

# ***We Have the Law / We Need the Access***

## **Fact Sheet on Access to Abortion Services in NB**

### **Current Situation**

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1. The Morgentaler Clinic in Fredericton, the only free-standing clinic in the Maritimes, has operated for 20 years and performs more than half the approximately 1,000 abortions done in New Brunswick annually; it is scheduled to close at the end of July—not for lack of demand, but because of a provincial regulation, NB 84-20, Schedule 2 (a.1), in the *Medical Services Payment Act*. Under this regulation, an abortion will be covered by Medicare in New Brunswick *only* if (1) it is done in a hospital, (2) by a specialist in the field of obstetrics or gynaecology, and (3) two doctors have certified in writing that the procedure is “medically required.”
2. Another regulation in the *Medical Services Payment Act*, Section 2.01, prohibits government funding of “entitled services furnished in a private hospital facility in the Province.” These regulations contravene the *Canada Health Act*, several Supreme Court rulings, and the *Charter of Rights and Freedoms*, which guarantees the right to security of the person and women's right to equality.
3. New Brunswick is the only province that imposes such regulatory constraints on access; PEI, the only province that has no abortion services at all (the PEI government funds abortions for PEI women who go to Halifax for the procedure, but pays no travel expenses). About 10% of abortions done at the Fredericton clinic are for PEI clients even though they have to pay their own expenses entirely; they much prefer the clinic's care.
4. Every province and territory, including New Brunswick, has deemed all abortions to be medically necessary by virtue of funding them in hospitals. In 1995, Health Canada ordered all provinces to fully fund private clinics doing medically necessary procedures, clarifying that such clinics are defined as “hospitals” under the *Canada Health Act*.
5. All provinces that have abortion clinics now fully fund them, with the sole exception of New Brunswick; clients can self-refer; and the procedure can be done by GPs as well as specialists. Clinics are far more cost-effective; self-referral makes access faster; and women report that clinics are more supportive.
6. The requirement to schedule appointments with two doctors for access to abortion services—in a province where over 1,000 women are on waiting lists for a family doctor—wastes time and resources, and it is dangerous. “A delayed abortion increases the psychological and medical risks to women, which is one of the main reasons Canada’s Supreme Court threw out the abortion law in 1988—it violated women’s constitutional right to bodily security by imposing arbitrary delays that put women’s health and lives at risk,” notes the Abortion Rights Coalition of Canada (ARCC).
7. The World Health Organization (WHO) lists several barriers that delay access to safe abortions; these barriers include restrictive laws, poor availability of services, high cost, unnecessary tests, and third-party authorization.
8. “Without changes to the law and resources, New Brunswick women [with the closure of the Morgentaler Clinic] will lose 60% of capacity for abortion care, and PEI women will lose about 50%,” says UNB law professor Julia Hughes.
9. When abortion is not accessible, women resort to unsafe means to terminate an unwanted pregnancy, including physical self-harm or ingesting unknown drugs with no medical oversight, taking potentially lethal risks. ARCC warns that “the closure of New Brunswick’s only abortion clinic will have devastating and potentially tragic consequences for women in that province.”
10. All opposition parties in New Brunswick are calling for change. So, too, are human rights experts across Canada, gender studies professors, Fredericton Youth Feminists, le Regroupement féministe du N-B, Reproductive Justice NB, the Voices of NB Women, the Abortion Rights Coalition of Canada, and over 13,000 signatories to a student-led petition.

### **Immediate Action Needed**

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- The Premier should immediately repeal NB Regulation 84-20, Schedule 2 (a.1), as well as Section 2.01 of the *Medical Services Payment Act*. Please join in calling for Premier Alward to act: (506) 453-2144 or <premier@gnb.ca>.

## Background Information

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1. When women and girls have reproductive control there are widespread social, educational, and economic benefits: they can stay in school, look for or keep paid employment, support themselves and their family, and stay out of poverty. “To achieve equality, all women must have the right to decide for themselves whether and when they will bear children, and how many. Without control of their fertility, women cannot have autonomy over their lives and cannot play a full and equal role in society.” (Abortion Rights Coalition of Canada)
2. No contraceptive method is 100% fail-proof. Birth control pills fail approximately 1 out of 10 times and some defective pills sold in Canada were recalled as recently as 2013.
3. NB and PEI women report that some doctors have refused to write them a prescription for contraceptives because they are not married, and some pharmacists refuse to fill a prescription for contraceptives for the same reason.
4. Emergency contraception, known as Plan B or the “morning after” pill, is available over the counter at most New Brunswick pharmacies; it costs about \$40, however, and pharmacists have the right to opt out of prescribing it, though they are supposed then to provide a referral to a pharmacist who will.
5. Most women seeking abortions have become pregnant accidentally, through lack of access to contraceptives or from contraceptive failure; some get pregnant while on a waitlist for a tubal ligation or their partner is waitlisted for a vasectomy; others, because their menstrual cycle is disrupted in perimenopause (the so-called “menopause baby”).
6. Married women, single women, students, working women, teenagers, mothers, and grandmothers may all find themselves faced with an unintended pregnancy. Of the abortions performed in hospitals in New Brunswick, the majority (56%) are for women in their twenties; 28% for women 30 and older, and 17% for teenagers.
7. New Brunswick’s abortion rate is *significantly lower* than the national average, and the teen pregnancy rate *significantly higher*.
8. “Abstinence-only” programs in schools are correlated with *higher* teen pregnancy rates; “abstinence plus” sex education programs that include information about contraception are more successful at reducing teen pregnancy.
9. Teen pregnancy, which is more common among disadvantaged teens, poses increased health risks to both mother and child. “Children of teen mothers are more likely to have low birth weights, preterm births and, as a result, are more likely to experience increased mortality and childhood morbidities including developmental problems, learning difficulties, hearing and visual impairments, and chronic respiratory problems.” (Ontario Ministry of Health)
10. Is abortion safe? “All medical procedures carry some degree of risk. Abortion is in the category of minor medical procedures and as such has one of the lowest rates of complication. To put things in perspective, abortion is considered to be twenty times safer than childbirth.” (Morgentaler Clinic, Fredericton)

## Further Information

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Fact sheet prepared by Wendy Robbins with input from ARCC and RJNB; French translation by Noëlla Richard

References available upon request

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