches to publishing edited volumes"

2018 Responding to the needs of child brides workshop, Amman, Jordan
"Emergency contraception"

2018 Preventing and responding to early marriage workshop, Amman, Jordan
"Early marriage: A global overview"

2017 Reproductive Health Research workshop, Kuala Lumpur, Malaysia
"Addressing the reproductive health needs of Rohingya women living in Kuala Lumpur"

11.4 Websites

1. **Foster, A.M.** and the REaDY Initiative, 2010. www.littleblackbookhealth.org, a bi-lingual resource for young adults in seeking information about sexual and reproductive health coverage in Massachusetts [WWW Document]. URL http://www.littleblackbookhealth.org/.
2. **Foster, A.M.**, Wynn, L.L., Rouhana, A.*, Diaz, C., Trussell, J., 2003. www.medicationabortrion.com, a multilingual website dedicated to medication abortion methods [WWW Document]. www.medicationabortion.com. URL http://www.medicationabortions.com.
3. **Foster, A.M.**, Wynn, L.L., Rouhana, A.*, Trussell, J., 2013. http://ec.princeton.edu/Arabic, an Arabic translation and adaptation of the emergency contraception website www.not-2-late.com (J. Trussell author) [WWW Document]. URL http://ec.princeton.edu/Arabic/.

This is **Exhibit "B"** referred to
in the Affidavit of Dr. Angel Foster,
sworn remotely before me this 25th day of April, 2025

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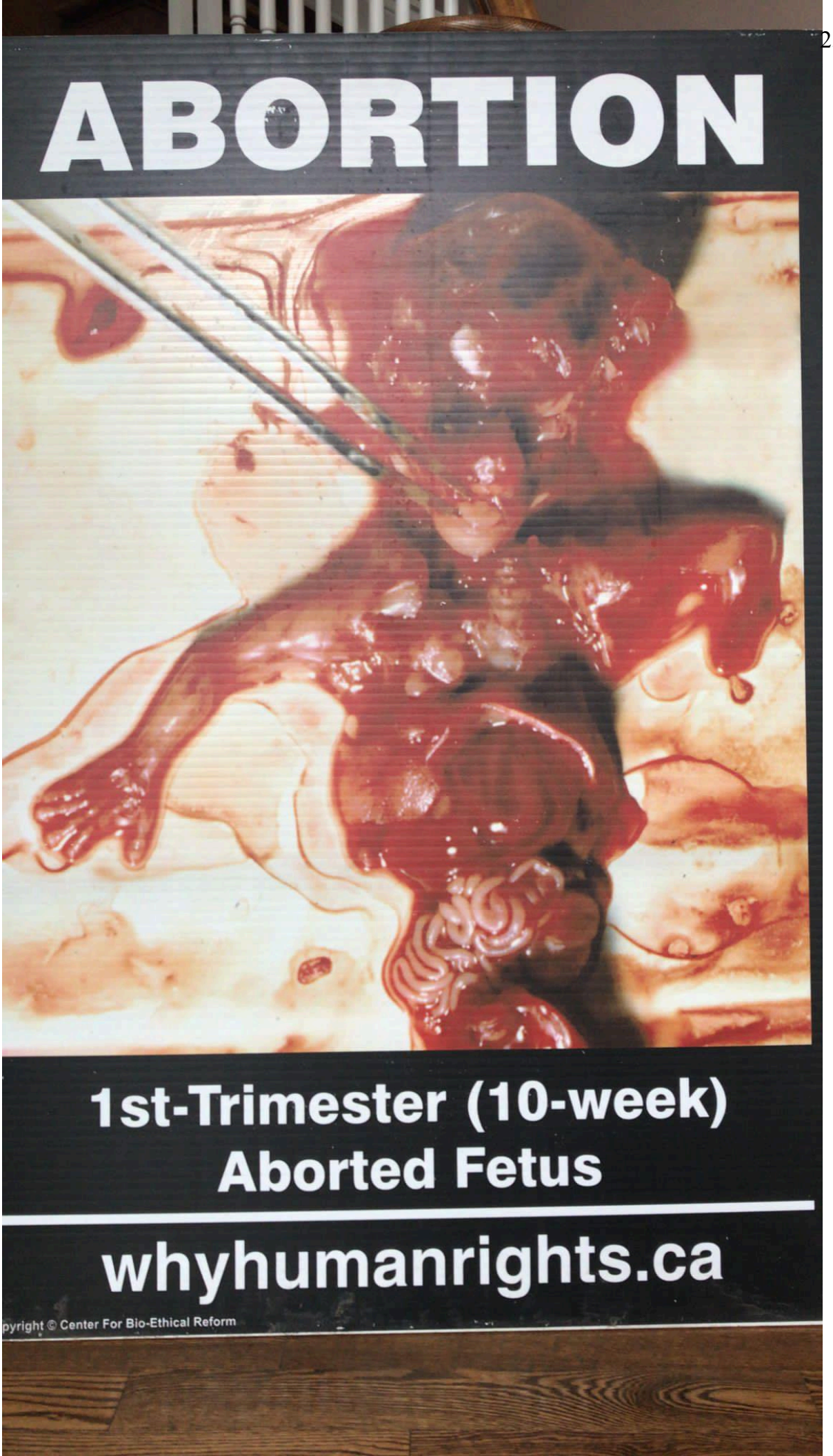
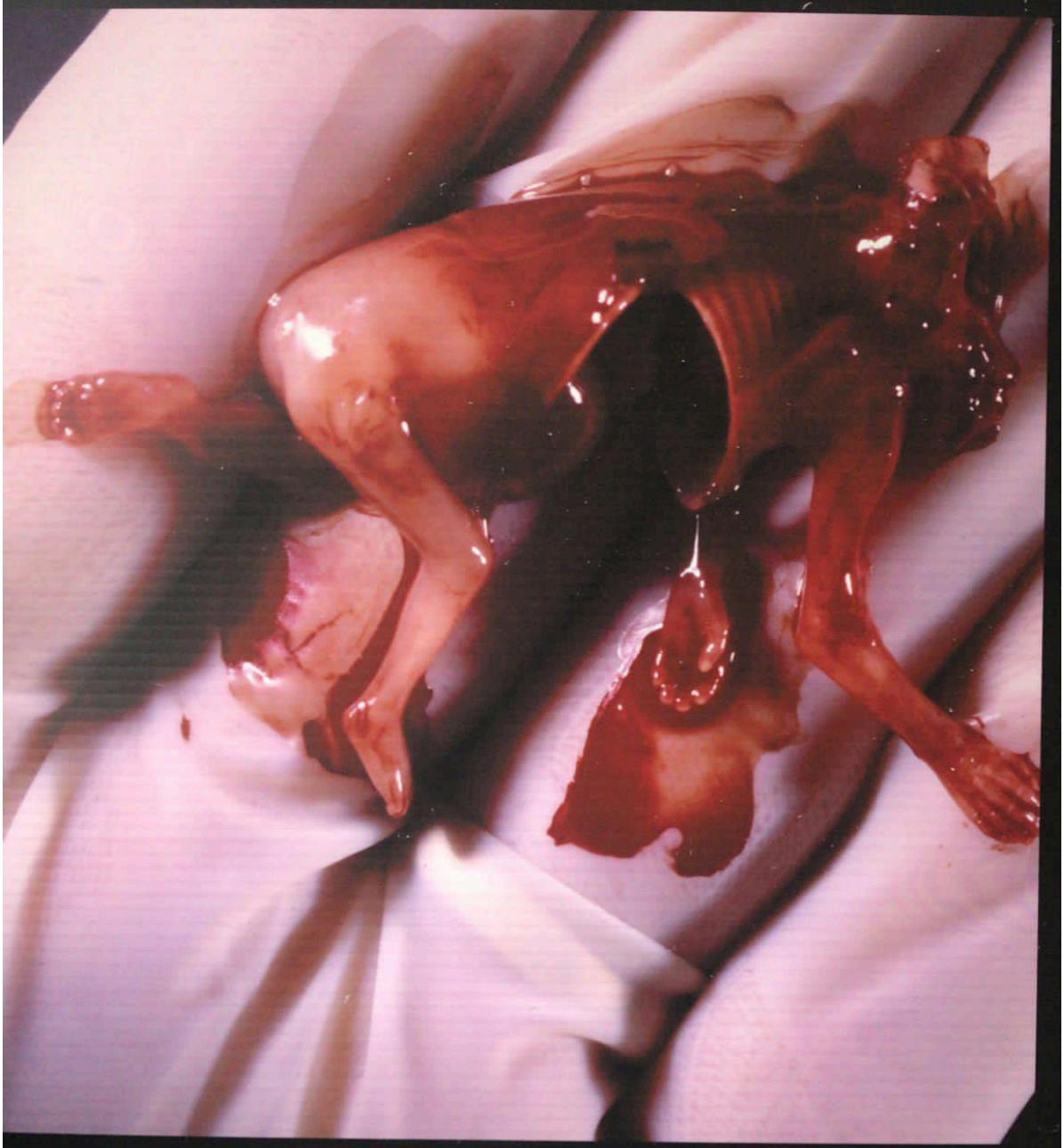
Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)


ABORTION
1st-Trimester (8-week)
Aborted Embryo
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform


ABORTION
1st-Trimester (10-week)
Aborted Fetus
whyhumanrights.ca
pyright © Center For Bio-Ethical Reform

ABORTION



1st-Trimester (11-week)
Aborted Fetus

whyhumanrights.ca

This is **Exhibit "C"** referred to
in the Affidavit of Dr. Angel Foster,
sworn remotely before me this 25th day of April, 2025

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Jocelyn Rempel[v], a commissioner of oaths
(LSO#: 82895Q)

Exploring the impact of graphic anti-abortion advertisements on recipients: A preliminary scoping review summary

Background

In Canada, reports including media coverage from several provinces such as Ontario, Saskatchewan, British Columbia and Alberta highlighted that some anti-abortion rights organizations advertise graphic anti-abortion imagery containing fetuses; these images are circulated in homes through flyers and displayed near schools and on highway billboards [1–5]. These advertisements have the potential to invade the privacy of residents who do not wish to encounter these images, distress children, and upset women and gender-diverse pregnancy-capable individuals who have had a negative pregnancy experience or a spontaneous abortion [1]. Even though there have been some policy developments from local governments to regulate graphic anti-abortion advertisements, the knowledge base in this domain is severely scant. To inform policy development in Canada, we conducted a scoping review to explore the extent of available knowledge across countries on the impact of these advertisements on recipients.

Methods

We designed this scoping review using the established framework from Arksey and O'Malley and the framework revision by Levac and colleagues [6,7]. Implementing a pre-determined search strategy, we identified relevant sources from Sociological Abstracts, GenderWatch, Scopus, APA PsycInfo and Web of Science. We included sources from across countries that assessed the nature, content, medium and impact of these graphic anti-abortion advertisements. We included studies from 1988 (the year of decriminalization of abortion care in Canada) to 2025.

Summary of preliminary findings

Our search strategy identified 2,112 sources from these selected databases. Through the ongoing scoping review process, we synthesized findings from key sources and identified thematic categories.

i) Purposively deceptive use of fetal imagery in advertisements

Research documents that graphic anti-abortion advertisements include fetal imagery containing dismembered, blood-soaked fetuses and mounds of human tissue [8–10]. These are circulated

through advertisements in the form of large placards, flyers, websites, etc. [8–10]. These advertisements focus on depicting the fetus as a developed unborn baby to create distress among viewers and foster evidentiary trustworthiness among the public [10–12]. However, these depictions can be manipulative as analysis of these advertisements reveals that these images are dated variably to show a higher fetal development stage compared to the indicative gestational age in the advertisements to create increased discomfort [10].

ii) Anti-abortion advertisements are largely ineffective

Evidence documents that advertisements containing fetal imagery are largely ineffective in changing viewers' opinions on abortion and have been received negatively by the community, leading to city-level complaints about their harmful and inaccurate nature in Ireland [13,14]. In Poland, a survey found that 82.1% of billboard viewers reported that the campaign did not change their views on abortion [14]. Furthermore, in Canada, these anti-abortion sign-carrying protestors yelled at abortion seekers accessing clinic care and caused them distress. However, abortion seekers highlighted that these protests did not impact their decision to obtain an abortion [15].

iii) Regulating graphic anti-abortion advertisements

Agencies in Australia, the United States and the United Kingdom have successfully regulated some aspects of graphic anti-abortion advertisements. After receiving complaints about graphic anti-abortion fliers from Tell the Truth, an anti-abortion coalition, the Advertising Standards Bureau in Australia upheld the complaints stating that these print advertisements depicted graphic, distressing and frightening images [9]. The complainants including media reports highlighted the potential distressing impact of these images on children and women who underwent an abortion [9]. In the United States, considering the potential harm caused to children, the Federal Communications Commission noted that broadcasters had the editorial discretion to regulate the telecast of graphic anti-abortion advertisements to timings when children are less likely to view such a telecast [16]. Similarly, in the United Kingdom, the British Broadcasting Corporation won a legal battle where it refused to telecast political messages carrying graphic anti-abortion imagery [17].

iv) Anti-abortion groups disseminating graphic advertisements are potentially linked globally.

Research highlights that some anti-abortion organizations could be linked globally. These organizations share graphic anti-abortion resources and were accused of attempting to influence policies in other countries. For instance, an anti-abortion website in Australia was found sharing graphic anti-abortion resources from the Centre for Bioethical Reform based in the United States [9]. Furthermore, the Irish Centre for Bio-Ethical Reform's (ICBR) strategy of protesting with graphic fetal imagery outside schools and maternity hospitals was perceived negatively during the organization's attempt to support the anti-abortion movement in Ireland in 2018. The Irish anti-abortion movement organizer called for a stop to the ICBR protests and raised speculation about their Irish origin, indicating international involvement [18,19].

Conclusion

Research highlights that anti-abortion graphic advertisements are a pervasive international issue affecting television, print and other mediums of dissemination. Even though these advertisements are largely ineffective in changing recipients' opinions and decisions on abortion, they can cause emotional distress and potentially harm children. Agencies including regulators, broadcasters and courts have successfully regulated the dissemination of these advertisements. This evidence can inform Canadian authorities to regulate graphic anti-abortion advertisements. Moreover, observing the potential global linkage of anti-abortion groups disseminating graphic advertisements, a comprehensive approach to address this issue through provincial and federal intervention is warranted.

References

[1] Abortion Rights Coalition of Canada. Take action against aborted fetus images in public! Vancouver, Canada: Abortion Rights Coalition of Canada; 2024.
[2] Brennae M. Greater Victoria residents upset after graphic anti-abortion mail sent to homes. Capital Daily 2023.
[3] White-Crummey A. “Graphic” anti-abortion images come to Regina schools and mailboxes. Regina Leader Post 2019.
[4] Santos J. Anti-abortion advocates take their campaign to local streets. NewmarketTodayCa 2024.
[5] Rodriguez M. Council calls for crackdown on graphic anti-abortion pamphlet. Calgary Herald 2022.
[6] Arksey H, O’Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol 2005;8:19–32. https://doi.org/10.1080/1364557032000119616.
[7] Levac D, Colquhoun H, O’Brien KK. Scoping studies: advancing the methodology. Implement Sci 2010;5:69. https://doi.org/10.1186/1748-5908-5-69.
[8] Lane Swift C. Abortion as African American cultural amnesia: An examination of the Dayton Right to Life Brochures. Women Lang 2009;32:44–50.
[9] McLaren K. The Emotional imperative of the Visual: images of the fetus in contemporary Australian pro-life politics. In: Doerr N, Mattoni A, Teune S, editors. Res. Soc. Mov. Confl. Change, vol. 35, Emerald Group Publishing Limited; 2013, p. 81–103. https://doi.org/10.1108/S0163-786X(2013)0000035008.
[10] Page S-J, Lowe P. Gendered violence, religion and UK-based anti-abortion activism. Relig Gend 2022;12:5–28. https://doi.org/10.1163/18785417-01201009.
[11] Boucher J. Ultrasound: A Window to the Womb?: Obstetric Ultrasound and the Abortion Rights Debate. J Med Humanit 2004;25:7–19. https://doi.org/10.1023/B:JOMH.0000007447.19765.ee.
[12] Antezana L, Lira CL. Abortion in photographs in Chilean digital media: disputed representations. Braz Journal Res 2019;15.
[13] Curran A. Ordinary and extraordinary images: Making visible the operations of stock photography in posters against the repeal of the 8th amendment. Fem Encount J Crit Stud Cult Polit 2022;6:07. https://doi.org/10.20897/femenc/11751.
[14] Turoń-Kowalska A. Religious social advertising against secularisation of society. The Polish example. J Study Relig Ideol 2021:3–22.
[15] Foster AM, Persaud MS, LaRoche KJ. “I didn’t doubt my choice, but I felt bad”: A qualitative exploration of Canadian abortion patients’ experiences with protesters. Contraception 2020;102:308–13. https://doi.org/10.1016/j.contraception.2020.06.001.
[16] Ozmun D. Abortion and harm to children: limits on television political advertisements. Commun Law Policy n.d.;1:99–116.
[17] Hopkins N, Zeedyk S, Raitt F. Visualising abortion: Emotion discourse and fetal imagery in a contemporary abortion debate. Soc Sci Med 2005;61:393–403. https://doi.org/10.1016/j.socscimed.2004.11.049.

[18] Browne K, Nash CJ. In Ireland We 'Love Both'? Heteroactivism in Ireland's Anti-Repeal Ephemera. Fem Rev 2020;124:51–67. https://doi.org/10.1177/0141778919895262.
[19] Loughnane F. Foetal images on political posters: Bodily intimacy, public display and the mutability of photographic meaning. Fem Encount J Crit Stud Cult Polit 2022;6:09. https://doi.org/10.20897/femenc/11753.

This is **Exhibit "D"** referred to
in the Affidavit of Dr. Angel Foster,
sworn remotely before me this 25th day of April, 2025

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Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

Exploring the impact of graphic anti-abortion advertisements on communities: A multi-methods qualitative study in Canada

Summary of Proposal

The Supreme Court of Canada decriminalized abortion in 1988. Abortion care is common, safe, and defined as a necessary medical procedure. Nevertheless, abortion care is provided in a contested landscape where anti-abortion rights groups advertise graphic anti-abortion imagery containing fetuses. These images are circulated to homes through flyers, displayed near school premises, and mounted and on highway billboards. This imagery has the potential to distress women and gender-diverse pregnancy-capable individuals, children, and residents in their communities. Several media outlets have reported on the circulation and display of these images in various provinces including Ontario, Saskatchewan, British Columbia and Alberta. In response to these advertisements, some cities have formulated bylaws designed to prevent unwanted distribution of materials or public display of graphic images. However, the knowledge base on the impact of these graphic anti-abortion advertisements on women, gender-diverse pregnancy-capable individuals and children remains scant. The lack of research has led some local governments to withdraw or pause implementation of these ordinances due to legal challenges. These challenges question the city's authority to regulate the distribution of literature and claim a violation of Canadian Charter rights.

To address this knowledge gap we will carry out a multi-methods study that will explore the impact of graphic-anti abortion advertisements on communities. We will conduct: 1) a scoping review that examines the current state of knowledge on the impact of graphic anti-abortion advertisements on communities in Canada, 2) in-depth interviews with individuals who have encountered these images, and 3) a policy review to assess the regulation of graphic anti-abortion advertisements at different levels of government.

Leveraging our existing partnership supported by previous SSHRC grants, we will undertake this study in collaboration with the Abortion Rights Coalition of Canada (ARCC) and our research group at the University of Ottawa (uOttawa). ARCC is the only nationwide political pro-choice organization working towards furthering abortion rights and access in Canada. Dr. Angel M. Foster, Professor at the Faculty of Health Sciences at uOttawa, will lead this project in close coordination with Ms. Joyce Arthur, Executive Director, ARCC. Dr. Foster's experience in conducting policy-directed abortion care research and Ms. Arthur's experience in driving knowledge mobilization initiatives will strengthen this project. Dr. Foster is a globally recognized abortion care researcher with projects in 22 countries, including Canada, the United States, India, and Libya. Ms. Arthur is a pioneering abortion rights advocate who has worked with various decision-makers to drive policy change to improve abortion access in Canada.

The findings from this project have the potential to be directly assimilated into policy deliberations at the municipal and provincial levels. These findings will directly contribute towards evidence generation for the city of St Catharines, Ontario and the Niagara region for developing robust and comprehensive bylaws regulating graphic anti-abortion advertisements. At the provincial level, these findings can inform deliberations of Bill 80 in the Legislative Assembly of Ontario, which aims to regulate graphic images of fetuses sent through the mail. Furthermore, we will publish our results in peer-reviewed journals and share our findings at conferences to ensure reaching a diverse multi-disciplinary audience, including researchers, public policymakers, and reproductive health rights, and justice advocates.

Goals & Description

Background

The Supreme Court of Canada decriminalized abortion in 1988, and since then, there have been no federal laws that restrict abortion care in the country [1,2]. Canada is part of a small group of countries where the provision of abortion care is decriminalized with no regulations on gestational limits [3]. Furthermore, the federal government designated abortion care as a medically necessary service thus requiring provinces and territories to cover this care under their health care insurance programs [3,4]. Abortion care in Canada is both common and safe [3,5].

Some anti-abortion rights organizations in Canada advertise graphic anti-abortion imagery containing fetuses and these images are circulated to homes through flyers and displayed near schools and on highway billboards [6]. Several media reports have documented incidences of graphic imagery circulation and display in both local communities and across provinces including in Ontario, Saskatchewan, British Columbia, and Alberta [7–10]. These advertisements have the potential to invade the privacy of residents who do not wish to encounter these images, distress children in their homes and near school premises, and upset women and gender-diverse pregnancy-capable individuals who had a negative pregnancy experience, a spontaneous abortion, or an induced abortion [6].

In response to these advertisements, a number of local governments have formulated and implemented a patchwork of measures, including bylaws requiring enclosed packaging and viewer discretion labels on the advertised graphic content and prohibiting signage outside schools [6]. As of August 2024, nine cities required graphic flyers to be concealed in envelopes with content information mentioned on them [11]. Calgary is the only city that regulates graphic signage outside school premises [6].

Even though there have been some policy developments regulating graphic anti-abortion imagery, the knowledge base on their impact on residents, women and pregnancy-capable individuals, and children specifically, is scant. The lack of research has led to local governments withdrawing or holding off passing bylaws due to concerns regarding litigation challenging them in courts. The city of St. Catharines, Ontario, repealed their bylaw requiring warning labels due to a legal challenge stating that the city has no authority to regulate the distribution of literature and that the bylaw violated rights under the Canadian Charter [12]. The city aims to bring another better-equipped bylaw that could withstand legal challenges [12].

Observing the litigation against St. Catharines' bylaw, Niagara Region adopted a wait-and-see approach before implementing its own [13] . As of this writing, St Catharines authorities were gathering evidence on the impact of these graphic images on residents to formulate the revised bylaw [12]. Therefore, with a focus on informing policy, there is a need to explore the overarching landscape and any research on residents' experiences encountering unwanted graphic anti-abortion content.

In the previously awarded SSHRC Partnership Engage Grant, we explored abortion seekers' experiences of encountering anti-abortion protesters near clinics in Canada [2]. This research highlighted that abortion seekers found these anti-abortion protests upsetting and stigmatizing [2]. Our project aims to explore evidence on the existing knowledge on the impact of graphic anti-abortion advertisements on individuals, residents, and specific subsets of residents' experiences encountering them, and policy mechanisms to limit the distribution and display of these images.

Objectives and goals

This mixed-methods study aims to explore the impact of graphic anti-abortion advertisements on individuals encountering them. Specifically, we aim to:

1. Examine the current state of knowledge on the impact of unsolicited anti-abortion advertisements, including those with graphic imagery on the recipients
2. Explore the experiences of individuals who have encountered these graphic anti-abortion images in their communities
3. Examine existing policies regulating graphic anti-abortion advertisements
4. Develop a knowledge mobilization and translation plan for key stakeholders to inform research and advocacy.

Partnership

We will undertake this study through a partnership between the University of Ottawa (uOttawa)and the Abortion Rights Coalition of Canada (ARCC). ARCC is the only nationwide political pro-choice organization working towards furthering abortion rights and access in Canada [14]. ARCC undertakes political advocacy and educational initiatives with a primary focus on safeguarding and furthering abortion access in Canada [15]. ARCC works with a diverse team of pro-choice groups and individuals to develop collaborations and disseminate knowledge [15]. Through continued collaboration with ARCC, our team has generated strategically placed knowledge products through various successful Partnership Engage Grants. This includes a published scoping review on belief-based denial of abortion and contraceptive care in Canada [16]. With regard to this study, ARCC developed position papers exploring the impact of graphic anti-abortion advertisements in Canadian cities. However, the lack of rigorous peer-reviewed knowledge in this domain has stifled advocacy efforts. This study is specifically designed to meet the research needs of our community partner. ARCC will be involved in all phases of this project including the study design, data collection, and interpretation of findings through a validation workshop with the ARCC Reproductive Justice Advisory Board. With the support of this research, ARCC will lead the knowledge mobilization and translation plan.

Theoretical framework

Practical action research serves as the theoretical foundation for this project [17,18]. The practical concern that we are addressing has been defined in consultation with our partner organization ARCC, and community members in Canada. Our project is designed to empower participants, acquire knowledge, affect social and policy change, and advance social justice [19]. As is characteristic of action research [18], our design embraces the planning, acting, observing, and reflecting cycle, which will be ongoing throughout the life of the project. We believe that the knowledge generated through this project will have value beyond the local contexts, and thus, we have prioritized disseminating our results and lessons learned to multi-disciplinary audiences in Canada and beyond.

Methods

We will undertake a multi-methods study that includes: 1) A scoping review to assess the current state of knowledge on the impact of anti-abortion advertisements, including those containing graphic imagery, on recipients, 2) In-depth interviews with individuals who have encountered these graphic anti-abortion images in their communities in St Catharines, Ontario, 3) A policy review to assess the regulation of graphic anti-abortion advertisements at the local, provincial, and federal level.

Component 1: A scoping review: We will undertake a scoping review to obtain insights on the extent of knowledge available on the impact of anti-abortion advertisements including those containing graphic imagery on communities in Canada. A scoping review provides a comprehensive overview of the available evidence on a topic, especially ones that have received little scholarly attention. We will undertake this iterative review adhering to established frameworks [20,21]. This process involves six steps: 1) identifying the research question, 2) determining relevant studies, 3) selecting studies based on defined inclusion criteria, 4) data charting, 5) collating, summarizing and reporting findings, and 6) expert consultation. We will undertake a review of peer-reviewed publications and grey literature including reports from stakeholder organizations such as nonprofits and government agencies. As the displays of graphic anti-abortion images in public areas have been widely reported in media sources in Canada, we will incorporate a media audit component in this scoping review. To obtain a head start, we have developed a scoping review protocol and have worked with uOttawa librarians to identify the appropriate peer-reviewed and media databases that include sources in English and French. We are well placed to launch this study component immediately upon receipt of this grant. We will use Covidence ® to manage the source material data and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) to guide reporting [22]. For the consultation phase, we will engage with sexual and reproductive health researchers, and legal experts to fill any knowledge gaps and validate our findings. Based on insights obtained from our previously developed scoping reviews, we will interview 15-20 experts during the consultation phase [3,16,23]. We will identify experts leveraging ARCC's established networks and from published sources identified from the early stages of this scoping review. These expert engagements will also provide a platform for the dissemination of the findings from this review and will directly contribute to ARCC's knowledge dissemination plan and further knowledge mobilization.

Component 2: In-depth interviews with individuals who encountered graphic anti-abortion advertisements: We will undertake in-depth interviews with individuals who have encountered graphic anti-abortion advertisements in the past 10 years (on/after January 1, 2015). Noting the topical nature of this issue and the potential contribution of this research towards policy development in the city, we will focus on St Catharines, Ontario, as the study site for this project component. We will adopt a multi-modal community-based recruitment strategy that includes working with community organizations to spread the word, developing a study website, sending listserv announcements, and advertising to ARCC's network organizations and posting advertisements on social media. We will incorporate gendered and gender-neutral language in English and French in the recruitment material. Furthermore, we will use racially and ethnically inclusive images on my recruitment flyers. Adopting these strategies will ensure that our recruitment includes a diverse group of participants especially those who encounter structural oppression based on their age, race, ethnicity, language, gender and sexuality.

We will conduct the interviews in English and French over the phone/Zoom; we expect the interviews to last around 60 minutes. After undertaking a study eligibility screening, we will review the consent form with the participants, respond to their questions, and obtain their oral consent if the participant agrees. We will offer a CAD40 gift card to the participants for their contribution. We will follow a semi-structured guide containing open-ended questions about the participant's demographic characteristics (including their preferred pronouns and gender identity) and their background. Then, we will proceed with a series of questions regarding the participants' experience of encountering the graphic anti-abortion advertisement in their communities including their perspectives and reflections. We will end the interviews by asking their opinions on improving the regulation of graphic anti-abortion advertisements. We will use thematic saturation as our endpoint and conduct 3-5 additional interviews for confirmation [24]. Drawing from our experience of undertaking qualitative research in Canada [1,25–29] and the existing methods literature [24,30,31], we estimate that we will interview 20-30 individuals to reach thematic saturation and make claims about the transferability of the results. We will

audio-record and transcribe all interviews and memos after each interaction to reflect on participant-interviewer dynamics, establish thematic saturation, and initiate the analytic process [32]. We will use ATLAS.ti® to manage our data and will draw upon interview transcripts and analytic memos to undertake content and thematic analysis [32–34]. We will use both pre-determined categories and codes based on the research questions and inductive techniques to identify emergent ideas. Our content and thematic analysis plan is centered on grouping categories of information, drawing connections between ideas, and understanding relationships; regular team meetings will guide our interpretation.

Component 3: A policy review of the regulation of graphic anti-abortion advertisements in Canada: We will undertake a policy review on the regulation of graphic anti-abortion advertisements in Canada. We will conduct a review of bylaws, laws, bills, policies and guidelines and other relevant policy instruments regulating graphic anti-abortion advertisements. The media audit component of the scoping review (component 1) will support the identification of relevant policy instruments. We have designed the media audit to screen relevant local media sources and highlight relevant policies designed or enforced, especially those at the municipal level. We will also screen legal databases to identify legislation and case law that have shaped this policy discourse. We will also review citizen complaints or other avenues by which residents have weighed in on policy formulation. We will explore the policy questions addressed through the policy instrument, the scope, enforcement tools, impacts, evaluation and accountability mechanisms. We will design and conduct this review in adherence to established frameworks [35–37]. As a culminating step, we will organize a consultation workshop with the ARCC team, where we will share and validate our findings and fill any knowledge gaps.

Points of analytic interface: There are multiple points of analytic interface in this multi-methods study. Our scoping review will help us contextualize the issue of graphic anti-abortion advertisements in Canada and inform the development of the in-depth interview guide for individuals who have encountered them including a priori codes. The scoping review and in-depth participant interview will inform and strengthen the policy review. The scoping review especially the media audit component, will facilitate the identification of relevant local policies regulating these advertisements and the in-depth participant interviews will highlight the impact of these policies on communities. Expert consultations will help us fill gaps in knowledge and allow us to validate our findings. Although we will analyze each component separately, the final phase in our analytic plan involves formal integration and triangulation [33].

Research ethics: The Research Ethics Board at uOttawa has approved all components of this project. Thus, we will begin this study immediately upon receipt of the grant.

Timeline

Our proposed project will take place over a one-year period from March 1, 2025 through February 28, 2026. We outline the major milestones in the table below:

Activity	M	A	M	J	J	A	S	O	N	D	J	F
Conduct scoping review												
Consult experts for scoping review												
Develop in-depth interview study instrument												
Recruit interview participants												
Conduct in-depth interviews												
Analyze interview data												
Conduct policy review												

Triangulate findings from all study components												
Develop stakeholder report												
Implement knowledge mobilization plan												
Submit manuscripts for publication												

Knowledge mobilization and translation plan

This study is the first comprehensive exploration of the impact of graphic anti-abortion advertisements on communities in Canada. The findings from this study will provide ARCC with pertinent policy insights and shape its advocacy strategy and education initiatives. The involvement of the ARCC team in all phases of this study will ensure that the findings of the study are organically integrated into the knowledge mobilization plan. The ARCC director will lead the effort to integrate the findings from generated knowledge products into the organization's core activities and engage their partner organization network in the knowledge mobilization initiative. As the regulation of graphic anti-abortion advertisements is in a budding policy space, the results from this study will generate keen interest among diverse stakeholders in Canada and beyond. Our proposed collaboration includes an array of knowledge mobilization and translation activities such as stakeholder meetings and a policy consultation and dissemination workshop. Our intended knowledge output includes a complement of presentations, reports, peer-reviewed open-access journal articles, policy briefs and strategic media pieces. These knowledge products will ensure our engagement with diverse audiences. We will develop our knowledge products such as reports, policy briefs and media articles to expand our reach to Anglophone and Francophone decision-makers, advocates and communities.

Team composition

Principal Applicant: Angel M. Foster, DPhil, MD, AM Dr. Angel Foster is a Professor in the Faculty of Health Sciences and the 2011-2016 Endowed Chair in Women's Health Research at the University of Ottawa. She holds a doctorate from the University of Oxford in Middle Eastern Studies with disciplinary training in medical anthropology and public health, an MD from Harvard Medical School, and both master's and bachelor's degrees from Stanford University. Her research focuses on emergency contraception, abortion, and health professions education, and she currently leads projects in 22 countries. She has authored more than 100 publications and co-edited three books; her next book is dedicated to the global journey of mifepristone and will be released in early 2025. In 2017, the Guttmacher Institute bestowed on her the Darroch Award for Excellence in Sexual and Reproductive Health Research and in 2018, she received the inaugural CanWaCH Leadership Award. Dr. Foster will oversee all components of the project and will be responsible for all reporting requirements.

Partner Organization: Joyce Arthur is the founder and Executive Director of the Abortion Rights Coalition of Canada. Her key work for ARCC includes lobbying various levels of government, leading activist campaigns, writing articles, and disseminating information to supporters and the public. Previously, Ms. Arthur ran the Pro-Choice Action Network in British Columbia for 10 years and was editor of the national newsletter *Pro-Choice Press*. Ms. Arthur has written hundreds of articles on abortion and other political and social justice issues, spoken at dozens of venues in Canada and internationally, given hundreds of media interviews, written several book chapters, and appeared in about 10 documentaries. Ms. Arthur will lead the operationalization of the knowledge mobilization and translation plan.

Study Coordinator: Dipesh Suvarna, PhD(c), MSc, is an advanced doctoral candidate in the population health program at uOttawa. Dipesh is a global abortion researcher who has worked on various studies in Canada, the United States, and India. Dipesh's research focuses on developing systems that are responsive to the needs of individuals seeking abortion and contraception care. Dipesh is also a research fellow with Cambridge Reproductive Health Consultants in the US, where he provides

research and operational support to The Massachusetts Medication Abortion Access Project. In the US, his research focuses on expanding access to medication abortion in the wake of bans and restrictions. In Canada, he worked with Planned Parenthood Ottawa as a grant researcher, where he analyzed funding opportunities and developed grant proposals. This project will provide him with a training and capacity-building opportunity. He will lead the coordination of research activities including outreach, participant recruitment and dissemination of findings.

Undergraduate and graduate research assistants (uOttawa) Capacity building and mentorship for students are embedded in this proposed project. Dr. Foster will mentor both graduate and undergraduate research assistants to assist in recruiting participants, designing the interview guide, coordinating interview schedules, transcribing interviews, contributing to thematic analysis, writing and scientific communication of results. They will also assist with developing the scoping review protocol, screening of sources, extraction of data and knowledge synthesis.

Training plan: By providing intensive mentorship and an opportunity to engage in all aspects of the research project, students involved with this project will gain expertise in multi-methods research. We will also provide students with access to subject-specific, methodological, and skill-building workshops thereby supporting the next generation of social science and health science researchers.

References

[1] Hukku S, Ménard A, Kemzang J, Hastings E, Foster AM. “I just was really scared, because it’s already such an uncertain time”: Exploring women’s abortion experiences during the COVID-19 pandemic in Canada. Contraception 2022;110:48–55. https://doi.org/10.1016/j.contraception.2022.01.014.

[2] Foster AM, Persaud MS, LaRoche KJ. “I didn’t doubt my choice, but I felt bad”: A qualitative exploration of Canadian abortion patients’ experiences with protesters. Contraception 2020;102:308–13. https://doi.org/10.1016/j.contraception.2020.06.001.

[3] Demont C, Dixit A, Foster AM. Later gestational age abortion in Canada: A Scoping Review. Can J Hum Sex 2023;32:51–62. https://doi.org/10.3138/cjhs.2022-0046.

[4] Government of Canada. Canada Health Act Annual Report 2014-2015. Ottawa: Health Canada; 2015.

[5] Norman WV. Induced abortion in Canada 1974–2005: Trends over the first generation with legal access. Contraception 2012;85:185–91. https://doi.org/10.1016/j.contraception.2011.06.009.

[6] Abortion Rights Coalition of Canada. Take action against aborted fetus images in public! Vancouver, Canada: Abortion Rights Coalition of Canada; 2024.

[7] White-Crummey A. “Graphic” anti-abortion images come to Regina schools and mailboxes. Regina Leader Post 2019.

[8] Santos J. Anti-abortion advocates take their campaign to local streets. NewmarketTodayCa 2024.

[9] Brennae M. Greater Victoria residents upset after graphic anti-abortion mail sent to homes. Capital Daily 2023.

[10] Rodriguez M. Council calls for crackdown on graphic anti-abortion pamphlet. Calgary Herald 2022.

[11] Abortion Rights Coalition of Canada. How local governments can regulate public messaging. Vancouver, Canada: Abortion Rights Coalition of Canada; 2024.

[12] Walter K. St. Catharines repeals graphic image bylaw amid legal challenge. St Catharines Standard 2024.

[13] Sawchuk B. Niagara Region delays decision on graphic images bylaw. St Catharines Standard 2024.

[14] Abortion Rights Coalition of Canada. Abortion Rights Coalition of Canada: Welcome. Abortion Rights Coalition of Canada 2024. https://www.arcc-cdac.ca/ (accessed December 2, 2024).

[15] Abortion Rights Coalition of Canada. Abortion Rights Coalition of Canada: About us. Abortion Rights Coalition of Canada Us 2024. https://www.arcc-cdac.ca/about-us/ (accessed December 2, 2024).

[16] Dixit A, Suvarna D, Arthur J, Foster AM. Belief-based denial of contraception and abortion care in Canada: A scoping review. Can J Hum Sex 2024;33:211–26. https://doi.org/10.3138/cjhs-2023-0055.

[17] Grundy S. Three Modes of Action Research. Curric Perspect 1982;2:23–34.

[18] Masters J. Action Research Electronic Reader, The University of Sydney. Hist. Action Res. Hughes Ed, Sydney, Australia: The University of Sydney; 1995.

[19] Klugman B. Effective social justice advocacy: a theory-of-change framework for assessing progress. Reprod Health Matters 2011;19:146–62. https://doi.org/10.1016/S0968-8080(11)38582-5.

[20] Arksey H, O’Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol 2005;8:19–32. https://doi.org/10.1080/1364557032000119616.

[21] Levac D, Colquhoun H, O’Brien KK. Scoping studies: advancing the methodology. Implement Sci 2010;5:69. https://doi.org/10.1186/1748-5908-5-69.

[22] Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. Ann Intern Med 2018;169:467–73. https://doi.org/10.7326/M18-0850.
[23] Hart S, Dixit A, Foster AM. A scoping review of global literature on accompaniment in abortion care. Working Paper.
[24] Guest G, Bunce A, Johnson L. How many interviews are enough? An experiment with data saturation and variability. Field Methods 2006;18:59–82. https://doi.org/10.1177/1525822X05279903.
[25] Cano JK, Foster AM. "They made me go through like weeks of appointments and everything": Documenting women's experiences seeking abortion care in Yukon territory, Canada. Contraception 2016;94:489–95. https://doi.org/10.1016/j.contraception.2016.06.015.
[26] Foster AM, LaRoche KJ, El-Haddad J, DeGroot L, El-Mowafi IM. "If I ever did have a daughter, I wouldn't raise her in New Brunswick:" exploring women's experiences obtaining abortion care before and after policy reform. Contraception 2017;95:477–84. https://doi.org/10.1016/j.contraception.2017.02.016.
[27] Dixit A, Arthur J, Foster A. Exploring Canadians' Experiences with Belief-based Denial of Contraception and Abortion Care. Contraception 2024;134:110409. https://doi.org/10.1016/j.contraception.2024.110409.
[28] LaRoche KJ, Labeca-Gordon IN, Foster AM. How did the introduction of mifepristone impact the availability of abortion care in Ottawa? A qualitative study with abortion patients. FACETS 2020;5:559–70. https://doi.org/10.1139/facets-2020-0019.
[29] LaRoche KJ, Gross E, Sheehy G, Foster AM. Put a Ring in It: Exploring Women's Experiences with the Contraceptive Vaginal Ring in Ontario. Womens Health Issues 2018;28:415–20. https://doi.org/10.1016/j.whi.2018.04.009.
[30] Briggs CL. Learning how to ask: a sociolinguistic appraisal of the role of the interview in social science research. Cambridge [Cambridgeshire] ; New York: Cambridge University Press; 1986.
[31] Sandelowski M. Sample size in qualitative research. Res Nurs Health 1995;18:179–83. https://doi.org/10.1002/nur.4770180211.
[32] Birks M, Chapman Y, Francis K. Memoing in qualitative research: Probing data and processes. J Res Nurs 2008;13:68–75. https://doi.org/10.1177/1744987107081254.
[33] Denzin NK, Lincoln YS. The SAGE Handbook of Qualitative Research. Thousand Oaks: Sage Publications; 2005.
[34] Elo S, Kyngäs H. The qualitative content analysis process. J Adv Nurs 2008;62:107–15. https://doi.org/10.1111/j.1365-2648.2007.04569.x.
[35] Claes C, van Loon J, Vandevelde S, Schalock R. An integrative approach to evidence based practices. Eval Program Plann 2015;48:132–6. https://doi.org/10.1016/j.evalprogplan.2014.08.002.
[36] National Collaborating Centre for Healthy Public Policy. Method for synthesizing knowledge about public policies. National Collaborating Centre for Healthy Public Policy; 2010.
[37] Public Health Ontario. At a glance eight steps to building healthy public policies. Public Health Ontario; 2023.

Expected outcomes summary

This project will explore the impact of graphic anti-abortion advertisements on communities in Canada, especially residents who encounter such imagery in their mail and children near school premises. This information will support Abortion Rights Coalition of Canada's (ARCC) ongoing effort to formulate and implement education initiatives, advocacy strategies and a public policy agenda. Our academic-non-governmental organization partnership responds directly to the needs identified by ARCC and its members.

As of writing this proposal, no peer-reviewed research examines the experiences of individuals who have encountered graphic anti-abortion advertisements in Canada. We will document and analyze these experiences of individuals, review media reports, policies and peer-reviewed literature to contextualize our understanding and consult domain experts to address knowledge gaps. Through these processes, we aim to support a policy agenda aimed at better regulating anti-abortion advertisements in Canada.

The findings from this project will provide evidence to guide policy discussions in the municipal and provincial jurisdictions. As a direct contribution towards policy development, this research will support ARCC's advocacy and evidence-building efforts for the city of St Catharines, Ontario, to formulate and implement a more robust bylaw regulating graphic anti-abortion advertisements sent to homes. ARCC works closely with the city's legal office and the knowledge generated through this project has the potential to be assimilated into topical policy discussions in the city and beyond. In terms of the impact of this research at the provincial level, as of writing this piece, the Legislative Assembly of Ontario is deliberating on Bill 80, Viewer Discretion Act (Images of Fetuses), 2023, which primarily requires opaque concealment and content description of mail containing graphic images of aborted fetuses. Indeed, this research demonstrates the potential to lead a policy discourse that is transferrable and adaptable at various relevant levels of government and jurisdictions, including other cities such as Oakville, Ontario and the Niagara Region that are considering these regulations.

Furthermore, our collaboration includes a range of knowledge mobilization and translation activities that begins with proactively sharing our findings with a diverse group of stakeholders; these include ARCC network members, reproductive health advocates and policy researchers. After completing the multi-methods study, we will release a bi-lingual (English-French) report for key stakeholders. We also believe these findings will be of interest to broader advocacy and academic audiences. Thus, we intend to present the results of the study at local, national, and international conferences and submit at least two manuscripts to peer-reviewed journals.

In addition, this collaboration will create student training opportunities at both the graduate and undergraduate levels. Dr. Foster is an established mentor who has consistently prioritized training and mentoring the next generation of social science reproductive health researchers. This project represents an opportunity to introduce students to academic-community organization partnerships, rigorous research methods, and meaningful knowledge mobilization activities. Finally, we believe that this opportunity will contribute to a growing and sustained partnership between Dr. Foster's team and Ms. Arthur's team. Through this study partnership, we will launch a national-level study supported by a larger tri-council grant exploring the impacts of graphic anti-abortion advertisements. Successful completion of this project will allow us to identify additional research priorities and position us to obtain support to undertake future projects focused on comprehensive sexual and reproductive health policy and service delivery in Canada.

This is **Exhibit "E"** referred to
in the Affidavit of Dr. Angel Foster,
sworn remotely before me this 25th day of April, 2025

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Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

Sampling of Public Complaints

Hamilton, ON: Earlier that fall I had an abortion it was a hard decision for me to make and weighed on me and approx. a week later I see these two young girls, they didn't look more than 18, walking from house to house putting something in everyone's mailbox. I went out to check it out after they had left the street and found the very graphic pro-life pamphlet they had dropped into my mailbox. Making the decision to have an abortion doesn't always come easy and to be confronted with this horrible imagery put me right back to the day and I broke down right on my front porch.

Toronto, ON: I was in bed when I saw someone walk up to our door and leave something. When I got up, I found the flyer in the shoved between the doors. I had had a miscarriage at home the night before - I had been more then 11 weeks pregnant. The fetuses body, my little one, was still in the bathroom as it hadn't even been 6 hours since it happened. I was devastated. For them to use this kind of image spreading false information rocked me. I sat in my diaper (the bleeding from my miscarriage still happening) and called my MP and MPP in tears about how this was possible and still happening. Never heard back from my MPP but my MP's office called to say that since it wasn't Canada post, there was nothing to be done. I texted the mothers in my community group chat to warn them about the false info and images circulating but it didn't seem like enough.

London, ON: There was a group of people showing off the graphic signs and putting flyers in the mailboxes of people's homes. I lived about a 20-minute walk away from campus at the time and they put pictures of aborted fetuses and chopped up fetus pieces through the mail slot on my door. I was absolutely disgusted and infuriated that they would be putting these pictures into the mailboxes of people's homes. I lived in a house with students but there were lots of kids in the area I was living in. That's traumatic for a kid to see.

Hamilton, ON: My six year old found the flyer. I have had many friends and family members who have have miscarriages and have pregnancies end that they very much wanted. What a horrible traumatic thing for them to see. I have also had friends and family members choose to terminate pregnancies for a variety of complicated reasons. How dare someone trigger people with that kind of thing in mailboxes?!

New Westminster, BC: Recorded the person delivering it into our mail slot. They are not a registered mail carrier so have no right to enter my property. My teenage daughter found it. It was

emotionally traumatizing to my teenage daughter. She already has emotional and mental health related challenges. When I saw it I was also deeply disturbed and angered by their shallow and callous means of communication, and the overtly misleading and misinformed propaganda. If these were adult bodies, it would not be allowed to be distributed like that. How hypocritical of them.

Edmonton, AB: I am currently 14 weeks pregnant as a high risk pregnancy. While I myself would not choose to have an abortion I strongly believe in the woman's right to choose. Upon finding this brochure on my door step I was physically sick to my stomach from the horrific disturbing images. Emotionally I was sick and sobbed for awhile. The images were close in age to my baby which I could lose being high risk. This was disturbing and unnecessary. I'm thankful my children did not see the flyer. I was physically and emotionally sick over it.

Calgary, AB: Shock, horror, confusion, disgust. They have a truck that goes into rush hour that I've been stuck behind. Logically I know it's not what they say it is. Emotionally I'm staring at gore and I want to be ill. They stand on corners of busy intersections and scream and wave signs with disturbing images. I've come home to pamphlets in the door that I've removed before my roommates small child could see them.

The fact that it's 20 years later and they're still allowed to do this disgusts me. The fact that they think it's some moral cause when all it is is to produce emotions of shock and horror to emotionally blackmail people into their ideology is a smudge on the idea of freedom of expression. I'd stand up for them for signs with messages on their opinions. But misinformation and photographs that cause people to be sick, faint, or hopeless? Never.

Ottawa, ON: They were pamphlets left in our mailbox on the intersection of Blackburn and Somerset there is a daycare on our street. It was just shocking to come home to a pamphlet which such horrible imagery. I brought it in to our apartment to show my roommate out of shock I could not look at them too long. I then thought about how many kids live and play on our streets and how when I was a young girl that would have been so scary to see. This happened during the big pro life event in Ottawa last summer. I did not see who left the pamphlets.

It was just disgust and worry, I actually went down our street and picked up a couple that were on the side of the road so no kids would see them when they came outside to play. I think it is entirely inappropriate to hand these types of pamphlets out especially in neighborhoods with lots of children. Again these images were so gross to me I had to fold the pamphlet as I threw it away, imagine a child found the ones I had picked up off the street!? Or even a woman who has past

trauma with regards to abortion or pregnancy loss. It is a complete lack of respect for community and is entirely inappropriate.

Mississauga, ON: I found the flyer wedged in my door when I arrived home from spending the day with my best friend at her chemo treatment. At first I was in disbelief, that someone, anyone could create such graphic images and leave this wedged in my door, for anyone to see, including children. While I don't have children there are many in my neighbourhood and I can't imagine the damaging effect these images would have. Since I had an abortion early in my life, this triggered many emotions and brought back the trauma of going through that. I 100% believe in the right to choose and I don't regret my decision but seeing these images brought on many emotions, including guilt, which is their purpose I suppose. I called the number on the flyer and left a message on their system advising that I would be calling my local MPP to have this stopped, I asked them why they would use such tactics without any thought for who would receive this flyer (children).

Barrie, ON: 2 young girls were going around the neighbourhood placing anti abortion flyers on doors — not knocking just leaving the graphic infographics. These fliers were being distributed right as elementary students were walking home from school meaning that young kids would see these graphic, misleading pamphlets when they arrived home from school.

Fredericton, NB: I was about 11 years old when I grabbed the mail out of the mail box on my way home from school. There was a graphic post card with late term aborted fetuses on it and it was very distressing for me to experience. I didn’t understand what to make of it and nobody ultimately brought it up again. I was very young and didn’t understand what abortion was. It didn’t make me feel any way about abortion (again, I didn’t even know what it was). The only thing it did was expose me to disturbing images which stuck with me for a very long time.

Toronto, ON: Last week I discovered a disgusting, inflammatory, hate-filled flyer in my door (tucked in to the door, not the mailbox). I did not see the delivery person. I read the flyer. I felt extremely angry. The language and the imagery used stated with absolute clarity that any woman who had an abortion had "murdered her pre-born child". This is false. I became angry and disgusted, having fought for women's reproductive rights in the 80's -- attending the Morgenthaler trial, rallies, letter campaigns etc -- a woman who exercises control over her body is not a murderer. Period. I phoned the number on the flyer. Listened to a long, immensely irritating outgoing message from a man (of course) with a soft, soothing voice, going on about the pre-born. When the message was finally over I left a voicemail telling them to stop distributing this hate, gave them my address, and told them I would sue for trespass if they came by again. I told them to respect

Canadian women and to stop perpetrating violence against women by calling women who have abortions murderers. I then contacted my City Councillor, my MP, the police. I consider the pamphlets a hate crime, although I am aware they do not meet the legal definition of hate.

Oakville, ON: I found the flyer tucked into my door handle (our mailbox is down the street). I immediately knew what it was and that I felt violated and needed to do something about it. I looked for contact information (thereby seeing more images) and ended up calling the number and leaving a voicemail. I then found your action document and ended up contacting my city councilor via email to request action be taken against the public distribution of graphic images.

First, I was thankful I found the flyer and not the child living in one of the other units. I had been deeply traumatized as a child by an anti-abortion rally with graphic signs and have no desire for anyone else to experience that. I felt violated that those images had been forced on me in my own home, which is supposed to be a safe place. I also am deeply bothered by the flawed reasoning on the flyer. It said, "You cannot believe in both human rights and abortion." I believe in human rights, including the right to have an abortion. I don't love it, and would rather support pregnant women in other ways, but I do not believe it is so black and white. It's a complicated issue, and many people have complicated feelings and/or experiences with it. By showing these graphic images, it can traumatize, shame, and alienate people. I see no good that can come out of it, only bad. It has certainly put me in a state of agitation, which will take time for me to recover from.

Mississauga, ON: I pulled up to my driveway. I saw a flyer sticking half out in the mail box. I saw a picture of a small baby that I recognized from other pro life ads. I was not impacted graphically but [one of] my kids could have grabbed it. Which I find very cowardly, disrespectful inappropriate and not at all tolerable. I am very much a pro choice like my wife. I believe the pro life movement as corrupted the issue. I wouldn't say I'm pro abortion I'm pro choice. Which say pro abortion sounds like I believe in killing a prospective human. I strongly believe it is women's choice to have a termination. But as a man I also feel strongly that if a women gets pregnant and the male in the situation says have a abortion, she chooses to keep it. Well than he should not be held responsible. I know it is a controversial opinion but it is mine.

New Westminster, BC: I was home alone when a man walked up to the front door and rang the doorbell, I waited a second and when I came out he was already running halfway down the street. I saw a pamphlet on the floor, and realizing that it was covered with photos of ultrasounds and embryos, I got mad and stormed back inside. I went to tell my older sister, but unfortunately since I am only 15, I did not think that there would be anything worse inside the pamphlet. As soon as I opened it, there was an extremely graphic photo of what looked like a dismembered infant. I immediately dropped it to the floor in shock, and proceeded to call my parents. P.S. there was

another person, looked to be a young girl, maybe mid-teens, dropping off the same flyer at houses across the street.

My family and I were all horrified, unfortunately my mom had to open the same pamphlet in order to make a report to the city. Since I have multiple long-term mental illnesses, graphic images like these can affect me greatly, or I guess more than it would other people. It was effectively traumatizing. Currently I nanny for a newborn infant, and it was horrifying to see something that looked so close to her cut up in an image. There are many young children who live on my street, including that infant that I Nanny, and so I went to their homes to warn their parents so that none of the children would pick it up by mistake. I shudder to think what could have happened if they did. Later when I went all the way to victory Heights to feed my friend's cat, I found the same pamphlet on their doorstep, and many on the stoops of other people's houses.

Hamilton, ON: Found in my mailbox. My wife and I had four miscarriages with first one reaching 15 weeks gestation. It happened at home and my wife and I dealt with our fetus ourselves. It looked exactly like the 15 week picture in the flyer and brought back the trauma of that day. I am happy it was me that checked the mail today as it would have had a far more severe impact on my wife.

New Westminster, BC: A man and woman were seen (on camera) delivering graphic (images of aborted foetuses) anti-choice flyers to my front door. This was deeply upsetting to my entire family. These images are graphic and abhorrent, and neither I nor my children and husband consented to view these images. Once the mail was collected, there was no way to avoid seeing these images, and they profoundly disturbed all of us.

Toronto, ON: Flyer was placed in mailbox around 12:10 pm (during lunch). I heard it being placed into the mailbox but didn't see who put it there. It is from healingandhelp.ca and also has the address whyhumanrights.ca and the number 289-805-8298 on it. It's offensive to me as a woman (and also as a non-Christian) that these hateful views full of medically inaccurate garbage are being spread around. On the back it specifically says that abortion is wrong even in the case of sexual assault or if a mother's life is in danger. It's hate speech against women; it is advocating that women do not have a right to bodily autonomy.

This is **Exhibit "F"** referred to
in the Affidavit of Dr. Angel Foster,
sworn remotely before me this 25th day of April, 2025

_____

Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(h) and 38 of the *Rules of Civil Procedure*, R.R.O. 1990, Reg. 194.

AFFIDAVIT OF JACQUELINE HARVEY ABERNATHY AFFIRMED JANUARY 17, 2025

I, JACQUELINE HARVEY ABERNATHY, of the [redacted], MAKE OATH AND SAY:

1. I hold a PhD in Public Administration and Management with a concentration on Public Policy Analysis and Public Health Policy. I have knowledge of the matters herein deposed, except where such knowledge is based on information and belief, in which case I have specified the source of such information and belief and verily believe the same to be true.

2. I have been asked to provide an expert opinion answering the questions relevant to this court proceeding that are set out below. My signed Acknowledgment of Expert's Duty is attached to this affidavit as **Exhibit "A"**.

3. I am the sole proprietor of a research consulting agency named Provida: Public Sector Solutions, which specializes in providing services to non-profit organizations and government agencies. I have been working as an independent consultant to various degrees since 2008. I have been consulted by think tanks, advocacy organizations, governments, and non-governmental

organizations on policy development and policy analysis. My primary skill is program evaluation. Program evaluation is the measurement of the impact of social service initiatives. I have established model programs that are evidence-based and replicable for successful implementation by social service agencies.

4. Previously, I was an Assistant Professor in the Master of Public Administration Program at Tarleton State University from 2017 to 2021. My scientific research has been published in scholarly peer-reviewed journals and presented at conferences around the world. My CV is attached to this affidavit as **Exhibit "B"**.

5. I have previously qualified as an expert and provided opinion evidence in three legal proceedings: 1) *June Medical Services Et Al v. Caldwell et al*, (Case No. 3:14cv525 (2014)); 2) *Planned Parenthood of Greater Texas. Et Al v. Abbott et al*, (Case No. 1:2013cv00862 (2013)); and *Planned Parenthood Southeast, Inc. et al v. Strange et al*, (Case No. 2:2013cv00405 (2013)).

Facts and Assumptions

6. I have been provided with and have reviewed the Notice of Application in this matter and the Affidavits of Matthew Wojciechowski and Maeve Roche. In preparing my opinion, I have assumed that their evidence with respect to their interactions with the Parliamentary Protective Service is accurate.

Opinion

7. I have been asked by counsel for the applicants, Campaign Life Coalition and Maeve Roche, to provide an opinion on 1) what findings from a report I authored titled "A Statistical Analysis on the Effectiveness of Abortion victim Photography in Pro-Life Activism" may be applied to this matter, and 2) my opinion on the persuasive value of the abortion victim photography which is the subject of this matter.

8. Having reviewed this material and revisited my research on this topic, I conclude that abortion victim images (the "**Signs"**) are both effective and necessary for persuasive advocacy in public demonstrations. The assertions made by Mr. Wojciechowski and Ms. Roche, which are based on my research, accurately summarize my work, which is cited as Exhibit B in the Affidavit of Matthew Wojciechowski (at para. 10).

9. I can personally testify to the impact of these very images CLC attempted to display because I performed a thorough evaluation (the **"Study"** attached to this affidavit as **Exhibit "C"**) of how these same images affected respondents' feelings and support for abortion. I conducted my analysis in 2016 following a large-scale campaign that delivered postcards with these photos (the **"Campaign"**) to thousands of homes in Ontario by activists at the Canadian Centre for Bioethical Reform ("**CCBR**") a few months earlier in the summer of 2015.

10. I was commissioned by CCBR to analyze a large sample of data collected by a research firm hired to survey hundreds of households in the targeted postal codes prior to the postcard campaign and then again after the postcards were delivered. The sample totaled n=1741, consisting of n=845 in June and n=896 in September. These were not matched pairs, but households chosen randomly (to prevent selection bias), before and after the postcard campaign. The aim was to assess the scope of their work (who and how many citizens were actually reached by CCBR's campaign) and assess public opinion in general before exposure to these images, and then afterward to see what impact the photos had on those CCBR reached with their message.

11. I did not design the surveys or the sampling methodology because I was hired after the fact in order to independently analyze the raw data as objectively as possible. I was tasked to determine if (and to what degree) seeing abortion victims affected respondents' perceptions (positive or negative) about abortion. I was also tasked with assessing how much (if any) difference this made

in their political views on abortion legality in either direction, toward more restrictions/protections for unborn human life or against these aims.

12. The sample was sufficiently large for generalizability to the entire Canadian population and combined with random selection to control for selection bias and other threats to internal validity, those surveyed likely reflect the overall views of Canadians within a 5-point margin of error and with 99% confidence that the true population is represented by the sample. The baseline data (before the images were delivered) verifies that the sample corresponded to established data from other national-level public opinion surveys on abortion. Indeed, the initial survey in June mirrored other polls such as one from 2012 commissioned by Post Media News and Global TV[1] which determined how many Canadians consider themselves pro-life vs. pro-choice and how strongly they support or oppose abortion. This poll, conducted by Ipsos Reid[2] corresponded to the baseline data (before the images were delivered), which increases the confidence that the 2015 sample was representative of general public opinion on this issue.[3]

13. By reflecting public views on abortion before the campaign as substantiated by other researchers, this data further supports the conclusion from the data that the abortion victim images were instrumental in changing the viewers' feelings negatively regarding abortion and legality.

14. I reported percentages to best communicate with my non-academic audience. However, percentages can be misleading because increases and decreases can fall within the realm of chance. Accordingly, the data was first tested to confirm correlation to ensure that these gains were

[1] "New poll shows most Canadians support abortion — with some restrictions" *National Post* *https://nationalpost.com/news/canada/new-poll-shows-most-canadians-support-abortion-with-some-restrictions*
[2] "Canadians assess key social-values questions facing the country" *Ipsos Reid* https://www.ipsos.com/en-ca/canadians-assess-key-social-values-questions-facing-country
[3] General responses on abortion acceptance and legality (i.e. allowing abortion on demand without gestational limits or medical justification vs. regulations or bans), parallels the opinions found from the June survey data from before the images were delivered in Ontario. Some provinces like Quebec and British Columbia are skewed much more in favor of abortion than respondents in other provinces. When controlling for that disparity, the findings are consistent between these two studies.

statistically significant. The results were statistically significant at a 99% confidence level (with a margin of error of + or – 5%).

15. This was true for every construct tested but one. This lone exception is that I found a 7% increase in those identifying as pro-life vs. pro-choice. The baseline sample and the follow-up sample were not different enough to have achieved statistical significance, at least not when maintaining a p=>.05 threshold to confirm less than a 5% chance that the relationship between abortion images and the viewers' feelings was merely due to coincidence. Every other test did meet that threshold.

16. In each analysis measuring the influence of these images on the viewers' abortion worldview, the respective p-values confirmed a relationship between viewing images of abortion victims and the viewers' increasingly negative opinion of abortion, and support for its legality was statistically significant and the relationship strong. This supports the conclusion that the images do change minds and influence viewers' feelings about abortion and political stances in the intended way: making them more sympathetic toward the unborn and less accepting of abortion in general.

17. For those who incrementally shifted their abortion worldview and permissiveness, the value was p=.02 meaning there is only a 2% chance the mean overall increase of 15.95% (and 29.41% increase among those who identified as completely pro-life) could be attributed to something other than the images the respondents confirmed viewing—this held firm with changes in political views in favor of gestational limits of abortion legality.

18. Likewise, the overall shift toward a more conservative abortion policy vs. liberal approach of 16.88% was significant at p=.03. The loss of liberalism (9.2% fewer people believing abortion should be mostly legal) corresponded almost perfectly with an increase in conservatism (7.80%

who reported believing abortion should be mostly illegal). There is a less than 3% chance that this change was unrelated to the campaign.

19. Furthermore, the reaction to the images correlated to worldview and political ideology. These images increased negative feelings toward abortion in 90% of those who reported reacting to them and consequently, negative feelings increased one's support of gestational limits or other abortion restrictions. This is critical considering that those who felt generally positive about abortion were assuredly more liberal in their views on restrictions, and those who felt generally negative were overwhelmingly against abortion even in the first trimester.

20. The relationships between the images and decreased acceptance toward abortion were supported by Cramer's V scores indicating a strong relationship between the abortion victim images and the viewer's feelings about abortion and abortion policy. Cramer's V is a test that measures the strength of a statistically significant relationship between two variables Correlation is possible from spuriousness but also from other contravening variables (where two variables are related to a third variable, not to each other). When Cramer's V indicates a strong relationship, this mitigates concern that some factor other than the independent variable(s) tested (X) is/are responsible for the change in the dependent variables (Y).

21. When it came to abortion perception (positive/negative) and political views (dependent variables in this study, X_1 and X_2), Cramer's V indicates a strong relationship to our independent variable: the abortion victim images. The score was v=0.756 (v=1 is the strongest possible relationship). Some people who feel negatively about abortion still support legality despite their personal objections, so it does not parallel perfectly. Nonetheless, the majority of answers to questions of political views correspond to one's feelings. These correlations were significant, but

the strength of the relationship is what supports the theory that positive/negative perception of abortion also impacts one's view on abortion legality.

22. Of those who were affected by the images, 66.9% reported increased negative feelings towards abortion, ten-fold more than those who said they had increased positive feelings (6.9%). Therefore, confirming that these images increase negative perceptions of abortion supports the other findings that show how this corresponds to an overall change in their worldview and political ideology. These images aptly convey the message that CLC wanted to send to lawmakers and other viewers at the press conference where the use of the signs was denied by the Parliamentary Policy Service ("**PPS**").

23. My analysis was the first to establish a statistically significant relationship between abortion victim images and public opinion, and the results were decisively in favor of their use by quantifying that these graphic images change minds and political views in favor of protecting unborn human life. A sample size of 95% confidence is needed for generalizability but any correlation must be less than p=.05, meaning that the established relationship has less than a 5% chance of being spurious or due to mere coincidence. This sample allowed 99% confidence that it reflects validly on the general population, and the relationship between correlations was strong.

24. While any scientific study with a sufficient degree of academic rigor and scope is still limited to the time and place where it was conducted, we know that these images shared in Ontario less than a decade ago confirm that they were effective in promoting the pro-life position when objectively and thoroughly evaluated. Therefore, as a scientist, all that I can authoritatively state with assurance is that these images were effective in this instance with this large, randomized sample and would need to replicate the study elsewhere with other respondents to substantiate

these findings by demonstrating the results hold up elsewhere, and to ascertain if the images affect populations differently based on location or nationality.

25. These images might be more effective with respondents in some locations or cultures than in others. However, it is important to understand that this study was not primarily about determining political opinions on abortion but rather, the impact these images had on people's perceptions about abortion which influenced acceptance of abortion legality. This involved assessing political opinions both before and after viewing the images to quantify the degree of impact upon each individual; to determine if the aggregate sum truly confirmed that it was indeed the images that shifted public opinion in either direction. Political opinions regarding abortion do vary geographically, even from province to province as indicated in the Ipsos Reid poll determining Quebec and British Columbia to be outliers compared to the rest of the country.[4]

26. Where one province is biased in favor or against abortion, it cannot validly represent the views of the average Canadian nor paint an accurate overall picture of how Canadians feel about this issue or the policies that govern it. Accordingly, more conservative and more liberal-leaning parts of the country need to all be sampled so these variances are included in national averages. That said, what is striking about this sample is that it was taken in one geographic area yet still reflected the median views on abortion by polls representative of Canadians nationwide when examined at the provincial level and at the median level.

27. The baseline data was consistent with national public opinion polls in a sample large enough to represent the entire population of Canada with 99% confidence. It did not skew in any direction, liberal or conservative. In such a way, it reflected the change that could be expected

[4] Ibid

among average Canadians despite location and variances in the political ideology that dominantly supports or generally opposes abortion.

28. Further, pre-existing abortion views from one location to the next are relatively inconsequential because of the nature of this study. If the sample were taken in a location with an anti-abortion bias, those views would only limit the overall results because a population that is largely pro-life has fewer respondents who can shift their perspective towards the pro-life position. This made it impossible to cherry-pick respondents with the goal of making these images appear effective.

29. Given the nature of the images, they either change minds against abortion, or they do not change minds at all. There is not any symmetrical opportunity for the images to change perceptions in any direction. The only way pre-existing pro-life views can shift is in favor of abortion, or else they do not affect the results at all because there is no change. Conversely, a sample selected to be more sympathetic toward abortion would only validate the effectiveness of these images in a more pronounced way because there would be more respondents who could potentially shift their view toward opposing abortion.

30. Therefore, pre-existing abortion views cannot bias these results in a way that unduly advantages the case for graphic images. If researchers attempt to sample areas with more pervasive or extreme pro-abortion sentiments, the results would likely show a more pronounced difference after viewing the images since there is a greater capacity to moderate their views against abortion than those who already oppose it. Replicating the study in other geographic areas and cultures would be useful, but not because it is necessary to control for pre-existing views, as these are inconsequential.

31. The reason why more research is called for is to determine the degree to which other demographic, geographic, or cultural factors may moderate the way these populations respond. There are many variables that could make groups more or less receptive to change or desensitized to images of violence. The shift in opinion against abortion was statistically significant but there may be populations where fewer people are converted by this tool than those I studied. That said, the results of these surveys, conducted in Ontario, are of particular relevance to CLC which used them in determining their educational strategy.

32. My analysis provides credible support in favor of using graphic images to persuade. I am not aware of any comparable empirical evidence to the contrary. The Study suggests that graphic images are powerful persuasive tools. This means that graphic images are not one potentially effective tool among other equally supported strategies: to my knowledge, they are the single strategy for which we have scientific evidence affirming they actually work at changing public opinion at both the micro and macro levels.

33. There are no comparable alternatives to my knowledge that CLC can substitute in future press conferences that would be as effective in enabling them to achieve their goal of promoting the pro-life position. My research objectively affirms that they are vital educational tools.

34. I certify that I am satisfied as to the authenticity of every authority or other document or record referred to in this affidavit.

35. I swear this affidavit is *bona fide* for no improper purpose.

AFFIRMED REMOTELY by videoconference by
Jacqueline Harvey Abernathy
at the [redacted]
before me at the [redacted],
in the Province of Ontario
on the 17th day of January, 2025
in accordance with O.Reg 431/20.

[redacted]

[redacted]
Barrister & Solicitor
A commissioner of oaths
in the Province of Ontario

[redacted]
Jacqueline Harvey Abernathy

This is **Exhibit "A"** referred to in the Affidavit
of **Jacqueline Harvey Abernathy** sworn
before me this 17th day of January, 2024.

Hatim Kheir
Barrister & Solicitor

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF
JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

and

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

APPLICATION UNDER section 11 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43 and rules 14.05(3)(h) and 38 of the*Rules of Civil Procedure* , R.R.O. 1990, Reg. 194.

ACKNOWLEDGMENT OF EXPERT'S DUTY

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1. My name is Jacqueline Harvey Abernathy. [redacted].

2. I have been engaged by or on behalf of the applicants, Campaign Life Coalition and Maeve Roche to provide evidence in relation to the above-noted court proceeding.

3. I acknowledge that it is my duty to provide evidence in relation to this proceeding as follows:

   (a) to provide opinion evidence that is fair, objective and non-partisan;

   (b) to provide opinion evidence that is related only to matters that are within my area of expertise; and

   (c) to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

4. I acknowledge that the duty referred to above prevails over any obligation which I may owe to any party by whom or on whose behalf I am engaged.

5. I certify that I am satisfied as to the authenticity of every authority or other document or record to which I have referred in the expert report accompanying this form, other than:

a. documents and records provided to me by or on behalf of the party intending to call me as a witness and consisting of evidence or potential evidence in the court proceeding that I have analysed or interpreted in my report; and

b. authorities and other documents and records to which I have referred in my report only in order to address how another expert witness in the same court proceeding has used them in their report.

Dated this 25 day of October, 2024,

[redacted]

Jacqueline Harvey Abernathy

This is **Exhibit "B"** referred to in the Affidavit of **Jacqueline Harvey Abernathy** sworn before me this 17th day of January, 2024.

Hatim Kheir
Barrister & Solicitor

Jacqueline Harvey Abernathy

[redacted]

CURRENT ROLES/ACADEMIC AFFILIATION

Research Associate, University of St. Thomas School of Law Prolife Center
2024- Present
University of St. Thomas, St. Paul, MN, U.S.A.

i. Conducts scholarly research on end-of-life policy that impacts legal cases worldwide, particularly suits challenging statutes and respective safeguards protecting vulnerable citizens from assisted suicide in the United States
ii. Presents quarterly webinars featuring current studies for students and patrons at the University of St. Thomas School of Law

Principal Analyst
2008-Present
Provida: Public Sector Solutions, a sole-proprietorship research consulting agency specializing in non-profit organizations & government agencies
Mesquite, TX, U.S.A.

i. Relied upon by think-tanks, advocacy organizations, governments, and non-governmental organizations (NGOs) domestically and internationally to offer consulting expertise regarding community needs assessments, program design, monitoring, and evaluation (M&E), strategic planning, human resources (HR), organizational structure, leadership, budgeting, policy development, & policy analysis (among other needs)
ii. Procured millions upon millions of dollars in grant funding and fulfilled reporting mandates for these grant awards; proposal win rate 85+%
iii. Federal agencies served include the U.S. Department of Health and Human Services (HHS), the U.S. Department of Education and the U.S. Department of Veterans Affairs (VA)/Veteran Health Administration (VHA)
iv. Commissioned to conduct rigorous research required in establishing social service initiatives as national model programs
v. Delegate to the United Nations (UN) for NGO clients with consultative status
vi. Hired by the Attorney(s) General in Texas, Louisiana, & Alabama as expert witness to defend state legislation in court
vii. Author of research presented in amicus briefs to courts including the Supreme Court of the United States (SCOTUS)

MOST RECENT UNIVERSITY FACULTY APPOINTMENT

Assistant Professor, Master of Public Administration Program
2017 - 2021
Tarleton State University, Fort Worth, TX, U.S.A.

iii. Taught 3/3, exclusively graduate students on a 9-month contract
iv. Service included Institutional Review Board (IRB) member and appointed role as Prisoner Advocate, Collaborative Institutional Training Initiative (CITI) Program Certified Since 2018 for

Responsible Conduct of Social & Behavioral Research, Social and Behavioral Research, and IRB Member Certification

v. Research Focus & Publication Areas: Mortality Policy, Bioethics, End-Of-Life Decision-Making
vi. Thesis chair, Student research mentor
vii. Civic Engagement & Service Learning (CESL) Fellowship award winner
viii. Multiple grant recipient, institutional and extramural

ACADEMIC PREPARATION

Doctor of Philosophy, Public Administration & Management
August 2012
University of North Texas (UNT)
Denton, TX, U.S.A.
Concentrations: Public Policy Analysis, Public Health Policy

i. Considerable coursework in Master of Public Health and Health Administration at the UNT Health Science Center in Fort Worth, TX, U.S.A.
ii. Dissertation: *Morality & Mortality: The Role of Values in The Adoption of Laws Governing the Involuntary Removal of Life-Sustaining Medical Treatment in U.S. States (*major professor: Brian K. Collins)
iii. Several departmental appointments including Graduate Research Assistant and Teach Fellow
iv. Winner of competitive, university-wide dissertation fellowship in 2011 for $25,000, tuition and benefits
v. GPA: 3.462

Master of Science in Social Work
May 2005
University of Texas at Arlington (UTA)
Arlington, TX, U.S.A.
Concentrations: Non-Profit Administration, Program Evaluation,
Community-Based Assessment and Community-Level Practice

i. Founder and facilitator of the Coalition for Advocacy & Resources for the Elderly (C.A.R.E.) during tenure at UTA
ii. $1,000 Peter G. Gaupp Award, a scholarship for graduate students with exceptional extracurricular efforts in social justice programs/initiatives (like C.A.R.E.)
iii. United Way of Metropolitan Tarrant County Intern in Fort Worth, TX, U.S.A, worked on the 2005 Community Needs Assessment Project
iv. GPA: 3.455

Bachelor of Social Work
August 2003
University of North Texas (UNT)
Denton, TX, U.S.A.

i. Graduated top 3 in program with automatic acceptance to UTA School of Social Work
ii. President of Social Work Student Association (SWSA)
iii. Member, Phi Alpha National Social Work Honor Society
iv. GPA in major field: 4.0; Overall: 3.325

SCHOLARLY JOURNAL PUBLICATIONS (*PEER-REVIEWED, ǂINVITED)

***Do No Harm at Any Age: Does Dysthanasia Favor the Young?** (2021)
Academia Letters
Available online at
https://www.academia.edu/49884628/Do_No_Harm_At_Any_Age_Does_Dysthanasia_Favor_the_Young

***When Heroes Moonlight as Graduate Students: Accommodating First Responders in Graduate Public Affairs Programs Who Are Called Away for Civic Duty** (2021)
Teaching Public Administration
Available online at https://doi.org/10.1177%2F0144739421997526

***Examining of Efficacy of Constancy and Frequency as Political Strategies for Assisted Suicide Legalization: Does the Introduction of Many Bills over Time or Multiple Bills at Once Increase the Likelihood of Assisted Suicide Bills Passing in U.S. State Legislatures?** (2020)
Journal of Public Affairs
Written with second author Skylar Covich, University of California-Channel Islands
Available online at https://doi.org/10.1002/pa.2463

†Peer Pressure Makes Poor Policy: Research Submitted to the New Zealand Parliament Regarding the End-of-Life Choice Bill (2019)
Journal of Bioethics in Law & Culture Quarterly 2(1)
Available online at https://doi.org/10.1002/pa.2463

MANUSCRIPTS INVITED TO REVISE AND RESUBMIT

Selection Based on Potential vs. Past Performance: Interactive Student Debate as a Pedagogy Tool in Teaching Human Resource Management
Returned by *Journal of Human Resources Education* for Revisions & Resubmission

MANUSCRIPTS PENDING SUBMISSION

From Wildcard Wedge Issue to Predictable Party Plank: Assisted Suicide and Partisanship
Editing based on recent changes to data sample, anticipated submission *to State Politics and Policy Quarterly*

Finally: A Framework for Policy Analysis of State End-of-Life Laws, Assessing Medical Futility Dispute Statutes by Intent and Expected Patient Outcome
Final edits in progress for immediate submission to *Journal of Policy Analysis and Management*

Texas Advance Directives Act: A State-Wide Longitudinal Empirical Analysis of Patient Outcomes under the Due Process Dispute Resolution Protocol, 2007-2011
Analysis Complete, write-up in progress anticipated submission to *The American Journal of Bioethics*

RESEARCH IN PROGRESS

Texas Advance Directives Act: A State-Wide Longitudinal Empirical Analysis of Patient Outcomes Under the Due Process Dispute Resolution Protocol- 2015-Present
On hold due to COVID-19 pandemic inhibiting the Texas Hospital Association (data provider)

BOOK CONTRIBUTIONS

A Statistical Analysis of the Effectiveness of Abortion Victim Photography in Pro-Life Activism (2017) included in the book
Seeing is Believing: Why Our Culture Must Face Victims of Abortion
by Jonathan van Maren
Life Cycle Books, Toronto, ON, Canada

AWARDED GRANTS & CONTRACTS

$4,883,041.75 Veterans Health Administration (VHA) Monitoring and Evaluation Support Contract: Veteran Crisis Line Paid Media Campaigns
September 2022
Awarded by the VA Office of Mental Health and Suicide Prevention (OMHSP)
to Visionary Consulting Partners, LLC, Fairfax, VA, U.S.A.
Proposal Writer (August-September 2022),
Senior Evaluation Specialist (September 2022 – January 2023)

$10,000 Blue Cares Safety Net Program Grant
July 2022
Awarded to The Health Collaborative San Antonio, TX, U.S.A.
by the San Antonio Police Officers Association, San Antonio, TX, U.S.A
Program Designer and Grant Writer

$1,000 Swing Equality for the Differently Abled Grant
May 2022
Awarded to Jacqueline Abernathy, Ph.D. on behalf of
The Mary Lee Foundation, Austin, TX, U.S.A
by the Awesome Foundation, Austin Chapter, Austin, TX, U.S.A.
Grant Writer & Project Manager

$20,000 Family Preservation Program Grant
April 2022
Awarded to The Health Collaborative San Antonio, TX, U.S.A.
by the Najim Foundation, San Antonio, TX, U.S.A
Grant Writer & Principal Investigator

$4,000 Youth Mental Health Grant
January 2022
Awarded to The Health Collaborative San Antonio, TX, U.S.A.
by the Sundt Foundation, Tucson, AZ, U.S.A.
Grant Writer & Principal Investigator

$500 CAD Research Project
Summer 2019
Awarded by Catholic Christian Outreach (CCO), Ottawa, ON, Canada
for survey creation, analysis and reporting on donor characteristics
Author & Researcher

$500 Faculty Development Grant
October 2018
Awarded by the Tarleton State University
Center for Instructional Innovation
Stephenville, TX, U.S.A., to present paper at a conference,
Author & Presenter

$18,000 CAD Research Stipend for Euthanasia Policy Studies
June 2015-June 2018
Awarded to Jacqueline Abernathy, Ph.D. by the Euthanasia Prevention Coalition,

London, ON, Canada
Author & Principal Investigator

$750 Faculty Development Grant
October 2017
Awarded by the Tarleton State University Center for Instructional Innovation
Stephenville, TX, U.S.A., to present paper at a conference,
Author & Presenter

$1,000 Joint Research Award
April 2016
Awarded by the Canadian Centre for Bioethical Reform, Calgary, AB, Canada
and Created Equal, Columbus, OH, U.S.A. to conduct survey analyses of grassroots campaign,
Author & Principal Investigator

$1,000 Academic Conference Travel Award
January 2016
Awarded by the Charlotte Lozier Institute, Washington, D.C., U.S.A.
to Dr. Jacqueline Harvey [Abernathy] to present paper at a conference,
Author & Presenter

$1,000 Research Award
December 2015
Awarded by LifeSite News, Toronto, ON, Canada
to Dr. Jacqueline Harvey [Abernathy] for assisted suicide study,
Author & Principal Investigator

$80,000 Research Grant
March 2014
Renewed and Expanded Award to the Center for Morality in Public Life,
Washington, D.C. U.S.A. by the Chiaroscuro Foundation, New York, NY, U.S.A.
for methodology critiques on bioethics studies,
Author & Principal Investigator

$45,000 Research Grant
March 2013
Awarded to Jacqueline Harvey [Abernathy], Ph.D. on behalf of the
Center for Morality in Public Life, Washington, D.C. U.S.A.
by the Chiaroscuro Foundation, New York, NY, U.S.A. for methodology critiques of research
Author & Principal Investigator

$99,247 Mentoring Grant
2010- 2011
Awarded by The Rowling Foundation, Irving, TX, U.S.A. to the
TurnAround Agenda, Dallas, TX, U.S.A.,
Principal Investigator, Third Party Independent Evaluator

$500 Keep Denton Beautiful Environmental Education Grant
2010-2011
Awarded to Newton Rayzor Elementary School, Denton, TX, U.S.A.

Written and Submitted as the Instructor of PADM 3700, Nonprofit Management at UNT, the class who authored the grant as a learning exercise.
Professor & Lead Author

$2,400,000 Community-Based Abstinence Education Grant
2008- 2010
Awarded by U.S. Department of Health and Human Services to the
TurnAround Agenda, Dallas, TX, U.S.A.,
Co-Author & Principal Investigator, Third Party Independent Evaluator

$25,000 Destination Graduation (College Preparation and Drop-Out Prevention) Grant
2009
Renewed Award by the United Way of Metropolitan Dallas County
to the TurnAround Agenda, Dallas, TX, U.S.A.
Author & Principal Investigator, Third Party Independent Evaluator

$220,000 Mental Health Disaster Evacuation Plan
2008
Awarded by the Texas Department of State Health Services to the University of North Texas,
Denton, TX, U.S.A. Department of Emergency Administration & Disaster Planning
Research Assistant to the Principal Investigator, Dr. James Kendra

$25,000 Destination Graduation (College Preparation and Drop-Out Prevention) Grant
2007
Awarded by the United Way of Metropolitan Dallas County
to the TurnAround Agenda, Dallas, TX, U.S.A.
Author & Principal Investigator, Third Party Independent Evaluator

$500,000 Community Technology Center Grant
2004-2007
Awarded by U.S. Department of Education
to The TurnAround Agenda, Dallas, TX, U.S.A.
Staff Evaluation Director- Created and Submitted all Evaluation Reports

ACADEMIC SCHOLARSHIPS & FELLOWSHIPS

$9000 Civic Engagement and Service Learning (CESL) Fellowship
Fall 2018- Spring 2020
($3000 per AY, renewed annually until the program ended)
Awarded by Center for Transformative Learning
Tarleton State University, Stephenville, TX, U.S.A.

- Fellows engage in local outreach and support activities for university faculty to collaborate more with the community at large and draft resources and presentations toward that end

Society of St. Sebastian Fellowship
Fall 2017- Fall 2020
Houston, TX, U.S.A.

- Pro-bono affiliation in non-profit civic organization

The Charlotte Lozier Institute Adjunct Scholar
October 2012- May 2018

Washington, D.C., U.S.A.

- Contributor of research and commentary on bioethics and public policy
- Compensated not in a bulk award but on a project basis

$25,000 Toulouse School of Graduate Studies Dissertation Fellowship
2011-2012
Awarded by Toulouse School of Graduate Studies,
University of North Texas, Denton, TX, U.S.A.

- University-wide, competitive award
- nominated by faculty to fund dissertation on bioethics policy
- Full-funding of research, including monthly stipend, tuition, fees + benefits

$18,000 Department of Public Administration Teaching Fellowship
2010-2011
Awarded by University of North Texas
Department of Public Administration, Denton, TX, U.S.A.

- Nine-month rate $14,776 but served eleven months teaching one to two undergraduate advanced courses per semester

$1,000 University of Texas at Arlington Peter G. Gaupp Scholarship
2004
Awarded by the UTA School of Social Work, Arlington, TX, U.S.A.

- Tuition award for graduate students with exceptional leadership in social welfare initiatives

TEACHING EXPERIENCE

(† INDICATES A GRADUATE-LEVEL COURSE, *NOTES 100% ONLINE DELIVERY VIA BLACKBOARD OR CANVAS LMS)

Public Sector Leadership
Spring 2021 (8-Week Course) *
Public Administration, MAPA 5385
Tarleton State University, Fort Worth, TX, U.S.A.

Statistical Methods†
Fall 2018
Public Administration, MAPA 5307
Tarleton State University, Fort Worth, TX, U.S.A.

Graduate Thesis† (Chair)
Fall, 2018 & Spring 2019
Public Administration, MAPA 5088
Tarleton State University, Fort Worth, TX, U.S.A.

Research Methods†
Fall 2017, Spring & Summer 2018*, Spring & Fall 2019*,
Public Administration, MAPA 5398
Summer 2020*, Fall 2021, Spring 2021*
Tarleton State University, Fort Worth, TX, U.S.A.

Organizational Behavior†
Fall 2018, Fall & Spring 2019*, 2020*, 2021*
Public Administration, MAPA 5301
Tarleton State University, Fort Worth, TX, U.S.A.

Human Resource Management†
Fall 2017, Spring & Summer 2018*, Summer 2019*, Fall 2019, Spring 2019*
Public Administration, MAPA 5302
Tarleton State University, Fort Worth, TX, U.S.A.

Independent Study†
Summer 2019
Public Administration, MAPA 5086
Tarleton State University, Fort Worth, TX, U.S.A.

State and Local Government†
Fall & Spring 2017*, Spring 2018*
Public Administration, MAPA 5320
Tarleton State University, Fort Worth, TX, U.S.A.

Financing Health and Medical Systems
Fall 2014
Health Policy Studies, HPS 404
University of Michigan- Dearborn, Dearborn, MI, U.S.A.

American Intergovernmental Relations
Fall 2010- Spring 2011
Public Administration, PADM 4130
University of North Texas, Denton, TX, U.S.A.

Non-Profit Management
Fall 2010
Public Administration, PADM 3700
University of North Texas, Denton, TX, U.S.A.

Financial Aspects of Government
Mid-Spring 2010
Public Administration, PADM 3410, Appointed as Mid-semester Course Correction
University of North Texas, Denton, TX, U.S.A.

Federal Government
Spring 2017*
Political Science, PSCI 2305
Tarleton State University, Stephenville, TX, U.S.A.

Texas Government
Fall 2015, Spring & Fall 2016, Spring 2017*
Political Science, PSCI 2306, 2 Sections
Tarleton State University, Stephenville, TX, U.S.A.

GUEST LECTURES

Public Administration, Tarleton State University, Fort Worth, TX, U.S.A.
March 2018
Lecture: *End-of-Life Policies, Policy Analysis in Action*

American Public Policy Process, University of Michigan-Dearborn, Dearborn, MI, U.S.A.
April 2014
Lecture: *Policy Evaluation: The Intended and Unintended Consequences of Law*

Introduction to Public Policy Analysis, University of North Texas, Denton, TX, U.S.A.
September 2012
Lecture: *Practical Public Policy Analysis: The Good, the Bad and the Ugly*

Professional Practices for MPAs, University of North Texas, Denton, TX, U.S.A.
February 2012
Lecture: *Business Etiquette for the Business of Government: What an MPA Should Know*

Financial Aspects of Government, University of North Texas, Denton, TX, U.S.A.
October 2011
Lecture: *Public vs. Private Goods and Municipal Taxation*

Financial Aspects of Government, University of North Texas, Denton, TX, U.S.A.
March 2011
Lecture: *Program Evaluation for Public Officials*

Introduction to Public Administration, University of North Texas, Denton, TX, U.S.A.
October 2010
Lecture: *The Politics Administration Dichotomy in Modern Day*

OTHER PUBLISHED COMMENTARY & REPORTS

Assisted Suicide as the Next Roe v. Wade: Time to Pay Attention (October 1, 2024)
Consistent Life Blog

New Jersey Court Decision Prevents Suicide Tourism and All of Its Grisly Reality (September 23, 2024)
Euthanasia Prevention Coalition

Assisted Suicide as the Next Roe v. Wade: Time to Pay Attention (October 1, 2024)
Consistent Life Blog

Demand a Veto of Delaware Assisted Suicide Bill (September 20, 2024)
Rehumanize International Blog

Delaware: Another Defeated, Dangerous Assisted Suicide Bill Reaches Governor's Desk (September 18, 2024)
Euthanasia Prevention Coalition

Assisted Suicide is Inequality, Just Like All Legal Violence (July 17, 2024)
Consistent Life Blog

Delaware Governor Carney Needs to Veto Assisted Suicide Bill HB 140 to Protect Your Citizens Most in Need of Real Care and Compassion, Not Killing (July 4, 2024)
Euthanasia Prevention Coalition

Assisted Suicide Causes Pain and Suffering for Family Members (March 4, 2024)
Euthanasia Prevention Coalition

Jacqueline Abernathy Opposing Colorado Assisted Suicide Expansion Bill SB 068 (February 26, 2024)
Euthanasia Prevention Coalition

Death on Demand: The Bottom of the Slippery Slope (February 7, 2024)
Euthanasia Prevention Coalition

Civilized Societies Don't Execute or Euthanize Human Beings (February 5, 2024)
Euthanasia Prevention Coalition

The Deserving and Undeserving Poor vs. the Worthy and Unworthy of Life: How Both Major Political Parties Pick and Choose Who They Help and Whom They Kill (June 6, 2023)
Consistent Life Blog

Why Listen to the Misogynists, Paxton? A Woman Doesn't Need Abortion to Succeed (2021)
Catholic Herald (UK), June 15, 2021

Civic Engagement and Service-Learning Guide (2020)
Co-authors Rajesh Vuddandam, Sharon Tiffany-Bowers, Matthew Hallgarth, Callie Price Sweat, Denae Dorris, Misty Smith & Edward Randle for *Center for Transformative Learning* at Tarleton State University

How Legal Abortion Twists Society's Response to Miscarriages (2019)
Secular Pro-Life Perspectives, October 9, 2019

What's Cruel for the Incarcerated is Cruel for the Terminally Ill:
The Connection between Lethal Injection and Assisted Suicide (2019)
Consistent Life Blog

Converting Hearts to the Political Defense of Human Life: Is the Answer in the Brain? (2019)
Sebastian's Point

Election Risks & Rewards Associated with State Legislator Votes to Legalize Assisted Suicide vs. Maintaining the Status Quo (2016)
Charlotte Lozier Institute Washington, D.C., U.S.A.

Suicide by Any Other Name: The Destructive Reality of Euthanasia (2016)
Life Matters Journal 4(3), print journal for Rehumanize International, Pittsburgh, PA, U.S.A.

Germany Bans Business-Like Assisted Suicide, But New Regulations Remind Us:
Killing Can Never Be Safe (2015)
Charlotte Lozier Institute Washington, D.C., U.S.A.

Subversive Strategies to Sell Assisted Suicide (2015)
EuthanasiaNewsWorld.com London, ON, Canada

An Open Letter to California Governor Jerry Brown on Assisted Suicide (2015)

Charlotte Lozier Institute Washington, D.C., U.S.A.

Delaware Double-Speak: The Mixed Messages of Assisted Suicide (2015)
Catholic Vote.org Washington, D.C., U.S.A.

Texas Bill is Model Legislation to Prevent Death by Dehydration (2015)
Euthanasia Prevention Coalition International Newsletter Number 164, London, ON, Canada

New York Bill Would Allow Starving Patients to Death Without Their Consent (2015)
LifeNews.com Fort Collins CO, U.S.A.

California's Assisted Suicide Measure Would Mean Falsified Death Certificates (2015)
National Review Online Washington, D.C. U.S.A.

Bill to End the Forced Starvation and Dehydration of Patients Passes the Texas House of Representatives (2015) *LifeSiteNews.com* Front Royal, VA, U.S.A.

Futility & Feeding Tubes in Texas: Can We End the End-of-Life Impasse? (2015) *TexasInsider.org* Austin, TX, U.S.A.

Euphemisms for Euthanasia and False Dilemmas: An Update on the Assisted Suicide Debate in the United States (2014) *The Public Discourse* the online journal for the *Witherspoon Institute* Princeton, NJ, U.S.A

First New England, then the Nation: Implications of Vermont's Legalization of Physician-Assisted Suicide (2013)
The Human Life Review 39(4), Washington, D.C., U.S.A.

Sick and Disabled Infants Starved & Dehydrated: Britain's Modern Baby Doe (2012)
Charlotte Lozier Institute Washington, D.C., U.S.A.

Massachusetts' "Death with Dignity" Initiative: Questions Regarding Question 2 *(*2012) *Charlotte Lozier Institute* Washington, D.C., U.S.A.

LEGAL PUBLICATIONS & EXPERT TESTIMONY

Affidavit of Jacqueline Harvey Abernathy in *Campaign Life Coalition and Maeve Roche v. Parliamentary Police Service (Court File No: C V-24-00094951-0000)*

Amicus Curiae Brief to the Supreme Court of the United States in *Burwell v. Hobby Lobby Stores, Inc. Nos. 13-354 & 13-356* (2014) Written on behalf of the Center for Morality in Public Life with Counsel of Record Edward H. Trent

Declaration of Jacqueline C. Harvey, Ph.D., Expert Witness for the State of Louisiana in *June Medical Services Et Al V. Caldwell Et Al, No. 3:14cv525* (2014)

Declaration of Jacqueline C. Harvey, Ph.D., Expert Witness for the State of Texas in *Planned Parenthood of Greater Texas. Et Al V. Abbott Et Al, No. 1:2013cv00862* (2013)

Rule 26(A)(2)(B) Expert Report of Jacqueline C. Harvey, Ph.D. expert witness for the State of Alabama in *Planned Parenthood Southeast, Inc. et al v. Strange et al, No. 2:2013cv00405* (2013)

RECENT MEDIA CONTRIBUTIONS (2016-PRESENT)

Mention, *Oregon Right to Life*
June 2024
Urge Delaware Governor to Not to Sign Assisted Suicide Bill
URL: https://www.ortl.org/2024/07/oregon-call-to-action-urge-delaware-governor-not-to-sign-assisted-suicide-bill/

Article Review, *Views from the Pew*
June 2024
Left or Right Jesus? by Lois Kerschen, commentary on the article *The Deserving and Undeserving Poor vs. the Worthy and Unworthy of Life: How Both Major Political Parties Pick and Choose Who They Help and Whom They Kill* from the *Consistent Life Blog*
URL: https://www.patheos.com/blogs/musingsfromthepew/2023/06/left-or-right-or-jesus/

Newsletter Mention, *Consistent Life Network*
June 2023
Peace and Life Connections, #665
URL: https://www.consistentlifenetwork.org/single-post/665-peace-life-embryos-don-t-make-it-june-9-2023

Mention, *The North Texan*
November 2022
Alumni Magazine for the University of North Texas profiling achievements/promotions
URL: https://northtexan.unt.edu/class-note/jacqueline-h-abernathy

Interview, *The Open Door Podcast*
September 12, 2022
Episode 243: Jacqueline Abernathy, American Solidarity Party Candidate for Governor of Texas
URL: https://www.spreaker.com/user/wcatradio/wcat-radio-the-open-door-091222

Interview, *The Classical Republican*
August 29, 2022
Interview: American Solidarity Party's Texas Gubernatorial Candidate Jacqueline Abernathy
URL: https://www.youtube.com/watch?v=BLDgN7hwcNI

Interview, *Pelican Brief Podcast*
June 7, 2022
Assisted Suicide with Jacqueline Abernathy
URL: https://open.spotify.com/episode/7clziduLcOoAqEq5dORbjE

Website Mention of Grant Award, *The Awesome Foundation*
May 2022
URL: https://www.awesomefoundation.org/en/projects/186577-swing-equality-for-the-differently-abled

Feature/Profile: *Independent Political Report*
May 4, 2022
Jacqueline Abernathy Waging Write-in Bid for Texas Governor, Backed by American Solidarity Party by Austin Cassidy
URL: https://independentpoliticalreport.com/2022/05/jacqueline-abernathy-waging-writein-bid-for-texas-governor-backed-by-american-solidarity-party/

Interview, *Free Press Media: Long Live Alternatives Parties Podcast*

April 29, 2022
American Solidarity Party's Texas Gubernatorial Candidate Jacqueline Abernathy
URL: https://podcasts.apple.com/us/podcast/interview-with-the-american solidaritypartys/id1548481241?i=1000559148231

Panel Interview, *Zippia: The Career Experts* (Recruitment Company)
January 9, 2021
Experts Weigh in on Current Job Market Trends
URL: https://www.zippia.com/administrator-jobs/trends/

Mention/Quote, *Euthanasia Prevention Coalition*
September 8, 2020
Do Euthanasia Drugs Cause a Painful Death? by Alex Schadenberg
URL: http://alexschadenberg.blogspot.com/2020/09/do-euthanasia-drugs-cause painfuldeath.html

Panelist, *American Solidarity Party (ASP) 2020 National Convention*
June 28, 2020
#WholeLife Women Discussion with Consistent Life Network Board Members Christy Yao, also a Board Member for ASP & Lois Kerschen, Founder of Democrats for Life Texas
URL: https://www.youtube.com/watch?v=aC5Qv53X9I8

Newsletter Mention, *Consistent Life Network*
May 2019
Peace and Life Connections, #462
URL: https://www.consistentlifenetwork.org/single-post/2019/05/24/462-new-bookjohn-oliver

Newsletter Mention, *Canadian Centre for Bioethical Reform*
December 2018
URL: https://www.endthekilling.ca/wp-content/uploads/2019/06/CCBR_Dec2018.pdf

Magazine Interview, *America Magazine*
April 26, 2018 (Online), June 25, 2018 (Print)
Alfie's Last Days: The death of Alfie Evans poses difficult questions for Catholic Ethicists
URL: https://www.americamagazine.org/politics-society/2018/04/26/ alfies-last-days-little-boys-life-and-death-stoked-furious-debate-will

Podcast Interview, *Connecting the Dots with Mark Shea*
April 27, 2018
Discussion of Bioethics re: Alfie Evans Case
URL: http://www.podbean.com/media/share/pb-c329b-9027c6

Mention, *National Right to Life News Today*
April 3, 2018
Article: *Opposition to Assisted Suicide Strong in the U.S.*
URL: https://www.nationalrighttolifenews.org/2018/04/opposition-to-assisted-suicide-isstrong-in-the-u-s/

Mention/Photo, *The North Texan*
March 2018
Photo with new son and University of North Texas Interim Dean Linda Holloway, announces marriage and promotion to the tenure-track at Tarleton State
URL: https://northtexan.unt.edu/class-note/jacqueline-h-abernathy

Newsletter Mention, *Vivre Dans la Dignité Infolettre*, *Vol. 21* Outremont, QC, Canada
August 25, 2017
Assisted Suicide Legislation Defeated in the U.S. in 2017
URL: https://vivredignite.org/2017/08/vol-21/

Magazine Mention, *The Trumpet*
August 21, 2017 (Online), November 2017 (Print)
2017 sees uptick in state legislature bills advocating physician-assisted 'end-of-life options'
URL: https://www.thetrumpet.com/16178-more-states-consider-legalizing-assisted-suicide

Mention, *Reject Assisted Suicide New Zealand*, Manukau City, New Zealand
August 1, 2017
Assisted Suicide Legislation Fails in the U.S. in 2017
URL: https://rejectassistedsuicide.org.nz/2017/08/01/assisted-suicide-legalization-fails-inthe-us-in-2017/

Radio Interview, *The Catholic Connection with Teresa Tomeo*
June 16, 2017
Discussing Anniversary of Assisted Suicide Legalization in California
URL: https://avemariaradio.net/audio-archive/catholic-connection-june-16-2017-hour-2/

Radio Interview, *EWTN Morning Glory*
June 14, 2017
Discussing Anniversary of Assisted Suicide Legalization in California
URL: https://soundcloud.com/ewtn-radio/morning-glory-for-wednesday-june-14th-2017with-james-mccrery

Television Talk Show Guest Co-Host, *Life Talk*
April 1, 2016
Discussion on Extremism in the Abortion Debate
URL: https://www.youtube.com/watch?v=NLo6FxfPhD0

Magazine Mention, *The Stream*
September 20, 2016
Study: Graphic Abortion Victim Images Swayed Pro-Abortion Views by Dustin Siggins
URL: https://stream.org/study-graphic-abortion-victim-images-swayed-pro-abortionviews/

CONFERENCES, SYMPOSIA, CONVENTIONS, ET AL.

Life: A Female Perspective, Harding University Students for Life, Remote, Virtual Delivery
October 2024
Panelist

American Solidarity Party (ASP) 2021 National Convention, Remote, Virtual Delivery
July 2024
Voting Delegate for the State of Texas

University Faculty for Life 2024 Conference, University of St. Thomas, St. Paul, Minnesota
June 2024
Presenter: Preparing for the new Roe v. Wade of euthanasia, pro-life academics urgently needed for vital research opportunities & potential court testimony against rapidly advancing assisted suicide legislation in U.S. states

American Solidarity Party (ASP) 2023 Presidential Roundtable, Remote, Virtual Delivery
April 2023
Panelist: ASP 2024 Presidential Primary Candidates

American Solidarity Party (ASP) 2023 Presidential Roundtable, Remote, Virtual Delivery
April 2023
Panelist: ASP 2024 Presidential Primary Candidates

Rehumanize International Annual Conference, Remote, Virtual Delivery
October 2022
Panelist: Running for Office as a Consistent Life Ethic Candidate

American Solidarity Party (ASP) 2021 National Convention, Remote, Virtual Delivery
August 2022
Panelist: ASP Candidates, Past & Present

Texas Solidarity Party 2022 Convention, Austin, TX U.S.A.
July 2022
Speaker: Texas Gubernatorial Candidate

American Solidarity Party (ASP) 2021 National Convention, Remote, Virtual Delivery
July 2020
Voting Delegate for the State of Texas

Southern Political Science Association Annual Conference, Remote, Virtual Delivery
January 2021
Discussant and Author/Presenter: "Evaluating the Texas Advance Directives Act: A state-wide longitudinal empirical analysis of patient outcomes under the due process dispute resolution protocol, 2007-2011"

American Solidarity Party (ASP) 2020 National Convention, Remote, Virtual Delivery
July 2020
Voting Delegate for the State of Texas, Panelist

High-Impact Practices in the States, Texas A & M University, College Station, TX, U.S.A.
February 2020
Co-authored presentation with Rajesh Pudenda, Sharon Bowers, Matthew Hallgarth, & Edward Randle, "Strategies to Implement Community-Based Service-Learning Projects as a Teaching Pedagogy of Higher Education" [Unable to attend due to illness]

Speaker Series, All Saints Catholic Church Library, Dallas, TX, U.S.A.
November 2019
Presenter, "Euthanasia and Dysthanasia: The Catholic Response"

Fort Worth Faculty Poster Showcase, Tarleton State University, Fort Worth, TX, U.S.A.
October 2019
Poster Presenter, "Evaluating the Equity of U.S. State Policies Designed to Resolve Patient/Provider Disputes Regarding Continued Life-Sustaining Medical Treatment"

Regional Engaged Scholarship Symposium, Texas Tech University, Lubbock, TX, U.S.A.
April 2019
Presenter with Misty Smith and Denae Dorris,

"Civic Engagement & Service Learning (CESL): How to Get Started"

Excellence in Teaching Conference, Tarleton State University, Stephenville, TX, U.S.A.
February 2019
Presenter with Misty Smith, "Civic Engagement & Service Learning (CESL): Finding Community Partners and Identifying Service Projects"

Southern Political Science Association Annual Conference, Austin, TX, U.S.A.
January 2019
Presenter, "From Wildcard Wedge Issue to Predictable Party Plank: Assisted Suicide and Partisanship"

National Assoc. of Schools of Public Administration & Affairs Conference Atlanta, GA, U.S.A.
October 2018
Presenter, "When Heroes Moonlight as Graduate Students: Accommodating First Responders Whose Duties Call Them Away from the Classroom"

American Society of Public Administration Annual Conference Denver, CO, U.S.A.
March 2018
Participant in First Year, Not Yet Qualified to Present

Southern Political Science Association Annual Conference, New Orleans, LA, U.S.A.
January 2018
Presenter, "Innovation and Diffusion of Assisted Suicide Laws in U.S. States"

2017 International Euthanasia Symposium, Toronto, ON, Canada
October 2017
Speaker, "Euthanasia Laws in the United States"

Life. Peace. Justice. Conference, Life Matters Journal, Philadelphia, PA, U.S.A.
April 2016
Invited presenter on two sessions, "Dirty Tricks of the Death Lobby:
Seeing Through the Assisted Suicide Sales Pitch" and "Ending Euthanasia:
Strategies to Stop Legal Threats to the Elderly and Persons with Disabilities"
Unable to present due to family emergency, sent colleague instead

Massachusetts Concerned Citizens for Life Caucus Washington, D.C., U.S.A.
January 2016
Presenter, "2015 in Review: An Update on End-of-Life Legislation Nationwide"

Southern Political Science Association Annual Conference, San Juan, Puerto Rico, U.S.A.
January 2016
Presenter, "Assisted Suicide: Political Risks and Rewards Associated with Votes to Legalize vs. Maintain the Status Quo"

World Congress of Families IX, Salt Lake City, UT, U.S.A.
October 2015
Presenter, "Covert Killing: Legal Euthanasia in the United States"

Catholic Pro-Life Committee Youth Boot Camp, University of Dallas, Irving, TX, U.S.A.
August 2015
Presenter, "Bioethics for Boot Camp: Euthanasia,

Assisted Suicide and End-of-Life Decisions''

United Nations Sixth Open-Ended Working Group on Aging, New York City, NY, U.S.A.
July 2015
Representative of Consultative Non-Governmental Organization (Delegate Status was Pending)

Hope Ireland Inaugural Conference on Assisted Suicide & Euthanasia, Dublin, Ireland
June 2015
Attended as Representative of Euthanasia Prevention Coalition, U.S.A.

Faculty Search, University of North Texas Health Science Center, Fort Worth, TX, U.S.A.
September 2014
Candidate Presenter, **"**No Easy Answers: The Inherent Complexities of Healthcare Policy''

Social Science Department Colloquia, University of Michigan-Dearborn, U.S.A.,
Dearborn, MI. U.S.A.
September 2014
Faculty Presenter, **"**No Easy Answers: The Inherent Complexities of Healthcare Policy''

Midwest Political Science Association Conference, Chicago, IL, U.S.A.
April 2014
Paper Accepted for Presentation, ''Morality & Mortality:
The Role of Values in the Adoption of Laws Governing the Removal of Life-Sustaining Medical Treatment in U.S. States''

Matthew Bulfin Educational Conference, Washington, D.C., U.S.A.
February 2014
Presenter, ''2013 Review of Reproductive Policy Literature''

40 Years of Roe Symposium, Villanova University School of Law, Philadelphia, PA, U.S.A.
April 2013
Presenter, ''Roe at 40: The Vital Need for Policy and Program Evaluation in Reproductive Health''

Southern Political Science Association Annual Conference, New Orleans, LA, U.S.A.
January 2012
Paper Accepted for Presentation, ''The Role of Policy Entrepreneurs in U.S. State Medical Futility Policy''
[Unable to attend due to illness]

Southeastern Conference for Public Administration, New Orleans, LA, U.S.A.
September 2011
Panel Presenter, **"**Power to the Patient:
Patient Self-Determination in U.S. State Medical Futility Policy*"*

Public Administration Colloquium Series, University of North Texas, Denton, TX, U.S.A.
September 2011
Student Presenter, **"**Power to the Patient:
Patient Self-Determination in U.S. State Medical Futility Policy*"*

U.S. Department of Health & Human Services Community-Based Abstinence Education Grantees Conference, Washington, D.C., U.S.A.
January 2010

Invited by U.S. Department of Health & Human Services as the principal investigator of a grant

The Canada Strong and Free Network (formerly the Manning Centre)
Wilberforce Weekend Policy Reform Conference, Ottawa, ON, Canada
November 2009
Attended as Researcher on Canadian Policies vs. American Policies regarding Disability Rights and Medical Futility

Euthanasia Prevention Coalition International First International Symposium on Assisted Suicide and Euthanasia, Toronto, ON, Canada
November 2007
Attended as Researcher on Canadian Policies vs. American Policies regarding Disability Rights and Medical Futility

PUBLICATION PEER REVIEWS

Textbook Reviewer,
Sage Publications, May 2021
Critiqued a chapter of *Fundamentals of Human Resource Management*
by Talya Bauer, Berrin Erdogan, David Caughlin, and Donald Truxillo

Peer-Reviewer of Research,
Academia Letters, May 2021

Textbook Reviewer,
Sage Publications, October 2020
Blind proposal critique for *Introduction to Statistics for the Social Sciences: Evidentiary Claims, Study Design and Statistical Inference,*

Peer-Reviewer of Research,
Teaching Public Administration, November 2020

Peer-Reviewer of Research,
Journal of Bioethical Inquiry, November 2019

Peer-Reviewer of Research,
American Politics Research, November 2019

Textbook Reviewer,
Sage Publications, March 2012
Critiqued the proposal for *Innovative Nonprofits: Nonprofit Organizations that Make a Difference* by Ram A. Cnaan and Diane Vinokur-Kaplan

CIVIL & COMMUNITY SERVICE

Gubernatorial Candidate for the State of Texas
Texas Solidarity Party, 2022
Nominee of the state chapter to run on the Solidarity Party Ticket
San Antonio, TX, U.S.A.

Elected Official

American Solidarity Party, July 2020- 2023
Delegate, representing party members in the State of Texas

Institutional Review Board
Tarleton State University, Spring 2019- May 2021
Committee Member, Prisoner Advocate
Stephenville, TX, U.S.A.

Texas Health Care Information Collection
Texas State Department of Health Services, Spring 2018- Present
Registry Member, Healthcare Providers and Referral Groups
(Aids with life-support dispute cases)
Austin, TX, U.S.A.

United Nations Delegate
Euthanasia Prevention Coalition, July 2015- Present
Policy Analyst and Delegate to the United Nations for the International Contingent
New York City, NY, U.S.A.

Advisory Board
Students for Life of Michigan, Fall 2014- Present
Member, Non-profit organization of Michigan college students opposed to violence
Ann Arbor, MI, U.S.A.

Board of Directors
Society of St. Sebastian, Fall 2017- Fall 2020
Member, Non-profit organization of Catholic academics
Houston, TX, U.S.A.

ADDITIONAL EMPLOYMENT HISTORY

Senior Evaluation Specialist (Contract)
2022-2023
Visionary Consulting Partners, LLC
Fairfax, VA

i. Hired as a subject matter expert (contract role) with an advanced degree and over ten years of federal agency program evaluation experience to respond to a request for proposal (RFP) by the Veteran's Health Administration (VHA) Office of Mental Health and Suicide Prevention to evaluate their media campaigns
ii. Won $4,883,041.75 exclusively for evaluation support services of the 988 +1 Veteran Crisis Line
iii. Designed and lead the evaluation of the impact public service announcements & ad campaigns had on veteran behavior and if the advertisements reached the most vulnerable, highest-risk demographic groups

Development Manager, Research & Sustainability
September 2021-May 2022
Bexar County Community Health Collaborative,
San Antonio, TX, U.S.A.

i. Created revenue streams to ensure program sustainability via grants, corporate sponsorships, contracts, & funding proposals
ii. Conducted community-wide research for government contracts regarding public health & safety

iii. Designed programs & initiatives to fulfil needs discovered in community-wide research
iv. Obtained funding for newly-designed programs
v. Evaluated program effectiveness for quality control & in accordance with funder mandates
vi. Opted to return to consulting, May of 2022

Adjunct Professor
2015-2017
Social Sciences Department & Master of Public Administration Program
Tarleton State University (TSU)
Stephenville, TX, U.S.A. & Online

i. Taught two sections of Texas government for undergraduates each long semester from Fall 2015-Fall 2016
ii. Final semester (spring 2017) was one section of Texas government, One section of U.S. federal government
iii. Taught one section of state and local government to graduate students prior to being hired full-time
iv. Exceptional course evaluations from students
v. Promoted twice, first to MPA adjunct & then to tenure-track MPA professor

Adjunct Lecturer
Fall, 2014
University of Michigan- Dearborn (UMD)
Health Policy Studies Department
Dearborn, MI, U.S.A.

i. Taught Health Policy Studies for upperclassmen undergraduates in Fall 2014
ii. Exceptional course evaluations, almost entirely perfect feedback
iii. Invited to continue teaching in the Spring of 2015
iv. Encouraged to apply for a tenure-track position soon to open
v. unable to accept offer & remain at UMD because of need to relocate to Texas for other professional obligations, namely the 2015 state legislative session

Assistant Director
Summer, 2013, Summer, 2014
University of Alabama (UA)
Washington Internship Program
Washington, D.C., U.S.A.

i. Coordinated Internships for Undergraduate Summer Interns
ii. Supervised Political Science Interns in 2013
iii. Helped Recruit Interns for 2014

Dissertation Fellow
Summer, 2011, Summer, 2012
University of North Texas
Toulouse School of Graduate Studies
Denton, TX, U.S.A

i. Won campus-wide competitive fellowship to complete dissertation within one year
ii. Conducted mixed methods research & reporting for 7-chapter, 211- page dissertation
iii. Successfully defended on May 9, 2012
iv. Completed revisions on-time for August graduation

Teaching Fellow
Spring 2010, Spring 2011,
University of North Texas

Department of Public Administration
Denton, TX, U.S.A

i. Taught undergraduate public administration minors & political science majors
ii. First class was a mid-course correction for an ill colleague: Financial Aspects of Government
iii. Later courses included American Intergovernmental Relations, Non-Profit Management
iv. Grant written in non-profit management as a learning exercise was funded; supplied a butterfly garden for Newton Rayzor Elementary School
v. Course evaluations routinely ranked among the highest in the department

Research Assistant
January 2008, August 2008
University of North Texas
Department of Emergency Administration & Disaster Planning
Denton, TX, U.S.A

i. Research assistant to the Principal Investigator, Dr. James Kendra
ii. Hired to conduct focus groups statewide for $220,000 mental health disaster evacuation plan grant from the Texas Department of State Health Services
iii. Conducted key informant interviews
iv. Transcribed the recorded interviews
v. Analyzed respondent data from all sources
vi. Project concluded just as funding was announced for the $2.4 million grant co-authored in prior role

Director of Program Development & Evaluation
August 2005- December 2007
Oak Cliff Bible Fellowship (OCBF) Church /Outreach Department
Non-Profit Arm Project TurnAround, (Currently the TurnAround Agenda)
Dallas, TX, U.S.A.

i. Conducted comprehensive program evaluations for over 2 dozen programs in 5 departments
ii. Created & administered staff development opportunities, trainings, & liability reduction measures
iii. Developed standardized intake/data collection protocols eliminating duplication of services & increased cost-effectiveness
iv. Automated data collection on both outputs & outcomes in every department for every program, thus eliminating the need for a staff evaluator
v. Consulted independently as needed from 2008-present

Conference Speaker and Trainer, Consultant
2005-2006, 2008-2015
The Urban Alternative, The Media Ministry of OCBF
Dallas, TX, U.S.A.

i. Trained practitioners on program development, evaluation techniques & best practices relevant to faith-based organizations
ii. Evaluated training events
iii. Presented reports to administrators for implementation of improvements
iv. Consulted independently as needed from 2008 until 2015

Graduate Intern, Master of Science in Social Work
2005
The United Way of Metropolitan Tarrant County
Fort Worth, TX, U.S.A.

i. Assisted with the 2005 Community Needs Assessment instrumentation design
ii. Evaluated awardee performance

iii. Presented suggestions for continued funding to the committee providing oversight
iv. Logged nearly 700 hours of pro-bono practicum service

Bachelor of Social Work Intern
2003
Buckner Adoption & Maternity Services
Dallas, TX, U.S.A.
i. Attended trainings for potential adoptive couples
ii. De-identified files for adoptees requesting their records
iii. Answered calls from pregnant mothers inquiring about adoption
iv. Assisted with support group facilitation
v. Logged nearly 500 hours of pro-bono practicum service

This is **Exhibit "C"** referred to in the Affidavit
of **Jacqueline Harvey Abernathy** sworn
before me this 17th day of January, 2024.

Hatim Kheir
Barrister & Solicitor

CCBR

CANADIAN CENTRE FOR BIO-ETHICAL REFORM

A Statistical Analysis on the Effectiveness of Abortion Victim Photography in Pro-Life Activism

Dr. Jacqueline C. Harvey

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About The Author.

Dr. Jacqueline C. Harvey is a bioethics and public policy scholar from Texas. She holds a Ph.D. in Public Administration, conducts research on an array of bioethics policies and is often called to submit analysis and expert opinions to various state courts and even the U.S. Supreme Court in defense of life. Her work can be found in *National Review Online, Public Discourse,* and *Human Life Review* among others. She currently teaches Political Science at Tarleton State University.

Executive Summary.

The use of abortion victim imagery in pro-life outreach is perhaps one of the most enduring debates within the pro-life movement. Although proponents cite cases of lives saved and minds changed supporting the effectiveness of the strategy, opponents insist these images impede public receptiveness to other strategies they claim could save more lives. They suggest, therefore, that these images do not advance the pro-life cause, but rather set the cause back by damaging the public opinion of the pro-life movement.

To test this theory, the Canadian Centre for Bio-Ethical Reform (CCBR) launched an effort and commissioned a scientific study on the impact of abortion victim imagery. CCBR developed a survey administered by an independent party—immediately preceding and following simultaneous campaigns in selected geographic areas. By canvassing thousands across several neighbourhoods and surveying 1,741 diverse respondents, results found a statistically significant shift in pro-life worldview, a greater negative perception of abortion, a decreased degree of

permissiveness and liberalism towards abortion law, and a significant gain in pro-life political views after seeing abortion victim imagery.

Those identifying as completely pro-life increased by nearly 30% following the campaign, with those identifying as pro-abortion also decreasing in their degree of remaining support for abortion. Overall, there was a statistically significant gain of nearly 17% toward a pro-life worldview. Those who were generally pro-life had an overall gain of 7%, with the corresponding loss (of those generally pro-abortion), also 7%. The degree of permissiveness toward abortion was statistically decreased and support for incremental pro-life gains, like gestational limits, substantially increased by 15% overall.

Feelings about abortion shifted toward a negative abortion view with fewer reporting feeling positive about abortion after CCBR's campaign showed what abortion truly is, although these results were not statistically significant. Additional analysis found that the strength of one's feelings toward abortion were conclusively parallel to political views about abortion, with those who felt strongly positive towards abortion favoring no legal restrictions, and those who felt strongly negative towards abortion favoring complete prohibition of abortion. This suggests that changing how the public feels about abortion impacts how people vote for candidates who would be willing and able to enact legal restrictions that actually save lives. Abortion victim imagery was effective at changing these feelings, with upwards of 90% of people responding that seeing these images increased their negative feelings towards abortion.

Those who had previously seen an image of abortion victim imagery before the CCBR campaign still reported that the other images increased negative feelings as well. This increase was statistically greater following the CCBR campaign, indicating that CCBR's presentation or choice of images for the campaign were more effective than images they had previously seen. This still suggests, nonetheless, that abortion victim imagery itself, regardless of presentation, is intrinsically effective at altering previously positive perceptions on abortion and changing the culture.

Ultimately, opponents' claims that abortion victim images are ineffective at changing public opinion are unsupported, as was the claim that this strategy is counterproductive or irreconcilable with other strategies. This indicates a loss from those inhibiting the abortion victim imagery strategy, since this strategy is scientifically established as an effective tool. More research is needed to determine where and when this strategy, among others, is the most fruitful choice for pro-life outreach.

Introduction.

Pro-life activists and organizations that employ images of abortion victims as a strategy to educate the public about the horrors of abortion, face substantial criticism and opposition to their efforts. This is certainly to be expected from those who identify as pro-abortion and are uncomfortable or unable to defend their position when the victims are visible.[1] However, pro-abortion opposition to abortion imagery often pales in comparison to the hostility from those who avow themselves as pro-life, yet are opposed to the use of victim imagery, even when they credit this strategy for their own conversion.[2] Pro-life people who decry the use of abortion victim photography suggest that the images not only fail to shift public perception against abortion, and in so doing, fail to advance the pro-life cause. Rather, they say that these images set the movement back by damaging public opinion of the pro-life movement and public receptiveness to other strategies that they assert *are* effective.

In spite of the frequency and fervor of these debates spanning for several decades, this topic has been virtually ignored in scientific literature. The effectiveness of these images on shifting public opinion is a controversy that predates later debates, such as the effectiveness of state-level abortion regulations versus a national ban. Nonetheless, while the personhood versus incrementalism debate[3] is informed by a wealth of studies from pro-life scholars[4] and pro-abortion thinktanks[5] on the impact these laws have on abortion rates, the abortion victim images debate continues devoid of any scientific evidence to defend or condemn their use. Furthermore,

while those opposed to incremental laws represent a small minority (many of whom do not identify as members of the pro-life movement or relegate themselves to distinct factions), opponents of abortion victim imagery constitute a large number, and penetrate a diverse array of pro-life organizations that have sufficient influence where they can. Often, they join government officials to inhibit other organizations who swear to the effectiveness of the use of abortion victim imagery.[6] This makes the need to study these claims even more critical than what the pro-life movement has been and will continue to study.

There are informal attempts like dueling commentary and anecdotes to offer evidence for each position, pro and con. Those in favour, offer their experience to support abortion victim imagery as effective,[7] while those opposed, with limited to no observation or experience, also attempt to provide a rationale for their perspective. At best, they assert with data they have on the effectiveness of their own approaches that these images would repel those they serve in their own organizations.[8]

To test these hypotheses, substantiate the effectiveness of the abortion victim imagery strategy, and improve the impact of their efforts, the Canadian Centre for Bio-Ethical Reform (CCBR) commissioned several sets of a scientific survey to gauge public opinion on abortion before and after their extensive campaigns in 2015. CCBR delivered postcards with these images to thousands, and commissioned an independent party to survey 1,741 respondents, a sample size sufficient to gauge public opinion within a five-point margin, with 99% certainty that results are generalizable to the entire population of Canada, which is 35,749,600.[9]

The Study.

The Canadian Centre for Bio-Ethical Reform (CCBR) educates the public with images of abortion victims displayed in a variety of approaches. These include *"Choice" Chain,* where groups of activists, each with individual handheld signs and literature, attempt to spark dialogue in heavy traffic pedestrian areas; a *Truth Truck,* otherwise known as the *Reproductive "Choice" Campaign,* features abortion victim imagery, and is driven on major roadways during heavy volume hours; the *Genocide Awareness Project* events, which are travelling projects that erect large panels on college campuses and use panels and banners in public areas like intersections or highway overpasses. CCBR also creates literature to disseminate: drop cards that are small and can be distributed liberally, and larger postcards for direct mail and canvassing neighbourhoods door to door.[10]

For years, CCBR has evaluated the effectiveness of their efforts by public response, either in conversations at face-to-face events, or by calls and correspondence. They have also utilized surveys to gauge public opinion on abortion and to attempt to determine the effectiveness of their campaigns. With such large-scale events, pinpointing enough respondents who witnessed their efforts presented a limitation. Even if enough respondents could be found, survey answers after an event would be likewise limited without baseline data to establish public opinion before the campaign, to demonstrate any change, and to determine the degree of change following the campaign. Campaigns themselves would need to reach a substantial sample size in order to be representative of public opinion and measurable through a survey.

To overcome these limits, CCBR targeted specific geographic areas to canvass with postcards. These postcards were delivered directly to the mailboxes in these specific areas, to ensure delivery was not impeded by post office personnel. CCBR crafted a survey and hired the independent company, Blue Direct,[11] to collect responses in these target areas immediately prior to and following each campaign. Campaigns included more than one area to increase validity and were conducted simultaneously (to control for time): first in June of 2015, and then in September of 2015.

The survey employed before and after each campaign asked specific questions about the respondent's opinion and perception of abortion, and their political views on when abortion should be allowed, or if it should be restricted by law. The sample included demographic data on respondents from gender, age, language spoken, and whether or not there were children in the home.

Questions asked whether the respondent believed that abortion, in general, should be legal, mostly legal, mostly illegal, or illegal. The survey also asked whether abortion should be legal, mostly legal, mostly illegal, or illegal in all three trimesters of pregnancy to determine how the respondent would qualify their overall answer. For example, mostly legal could mean that the respondent thought abortion should be limited to the first trimester, whereas mostly illegal could be those who think abortion should sometimes be permitted in rare cases like rape, incest, fetal anomaly, or when posing a threat to the mother. The survey also asked the respondents' feeling about abortion on a four-point scale, from positive, mostly positive, mostly negative, and negative. It inquired if seeing an image of an abortion victim changed their feeling of abortion, and if so, if it increased positive feelings or negative feelings.

Research Methods.

The dataset yielded 1,741 respondents and the subsets were comparable: 845 before the campaign and 896 after. Some answers lacked responses and were excluded from the analysis of that item. Initial frequencies showed no disparities in demographics between the two datasets that could skew results. Data was identified by campaign and coded as 'before' or 'after', so campaigns could be compared individually and as a whole. The subsets were comparable: n=845 before the campaign, and n=896 after the campaign. Each subset was a sample size sufficient to gauge public opinion within a five-point margin, with 99% certainty that results are generalizable to the entire population of Canada in 2015: 35, 749,600.[9] These were not paired samples that showed changes in individual opinions, but paired samples that showed changes in public opinion.

Responses were analyzed as written in the survey, and then taken a step further and recoded into measures that indicate the degree of support for abortion. They could also yield and measure change, and then they were subjected to analysis otherwise impossible with nominal or ordinal data. Moreover, these new variables more accurately represented respondent viewpoints, given the totality of answers. For example, one who thought abortion should be legal (but not mostly

legal) yet would restrict it to the first trimester and has a generally negative view of abortion, has a different overall perspective than one who believes abortion should be legal, supports no restrictions, and views abortion as strongly positive.

In addition to creating new and complex indicators of abortion perception, variables were also useful when simplified into new variables of dichotomous groups that could segregate those generally in favour of abortion, to those generally opposed. Those who thought abortion should be completely illegal, or at least mostly illegal, were coded as "generally pro-life" and those who though abortion should be completely legal, or at least mostly legal, were coded as "generally pro-abortion." For those who felt strongly positive or somewhat positive about abortion, they were coded as "generally positive," while those who felt somewhat negative or strongly negative about abortion were coded "generally negative." For those who would permit abortion at least in some cases, a measure of permissiveness was created based on how extreme those pro-abortion views were, from restricted to the first trimester, to those who wanted no restrictions, even in the third trimester. This was also coded as another variable: those who were "generally liberal" on abortion and supported even post-viability and late-term abortions, and those who were "generally conservative" and would permit abortion in the first trimester only.

Since many new explanatory variables were created from the same data and measured the same construct, the new variables were contrasted against original responses and comparable variables to ensure validity. Of course, those who felt generally positive about abortion were assuredly more liberal in their views on restrictions, and those who felt generally negative were overwhelmingly against abortion even in the first trimester. This supports the theory that perception about abortion and altering perception affects a person's stance on abortions legality. All new variables were significant and the strength of the relationship with Cramer's V statistic as a perfect v=1.

The analysis contrasted 'before' responses and 'after' responses for all the variables to determine if there was a statistically significant change for each item. These were done in contingency tables: first for the dichotomous variables and then for the original responses. Relationships were determined as well as the strength of the relationship. For any change determined, the next step would be determining the degree of change through ordinal regression to measure the specific difference in ordered responses, i.e. how many changed their view on abortion from "legal" to the lesser "mostly legal," or went from feeling only "somewhat negative" about abortion to "strongly negative."

Effects of Abortion Imagery Campaigns on Public Opinion.

Across all survey items and constructs, pro-life views increased and pro-abortion views decreased. Negative perception of abortion increased and positive perception decreased. On the mean, those who were “generally prolife”, “generally conservative,” or had a “generally negative” view of abortion had a statistically significant increase. On the other hand, those who were “generally pro-abortion,” “generally liberal,” or had a “generally negative” view of abortion had a statistically significant decrease.

This validates the fact that the shift CCBR seeks in public opinion is changing in the right direction. Since sample sizes are not identical and neither are respondents, therefore statistical significance, rather than frequencies, is the only valid measure of change and whether this change could be due to the CCBR campaign.

Increase in Pro-Life Worldview, Decreased Pro-Abortion Sentiment

The survey questioned respondents about their general and specific view of when abortion should be legal. Those who favoured complete abortion on demand or complete prohibition, were the fringe minority on polar ends. Most were leaning toward regulation after the first trimester. Those who wanted complete prohibition or a first-trimester limit were considered more pro-life than pro-abortion, while those who would keep late-term second trimester and full-term third-trimester abortion on demand were clearly more pro-abortion. The first table indicates the shift in worldview from before and after the CCBR campaign.

This is measured by looking at the direction of change toward a more pro-life worldview and away from a pro-abortion worldview. When analyzing the upper threshold for pro-abortion views, such as those that support total legality, and those who feel strongly positive about abortion – this threshold should only decrease. While this may show an increase in moderate views or in those who are somewhat positive toward abortion, this is not an increase in pro-abortion sentiment, unless the threshold for pro-life views decreased in the pro-abortion direction.

However, in regards to the degree of support for abortion on a four-point scale from total prohibition, mostly prohibited, mostly permitted, and completely permitted, the support for legal abortion decreased and the pro-life view increased. In the case of incremental changes in the

degree of abortion support, this was statistically significant with p=0.02. There was a decrease in the most extreme pro-abortion stance and a trend toward the more pro-life view. Table 1 has these results, showing that all percentages shifted away from abortion legality.

Table 1: Impact of CCBR Abortion Victim Image Campaign on Abortion Worldview*

	Before CCBR Abortion Victim Image Campaign	After CCBR Abortion Victim Image Campaign	Pro-Life Percentage Points Gained	Cultural Impact (Percentage Increase in Pro-Life Views)
Completely Pro-Abortion	15.30%	13.60%	1.70%	11.11%
Moderately Pro-Abortion	18.50%	16.00%	2.50%	13.51%
Mildly Pro-Life	39.00%	35.20%	3.80%	9.74%
Completely Pro-Life	27.20%	35.20%	8.00%	29.41%
Total Overall Cultural Impact: 15.95%				

***Statistically Significant at p=0.02**

The upper threshold of abortion on demand with no restriction is accurately labeled with completely pro-abortion. However, those mildly pro-abortion that supported abortion in limited cases would not be accurately identified as completely pro-life. Nonetheless, these individuals who wish for abortion to be "mostly illegal" (just not illegal), as more closely ideologically aligned with those who are completely pro-life than those who are moderately pro-abortion.

For this reason, a new variable was created to split the respondents into 'generally pro-life' and 'generally pro-abortion.' Statistical significance was found with the four-point scale, but was just shy of statistical significance. While the percentage of those who were pro-life increased by 4.92%, and those identifying as pro-abortion decreased 9.16%, this gain was not statistically

significant due to the change in those identifying as pro-life falling within a 5 percentage point margin of error.

The total cultural impact is an overall 7.04% gain towards a pro-life worldview. This was not statistically significant to suggest the change was due to the campaign, but nonetheless, the frequencies are in the right direction. Results are detailed in Table 2 below.

Table 2: Impact of CCBR Abortion Victim Image Campaign on General Abortion View

	Before CCBR Abortion Victim Image Campaign	After CCBR Abortion Victim Image Campaign	Pro-Life Percentage Points Gained	Cultural Impact (Percentage Increase in Pro-Life Views)
Generally Pro-Life	48.80%	51.20%	4.80%	9.16%
Generally Pro-Abortion	52.40%	47.60%	2.40%	4.92%
Potential Overall Cultural Impact: 7.03%				

Increased Conservative Views on Abortion, Decreased Liberal Abortion Views:

While not all who changed from 'generally pro-abortion' moved to 'generally pro-life,' nearly a tenth of respondents no longer thought abortion should be legal or mostly legal after the first trimester, even if they did not wish to make it totally illegal or mostly illegal in the first trimester. Since the increase to pro-life was not quite statistically significant, pro-life respondents were controlled for, in an analysis on the nearly substantial 9.16% that no longer identified as thinking abortion should, overall, be mostly legal.

Although it was not statistically significant, it can be assumed that 4.92% did identify as more pro-life, by excluding just those who saw an abortion victim and yet did not convert to the pro-life cause. Examining just those who supported legal abortion, it was possible to determine how

many were liberal in their support of legal abortion on demand (into the second and third trimesters,) and how many were conservative in wanting abortion on demand, yet wanting it to be legal only in the first trimester. Since there are nuances like rape, incest and health that could not be addressed in detail during the survey, those who thought abortion should be "mostly illegal" in later gestation were more conservative than those who thought abortion should be "mostly legal." The gain in a more conservative view parallels the gain in the liberal view. Table 3 shows this gain.

Table 3: Impact of CCBR Abortion Victim Image Campaign on Degree of Liberalism*

	Before CCBR Abortion Victim Image Campaign	After CCBR Abortion Victim Image Campaign	Pro-Life Percentage Points Gained	Cultural Impact (Percentage Increase in Pro-Life Views)
Liberal	54.60%	45.40%	9.20%	16.85%
Conservative	46.10%	53.90%	7.80%	16.92%
Total Overall Cultural Impact: 16.88%				

***Statistically Significant at p=0.03**

Conservative sentiment switched from the minority to the majority by a virtually identical margin. There was a statistically significant gain, lost from a pro-abortion liberal worldview, to a (not completely, but incrementally) more pro-life conservative worldview, following the abortion victim image campaign. There was an almost 17% overall increase in the number of people who were conservative and a corresponding decrease in those who were liberal. Since this was statistically significant with p=0.03 at the 0.05 level, this indicates the change was not due to randomization or chance, but more likely the intervention of CCBR campaigns.

Abortion Victim Images Increase Negative Feelings, and Feelings Correspond to Public Policy Positions

This study examines the effect of abortion victim images, so the survey questioned regarding the images specifically. Respondents were asked if pictures of abortion victims affected their feelings about abortion, and whether positively or negatively. The results from viewing any image of abortion victims (not just a CCBR campaign image), was that it increased negative feelings, but that this increase was higher following CCBR's image choice and method of delivery.

Feelings on abortion are critical because how one feels is statistically shown to correspond to one's view of abortion legality and degree of liberalism. While those who think negatively of abortion may still support its legality, the degree of permissiveness parallels these feelings. Those who feel strongly negative about abortion are more likely to support a total ban, much like those who view abortion as strongly positive support total legality. There are incremental parallels as well, as evidenced in Figure 1.

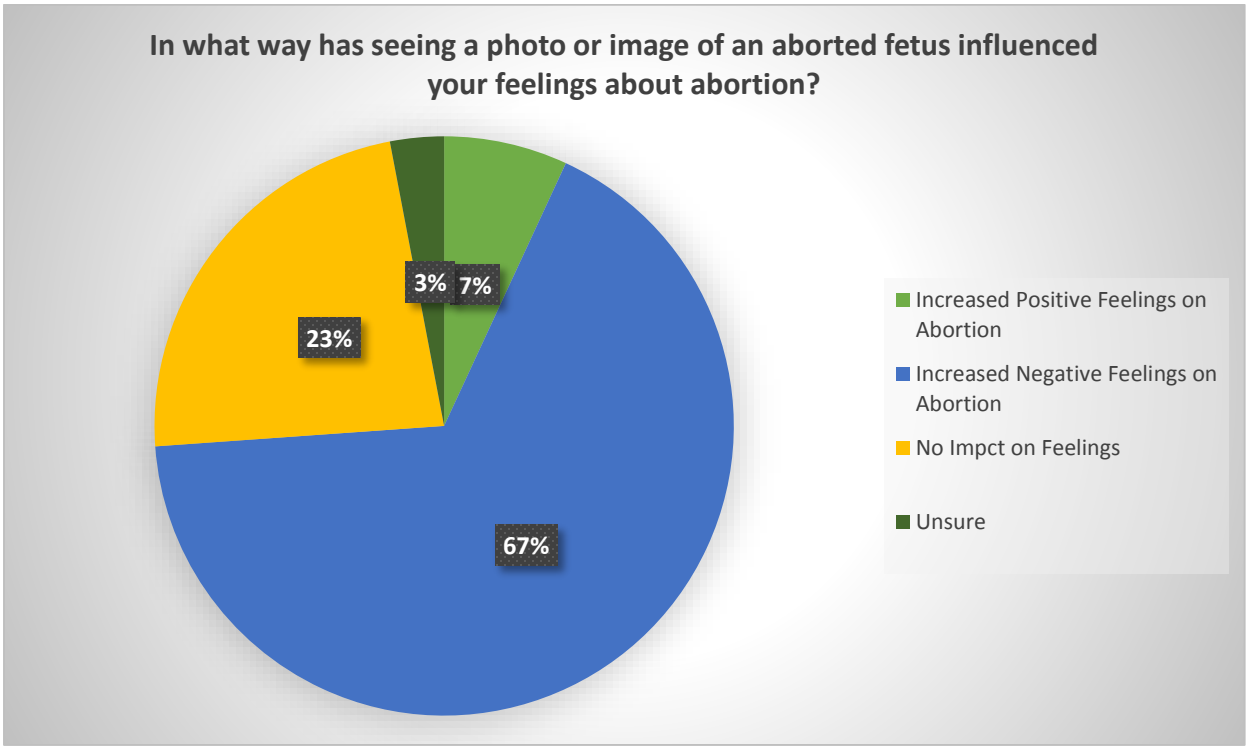


Figure 1

The correlation between these are significant, but the strength of the relationship is the key evidence. Cramer's V indicates a relationship of v=0.756 which shows a strong relationship, but one which does not parallel perfectly and suggest the two are the same construct. People who feel negatively about abortion still support legality, so it does not parallel perfectly, but 75% of answers correspond to one's feelings.

When looking simply upon the impact of abortion victim imagery themselves, there is a subset of viewers that indeed declared no reaction to these images. Unfortunately, those who claim the images had no impact are more likely to be pro-abortion than pro-life. Pro-life persons indicated no reaction only 20% of the time, and negative thereafter. When including the 26.7% of those undecided who declared themselves unmoved by these images, a disturbing 53.3% supported abortion. This is the target audience, not the 20% who already knew what abortion entails and therefore reject it.

Overall, results show overwhelming negative feelings after viewing the image: 66.9%, ten fold more than those who say they had increased positive feelings (6.9%). Figure 1 does indicate that the 23% are not affected overall, but this does not indicate public relations damage, rather just those resolute or apathetic about abortion. If isolating simply those affected by the images, the results are much more stark.

A majority of people are affected by abortion victims, and when they are, over 90% increase their negative view of abortion. Figure 2 shows this contrast.

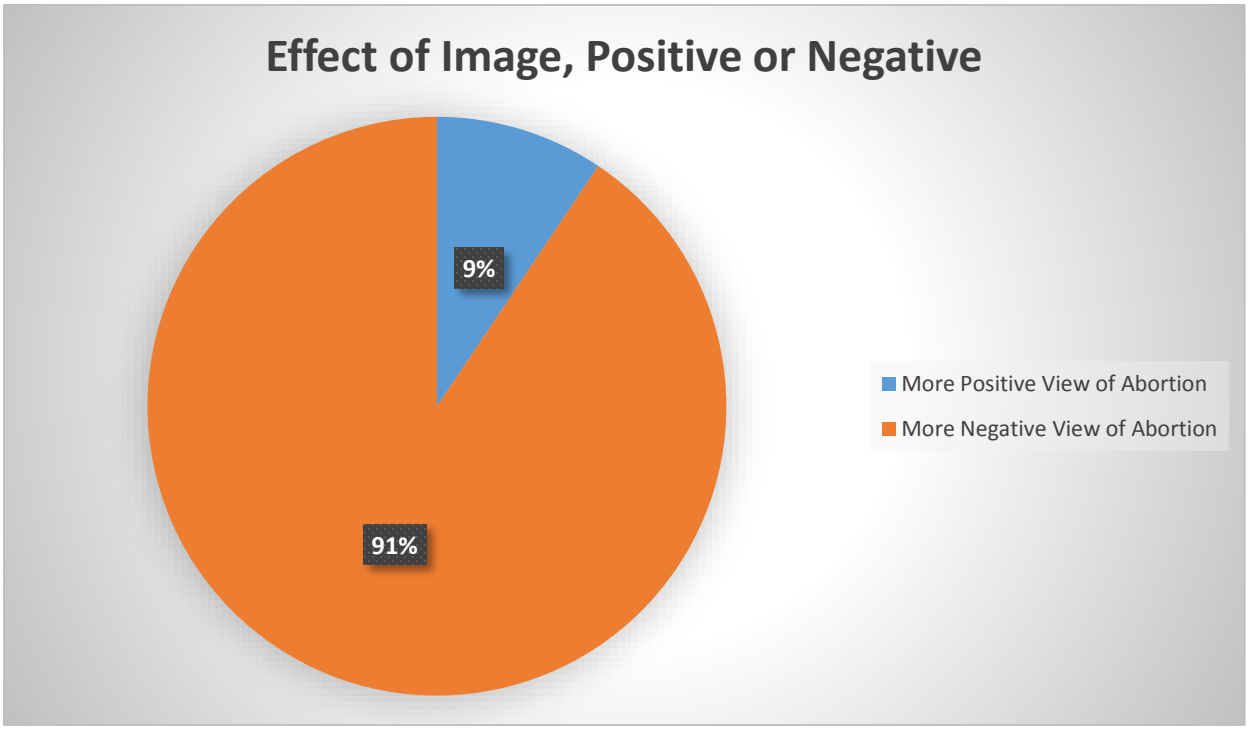


Figure 2

The overall difference between increased negative feelings attributed to the CCBR campaign was not statistically significant (1.2%), as evidenced by Table 3. It is important to note that this table, in spite of lacking statistical significance, still favours the pro-life direction all the same. The results in themselves indicate that abortion victim images increase negative feelings against abortion, so this modest gain is simple encouragement that CCBR could indeed be conveying this message with greater acumen than other uses of abortion victim imagery. As well, it does so without impugning other campaigns. Table 3 shows how these images change people's overall feelings when they think about abortion, after seeing victims of abortion in a CCBR campaign.

Table 3: Impact of CCBR Abortion Victim Image Campaign on Abortion Feelings				
	Before CCBR Abortion Victim Image Campaign	**After CCBR Abortion Victim Image Campaign**	**Pro-Life Percentage Points Gained**	**Cultural Impact (Percentage Increase in Pro-Life Views)**
Generally Positive Feelings About Abortion	37.80%	36.60%	1.20%	3.17%
Generally Negative Feelings About Abortion	62.20%	63.40%	1.20%	1.93%
Potential Overall Cultural Impact: 1.2%				

Incremental Shift in Abortion Acceptance and Legal Permissiveness

Examining just those who had not converted to the complete pro-life worldview of total prohibition shows clear incremental changes in the pro-life direction. Frequencies do illuminate the overall results. It also shows potential incremental change. Answers that appear negative, like an increase in those who are moderately or mildly pro-abortion, show that there is more likely to be an incremental gain according to the overall results.

This is measured by looking at the direction of change toward a more pro-life worldview, and away from a pro-abortion worldview. When analyzing the upper threshold for pro-abortion views such as those that support total legality, and those who feel strongly positive about abortion- this threshold should only decrease. While this may show an increase in moderate views or of those who feel somewhat positive toward abortion, this is not an increase in pro-abortion sentiment unless the threshold for pro-life views decreased in the pro-abortion direction. Those views should only increase. Without significance, it is not possible to attribute these changes to the campaign rather than to change, but they do show a potential shift in the making. In the case of incremental changes in the degree of abortion support, this was statistically significant with $p=0.02$. There was a decrease in the most extreme pro-abortion stance, and a trend towards the more pro-life view.

Conclusion.

Opponents' claims that abortion victim images are ineffective is unsupported by a statistically significant gain in public opinion. There was a statistically significant gain in those who were generally pro-life, and a corresponding loss of those generally pro-abortion: an overall 17% gain in anti-abortion political view (permissiveness) rather than pro-abortion after the campaign. The degree of permissiveness toward abortion was statistically decreased and support for incremental pro-life gains like gestational limits, substantially increased.

Those identifying as completely pro-life increased by nearly 30% following the campaign, with those identifying as pro-abortion decreasing also in their degree of remaining support for abortion. Overall, there was a statistically significant gain of nearly 17% towards a pro-life worldview: those who were generally pro-life and the corresponding loss of those generally pro-abortion. As well, there was an overall 7% gain in those identifying as pro-life rather than pro-abortion after the campaign. The degree of permissiveness towards abortion was statistically decreased and support for incremental pro-life gains (like gestational limits) substantially increased by 15% overall.

Feels about abortion shifted significantly toward a negative abortion view, with fewer reporting feeling positive about abortion after CCBR's campaign, showing what abortion truly is. Additional analysis found that the strength of one's feelings toward abortion were conclusively parallel to political views about abortion, with those who felt strongly positive about abortion favouring no legal restrictions, and those who felt strongly negative favouring complete prohibition. This suggests that changing how the public feels about abortion impacts how they vote for candidates willing and able to enact legal restrictions that actually save lives. Abortion victim imagery was effective at changing these feelings, with upwards of 90% responding that seeing these images increased their negative feelings toward abortion.

Those who had previously seen an image before the CCBR campaign still reported that other images had increased negative feelings as well. This increase was statistically greater following the CCBR campaign, indicating that CCBR's presentation or choice of images for the campaign was more effective than images they had previously seen. This still suggests, nonetheless, that abortion victim imagery in itself, regardless of presentation, is intrinsically effective at altering previously positive perceptions on abortion and changing the culture.

Based on a single campaign this change is not drastic, yet for every variable there were marked incremental shifts in the desired direction toward more pro-life public opinion. Respondents still report as pro-abortion, but fewer do. Those who do, demonstrate less enthusiasm and greater support for abortion restrictions. Opposing claims that abortion victim images are ineffective at changing public opinion can only be supported if effectiveness is qualified as an unrealistic, instantaneous, and drastic conversion against all abortion. However, there was no evidence to support claims that the strategy of abortion victim images does any harm whatsoever, or that it inhibits other strategies.

Endnotes.

[1] Erdreich, Sarah (October 8, 2015). The Dark History of the Right's Graphic, Misleading Abortion Images *Talking Points Memo*

[2] Hatten, Kristen (June 19, 2012). A Graphic Image Converted Me to Pro-Life; Now Here's Why I Am Against Graphic Images *Live Action News*

[3] Rogers, Jay (June 17, 2014). "Incrementalism vs. Immeadiatism" – Strategy of the National Personhood Alliance *Personhood.org*

[4] New, Michael (July 17, 2012). Casey at 20: Pro-Life Progress Despite a Judicial Setback

The Public Discourse

[5] Guttmacher Institute (March, 2016). Fact Sheet: Induced Abortion in the United States *Guttmacher.org*

[6] Strand, Paul (January 15, 2013). Graphic Abortion Signs Ban Threat to Free Speech? *Christian Broadcasting Network*

[7] Gray, Stephanie (September 18, 2012). Ending the Killing: Why Graphics Images of Abortion are Necessary *Live Action News*

[8] Pauker, Paul (September 19, 2012). Why Stephanie Gray's Argument is Wrong (and Misguided) *Live Action News*

[9] Statistics Canada (January 7, 2016). Population and Dwelling Count, Census Program *www.statcan.gc.ca*

[10] Canadian Centre for Bio-Ethical Reform (2015). Projects *Unmaskingchoice.ca*

[11] Blue Direct (2013). IVR Voter ID and Polling *www.bluedirect.ca*

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

— and —

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF DR. ANGEL FOSTER
Sworn April 25, 2025

Brandon Crawford
Jocelyn Rempel

EDELSON FOORD LAW
[redacted]

Counsel for the Respondent

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF ARIEL MONTANA
Sworn June 12, 2025

I, **Ariel Montana,** of the [redacted], in the Province of Ontario, SOLEMNLY AFFIRM as follows:

1. I am an articling student at Edelson Foord Law. My colleagues Brandon Crawford and Jocelyn Rempel represent the Respondent, the Parliamentary Protective Service. The information in this affidavit is information known to me or communicated to me by my colleagues, which I believe to be true.

2. On June 12, 2025 I searched for the website “whyhumanrights.ca” in my web browser, Microsoft Edge. I understand this website is listed on the posters at issue in this case. I took a screenshot of the website using the function Ctrl+Shift+S. This captures the entire webpage as a

single document, exactly as it looks on the web. I have not altered it in any way. I attach the screenshotted copy of the website whyhumanrights.ca as **Exhibit "A"** to my affidavit.

Sworn before me at the [redacted] in the Province of Ontario, this 12th day of June, 2025.

[redacted]

Ariel Montana

_____

Jocelyn Rempel, a commissioner of oaths (LSO#: 82895Q)

This is **Exhibit "A"** referred to
in the Affidavit of Ariel Montana,
sworn before me this 12th day of June, 2025

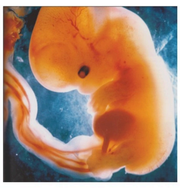
_____

Jocelyn Rempel, a commissioner of oaths
(LSO#: 82895Q)

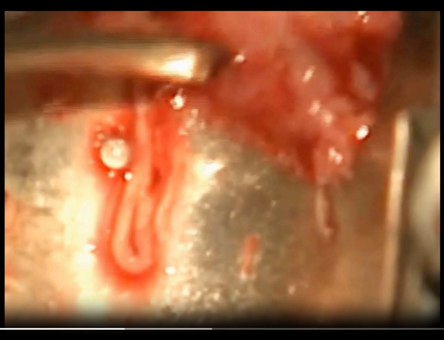
Do you believe in human rights?

Who gets human rights?

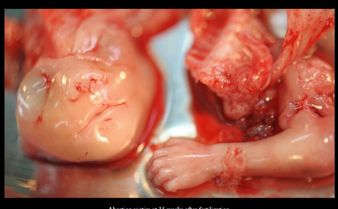
If a human is pregnant what *species* is her offspring?



Abortion kills humans



Abortion is a human rights violation



Abortion victim at 15 weeks after fertilization.

Human rights are for all human beings.

We know from science that human life begins at ***fertilization***.

> *Human development begins at fertilization when a sperm fuses with an oocyte to form a single cell, the zygote. [This] marks the beginning of each of us as a unique individual.*

MOORE, PERSAUD, TORCHIA, *THE DEVELOPING HUMAN: CLINICALLY ORIENTED EMBRYOLOGY, 10TH EDITION*. PHILADELPHIA, PA: ELSEVIER, 2016. P. 11.

Learn more about the biology of prenatal development at ehd.org.

Think about it: If two *humans* reproduce what species is their offspring?

Human beings reproduce other human beings.

All human beings deserve human rights

Abortion kills humans

Help End the Killing

TAKE ACTION NOW

Frequently Asked Questions

What about difficult circumstances?

There are often difficult circumstances surrounding a pregnancy, just as there may be difficult circumstances after birth. If we wouldn't kill a human child after birth because of difficult circumstances, why would we kill the same child for the same reason when she's a little bit younger? Where you are does not determine *what* you are — and we know from science that human life begins at fertilization. Shouldn't all human beings have human rights?

What about sexual assault?

Sexual assault is a horrible crime, and perpetrators should be punished to the fullest extent of the law. The question is: Is the child guilty or innocent? We should punish those who are guilty, and protect those who are innocent. Survivors of sexual assault deserve our love and support, and innocent children do not deserve the death penalty for the crime of their father.

What if the mother's life is in danger?

Since we know from science that life begins at fertilization, we know there are *two* human beings in a pregnancy — two patients to care for. Thankfully, with modern medicine, abortion is never medically necessary to save the life of the mother — and it is always wrong. We can save the mother's life without directly and intentionally killing the child. See the Dublin Declaration, and this explanation from a former abortionist.

How are abortions performed?

See these videos for more information.

Help End the Killing

JOIN THE MOVEMENT

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

— and —

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

AFFIDAVIT OF ARIEL MONTANA
Sworn June 12, 2025

Brandon Crawford
Jocelyn Rempel

EDELSON FOORD LAW
[redacted]

Counsel for the Respondent

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Examination No. 25-0857.1 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF MATTHEW RITCHIE on his Affidavit sworn on February 25, 2025, pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services, on July 7, 2025 commencing at the hour of 10:01 in the forenoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

This Examination was taken down by sound recording by Catana Reporting Services Ltd.

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NAME OF WITNESS: MATTHEW RITCHIE

CROSS-EXAMINATION BY: MR. FLEURY

NUMBER OF PAGES: 7

ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

N/A

EXHIBITS

No Exhibits.

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT ORDERED: August 13, 2025

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MATTHEW RITCHIE, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. FLEURY:

1. Q. Good morning, Superintendent Ritchie. My name's Chris Fleury, I'm Co-counsel for the Applicants in this case. I'm going to be asking you a couple questions this morning. Can you hear me all right?

A. Yes, I can, thank you.

2. Q. Can I start by verifying are you alone in the room in which you're testifying today?

A. Yes, I am.

3. Q. Thank you. So, Superintendent Ritchie, you may or may not be aware that this Application concerns events that occurred May 10th, 2023 and May 11th, 2023. I know that you've given us an Affidavit. Actually, let me ask you too, do you have your Affidavit in front of you?

A. I do, yes.

4. Q. Perfect. I see that in the Affidavit you've attached as exhibits the Rules, as well as an updated version of the Rules. The updated version of the Rules are dated May 3rd, and you indicate that they're first published online on May 9th, is that correct, 2023?

A. I apologize, but you froze on my end here in the middle of your question. I don't know if it's the same for everyone? But maybe just, maybe just start over

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the question? Because you paused when you said "May".

MR. FLEURY: Okay. Can you hear me now?

THE WITNESS: I can, yeah.

MR. FLEURY: Okay. Thank you.

5. Q. So you've attached two versions of the Rules, one is the original, one is the updated. I'm going to ask you about the updated version, which I understand was first published online on May 9th, 2023; is that right?

A. Yes, that's accurate.

6. Q. So the version of the Rules that would have applied on May 10th, 2023, that would be the updated version of the Rules, correct?

A. Yes, that's accurate.

7. Q. Thank you. So I want to take you to paragraph 15 of your Affidavit, if you have that in front of you?

A. Yes.

8. Q. You indicate that "where there are two opposing groups protesting divisive issues, tensions often run high." You write, sort of further on, "It is common for PPS protection officers to employ methods such as cordoning off areas." Essentially, I understand that to be separating two groups of protesters; is that right?

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A. Yes.

9. Q. Can you describe that? How does that work?

A. So when we have planned demonstrations, it typically comes with a permit to allow for demonstrators to come onto the Hill. And depending on the cause, most cases you always have pro--one side against the other. So we would ensure that we have enough space between the groups for them to protest peacefully and safely.

10. Q. Are you able to give me an indication, say how many times per year would you say that you have a gathering on Parliament Hill where, in your words, tensions run high?

A. So, we have upwards of 2500 events a year, and those vary in size. Demonstrations where we have a pro- and counter-element to it. I couldn’t tell you exactly how many we have. But they occur weekly, for various causes.

11. Q. Weekly?

A. Weekly, of various sizes.

12. Q. Thank you. I'm going to suggest to you that this is an effective method of ensuring the safety of everyone on Parliament Hill, that cordoning-off protestors into different areas?

A. So, it ensures that everyone has a designated space to share their views on Parliament Hill

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safely, yeah.

13. Q. Safely, and the purpose is to keep both protestors safe and the officers safe?

A. So, there are several elements to it. The main intent is to ensure that there are spaces that are dedicated to groups that wish to voice their beliefs on Parliament Hill. So you'd have spaces dedicated to whatever demonstrators you have. And then potentially, space dedicated to whatever counter-demonstrations you have. With enough space in between to ensure that we have space between for our officers to be stationed or move through both groups.

MR. FLEURY: Thank you, Superintendent Ritchie. Those are all my questions. I didn't have much for you. Thank you for your time today.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (10:06) IN THE FORENOON.

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THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

.....

JF, Catana Reporting Services

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Examination No. 25-0857.2 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF DANIEL TRUDEL on his Affidavit sworn on February 26, 2025, pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services, on July 7, 2025 commencing at the hour of 10:11 in the forenoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

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RE-EXAMINATION BY MR. CRAWFORD: PAGES 14 TO 16

NUMBER OF PAGES: 16

ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

N/A

EXHIBITS

No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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DANIEL TRUDEL, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. KHEIR:

1. Q. Good morning. I'll have a few questions for you this morning. So the first I'd like to ask you--of course, as you know, this case is about some signs that were intended to be shown on Parliament Hill. You may recall that there was a URL on the signs. Now, you didn't visit the website before informing CLC that the signs were not allowed; is that correct?

A. I wasn't aware that there was a URL. So I didn't visit the site, so no.

2. Q. Now do you have your Affidavit with you?

A. I do, sir. Right here.

3. Q. If you could please turn to paragraph 11?

A. Yeah.

4. Q. So now in this paragraph you explain your conclusion that the signs of abortion photography were prohibited, right?

A. No. So I also talk about other things, such as the reasoning why it was prohibited. And it was on the basis of it was obscene, promoted hatred, and it didn't follow the compass or the objectives of the Rules of the use of the Hill. So it wasn't just because it was a graphic fetus picture. It was encompassing and balancing all the Rules together.

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5. Q. So now you make reference in this paragraph to both the 2018 and the 2023 versions of the Rules, right?

A. That's correct.

6. Q. Now in communicating your decision to Mr. Wojciechowski by e-mail after the fact, you referred to the 2018 Rules, right?

A. That's correct.

7. Q. You say you did that out of fairness to CLC, since the 2023 Rules had been posted just the day before the press conference?

A. Yeah, that's correct.

8. Q. Now, having been posted the day before, though, would you agree that it was the 2023 versions that were in force at the time?

A. At the time, I was enforcing both the 2018 and the 2023, because the wording is similar in both documents: "Obscene and promotes hatred." As well as balancing, you know, the objectives of the Rules of the Hill. I think I covered the Rule. Even if what I sent him was 2018, if you consult with the 2023, the wording is there, and the objectives are identical or very similar, minus a few tweaks to the wording.

9. Q. So which version of the Rules did you believe had authority at the time?

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A. At the time I was just quoting what I knew. So what I knew was the 2018 Rules. And I was also aware of the 2023 Rules. But again, if you look at the Rules, it says that signs that are obscene, promote hatred--and as well as if you consult that with the objectives of the Rules, so the Rules of the use of the Hill, the signs wouldn’t be allowed anyway, regardless of the year.

10. Q. So we'll turn to the actual contents of the Rules in just a moment, but I just want to make sure I understand you clearly. Was it your belief that both versions of the Rules were in force at the same time?

A. No.

11. Q. So which version did you believe to be in force at the time?

A. At the time, it was the 2018, in the spirit of fairness. Because again, CLC had been holding demonstrations or events for many years. Those are the Rules that they were familiar with at that time. So I thought it was the best recourse. Again, if you look at the wording as well, the wording is similar in both Rules.

12. Q. So let's turn to the--well, you can physically turn to it if it helps, but with respect to the signs' content. The 2018 versions of the Rules

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prohibits three things, right, messages that are obscene, offensive and promote hatred; is that right?

A. "Or". It's not "And".

13. Q. Right. Or promote hatred?

A. Right.

14. Q. Now, in the last sentence of paragraph 11 of your Affidavit, you say that the signs were prohibited under the 2018 Rules because they were "obscene, offensive and/or promote hatred"; is that right?

A. No. Because in the last paragraph it says, and I quote verbatimly, "Because they were obscene messages or messages that promoted hatred and/or displayed graphic violence or blood." "Obscene" was not part of my Affidavit--or "Offensive", sorry. It was the paragraph above, I believe.

15. Q. Right, no, so the last sentence, do you see where it says, "I determined that the large images of disfigured fetuses were prohibited under the 2018 Rules", do you see that?

A. Yes.

16. Q. Then there's a long dash and then it follows by saying, "Because they were obscene, offensive and/or promoted hatred," I'm going to stop the quote there. Do you see that?

A. Yeah, I see it.

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17. Q. So you used the phrase "and/or". I'd like to know which one you thought applied. Which category did you understand the signs to be captured by?

A. What do you mean by that?

18. Q. Well, something can be, okay, so there's three things that are being prohibited by this Rule, correct?

A. They could be interpreted of three of these things. Any of these things can be used to prohibit a sign.

19. Q. Right. So which one did you think prohibited these signs?

A. At that time all three could have applied. But I think "obscene" and "promoted of hate" is the ones that I would have used more indefinitely, because it aligns as well with the Rules in 2023.

20. Q. So, with respect to ---

A. Back in 2018 it also says, "offensive". So all three could have been used. As well, because you're balancing both Rules, the 2023 Rules and the 2018 Rules, and if you take into account the objectives of the Rules and use of the Hill to ensure the public safety, be that their physical safety or their psychological safety, I feel like it's reasonable grounds to prohibit these signs.

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21. Q. So you say all three could have been used; but it also kind of sounded like you were saying, at the time, you understood yourself to be using "obscene messages" and "messages that promote hatred"; is that right?

A. Are you asking me exactly what I said that moment? Or are you just asking my grounds?

22. Q. At that moment, in your mind what were your grounds?

A. Honestly, at that time I don't know exactly what was said. That's why I sent the e-mail three hours later stating that quote from the 2018 Rules of the use of the Hill.

23. Q. So I want to ask you a couple questions about the "obscene" portion of this Rule?

A. Sure.

24. Q. Now, the Rules don't define what makes a message obscene, is that right?

A. That's correct.

25. Q. Are you familiar with the Criminal Code definition of obscene material?

A. I am not, no.

26. Q. So what definition were you applying on that day in 2023?

A. Based off my understanding of the meaning,

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so "obscene" is like, what is it, it's abhorrent, is the definition I'd put for it.

27. Q. So you've sort of given me a synonym here. Can you help me understand what you took this category to apply to?

A. In what sense?

28. Q. Well, okay, so I've asked you what constitutes an obscene message. You've said obscene means abhorrent, but what sorts of material did you understand that to refer to?

A. Well, blatantly, if you have pictures of destroyed, disfigured fetuses, I mean, for me that's abhorrent, that's obscene. That's not really a welcoming sign to show on the public space such as Parliament Hill, that has rules and regulations based on the Rules of the use of the Hill that says anything that's obscene, promotes hatred--because again, you have to consider if somebody went through an abortion or something of that nature, that could be promoting hatred to them. And again, it doesn't line up with the lens of the objectives of the use of the Hill. So, for me, it was a hundred percent like this can't go. It was a no-brainer for me at the time.

29. Q. So you've said, just in your answer here, you said it was obscene, it was abhorrent, and it was

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not a welcoming sign. Did you understand that to be what--whether or not signs were welcoming, to be part of the definition of obscenity in this context?

A. --- just I wanted to put into context what was going through my mind right now. I'm not quoting the Rules and regulations, I'm just quoting, you know, in the titling of "obscene" and "abhorrent" and stuff like that. Again, just to put things into context.

30. Q. So I know you said you weren't familiar with the Criminal Code definition. I'm going to suggest to you sex is an essential component of the definition under the Criminal Code. Is it fair to say that under the definition you are applying, sex wasn't essential to make something obscene?

A. At the time, I didn't know the Criminal Code description or explanation or definition of the word. So I don't have an answer to that.

31. Q. Well, you'd agree that these signs don't have a depiction of sex, correct?

A. No, they don't.

32. Q. So, turning to the other element of the Rule, so the promotion of hatred element specifically. The Rules don't define hatred, is that right?

A. That's correct.

33. Q. So what did you understand that Rule to be

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prohibiting?

A. Simply if I was in that situation, where if I went through a procedure that involved abortion or something like that, it could be signs promoting hatred to actions taken by individuals like that. So again it's not defined, but that's what I would have thought about it. And again, your hatred and obscene apply to this; it's not just one or the other, right? So, again, I'm trying to make sure that Parliament Hill is a safe place to gather for everyone, not just because--or, sorry. Again, could be hatred for people who went through the procedure or something lived. Could be children or anybody nearby that sees those signs. It could be scarring to them. It's not a safe environment psychologically. Again, it was pretty graphic signs. You've probably seen the signs yourself. It's not something that a lot of people would be comfortable seeing.

34. Q. So when you're interpreting the Rule prohibiting signs that promote hatred, were you essentially asking yourself whether or not the signs would make people feel uncomfortable?

A. So, I was considering the whole length of that sentence, not just hatred, "obscene" and "hatred", based with the objectives of the use of the Hill, right?

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So objectives of the use of the Hill. Again it's the twin factors of that, essentially, people to enjoy gathering there or to gather in a safe and secure manner; and free speech. But when you have one of these things that are being, you know, according to the Rules, obscene and promotes hatred, I mean, again, for me it's automatically that's not allowed. Especially with the nature of these signs; they're destroyed fetuses. Again, not something that would be normally displayed, and people, in my opinion, would be okay seeing, in my professional opinion.

35. Q. Can you just give me a brief moment to refer to my notes here?

A. Take the time you need.

36. Q. So you say you were considering the whole sentence, right, but ---

A. Yeah, that's correct, yeah.

37. Q. --- earlier you sort of corrected me. That it's "or". Any one of these elements could apply to prohibit signs, correct?

A. Yeah, the 2018 Rules says "Or". So it's any of the three, yeah.

38. Q. So your understanding at the time was that all of these individually applied, correct?

A. I think together they applied, "obscene" and

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"promoted hatred." As well as, if you compare that to the objectives of the Rules of the use of the Hill, yeah, they applied.

39. Q. What I'm trying to ask you is was it that the messages were obscene and promoted hatred, you know, they sort of satisfied each definition? Or was it that only taken as a whole, considering all three elements, "obscene", "offensive", "promoted hatred", that you concluded they were prohibited?

A. I mean, together, if you take the ensemble and you break them up, like yes, I considered "obscene", I considered "hatred". But again, we build them together, right? And then, not automatically but for this circumstance, yes, I used "obscene" and--I'm reading from my Affidavit here--because they were obscene messages, they're messages that promoted hatred or display graphic violence or blood. So, a lot of elements there. So, the elements from, you know, the 2018 Rules are there. As well as, even if the 2023 Rules came into force, some of those words are still there, like "obscene" and "promoted hatred." Again, if you're balancing the objectives of the Rules of the use of the Hill, again, it's an automatic No.

MR. KHEIR: Okay. Those are all my questions. Thank you.

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THE WITNESS: Thank you.

(OFF RECORD DISCUSSION)

RE-EXAMINATION BY MR. CRAWFORD:

40. Q. Thank you very much. Good morning, Constable Trudel, can you hear me okay still?

A. Yes, sir.

41. Q. If I could just ask you a couple questions, just so you could clarify for me, please. I understood you to tell my friend that the 2023 Rules had just come out, right, ---

A. Yeah.

42. Q. --- but you had cited the 2018 Rules out of fairness?

A. Correct.

43. Q. Right? My friend asked you which ones were actually in effect, and I heard your answer be kind of somewhat similar. Which Rules were actually in effect as of this rally that occurred in 2023?

A. So, the Rules that were in effect were the 2023 Rules, the day before, posted on May 9th.

44. Q. Thank you. You were asked about whether the definition for obscenity included sex, right?

A. Correct.

45. Q. My friend referred you to the Criminal Code?

A. Yeah.

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46. Q. What were you relying on to help you interpret the word "obscenity"?

A. At the time, I couldn’t tell you. It was just a definition that I knew myself. But I knew that it was based off of either personal belief or a dictionary answer.

47. Q. So it was your understanding of the definition of the word, is that what you're saying?

A. Correct.

48. Q. Are you familiar with the dictionary definition of the word "obscenity"?

A. No, not a hundred percent.

49. Q. My friend asked you about whether all three separate bases had to be met for the sign to be prohibited under the 2018 Rules. Does that question make sense?

A. It appears to be, but in a certain context you can only--you need one of those criterias [sic] to enforce. If they're either obscene--or if it's 2018, it's obscene, offensive, or promoted hatred.

50. Q. So how do you interpret that when the word "or" is there?

A. So, "Or" could be any of the three.

51. Q. Is that how you understood the Rule at the time that you communicated it to the CLC?

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A. So, I don't remember exactly what I said on the grounds there. But that's what I communicated to them by e-mail a few hours later.

52. Q. That's what I mean, by the way, when you communicated by way of e-mail?

A. Yeah.

MR. CRAWFORD: Thank you. Nothing further.

THE WITNESS: Very well. Thank you.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (10:30) IN THE FORENOON.

THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

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JF, Catana Reporting Services

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Examination No. 25-0857.5 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF ERIN LOVETT on her Affidavit sworn on April 16, 2025 pursuant to an Appointment made on consent of the parties to be reported by Catana Reporting Services, on July 7, 2025 commencing at the hour of 1:00 in the afternoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

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NUMBER OF PAGES: 20

ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

N/A

EXHIBITS

No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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ERIN LOVETT, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. FLEURY:

1. Q. Good afternoon, Dr. Lovett. My name's Chris Fleury, I'm one of the lawyers for the Applicants in this case. I'm going to be asking you a couple questions. Can I just start by making sure that you can hear me? There's no technical issues?

A. No, there's none.

2. Q. Perfect, and do you have a copy of your Affidavit in front of you?

A. Not directly in front of me, no.

3. Q. Do you have access to it today?

A. I do.

4. Q. Perfect. I want to start by asking you about the Photoshop. I understand it's a computer program. It's referenced in your Affidavit. I take it you don't have any specific training in Photoshop?

A. Could you define "training"?

5. Q. Have you ever used Photoshop?

A. I have.

6. Q. What would be your experience in Photoshop, then?

A. My experience has been using the program in creating presentations within both my social as well as professional group; to alter cartoons and make videos

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involving cartoon images that involve cutting-and-pasting live images into cartoons.

7. Q. I'm going to ask you about--the dating of fetuses, I understand, is an issue in this case, and you've provided evidence on. My understanding is that when a physician is providing the age of a fetus, that that is measured beginning the first day of the menstrual period prior to pregnancy; is that right?

A. When we give a gestational age, traditionally it is measured by the first day of the last menstrual period. And confirmed with a dating ultrasound if that's available.

8. Q. That dating ultrasound would reference the first day of the menstrual period prior to pregnancy? That's what you're measuring from?

A. It would document it. But the dating ultrasound measures the crown-rump length of the fetus.

9. Q. My understanding is that embryologists, for example, measure fetal age differently, as being the date of fertilization. Is that correct?

A. Correct.

10. Q. My understanding is that the difference between those two dates, from the first day of the menstrual period prior to pregnancy, to the date of fertilization, that time period is about two weeks; is

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that right?

A. That time period between the last menstrual period and the first date of the pregnancy? Sorry?

11. Q. No. From the first day of the menstrual period prior to pregnancy, to the date of fertilization, that would be about two weeks, is my understanding; is that right?

A. It's actually extremely variable. And that's why there's discrepancies when using last menstrual period for dating a pregnancy. The first half of the menstrual cycle between the last menstrual period first date, and the date of fertilization, which can occur either before or after--well, occurs after ovulation but sexual intercourse can occur at any time in that time frame--can be anywhere from one week up to months depending on the woman's menstrual cycle and ovulation pattern. So the first half of the menstrual cycle is extremely variable. And that's why it can be very different than two weeks.

12. Q. So you said "as little as one week," and I was just about to ask you about whether there's variance. So, there is. You said one week and up to, I believe you said, months. Are you able to give us an answer more specifically in terms of number of weeks?

A. It depends on the actual question. Because

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there is, like I said, extreme variability in menstrual cycles. I think most individuals are familiar with an average 28-day menstrual cycle for individuals. But in fact, normal menstrual cycles vary between 21 up to 35 days, and that reflects the variability in the first half of the cycle. I say "up to months" because there's certainly a population of women that are not regularly ovulatory; therefore there can be a huge lag between the first date of the last menstrual period, and when ovulation may occur, and sometimes that is months.

13. Q. So I want to ask you about the posters that are referenced, and they're appended as an exhibit to your Affidavit. I'm going to ask you first about--I'm going to go in order--Poster 1 is referenced at paragraph 2 of your Affidavit. You conclude that this is a 10-week fetus, is that right--I'm sorry, I think I'm referencing the wrong paragraph, but I'll just find the picture and the page number; it's at page 38 of the Affidavit?

A. Correct.

14. Q. You're measuring that not the way--we discussed two ways of measuring the age of the fetus. One, the way that a physician would, and then one the way an embryologist would. When you're telling us 10 weeks, you're measuring that the way that a physician

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would, correct?

A. Correct.

15. Q. From the date of the last menstrual cycle?

A. The vast majority of dating nowadays is actually done by first trimester dating ultrasound, but is correlated with last menstrual period, yes.

16. Q. I'm going to just turn to the next page here, which is the next photo. You've estimated that to be 14 to 15 weeks gestation, is that correct?

A. Correct.

17. Q. I'm going to suggest to you one of the reasons that you're giving a range as opposed to a more-specific date, is that the mutilated nature of the fetus makes it difficult to judge the age; would you agree with that?

A. More so in that there is variability between fetal growth sizes, depending on genetics and background.

18. Q. Would you agree that the mutilated nature of the fetus does impact your ability to judge the age?

A. It's not so disorganized that there is inability to recognize the development associated with gestational age. However, I do agree that there's a variability in size of embryo and fetus, like I said, based on genetics.

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19. Q. This is a magnified image; you'd agree with that?
A. Correct.
20. Q. There's no precise indication of exactly how much it's magnified?
A. There's not one listed on the photo. That's correct.
21. Q. Would you agree with me that that also makes it more difficult to date the fetus than it otherwise would be?
A. Not knowing magnification value?
22. Q. Yes?
A. Not knowing magnification value is not as relevant. Because it's about the structural identification of how much has been developed, based on the embryonic and gestational age, as opposed to the magnification level.
23. Q. I'm going to go to the third photo. It's at the next page, page 40 of your Affidavit. So you estimate that this fetus would be 13 weeks gestation; is that right?
A. Correct.
24. Q. Again you're measuring this the way that a physician would, as opposed to an embryologist?
A. The way in which any physician who's caring

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for a woman carrying a pregnancy, regardless of outcome, yes.

25. Q. Similarly, I'm going to ask you about the mutilated nature of the image. Would you agree with me that the mutilated nature of the fetus presents some difficulty in judging the age of the fetus?

A. Again, not so much the disrupted nature of the tissue that we're looking at. Because there's still enough intact tissue to verify the degree of development. And that's what we base gestational age or embryonic age upon, as opposed to the level of disruption.

26. Q. I want to ask you about Exhibit C of your Affidavit, which is a Guardian article. It's got a number of images in it. Do you have that in front of you?

A. I have access to it, yes.

27. Q. So I'm going to use your language here. The transilluminated abortion specimen, that's what we're looking at, right?

A. Correct.

28. Q. When I say what we're looking at, I'm looking at page 42, which is the first page of that article. My understanding is that, not just this image, but all of the images in the article are without

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magnification; is that right?

A. That's correct.

29. Q. It's how one would view it if one were viewing through the naked eye?

A. Yes.

30. Q. So if we were to use magnification, for example, on the--just for example, there's a nine-week specimen at page 50. I'm just going to turn to that now myself. If we were to use magnification, I take it we would see features such as the development of arms, legs, fingers, this sort of thing?

A. If you were to use significant magnification, you would be able to visualize limb buds, correct.

31. Q. You reference education and medical education in your Affidavit. I take it that, just for example, a textbook that you might read in medical school, it would show both sorts of images, both magnified and unmagnified specimens, is that correct?

A. The textbooks that are published for medical school that I am familiar with, referencing the ones that were utilized in my training, contain mostly unmagnified. However, the embryology courses that all medical students do take in learning about anatomy and development of all mammals, those involve magnified

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images, correct.

32. Q. Thank you. I ask this as a layperson, just looking at these images, but it seems impossible to date them, to differentiate between eight weeks, nine weeks, solely using unmagnified images; would you agree with that?

A. I would agree that there is a variation. So if you're trying to determine eight versus nine weeks of gestational age, based on an unmagnified specimen, we are not looking for fetal parts to determine a completeness of an evacuation procedure; we're looking for completion of the gestational sac seen, which is seen at an eight- and a nine-week gestation evacuation.

33. Q. In terms of being able to tell the difference between various weeks, eight and nine weeks, are you saying that that can be done using an unmagnified image?

A. It depends, again, on genetics, as well as how far, like are we talking eight-zero versus eight-five, or are we talking nine-zero versus nine-six? Depending on how far along the pregnancy is developed, based on genetics, you may be able to discern fetal parts with the naked eye, with a nine to 9.5-week gestation, versus with an eight-week gestation. You can also see a difference between the size of the

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gestational sac, even with the naked eye, between an eight- and a nine-week gestation.

34. Q. My understanding is that the majority of what we're looking at in these photos--and I'm still on page 50 which is the nine-week--the majority of what we're looking at is the contents of the uterus, as opposed to the fetal remnants themselves?

A. The fetal remnants are contained within the contents of the uterus.

35. Q. Right. Can you point me to, on any of the images, where the fetal remnants are?

A. Certainly. Would you care to share the image with the group, and I can point with my pointer?

MR. FLEURY: Yes. Could I ask Mr. Kheir if he could put that on the screen?

MR. KHEIR: Yes. Just a brief moment. And just to confirm, still page 50?

MR. FLEURY: Whichever image Dr. Lovett believes would be the easiest to differentiate.

THE WITNESS: Sorry, I clicked into a different view. Oh, there we go, perfect. Okay. Actually, can you see my pointer or no? Maybe not.

MR. FLEURY: That might be Mr. Keir's. I can't tell.

THE WITNESS: --- that's okay. You know what,

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this is a very clear, beautiful image, actually, of what we're looking at here in its entirety, is the gestational sac and attached chorionic villi. Because this has been so well-washed at the time of transillumination, that there is no decidualized endometrium present in this specimen. So what you're seeing right here is all fetal remnant. This is the gestational sac with attached chorionic villi.

36. Q. I guess I'm having trouble seeing--so is it at the top we're looking at--that would be the head? Sorry, not the top, but on the far-right side?

A. No. You can't see fetal parts at this particular specimen. What you're looking at--so the things that look more like coral and thicker white? That is the chorionic villi. And the clearer portion that looks more like tissue paper or Saran wrap, that's the gestational sac. And this is reflective of a gestational sac that has been evacuated via suction curettage. Because you can see that it's been wrapped. It's almost looking like it's been spun. In the centre there. So it looks like almost a bowtie when you look at the entire photo.

37. Q. Did I hear you correctly that we couldn’t see the fetal parts in this image, with the naked eye, unmagnified?

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A. In this particular image, without opening-- and again, I haven't been able to open up the sac, right? So this is a sac that has been unmanipulated by the pathologist who's doing a measurement. You can't visualize, with the naked eye, this particular gestation, any fetal parts.

MR. FLEURY: Thank you. I'm just going to take a moment to review my notes.

THE WITNESS: Yeah.

MR. FLEURY: Okay. Thank you, Dr. Lovett. Those are all my questions. Your counsel may have some questions for you, I don't know.

MR. CRAWFORD: Yes, please, if I may.

MR. KHEIR: Sorry to interrupt. Could I take the screen down or do you want me to keep it up?

MR. CRAWFORD: I don't need that photograph.

MR. KHEIR: Okay.

MR. CRAWFORD: Thank you.

RE-EXAMINATION BY MR. CRAWFORD:

38. Q. Good afternoon, Dr. Lovett?

A. Good afternoon.

39. Q. I won't be particularly long. We talked a little bit about gestational age versus the means of dating used by embryologists. What's the label for the means by which embryologists date; what age do they use?

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A. They use embryological dating.

40. Q. Are you aware if that method is used outside of embryologists?

A. No.

41. Q. No, it's not, or no, you're not aware, sorry, that was the way I worded the question?

A. Sorry, no, I'm not aware of any physician, midwife, family medicine, obstetrical provider, using that terminology when dating a pregnancy.

42. Q. What about gestational age? Is that used broadly?

A. Yes, it is. That is the standardized nomenclature for the entire medical community that provides obstetrical care.

43. Q. My friend referred you to Poster 3 which corresponds with paragraph 14; and I'm sure this wasn't on purpose, but he suggested to you that you had opined that the age was 13 weeks, approximately. You refer to this at paragraph 14. Have you had a chance to review your Affidavit?

A. I did. I must also state that I've been up for 24 hours on two hours of sleep. Perhaps that could go into the Record.

44. Q. Completely fair. If you wouldn't mind referring to paragraph 14 right now, if that would

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refresh your memory?

A. Certainly, thank you. Give me a moment.

MR. CRAWFORD: Of course.

THE WITNESS: Apologies, Mr. Crawford. Can you confirm the paragraph that I'm referencing, once again?

MR. CRAWFORD: Yeah, no problem at all. It's paragraph 14.

THE WITNESS: Thank you. I'm trying my best how to figure out how to split my screen so I can reference things appropriately for all of you.

MR. CRAWFORD: No problem.

THE WITNESS: And apologies, again, for my lack of sleep.

MR. CRAWFORD: Not at all. Now, did you have a chance to review that?

THE WITNESS: Yes, I did, thank you.

45. Q. So, again, my friend suggested to you that you opined that it was more consistent with 13 weeks. Having read your Affidavit, do you remember what you opined the approximate age to be?

A. No. I opined that this was an 11-week aborted fetus, or inconsistent with a--sorry. The image of the fetus shown in Poster 3 is inconsistent with an 11-week aborted fetus; more about a 14- or 15-week as opposed to 13 as suggested by your colleague.

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46. Q. Thank you, and again are these precise numbers or are these estimates to a point?

A. As I had stated earlier, there will always be a range based on things like genetics, maternal- and paternal-body-habitus. So this is why I do tend to give a range within a lot of the answers within my Affidavit. Because, just like in the embryological textbooks, there will be a range upon which there is growth, based on the gestational age or embryologic age, if you choose.

47. Q. Thank you very much. Now, you'd mentioned limb buds; and pardon me, but if you wouldn't mind defining what limb buds are?

A. Certainly. Before development of any of our now-known arms and legs, the embryo and fetus will develop what's called limb buds very early on in gestation, which will then grow into identifiable arms and legs.

48. Q. So a limb bud is before it would be identifiable as an arm and a leg?

A. Correct.

49. Q. If you could join me on Poster 1, which is on page 38 of your Affidavit?

A. I'm going to that.

MR. CRAWFORD: If you could let me know when you're there.

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THE WITNESS: Sorry, everything just crashed. It's been quite the day.

MR. CRAWFORD: We've had that as a bit of a recurring theme.

THE WITNESS: I had every single--I'm so sorry. My apologies. If you give me a moment to just reopen the file, which had been working well, it shouldn’t take more than a moment. My apologies, colleagues.

MR. CRAWFORD: No problem. And if it's simpler, Ms. Rempel can share her screen and get it out for you to see.

THE WITNESS: Certainly. Apparently, I need a reboot on my whole computer.

MR. CRAWFORD: Okay. Let's do that then.

50. Q. So do you recognize that as being Poster 1?

A. I do, yes. Thank you for the refresher.

51. Q. Pardon my ignorance with the words, but what resembles to be small arms and legs, so are those consistent with limb buds?

A. At this viewing point, this is slightly beyond limb buds. The buds do not have an identifiable joint. So, this demonstration does have an identifiable joint. It's harder to see with the lower limbs, because that's just beyond the limb budding formation, because you can barely see a knee joint. So this is kind of in

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that transition period between a limb bud and identifiable limb.

52. Q. What about fingers, would they be consistent with being a limb bud or would that be beyond?

A. You can actually see fingers very, very early on in the budding, which is very interesting in embryology. But these are, like I said, in that transition between the limb bud and an actual identifiable arm. So you can see the fingers.

MR. CRAWFORD: Okay. Thank you very much. I have nothing further.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (1:28) IN THE AFTERNOON.

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JF, Catana Reporting Services

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Examination No. 25-0857.3 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF LUCAS ANGELI on his Affidavit sworn on February 26, 2025, pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services, on July 7, 2025 commencing at the hour of 10:34 in the forenoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

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NUMBER OF PAGES: 7

ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

N/A

EXHIBITS

No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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LUCAS ANGELI, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. FLEURY:

1. Q. Good morning, Corporal Angeli?

A. Morning.

2. Q. So as you're aware, this case is about signs that were attempted to be displayed on Parliament Hill back in 2023?

A. I'm aware, yeah.

3. Q. Now, you may recall that there--well, I guess I'll start there. Do you recall that there was a URL on the signs?

A. I do not, no.

4. Q. So is it fair to say then, that you didn't visit the website before engaging Constable Trudel in the decision that was made in May 2023?

A. I did not visit the website.

5. Q. Now, do you have your Affidavit on hand?

A. I do.

6. Q. So can you turn to paragraph 7?

A. Yeah.

7. Q. So do you see the second sentence there where it says, "We followed the Rules of the Hill which prohibited messages that are obscene, offensive or that promote hatred"?

A. Yeah.

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8. Q. So you used the word "Or" there when separating the different categories. Would you agree that that Rule that you're referring to prohibited three different, three categories of things, obscene messages, offensive messages, or messages that promote hatred?

A. Yeah, that's how the Rule is written.

9. Q. I'd like to know which one or ones you thought applied. So which categories captured the signs, in your view at the time?

A. In my view, the words "obscene" and "promoting hatred" were applicable to the signs.

10. Q. Now, the Rules don't define obscene messages, right?

A. The Rules do not define the word "obscene".

11. Q. Are you familiar with the Criminal Code definition?

A. Not verbatim.

12. Q. So one of the elements that's essential under the Criminal Code definition is a depiction of sex. Did you understand that to be an essential component of obscenity, with reference to the Parliament Hill Rules?

A. No. To me, the definition of obscene would be something that is repulsive, disgusting.

13. Q. So then turning to the other component,

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promotion of hatred. The Rules don't define hatred, right?

A. The Rules also don't define hatred.

14. Q. So what definition of hatred were you applying?

A. The definition of hatred, to me, is something that, a message or a graphic that would be used to target or alienate a certain group.

15. Q. So you understood the--I'm just going to refer to them as "the signs"--you understood the signs to be targeting or alienating a certain group?

A. Yeah. I understood the signs to be used as a tool, let's say, to help enhance someone's message in a demonstration in order to promote an emotional reaction in another group or in a targeted group.

16. Q. Which group did you understand to be targeted by the signs?

A. Every year the groups for March For Life come to protest. And they typically target the counter-protesting groups. And it would also apply to, let's say, groups of individuals that have had miscarriages or groups that have suffered any kind of trauma regarding abortions or miscarriages. And in the application of the Rules, Parliament has to remain a safe and secure environment for anyone who is attending. That's why the

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Rules are written. Parliament is a place where Parliamentarians work; people come to protest, celebrate, visit. There's school groups. On a daily basis there's, you know, people wandering around all the time. And the Rules are in place to allow everyone to feel safe and secure and to keep Parliament Hill the dignified and historical place that it is.

MR. FLEURY: I have no further questions. Thank you.

(OFF RECORD DISCUSSION)

RE-EXAMINATION BY MR. CRAWFORD:

17. Q. Good morning, Corporal Angeli. I just have one question, if you could help me clarify? As I understood your Affidavit, you cited the Rule that messages be prohibited if they were obscene or they promoted hatred. Are you of the opinion that both have to be met before it's prohibited, or is it either/or?

A. Either/or. But I would think that in this Application specifically, this case, both were applicable.

MR. CRAWFORD: Thank you. Nothing further.

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--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (10:40) IN THE FORENOON.

THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

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JF, Catana Reporting Services

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Examination No. 25-0857.4 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF ANGEL FOSTER on her Affidavit sworn on April 25, 2025, pursuant to an Appointment made on consent of the parties to be reported by Catana Reporting Services on July 7, 2025 commencing at the hour of 10:55 in the forenoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

This Examination was taken down by sound recording by Catana Reporting Services Ltd.

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ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

N/A

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ANGEL FOSTER, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. KHEIR:

1. Q. Good morning, Dr. Foster?

A. Good morning.

2. Q. My name's Hatim Kheir. I'll have a few questions for you this morning. So I'm going to start with your educational background. You're a medical doctor?

A. I am.

3. Q. You received your medical degree in 2006?

A. Correct.

4. Q. Then you didn't go on to obtain any specializations after that, correct?

A. I did not.

5. Q. So you're not a psychiatrist?

A. No.

6. Q. In addition to your medical degree, you also have a doctorate of philosophy and Middle Eastern studies, correct; ---

A. Correct.

7. Q. --- and sort of going farther back in time now, a master of arts and international policy studies?

A. Correct.

8. Q. A bachelor of arts and sciences with a major in international relations and biology?

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A. Correct.

9. Q. So none of those are psychology degrees, right?

A. Correct.

10. Q. You're not a psychologist?

A. No.

11. Q. You don’t have expertise in psychology?

A. No.

12. Q. Now looking at your experience a little more broadly here, you state in your CV that from 2002 until 2020 you were first a senior associate, and then an affiliated scholar with Ibis Reproductive Health?

A. "Eyebis" (ph) Reproductive Health, yes.

13. Q. Ibis, thank you for the correction. Now would you agree that one goal of Ibis Reproductive Health is to promote safe access to abortion care?

A. Yes, I believe that's part of the mission of the organization.

14. Q. Do you have your Affidavit handy?

A. I do.

15. Q. Do you see at paragraph 6 where you state that your "research focuses on emergency contraception, abortion and health professions education"?

A. Correct.

16. Q. Is it fair to say you share Ibis's

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perspective, and you believe in increasing accessibility to safe abortion care?

A. I believe in increasing access to safe, high-quality and affordable abortion care. I'm not sure if that's exactly what Ibis's mission is, but if that's the case then yes, that's consistent.

17. Q. Fair enough. You've advocated in support of that position in the past, though?

A. Yes.

18. Q. You've used your research in the course of your advocacy?

A. Yes.

19. Q. So, turning to the research that you discuss in your Affidavit. You attach your proposal at Exhibit D?

A. Correct.

20. Q. So if I can have you turn to your proposal, specifically, the third page, it's numbered as 61 within the Affidavit file?

A. So it's page 61, yeah?

21. Q. Yeah, on the PDF?

A. Yeah.

22. Q. Under the heading of "Partnership", you state that the study is being conducted in partnership with the Abortion Rights Coalition of Canada, the ARCC,

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right?

A. Correct.

23. Q. They are described as a nation-wide political pro-choice organization?

A. Yes.

24. Q. You go on to describe that the study is specifically designed to meet the research needs of the community partner?

A. Correct.

25. Q. Just to be clear, ARCC is the community partner?

A. That's correct.

26. Q. You state that ARCC is involved at every stage, including study design and data collection?

A. That's right.

27. Q. So if you flip ahead to the sixth page of the proposal, which is page 64 within the PDF--just let me know when you're there?

A. Yes.

28. Q. So there's a heading, "Knowledge Mobilization and Translation Plan"?

A. Correct.

29. Q. So under that heading you describe that the findings of the study will be integrated into the organization's core activities?

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A. Yes.
30. Q. So first of all, the organization being referred to there is ARCC?
A. Yes, the community partner.
31. Q. Their core activities includes their advocacy?
A. That's correct.
32. Q. You don't necessarily have to flip to it unless it would help you, but at paragraph 18 of your Affidavit you state that you did a preliminary review of complaints provided to you about graphic anti-abortion image pamphlets, right?
A. Correct.
33. Q. So when you say they were provided to you, you didn't collect them yourself?
A. I did not.
34. Q. So in your proposal, you state that ARCC was involved in data collection. Were they the ones who collected these complaints?
A. So we have not done the project yet with ARCC, so we have not--that is a proposal and what we have proposed to do. So they have not been involved with data collection, because we haven't collected primary data.
35. Q. So where did the complaints come from?

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A. The complaints came from ARCC. That was an advocacy project that they launched to understand community complaints. And as part of the preparation for this SSHRC grant, as well as understanding the context and being able to generate hypotheses, I reviewed those complaints. I do want to point out that the application that we have submitted, that proposal that you directed me to, is for a specific funding mechanism that is supported by the Canadian government through SSHRC, through the Social Sciences and Humanities Research Council of Canada, that specifically supports academic and community partnerships. And we have framed this very much in the way that the call for proposals is worded and structured. And it is very typical in Canada for high-quality research teams to partner with advocacy organizations to conduct rigorous research.

36. Q. So I'm going to show you a printout here from the ARCC's website. Just bear with me a moment while I share my screen. Do you see a PDF right now?

A. I do.

37. Q. Do you see the heading, "Did you receive a flyer or see a sign showing graphic images of aborted fetuses"?

A. I did.

38. Q. Now I had sent this in advance to counsel

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for the Respondents, and asked it to be forwarded to you. Have you had a chance to see this before?

A. I have.

39. Q. So, if I just scroll down here a bit--and by the way, because I'm sharing my screen, just let me know if you need me to move up or down, you know, in fairness, to see something that you may need to look at, before you answer. Okay. So do you see on this page, you know, if I could just summarize it, they're soliciting people's stories about receiving a graphic flyer at their home. That's one section. Or sharing their story about seeing a graphic sign in public, under a separate section. Do you see that?

A. I see that.

40. Q. Is this the, how should I put this, is this the request for complaints that would have generated the complaints that were ultimately provided to you, that you discuss in your Affidavit?

A. Some of them. My understanding, this is not my project, this is not something I had anything to do with, but my understanding is that about three years ago, ARCC started to collect community stories, based on the fact that people from communities that had been peppered with, particularly, flyers at homes, had contacted ARCC and asked what it is that they could do

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and how it is that they could lodge complaints to municipal-level decision-makers. ARCC began to assemble these stories, and to provide feedback to individuals who contacted them, including getting them in touch with community decision-makers. Many of the stories that they collected indicated that these same folks had shared these exact same stories with these decision-makers. And then my understanding is that earlier this year, ARCC actually did this solicitation, I think, on its website and maybe on social media, to get more of these stories and complaints from community members. So the materials that I reviewed included, I think, complaints that had been received by ARCC over the last three years, not just from this last few months.

41. Q. So not just the last few months, but inclusive of it?

A. Yeah.

MR. KHEIR: I am going to stop sharing my screen, and I'm going to ask that that document be marked as an exhibit.

EXHIBT A: ARCC website page soliciting stories.

COURT REPORTER: Exhibit 1.

MR. KHEIR: And then I think we can sort out providing that after the Cross-Examination.

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BY MR. KHEIR:

42. Q. So, I have a different document now I'm going to show you, so again I'm going to share my screen. Do you see a PDF with the ARCC logo at the top there?

A. I do.

43. Q. It's titled, "Position paper No. 84"?

A. I see that.

44. Q. So I had also asked this to be provided to you. Did you have a chance to see this?

A. I did.

45. Q. So you recognize this as a position paper from ARCC?

A. I do.

46. Q. So in this--can you see my cursor, by the way, if I kind of circle ---

A. Yeah.

47. Q. --- a paragraph? Okay. So this top paragraph here, the second sentence reads, "This position paper argues that governments should not give official approval to any form of anti-choice rhetoric." Do you see that?

A. I do.

48. Q. Then if we go down to the next paragraph, it's got a bullet list under it, and do you see where it

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lists permits per the annual March For Life and associated rallies, within the list of anti-choice messaging that city or municipal governments have approved in recent years?

A. I do.

49. Q. Then if we go down to the second page, under, sorry, just give me a moment here, okay, yes. Under this heading, so I'll start there, you see the heading "Cities Should Not Approve Anti-Choice Messaging or Events"?

A. I do.

50. Q. So that very first line, then. Do you see where it says,

"ARCC, along with other groups, has petitioned cities and municipalities across Canada to stop approving anti-choice messaging, particularly in the form of flags, banners, proclamations, or events on public land"?

A. I do.

MR. KHEIR: Okay. Those are all the questions I have for you about this document. So I'm going to stop sharing my screen. And I'll ask that that be marked as Exhibit 2?

MR. CRAWFORD: Sorry, I should have mentioned this before. I just didn't want to interrupt. Perhaps we

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can make these lettered exhibits for now; there's no foundation to make these evidence at this point. They've been put to a witness but they're not properly admissible. So I'm fine if they're lettered exhibits since they're referenced, and we can potentially deal with that, but they shouldn't be marked as numbered exhibits.

COURT REPORTER: Okay. Thank you, ---

MR. KHEIR: Well, specifically, with respect to the first one, Dr. Foster was familiar with that being used to solicit complaints.

MR. CRAWFORD: Right, but therefore what's the route to admissibility? I'm sure we can sort this out. Why don't we leave it as a lettered exhibit for now. And if we can come to an agreement, we can alter that.

MR. KHEIR: Okay. Fair enough.

MR. CRAWFORD: Madam Reporter, is that understood? That those will be lettered exhibits?

COURT REPORTER: Yes, the ARCC page soliciting stories will be Exhibit A. And Position Paper No. 84 will be Exhibit B.

MR. CRAWFORD: Thank you ---

EXHIBIT B: Position Paper No. 84

BY MR. KHEIR:

51. Q. So now, actually, I'll just ask you one more

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question about that. Are you familiar with ARCC's political stance with respect to this position paper?

A. I have read the position paper, so I am familiar with the content, having read it.

52. Q. Having dealt with ARCC in the course of planning and preparing for this research study that you're going to undertake, or in the course of undertaking, is this consistent with your understanding of their position?

A. I believe that is ARCC's position. That is not the position of the research study. And ---

53. Q. No, I'm not asking about the study; about ARCC?

A. Okay. Yes, I take ARCC at its word. That is an issued position paper. And so I have no reason to believe anything other than that is the position of the organization.

54. Q. So now turning to the complaints themselves that have been collected and reviewed by your team. So, having received them from ARCC, you didn't have any contact with the complainants?

A. I did not.

55. Q. You didn't interview them?

A. I did not.

56. Q. No opportunity to ask follow-up questions?

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A. No.

57. Q. Now I'm going to direct you to your Affidavit, paragraph 16?

A. Can you give me a page number?

58. Q. Yes, once I get to it, I will let you know the page number. Okay. So it's at the bottom of page 5?

A. Okay. Yeah.

59. Q. So here you describe that your team conducted a scoping review of international authorities?

A. Correct.

60. Q. From that review, your team has identified four themes about the use of anti-abortion imagery?

A. Correct.

61. Q. The first theme there is listed as "Use of purposely deceptive fetal imagery in advertisements"?

A. Correct.

62. Q. So I'm going to have you turn to your scoping review next, which is at Exhibit C of your Affidavit. If it helps, it starts at page 53 of the PDF?

A. Yes.

63. Q. So if we kind of scroll down towards the bottom of the first page, there's a heading, "Summary of Preliminary Findings"?

A. Yes.

64. Q. Then under that, the first subheading

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relates to that first theme, and it says, "Purposely deceptive use of fetal imagery in advertisements"?

A. Yes.

65. Q. So the claim that's in the heading, it comes up again in the last sentence of this paragraph, where it says,

"However, these depictions can be manipulative, as analysis of these advertisements reveals that these images are dated variably to show a higher fetal development stage compared to the indicative gestational age in the advertisements, to create increased discomfort"?

A. Yes.

66. Q. Then that statement is supported with endnote 10?

A. Yes.

67. Q. So if we scroll down to, to get to the references, we see that endnote 10 is a paper titled "Gendered Violence, Religion and UK-Based Anti-Abortion Activism" by Page and Lowe?

A. Yes.

68. Q. So I am again going to share my screen with you. Just a brief moment, please. Okay. Just let me know when it pops up on your screen for you?

A. Yes.

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69. Q. So do you see here the paper of "Gendered Violence, Religion and UK-Based Anti-Abortion Activism"?

A. I do.

70. Q. So this is the paper that--I can scroll down to the Abstract if that helps, ---

A. Yes.

71. Q. --- is this the paper that you were citing?

A. Yes.

72. Q. So now I'm going to scroll downwards to what's listed as page 14, in terms of the, sort of, the page number listed in the corner. Do you see that Heading Five, "Graphic images and Foetal-Centric 'Guilt Trips'"?

A. Yeah, yes, I do.

73. Q. Is this the section that you were referring to when you cited this paper for that proposition in your proposal?

A. I do not know if that was the section. I did not write this paper. So I would need to look at it again in its totality to remember exactly where the citation was from. I didn't cite the page number, because it wasn't a direct quote. But it looks like it here.

"Often pictures will be labelled with a foetal age, such as 11 weeks. This particular

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organization dates pregnancy differently so the foetal images appear a couple of weeks more developed than by the standard pregnancy dating method."

That is certainly aligned with the citation, with the summary that I included in our scope and review summary. And so, sure, this is probably, at least this paragraph, is certainly consistent with that claim.

74. Q. Great. You actually jumped ahead. I wanted to take you to that sentence next. So, in terms of this sentence. So, it refers to images being dated a couple of weeks more-developed than by the standard pregnancy dating method. Now, in your proposal, you use the phrase "gestational dating". Do you understand that to be the standard pregnancy dating method ---

A. It is the standard pregnancy, it is the standard pregnancy dating method.

75. Q. So, you know, just to fully clarify, that gestational age, that is dated to the mother's last menstrual cycle?

A. Gestational age is typically dated from the first day of the last menstrual period.

76. Q. So, they say that the organization dates pregnancy differently. Are you aware of what other dating method is being referenced here?

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A. I suspect, although it is not said explicitly, that this organization may claim to use fetal age instead of gestational age. But I don't know that to be, I don't know that to be the case. I will also say that the way that things are labelled are often inconsistent, even with fetal age. So I think there is some real problems with the way that these images are depicted. But in terms of this passage, I suspect that is what these authors are referring to.

77. Q. Again just to fully clarify for the Record here, fetal age refers to dating from conception?

A. Conception isn't a thing. It is fertilization, it's the fertilization event, which is a process, not a moment. And so yes, fetal age is dating from that time of fertilization, assumptive time of fertilization.

78. Q. Now if we look beyond the sentence that we were just talking about, the last sentence in that paragraph, it says, "By dating the images differently, it is likely that they are hoping to increase levels of discomfort or distress by those encountering the images." Do you see that?

A. I do.

79. Q. So the way the sentence is phrased, it says "it is likely they are hoping to", do you understand

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this to be the authors of this paper surmising what the motivations on the part of activists are?

A. Certainly, from that sentence. But if you go on to read the next two sentences, "They usually readily admit that the images cause distress and this is why they show them," I think there they are speaking to what anti-abortion rights activists are doing with these images and how they're talking about them.

80. Q. So I'm not talking about the images generally, but specifically in terms of the dating. So do you understand the authors here to be surmising what the motivation for the use of different dating systems to be?

A. Yes. In that sentence, that appears to be what they are doing.

81. Q. They're not supporting that by any particular citation or reference to evidence that they collected?

A. Not in that sentence, although I would say there is that in the totality of the article.

82. Q. If you need a moment, can you direct me to where that is?

A. As I said, even when it builds into the next paragraph, it says, "There can be no question about the intentions of anti-abortion activists. They usually

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readily admit that the images cause distress, and this is why they show them." And so, I think they are making--again, you're taking a sentence out of one paragraph of a manuscript that I did not write; and asking me to reflect on what I think the authors meant to say. But I also think it's important to look at the totality of a manuscript and the totality of the evidence that they are providing. And here, I think they are giving a much more robust picture of the motivations of anti-choice activists that use graphic images; that's part of their overall argument.

83. Q. So I'm just going to clarify. I'm not actually asking you to tell me what the authors meant, so much as what you understood the authors to be saying in relying on their paper for your proposal--or sorry, for your scoping review?

A. Correct. And to be clear, this is a summary of a scoping review. We don't include all of the citations or all of the, you know, we have cited sources and put together a summary. It is not a full scoping review. We have not claimed that it is. That is why it is labelled as such. But yes, you are correct that that sentence, it is the authors making, I think, informed claims based on their overall work, but surmising what motivations are behind certain activities.

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MR. KHEIR: I'm going to stop sharing my screen. I'm going to ask that that be marked as an exhibit. Any issue with that one being numbered, given that it's cited in Dr. Foster's materials?

MR. CRAWFORD: That, instinctively, seems more appropriate. Could we just maybe revisit that and make it a lettered exhibit for now? But I don't anticipate having an objection there.

MR. KHEIR: Sure.

COURT REPORTER: Okay. Exhibit C. "Gendered Violence, Religion and UK-Based Anti-Abortion Activism" paper.

EXHIBIT C: "Gendered Violence, Religion and UK-Based Anti-Abortion Activism" paper.

BY MR. KHEIR:

84. Q. So I'm going to turn back to your Affidavit, to the body of it. So can you take a look at paragraph 22, which is on page 7 of your Affidavit, and just let me know when you're there?

A. Yeah. Yes.

85. Q. So, you know, this paragraph is coming at the end of your discussion of the complaints and the other materials you referenced, but is it fair to say that in this paragraph you're now stating your conclusion based on the discussion proceeding?

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A. Yes.

86. Q. So in the second sentence you state that, "The unwanted receipt of these images can have negative psychological impacts." Then you specify, with reference to young children, women who had abortions or experienced pregnancy loss, and women who've become pregnant from sexual violence and had abortions, correct?

A. Correct.

87. Q. So having not interviewed the complainants that provided the complaints discussed in the Affidavit, would you agree that you're not in a position to diagnose them?

A. I am not diagnosing them, no.

88. Q. You're not in a position to psychologically assess them?

A. Of course not.

MR. KHEIR: Okay. Those are all my questions. Thank you very much.

(OFF RECORD DISCUSSION)

RE-EXAMINATION BY MR. CRAWFORD:

89. Q. Good morning, Dr. Foster?

A. Good morning.

90. Q. Just one question. I believe I heard you correctly, and please do correct me if I'm wrong, you

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said the way things are labelled, even among fetal age, can be inconsistent. Did I hear that correctly?

A. Correct.

91. Q. What did you mean by that?

A. Well, some of the images that I've seen and that I've seen labelled, appear to be vastly off with respect to gestational age. So depictions of calling something a nine-week fetus, even if they're using fetal age that, you know, would be 11 weeks of gestational age but is so far developed that that would be well into a second trimester; claiming that the products of conception from a medical abortion result in, a typical medical abortion, that those products of conception include a fetus with identifiable fingers and toes, for example; is just wildly inconsistent with what the reality of fetal tissue looks like, what the reality of products of conception look like, at abortions at different gestational ages, and what we know with fetal development. And so I've seen that from images that I think that, you know, been included in some of the work here, but also, you know, in reviewing the materials for the scoping review.

92. Q. Thank you very much, and I'm sorry, I just, I may have one more question. Just, it was the thing that was covered at the very end regarding paragraph 22,

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regarding your conclusion and whether it was a diagnosis. You remember discussing that with my friend?

A. Correct, yes.

93. Q. Was your purpose of the conclusion, paragraph 22, to diagnose the people?

A. Absolutely not. My purpose in paragraph 22 was to summarize a number of different sources that appear to be bringing us to the same conclusion. That includes the references or the source material included in the scoping review. Which also includes media accounts, personal narrative accounts as well as the personal stories that were shared with ARCC. And in those stories, some of which are included in my Affidavit, you know, these individuals have shared that there were negative psychological consequences. They have diagnosed that themselves. They have used those words about how upsetting it was. This is not me diagnosing them. This is me lifting up the voices of people who have shared these types of complaints. And I will just say that while in this Affidavit -- I have the summary of the scoping review and the specific stories from the ARCC database, you know, my conclusions here are triangulated with the literature, what we were seeing in complaints that have been lodged against, within municipalities, reading about, kind of, why

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municipalities have taken, in Canada, have taken certain decisions with respect to restricting what can be shown and how, and how that's also been based on complaints. So really this is about the kind of totality of the source material. As we did not do interviews--that is in fact we have proposed to do as part of this, hopefully SSHRC-funded, multi-method study. Because I think it is important for researchers to use a rigorous process to explore what people's experiences are. And that is certainly something that's currently missing from the body of work that's out there. And that's exactly what we hope to do in the future but haven't had a chance to do that yet.

MR. CRAWFORD: Thank you.

(OFF RECORD 11:28 COMMENCE 4:03)

CONTINUED EXAMINATION BY MR. KHEIR:

94. Q. Dr. Foster, have you had a chance to review Dr. Abernathy's Reply Affidavit?

A. I have.

95. Q. So I'll be asking you questions with reference to paragraphs both in that Affidavit and in your Affidavit. So first, at paragraph 21B of your Affidavit, you note that the lack of information about what questions were asked in the study described in Dr. Abernathy's report leaves open the possibility that they

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could have been worded in a way that skewed the results. Right?

A. Yes.

96. Q. Then just under paragraph 11, Table 1 of Dr. Abernathy's Reply Affidavit, she lists those questions, right?

A. I am trying to get to that document. Sorry, what paragraph did you say?

97. Q. So it's under paragraph 11 and it's Table 1?

A. Yes.

98. Q. So looking at those questions, I'm going to suggest to you that those questions use a neutral language?

A. In general the language is neutral. Although, I would say it's also grossly problematic and doesn't follow best practices in survey design for abortion-related opinion questions. The questions, several of them are also compounded questions, and they're not tailored to the Canadian context. So seeing these questions did not give me confidence in the study. Although I appreciated that information provided.

99. Q. Further at paragraph 14 of Dr. Abernathy's Reply Affidavit, so a bit below the table, she explains that by using the same questions before and after, any potential skewing effect is controlled for. Right?

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A. Certainly, if the questions that were precisely worded in the same way and before and after, that's true. Although I believe there were additional questions that were asked of the second population, and it's not clear exactly what that language was. However, there's nothing that she provides, either in the report or in her response or in her original Affidavit, that gives me confidence that these populations were comparable to each other or were representative of anything. Because she doesn't provide any demographic information about these populations. And doesn't anchor it into any demographic feature, other than citing abortion polls, and suggesting that somehow these are comparable, even though she also has a lot of caveats about how there's differences based on region and there's differences based on province. And so, yes, she says that the questions were the same in the before and after. But it's wholly unsatisfying from a scientific perspective, given the overall lack of context of this study, this so-called study.

100. Q. One specific point in your answer there I just wanted to ask you a bit more about. So, you said she references questions asked in the follow-up, that weren't included in the first set of questions, correct?

A. Well, presumably that is the case. Because

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there should be some reporting of exposure. Although nothing in the report actually discloses what proportion of people actually had the exposure event. So, there were differences between those two questionnaires, or at least that stands to reason, given the way that she explains the report overall. This is a problem here. She doesn't provide the actual questionnaires. She doesn't provide it as supplementary material. She doesn't actually provide it in the context of the report. This is what would happen with a peer-reviewed publication; you would actually have the full questionnaire, including the instructions that were actually, and the prompts, that were actually given to the survey takers. Here, we just have a couple of questions with response categories. Again, they don't follow best practices in opinion-related research on abortion. They don't really make sense and are not tailored to the Canadian context. So I think those questions, while maybe the language is neutral, is still inappropriate and lacks the best practices that you would want in a rigorous study. But she doesn't even provide the full questionnaires. She just provides a smattering of the questions. We don’t know anything about the demographic questions that were asked. And we don't know anything about the kind of exposure questions that were asked. So it's incomplete

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and therefore a really unsatisfying response from a scientific perspective.

101. Q. So at paragraph 24A you say the design of the study is flawed because the before and after samples are different groups of people. Right?

A. Yes. As she has described this in the report that I was provided with, it is a deeply flawed study and there is no justification for those populations being chosen.

102. Q. Now at paragraph 16 to 21 of the Reply Affidavit, she explains the different samples allowed for both an assessment of the change in the community's overall perspective, and permitted for a larger sample size, right?

A. And yet there's no demographic information provided about these populations to suggest they're the same. She's asserting things that are not actually documented. She's not even providing the questions on which demographic characteristics were chosen. And she provides no information, other than claims based on an opinion poll, that these populations broadly have the same abortion attitudes as the general Canadian population; but doesn't actually support that. She offers an explanation but doesn't provide evidence for it. I also will just say I find her description of why

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this was not published in a peer-reviewed journal, to be laughable. As someone who is an action- and intervention-oriented researcher, it is insulting to suggest that applied research has different standards of rigor and can't be published in peer-reviewed journals after an organization has written a report. That happens routinely. I'm a journal editor. I'm on editorial boards. We publish applied research. So that claim, and really an excuse for the lack of transparency, is wholly unconvincing.

103. Q. Turning to paragraph 21C. You argue that the study was not objective because the report uses biased language. Right?

A. Well, I don’t know that much about the study, because it wasn't transparent. What I do know is the language in that report is so inflammatory and biased, there is no reason to suggest that this is a rigorous study. I mean, the report didn't offer information about the questions, for example, but asserts "pro-abortion attitudes," a phrase that really isn't used in opinion-based research. There's very few people who identify themselves as being pro-abortion, even those folks who are very much in favour of decriminalization and access to abortion at all gestational ages. We know this from opinion work that's

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been done in multiple countries. And so, the language of that report is so inflammatory and biased, without transparency of what was actually conducted and the way the questions were worded, what kinds of information was asked, what instructions participants were given, no, it seems like a very biased and skewed report. It really seems like a push-pull. This seems like an organization that wanted to have an answer, and provided that answer. Wanted an answer to a particular question, and provided that answer without actually doing a rigorous study.

104. Q. I put it to you that the validity of the findings and soundness of the analysis are not affected by the language ultimately used to communicate those findings, given that that same language isn't used in the questionnaire that was used?

A. Given how inflammatory the language is, and the framing, and given that we don't actually see the actual questionnaires as worded and as communicated to participants, I am not confident in that. And so I would not agree to that assertion. What kind of introductory language was given to participants about who was doing the study and for what purpose? What kinds of language was used when describing, you know, what was going to happen with these research results, who was going to use them, what their purpose was? We have no idea of any of

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that, because none of that is communicated. We also have no idea how many people just either hung up the phone or decided not to respond. So it could be, for example, that people who actually support abortion rights found a survey of this kind, with this orientation, to be sufficiently offensive that they didn't actually participate in it. We have no idea, because they don't provide us with any information about the number of people who were contacted, the number of people who declined; so giving us some sense of the response rate. They don’t provide any information about the demographic characteristics and what these samples were anchored on. And they don't provide the full instruments. And so, without that level of transparency, combined with such inflammatory language in the reporting of the results themselves, I find it highly suspect. And I assert that that would be true for any journal editor, or for anyone who actually does assessments of methodological rigour.

105. Q. Well, that sort of brings me to my next point. So at paragraph 21D you state that you do not believe that the report could pass peer review. Correct?

A. Absolutely not.

106. Q. Now, at paragraphs 6 to 8 of Dr. Abernathy's Reply Affidavit, she argues that the study was not--she explains why she did not submit the study for peer

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review having to do with nature of the data she received, and the publishing of the report--but then she goes on to state at paragraph 9 that she believes the validity of the research is not impacted by these reasons. So I'm going to suggest ---

A. I disagree. And as somebody who publishes widely compared to somebody--and she does not publish widely in peer-reviewed journals I think her asserting that it could be publishable is a little bit presumptuous, given that she doesn't have that track record of strong peer-reviewed, a strong track record of peer-reviewed publications. What she has provided in the report and in her response is insufficient for this to--this would be desk-rejected for every journal that I am aware of in the sexual and reproductive health field, in the global public health field, because it does not meet standards of research. Advocacy organizations do projects all the time, for their own advocacy work. And that's fine. They write their own reports. They can write position papers. And that is different than doing high-quality, rigorous research.

107. Q. I'm going to suggest to you that the complaints you're levelling go towards what Dr. Abernathy refers to as sorry, just a brief moment, which she refers to as the "abridged and informal

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current form of the report", and that's at paragraph 8 of her Reply Affidavit, which is affected by the ultimate audience that the report was prepared for, but they don't go to the underlying rigour of either the statistical analysis conducted by Dr. Abernathy, or the data obtained that she worked with?

A. Again, that report is not transparent. We have no ability to assess the strength of those data; the quality of the data that were collected; the way that the questionnaires were worded. What she has provided is wholly insufficient and suggests very problematic phraseology and something that was not tailored to the Canadian context at all. And so, when I look at that suggesting that this is because it's a brief report and it's a different audience and so that makes it okay to use inflammatory and biased language, you know, as an again, to use something concrete from that report, they report on "pro-abortion attitudes". That's not a question that was actually asked to any of the participants, according to the information that she offered in her amended or her additional Affidavit. And so, you actually in your report then change the way that people identify, by saying, "X percentage identified as pro-abortion or having pro-abortion attitudes and this is what shifted." That's actually not what happened,

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right? People didn't identify as having pro-abortion attitudes. Because that wasn't a question that was asked. That is the kind of problem that is so fundamental to the way that this project was implemented and written up, that it's really hard, and I think disingenuous, to say "Oh, but actually it was much better. We just haven't done the good version of it," or, "We haven't communicated the better or rigorous version of it."

MR. KHEIR: Those are all my questions. Thank you very much.

THE WITNESS: Okay. Thanks.

(OFF RECORD DISCUSSION)

CONTINUED RE-EXAMINATION BY MR. CRAWFORD:

108. Q. Thank you. Doctor, you mentioned the process of peer review and what happens in the process of peer review. On a broad level, what's the importance of peer reviewing research?

A. I mean, there's a number of--there's a lot of value to peer-reviewed research. And certainly, having experts within a field, having methodological experts, topical experts, review a manuscript and provide feedback on that manuscript, on the strength of what's reported, on what's missing, on what the limitations are, really helps refine presentations. And

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I think one of the most important aspects of peer review is really identifying what the limitations of a study are, and making sure that the claims that are being made by the researcher actually comport with the results. And so, often, you know, a peer review process will involve peer reviewers cautioning researchers on making claims that are overstated, that can't be justified from the data themselves, or that have language that is skewed in a way that is not reflective of the data. And that is one of the values of peer review, is having eyes on a paper from researchers and experts in a field give that kind of feedback to then help refine that work. Now once a manuscript goes through peer review, it's very rare, certainly in the social sciences, that someone goes back and collects new data, for example. Sometimes it happens, and sometimes reviewers request that. But in social science research and public health research, that's less common than, say, in basic clinical research. But it's not that people would necessarily have to go back and collect new data. They might need to do a different kind of analysis. The peer reviewers might suggest more transparency, so providing instruments, providing data sets, providing language, those kinds of things. Or, encouraging researchers to pull back on some of the claims or arguments that

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they're making, or recommendations, if they're not evidence-based, if they're not based on the results themselves. And so that's usually what happens in a peer review process for, sort of, social science and public health research.

109. Q. Thank you. You touched briefly, not so briefly, on the distinction between applied research and basic research as that was cited in the Reply Affidavit. Did I understand your evidence that--is there a reason that applied research would not be subject to the peer review process?

A. No. I mean, again, I do applied research. I am action- and intervention-oriented researcher. I do a lot of evaluation work. I work with data that have been collected by other organizations, often for internal purposes, and then need to try to make sense of those data and also do that in a way that brings rigorous analysis to the table. So I'm very familiar with the kinds of struggles that happen. It is different. If you're a research team and you get to design your study from jump using all the best practices and tools, versus coming into something where maybe the data are messy, where maybe they've been collected for non-research purposes, maybe they've been done by non-researchers, for example, advocacy organizations. And yet there are

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really standard ways in which we work with those data and can still publish them in peer-reviewed journals. It simply isn't the case that they're unpublishable; this has to do with claims-making and limitations and transparency, more than anything else.

110. Q. When you say "this has to do with that"?

A. Whether it gets published has to do with, you know, what kinds of claims we're making about those data or about those findings; the transparency. And then again how we talk about the limitations and how we do that in a very deliberate and thoughtful way, including, say, the limitations of this, these data being collected in this way, are X-Y-and-Z, and what does that mean then about the strength of these findings? And sometimes one of the ways that we think about this is that, you know, we may have an organization that's collected data for internal purposes, or their data are messy, or they've done a push-pull or something like that. And we may, sort of, think about this as more exploratory. So rather than saying there's something definitive that's come from this, kind of, flawed project of which though we still have potentially some valuable information--we may say, "Here is some initial thoughts about this. What would need to happen is a rigorous study to actually demonstrate this. And this is what a rigorous study

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might look like." So that's another way that when we have messy data, we can still work with it and there can still be value to it. But we're not claiming that this is the end-all, be-all or this is you know, claiming that this was a rigorous study. And instead saying, "It's messy, it's exploratory. Here's what we would want to do more of in the future."

111. Q. Thank you, and lastly, just to clarify, if I understood your answer you provided to my friend, it was that the report authored included information on "pro-abortion attitudes," but do I understand your response to be that none of the questions, at least the ones that we've seen, were gauging something that was, "a pro-abortion attitude," is that fair to say?

A. Correct. Based on the limited information I have, which is what was in the report, and then the list of questions that were provided later, you know, there is a real disconnect there. You talk about pro-abortion attitudes and pro-abortion respondents in the report; but that's actually not the label that was used, because that wasn't one of the categorical options for people. And so, you know, that is an example of a deeply flawed reporting process, at minimum, a deeply flawed reporting process. But again, I don't know how the entire questionnaire was structured.

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MR. CRAWFORD: Thank you. Nothing further from me. Thank you very much, Doctor.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (4:24) IN THE AFTERNOON.

THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

.....

JF, Catana Reporting Services

Did you receive a flyer or see a sign showing graphic images of aborted fetuses?

12 March 2025

Please share your story to help get these images banned or regulated.

Whether you're pro-choice or pro-life, no-one should be subject to these unwanted images at their home or while out in public. Several municipalities have already passed bylaws against the flyers in particular. We continue to collect evidence of the harms caused by these images to bolster our ongoing efforts to persuade other jurisdictions to restrict the flyers, as well as the signs.

Would you be willing to answer some questions about your experience with the graphic images? For example, perhaps your children were upset by them. Or maybe they triggered bad memories of a pregnancy loss or other traumatic event.

These links go to a Google form that should take you 5-15 minutes to complete depending on how much you want to say. You can stay anonymous, but we may share your impact stories with decision makers or media.

> **Share your story about receiving a graphic FLYER at your home**

> **Share your story about seeing a graphic SIGN in public**

Thank you very much for telling us your story.

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Position Paper #84

Cities Should Not Approve Anti-Choice Messaging

Over the years, local governments in Canada have sometimes endorsed, accepted, or provided a platform for anti-choice groups to spread their message. This position paper argues that governments should not give official approval to any form of anti-choice rhetoric. Doing so is divisive and discriminatory, and cities have an obligation to promote a diverse, inclusive, accessible, safe, and welcoming environment for all citizens.

Examples of anti-choice messaging that city or municipal governments have approved in recent years include:

- Anti-choice ads on billboards, public transit vehicles, bus benches, etc.
- Permits for the annual "March for Life" and associated rallies
- "Pro-life" flags raised at City Hall
- Proclamations issued by mayors, such as for "Respect Life" week
- Permits to hold anti-choice events on the grounds of Parliament or City Hall, or on other public land such as parks
- Permits to hang banners over city streets

Anti-Choice Messaging Opposes Human Rights

The anti-abortion narrative is controversial because it aims to recriminalize abortion and restrict the rights of people who can bear children. In 1988, the Supreme Court of Canada struck down the abortion law because it infringed women's rights to bodily security, as well as life, liberty, conscience, and privacy, under the *Charter of Rights and Freedoms*. As a result, subsequent attempts to limit abortion or the rights of pregnant people have failed on the grounds that they would violate Charter rights.

People with child-bearing capacity are also protected against discrimination under provincial human rights legislation as well as the *Canadian Human Rights Code*, all of which include sex or gender as prohibited grounds for discrimination. Because only cis women and some transgender people can get pregnant, city approvals of anti-choice messaging target people on the basis of gender. When cities allow such messaging, they are basically endorsing a

discriminatory stance, making cis women and trans citizens feel unwelcome and harassed in their own city.

Most Canadians are pro-choice, meaning that anti-abortion initiatives carried out in public tend to cause controversy and disturbance amongst communities, with many people lodging complaints with the city.[1],[2] Indeed, these activities are seen as challenges to the constitutional rights of cis women and trans people and are often experienced as discriminatory, patronizing, or emotionally triggering. Therefore, it becomes especially problematic if local governments are giving an official stamp of approval to such tactics by issuing permits or accepting advertising money on behalf of anti-choice groups.

While many may argue that anti-choice groups have the right to freedom of expression, Section 1 of the Charter allows rights to be balanced and sometimes limited to accommodate other fundamental rights. For example, anti-choice protesters cannot exercise their freedom of expression in front of abortion clinics because this compromises the right to access a necessary health service in an atmosphere of safety, privacy, and dignity.[3] Likewise, anti-choice messaging is often discriminatory on the basis of sex/gender, so governments should therefore not approve it. This would constitute a narrow Section 1 restriction on freedom of expression, as anti-choice groups are free to promote their message in many other ways, such as through the media or via public demonstrations that don't involve city permits.

Cities Should Not Approve Anti-Choice Messaging or Events

ARCC, along with other groups, has petitioned cities and municipalities across Canada to stop approving anti-choice messaging, particularly in the form of flags, banners, proclamations, or events on public land. (Some letters are available on our website.[4,5,6,7,8])

Westcoast LEAF, a BC legal firm that takes gender equality cases, has also assisted with their 2012 letter[9] to Kelowna BC's mayor and council, in which they explain why cities should not "advance a cause that undermines women's equality rights and espouses a view that is directly

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1 https://www.ctvnews.ca/canada/anti-abortion-ads-ordered-off-buses-in-lethbridge-alta-1.3871448
2 https://www.guelphtoday.com/local-news/public-complaint-leads-to-removal-of-anti-abortion-ad-from-guelph-transit-buses-2103063
3 https://westcoastleaf.org/work/watson-v-r-spratt-v-r-2008/
4 Ottawa, 2017: https://www.arcc-cdac.ca/media/2020/06/Joint-letter-Ottawa-Mayor-Council.pdf
5 Prince Albert SK, 2016 and 2017: https://www.arcc-cdac.ca/media/2020/06/letter-prince-albert-mayor.pdf; and: https://www.arcc-cdac.ca/media/2020/06/April-2017-letter-prince-albert-mayor.pdf
6 Kelowna BC, 2015: https://www.arcc-cdac.ca/media/2020/06/OK-Regional-District.pdf
7 Houston BC, 2017: https://www.arcc-cdac.ca/media/2020/06/Houston-ARCC-letter-anti-abortion-event.pdf
8 Williams Lake BC, 2015: https://www.arcc-cdac.ca/media/2020/06/Williams-Lake-2015.pdf
9 https://www.arcc-cdac.ca/media/westcoast-leaf-2012-08-27-letter-kelowna-protect-human-life-week.pdf

contrary to Canadian and international law". As a result, Kelowna changed its guidelines and no longer approves anti-choice proclamations.[10]

A city's decision to approve or reject an anti-choice message or event must also include an evaluation of the group behind the request. A telling example occurred in Regina in 2013.[11] The mayor approved a proclamation for the benign-sounding "European Heritage Week." However, when he learned that a white supremacist group was behind the request, he immediately rescinded the proclamation. Similarly, Canada's anti-abortion movement often uses progressive-sounding language, such as proclamations that "Celebrate Life" or "Respect Life." However, a look at these groups' websites often reveals their explicit religious and anti-choice basis, meaning that such proclamations are limited to "celebrating" or "respecting" the lives of embryos and fetuses, as well as denying the right to die with dignity – thereby denying the Charter rights of people who can get pregnant and those who are gravely ill.

Use of Canadian Code of Advertising Standards

To protect communities from anti-choice messaging, the Abortion Rights Coalition of Canada also urges local governments to cite and use the *Canadian Code of Advertising Standards* ("the Code") in relevant bylaws and policies. Use of the Code permits screening and regulation of problematic messaging – not just anti-choice messages, and not just paid ads – allowing the local government to prohibit or remove public messages that would likely violate the Code, such as inaccurate, offensive, or discriminatory messages. (Cities must also engage in a balancing of Charter rights.[12] Section 1 of the Charter allows fundamental rights to be justifiably limited to protect other rights, provided the infringement is reasonable and proportionate under the circumstances.)

Although the Code has no legal authority and is administered by a private watchdog agency (Ad Standards), it is widely endorsed by advertisers, media, consumers, and local governments. At least 92 municipalities or cities cite the Code in policies or bylaws.[13] Since 2008, Ad Standards has issued about 20 decisions against anti-choice advertisements (and graphic images of aborted fetuses) because they said they were inaccurate or demeaning to

[10] http://www.kelownadailycourier.ca/news/article_2456bb3c-32be-5347-865b-04736934c948.html

[11] https://nationalpost.com/news/canada/regina-fooled-by-white-supremacist-group-into-declaring-european-heritage-week

[12] Cities cannot rely *only* on the Code but may incorporate it as part of a Charter balancing exercise. Also note that Ad Standards says: "The Code is not intended to replace the many laws and guidelines designed to regulate advertising in Canada." https://adstandards.ca/code/

[13] https://www.arcc-cdac.ca/media/2020/06/City-Search-Advertising-Code-Worksheet-all.pdf

cis women.[14] Further, at least eight court decisions have supported the use of the Code by local governments.[15]

A major benefit of using the Code to scrutinize advertising is the elimination of personal bias or poor judgment by local governments, as well as insufficient reasoning or evidence when it comes to accepting or rejecting ads. In addition to doing a Charter analysis to balance rights, local governments can rely on the Code's criteria to show they followed due process. To help cities, we created a *Quick Assessment Guide for Cities to Evaluate Public Messaging Requests*.[16]

The Code also provides a strong rationale by which to respond to complaints from the public, and reduces the risk of advertiser disputes and lawsuits. In addition, following the Code's guidelines helps to meet local community values that encourage inclusivity, diversity, accessibility, and a safe and welcoming environment for all.

Conclusion

All levels of government are obligated to uphold and comply with provincial and federal laws, including the Charter, the Criminal Code, and human rights codes that prohibit discrimination. Governments have a duty to uphold the rule of law by respecting the legal right to abortion and the Charter rights of bodily autonomy and gender equality.

Further, governments should foster a community culture that respects the rights and freedoms of cis women and trans people by not approving events or initiatives that directly oppose gender equality values or that work to undermine our democratic laws. In short, it is inappropriate for governments to give any form of official support to anti-choice groups because they are dedicated to removing the Charter rights of those who can get pregnant.

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[14] https://adstandards.ca/complaints/complaints-reporting. Search through recent and archived case summaries to find examples of abortion-related ads that contravene the Code.

[15] https://www.arcc-cdac.ca/media/2021/03/courts-have-endorsed-use-of-advertising-code.pdf

[16] https://www.arcc-cdac.ca/media/2020/09/cities-quick-assessment-guide-public-messaging.pdf

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Gendered Violence, Religion and UK-Based Anti-Abortion Activism

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Abstract

The United Nations view access to abortion as a fundamental human right. Yet increasingly in the UK, religiously-motivated activists undertake public displays opposing abortion, often outside abortion clinics, and precipitated through international campaigns like *40 Days for Life* (Lowe and Page forthcoming). Activists see their actions as an essential intervention; some explicitly frame this as a form of help. But examining this from the perspective of how bodies are gendered and regulated in the public sphere raises questions regarding whether this is a form of harassment, and therefore gendered violence. This article is based on a UK ethnography. Using Kelly's (1988) continuum of violence thesis, we examine whether this activism constitutes gendered violence, examining two different activities—prayer and graphic images. Despite these activities being distinct and contrasting, we argue that both should be understood as part of a continuum of violence, causing harm to those seeking abortion services.

Keywords

prayer – graphic images – Virgin Mary – abortion – motherhood – continuum of violence

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1 Introduction

In the UK, active opposition to abortion is overwhelmingly Christian, and anti-abortion activism is frequently organised around religious displays (Lowe and Page forthcoming). Anti-abortion activists typically identify as Roman Catholic, and are usually very conservative in their religious practice, patterned by regular church attendance and strict adherence to Church teaching (Lowe and Page forthcoming). For example, *40 Days for Life* is a bi-annual prayer-based initiative which started in Texas in the USA in 2004, and where followers gather outside of clinics for a 40 day stretch, to pray for up to 12 hours a day. While the initiative is understood as ecumenical, encouraging participation from across Christian traditions, in the UK context, these prayer vigils are typically routed through Catholic imagery and prayer cycles. Similarly, prayer groups such as *Helpers of God's Precious Infants* centralise their practice around the Virgin Mary. A smaller number of activists emerge from conservative evangelical perspectives, though they are less likely to be involved in prayer vigils, and are more likely to display graphic imagery. For example, the *Centre for Bioethical Reform* see graphic imagery as the key mechanism through which to convey their message, and alter public opinion on abortion. They are also more likely to convey potent visual campaigns such as likening abortion to slavery (see Lowe and Page [forthcoming], where slavery utilised as an activist trope is analysed in more detail). Their activism is also more diverse, now more typically taking place in city centres than at clinic sites. In this article we focus solely on activism at sites where women[1] would seek abortion services. Overall, such initiatives have grown in the UK, with campaigns like *40 Days for Life* giving grassroots advocates a broad template for activism (e.g. providing activists with particular slogans, prayers and signs). Despite an increase in activism, campaigners themselves constitute a small minority of their religious communities, concentrated within more conservative circles.[2]

The majority of the British public accept abortion and anti-abortion activism outside clinics is widely condemned by abortion providers, politicians

1 We recognise that not all abortion seekers identify as women. However as gender essentialism is central to anti-abortion activism we are using 'women' for clarity.

2 Historically, militant-style campaigns in the UK have generated little support. For example, *Operation Rescue* was formed in the US in the late 1980s and sought to blockade clinics to precipitate their closure (Youngman, 2003). When *Operation Rescue* made similar attempts in the UK, there was miniscule support; even the major UK-based anti-abortion groups denounced the campaign. It therefore proved to be a failure in the context of the UK (Lowe and Page forthcoming).

and the mainstream press (Lowe and Page forthcoming). In general, there is strong support for the imposition of bufferzones around abortion services—to prevent activism from taking place in the immediate area. To date, however, campaigns for national legislation have not been successful with few legally-enforceable bufferzones in place. Central to this issue is the question as to whether the activities of anti-abortion activists constitute harassment of women. In the UK, physical violence from anti-abortion activists is rare; the majority of behaviours used to deter abortions outside clinics are prayer, 'pavement counselling', and the use of images. This article will argue that rather than dismissing some or all of these activities as a benign religious practice, the behaviour of anti-abortion activists needs to be understood as part of a broader pattern of gendered violence. It builds on previous work identifying clinic activism as a form of gendered street harassment, but here, we use Kelly's (1988) idea of the *continuum of violence* to deepen our understandings of how even silent prayer needs to be understood as abusive. This article will initially examine the contours of gendered violence, explaining the concept of the continuum of violence, followed by an articulation of our understanding of anti-abortion activism as a form of violence, with existing research demonstrating harms to service users. This is followed by a methodological account, before exploring our two data themes of graphic images and prayer. We end with a concluding discussion.

2 Gendered Violence

As feminists have long recognised, gendered violence cannot be fully understood by simplistically focusing on specific incidents and/or blaming it on poor behaviour by individual perpetrators. Instead, gendered violence should be recognised as a pattern of exercising power and control by perpetrators (Kelly and Westmarland 2016; Radford, Kelly, et al. 1996). This understanding encompasses more than just physical manifestations. Ramazanoglu (1987) notes how violence is not necessarily overt, and involves a wide range of behaviours—involving insults, jokes, and comments—therefore taking discursive forms. More recently, Stark (2007) outlined coercive control in domestic abuse as the abusive micro-management of the everyday, where power is exercised through monitoring what women wear or how they manage everyday tasks such as childcare and cleaning. Stark (2007) argues that this pattern of private control has emerged precisely because women have gained more public freedoms, in areas such as work and education. Thus, at an interpersonal level, abuse is associated with the regulation of feminine performance (Anderson 2009;

Stark 2007) and can include reproductive control in which enforced pregnancy is more common that coercion to have a termination (Grace and Anderson 2016).

Alongside domestic abuse, gendered violence threats outside of the home have a limiting impact on women's lives. Research has long identified how women routinely consider personal safety when navigating public space, and these precautions shape their public lives (Logan 2015; Stanko 1995), with the ever-present fear of violence working 'as a form of social control' (Hanmer and Maynard 1987, 6). To fully understand these mechanisms of control, we need to recognise a *continuum of violence*. As Kelly (1988,39) argues, violence involves damage to the self, which may be physical, emotional, psychological and/or material. It may violate the body, mind or trust, but the violence denies the will and autonomy of the victim. Exploring gendered violence as a continuum allows women to understand their experiences by 'showing how "typical" and "aberrant" male behaviour shade into one another' (1988, 75). It allows consideration of complexity and ambiguity, moving away from debates about prevalence and severity, in order to highlight how the everydayness of abuse is the lived reality of many women's lives and inseparable from gendered inequality more broadly (Kelly 2011). We will argue that by situating public anti-abortion activism within this broader context of gendered street harassment, and foregrounding the control it seeks over bodily autonomy, discursive violence is enacted. Here, we focus on two different kinds of activism typically understood as being at differing ends of the spectrum (prayer and graphic images) to emphasise that even seemingly innocuous forms of anti-abortion practice cause harm.

3 Theorising Anti-Abortion Activism as Violence

The association between anti-abortion activism and violence is generally focused on extreme events such as the murders and assaults of abortion clinic staff, or attacks on their premises (e.g. invasion, vandalism or arson). In the US, Cohen and Connon (2015) documented the diverse ways in which abortion service providers have to alter their lives due to the serious and life-threatening action from some anti-abortion activists. Jefferis (2011) has shown that anti-abortion terrorism is largely about unity of purpose, thus commitment to the cause, rather than specific organisational affiliation. Anti-abortion activists who kill or use other violent measures often justify their violence as a moral act to prevent a greater immoral one—as they see it, the murder of innocents. As Jefferis explains:

> If good Christians are called to prevent others from committing murder, and if abortion is murder, then good Christians are called by God to prevent abortion by any means necessary
>
> 2011,135

While in the UK, 'any means necessary' does not include the same level of extreme violence, the underlying rationale for anti-abortion activism remains the same. Moreover, as Shearer (2021) argues, anti-abortion activism stems from 'sacred surety'; a certainty that God has directed their actions.[3]

As we argue (Lowe and Page forthcoming), the practices of public anti-abortion activism outside abortion clinics in the UK are diverse and multi-layered. While the overall mission is to dissuade women from abortion, the actions performed vary, depending on the preferences of the individuals themselves, even when they align with a particular organisation or campaign. However, as we have demonstrated elsewhere (Lowe and Hayes, 2019), it is the *presence* of anti-abortion activists outside clinics, rather than their actions, that is central to understanding why this is gendered harassment. While the impact on abortion seekers varied, from experiencing this as an unwelcome intrusion into a personal matter, to having serious concerns regarding safety, a major factor was its unpredictability. In other words, to gain entry to a clinic, women needed to navigate past people whose main intention is to prevent abortions; what they might do to stop them was unknown.

Kelly's (1988) analysis showed that central to understanding the continuum of violence is a focus on issues of power and control and the connectedness of the abuse to the denial of autonomy. Within this perspective, there are three key elements which we emphasise here. First, a need to consider the broad spectrum of abuse, and not just physical violence; second, the impact on those targeted rather than the *intention* of the actor; and finally, the connections to broader gender inequality. We argue that this framework illustrates the actions of anti-abortion activists as violence.

The first element is the extent to which anti-abortion activists outside clinics cause emotional, psychological or physical harm. As we have described elsewhere (Lowe and Hayes, 2019), a major form of distress is emotional, with women commonly describing their experiences of being watched and/or

3 Unlike other contexts like the US, UK-based anti-abortion activists typically have little traction in the public sphere. For example, in 2017, the Conservative Member of Parliament, Jacob Rees-Mogg, stated on television that he was 'completely opposed' to abortion due to his religious beliefs, a view that was considered extreme by the broader public.

approached as upsetting, intimidating, uncomfortable, and causing distress or stress. Typical examples are (from Hayes and Lowe 2015):

> I was approached by a lady handing out leaflets which I refused (…) She continued to harass me by constantly talking at me about making the right choices. I felt very upset as I was already in a vulnerable and emotional state.

> It wasn't pleasant seeing protesters outside. Did make me feel stressed (…) made me feel more uneasy, going into clinic, extremely intimidating
>
> When arriving people were outside with signs, it made me scared to come in and was physically shaking

Although there may not be physical violence, it is clear that the presence of anti-abortion activists is problematic, especially when a key element of the campaigns is for complete strangers to publicly intrude on a private decision.

As we have previously shown, the unsolicited intrusion by anti-abortion activists breaches the norms of civil inattention—this is the social rule regarding how strangers interact in public—i.e., strangers only minimally acknowledge each other, and largely display indifference (Lowe and Hayes 2019). As much research has shown, women are more likely to experience a breach of civil inattention in public spaces. While attention has often been on sexual issues, to be gendered street harassment, there does not have to be an explicit sexual element (Fileborn and O'Neill 2021; Kelly 1988; Logan 2015). The key issue is that street harassment involves unwanted intrusion into women's everyday lives that emerge from, or is connected to, judgements about women's bodies and/or behaviour. Thus, when anti-abortion activists take a public stance against abortion at clinic sites—so strangers seeking to publicly comment or intrude in the personal decisions of women seeking abortion—it is not surprising that this intrusion elicits fear or distress. It is clear that being purposely watched by strangers when approaching an abortion clinic is an unpleasant and unnerving experience for many women (Lowe and Hayes 2019, Foster et al 2013). Moreover, the harms of street harassment need to be understood as part of the cumulative impact of gendered violence (Fileborn and O'Neill 2021). Hence, it is important to consider the totality of experiences rather than any specific incident.

Secondly, as Kelly (1988) has outlined, regardless of the various forms that violation can take, the central point is that it is not the intentions of perpetrators that makes it abuse, but the impact it has on the target. As we will

demonstrate, anti-abortion activists believe their actions to be generally helpful and often argue that any accounts of upset stem from an abortion decision, rather than a result of activism. Yet, whatever form the activism outside clinics takes, it is typically understood as intrusion by clinic users because it entails the 'critical unwanted scrutiny [of women] similar to other unwanted street encounters' (Lowe and Hayes 2019, 331). Women's status is being scrutinized in the public sphere and at a very private healthcare moment. The denial by anti-abortion activists that their actions are harmful is similar to the minimising or rejection of harm perpetrated in other forms of street harassment.

Kelly (1988) has argued that men who leer, catcall, proposition, or simply comment on the appearance of women in public spaces are likely to see their behaviour as being friendly or harmless, yet this is not how women experience it. She argues that 'By defining harassment as normal, men justify their behaviour and when it is challenged are able to dismiss (read redefine) women's perceptions' (1988, 104). This denial of the impact of their behaviour is thus similar to the anti-abortion activists' insistence that they are offering support, dismissing any claim that it is harassment (Lowe and Hayes 2019; Lowe and Page forthcoming). Indeed, in the case of a clinic in Ealing, staff from the local council investigating the harassment were mistaken for abortion seekers and directly experienced problematic interactions from anti-abortion activists (Ealing Council, 2018). However, in other interactions with anti-abortion organisations who co-ordinated the activities outside this clinic, they had denied that these behaviours were permitted. Thus in the case of both street harassment and anti-abortion activism, there is a disjuncture between action and interpretation.

Research indicates a range of responses to street harassment (Fleetwood 2019; Wise and Stanley 1987). Although much of the resistance, such as non-engagement or witty verbal ripostes, has previously been dismissed as a 'small gesture', they should be considered a self-defence mechanism (Fleetwood 2019, 1724). In line with this, we suggest that the examples we articulate elsewhere (Lowe and Hayes 2019) regarding resistance to anti-abortion activists such as ignoring them, politely refusing a leaflet or even throwing it back at the activists, could be considered similarly. Moreover, perpetrators often see attempts to curtail their behaviour in terms of unnecessary aggression and an affront to their freedoms. Ramazanoglu (1987) notes how those who challenge male aggression are themselves perceived as violent and radical. Meanwhile, Lowe and Page (forthcoming) note how counter-demonstrators who come to clinics to oppose the behaviour of anti-abortion activists are construed by anti-abortion activists as angry radicals. Furthermore, any attempt at imposing a

bufferzone is seen as a limit on their freedom of speech, disregarding the feelings of those seeking abortion services.

The final issue to be considered is how the harassment relates to gendered inequalities more broadly. Women's status in the public sphere is already undermined as the public sphere has been constructed as a white male heterosexual space. Public space is a place where women are continually judged, aptly demonstrated through the way in which women unaccompanied by another male have traditionally been understood as sex workers or 'loose women' and ripe for targeting (Lowe and Hayes 2019; Pain 2001; Skeggs 1999; Wise and Stanley 1987). As Fileborn and O'Neill have shown, street harassment, whether directly sexual or not, is 'deeply implicated in the (re)production of gendered power relations and their spatial manifestation' (2021,4). It is a form of gendered control which passes judgement on women's bodies and behaviour, and, due to the often necessary adoption of safety strategies, limits their autonomy.

Research has previously demonstrated the harms experienced by clinic users due to anti-abortion activism, and the gendered basis of this harm (Lowe and Hayes 2019). The continuum of violence (Kelly 1988) approach shows the connections between forms of intrusions, without assuming linearity or seriousness, and outlines their reproduction of gender power relationships. Following our outline of the methodological approach, we will use two examples, graphic images and prayer practices, to explore this in more detail, illustrating anti-abortion activism as harassment.

4 Methodology

This project is a five-year ethnography (starting in 2015) examining UK abortion activism. It comprised observations and interviews with those involved in activism in public spaces, including 30 abortion clinics across the UK (England, Wales, Scotland, and Northern Ireland) which were observed on multiple occasions for one-two hours. To protect the identities of those involved in anti-abortion activism, we do not specify precise locations. However, in England, we make geographical distinctions between the North (counties such as Yorkshire and Lancashire), the Midlands (counties such as Nottinghamshire, West Midlands, Leicestershire), the East (counties such as Hertfordshire and Norfolk), the South East (incorporating areas such as Greater London, Hampshire, Sussex) and the South West (including Dorset, Gloucestershire and Devon). The data include our observational field notes, in-situ interviews with activists, interview transcripts with those who agreed to an in-depth interview, photographs of material objects (e.g. signs), public statements made by activists

and anti-abortion organisations including social media, analysis of accounts given by service users on their experiences of anti-abortion activists, and other public documents. As we present data, we make a distinction between these materials.

Anti-abortion activists in situ at clinic and hospital sites are typically older, white, and include women and men. Most volunteer their time; only a tiny minority are paid to be there by anti-abortion groups (for example, in court documents it emerged that *Good Counsel Network* employed some staff at very specific sites—see Dulgheriu & Orthova vs London Borough of Ealing 2018). Typically, activists will arrive for a one-to-two hour slot, and may bring their own materials with them for display, such as signs, rosary beads, prayer cards and foetal models. The numbers vary, but between two and four participants for a given period is usual. The varied combinations of individuals result in different kinds of interactions occurring, even at the same geographical site; for one hour, those in the vicinity of the clinic may be approached with leaflets, yet for the next hour, the prayer may be insular and silent, with no attempts at engagement at all. At clinic sites, forms of prayer are the bedrock activity, especially in England, Scotland and Wales, though at some locations, there are groups who also deploy graphic images of aborted foetuses. The latter is more common in Northern Ireland. Those engaging solely in prayer do not necessarily agree with graphic images, further illustrating the diversity of anti-abortion practices (see Lowe and Page forthcoming).

We obtained ethics approval from our university, but the ethical complexities were in evidence throughout the project duration. For example, we were not necessarily welcome as academic observers at sites of activism. Not all activists wanted to talk to us, with prayer itself understood as a sacred activity that should not be interrupted (Page and Lowe 2021). For those activists whose main approach was prayer, we always took care to approach when there was a break. Nevertheless, there were multiple occasions when prayer was used as a reason to close down our research endeavours (Page and Lowe 2021). Yet short conversations with activists were often revealing, adding much to the data from those who generously gave us a longer interview. Activists were also more motivated to answer questions about the significance of various material objects they had with them than questions about why they were there. We sought to engage with activists in a personable and professional manner, with the aim of seeking their detailed thoughts and perspectives. We have used pseudonyms throughout and we have taken care regarding geographical descriptors to maintain the confidentiality of activists.

Here, we have selectively focused on the display of graphic images in the vicinity of a healthcare facility, as well as the prayer practices of activists at

clinic sites, as these are typically perceived at different ends of the harassment spectrum. We thematically analysed the data (Braun and Clarke 2006), with codes generated first, followed by broader themes. Here the codes of graphic images and prayer were utilised to inform our analysis and discussion.

5 Graphic Images: Foetal-Centric 'Guilt-Trips'

Displays of graphic images[4] outside abortion clinics are usually positioned so that they are impossible for those seeking services to avoid. The positioning will vary depending on the specific geography of the clinic site, but frequently they will be adjacent to an entrance, so that service users need to walk right past them, generating maximum engagement. Only a tiny number of groups use graphic images, yet this tactic is often highlighted in discussions of harassment. In a South Eastern city centre, a group of anti-abortion activists assembled outside a small health centre which predominately provides GP services. One of their consulting rooms is used on a part-time basis by an abortion service provider. The anti-abortion activists that appear weekly at this location regularly display graphic images of abortions. Sometimes they have large banners (approximately $2\,m^2$) that are mounted on a metal frame, whereas on other days they have large placards (approximately $1\times0.5\,m^2$) with a variety of dismembered or blooded foetuses. Often the pictures will be labelled with a foetal stage, such as 11 weeks. This particular organisation dates pregnancy differently so the foetal images appear a couple of weeks more developed than by the standard pregnancy dating method. While this information is available on their website, it is not made obvious at their displays. In general terms, as pregnancy advances, public opinion becomes more critical of abortion (Lee and Ingham 2010). By dating the images differently, it is likely that they are hoping to increase levels of discomfort or distress felt by those encountering the images.

In the case of graphic images, there is no question about the intentions of the anti-abortion activists. They usually readily admit that the images cause distress, and this is why they show them. They argue that the graphic images are needed to 'educate' people about the 'reality' of abortion. They argue that abortion is generally misunderstood and abortion service providers deliberately mislead their potential clients. As *Centre for Bioethical Reform* explained:

4 Here, we use graphic images to mean images which display disembodied foetuses.

> abortion photo signs are a consumer protection initiative intended to show women outside the clinics what (*an abortion service provider*) will do to them and their children inside their clinics. [They do] not want [their] potential clients to see the horror of abortion. Abortion is disturbing because it is an act of violence that kills a baby. That's why pictures of it are upsetting. Unless women see these upsetting pictures, they cannot give fully informed consent to this procedure that is so horrific that [they want] no one actually to see it
>
> transcribed from public online materials

This tactic thereby elicits a disturbing image to convey an act that the anti-abortion activists understand as violent. The activists thereby forge an alignment between the image and their perception of abortion, so that a violent and disturbing image comes to represent the singular (but contested) understanding that abortion is a form of violence (e.g. see Millar 2017 for alternative readings of abortion). Their intended goal is for the image to explicitly evoke a visceral reaction. The image is purposefully crafted to cause harm and distress. More broadly, their claim arises from an underlying assumption that all women have been pressured, coerced or duped into having abortions due to an 'abortion culture' in which the humanity of the foetus has been hidden (Lowe and Page 2019). As we will later argue, anti-abortion activists subscribe to traditional essentialised understandings of women as mothers, using both religious and secular messages to try to ensure that women recognise themselves as naturally mothers, and reject abortion (Lowe and Page 2020).

Thus, at the very heart of anti-abortion activism is a targeting of women to prevent a perceived potential failure in their feminine performance. Moreover, because anti-abortion activists typically believe that motherhood starts at conception, graphic pictures of dead foetuses are supposed to inform women that unless they continue a pregnancy, they are responsible for the demise of their children. This message is repeated in Northern Ireland, where an anti-abortion activist held a clipboard displaying stylised images of the foetus in the womb next to similarly-sized images of disembodied and bloodied foetuses. Alongside, an activist holds a handwritten 'Babies are MURDERED here' sign ('murdered' is written in red, therefore connoting blood). They often emphasise that women can be forgiven by God for having abortions, providing that they are sufficiently repentant. Yet, despite any emphasis on forgiveness, they are still positioned as 'murderers' within these narratives.

Women have long been held responsible for children's welfare, and women who deviate from a position of good motherhood are often culturally sanctioned (Lowe 2016). The judgement that they are responsible for child 'murder'

positions them as especially deviant, contravening social and cultural conceptions of natural feminine behaviour (Seal 2010). Consequently, accusing women of murder is highly offensive, and an attack on their personal integrity. Moreover, this takes place in a context where a need for abortion can be questioned, even by some who generally support it (Weitz 2010). Frequently, abortion seekers already need to justify their decision as 'morally sound' in order to avoid discrediting associations (Hoggart 2017).

Anti-abortion activists also seek to draw others into their campaigns against abortion. For example, it is not uncommon for anti-abortion activists to assemble outside abortion clinics when they are closed, as a deliberate strategy to draw public attention to abortion clinics (Cohen and Connon 2015; Lowe and Hayes 2019). At the South-Eastern clinic, the activists would sometimes present on days that they knew the abortion service was not running. It is likely that the targeting of health facilities on non-abortion clinic days also aims to generate complaints from the wider patient body, in the hope of closing particular abortion services. However, although clinic closures carry symbolic meaning for anti-abortion activists, in England, they do not reduce overall abortion provision. Indeed, as the NHS often contracts out abortion services to third party providers, it is not uncommon for the provider to change at the end of the contract, thereby relocating the service. Thus, the harassment felt by non-abortion patients and staff is unlikely to succeed in reducing abortions overall, but nevertheless seeks to draw in a wider number of people in the mission to exert secondary reproductive coercion by enforcing pregnancy.

6 Prayer Practices: Sacrificial Motherhood and Problematized Sexuality

Many activists endorsed prayer as their principal activity because they saw graphic images as too severe an approach, feeling there were better ways to convey their stance, and prayer was a more common practice than graphic images. Therefore, anti-abortion activists did not agree with each other regarding strategies and tactics, and those who advocated prayer typically endorsed an approach that foregrounded help and support to those seeking abortion, with a desire to avoid being antagonistic or harsh. Prayer was specifically constructed as a benign activity that did not cause harm or distress, and was specifically utilised as a gentler approach to transmit their anti-abortion message (Page and Lowe 2021). In short, this approach was understood as kinder and not invoking any of the forms of violence and distress that typified our dis-

cussion of graphic images. However, this was not the way that it was typically experienced by those who were being prayed for:

> People standing at both entrances holding rosary beads. A priest praying with other people nearby. Felt intimidating
>
> Ealing Council, 2018

> Having leaflets shoved in my face disregarding a much thought about decision, and being told I'd be 'prayed' for is an invasion of privacy in my view tantamount to harassment
>
> service user comment

Arguably, prayer can take place anywhere, but anti-abortion activists insist on praying at clinic sites, because this is deemed the last opportunity to change minds (Lowe and Page forthcoming). Participants discussed 'bearing witness', such as Rosie, who said that 'It's a way of saying, there's something happening here that we don't think is right. Just being there physically is a way of showing that'. Meanwhile, praying at home or in church was not seen as effective for petitioning God, who is understood as needing to work through individuals directly at the clinic. This presence not only signifies their belief that abortion is wrong, but also indicates their belief that seeking abortion goes against God:

> They were praying for the lives of the unborn, and for women having abortions because it was a sin and they needed 'repentance'. They were also praying for the staff involved in abortions and to change hearts and minds in society; this included praying for those against them
>
> researcher field notes, Midlands

> The campaign includes fasting, prayer and public witness. They are looking for 'the Lord's help in bringing an end to abortion in our world'
>
> researcher field notes, South West

The salience of prayer and its perceived power was rooted in its links to the transcendental. More broadly, prayer is typically constructed as a fundamentally sacred activity where someone is communicating with God (Genova 2015; Giordan 2015), and limiting this was positioned as interfering with an individual's faith. Much rhetoric around implementing bufferzones at abortion clinics has hinged on the perception that it is banning prayer—with the idea that enacting a bufferzone interferes with one's rights to practise one's religion (Page and Lowe 2021). Prayer is typically deemed a cordial activity, especially when

it takes private forms and is understood as something helpful to individuals, as a form of comfort and a coping mechanism during challenging circumstances (Giordan 2015). Meanwhile, prayer is also seen as a more favourable activity than other forms of activist behaviour, with even those opposed to activism seeing it as a 'least worst' option. One clinic manager who had witnessed activists handing out model foetuses, loud singing and attempts to engage with people by knocking on car windows, was relieved when the activism changed to prayer, as they felt this was less problematic (Page and Lowe 2021). As noted above, however, this is not how it is necessarily perceived by clinic users, who do find silent prayer intrusive (Lowe and Hayes 2019). Nor, as we will discuss later, does it recognise that prayer in public space can be seen as transgressive, because it is deemed out of place (Sharma, Reimer-Kirkham et al. 2013).

Anti-abortion activists utilised this positivity about prayer to convey it as an uncontroversial and peaceful act, as the following quotes indicate:

> Lloyd said that they didn't want to frighten or intimidate people. He said they were there to help. Mike said it was *prayerful*. It was about praying for the aborted babies and praying for the mothers, and that their position was that they were caring, loving and thoughtful and not judgmental or hurtful, and with no malice whatsoever
>
> researcher field notes, Scotland, emphasis added

> [W]e are hoping that the prayers comfort.
>
> George, interview, Midlands

> [W]e are there as a prayerful witness. We are not there to chant anything or to harass anybody.
>
> Toby, interview, Midlands

Mike positioned prayer as the mechanism through which their activism was to be interpreted as non-intimidatory and, instead, a form of support, indicated by use of the term 'prayerful'—prayer utilised as an adjective to indicate its positive connotations. George fundamentally understood his actions as offering comfort, while Toby dismissed any understanding of his activism as a form of harassment. None of these participants would interpret or even understand the idea that their actions cause harm or distress. Because prayer is broadly constructed as something that is helpful, anti-abortion activists mobilised this meaning, to understand their actions only in positive terms. However, anti-abortion activists undermine this construction, especially when it is understood what they are praying *for*. Fr. Paul explained that '[w]e pray for the repen-

tance, conversion and eternal salvation of all those who have been involved in this sin'. Even though the prayer is portrayed as help, it is underpinned by a condemnatory rhetoric which equates seeking an abortion with sinfulness. Prayer is explicitly being undertaken on behalf of others—those involved with abortions are being *prayed for*. But as we see in the aforementioned quotes from clinic users, this can be perceived as an objectionable intervention.

The Virgin Mary was a primary means through which prayer was constructed as a form of goodhearted and benevolent help, rather than harm. The Virgin was understood as a sacred figure who opposed abortion, but who wanted to help women who found themselves in difficult circumstances, given that she, too, had faced an unexpected pregnancy. This feminine offer of help was believed to soften the edges of their campaign, downplaying its underpinning judgements against women. Rosary beads were a ubiquitous presence at abortion clinic sites where prayer was foregrounded, relevant given that the Rosary centralises Mary. The Rosary has historic legacy, starting in the 14th century, thereby giving the prayer legitimacy (Mitchell 2009). Rosary beads materialised this underlying symbolism; at some sites, activists distributed plastic rosary beads in the colours of baby pink and blue (Lowe and Page forthcoming). These material and embodied factors create a form of sacred claims-making in the public sphere, where heritage and tradition are interwoven to give a definitive message regarding how Christians should perceive abortion—as something fundamentally wrong, thereby implying there is a singular meaning around how abortion is understood by Christians:

> Anne told us there is a sequence all the way through from the beginning when the angel told Mary that she was going to be the Mother of God
>
> researcher field notes, North

> Paula explained that they use the Joyful Mysteries[5] for pro-life work; people write them meditations to think about and if you're praying for something specific like unborn children, they will write meditations that you can use in prayer whilst you're saying your prayers. So this is the anguish of Jesus in the Garden of Gethsemane about unborn life and as a Catholic she said she finds abortion very difficult as Jesus came into the world as a baby, so if that isn't a sign from our creator about the sacred nature of life, she said she didn't know what is
>
> field notes, South West

5 The Joyful Mysteries form part of the Rosary.

A very particular understanding of prayer was therefore being invoked: the Rosary was utilised as a spiritual means to oppose abortion, centred on Mary as a mother, and Jesus entering the world as a baby. Mary's motherhood—and her relationship to Christ—was foregrounded for two reasons. Firstly, Mary was positioned as a powerful intercessor on behalf of the anti-abortion community, with her close relationship to Christ giving her influence—Mary galvanised the power of the prayer; secondly, drawing on Mary foregrounded her mothering identity, and this became the aspirational model for women. Women were fundamentally understood as mothers by activists; becoming a mother was perceived as a woman's true calling (Lowe and Page 2019). The inevitability of women's maternal identity is foregrounded in sentiments such as Ann's, that the angel 'told' Mary she would become the 'Mother of God'. There is no uncertainty or ambiguity here—Mary is presented as submitting to God's will and accepting her pregnancy status as a sacred duty (Kamitsuka 2019). This is extrapolated to all who are pregnant—like Mary, they should submit to the will of God (as the anti-abortion activists interpret that will), and continue with a pregnancy, whatever the circumstances. Despite an outward message couched in Mary's sacred love, the anti-abortion activist's prayerful message was underpinned by a lack of choice, made more pernicious by rationalising this unflinchingly and inevitably as God's sacred desire. As we discuss elsewhere, other Christians dispute this interpretation of God's intention (Lowe and Page forthcoming).

Jeoffrey utilised Mary somewhat differently in his mediated prayer practice, which involved the Virgin as healer of the clinic site itself:

> I used to pray, what's called a Hedge of Thorns … There's a story in the Old Testament about Gomer, the prostitute. Her husband is told to marry her, despite knowing she's a prostitute. She goes on misbehaving and so on, but the Lord puts a hedge of thorns around her. I had heard of the technique of praying a hedge of thorns …, I sort of imagined praying a hedge of thorns around the clinic, which would make it difficult for people to get to. That didn't seem right, so I abandoned that. Now I pray, almost like imagining our Blessed Lady being above the clinic. She's praying and she's the Mediatrix of all Graces from heaven. Graces come through her … it's more like that this place slowly is being healed by goodness. Lust kills love, love overcomes lust.
>
> Jeoffrey interview

Jeoffrey viewed Gomer's sexuality as inherently threatening and a failure to comply with the expectations of 'appropriate' wifely behaviour. His anxieties

over Gomer convey her as sexually sinful, and indicated Jeoffrey's staunch support for regulating sexuality within marriage, and where a wife's faithfulness is assured.

In his prayer practice, Jeoffrey parallels the story of Gomer with the hedge of thorns being displaced from the head of the 'prostitute' to the abortion clinic. The hedge of thorns analogy was explicitly aimed at building a prayer barrier around the clinic. For Jeoffrey, abortion would also be curtailed by stopping 'immoral' sexual practices—if all sex took place within marriage, it is erroneously understood that abortion would be unnecessary. This is therefore a judgement on what sexual practices are deemed 'appropriate'; controlling and curtailing women's sexuality is therefore valorised. The hedge of thorns can therefore be understood as a coercive prayer practice that attempts to control women's behaviour. Jeoffrey then reflected that this may be too severe; he resituated his prayer practice to focus on Mary as healer, explicitly referencing her as being able to overcome lust. But this reinterpretation was still underpinned by his understanding that abortion inevitably causes harm. He was grappling with a battle between lust and purity, with Gomer's 'fallen' woman contrasting with Mary, the 'pure' woman. Implicitly, it is 'the prostitute' who, in Jeoffrey's mind, is aligned with the abortion seeker, deemed as being the one in need of healing. While Jeoffrey attempted to ameliorate his prayer practices by moving from a position asking for divine intervention to stop access to the clinic, to one focused on healing, his methods still contributed to particular negative understandings of women's sexuality, and the often-utilised dualistic trope in Christianity between 'sinful' sexuality and 'pure' virginity (Furlong 1984). Whichever form of prayer was being imagined, Jeoffrey was firm in his belief that abortion was harmful and fundamentally wrong, and a result of women's 'errant' and 'wayward' sexuality.

Overall, anti-abortion prayer practices typically foregrounded clinic users—they were explicitly prayed for, and this was constructed as a helpful intervention for those seeking an abortion. The activists rarely considered that prayer undertaken on behalf of others and without their permission as being unsavoury. Indeed, they do not seek consent to pray, as they do not see it as offensive. This raises questions of power, authority and control. If one has not been asked to be prayed for, then 'ethical cautions' are raised about the very appropriateness of prayer, emphasising not only the contested nature of prayer, but also how prayer is socially constructed in different contexts (Sharma, Reimer-Kirkham et al. 2013,193). At the 1998 Lambeth Conference, a decennial gathering of Anglican bishops held at the University of Kent, a bishop from another country with a conservative view of homosexuality tried to exorcise a homosexual demon from the secretary of the Lesbian and Gay

Christian Movement (Brown and Woodhead 2016). This exorcism was couched in terms of prayer, with the bishop laying on hands and chanting, 'Father, I pray that you deliver him out of homosexuality, out of gay' (Brown and Woodhead 2016,138). This intervention was clearly unwelcome; the secretary attempted to push away the hands of the bishop, but the bishop continued. Since this incident, greater public awareness has arisen regarding the damaging nature of prayer, for example, the role of prayer in gay conversion 'therapy', with calls to have conversion 'therapy' banned in the UK (Ozanne 2017). Such prayers are therefore understood as causing considerable harm. The notion that prayer is always positive and warm is therefore increasingly being questioned, with context being paramount to determining potential harms, especially regarding who is initiating the prayer and for what purpose (Sharma, Reimer-Kirkham et al. 2013).

Another important feature to activists is the public nature of the prayers. This public display ensures that their stance opposing abortion is observed and made visible. Yet, prayer can be problematic when it occurs in the public sphere. While individual prayer in privatised settings, mobilised for personal benefit, is considered relatively uncontroversial, as soon as this takes a public character, levels of discomfort increase. This is demonstrated in Sharma, Reimer-Kirkham et al.'s (2013) study of prayer in healthcare settings, with debates emerging regarding whether it was appropriate for prayer to be part of a nurse's professional role. As indicated above, in the context of abortion clinics and hospitals, those seeking abortion have not asked to be prayed for, and instead interpret this behaviour as a form of unwelcome intrusion, intimidation and conveying a negative judgement on them for seeking abortion (Lowe and Hayes 2019; Page and Lowe 2021).

7 Discussion and Conclusion

This article has examined two different kinds of anti-abortion activism from opposite ends of the spectrum—graphic images and prayer—situating both as harm-generating activities that cause distress at sites of abortion provision (Lowe and Hayes 2019).[6] Many observers implicitly understand graphic imagery to be problematic in the public sphere, with prayer conveyed as less harmful. This is because prayer has dominantly been constructed as benign,

6 For more detail regarding the whole spectrum of anti-abortion activities, please see Lowe and Page forthcoming.

sympathetic and beneficial. However, along with other examples of prayer such as that related to lesbian and gay conversion 'therapy', we seek to question this assumption, and to dig deeper into the purposes and motivations underpinning anti-abortion prayer, fully considering its impact on those encountering it. The goals underpinning prayer among anti-abortion activists typically foreground the curtailing of freedom and choice and emphasise highly constraining understandings of women's bodily autonomy and assumptions about their status as mothers. In addition, clinic users find any form of activism—no matter how silent and unobtrusive—as invasive (Lowe and Hayes 2019).

Whether visually represented or formatted discursively, anti-abortion activism has the identical goal to dissuade women from abortion, at the very moment that abortion is sought. Thus, it is an explicit form of reproductive coercion. Whatever form the activism takes, certain judgements about the 'wrongness' of abortion are articulated, situating those seeking abortion as misguided, sinful or even murderers, and encouraging stigma and/or shame. This occurs at a heightened moment, and maximises the opportunity to cause distress, due to its location. Although reactions to activists by clinic users generate varied responses, the capacity to cause harm is high. As we have demonstrated, for some activists, the cultivation of such feelings in those seeking services is their *raison d'être*.

Graphic images of aborted foetuses are utilised as a shock tactic to 'wake' people from their inertia and recognise the 'reality' of abortion. But such displays are intensely resisted by local communities, deemed distasteful not only to a broader public, but harmful towards children. One clinic was situated next to a park; parents frequently walked past the activism site with their children. This was a key argument in enabling the implementation of a bufferzone. The undesirability of children seeing such images contributed to wider concerns about campaigns not only being impactful for clinic users, but also affecting the quality of life of local residents. In these debates, it was relatively straightforward to situate graphic images as inherently harmful; indeed, this viewpoint was galvanised when other anti-abortion groups distanced themselves from such tactics, instead emphasising their 'peaceful prayer'. Anti-abortion activists positioned prayer as fully acceptable by mobilising the idea of prayer as helpful and benign and setting prayer apart as a distinct and different kind of activism. Yet this is not the way it is experienced by many service users (Lowe and Hayes 2019). Indeed, the denial of the impact of their activities is consistent with other forms of street harassment.

Street harassment often assumes a level of intimacy with the target, and, like other forms of gendered abuse, focuses on policing appropriate femininity (Fileborn and O'Neill 2021; Logan 2015; Kelly 1988). A central motivation of

anti-abortion activism is their belief in distinct gendered roles and a desire for retraditionalisation (Lowe and Page forthcoming). This includes the construction of all women as mothers who should naturally sacrifice their lives for their children, whether born, in utero, or not yet conceived. Those seeking abortion were perceived by anti-abortion activists as not being properly aligned with the sacrificial expectation for women to always be primed for motherhood. At many sites, the Virgin Mary was *the* key icon of the anti-abortion campaign, in an attempt to soften the message. But this was underpinned by highly negative judgements about abortion being wrong and sinful, therefore making those seeking an abortion culpable. Utilising Mary enabled activists to valorise sacrificial motherhood, which complemented their essentialised understandings of gender and the perceived 'proper' role of women; women should always choose to continue with a pregnancy no matter the consequences.

Forms of gendered essentialism therefore underpin the justification for street harassment. Although the control sought by anti-abortion activists is not through the sexual objectification that often occurs in other forms of street harassment, it is enacted through an essentialised gendered lens: that of seeing all women as sacrificial mothers. Whereas sexual harassment is often naturalized and justified because it is seen as a result of innate biological 'facts'—where men sexually pursuing women is due to their 'hunter instincts'—here, a different kind of essentialism is enacted, and the harassment by anti-abortion activists is justified on the basis of the 'fact' of women's assumed motherhood, and an understanding that women are 'meant to' be mothers. To interfere with this destabilizes biological processes, and is considered as going against God's will. While street harassment is typically researched through the lens of sexual harassment, the case of anti-abortion activism acts as a reminder that gendered harassment takes many different forms, and can include women as perpetrators.

Our argument uses Kelly's (1988) concept of the continuum of violence, looking at three elements in particular: the level of distress, the impact not the intention, and the positioning within wider gender inequalities. In line with this, whatever forms of activism are engaged, anti-abortion activism can be understood as abuse within this framework. While graphic images are more readily understood by the general public as a problem, we argue that in the case of anti-abortion activism, silent prayer too causes distress and is a form of harassment that engenders harm, and therefore must be taken seriously. Prayer was utilised as a form of sacred judgement against those seeking abortion services, and can therefore be better understood as part of a continuum of harassment, rather than as a distinctive and separate behaviour that was

helpful and benign. Although graphic images are often called out as such, we have located specific examples of 'graphic prayer', which, although 'unseen', had particular preoccupations and intentions which were infused with the bodily control of women. The violence embedded within anti-abortion activism is therefore not only visualised, but also takes discursive and embodied forms, invoking various subject positions of women, as 'murderers' or as 'sinners'. Despite anti-abortion activists using ameliorating language to describe their actions, such as foregrounding their desire to help and support women, this is not how their actions are perceived by those being targeted, and instead, even seemingly benign forms of anti-abortion activism outside clinics can firmly be understood as harassment. Indeed, the interpretations of the anti-abortion activists' behaviour differs markedly between those at the receiving end and those undertaking the activism, but as Kelly (1988) argues, the voices of those on the receiving end of harassment must be prioritised. The inherent judgement about women's bodies and behaviour reproduces gendered inequalities within the public sphere, forcing unwanted encounters with activists opposing a legitimate healthcare decision in places where buffer zones are absent. This is a clear power imbalance, and evidence that gendered power inequalities continue to exist.

References

Anderson, Kristin L. 2009. 'Gendering Coercive Control', Violence Against Women 15:12,1444–57.

Braun, Virginia and Clarke, Victoria. 2006. 'Using Thematic Analysis in Psychology', Qualitative Research in Psychology, 3:2,77–101.

Brown, Andrew and Woodhead, Linda. 2016. That Was the Church That Was, London: Bloomsbury.

Cohen, David S and Connon, Krysten. 2015. Living in the Crosshairs: The Untold Stories of Anti-Abortion Terrorism, New York: Oxford University Press.

Dulgheriu & Orthova vs London Borough of Ealing. 2018. EWHC 1667 (admin).

Ealing Council (2018) Addressing behaviours outside the Marie Stopes Clinic on Mattock Lane (accessed 16/01.2018) https://www.ealing.gov.uk/downloads/file/12779/cabinet_report_on_addressing_behaviours_outside_marie_stopes_clinic_on_mattock_lane.

Foster, Diana Greene, Kimport, Katrina, Gould, Heather, Roberts, Sarah, Weitz, Tracy (2013) Effect of abortion protesters on women's emotional response to abortion. Contraception 87(1): 81–87.

Fileborn, Bianca and O'Neill, Tully. 2021. 'From "Ghettoization" to a Field of Its Own:

A Comprehensive Review of Street Harassment Research', Trauma, Violence and Abuse, Online first: https://journals.sagepub.com/doi/abs/10.1177/1524838021102160 8.

Fleetwood, Jennifer. 2019. 'Everyday Self-defence: Hollaback Narratives, Habitus and Resisting Street Harassment', The British Journal of Sociology 70:5, 1709–1729.

Furlong, Monica. 1984. 'Introduction: Feminine in the Church' in Monica Furlong (ed.), Feminine in the Church, London: SPCK, 1–10.

Genova, Carlo. 2015. 'Prayer as Practice: An Interpretative Proposal', in Giordan, G. and Woodhead, L. (eds.), A Sociology of Prayer, Farnham: Ashgate, 9–23.

Giordan, Giuseppe. 2015. 'Introduction: You Never Know. Prayer as Enchantment', in Giuseppe Giordan and Linda Woodhead (eds.), A Sociology of Prayer, Farnham: Ashgate, 1–8.

Grace, Karen T and Anderson Jocelyn C. 2018. 'Reproductive Coercion: A Systematic Review', Trauma, Violence, & Abuse 19:4,371–390.

Hanmer, Jalna and Maynard, Mary. 1987. 'Introduction: Violence and Gender Stratification' in Jalna Hanmer and Mary Maynard (eds.), Women, Violence and Social Control, Basingstoke: MacMillan Press, 1–12.

Hayes, Graeme and Lowe, Pam. 2015. 'A Hard Enough Decision to Make': Anti-Abortion Activism outside Clinics in the Eyes of Clinic Users: A Report on the comments made by BPAS services users Aston University.

Hoggart, Lesley. 2017. 'Internalised Abortion Stigma: Young Women's Strategies of Resistance and Rejection', Feminism & Psychology 27:2, 186–202.

Jefferis, Jennifer L. 2011. Armed for Life: The Army of God and Anti-abortion Terror in the United States, Santa Barbara: Praeger.

Kamitsuka, Margaret D. 2019. Abortion and the Christian Tradition: A Pro-Choice Theological Ethic, Louisville, Kentucky: Westminster John Knox Press.

Kelly, Liz. 1988. Surviving Sexual Violence, Oxford: Polity Press.

Kelly, Liz. 2011. 'Standing the Test of Time? Reflections on the Concept of the Continuum of Sexual Violence' in Jennifer M. Brown and Sandra L. Walklate (eds.), Handbook on Sexual Violence, London: Routledge, xvii–xxvi.

Kelly, Liz and Westmarland, Nicole. 2016. 'Naming and Defining "Domestic Violence": Lessons from Research with Violent Men', Feminist Review, 112:1, 113–127.

Lee, Ellie and Ingham, Roger. 2010. 'Why do Women Present Late for Induced Abortion?' Best Practice and Research Clinical Obstetrics and Gynaecology 24: 4, 479–489.

Logan Laura S. 2015. 'Street Harassment: Current and Promising Avenues for Researchers and Activists', Sociology Compass 9:3, 196–211.

Lowe, Pam. 2016. Reproductive Health and Maternal Sacrifice, Basingstoke: Palgrave Macmillan.

Lowe, Pam and Hayes, Graeme. 2019. 'Anti-abortion Clinic Activism, Civil Inattention and the Problem of Gendered Harassment', Sociology 53:2, 330–346.

Lowe, Pam and Page, Sarah-Jane. 2020. 'Sophie's Choice: Narratives of "Saving" in British Public Debates on Abortion', Women's Studies International Forum, 79, doi.org/10.1016/j.wsif.2020.102332.

Lowe, Pam and Page, Sarah-Jane. Forthcoming. Anti-Abortion Activism in the UK, Bingley: Emerald Publishing.

Lowe, Pam and Page, Sarah-Jane. 2019. '"On the Wet Side of the Womb": The Construction of Mothers in Anti-abortion Activism in England and Wales', European Journal of Women's Studies 26:2, 165–180.

Millar, Erica. 2017. *Happy Abortions: Our Bodies in the Era of Choice*, London: Zed Books.

Mitchell, Nathan D. 2009. The History of the Rosary: Marian Devotion and the Reinvention of Catholicism, New York: New York University Press.

Ozanne, Jayne. 2017. 'Private Members' Motion: Conversion Therapy', General Synod, accessed 6 August 2021, https://www.churchofengland.org/sites/default/files/2017-11/gs-2070a-conversion-therapy.pdf.

Page, Sarah-Jane and Lowe, Pam. 2021. 'Contested Embodiment: The Use of Prayer in Public Displays of Anti-Abortion Activism'. In Sarah-Jane Page and Katy Pilcher (eds.), Embodying Religion, Gender and Sexuality, Abingdon: Routledge, 21–38.

Pain Rachel. 2001. 'Gender, Race, Age and Fear in the City', Urban Studies 38:5–6, 899–913.

Radford, Jill, Kelly, Liz and Marianne Hester. 1996. 'Introduction' in Marianne Hester, Liz Kelly and Jill Radford (eds.), Women, Violence and Male Power, Buckingham: Open University Press.

Ramazanoglu, Caroline. 1987. 'Sex and Violence in Academic Life or You Can Keep a Good Woman Down' in Jalna Hanmer and Mary Maynard (eds.), Women, Violence and Social Control, Basingstoke: MacMillan Press, 61–74.

Seal, Lizzy. 2010. Women, Murder and Femininity: Gender Representations of Women Who Kill, Basingstoke: Palgrave Macmillan.

Sharma, Sonya, Reimer-Kirkham, Sheryl and Cochrane, Marie. 2013. 'Prayer as Transgression: Stories from Healthcare' in Giuseppe Giordan and Linda Woodhead (eds.), Annual Review of the Sociology of Religion, Oxford: Brill, 189–204.

Shearer, Tobin M. 2021. Religion and Social Protest Movements, Abingdon: Routledge.

Skeggs, Beverley. 1999. 'Matter Out of Place: Visibility and Sexualities in Leisure Spaces', Leisure Studies 18:3, 213–232.

Stanko, Elizabeth A. 1995. 'Women, Crime, and Fear', The Annals of the American Academy of Political and Social Science 539:1, 46–58.

Stark, Evan. 2007. Coercive Control: The Entrapment of Women in Personal Life, New York Oxford University Press.

Weitz, Tracy A. 2010. 'Rethinking the Mantra That Abortion Should Be "Safe, Legal, and Rare"', Journal of Women's History 22:3, 161–172.

Wise, Sue and Stanley, Liz. 1987. Georgie Porgie: Sexual Harassment in Everyday Life, London: Pandora.

Youngman, Nicole. 2003. 'When Frame Extension Fails: Operation Rescue and the "Triple Gates of Hell" in Orlando', Journal of Contemporary Ethnography 32: 5, 521–554.

Court File No. CV-24-00094951-0000

ONTARIO SUPERIOR COURT OF JUSTICE
(Ottawa)

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

Applicants

- and -

PARLIAMENTARY PROTECTIVE SERVICE

Respondent

CONSENT TO CORRECTION

The Applicants and Respondent agree that the following lines of questioning in Dr. Dan Reilly's cross-examination on July 10, 2025 should be struck from the record and should not be considered as evidence in this case: (a) questions about Dr. Erin Lovett not having a CPSO practice condition; and (b) questions about Dr. Reilly having a CPSO practice condition as a result of the Inquiries, Complaints and Reports Committee's decision in January 2018.

DATED THIS 5th DAY OF AUGUST, 2025

[redacted]

Brandon Crawford
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Examination No. 25-0857.6 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF DANIEL REILLY on his Affidavit sworn on May 6, 2025, pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services, on July 10, 2025 commencing at the hour of 10:01 in the forenoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

This Examination was taken down by sound recording by Catana Reporting Services Ltd.

CATANA REPORTING SERVICES, 800-170 Laurier Ave. W., Ottawa,ON K1P 5V5
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No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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DANIEL REILLY, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MS. REMPEL :

1. Q. So, Dr. Reilly, hello. I'll have a few questions for you today. Hopefully won't have you here for too long, ---

A. Okay.

2. Q. --- so have you been qualified as an expert before in a legal proceeding?

A. I have provided two Affidavits for legal proceedings but was not used by the Court, so did not do Cross-Examination or Discovery.

3. Q. What was the topic of those Affidavits?

A. So, one topic pertained to freedom of conscience in medical practice. And the other pertained to the standard of care related to abortion services-- the case actually occurred in the '80s. So not the current standard of care but the standard of care at the time.

4. Q. Thank you. Is it fair to say that it's your opinion that aborting a viable fetus or embryo is ethically wrong?

A. I would say that I'm not convinced in either direction. I have chosen not to provide those services. But that is still a debate within my own conscience.

5. Q. Well, the next one should be a little

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easier. So it's your opinion that aborting a nonviable fetus is not ethically wrong, then? Because you perform those, right?

A. Correct.

6. Q. Is it safe to say that the CLC as an organization believes that aborting a viable fetus is ethically wrong?

A. That would be my impression, given what I have seen from their publications.

7. Q. So in paragraph 5 of your Affidavit--I should have asked, do you have your Affidavit in front of you?

A. I do.

8. Q. Great. So at paragraph 5 you say, "I perform the procedures used for abortion for patients experiencing a nonviable pregnancy." Do you see that?

A. I do.

9. Q. So am I correct in understanding that means that you only perform abortions where you would describe the fetus as already deceased inside the mother?

A. So, the fetus being deceased would be one reason why a pregnancy would be nonviable. There are other cases where a fetal heart may still be present, but the pregnancy is not viable for a variety of medical reasons.

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10. Q. Do you perform abortions where, as you say, the fetal heart may not be present but pregnancy is not viable?

A. Yes.

11. Q. You do. What would you say the percentage of abortions are that you perform where the fetus is deceased?

A. I would say the vast majority.

12. Q. When you perform abortions where the fetus is already deceased, is it fair to say that the fetus could have been deceased already for a day by the time you perform that procedure?

A. Yes.

13. Q. Maybe days?

A. Yes.

14. Q. Even a week?

A. Yes.

15. Q. Could it be even weeks?

A. Yes.

16. Q. If the fetus is deceased inside the mother for days, the fetus would have started decomposing?

A. There would definitely be breakdown of the fetus. That would be correct.

17. Q. By breakdown you mean it would change the way the fetus looked?

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A. Correct.

18. Q. For a week, there would be more decomposition than if it was just a day that the fetus had been decomposed inside the mother--or deceased inside the mother?

A. Correct.

19. Q. Decomposition would alter how the fetus looks when it's removed from the mother?

A. It could, yes.

20. Q. Well, you'd agree that if there's breakdown of the fetus and that it changes the way the fetus looked, it would look different when it comes outside the mother?

A. Correct, yes.

21. Q. How often do you abort nonviable fetuses in your regular practice as a doctor?

A. That's a procedure that I would probably be performing several times a month.

22. Q. Has that remained consistent over the years, that frequency?

A. It has probably slowly increased, as the community has grown and the demand for that service has increased.

23. Q. So, in the past five years it's increased from less than several times a month?

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A. I would have to review my records to answer that question accurately. There has been a slow and gradual increase over my 20 years of practice. It would be hard to characterize the exact change over the past five years.

24. Q. It's fair to say you don’t perform a lot of abortions, then?

A. It's certainly not a common procedure that I would be performing compared to other procedures I perform.

25. Q. So approximately what percentage of your practice would you say is performing abortions of nonviable fetuses?

A. Of my time in the operating room, I would say it would be in the range of five to 10 percent.

26. Q. So I want to talk a little bit about your teaching. You teach at McMaster University, is that right?

A. Correct.

27. Q. You teach medical ethics?

A. Correct.

28. Q. Is that the only class that you teach?

A. So I've taught a variety of, not classes. McMaster's medical school is more seminar-based and so there's not formal courses. So I would have done a

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combination of workshops or small-group sessions and on the full range of topics in Ob-Gyn. And some on the business side of medicine and some on ethics.

29. Q. What do you teach in your medical ethics class?

A. So the sessions have typically been debriefs after students have done clinical rotations. Where they present cases that they've encountered during their clerkship. And we talk around the challenges that they faced and ethical approaches to resolving those challenges. The other main topic would be general presentations on ethics and ethical decision-making, and the four principles and how that can be applied to various ethical challenges that medical students face.

30. Q. As some of the other, as you call them, seminar-based workshops, do you teach abortion procedures to medical students?

A. I don’t believe I've ever taught this surgical technique, or led a workshop where we talked about indications and complications, which would be the traditional thing that one would do when discussing a surgical procedure. I have definitely had students in workshops discuss their thoughts around termination of pregnancy and their challenges. And I've facilitated conversations while they work through their thoughts.

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31. Q. It's fair to say that you don't teach abortion procedures to medical students?

A. No.

32. Q. So you don't demonstrate abortion procedures, for example, on women where the fetus is viable?

A. No.

33. Q. So at paragraph 8 of your Affidavit, I'll let you get there so you have something to refer to, ---

A. I'm there.

34. Q. --- you explain the difference between fetal age and gestational age. Do you see that there?

A. Yes.

35. Q. Now if I understand correctly, fetal age dates a pregnancy based on the first day of fertilization?

A. So gestational age would date the pregnancy based on the first day of the menstrual period which preceded fertilization.

36. Q. Sorry, if I said gestational, I meant fetal. Fetal age dates a pregnancy based on the first day of fertilization?

A. Correct.

37. Q. Then as you said, gestational age dates a pregnancy from the first day of the last menstrual

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period prior to the pregnancy?

A. Correct.

38. Q. Doctors, including general practitioners, obstetricians, gynaecologists, they use gestational age?

A. Yes, correct.

39. Q. When medical doctors communicate age during, for example, an abortion discussion with a patient, they would use gestational age?

A. Correct.

40. Q. Gestational age is the way mothers and fathers would understand the age of their growing baby?

A. Usually, yes.

41. Q. Can you give me an example of where mothers and fathers would use fetal age?

A. So I've certainly had patients who have an app that is tracking fetal development. And they will talk about how old the fetus is. And often those--in that setting, patients are referring to the embryological age rather than the gestational age.

42. Q. That's not a common occurrence?

A. It hasn't been in my experience.

43. Q. You use gestational age when speaking with your patients?

A. I do.

44. Q. So only embryologists use fetal age to date

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a pregnancy?

A. I would say that embryologists consistently use fetal age to date a pregnancy. I have certainly been involved -- discussions where obstetricians have used that terminology. And generally when we're talking within the medical community, we'll state "gestational age" or "embryological age" in order to avoid a potential confusion.

45. Q. It's not a common occurrence that obstetricians are using fetal age as opposed to gestational age?

A. Correct.

46. Q. This might be a silly question, but just to confirm, embryologists, they don’t perform abortions?

A. Generally not, unless they have training as a physician in addition to being an embryologist.

47. Q. I'd suggest that's not common, either?

A. That is not common.

48. Q. So it's fair to say that the general public would use gestational age when thinking about the age of the fetus?

A. I think that's correct.

49. Q. The three posters at issue in this case, I wonder do you have those in front of you; they're not in your Affidavit but they are in Mister, I apologize if I

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say this wrong, Mr. Wojciechowski's Affidavit?

A. Yeah, give me a moment. Yeah, I have them.

50. Q. In your professional opinion, the photographs are intended to depict images of viable aborted fetuses?

A. I don't know whether they were intended to indicate viable or nonviable. I would say that they are intended to convey what products of conception would look like at a given age.

51. Q. I think you had agreed with me earlier that the CLC believes that abortion of nonviable fetuses is not wrong; right?

A. I would say that that is likely true, based on what I have read of their publications.

52. Q. CLC, you know, is an advocacy organization?

A. Yes.

53. Q. So you'd agree it wouldn't be good advocacy for the CLC to show posters of abortions they believe are not ethically wrong, while trying to convince people abortion is ethically wrong?

MR. KHEIR: He's being asked--objection. He's being asked for an opinion on something that is outside of his expertise. He's being asked to speculate about CLC's advocacy.

MS. REMPEL: I don't think so. I'm asking him

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based on common sense whether or not that would be good advocacy in his opinion. Not what the CLC believes is good advocacy, but whether he thinks that's good advocacy.

MR. KHEIR: But it's opinion evidence outside of the scope of his expertise.

MS. REMPEL: It's about the abortion that is being depicted on the photographs for which he's being tendered as an expert to provide an opinion about.

MR. KHEIR: Our objection is that he's being asked for an opinion about advocacy and whether or not it'd be good advocacy. That's outside of the scope of the exception to the prohibition on opinion evidence in this situation.

MS. REMPEL: Are you having Dr. Reilly refuse to answer the question?

MR. KHEIR: Yes. *O*

BY MS. REMPEL:

54. Q. All right. Do you agree that the general public would assume that these photos depict abortions of viable fetuses?

A. I have no reason to think that the public would not have that expectation.

55. Q. Especially because you believe that abortions of nonviable fetuses is not ethically wrong;

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right?

A. The difficulty I'm having answering is I'm expecting that a given photo might be perceived differently in different contexts. And that's why I'm having difficulty answering what the public would perceive when presented with a given image.

56. Q. In your opinion, do the photographs, are they supposed to depict images of viable aborted fetuses?

A. They are supposed to depict an image of a fetus at a given age. I can't speak to, beyond that, the intention of those displaying the photos.

57. Q. So you didn't create these posters, right?

A. I did not.

58. Q. You aren't aware of when the posters were created?

A. I am not.

59. Q. You don't know if the alleged photographs are of abortions done in Canada?

A. I do not.

60. Q. You weren't there when the alleged photographs were taken at the abortions?

A. I was not.

61. Q. You didn't provide the alleged ages of the fetuses on the posters?

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A. I did not.

62. Q. You don’t know who provided the alleged ages of the fetuses on the posters?

A. I do not.

63. Q. You don't know if it was a doctor who provided the alleged ages of the fetuses?

A. I do not know.

64. Q. You don't know if it was an embryologist who provided the alleged ages of the fetuses?

A. I do not.

65. Q. The posters, you'll agree with me, don't say if they're using fetal or gestational age to date the fetuses?

A. I agree.

66. Q. Fair to say you have no direct knowledge whether the alleged ages are fetal age or gestational age?

A. That is correct.

67. Q. That your opinion on the accuracy of the alleged ages on the posters is based on your assumption that the posters were using fetal age?

A. Correct. My assumption was that they were using the age of the fetus using fertilization as Day Zero.

68. Q. Which is fetal age?

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A. Yes.

69. Q. So at paragraph 13 of your Affidavit, you say that the most common method of surgical abortions for pregnancies under 14 weeks is suction, dilation and curettage, which is suction D-and-C?

A. Correct.

70. Q. When would you estimate suction D-and-C was adopted as an abortion technique in Canada?

A. Suction D-and-C has been a technique since I entered medical school, which would have been 1996. I can't speak to prior to when I entered medical school.

71. Q. Sure. You don't perform abortions using dilation and sharp curettage, right, or sharp D-and-C?

A. I do not.

72. Q. To be clear, that sharp D-and-C means that the doctor is using a sharp curette which is a sort of knife, do I have that right?

A. A sharp curette is more of an elongated spoon. But the leading edge is sharp.

73. Q. Have you ever performed an abortion using sharp D-and-C?

A. I have not.

74. Q. You don't teach sharp D-and-C as an abortion method to your students?

A. I do not.

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75. Q. You'd agree that sharp D-and-C is not the method taught in medical schools for abortion?

A. I agree.

76. Q. Fair to say that sharp D-and-C is not a representative method of performing abortions in Canada since you went to medical school?

A. Correct.

77. Q. In paragraph 15 of your Affidavit you say that "the image in Poster 1 possibly shows a fetus that has been aborted using sharp D-and-C." Do you see that?

A. I do.

78. Q. So the image in Poster 1 is not representative then of a Canadian abortion since you went to medical school in 1996?

A. Correct.

79. Q. All right. Let's talk about transillumination. You're aware that transillumination of fetal remnants involves, if I'm getting this right, separating fetal fragments, washing them thoroughly, floating them on a slide, and then viewing them under a microscope?

A. Yes.

80. Q. The reason the doctors would wash the fetal fragments thoroughly before viewing them is so they can see properly?

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A. Correct.

81. Q. Otherwise blood, maternal tissue and other contents of the uterus could make it very difficult to see the fetal fragments?

A. Correct.

82. Q. The blood, maternal tissue and other contents of the uterus would prevent you from seeing details like bones and joints in the fetal fragments?

A. It could, yes.

83. Q. Details like bones and joints help you determine the age of the fetus?

A. Yes.

84. Q. Would you agree that transillumination of fetal remnants is the common, if not only, method of magnifying fetal remnants for inspection that abortion doctors would use?

A. I'm not aware of other techniques. So I would agree that that is the most common.

85. Q. How often do you transilluminate fetal remnants in your practice?

A. It's not something I would ever do.

86. Q. Have you done it before?

A. I have not.

87. Q. So at paragraph 17 of your Affidavit you say that "Poster 1 could be a real image," right?

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A. I have no reason to believe that it is not.

88. Q. You'd agree with me that the presentation of that image is inconsistent with transillumination as we've just described it?

A. Yes.

89. Q. Right, because there's blood and other tissue that has not been washed off?

A. Yes.

90. Q. You say in paragraph 17 that the way you could confirm if Poster 1 was real, was if the fetal fragments were collected from all the tissue, removed from the uterus, and then magnified, right?

A. That's how I would imagine that one could obtain that image.

91. Q. Is that process transillumination?

A. One could use a light from under the portions of fetus to accurately see, which would be a form of transillumination.

92. Q. But you agreed with me that transillumination involves washing off the specimen?

A. Typically, one would wash the specimen in order to more easily observe what you were hoping to observe. But I think transillumination, on its own, simply refers to providing light from behind. But if there were a lot of products present, then it would be

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difficult to see what you would want to see when you transilluminated.

93. Q. Right. Because we just agreed on what transillumination was; and you said that that method was the only method you were aware of that abortion doctors would use to view fetal remnants?

A. Correct.

94. Q. So I'll suggest to you that the picture on Poster 1, it is magnified already, right?

A. I believe so.

95. Q. We can see a great amount of detail?

A. Yes.

96. Q. We can see ribs and even finger bones?

A. I’m not sure whether they would be bones. There certainly is at least some cartilage which has begun to form, which provides the image. Typically, there would not be bones formed at this gestational age. But there's definitely tissue which will become bone, which one is seeing.

97. Q. So on the torso of this image, those straight lines that look like fully formed ribs, you're saying are just cartilage, not ribs?

A. The appearance would be similar under magnification. But typically, at 10 weeks of fetal age--sorry, 10 weeks of gestational age, eight weeks of

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fetal age, it would be primarily cartilage and not bone.

98. Q. So your evidence is that cartilage and bone look the same under magnification?

A. They can, yes.

99. Q. So the level of detail in this image, you couldn't see that with the naked eye?

A. Correct.

100. Q. We can see all that detail, despite there being lots of blood and other pieces of tissue around the fetus?

A. Correct.

101. Q. You'd agree it doesn't make sense that we can see that level of detail so clearly, given the blood and tissue hasn't been cleared away?

A. It would depend on how the lighting was provided to the image. And I do not know how the lighting was provided.

102. Q. Is the reason you don't know how the lighting was provided, because it doesn't look like the type of image you would normally see with transillumination?

A. Correct.

103. Q. Right. Because you told me that it would be very difficult to see details like bones, without the blood and maternal tissue and other contents of the

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uterus washed off, right?

A. Correct.

104. Q. I think you've already answered this question, but just to be clear, have you ever transilluminated fetal fragments without washing them off?

A. I have not.

105. Q. So you wouldn't have a point of reference then for what that looks like?

A. Correct.

106. Q. That's because it's not routinely done by medical practitioners in Canada?

A. Correct.

107. Q. So it's possible that the image on Poster 1 was manipulated in some way, given the high level of detail despite the fetal remnants not being cleaned off at all?

A. Certainly, that is possible.

108. Q. I'd suggest it's probable; do you agree?

A. I would say I lack the details on how the image was obtained, to say whether I believe it is probable or not.

109. Q. What details would you need?

A. I would like to know how the fetal remnants were obtained within the specimen; how illumination was

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provided; what degree of magnification was undertaken; all of those details. I can't say for certain that there isn't a process by which one could obtain this image without manipulation of the image.

110. Q. You'd say it's pretty uncommon, whatever method was used to obtain this image?

A. Yes.

111. Q. All right. I'd like to ask you about your opinion on Posters 2 and 3, which is at paragraph 16 of your Affidavit. Your opinion is that the fetus was extracted one of two ways: one, that the cervix was opened and the fetus pulled out; or two, that medicine was provided to the mother and the fetus was miscarried, for both Posters 2 and 3?

A. That the fetus was expelled from the uterus. Miscarriage isn't a common medical term; it's more of a lay term.

112. Q. Sure, my mistake, but do you agree then that your opinion is that the fetus in Posters 2 and 3, the images in those, was extracted one of those two ways; that the cervix was opened and fetus pulled out, or that medicine was provided to the mother and the fetus was expelled?

A. Correct.

113. Q. Do you perform abortions where the cervix is

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opened and the fetus is pulled out?

A. Not under 14 weeks of fetal age; but I do, above 14 weeks of fetal age.

114. Q. Just to be clear, you're using fetal age or gestational age?

A. It would be fetal age.

115. Q. So that would be 16 weeks in gestational age?

A. Yes. Although occasionally when providing terminations at 12 to 16 weeks of gestational age, it is necessary to further dilate the cervix and remove the fetus--to remove pieces of the fetus by that technique. There's some variation in what you need to do, beyond 12 weeks gestational age, depending on the circumstances of the case.

116. Q. Sounds to me like that's not a common method of abortion in Canada, though, right?

A. Correct.

117. Q. At any level of fetal development?

A. Beyond 16 to 18 weeks of gestational age, termination would generally be by inducing labour for a delivery of the fetus.

118. Q. Right, but you'll agree with me that none of the images on the posters show fetuses that are beyond 16 to 18 weeks of gestational age?

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A. Correct.

119. Q. So suction D-and-C, I think you told me, is the most common method used, right?

A. Correct.

120. Q. So opening the cervix and pulling a fetus out, is not representative of how abortions are done in Canada, for the images in Posters 2 and 3?

A. Correct.

121. Q. So the other method, giving medicine to the mother to expel the fetus, at a period of 12 to 15 weeks of gestational age, is that common?

A. I wouldn't say that it is common, but it is certainly something that I have performed. But it would be probably 10 percent or less of the terminations that I've provided.

122. Q. I'd suggest to you that abortion care providers do not prescribe medicine or pills to, you know, to expel the fetus where the fetus is older than nine or 10 weeks gestational age?

A. I would say that that is not common. But there are some patients who have nonviable pregnancies where seeing the fetus is important to them. And so one would choose, as an inpatient not as an outpatient, to provide medicine and, for expulsion of the fetus. So that the fetus can be seen by the patient.

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123. Q. Giving medicine to expel the fetus at the ages of 12 to 15 weeks is not representative of abortions in Canada?

A. It is not common. It would be a very small subset.

124. Q. Maybe 1 percent?

A. I wouldn't have expertise to judge that generally. It would be in the five-ish percent of my practice. I don't know what it would be nationally.

125. Q. So, looking at Poster 2, do you ---

A. Yes.

126. Q. --- you have that in front of you?

A. Yes.

127. Q. The clean, straight cut about halfway down, just above the organs there, do you see that?

A. I do.

128. Q. That surgical cut on the abdomen wouldn't have been caused by opening the cervix and pulling the fetus out?

A. It would not.

129. Q. That cut would not have been caused by giving the mother medicine to expel the fetus?

A. It would not.

130. Q. Similarly in Poster 3 you see the clean, straight cut opening the abdomen, sort of under the rib

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cage there?

A. I do.

131. Q. That surgical cut on the abdomen would not have been caused by opening the cervix and pulling the fetus out?

A. It would not.

132. Q. The cut would not have been caused by giving the mother medicine to expel the fetus?

A. It would not.

133. Q. So you'd agree that the clean cuts on the images in Posters 2 and 3 were not a result of the abortion procedure used?

A. I don't believe that they were.

134. Q. Well, your opinion was that the fetuses in Posters 2 and 3 were aborted using one of those two methods, either the cervix opening or the medicine. So, ---

A. Yeah.

135. Q. --- based on your opinion, the clean cuts in the images in Posters 2 and 3 were not a result of the abortion procedure?

A. Correct.

136. Q. These clean cuts would have been done post-abortion?

A. Yes.

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137. Q. So in your opinion it's fair to say the fetuses were manipulated physically after the abortion, by cutting them?

A. Yes.

138. Q. In your Affidavit at paragraph 17, you quote Dr. Lovett's Affidavit, where you say, she says the images on the posters "are likely not real aborted fetuses or have been manipulated...in some way." Do you see that?

A. I do.

139. Q. Now there are dot-dot-dots in the middle of that sentence because you cut some words out. So Dr. Lovett's Affidavit at paragraph 16 actually says,

"The images on the posters are likely not real aborted fetuses, or have been manipulated either physically after an abortion or Photoshopped in some way."

Do you have Dr. Lovett's Affidavit in front of you?

A. I do. I’m just moving to paragraph ---

140. Q. Sixteen?

A. I have paragraph 16.

141. Q. So again the sentence she writes there is, "The images on the posters are likely not real aborted fetuses, or have been manipulated, either physically after an abortion or

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Photoshopped in some way."

Do you see that?

A. I do.

142. Q. So I'll suggest your reiteration of her sentence in your Affidavit is misleading, because you leave out a part of that sentence you actually agree with?

A. That was not my intention to mislead. The fetuses may have been manipulated physically for medical reasons or to allow better photography. I was intending to say that I have no reason to believe that they are not real aborted fetuses, and I have no reason to believe that Photoshop has been performed. I would say that there was manipulation, physical manipulation of the fetuses.

143. Q. You agree with Dr. Lovett; the Posters 2 and 3 were manipulated physically after an abortion?

A. Yes.

144. Q. Sorry, can you clarify for us what you meant by the fetuses in Posters 2 and 3 being manipulated by being cut through the abdomen, after abortion, to allow better photography; why would that allow better photography?

A. I did not intend to state that they intended better photography. There would be medical reasons such

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as Dr. Lovett notes, regarding obtaining tissue for genetic analysis, or other medical reasons why one might remove a portion of fetal tissue as part of what is done after the termination is completed and the fetus is obtained.

145. Q. So removing a portion of the fetal tissue, that's not a very common occurrence after an abortion?

A. It is not.

146. Q. The cutting post-abortion makes the images on Posters 2 and 3 unrepresentative of a normal abortion procedure in Canada?

A. It would make them unrepresentative of what the products of conception would look like after termination of pregnancy in Canada, yes.

147. Q. So, to be clear, you agree that the abortion procedure you believe was used on the images in Posters 2 and 3 would not have caused the cuts on the abdomen?

A. Correct.

148. Q. So the cutting was done post-abortion?

A. Correct.

149. Q. So again, the cutting post-abortion makes the images on Posters 2 and 3 unrepresentative of a normal abortion procedure in Canada?

A. Correct.

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150. Q. So I want to ask about your opinions at paragraphs 10 to 12, about the ages of the alleged fetuses. So, the opinions you give in those paragraphs are based on your personal clinical experience, right?

A. Yes, and also training and reference to the appearance of fetuses at various gestational ages.

151. Q. What are you using as reference?

A. I'm not sure which textbook I would have originally referenced. For the purpose of the Affidavit I was referencing my expertise from my training earlier in my career.

152. Q. When would you say you referred to that textbook you say you're using as reference?

A. That would have been part of my training to become an Ob-Gyn, which occurred from 2000 to 2005.

153. Q. So you haven't looked at that textbook for about 20 years?

A. I consult textbooks every now and again for various medical reasons, so I couldn't state for sure that I haven't.

154. Q. You haven't consulted the textbooks in the last 20 years to consult the various levels of fetal development?

A. I have not had reason to do that.

155. Q. So in your practice you don't regularly see

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viable fetuses that have been aborted, right?

A. I do not.

156. Q. You don't regularly see how viable fetuses look after an abortion?

A. I do not.

157. Q. Would you agree that the decomposition of fetuses you regularly see when you perform nonviable abortions impacts your ability to assess the age of what a viable aborted fetus would look like?

A. I do not agree, as I have certainly performed terminations for which the degree of tissue breakdown is minimal, as the fetal demise had occurred very close to the time of the termination.

158. Q. What percentage of abortions you perform would the fetal demise have been so minimal as to not change the appearance of the fetus?

A. That would be difficult for me to say precisely.

159. Q. Approximately is fine?

A. I would say, a quarter to a half.

160. Q. Earlier you told us you perform at most several abortions a month?

A. Correct.

161. Q. What's several, three to five, maybe?

A. Correct.

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162. Q. So maybe one to two abortions you do per month would have such a minimal level of fetal demise that they would look -- different than a viable fetus when aborted?

A. Correct.

163. Q. Would you agree that your lack of experience aborting viable fetus impacts the reliability of your assessment of the ages of the fetuses on the posters-- which, I suggest to you, are viable fetuses that have been aborted?

A. I would agree that I would not have the same level of experience as those who provided a high volume. But I don't believe that that difference would cause me to change the opinion that I provided. I'm having some difficulty answering the question. Of course, the more a person does, the more they are an expert. But in medicine, a certain level of performing a procedure makes one competent to provide an opinion. And I would say that I'm at that level of experience.

164. Q. So you'd say performing one to two abortions per month where the demise of the fetus is so minimal as to look like a viable pregnancy abortion, would make you competent enough to provide an opinion on how a viable aborted fetus looks?

A. Yes.

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165. Q. All right. Just a couple more questions then I'll be done. So you're part of the College of Physicians and Surgeons of Ontario, the CPSO, right?

A. I'm licensed by the CPSO, yes.

166. Q. So just going to ask a couple questions about this. I won't belabour the point, but in January 2018 the Enquiries, Complaints and Reports Committee cautioned you for a failure to maintain appropriate boundaries; inappropriate narcotics prescribing; and practising outside your scope of practice. Do you remember that?

A. I do.

167. Q. The committee's report says that an independent opinion provider who specializes in obstetrics and gynaecology concluded that you had displayed a lack of knowledge and skill by prescribing narcotics for chronic pain without the training or experience to do so. Do you remember that?

A. I do.

168. Q. As a result, you were required to do a specified continuing education and remediation program?

A. I was.

169. Q. You completed that in April 2020?

A. If that's what the records state, yes.

170. Q. That is what the records state. The CPSO has

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also issued you a practice condition: to practice only in the areas of medicine where you are educated and experienced?

A. That's common to all physicians in the province of Ontario. That stipulation is standard language as part of our licence.

171. Q. I'll suggest to you that Dr. Lovett doesn't have that practice condition, and she practises in the areas of obstetrics and gynaecology?

A. I would expect that the College expects her to practice within her expertise.

172. Q. I'll suggest that the practice condition was issued after this caution was given to you?

A. So I was not aware that that was in any way unique to my practice. And certainly, when reviewing College documentation for many other physicians in some of my administrative work, I have seen that language as very standard. I can't speak to the language of Dr. Lovett's licence.

173. Q. Fair enough. So to be clear though, your area of practice is gynaecology and obstetrics?

A. That is correct.

174. Q. Not chronic pain?

A. Correct.

175. Q. So the committee ultimately concluded that

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you were practising, "outside your scope of expertise while trying unsuccessfully to practice in the area of chronic pain." Is that right?

A. That was the committee's opinion.

176. Q. Well, that was the conclusion of their report?

A. Correct.

MS. REMPEL: If I just might have a moment to review my notes, please? Okay. Thanks very much, Dr. Reilly. I don't have any further questions for you.

THE WITNESS: Thank you.

(OFF RECORD DISCUSSION)

RE-EXAMINATION BY MR. KHEIR:

177. Q. Dr. Reilly, in the course of your testimony you were asked about what the images are depicting. To the best of my notes, you used the phrase that they depict the products of conception at a particular point in time of development, ---

A. Correct.

178. Q. --- is that right? With respect to the images' depiction of development, is it your opinion that the images are likely accurate in their depiction of the forms and structures present?

A. I have no reason to believe that they are not.

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179. Q. When you say there's no reason to believe that they're not, is that to say they accord with your experience?

A. Correct.

180. Q. Then you were asked about Photos 2 and 3 with respect to cuts present on the fetuses depicted?

A. Correct.

181. Q. You agreed that that would be a sign of physical manipulation. When you use the word "manipulated" can you just describe in what sense you're using that word?

A. Well, that somebody applied physical means to do something to the fetus for some purpose.

182. Q. Did you mean it in the deceptive sense of the word?

A. I can't speak to the motivation behind the things which were done to the fetus, as I don't know the context of the procedure. There would be medical reasons to obtain portions of tissue from a fetus for further testing or analysis.

183. Q. That brings me to my next question. You were asked if the practice of removing tissue after an abortion is common, and you said no, right?

A. Correct.

184. Q. Do I understand you to be saying it is

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something that does happen sometimes?

A. It does happen sometimes that there's reasons that we would want to send a portion of fetal tissue to the lab for further investigation.

MR. KHEIR: Okay. Those are all my questions. Thank you very much, Doctor.

(OFF RECORD DISCUSSION)

MR. KHEIR: Just for the Record, we've raised the issue of potentially there being a comparable practice direction to only practice areas in the areas of medicine in which Dr. Lovett is educated and experienced on her CPSO account.

MR. CRAWFORD: That's right. And as discussed with my friend, we're taking that under advisement; and provided the information online verifies what was said, we'll make a stipulation so that the Record's corrected. *A*

MR. KHEIR: Okay. Thank you.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (10:57) IN THE FORENOON.

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THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

.....

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Examination No. 25-0857.8 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF MAEVE ROCHE on her Affidavit sworn on February 29, 2024 pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services, on July 10, 2025 commencing at the hour of 12:01 in the afternoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

This Examination was taken down by sound recording by Catana Reporting Services Ltd.

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NUMBER OF PAGES: 29

ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

None

EXHIBITS

No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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MAEVE ROCHE, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. CRAWFORD:

1. Q. Good afternoon, Ms. Roche?
A. Hello.
2. Q. You can hear me okay?
A. Yes, I can.
3. Q. Can I confirm that you have a copy of your Affidavit in front of you?
A. I do, yes.
4. Q. That's the Affidavit sworn February 29th, 2024?
A. Correct.
5. Q. Do you have anything else in front of you?
A. No.
6. Q. Any notes or additions that you've made to your Affidavit?
A. No.
7. Q. Great. Thank you very much. I'll just ask you a couple questions about your experience. Do you have any formal medical training at all? I don't mean like CPR, just any formal medical training?
A. No, I do not.
8. Q. Any formal training in psychology?
A. No, I do not.
9. Q. Any formal training in education?

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A. No, I do not.

10. Q. You've been with the Campaign Life Coalition since 2020, is that right?

A. That's correct.

11. Q. You joined as a summer intern?

A. That's correct.

12. Q. You've been a youth coordinator since 2021, right?

A. Yes, that's correct.

13. Q. The primary responsibilities of the youth coordinator of the Campaign Life Coalition are educating young people, is that fair to say?

A. Yes.

14. Q. In your Affidavit you say, "Educating and mobilizing young, pro-life Canadians to engage in advocacy," right?

A. That's correct.

15. Q. You would agree that you also do education and outreach to people who you're sure if they're pro-life yet, right, that's part of the education process, right?

A. Yes, through our street activism that we do.

16. Q. So in other words, people that you don't know their leanings, or if you think they might for instance be pro-choice, you do outreach to educate them

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on your perspective and the perspective of the organization; is that fair?

A. That's correct.

17. Q. Specifically, as a youth coordinator, it's young people that you're tasked with educating, right?

A. Yes.

18. Q. Do you have an age bracket for what youth would be, what age groups that would encompass?

A. Yeah. So, typically the age group that we cater to is between the ages of 13 to 29. So, I guess to further clarify, essentially it's high school to postsecondary is our primary targeted audience.

19. Q. Thank you very much for clarifying that. So you'd agree with me that 13-year-olds can be very impressionable and very shapeable minds, right, would you agree with that?

A. I would agree with that.

20. Q. You'd also agree that 13-year-olds, there are certain types of imagery that 13-year-olds have a right not to be exposed to; is that fair?

A. I suppose in terms of imagery--and when you refer to the right to view this imagery, again I believe that in the public square, we as Canadians have a right to display images in terms of, that fall under what we're permitted to show in the public square. And

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therefore, even -- certain image can be disturbing to a 13-year-old. But I don't think that 13-year-olds have a right in the public square to not view certain images.

21. Q. You'd agree with me, in your personal experience and things you've witnessed, that there are age restrictions on things that children get exposed to, right, like movies have age restrictions, right?

A. Yes.

22. Q. Things that can inform age restrictions on movies include whether they're graphic and violent, right?

A. Yes.

23. Q. Video games can have age restrictions, right?

A. That's correct.

24. Q. Even some news articles now include trigger warnings that warn the person if what they're about to read might be offensive to them; you agree with that?

A. That is correct.

25. Q. You'd agree with me that there's extra protections for people, especially as young as 13, to be not exposed to very graphic images; is that fair to say?

A. Yes.

26. Q. I'm going to ask you a little bit about some of your beliefs, and I'm more concerned--I'll tie it

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into why it's a little more relevant. So I'll go one question at a time, but if you could just follow me through this, we'll get through this. Is it fair to say that you believe abortion is murder?

A. Yes.

27. Q. Is it fair to say that's the type of opinion you would convey when communicating with young people?

A. That's correct.

28. Q. Fair to say you believe abortion is the violent slaughter of human beings?

A. Yes.

29. Q. This would be the type of message you would convey to a young person?

A. That's correct.

30. Q. Again, in some instances these people are as young as 13 years old?

A. That's correct.

31. Q. The March For Life, the event at Parliament Hill, that's an annual event for the Campaign Life Coalition?

A. Yes.

32. Q. That's an important event?

A. Yes.

33. Q. You've been going there for years in your role officially with CLC, is that right?

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A. That's correct.

34. Q. You attended the march even before you were a member of CLC?

A. That is correct. Since high school. I was 14 the first time I went.

35. Q. You were 14 the first time you went to one of those?

A. Yes.

36. Q. In your experience, there were other young people around?

A. Yes, plenty.

37. Q. Similarly situated, 13, 14, things of that age?

A. Yes.

38. Q. How many marches have you attended, either with CLC officially as an employee or on your own?

A. Let me think. I've attended seven, I believe.

39. Q. So these are annually, so you've been there approximately seven different times over the years?

A. That's correct.

40. Q. Fair enough. In your experience there's youths that are part of your group. There's also many young people around that aren't affiliated with CLC, right?

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A. That's correct.

41. Q. In your experience on Parliament Hill, there are many people that are there for various reasons that have nothing to do with your cause, right?

A. Yes.

42. Q. That includes young people, right?

A. Yes, that's correct.

43. Q. Part of the reason the CLC embraces the March For Life so much is because of the reach, the number of people you can convey your message to; is that fair to say?

A. Yes.

44. Q. Specifically the 2023 March For Life, do you remember that?

A. Yes, I do.

45. Q. You were one of the organizers that year?

A. That's correct.

46. Q. You were one of the masters of ceremonies?

A. That's correct.

47. Q. The march was planned for May 11, 2023. Does that sound about right?

A. Yes.

48. Q. Are you aware that there had been some planning arrangements made between the organizers of your group and the Parliamentary Protective Service?

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A. Yes.

49. Q. The day before the march was planned, May 10th, 2023, you were setting up to do a press conference, right?

A. Correct.

50. Q. This was on Parliament Hill?

A. Yes.

51. Q. Are you aware that no communication had been made to the Parliamentary Protective Service about that event?

A. I was not aware.

52. Q. Just so I'm clear--that was my fault, the way I worded it--meaning you don't know either way whether it was communicated? Is that what you're saying?

A. Yes, correct. I was not directly involved with the PPS, as most of my focus when it came to organization was youth events that week.

53. Q. You had a number of signs that you had planned during your press conference, to lift up at a preorganized time; is that right?

A. That's correct.

54. Q. Those posters and pictures had depictions of aborted fetuses, right?

A. That's correct.

55. Q. Do you remember what the pictures looked

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like for those various, the various pictures that were included in that?

A. I do recall, yes.

56. Q. Have you had a chance to--pardon me, if you could help me with this last name. Is it Matthew Wojciechowski? How do you pronounce that?

A. Ye, that's correct.

57. Q. "Wochechowski" (ph)?

A. Yes.

58. Q. Have you had a chance to read his Affidavit in this matter?

A. I have not.

59. Q. Have you seen ---

A. --- recently. I did read ---

60. Q. Sorry, I cut you off there. Could you repeat that, please?

A. I haven't read it recently, but I did read it initially when it was signed.

61. Q. You would have seen the photographs attached to his Affidavit?

A. Yes.

62. Q. You agree that those were indeed the photographs that you were trying to display the day before the March For Life in 2023?

A. That's correct.

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63. Q. In your Affidavit you say, "Through photos of dead bodies of human embryos and fetuses killed by abortion, we are able to convey the reality of abortion in Canada to fellow citizens."

You said that, right?

A. That's correct.

64. Q. That's obviously consistent with your belief of the purpose for the signs?

A. Yes, correct.

65. Q. You'd agree with me that if you're attempting to convey the reality of abortion, then what's depicted in the posters has to be true; is that fair to say?

A. That is fair to say.

66. Q. In other words, what it pertains to be, and what the poster says it is, has to be accurate and conform with the truth, right?

A. That is correct.

67. Q. Do you have any idea where those photographs come from?

A. Yes. They are choice change signs that originated through the Centre for Bioethical Reform. And when I was an intern back in 2020, I had access to the signed Affidavits from the photographer who took these

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photos and the abortionist who performed the abortions. And since then, it has been my understanding that those photos are indeed accurate depictions, based on those Affidavits that I reviewed myself several years prior.

68. Q. You'd agree then that the images are intended to depict viable fetuses that have been aborted, right?

A. Yes, that is correct.

69. Q. Are you familiar with a distinction between fetal age and gestational age, at all?

A. I believe so. I believe that the difference between fetal and gestational is a matter of when the pregnancy was measured; whether it's first day of a woman's last menstrual cycle, or when the fetus or the embryo actually was conceived.

70. Q. Are you aware that the generally accepted medical assessment of dating a fetus is the gestational age?

A. That's correct. I just had a baby, so.

71. Q. Fair enough, and congratulations. Are you aware of what method CLC uses to date the fetuses on their signs?

A. No, I'm not aware.

72. Q. In seeing the signs, is it fair to say with your own personal experience you'd presume that they're

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using gestational age?

A. I would presume that they would be using fetal age.

73. Q. Why is that?

A. As pro-lifers, we believe that life begins at the moment of conception. So it would be more consistent to date the fetus from moment of conception, as opposed to first day of last menstrual cycle, would be my assumption.

74. Q. That's assumption. That's very fair. You're willing to agree with me that most people understand the age of a fetus by the gestational age; are you willing to agree with that?

A. Yes.

75. Q. For instance, you just had a baby, as you said. When you were speaking with your health care professional, you're talking gestational age, right?

A. That's correct.

76. Q. You agree with me that nowhere in any of those signs do you indicate that it's using fetal age, right?

A. I don't recall.

77. Q. Do you recall ever in your outreach telling people, "Hey, this isn't the gestational age that you're used to using. This is fetal age, because of our belief

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system"?

A. No.

78. Q. So, fair to say, to the extent that there's a discrepancy between those two times, the signs could be misleading; is that fair to say?

A. I guess the signs themselves could be deemed misleading if people are understanding it from a gestational age perspective. But the signs themselves are depicting babies that were killed via abortion, based on fetal age, which I think is more accurate.

79. Q. There's dating on the signs themselves that say the age of the ---

A. Okay.

80. Q. --- fetus, right? So again, ---

A. That's correct.

81. Q. --- so the common understanding presumption would be that it's fetal [sic] age because that's what everyone uses; fair to say?

A. Sure. That can be the presumption.

82. Q. Sorry, sorry, let me correct that because I said that wrong. The common presumption among general people would be it's the gestational age, right, the ones we're used to using with doctors, et cetera, fair to say?

A. Yes, yes, that would be a fair presumption.

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83. Q. So if it's using a different metric and doesn't tell people that it's using that metric, that could tend to confuse people, right?

A. Possibly.

84. Q. That could tend to be misleading, right?

A. I suppose. But again, I think that because the fetal is a more-accurate description in terms of the age of the fetus that's being depicted in the image, the weeks that are listed on the signs are not necessarily misleading in the sense that they're inaccurate. But perhaps someone who has a gestational understanding of fetal age might think that that could be misleading if it's not clearly explained to the person who's viewing them.

85. Q. Right, and most people would presume gestational age; we've kind of covered that, right?

A. Sure.

86. Q. There's nothing explicitly telling them that it is in fact a different metric than they're used to using; fair to say?

A. That's true. Based on the signs, yes.

87. Q. Again, in paragraph 9 you also say that, abortion is often conveyed through euphemism as a "clean, sterile medical procedure," and later on in the same paragraph you say, "Abortion victim photography

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serves as an effective tool to uncover the hidden violence of abortion." Is that fair to say?

A. Yes.

88. Q. You agree that at least a couple of those photographs that you were attempting to display the day before the March For Life, involve the fetus being rather disfigured?

A. That is correct.

89. Q. We've heard from two different medical professionals that say that any disfiguring on those signs is inconsistent with anything that would happen in the abortion procedure itself. Do you have anything to say in response to that?

A. I believe that, through my understanding of abortion--I've witnessed abortion videos through similar organizations. And so, because I've seen these videos, and I have an understanding of how the procedures are performed, I believe that these bodies of these children, and the injuries to them, are accurate in terms of what occurs during an abortion procedure. And again, I don't have the Affidavit with me or access to it currently, but I did see an Affidavit from an abortionist who affirmed that these images were consistent with an abortion procedure.

90. Q. I'll ask you that slightly differently.

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We've heard from an Affiant in our case, Dr. Lovett. Did you have an opportunity to read her Affidavit?

A. Yes.

91. Q. She said that the images, specifically Image 2 as it was filed, is inconsistent with an abortion that would medically occur in Canada. Similarly, Dr. Reilly--did you read his Affidavit?

A. Yes.

92. Q. He agreed that any cutting into the body of the fetus would be consistent with something that happened after the abortion. So do you have any ability to disagree with either of those claims?

A. Yes, I would. Again, it depends on what Dr. Lovett is referring to when she mentions that these images are inconsistent with abortions occurring in Canada; and which images she was referring to. Because we know that over 90 percent of abortion procedures in Canada now, currently, as it stands, occur via chemical abortion, which would look vastly different from later-term abortions that we depict via these signs. However, those abortions still do take place. When we think about something like dilation and curettage abortions, which occur in the first trimester, end of first trimester or second trimester, early second trimester, again those abortions involve the dismemberment of a fetus through

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dismembering that child piece by piece; removing them from the body of his or her mother. And again, that's what those images are depicting. I have lots of experience talking to former abortionists who used to perform abortions and have since stopped their practices due to their moral objections to performing abortions. And they can certainly attest to the accuracy of these images, as well as the descriptions of abortion procedures through various, I guess, anti-abortion networks and channels.

93. Q. I want to be fair to you. Just so I'm understanding, you're saying that you're willing to disagree with both of those medical doctors, regarding Image 2? They say that that is not consistent with an abortion procedure that would happen in Canada. You're saying that it is consistent with that?

A. Yes.

94. Q. You're willing to disagree with two medical doctors; and you've already told us you don't have any medical training?

A. Yes, I am willing to disagree with those two medical doctors.

95. Q. Of course, you've never performed an abortion, right?

A. No, I've never performed an abortion. But

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I've seen a video of an abortion being performed.

96. Q. Would that have been an abortion that would have been legal to perform in Canada, by a certified doctor in Canada?

A. That is correct.

97. Q. Do you know the name of that video?

A. You can find it on the Canadian Centre for Bioethical Reforms website. I believe it's the first video that shows up, if it's still on their web page. I haven't checked recently. And the Centre For Bioethical Reform in the U.S. and the U.K. also have access to these videos as well.

98. Q. These would be videos from a Canadian doctor performing an abortion?

A. No. They would not.

99. Q. Sorry, that's what I had asked before. So you don’t understand that video to depict an abortion to be legally performed in Canada; is that fair to say?

A. Well, the abortion procedure, based on my understanding, is the same. Abortions aren't performed differently in different countries, unless there's legislation to limit the gestation, or if there's other health limitations.

100. Q. You'd agree with me that the signs in question, and the ones that you generally hold at your

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rallies and press conferences, are designed to be disturbing; is that fair to say?

A. Yes.

101. Q. They're designed to be extreme and get people's attention, right?

A. I wouldn’t characterize them that way. My argument would be that these signs exist solely to display the inhumanity of abortion and the humanity of the pre-born. That these signs are in fact disturbing. And pro-life people or anti-abortion people are disturbed by these signs, because they're depicting something that's disturbing. And I think that like any other social reform movement throughout history, images have a lot of power to reveal inhumane actions or forms of injustice. And I think that's how they're designed. I wouldn't necessarily characterize them as being designed to be extreme but rather to just display something that is occurring.

102. Q. You wouldn't say that those signs were designed to be extreme?

A. I guess I'd like to know ---

103. Q. Do you want me to show them again?

A. --- I guess I'd like to know what you mean by extreme, ---

104. Q. I'm saying if ---

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A. --- or what the intentions are behind them.

105. Q. --- for the average group of people, they would find those to be shocking; is that fair to say?

A. Yes, yes, I would say they're shocking.

106. Q. That's its very purpose, right? Would you agree that there's a significant ---

A. Yes.

107. Q. --- number of people walking by there that-- sorry, I cut off your answer there. Thank you for responding. Would you agree that a significant number of people seeing those would find them repugnant?

A. Yes.

108. Q. There's a website listed on the photos. "WhyHumanRights dot CA." Are you familiar with that website?

A. I believe that is, I think it's the Centre for Bioethical Reforms website, if I recall correctly.

109. Q. That's right. It says on the website, "Abortion kills humans". Have you seen that one?

A. Yes.

110. Q. It says, "End the killing"?

A. Yes.

111. Q. It says, "Abortion is a human rights violation"?

A. That's correct.

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112. Q. So if it's saying abortion kills humans, would you agree with me that website is accusing women who get abortions, of murder?

A. I believe the website--again, I don't know who, I don’t work for CCBR or for the Centre For Bioethical Reforms. I'm not sure their intentions behind that specific phrase. But I think I can speak more personally or from a pro-life perspective, that when we say things like abortion kills an innocent human being, we are certainly referring to the action that is taking place during an abortion, which ends the life of a human person that's developing in the womb. And so, certainly most of the onus would be on the abortionist who is performing the procedure.

113. Q. I'll ask you slightly differently. Because I appreciate you're not able to speak to the intent of the creators of the website, that's fair, but you're familiar, you've told us, with the messages that are on the website, right?

A. Yes.

114. Q. Those same signs you're talking about holding up, has a link to that website. So you're inviting people to go to that website, right?

A. That's correct.

115. Q. So you're promoting those messages by doing

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that, right?

A. Yes. We would agree with those statements.

116. Q. Right. So regardless of your belief or your understanding of their intention, you're telling people, "Hey," you're endorsing those messages, right?

A. That's correct.

117. Q. Right, and again one other thing on there, I believe it says, "Abortion is the intentional killing of a human." You agree with me about that?

A. Correct. Yes.

118. Q. That's murder, right? That is murder?

A. That's correct.

119. Q. So that would make a mother, at very least a party to murder, is that fair to say, a mother who had an abortion?

A. Yes, yes.

120. Q. These are the same ---

A. Obviously, there's some nuance there.

121. Q. Right, but there's not much nuance on the signs, is there?

A. No.

122. Q. There's not much nuance on that website, is there?

A. No, not to my knowledge.

123. Q. If I could please have just one minute? I’m

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almost done. Thank you very much. I won't be much longer. Again, you agree with me that children as young as 13 are kind of under your purview for outreach, right?

A. That's correct.

124. Q. There's children even much younger than that around at Parliament Hill, for instance, during the marches, right, that aren't associated with your group, right?

A. That's correct.

125. Q. Are you willing to agree with me that children younger than 13 would find some of those images, especially of the disfigured fetuses, to be alarming?

A. I think they can, yes.

126. Q. Would you agree with me that for young children, that could cause them great distress?

A. Possibly. But in my experience, at least through street activism when we're holding these same signs, I think more times than not children respond to these images the way that their parents do. And that's something that I see reflected frequently. I think, a lot of times--and typically, we try to turn the signs away from children if we do see them coming. Because of course, children are not our target audience with these

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images, who are under the age of 13. And so, I think that through that experience, knowing that when parents become really upset by these images, it startles the children. And I think that has more of an impact. Because a lot of time, children don't really know what they're looking at, or will, you know, ask about the images out of curiosity. But I think it's less common for children to be disturbed by these images alone.

127. Q. You would agree with me that, if not all three images that were filed in this case, at least a couple of them looked like babies, right, looked like what we'd understand a human baby to look like?

A. They do, yes.

128. Q. In a couple cases at least, they're mutilated; is that fair to say?

A. Yes.

129. Q. You're saying a young child wouldn't recognize that that's a picture of a mutilated baby? It's pretty clear, right?

A. I think it's possible.

130. Q. That could possibly be quite shocking to a young child; fair to say?

A. Yes.

131. Q. That could quite possibly be traumatic to a young child; fair to say?

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A. Possibly, yes.

132. Q. That could cause psychological harm to a young child; fair to say?

A. Possibly, yes.

MR. CRAWFORD: Thank you. I have nothing further.

COURT REPORTER: Counsel, you're muted.

MR. KHEIR: Thank you. I have some questions for Re-Examination.

RE-EXAMINATION BY MR. KHEIR:

133. Q. So you were asked about the website "WhyHumanRights dot CA," right?

A. Yes.

134. Q. You were read statements to the effect that abortion kills humans?

A. Yes.

135. Q. Are you aware of any instances of the use of the word "murder" on the site?

A. Not to my knowledge. We typically use the word "kill" when we refer to abortion.

136. Q. Have you ever called a mother who's obtained an abortion, a murderer?

A. Absolutely not.

137. Q. To the best of your knowledge, does CLC do that in its advocacy?

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A. No.

138. Q. You were describing your experiences engaging in street activism with these signs. So there are times when children on the street have seen the signs?

A. That's correct.

139. Q. You had said that the children's reaction is, in your experience, dictated by the reaction of the parents?

A. That's correct.

140. Q. So in the instances where the parents don't have a strong reaction initially, at first, what is your experience with how children react to seeing the signs?

A. Well, oftentimes children will just walk on by, if a parent is not engaging with us and is simply, you know, passing us. I've never witnessed a child, at least appear to be upset by the images if their parent is simply passing by. Again, I can't speak to their psychological state after seeing these images, but based on my observations it appears as though parents who are calm or who have a, like a level-headed conversation with us, if they are with their children, typically their children appear to be unfazed or appear to have no response to the images.

MR. KHEIR: Those are all my questions. Thank

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you.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (12:40) IN THE AFTERNOON.

THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

.....

JF, Catana Reporting Services

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Examination No. 25-0857.10 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF MATTHEW WOJCIECHOWSKI on his Affidavits sworn on February 29, 2024 & May 5, 2025, pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services on July 10, 2025 commencing at the hour of 12:49 in the afternoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

This Examination was taken down by sound recording by Catana Reporting Services Ltd.

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No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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MATTHEW WOJCIECHOWSKI, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MR. CRAWFORD:

1. Q. Good afternoon, Mr. Wojciechowski?

A. Good afternoon.

2. Q. Is that close enough to your name?

A. Yeah, that's actually much better than even my own colleagues at work pronounce it, so thank you for that.

3. Q. Good start. Great. I've been practising and did a little bit of background work, so we're all good. Can I confirm that in front of you you have the two Affidavits you swore in this matter?

A. Yes, I do. I have them printed out in front of me.

4. Q. Perfect, and to be clear, and this might be of assistance to Madam Reporter, one is from February 29th, 2024, is that correct?

A. Yes, that's the first one, yeah.

5. Q. The second one, which was done in Reply, is from May 5th, 2025, is that correct?

A. Yes, that's the one.

6. Q. Great. Do you have anything else in front of you?

A. No, just these two things.

7. Q. Did you make any handwritten notes or

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additions to the Affidavits that are in front of you?

A. No, I did not.

8. Q. Thank you. Just by way of background, do you have any formal medical training at all?

A. No.

9. Q. Any formal psychological training at all, education?

A. No.

10. Q. Formal educational training?

A. No.

11. Q. What about formal sociological training?

A. No.

12. Q. You are currently the vice president of the Campaign Life Coalition?

A. Yes, I am.

13. Q. You've been in that capacity since 2019?

A. Yes, that's, yeah.

14. Q. One of your roles is to oversee the day-to-day operations within the organization?

A. Yes.

15. Q. Additionally, you oversee the March For Life committee, is that right?

A. Yeah, yes, I do.

16. Q. You've been doing the latter since 2019, is it?

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A. The March For Life committee? I've been essentially part of that since I first started, so, yeah.

17. Q. Remind me when that was, again?

A. So as soon as I started, back in 2011 as communications coordinator. I was already, yeah, part of the organizing committee for the March For Life.

18. Q. As part of that committee you liaise with the Parliamentary Protective Service, right?

A. Yeah, so at first I wasn't, but yes, I would say since 2019, yeah, I've been part of the team that liaises with the PPS regularly.

19. Q. So as of the march that was planned for 2023, you'd done the planning in conjunction with the PPS for at least four years at that point; is that fair to say?

A. Yeah, I think so, yeah, that's fair to say.

20. Q. The march itself, this is a very significant annual event for you, right?

A. Yeah. It's our largest annual demonstration that we put on every year.

21. Q. You bring lots of your own supporters and people that agree with your cause, to Parliament Hill?

A. Yeah, that's, yeah, that's the general idea; to get people from across the country to show up.

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22. Q. While you're there, one of your goals is to urge Parliamentarians to get in line with your position; is that fair to say?

A. Yeah. It's to urge MPs and Senators and the government of the day to, yeah, bring forward legal protection for children in the womb, through legislation. That's kind of been the primary goal of March For Life.

23. Q. You also want to do a lot of advocacy for the people that are attending Parliament Hill that are unassociated with the government; is that fair to say?

A. Like people who are just bystanders, you mean?

24. Q. Yeah, exactly?

A. Yeah. I would say the March For Life, as any large demonstration, is also, yeah, also has an impact on the people, passersby and whatnot. So they can hear our message out and have those conversations.

25. Q. Right, and I mean, you have people within your organization specifically tasked with outreach work, right?

A. Well, I mean, on the day of the March For Life, I mean, we're kind of doing everything. From speakers, dealing with sounds, dealing with AV issues, yeah, kind of crowd control, working with the PPS. So

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yeah, we're kind of all over the place, our whole team, that day.

26. Q. Right, and you would agree that Parliament is a busy place in addition to just your group, right? There's many people that are there on their own; fair to say?

A. Yeah, yeah.

27. Q. That those groups would also include very young children; is that fair to say?

A. Yeah. I mean, we have a lot of families and young children who attend our event.

28. Q. Right, and I'm talking in addition to your event. Just people who are at Parliament Hill, apart from you?

A. Yes, for sure.

29. Q. You notice lots of young children and families there as well, right?

A. I mean, I'm not on Parliament Hill every day, but usually around the day of the events, that we usually tend to go to Ottawa to take care of logistics and figure things out, yeah, there's always, like, I would see like a high school group or something, or a Scouts group or something like that.

30. Q. You've seen young children on Parliament Hill when you're doing your event before, right, that

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are not associated with your group, right?

A. I mean, it's hard to tell, but for the most part I'm seeing the children and families who are part of the March For Life.

31. Q. Fair, those are the people that maybe--I'll reframe that, sorry. So, in years prior to 2023, as we'd indicated, you'd made arrangements with the PPS to ensure that the march goes smoothly, right?

A. Prior to 2023?

32. Q. Yeah?

A. Yeah, yeah. We would always ---

33. Q. Like in separate years, sorry. I'm trying to, I want to be clear there in my question. In the years leading up to 2023, annually you'd made arrangements as of 2019, we said, with the PPS to ensure the march went smoothly, right?

A. Yes, yeah, yeah. We would, we obviously do the permit with the Hill Committee. And once that's approved then they pass along all that information to PPS. And then that's when we start having our Zoom calls and just kind of dealing with logistics and so that we can all work together essentially to ensure that it's a peaceful event at the end of the day.

34. Q. Right. So you were familiar with the process of obtaining a permit, right?

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A. Yes, yes, yeah. It was a learning curve at first but yes, now I am.

35. Q. Fair enough. By 2023 you were well-versed in the process of obtaining a permit, right; ---

A. For the March For Life, yes.

36. Q. --- and liaising with the PPS officers, right; ---

A. Yeah.

37. Q. --- working out logistics in advance, right?

A. Yeah, yeah, that was, yeah, for sure it was important to ensure that we have a permit when we have like thousands of people on the grounds, yeah.

38. Q. As part of the permit process, they would be providing you with a set of the Rules, the General Rules for the use of the Hill, right?

A. Yeah, that would be part of it.

39. Q. So you were familiar with those Rules from years prior and for the march set in 2023, right?

A. Yeah, yeah, -- general idea of the Rules, yeah.

40. Q. You'd been provided copies before, right?

A. Yes, we would have been.

41. Q. So if you're only familiar with -- generally, that would be because you didn't read them yourself; is that fair to say?

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A. No. I mean, I would scan them all, always. But yeah, I mean, the main thing for the March For Life is always like sound and how many chairs you're allowed to have. You know, the measurements of the signs. Rules like that, you know. Any kind of, like the use of power, that kind of stuff. Cars, how many cars are allowed to pull up and get a permit to offload and onload. So, yeah.

42. Q. I'll just say you were given the opportunity to be familiar with the Rules, right?

A. Yeah, yeah, for sure.

43. Q. In 2023 the march was set for May 11th, right?

A. Yes, I believe that was the date.

44. Q. This is the date that everyone was anticipating your group to come on the Hill, as you had in years prior, right, as far as you know?

A. Yeah, yeah.

45. Q. Arrangements were being made to ensure that that event went smoothly, with PPS, right?

A. Yes, they were.

46. Q. There were no issues identified about that process, right?

A. No, no. It's been pretty good working relationship with ---

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47. Q. Then May 10th, the day before, you'd planned a press conference, right?

A. Yeah, yeah, we did. Wanted to do--we usually do them--in the years past we've done them in the press gallery inside Parliament. But that year we decided, I think--maybe we've done in past years as well--but we wanted to do something outside, I guess, on the Hill instead of in Parliament press gallery.

48. Q. You would have had speakers for this event?

A. It was just our own staff and our spokespeople.

49. Q. Sorry, speakers, the electronic version. You would have had ---

A. Yes, yes.

50. Q. --- amplifying speakers?

A. Yeah, just like a small kind of, yeah, just a small speaker for whatever media that would show up. So that they could hear what's being said.

51. Q. You didn't bother mentioning, that you were going to be there a day earlier, to the PPS that you were liaising with?

A. No, no. At the time I wasn't--because I was so preoccupied with the larger event the next day. So I didn't even think to apply for a permit for the press conference, given that it was only about 10 to 15 of us,

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10 to 15, 20 people max and it's all staff. So we didn't, no, we did not apply for a permit. Which, yeah, since then, we have. Put it that way.

52. Q. Right, fair to say. Again, you're using speakers there, right, amplifying speakers, ---

A. Yes.

53. Q. --- not human beings saying things?

A. Yes, yes -- speaker.

54. Q. As you know from the Rules, there are restrictions on what can be allowed for speakers, et cetera, right?

A. Yes, yeah, yeah, definitely.

55. Q. So it would have made sense to liaise about May 10th as well, right?

A. Yes, it would have made sense. I think that's definitely my bad for not being able to--just not thinking about it because of how small the event is, because you don't necessarily need a permit, I don't think, to have an event. We always try to do it the right way. But also, at the time, when we do the March For Life, we include, like, the amount of wattage that we use for speakers, because we have to use the power from Parliament Hill, right? With this case it was just like a portable speaker on the little tripod that's battery-powered, so I didn't even think to even mention

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it. Just because it's like such a small speaker. It's only meant to be heard by people within 10, 15 metres of the microphone. And it was battery-powered; we weren't using the Parliament Hill power source, right? So that's why I didn't think to do that. Obviously, since then it's been explained to us. So, in the last two years we've had press conferences on Parliament Hill and every year since we have applied for the permit and made sure that everything's, all the boxes are checked.

56. Q. On May 10th, 2023 you had some signage that you were prepared to display during the press conference, right?

A. Yes, yes. And can I just make a point about the speakers? Sorry, I forgot to mention. Because I was unaware, since they were just battery-powered, but as soon as one of the PPS officers told me that, "You guys can't have these speakers," we just put them away and we just encouraged our human speakers to just speak louder, so.

57. Q. So again, it was a working relationship where there was often some attempt to make accommodations; is that fair to say?

A. Yeah, definitely, definitely.

58. Q. You were treated well at all times by Constable Trudel; is that fair to say?

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A. Oh, yeah, very much so.

59. Q. He was courteous, and in fact even wrote you a follow-up e-mail, right?

A. Yeah, yeah. I thought we had a--usually there's a different PPS officer that's kind of takes on this file. So, yeah, we're always, we always try to be friendly and cooperate as well as we can. Because ultimately, you know, we care about the safety of our people there as much as PPS does, right? So we've always had a pretty good working relationship when it comes to these things.

60. Q. Again, back to May 10th. You had photographs you were preparing to display, right?

A. Yes.

61. Q. They were facedown on the lawn, leading up to the press conference, right?

A. Yes, that's right. We were planning on kind of revealing them during the press conference, with one of our speakers who would be addressing the issue specifically.

62. Q. So PPS would not have been expecting this gathering specifically, right?

A. Yes, they were not expecting ---

63. Q. Leading up to it, you have these images that they wouldn’t know about, facing the ground, right?

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A. Yeah, yeah.

64. Q. These images that were ultimately on the signs were graphic depictions of aborted fetuses, right?

A. Yes, they were.

65. Q. With some of them being mutilated; fair to say?

A. Yeah, well, that's what happens to a baby in the womb during an abortion. So, yeah.

66. Q. We can talk about that. You would agree with me that those images are intended to depict viable fetuses that have been aborted?

A. Viable meaning they're alive still?

67. Q. That it wasn't something that where there was a miscarriage and it was ultimately something like that, as opposed to something that was aborted while it was viable?

A. Yes. I would say that they're pictures depicting children who were aborted, yes.

68. Q. Right, and I'm just saying that they were viable. Meaning that there wasn't a stillbirth before, or a miscarriage, something like that?

A. Oh, yes, yeah, yeah.

69. Q. You'd agree with me that those particular images are disturbing to some?

A. Yeah, yeah, I would agree, for sure.

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70. Q. You would agree with me that the purpose of those images is that they're disturbing to some, right?

A. Can you clarify? What do you mean by "the purpose of the images"?

71. Q. They're very graphic, right?

A. Yeah, yeah.

72. Q. The purpose for which you're holding them is to get a reaction out of people?

A. Yes. That's, yeah, of course, yes, that's a better way of putting it. It's to, yeah, invoke a reaction, of course.

73. Q. You'd agree with me that there's children around Parliament Hill that are, again, unassociated with your group; could be younger than 10 years old, fair to say?

A. Yeah, of course. It's Parliament Hill. Hello? Did I lose you?

74. Q. Yeah, no, I'm still here. Can you see me?

A. Oh, yeah, yeah, I can see you.

75. Q. You've never brought signs of that kind to Parliament Hill previously, right?

A. Yeah, from my time at Campaign Life Coalition and in organizing the march, I don't remember a time when we would have brought the signs to the National March For Life. And this was the first time we

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would have brought it to a press conference, right? Because we've been doing press conferences for just as many years. But this was the first time we brought the signs for a press conference, yeah.

76. Q. I believe you said in your Affidavit that in other outreach in places you used images like that before?

A. Yeah, yeah. I would say Campaign Life Coalition, way before my time, was kind of the first organization to use, to use this kind of graphic imagery as a way to raise awareness about abortion. So yeah, so since our founding about 40 years ago, it's been part of the many strategies we use to raise awareness. But at the March For Life, it was the first time in my time. Maybe they would have brought them back in the '90s, but in my time it was the first time we brought the graphic images to Parliament Hill.

77. Q. So, in other words, even though it was an active part of the advocacy done by the group, this was the first time those specific types of images were used where you were present on Parliament Hill for the March For Life; fair to say?

A. Yeah, yeah. And I would just make a point that, yeah, by us as the organizers. There's been other--pro-life movement is a diverse movement. So

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there's a lot of different people. So there have been people in the past who have brought these images to the march. But, yeah, that's just other pro-life supporters, I guess.

78. Q. Every year that you were organizing it, you would have been provided with a copy of the Rules leading up to 2023, right?

A. Yeah.

79. Q. Are you aware of whether those signs--or sorry, I'll back up a bit. The signs that we're talking about include the purported age of the fetus, right?

A. Yes, I believe so.

80. Q. Are you familiar with gestational age?

A. Yeah, in the sense of how many weeks a child is in the womb. Is that what you mean by gestational age?

81. Q. Well, there's two means of dating fetuses. I'll ask you if you've heard the difference. Have you heard of the difference between gestational age and fetal age?

A. Yeah. I think it has something to do with from the moment of fertilization, from the moment of the last period. There's different ways of--I would have heard all of this stuff. I have four children. So every time we'd go to the appointment with my wife I would

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have heard a lot of this stuff.

82. Q. Fair enough. Are you familiar with the policy of CLC as far as which means of dating they use?

A. Oh, that's actually a good point. Yeah. That's a good point. I actually don't, I don't think we've had--or at least in my time here, I've had a conversation about specifically which definition to use or not. Yeah.

83. Q. In your experience with your own children, are you willing to agree with me that the standard assessment doctors use is gestational age?

A. Yeah, I think so, yeah.

84. Q. So, fair to say unless it was otherwise stated, people seeing those signs would presume you're using gestational age; is that fair to say?

A. Yeah, it's fair to say.

85. Q. Obviously, you've never communicated something contrary to that to people that see the signs, right?

A. Yeah, no. For the most part, I would say because we've been using images, abortion victim photography images, for many years--I've come across so many different types of images over the years. So, I guess I don't really focus too much on whether this is a nine-week or eight-week or seven-week, or more so maybe

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it's the first trimester or second trimester or third trimester. Yeah, that's a good point. Maybe that's something that we have to actually look into for our own clarification, for our own strategy and how we communicate to discuss the appropriate gestational definitions.

86. Q. Right, and especially because these are on display for people to see, right? So you're doing educational work for other people, right? So you want to make sure what you're communicating is understood by the people seeing it?

A. Oh, yeah, a hundred percent, yeah. Hundred percent.

87. Q. At paragraph 10 of your Affidavit you say, "CLC uses abortion victim photography because we believe it clearly conveys both the humanity of the preborn and the inhumanity of the abortion," right?

A. Can you just repeat the section again so I can pull it up?

88. Q. It's paragraph 10 of your Affidavit. I'll give you the date of this. It's the February 29th Affidavit, paragraph 10, and starts at the very bottom of page 2?

A. Yeah. "Abortion victim photography is used by CLC and other pro-life advocates to communicate the

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consequences of abortion and to persuade others."

89. Q. You say your organization "abortion victim photography because we believe it clearly conveys both the humanity" ---

A. Oh yes, of course, oh my gosh, I had the wrong page. Okay. Yes, "because we believe it clearly conveys both the humanity of the", yes, "and the inhumanity of the abortion," yes.

90. Q. You agree with me, for it to be clearly conveying anything, it would have to be accurate, right?

A. Yeah, of course. Yeah, it would have to be accurate. I would also just add that, and, we believe that any abortion, anytime you take the life of a child in the womb at any stage, right, from conception until birth, is an act, is a violent act against that human being, right, in the womb. So whether it's first trimester, second trimester or whether you refer to it as eighth-week gestation or 20th week, it's inhumane, essentially, to kill a human being in the womb like that. So yes, that's, we would say that we obviously want to have, to be factually correct and accurate. But more so just the general act of taking the life of a child in the womb at any stage while they are still in the womb, is inhumane.

91. Q. Specifically with regard to the photographs

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though, right, and the photographs in this case that were on the lawn at Parliament Hill, right?

A. Yes.

92. Q. You're saying that those clearly convey the humanity of preborn and the inhumanity of abortion, right?

A. Yes, I would definitely, yes, I would agree a hundred percent.

93. Q. So you'd agree with me there, for it to clearly convey anything, the information on the sign would have to be accurate, right?

A. Yeah, yeah.

94. Q. Do you recall the images in this case, and how they appeared?

A. Yeah. I mean, I have them as part of the Affidavit. So I have them in front of me.

95. Q. You'd agree with me that Photograph 2 for instance, take your time ---

A. Eight-week aborted embryo, is that?

96. Q. Yeah, we've got the eight-week one. We have the 10-week one, and then the ---

A. Eleventh week.

97. Q. --- the 11th week one, yes. So we've heard from doctors that say that the incision on the second photograph is inconsistent with what would happen in an

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abortion in Canada. Are you able to disagree with that?

A. I mean, I would disagree in the sense that I've spoken to--read from other doctors, who would say the opposite, right? That, yeah, that does resemble an aborted embryo for sure.

98. Q. I only want to be fair to you. We've already established that you're not a medical doctor, and that's ---

A. Yes.

99. Q. --- fine, right?

A. Definitely.

100. Q. So you're not, from a medical perspective, able to disagree with an opinion of a medical doctor, right?

A. No, no, no. I would go with the doctors telling me what it is.

101. Q. Got you. Completely fair. You would agree with me then further, that if the picture's not what it purports to be, then that's not really clearly conveying anything; wouldn't you agree with that?

A. Can you clarify that question ---

102. Q. Yeah. If this picture's not--no, no, of course. If this picture, for instance, isn't accurately portraying what an abortion would result in, then that's not clearly conveying anything; would you agree with

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that?

A. Yes, of course, yeah. If you're using an image that's like fake or not even depicting anything that has to do with abortion, then yeah, that would be a very bad strategy in trying to raise awareness.

103. Q. I'll nuance that slightly. Even if it's not entirely fake in the sense that it's maybe AI-generated or something, but if it's been manipulated after the fact such that it doesn't represent what abortion actually looks like, then that would also be misleading, right?

A. Yeah, yeah, I would agree.

104. Q. That would undermine the cause of educating people, right?

A. Yes, yeah.

105. Q. Are you willing to accept, based on the doctors' opinions, that the information on these photographs, these signs, might have been inaccurate; might not be what they purport to be?

A. Sure. I would just add a caveat to that. That again it's just like Person A might support abortion, and Person B might not support abortion, you may find--and in my time working in this movement, you will speak to, whether it's two doctors, Doctor A, who discredits the images, and then Doctor B who approves

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the images, right? So I mean, it's hard to tell, right? You would have to--which doctor do you trust, right? And so in my capacity, I would just kind of go with--to the best of my knowledge, if we're going to use these images it's because they're accurate and they've had a stamp of approval of accuracy.

106. Q. Well, I'll help you with that a little bit, just to be completely fair to you. We've heard from two doctors, okay? One was proposed by our side; one was proposed by your side, if I can call it that, and they both agreed that this would not be the byproduct of an abortion unless there was some manipulation after the fact. So that's both doctors, right?

A. Okay, okay.

107. Q. Just giving you an opportunity to comment on that, if you have one?

A. Well, no, I mean, no, it's good to know. And again, it's an issue of--if it depicts a child, a human being that has been aborted. And if you look at the abortion procedure, the way it's done, and the way the children's body parts are essentially vacuumed out. And then doctors, and I've heard this from many doctors, that doctors have to essentially kind of put the pieces together in a dish to ensure that there are no pieces left, let's say, human body parts left in the womb,

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because then that would cause infection and whatnot. That's a very common procedure. It's what happens with most surgical abortions in late first and early second trimester, I believe. So if someone were to take pictures of those body parts, yeah, that would present, that would give a good explanation of what an abortion is and what it does to the human body, right, at that age.

108. Q. Again, sir, ---

A. If there's a body part missing or--I probably, you know, I know you're trying to say like specifically, I would argue that if the image is as accurate as it can be, then it's still, it's a very strong, powerful image, right? Because it still portrays the image of a child that is no longer alive because of an abortion.

109. Q. I want to be very fair with you. I’m confronting you with something a doctor said. You never once pretended to be a doctor, right?

A. Yeah.

110. Q. So, you're not doing that. I think you're just trying your best to explain something but, you agree with me what's happening right now is you're speculating, right?

A. No, I wasn't speculating, ---

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111. Q. You don't have a body of knowledge and expertise to be talking about what an aborted fetus actually looks like once the procedure is done, right?

A. No. And I'm not speculating. You have two doctors who said it's manipulated? Is that what you're saying?

112. Q. They're saying both would have involved the intervention of something else after the abortion occurred?

A. Sure. So I obviously approve and accept that from both doctors. I'm not going to dispute that.

113. Q. Thank you very much, and I didn't think you were trying. I just want to be fair to you. Then again, more centrally to the point that I think you can answer fairly, you would agree, if these photographs aren't what they're purporting to be, then that actually undermines trying to educate people with them; is that fair to say?

A. I think you can do--yes. I think, yes, you want to be factual. You want to be accurate. At the same time, I would argue that when trying to raise awareness about an injustice, on any injustice, whether it's like war crimes or any kind of genocides or anything that where human beings are being mistreated and unjustly killed and whatnot, and you want to kind of photograph

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that and raise awareness, I think little details about, "Okay, well, is this person really 16 years old or are they 18 years old?" Or, you know, at the end of the day, you have a dead human being that was killed unjustly. And I think as a tool for raising awareness--and many different movements, social justice movements, have been doing this for years--is you try to do your best in relaying this message through the use of imagery, right? It's a very effective tool. It's not one that we only use; many organizations use this to raise awareness about injustices. So I would say yes, I hundred percent agree we got to try to be as factual as possible. But I would also say that if an image is, let's say, 90 percent factual about an issue, a very broad, generic issue like abortion or war crimes or sometimes genocide that's being taken place, I think you do the best you can. And you raise awareness about it, right? Because ultimately, can one say, "Okay," if these two doctors are saying that this image was, that there would have been some sort of manipulation that took place after the fact, I would say, "Okay. That's fair enough. I mean, you guys are the experts. But is it still a human being that was killed by abortion, right?" And then that's kind of the bigger picture here.

114. Q. Let me ask you something, something a little

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more broadly, and I think you've been fair so far, so. You're the vice president of CLC, so you're pretty high up as far as the hierarchy in the organization, right?

A. Sure.

115. Q. Are you familiar with any attempts that the organization has done to verify what's depicted in those photographs, to verify that they are accurate in what they purport to be?

A. I mean, we rely on the experts in the sense, the organizations that kind of do this. This is kind of their main thing when it comes to abortion victim photography. You know, to my knowledge, I kind of just accept what they're offering, right? I trust them, trust in their research. Because we're not, you know, this isn't the main thing that we do. Although we use this tool a lot and often, and we have for many years. But, you know, for example, our organization is a political organization, and one of our main priorities is to elect Members of Parliament, right, which align with our views. So that's where I'm the expert at. When it comes to pulling from other tools and other ways of raising ways of awareness, I would reach out to other pro-life organizations who have the expertise in these issues. So that's why--I'm not an expert on these images, but I go to the experts that I trust, to use these images when we

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would use them.

116. Q. Did you specifically, sorry, I didn't mean to cut you off?

A. No, I was just--does that make sense?

117. Q. Well, I'm going to have a follow-up just to make sure I am on the same page. Did you specifically reach out to anyone to verify that any of the photographs that were present on the lawn in Parliament Hill on May 2023 were accurately what they depicted? Did you go to any experts and verify that?

A. At the time, no. Mainly because we've been using these images for some of our other activism over the years and it's never been a problem, right? So we've done, in the past, this kind of activism in the streets, college campuses, intersections downtown areas, and it's never been an issue, so.

118. Q. Fair to say that people seeing that wouldn’t--a layperson might now know, right? A layperson on the street might not know if something on that picture is inaccurate or misleading; fair to say?

A. Yeah, they, yeah, they wouldn't know, yeah, they wouldn't know, but ---

119. Q. So, ---

A. Sorry, if I could just say, that's why it's so important to have, like when we do this kind of

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activism--and I know, I think you'll be speaking to my colleague Josie and Maeve, I think, you spoke to her already, Maeve--but they're the ones who kind of really focus on this type of--they're the experts in-house on this issue, on this type of activism. And I know that when you're on the street with these signs, they foster dialogue and debate and conversation, right, civil conversation. And when you start speaking to someone about this issue, the main focus is always what is an abortion, what does it do to the human being, right? And I think these images do a very good job at starting that conversation with lay people, with passersby.

120. Q. I bet you'd agree with me here, right, when you are trying to foster debate, it would be very important to be introducing facts to that conversation as opposed to something that was misleading; is that fair to say?

A. Yeah, yeah, hundred percent.

121. Q. So if these signs are going to be the impetus for debate, they should be factual so that at least one side can be informed, right?

A. Yeah, yeah. You want them to be factual, yes.

122. Q. You'd agree with me that the photos, at least some of them if not all of them, have a link to a

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website, "WhyHumanRights dot CA", right?

A. Yeah.

123. Q. Have you been to that website before?

A. I have, yeah.

124. Q. You're familiar with that website, right?

A. Yeah, yeah. I mean I saw it many years ago and then I saw it again recently.

125. Q. You would agree that by including that on your signs, you're endorsing that website, right?

A. Yes.

126. Q. You're inviting people to visit it, right?

A. Yeah.

127. Q. You're actively encouraging people to visit it, right?

A. Yeah.

128. Q. You don’t have any disclaimer that "The thoughts on this website do not reflect those of CLC" or anything to that effect, right?

A. No, no.

129. Q. I'll suggest to you that website says "Abortion kills humans," right?

A. Yeah.

130. Q. So that would be you endorsing that message as a group; is that fair to say?

A. Yeah, that's one of our core beliefs. Babies

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in the womb ---

131. Q. It says "End the killing." That would be you endorsing that message, right?

A. Yeah, yeah.

132. Q. It says, "Abortion is a human rights violation." That would be you endorsing that view, right?

A. Yeah.

133. Q. It also says, "Abortion is the intention killing of a human." So you agree that, once again, that would be your organization endorsing that viewpoint?

A. Yeah, I've said that myself many times.

134. Q. The intentional killing of a human is murder, right, another way to say murder, right?

A. Yeah.

135. Q. I'm going to suggest the only interpretation there is that the mother of that unborn fetus is the one that's doing the killing, the intentional killing of that human being, right?

A. I would disagree slightly. I would agree and disagree. And I would just disagree by saying that, well, it's not the mother; it's the abortionist who was doing the killing, and the other medical staff that are there, vacuuming the baby out, a dead baby. So the abortionist is doing the killing. However, I would also

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then say now with chemical abortions, which have become, I would say, almost the majority of abortions in Canada, you know, in this case it's not a surgical abortion anymore. But the woman, the mom, is the one consuming the two pills, right? So with chemical abortions or medical abortions is what the term often used, I would say that yes, the mom is the one doing the killing and ---

136. Q. So in other words, the message that your organization is endorsing is that mothers that have undergone an abortion, expectant mothers who have undergone an abortion, intentionally killed a human being; that's the message your organization is conveying?

A. Yeah, that is the--abortion is--no, I would say abortion is the intentional killing of a human being. Now, I mean, we can talk about this for hours, but then the question is what's the mental capacity of the mom or the woman? Is she being coerced into doing so? Is she mentally unstable to really realize? Is she super under stress? Is she in crisis? Those are all, like, really important conversations to have, right? I would argue that no woman--from my experience talking to women who have had abortions and now have either are okay with it or have regretted it, I would say for the

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most part no woman gets pregnant with the hope and desire to have an abortion, right? So it's always a situation that they're in that forces them into that situation.

137. Q. With all due ---

A. But now -- this is like inside baseball pro-life arguments, so my apologies.

138. Q. Fair, and again, I don't want to get into a too-high-level, philosophical debate, but with all that what you just said, doesn't that make it very dangerous to endorse a website that says that abortion is the intentional killing of a human?

A. No, no. Bocuse it is. At the end of the day, it is the intentional killing of a human being, right? The doctor doesn't put a surgical equipment inside a woman's womb for the sake of just--you know, they're doing it for the sake of killing. The purpose of an abortion--when a woman goes into an abortion facility, the purpose is to walk out of that abortion facility without a baby in her womb anymore. So it is the intentional killing of a human being.

139. Q. Does anyone at your organization, are there any precautions taken such that--as you said, women who have to undergo this, that that can be a very difficult, trying process. Is there anything your organization is

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doing to ensure that they're not subject to hatred as a result of that message that the website you invite people to says that?

A. I mean, define hatred in this context, right? Because we may have two definitions of that.

140. Q. Well, again, to the extent that it says it's the intentional killing of a human being; you've told me now that if you're to take that the way we understand that in Canadian language, that would make the abortionist a murderer, but it would make the mother a party to murder, and if she took a pill, maybe a murderer herself, right? That's really what we're all saying?

A. Yeah, yeah. That's the tragic reality, yes.

141. Q. So accusing someone of that, don't you think that promotes hatred towards that person; we generally don't view murderers in very high regard in Canadian society?

A. I don’t see it that way at all. Like I had mentioned, I've spoken to many women who have had abortions. I've even spoken to abortionists. And not once have I ever hated them for what they do for a living or what they're done in the past. So hatred, it's a very strong word. Like I, I, I feel like nothing but love for them in those moments, like true compassion and

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charitable love.

142. Q. With respect, so is intentional killing. That's also a very strong word, right?

A. Yeah, yeah.

143. Q. The website your organization is directing people towards accuses women who have undergone abortion of just that, right?

A. It accuses women and abortionists of, yes, intentionally killing their child, yes.

MR. CRAWFORD: Just a minute, please.

THE WITNESS: Yeah.

MR. CRAWFORD: Sir, I'm almost done. I'm just going to review a few things. Just bear with me. Thank you. Almost done, sir.

144. Q. So we've agreed that within your group that assembles on Parliament Hill, there's children as young as 13, maybe a bit younger, is that fair to say?

A. Yeah, my own children have gone to the March For Life, when they were like four.

145. Q. Again, you would notice that other children on Parliament Hill are also very young, right?

A. Yeah.

146. Q. I appreciate you're comfortable showing your children these photographs, but are you willing to agree with me that some children might find these traumatizing

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to see dismembered babies?

A. Well, there's two things to that question. One is that the target audience isn't children, right? For the press conference our target audience was the media. And when it comes to, yeah, trauma, I know that when my children has seen one of these images before, and it's actually quite fascinating how they see a baby right away. And yet the first question they ask is, "Whoa, Dad, what happened to the baby?" And so from my experience, you know, the reaction of the child is very much often dictated by the reaction of the parents, right? Not just on this issue, on many issues, right? So would I say that would a child be traumatized by seeing this image? I don't know. I would say that it would definitely force the child to ask questions of their parents, like, "What is that, what happened?"

147. Q. It would force the child to ask the parents, but you agree that it's at least possible that a child would find that traumatizing, a child maybe eight, nine, 10 years old; fair?

A. Sure, sure. In the same sense an adult would find it traumatizing, yes.

148. Q. You would also agree we have added protections for what children are exposed to every day, right?

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A. Yeah, yeah.

149. Q. You'd agree children have the right to peacefully assemble on Parliament Hill with their families, with their schoolmates and otherwise, right?

A. Yeah.

150. Q. They have the right not to see traumatizing photographs, as young children; wouldn't you agree with that?

A. Yeah, of course. I mean let me just pause here. Because, yeah, I think it's important, you know, again, going back to the use of imagery to raise awareness about any injustice that's happening in the world. Whether it's abortion, whether it's war, whether it's just the genocides that have taken place over the decades around the world. We show these images, and groups and movements have shown these images, to raise awareness and change public opinion and change the actions of governments. No one would say that the reason why we're showing images of war victims is because we're targeting minors and children to see these images, right? So I would say that the children are not the target audience for these images. If children were to see these images, yes, it would leave some sort of impression on them. But even then I would say it's worth doing. For the sake of raising awareness about what we

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believe is just a horrible injustice, right, happening in the world.

151. Q. I'll circle back, because you've mentioned this twice. Children aren't the targeted audience, but you'd agree that there are children all over the place on Parliament Hill, right?

A. Yes, yes.

152. Q. That's where you were planning to choose to display these signs, right?

A. Yes, for the press conference.

153. Q. Right, and those children deserve to be protected from images that are going to traumatize them if they're as young as eight, nine years old; don't you agree?

A. Yeah, of course. I mean, I've been in situations where we've shown these images, not related to the march. And there were parents with them. And then it really fostered a really important dialogue between me and the parents, right? And I've noticed from my own experience, again, the reaction of the parents really dictates how the child reacts and responds to these images. Just like they would to any type of image of an injustice happening to human beings. So ---

154. Q. Not to everything, right? Children, in your experience, will experience some things by themselves

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and they don't need to look to their parents to realize that they're scared, for instance, right, right?

A. Sure, of course, yeah, of course, yeah, of course. But ---

155. Q. These are those kind of images?

A. Yeah, yeah, we're talking about images that are meant to raise awareness about an injustice. Ultimately, to protect all human beings, right? If you have children seeing them--and again, children do see them, are exposed to them if they are walking by--then it's important for those children to then ask those questions. "What is that?" And then have the parents respond, right? And then we're there as well, as the people who are facilitating, I guess, to have those conversations.

156. Q. To answer the questions for the children, right? Would you agree with me that the children ---

A. To answer the questions ---

157. Q. Sorry, sorry, I keep speaking at the same time. There's a bit of a lag. Would you agree that it's important that children have a place like Parliament Hill to safely go and not be psychologically disturbed; would you agree with that?

A. I mean, no, I would disagree with that. And the reason I would disagree with that is we're talking

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about Parliament Hill, right, which is the place where laws are made, laws are changed. It's the place where citizens--like, we own Parliament Hill. Belongs to the people, right, to Canadian citizens. It's the place where every Canadian citizen has the right to protest and to raise awareness about the various issues that they strongly feel, that they believe in and that they oppose. So I think Parliament Hill is meant for that. And yes, if there are children on a school trip going to Parliament Hill, or there's a family walking by with children, yeah, that's an audience that's not our audience. But Parliament Hill is meant for demonstrations. It's meant to protest. That's why we have the March For Life at Parliament Hill. That's why every kind of social issue happens on Parliament Hill, right?

158. Q. Right, and you already told us you had your demonstration the following day, May 11th, right?

A. Yeah.

159. Q. Without images like this, right?

A. Yeah.

160. Q. In your personal experience, you'd had marches all the years prior, right, ---

A. Yeah.

161. Q. --- and never displayed images like this, in

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your personal experience, right?

A. Yeah, yeah. But I will just add. There's a difference between a press conference, where the purpose of us showing these images as part of the content of a press conference that we were hoping to present, the message that we're hoping to present to media. That's different from the March For Life where, you know, like we started off the conversation this morning, that the people who come to the March For Life, you know, they already know abortion is, in their belief, bad and it's evil and they want it to end. So that is why there's never been a real strategy on our part to use images like this at the March For Life because we're not trying to--we don't have to convince them, right? We're not trying to raise awareness. The March For Life is about people, Canadians, coming together and already who believe in what we believe. And it's our call to Parliament. It's our call to government ---

162. Q. You can have a press conference--sorry?

A. Sorry. That's why we haven't used, that's why we didn't use the images the next day, right, at the March For Life.

163. Q. You could have a press conference lots of places in our Parliament Hill, right?

A. Sure. I mean, we've had them in the press

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gallery before, like I mentioned earlier. Parliament Hill, it's also really nice optics if you look at the Peace Tower in the back, you know? I mean, I'm a communications guy. So having a press conference outside in front of the main government building in the country is, it's good. And we've done these press conferences in the past, and the purpose of a press conference is to attract the media, right? To report on what you're doing. And they've been successful when we hold them on Parliament Hill. They've been successful in attracting media. So that's why we do it there.

164. Q. You've said your target audience isn't children, but this was the purpose of the press conference. So you could have had a press conference where you're not going to have children completely detached from your cause innocently being exposed to your material; you'd agree with that, right?

A. I mean, I don't understand the question. Like Parliament Hill, like are you saying that we should have had the press conference in another corner of the lawn? Like, I'm ---

165. Q. I'm not saying you should have done anything. I'm speaking to what you said. Because you're distinguishing between a press conference and the march, for instance, ---

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A. Yes, yeah.

166. Q. I'm suggesting if there was a purpose for a press conference, you could have had a press conference many places where children wouldn't be inadvertently exposed to the material, right?

A. Sure. But like I mentioned earlier, there's a reason why we do it on Parliament Hill, right? It makes sense that the biggest event of the year is the following day on Parliament Hill. So it's the place where you do press conferences. Many organizations do press conferences in Parliament Hill. So that's why we do it. So yes, of course, we could have done it in a restaurant. We could have done it in a hotel room. But we chose to do it on Parliament Hill, yes.

167. Q. You'd made no active precautions to ensure children that were detached from your movement weren't exposed to these, right?

A. I mean, it was 10 o'clock in the morning. We were the only ones on the Hill at the time. So I didn't even think to make precautions. It's a press conference. My mind was on getting the speakers there, like human speakers. Getting the message out there. Ensuring that the media show up. So, we were the only ones, from my recollection on the Hill. But even then it's not like I was actively scouting the Parliament Hill to see who's

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there or not, right, so.

168. Q. In other words, not specifically taking precautions to make sure children were not exposed to this inadvertently, right?

A. Yeah, yeah, yeah.

MR. CRAWFORD: Sorry, nothing further.

(OFF RECORD DISCUSSION)

MR. KHEIR: Thank you. I'll have some Re-Examination questions for you.

RE-EXAMINATION BY MR. KHEIR:

169. Q. So, first you were asked that every year when you're liaising with the PPS, you're provided a copy of the Rules, right? Are you aware that the Rules have changed, or there was a change, in 2023?

A. Yeah, I was made aware of that only after Officer Trudel e-mailed me. Because he originally e-mailed me the previous Rules. And then he e-mailed me the updated, which were updated May 3rd, I believe.

170. Q. So as of the day of the press conference, which version of the Rules were you familiar with?

A. Just the ones that he sent me in that first e-mail, the one in the Affidavit package.

171. Q. So, the previous version of the Rules?

A. Yes, yes. So the Rules, the paragraph under "Signs".

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172. Q. So, just moving on from that particular issue. In your role as VP at CLC, do you generally do street activism?

A. No, no, no. I used to back in the day but not so much, not anymore. I would say never. Yeah, I'm usually in the office.

173. Q. The CLC staff who do street activism, are they trained before they do it?

A. Yes, yes. They definitely were trained. Well-versed.

174. Q. So you were asked some questions about the signs, and it was put to you that the experts in this matter had agreed that there had been manipulation to the fetuses depicted. So, just in fairness to you, I want to just let you know that what was being discussed--can you look at Photos 2 and 3? Or you can just start with Photo 2?

A. Yeah. Okay.

175. Q. So what was being discussed was the cut to the abdomen; do you see that? Being informed that the doctor's opinion was that that cut was made after the abortion procedure itself, does that change your perspective on the morality of the act?

A. No, not at all.

176. Q. Does it affect your assessment of the

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educational value of the signs?

A. No, I don't think so.

177. Q. Does it change or cause you to reconsider your decision to use the signs?

A. No, it doesn't.

178. Q. So you were asked questions about the language on the website "WhyHumanRights dot CA". You were asked what the implication of the language was, but have you ever called a mother who has obtained an abortion, or woman who's obtained an abortion, a murderer?

A. No, no, I have not.

179. Q. Is it CLC's general practice to do so?

A. No. From my time at Campaign Life Coalition, I don't remember if we've ever referred to women as murderers or moms as murderers.

180. Q. When CLC engages in its activism efforts, is its goal to vilify the women who've had abortions?

A. No, never.

181. Q. Is it CLC's position that women who've had abortions should be detested for having done so?

A. What do you mean by detested? Oh, like hated? Hated, right? No, of course not.

182. Q. So you described having conversations with women who've had abortions in the past. What's your

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approach in those conversations?

A. Usually I just listen to them. I say, "Hey, tell me your story." And they share their story. And I just, I don't know. I have so much, I just love them so much. Some of these women, who are so vulnerable in these moments, sharing something that's, the experience of the abortion being so traumatic for them. And then having to kind of figure themselves out afterwards. Again, my ---

MR. CRAWFORD: I'm just going to object. Pardon me. The question was about his approach. And now we're getting into hearsay, so. The question was appropriately framed. Just the answer is getting into hearsay, so I'm going to object. *O*

MR. KHEIR: Fair enough, okay.

BY MR. KHEIR:

183. Q. So focusing on your approach, things you say, you do, is there anything further you'd want to add or say?

A. I just listen to them, listen to their story. And I encourage them in whatever way I can.

184. Q. So in the course of being questioned, you agreed that children could be traumatized by the signs, right?

A. Yeah.

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185. Q. Was your child traumatized by seeing the signs or similar signs?

A. No.

186. Q. In your personal experience, when children do end up seeing these signs, in instances where the parents don't have that strong emotional reaction, have you see anything that leads you to believe the children were traumatized?

A. No, no.

187. Q. In terms of what you've actually personally experienced, do you have any history of seeing children being traumatized by the signs?

A. No, no, I've never seen or been in a situation where a child was traumatized.

MR. KHEIR: I have no further questions. Thank you very much.

--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (1:53) IN THE AFTERNOON.

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.....

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Examination No. 25-0857.11 Court File No. CV-24-00094951

ONTARIO SUPERIOR COURT OF JUSTICE

B E T W E E N:

CAMPAIGN LIFE COALITION and MAEVE ROCHE

APPLICANTS

- and –

PARLIAMENTARY PROTECTIVE SERVICE

RESPONDENT

****

VIRTUAL CROSS-EXAMINATION OF JOSEPHINE LUETKE on her Affidavit sworn on May 5, 2025, pursuant to an appointment made on consent of the parties to be reported by Catana Reporting Services, on July 10, 2025 commencing at the hour of 3:04 in the afternoon.

****

APPEARANCES:

Hatim Kheir
Christopher Fleury for the Applicants

Brandon Crawford
Jocelyn Rempel for the Respondent

ALSO PRESENT:

Karima Toulait

This Examination was taken down by sound recording by Catana Reporting Services Ltd.

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NAME OF WITNESS: JOSEPHINE LUETKE

CROSS-EXAMINATION BY: MS. REMPEL

NUMBER OF PAGES: 29

ADVISEMENTS, OBJECTIONS & UNDERTAKINGS

N/A

EXHIBITS

No exhibits

DATE TRANSCRIPT ORDERED: July 31, 2025

DATE TRANSCRIPT COMPLETED: August 13, 2025

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JOSEPHINE LUETKE, AFFIRMED:

VIRTUAL CROSS-EXAMINATION BY MS. REMPEL:

1. Q. Good afternoon, Ms. Luetke. Am I saying that right?

A. "Lootkee" (ph), but doesn't matter.

2. Q. Luetke, no problem, I just want to say it right. So I'll just have a few questions for you. The first is, so I understand you're the director of education and advocacy for the CLC, right?

A. Yes.

3. Q. How long have you been in that role?

A. I have been in this role for almost three years.

4. Q. How long have you worked for the CLC?

A. I started working full-time for Campaign Life Coalition in 2018. Although I interned for them in the summers of 2015, 2016 and 2017.

5. Q. Just want to ask some questions about your background. You're not educated as a teacher, are you?

A. No.

6. Q. I mean, to be more clear, you don't have any formal education as a teacher?

A. No.

7. Q. You don’t have any formal medical training?

A. No.

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8. Q. So you're not a doctor?
A. No.
9. Q. Not an embryologist?
A. No.
10. Q. Not a psychologist?
A. No.
11. Q. You don't have any formal training as a scientist?
A. No.
12. Q. Would it be fair to say that the CLC's view is that aborting a viable fetus is ethically wrong?
A. Yes.
13. Q. Just to be clear, what I mean by viable fetus is one that would have been delivered live and survived as a baby. Is that what you were understanding when you answered the question?
A. Yes.
14. Q. Then would it be fair to also say that the CLC believes that aborting a nonviable fetus is not ethically wrong?
A. I wouldn't be comfortable saying that. I think it would depend on how you're defining abortion, how you're defining nonviable. For instance, there might be an embryo or a fetus that doesn't survive outside the womb, or we don't think it's likely to survive outside

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the womb. We would still view abortion to be wrong in that circumstance. Now, there might be instances where the mother's life is at risk and a procedure might have to be performed that would result in the death of the embryo or the fetus; and we wouldn't necessarily think that to be ethically wrong and we wouldn't necessarily consider that to be an abortion.

15. Q. How about I'll define what I mean by nonviable, and then maybe we can go from there. So by nonviable I mean a fetus that would not survive outside the womb, or that was already deceased inside the womb; does that make sense?

A. Yes. If the fetus was deceased, we would not object to removing the dead fetus. Our moral objection arises from killing an innocent human being. So if that human being is already dead, we have no moral objection to removing the remains. However again I would draw a distinction between even if that child cannot survive outside the womb, if that child is alive in the womb, we don't believe in killing him or her. We believe that if possible he or she should be allowed to pass naturally.

16. Q. Am I understand correctly that the general point the CLC is trying to convey is that aborting fetuses that could have grown into, you know, a baby and a human, is wrong, right?

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A. I would take issue with the wording there. The human embryo or the human fetus is already a human being. But yes, we do believe it is wrong to kill a human embryo, a human fetus, that could become a newborn baby or a baby outside of the womb.

17. Q. Right. So a nonviable fetus, that would not survive outside the human, would not be a fetus that would grow into a human, right? Agree?

A. No, I don’t agree to that. Again, I would say that the embryo or the fetus, if it's a human embryo or a human fetus, is already a human being regardless of whether or not they're able to survive outside the womb.

18. Q. So perhaps it's just a wording confusion. I'm using the word "human," let's assume I agree with you about, you know, that the embryo or fetus is already a human being inside the womb. My question is, if that embryo or fetus cannot survive outside the mother, is it not the CLC's position that aborting that fetus is not a moral problem?

A. Again, if that embryo or the fetus was already dead, we have no moral qualms with removing that embryo or fetus. However if they are alive in the womb, and it's just a matter of like once they're delivered, like they're either definitely going to die, or like, most likely going to die, or the process of delivery,

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they're not going to survive it, if they're living in the womb we believe that abortion is wrong.

19. Q. Maybe this will help clear up if there's some confusion here. So you told me that you believe that abortion is killing, right?

A. Yes.

20. Q. That's why it's wrong, because abortion is killing a human being?

A. Yes.

21. Q. So it would only be killing where the fetus would live outside the mother, right?

A. No. So, the embryo or the fetus is currently living inside the mother. So if they're not able to survive outside the womb, or they won't be able to live outside the womb, they're still living inside the mother and we'd still view it as wrong to kill him or her while they're living inside the mother.

22. Q. So in your Affidavit you tell us about how gestational age is how doctors date a pregnancy, from the mother's last period, right?

A. I believe so, yes.

23. Q. I can find it in your Affidavit if you'd like. So it's at paragraph 5 of your Affidavit. Do you have your Affidavit in front of you?

A. Yeah, yeah.

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24. Q. So, you have in the last sentence there, you say,

"A misunderstanding may explain the discrepancy, because I understand obstetricians and gynaecologists date pregnancies using gestational age as measured from the mother's last menstrual period."

So that's ---

A. Yes.

25. Q. --- what you wrote? You see that there?

A. Yes.

26. Q. So just to confirm, doctors including obstetricians and gynaecologists use gestational age to date a pregnancy, in your understanding?

A. Yes.

27. Q. So expectant mothers would be told the gestational age of their baby by their doctor?

A. Sorry, what is the question?

28. Q. So, you just said that doctors would use gestational age to date a pregnancy, right?

A. Yes.

29. Q. So when doctors are speaking to expectant mothers, they would tell them the gestational age of their baby, right?

A. I would assume so.

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30. Q. Right. Fair enough, yeah. The gestational age would be used to calculate the age of a fetus before an abortion; fair to say?

A. Yeah, I'm not comfortable saying that. I'm not entirely familiar with how abortionists would operate in that case. But also to complete, I think the gestational age or how we measure pregnancy with the age of the fetus, I think, would be confusing and misleading. So I don't know if abortionists do that. But I would at least say that like, that is not the age of the fetus.

31. Q. Right, so you just agreed with me that expectant mothers would be told the gestational age of their baby by the doctor, right? You just agreed with me ---

A. Yes, I would ---

32. Q. --- about that?

A. --- assume so.

33. Q. Right, fair enough. Because in your Affidavit you say that doctors who are obstetricians and gynaecologists date pregnancies using gestational age, right?

A. Yes.

34. Q. So you agree it's a fair assumption that gestational age would be used by obstetricians and

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gynaecologists to calculate the age of a fetus before an abortion?

A. I'm taking issue, I think, with the wording that you're using. I think the age of the fetus would be dependent on when fertilization occurred. That's when the embryo or the, eventually the fetus, comes into existence and so I would say the age of the fetus can be traced back not to the last menstrual period but to the moment of fertilization. So again I'm not sure how abortionists would say how old the fetus is. But I think most accurately would measure the age of the fetus based on fertilization and not last menstrual period.

35. Q. So you have agreed with me you don't have any medical training, right?

A. Yes.

36. Q. You're suggesting that you know that fetal age is a more-accurate method of dating a pregnancy than gestational age, even though you're not a doctor?

A. I haven't said that. Again my understanding is that the way that pregnancy is usually measured is from last menstrual period. But when you're talking about fetal age I would say that yes, the moment of fertilization is the point you're using, not last menstrual period.

37. Q. So I want to be clear. Maybe there's some

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misunderstanding here. I'm speaking about a context in a doctor's office, where there's a doctor who's telling an expectant mother about the age of--I'll use the term "baby" if that makes more sense than fetus--so, telling the mother the age of their baby, they would use gestational age, right?

A. I don't know about that.

38. Q. Well, you wrote it in your Affidavit, right? You said, "doctors, including obstetricians and gynaecologists, use gestational age to date a pregnancy." That's what you wrote in your Affidavit, right?

A. Yes. So, to clarify, again, I would think it's most typical. My understanding is that when you're talking about a pregnancy, the duration of the pregnancy, then yes, gestational age from last menstrual period is used for practical reasons. But if a obstetrician or a doctor is trying to tell a pregnant mother how old her child is, then I'm not sure whether the doctor would actually use the more-accurate method of saying the child was created at fertilization. And so that would be two weeks less, typically, than the last menstrual period.

39. Q. Well, maybe this will help. We've heard testimony from--we have Affidavits and had Cross-

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Examinations of two doctors, one of which is an expert that's proposed by your side, let's say, by the CLC; and he told us this morning that doctors, obstetricians and gynaecologists, like you wrote in your Affidavit, use gestational age when speaking to patients. Do you have any reason to disagree with that?

A. No.

40. Q. I'll let you know that both doctors also perform abortions. They have a different abortion practice, but they both perform abortions and both say that they use gestational age when they're speaking to their patients. Do you have any reason to disagree with that?

A. No.

41. Q. So I think it's fair then to say that the gestational age would be used by doctors who perform abortions, to calculate the age of a fetus, right?

A. Again, I'm going to say no. But it's not, it's specifically because of the term you're using, "age of the fetus", which I think is different than how a pregnancy is typically dated.

42. Q. Well, what I think you just agreed with me and you said you didn't have any reason to disagree with the doctors who perform abortions who told us that they use gestational age. You're not a doctor, right?

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A. No, I'm not a doctor.

43. Q. So you don't have any reason to disagree with the abortion doctors' opinion that they use gestational age to calculate the age of a fetus, an embryo, whatever you would like to call it, before an abortion?

A. So, sorry, I have to keep going back to I don't know what an abortionist actually does. And so that's in fact maybe what they do, is that they'll use the gestational age to talk about the age of the fetus. I'm just saying that I think that that would be inaccurate. I can understand that this is what's typically done when talking about, again, how long the pregnancy is. But when we're talking about how old the actual fetus is, again, I would think the most-accurate approach would be to say that that's from fertilization.

44. Q. I just want to be clear and be fair to what your opinion is, which is that we've established you don't have any medical training, right?

A. Yes, I don't have any medical training.

45. Q. Right, and you're telling us that you believe, contrary to the two doctors in this proceeding, that using fetal age is more accurate than using gestational age in dating a pregnancy?

A. No. I think what's happening here is a

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confusion between talking about how we date a pregnancy versus talking about the age of the fetus. So if we're going to be using those different terms then I'm going to be giving different responses depending on what term you use.

46. Q. So when speaking with the doctors, there was no question of the difference between those two things when you're asking that question. So I'll suggest to you that I think we're using, yes, maybe different words, but we're saying the same thing, which is that doctors who perform abortions use gestational age in their practice?

A. I agree with you that doctors who perform abortions use gestational age in their practice.

47. Q. Excellent, and they use that in their practice to be able to date the pregnancy?

A. Yes.

48. Q. The pregnancy refers to the age of the fetus; I'm not speaking about fetal age, I'm talking about gestational age?

A. I can't agree with you on that. It might be due to my lack of medical training as you keep referring to. But I need, like, at least I need to draw a distinction between, again, age of the fetus versus how we're dating the pregnancy.

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49. Q. Let's just clarify what we're talking about with fetal age, which is, if I have this correct, is dating the pregnancy from the date of fertilization; is that right?

A. Yes.

50. Q. Fetal age is a method that only embryologists use to date a pregnancy, right?

A. I am aware that embryologists will use that to date a pregnancy. I'm not aware that they're the only ones who use it.

51. Q. So again I'll refer to the two doctors who have given, you know, who are being proffered as experts here, who provide abortion care; and both of them have agreed that it is embryologists who use fetal age to date a pregnancy. Do you have any reason to disagree with that?

A. No.

52. Q. So I think it's fair to say then that the general public is familiar with gestational age, right, not fetal age?

A. I don’t know to what extent the public is familiar with gestational age. In my experience, a lot of them are not aware that there's a difference between gestational age and fetal age.

53. Q. Right, but you agreed with me that when

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doctors speak with their patients, so mothers and fathers who are expecting a baby, they use gestational age, right?

A. Yes.

54. Q. So it's fair to say that mothers and fathers would understand what gestational age is, right?

A. I have never been pregnant so I can't speak to what that experience is like. I would imagine, guessing here, that some of them would be familiar with gestational age after that. I couldn't say that all of them would understand the difference that's being made there, I think, especially also fathers.

55. Q. Oh, okay, I’m saying they're being told by their doctors about gestational age. So that's the metric they would be familiar with, right?

A. Presumably some of them. I don't know how well, for instance, they would remember that afterwards. I’m not sure how closely they pay attention to that. But yes, presumably some of them would become familiar with gestational age after being pregnant themselves.

56. Q. Right. Because their doctors who are speaking to them about their pregnancy are not using fetal age; you've agreed with me on that, right?

A. As far as I know.

57. Q. Right. So you've agreed on that. I think you

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can probably agree with me that most of the general public are not embryologists, right?

A. Yes.

58. Q. So the majority of people who are coming into contact with pregnancy as a part of their lives would be familiar with gestational age, right, not fetal age?

A. Sorry to nitpick here, but I think it would depend on what you mean by, like, "becoming familiar with," or like, "interacting with pregnancy". For instance, myself, never having been pregnant, my sister has been pregnant. So I'm not sure to what extent people who might have some familiarity with pregnancy even not having been pregnant themselves, again, are aware of the distinction between gestational age and fetal age.

59. Q. Again, I'm not asking you about if they understand the distinction between the two, but which one they are familiar with. So I can repeat my question, which is that the majority of the population would be familiar with gestational age as a means of dating a pregnancy, right?

A. I don’t think so.

60. Q. Can you explain why?

A. I don't think that they're aware of how a pregnancy is dated, period. I don't think it's intuitive

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that it's dated based on last menstrual period. I would think that they would assume that pregnancy is dated when the pregnancy begins. I don't think they necessarily have a clear idea of when pregnancy begins; maybe some think fertilization, some think, maybe, implantation. I think that dating a pregnancy from last menstrual period, it makes sense practically, which is my understanding of why it's used in the first place. Because a woman can recall when she had her last period. She can't necessarily recall when she had sex. And if she was having lots of sex, then she won't necessarily know exactly when she conceived. So practically it makes sense, but I think outside of that I don’t really think that people would understand that actually if you're tacking two weeks on to when the child was actually conceived and when you actually got pregnant. So, again, I don't think that actually the majority of people are familiar with precisely how pregnancy is dated, whether it is fetal age or gestational age.

61. Q. So, again I'm not asking you what definitions the general public are aware of. I'm asking you what metric would have been communicated to them such that that's how they understand dating pregnancies; and I've suggested to you that that metric is gestational age. Do you agree or disagree?

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A. I disagree.

62. Q. All right, and that is based on what, your personal experience?

A. Yes, personal experience. I don’t think that a metric is communicated to the general population. So, again, if you get pregnant, you're in a doctor's office, then there is a metric that might be communicated to you. Again, I'm not sure how many actually retain the difference in their minds. But for people who haven't gotten pregnant before--again, I can't recall at least ever being instructed on the difference between the ways that pregnancy is measured. And again, I don't see that, like, difference being communicated at all in popular culture. It usually is not that specific. And I guess also in my experience talking about this, a lot of the people I talk to are not aware that there is a difference at all between dating pregnancy from last menstrual period and talking about fetal age. That's something that I have had to explain to people when talking about abortion or fetal development or whatever. So, that's why I think that the majority of people are actually just really ignorant about the topic and aren't actually aware with how pregnancy is dated at all.

63. Q. So, you said that you didn't receive any--I don't know exactly the word you said, but I think,

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"training" in the difference between fetal and gestational age. So is it that you learned about the difference between gestational and fetal age?

A. Yeah, sorry, to clarify, I'm trying to recall, I had to take a medical ethics class from university. I did take biology in high school. So I can't recall it getting into that level of specifics. But throughout the course of learning about abortion and learning about how the, like, photos that we use in activism are dated, and also again, that it is typical for embryologists or just anytime you see an image of an embryo or a fetus, you're talking about fetal development as opposed to talking about pregnancy, that it's typical to talk about fetal age instead of dating pregnancy from last menstrual period. So I can't say exactly when I became aware of the distinction. But it would be throughout the course of my pro-life work, instead of during my time in school.

64. Q. Right. So, your Affidavit you say that you got the three posters at issue in this case from a group called Ottawa Against Abortion, right?

A. Yes.

65. Q. So you're aware of those three posters; maybe you have them in front of you?

A. Yes, I do. Or at least images of them.

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66. Q. Yeah, that's what I mean. So you understand the posters to show images, all three of them, of aborted viable fetuses, right?

A. I don't know whether they were viable or not. And I think one of them depicts an aborted embryo. Not that that's a big distinction, but.

67. Q. All right. Well, you can at least agree that the posters show images of fetuses that were alive when they were aborted, right?

A. Presumably.

68. Q. Right. Well, the CLC's purpose is saying that--or the CLC's advocacy purpose is to say that aborting live fetuses is wrong, right?

A. Yes.

69. Q. So if the posters depicted a deceased fetus that was aborted, that wouldn't be part of the CLC's advocacy, right?

A. I agree that that's not--again, we don't take moral issue to removing the remains of a dead embryo or fetus. I'm just talking about the limitations of my knowledge in terms of I don't know the particular circumstances of these human beings before they were aborted.

70. Q. Right, fair enough. Because you didn't create the posters, right?

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A. No.

71. Q. You don't know when the posters were created?

A. Not specifically. Although I could have a general time frame.

72. Q. You did not select the images for the three posters, right, personally?

A. No.

73. Q. You were not in the room when the images were selected?

A. No.

74. Q. You did not take the alleged photographs of the images, yourself?

A. No.

75. Q. You were not in the room when the alleged photographs of the images were taken?

A. No, I don't think so.

76. Q. I think you can probably be a bit more sure about that, right? You don’t know--like, you were not in the alleged room when the photographs of the images were taken, right?

A. At least, not to my knowledge.

77. Q. What would be a circumstance where it would happen not to your knowledge?

A. I don't think it's a likely circumstance.

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But like, I have been in hospitals before. If I was unaware that I was in this room when someone was taking a photograph of an aborted fetus, but no, to my knowledge I was not in the room.

78. Q. You didn't witness the photos being taken, right?

A. No.

79. Q. So you do not know if the images are real photos of aborted fetuses, do you?

A. I can't say that with a hundred percent certainty but I believe them to be real images.

80. Q. Yeah, I understand that's your belief. My question was whether you know the images are real photos of aborted fetuses; and I've suggested you do not know for sure, right?

A. I cannot know with a hundred percent certainty, no.

81. Q. You do not know who provided the suggested ages of the fetuses, written below the images, right?

A. Correct.

82. Q. You don't know if it was a doctor?

A. I don't know.

83. Q. You don’t know if it was an embryologist?

A. I don't know.

84. Q. So you don't know if it was a medical ---

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A. Although I can add ---
85. Q. Oh, go ahead?
A. If I can add? I know that they have been medically authenticated by a doctor. But I can't say whether the individual who decided to put that date down was a doctor or not.
86. Q. So, you don't know if it was an embryologist who dated the photos on the three posters, right?
A. Correct.
87. Q. You don’t know if it was a medical professional at all, who provided those ages?
A. Correct.
88. Q. You agree that the posters don't specify they are using fetal versus gestational age, right?
A. On the poster itself, no. Although the website "WhyHumanRights dot CA" does mention from fertilization.
89. Q. Right, but you just told me that most people don't understand the distinction between gestational and fetal age, right?
A. Right.
90. Q. Right. So they wouldn't really understand that reference on the website to be a reference to fetal age, would they?
A. Again, I don't think that they would be

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aware that there is a distinction in how gestational age compares to fetal age. So I don't know if they would know that "from fertilization" is referring to fetal age.

91. Q. Right. So it's not specified at all on the posters or in the website clearly that fetal age is being used as opposed to gestational age, right?

A. I would say that "from fertilization" is a reference to fetal age. In the same way that, like, "from last menstrual period" would be a reference to gestational age, even if that term wasn't being used explicitly.

92. Q. I believe the term you used was that most people are ignorant of fetal versus gestational age. So wouldn't you agree that people are ignorant of that distinction; that they would not understand a simple reference to, you know, that it was fetal, I don't remember the term you used, that it was fetal measured from the date of the fetus's, I guess, fertilization, right?

A. I do think that most people are ignorant. I don't think that reading "from fertilization," that they would appreciate that there's a distinction being made from dating a pregnancy from last menstrual period.

93. Q. You do not know if the suggested ages were

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using the dating method of fetal or gestational age on the posters, right?

A. I can't say what the person dating the photos was intending or thinking. But since the dates have been put on it--again, there has been medical authentication affirming that that is representative of an aborted embryo or aborted fetus at that age. And so, to the extent that, like, I have learned about these subjects and that I trust these individuals, I would say that I know that those are based on fetal age, from fertilization, and not from last menstrual period.

94. Q. So you didn't medically authenticate the poster images yourself, did you?

A. No. They were medically authenticated by a doctor.

95. Q. That doctor wasn't you?

A. Correct. Because I'm not a doctor.

96. Q. Right, right. So that's your only source of knowledge about that, right?

A. No, I would say that there's many other sources of knowledge on that as well, from former abortionists, other medical professionals. And it's consistent with what I have learned about fetal development; what I have learned about abortion procedures and how they're performed; and descriptions

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and depictions, diagrams of the process; and also, I think, what I have seen of other abortions at similar ages.

97. Q. So, I want to be clear. My question is specific to the three posters we have in front of us. The question is, you do not know if the suggested ages were using the dating method of fetal or gestational age on those three posters; you do not know that yourself, right?

A. I know it from what I have learned. There are limitations to my knowledge because I'm not a medical professional myself. But again, from what I have learned about fetal development and different abortion procedures, I would say that I know these ages to be from fertilization and not from last menstrual period.

98. Q. Madam, you agreed with me that you did not create these posters, right?

A. Yes.

99. Q. You did not have anything to do with dating the images on these posters, right; ---

A. Yes.

100. Q. --- and you do not know who did, right?

A. Yes.

101. Q. So you do not have any direct knowledge about if the suggested ages were using the dating method

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of fetal or gestational age, right, on those three posters?

A. I don't know who dated them originally, so I can't speak to how they dated them. But again, they have been medically authenticated since. So based on that, I know them to be dated from fertilization. And if for whatever reason, they were dated from last menstrual period originally, then I think that that would have been revealed when they were medically authenticated. So that's what the basis of my knowledge would be, is the medical authentication that these ages are from fertilization.

102. Q. This medical authentication, that's not part of your Affidavit, is it?

A. No, I don't believe so.

103. Q. The reason it's not is because you did not medically authenticate the posters yourself, right?

A. I did not medically authenticate the posters myself, no. I don't know if that's the reason why it's not in my Affidavit, but.

MS. REMPEL: No further questions.

MR. KHEIR: I'll just need a brief moment to look over my notes here.

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--- WHEREUPON THE EXAMINATION ADJOURNED AT THE HOUR OF (3:43) IN THE AFTERNOON.

THIS IS TO CERTIFY THAT the foregoing is a true and accurate transcription from the Record made by sound recording apparatus to the best of my skill and ability.

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JF, Catana Reporting Services

CAMPAIGN LIFE COALITION ET AL. **-and-** **PARLIAMENTARY PROTECTIVE SERVICE**
APPLICANT RESPONDENT

Court File No.: CV-24-00094951-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding Commenced at OTTAWA

APPLICATION RECORD

CHARTER ADVOCATES CANADA
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