If you are looking for info on accessing abortion (anywhere in Canada) please call Action Canada for Sexual Health & Rights' Access Line:

1-888-642-2725

24 hours a day/7 days a week

This zine was made by
Reproductive Justice New Brunswick
ReproductiveJusticeNB@gmail.com
Twitter @ReproJusticeNB
Facebook: Reproductive Justice New Brunswick
RJNB.org

What is going on with ABORTION IN NEW BRUNSWICK



DECEMBER 2016

#NBProChoice

First...

Snoitrods si tshW

available in NB yet.



- Ending or terminating a pregnancy.
- thing as *surgical abortion* or *therapeutic abortion*, which happens when a pregnancy is ended manually by a doctor. A *medical abortion* is when a pregnancy is ended by taking the prescribed pills methotrexate and misoprostol. This option isn't

• In NB, the term 'abortion' usually means the same

Abortion Facts. Abortions are...

- low-risk: rates of complication are lower than childbirth, or getting your wisdom teeth out. They do not cause breast cancer and do not prevent people from getting pregnant in the future.
 common: 1 in 3 people who are born with a uterus
- will have an abortion. In the US, 57% are in their 20s and 61% already have children. (Read more at guttmacher.org)
- not equally accessible across Canada.

#NBProChoice

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http://nbprochoice.tumblr.com/

(An Incredibly Brief) History of Abortion in Canada

Before 1988, anyone who wanted to get an abortion needed to get permission from a tribunal of 3 doctors. In 1988, Dr. Henry Morgentaler won a case in the Supreme Court that banned laws like this. Now it is written into the Canada Health Act that provinces must provide access to abortions.

Fact: It is neither illegal nor legal to have an abortion. It is a medical procedure, like a pap test, a vasectomy, or a knee replacement. It is a violation of the Canada Health Act when a province like New Brunswick does not provide access to funded abortion.

What To Do?

Make the Government do its job

Abortion access has changed because of a lot of work by a lot of work by a lot of people, usually at their own cost. It is the job of your MLA, the Minister of Health Victor Boudreau and the Premier Brian Gallant to work on this. Demand change! Call, write, email, or protest them. Talk to them on the street.

Talk about it

Break the stigma by ending the silence around the right to choose. Talk about what you know. Share this zine. Discuss abortion experiences. Bring it up in class, in coffee shops, at the supper table...

Host or invite RJVB

RJMB would love to share information with your group. If you are having an event to support or fight for Reproductive Rights, we would love to join you. Please reach out to us and let us know what you're up to at reproductive justicenb@gmail.com

Donate

events.

To us, by going onto RJNB.org or to Clinic 554 at clinic554.ca.

Follow and/or join us

Whether you are in the province or outside MB, you are welcome to join us in the fight for reproductive justice! Check out our website RJMB.org. Tweet #MBProChoice and follow us @ReproJusticeMB. We're tumblr.nbprochoice.com on Tumblr and Reproductive Justice MB on FaceBook. Email reproductivejusticenb@gmail.com for more information about joining our organization and/or come out to our

History of Abortion in New Brunswick (also very briefly)

- Before 2014, one hospital in Moncton and one in Bathurst provided 40% of abortions in the province. The cost was covered by Medicare, but the waiting lists were long and patients had to obtain approval from 2 doctors that the procedure was "medically necessary".
- The only alternative was the Morgentaler Clinic in Fredericton. Abortions there costed \$600-\$800, and were not covered by Medicare.
 Dr. Henry Morgentaler launched a lawsuit to
- have the cost of these clinic abortions covered by the province. The case was dropped in 2014 when Dr. Morgentaler died.
- In April 2014, when the Morgentaler clinic announced it had to close because of the lack of funding, Reproductive Justice New Brunswick (RJNB) formed.
- In November 2014, the Liberal Party promised to improve access to abortion. When it formed government, they amended only the law requiring approval from 2 doctors.

Who is RJNB?

Reproductive Justice New Brunswick

Our Goal: For New Brunswick to be a province where each person decides if, when and how to have children, and can parent with dignity and support.

We are a grassroots organization. We formed in response to the anti-choice culture of New Brunswick, which forced the closure of the Morgentaler Clinic. RJNB is also involved with anti-austerity efforts, environmental justice, fighting harassment of other activists and to support other healthcare advocacy organizations.

RJNB wants to be anti-oppressive and to reflect that in the way we speak. We hope this zine did that. We tried to make our language trans-inclusive and not filled with hard-to-understand jargon. We are sorry if we fell short. Please send feedback reproductive justicenb@gmail.com.

Une version française est disponible

- The Liberals also said they would increase access to funded abortion by providing them in more hospitals.
- Months later, the NB Media Co-op discovered they would only be adding one more hospital. This additional hospital is located in Moncton, 10 minutes from the hospital already providing abortions.
- In January 2015, as a result of a fundraiser organized by RJNB and Fredericton Youth Feminists, Clinic 554 opened in the former Fredericton Morgentaler Clinic. The clinic is a family practice that provides trans healthcare, access to birth control and abortion care. The NB government still refuses to cover the cost of abortions at the clinic. Read more at clinic554.ca.

Premier Brian Gallant promised to remove all barriers to abortion, but not a lot has changed.

Abortion Access in NB: In Publicly Funded Settings

This zine is just about abortion access, but the problem starts before that. There are many NB doctors who do not prescribe birth control, many NB citizens without doctors, and many people who cannot afford birth control or the "morning after" pill.

not covered by Medicare. (Clinic 554) that provides abortion services, but they are Brunswick is the only province where there is a clinic a clinic in other provinces have to pay out of pocket. • New delays. • People with NB health cards getting an abortion in departments share operating room time, which can cause be by the time an operating room is available. • In a hospital Clinic 554 when they are over 13 weeks and 6 days, or will 14 weeks in a hospital. Hospitals are referring patients to Clinic 554 offers abortion care up to 16 weeks, compared to abortions up to 13 weeks and 6 days after the last period. range of \$1400-\$2800. • The hospitals will only perform have an MB or PEI health card, the cost in hospital is in the only accepted at the Moncton City Hospital. • If you don't abortion if you have a NB or PEI health card. The PEI card is only pay for a hospital abortion. • You can only get a funded Unlike every province west of NB, the NB government will

Why Clinics?

Most provinces provide abortions in free-standing community-based clinics. Before the Morgentaler Clinic closed, 60% of patients chose to pay for a clinic abortion rather than go to the hospital for free. When the Morgentaler Clinic closed, over \$125k was crowd-funded for the new clinic Clinic 554). Here is why people care:

complications, which are rare. Just as safe as hospitals and have plans to manage any harder it is for them to get the care they need. Clinics are a safe alternative. • The more marginalized someone is, the hospital is often a place of social control and clinics provide abortions where they work. • For marginalized people, a People who work in hospitals often feel they cannot get work, travel and expense. • Clinic abortions are cheaper. • requires 2 appointments, which means twice the time off can offer same-day appointments. • A hospital often but dealing with judgment in the hospital can be • A clinic hospital policies. • Abortions aren't inherently traumatic, forced to look at ultrasounds and being lied to about is pro-choice: We have heard stories about people being wants to be there. • Not everyone who works in the hospital rather than in a hospital. • Everyone who works in a clinic patients when care is provided in a community setting Stigmatized services have better health outcomes for