



Continuing the Revolution in New Brunswick

In July 2014, after struggling financially for many years, the Fredericton Morgentaler Clinic (the Maritime provinces' only abortion clinic) closed its doors. Triggered by the closing, a grassroots movement evolved into Reproductive Justice New Brunswick (RJNB), a new and local pro-choice feminist collective. RJNB began an online crowd-funding campaign to raise money to assist an interested physician to purchase the former Morgentaler Clinic facility.

ARCC partnered with and assisted RJNB in an operational capacity for the crowd-funding (operating bank accounts, receiving Paypal donations etc.). We also used our national reach to bring the clinic's closure to the attention of the country. Finally, ARCC created and continues to host a website dedicated to the NB abortion issue that includes a full history of the treatment of abortion in the province with key articles translated into French (<http://www.abortionaccessnb.ca>).



[abortionaccessnb.ca](http://www.abortionaccessnb.ca)).

The crowd-funding campaign was a great success. The former Morgentaler Clinic was successfully purchased and now continues to provide abortions in NB. Now operating as Clinic 554, it is a family practice that also acts as the Maritimes' only abortion provider in a clinic setting. Further, it is particularly involved in serving marginalized groups such as LGBTQ patients, and HIV+ and Hep C+ patients. As the national pro-choice coalition, ARCC is

able to provide local groups like RJNB and Abortion Access Now PEI (see below) with operational and publicity support that would otherwise be unattainable or cost-prohibitive.

We are so glad to have been a part of Clinic 554's establishment! We will continue to support RJNB in lobbying the New Brunswick government to fully fund abortion services at Clinic 554. Currently, NB provincial regulations do not allow public funding of abortions in clinic settings—only in hospitals. **A**

#HeyWade #AccessNow - Major Developments in PEI

PEI enjoyed a significant victory this May, when **Premier Wade MacLauchlan announced that abortion services would be provided on the Island for the first time in over 30 years.** Health PEI has been tasked with planning a new women's reproductive health centre that will offer a number of reproductive health services,

including medical and surgical abortions. The clinic will operate out of a hospital.

The government was forced to capitulate after admitting they were unlikely to win a lawsuit launched against them by Abortion Access Now PEI, and LEAF (Legal Education and Action Fund) National. The Premier

conceded that PEI's abortion policy (prohibiting abortions on the Island) is contrary to the Canadian Charter of Rights and Freedoms. Prime Minister Trudeau had also intervened and reportedly advised MacLauchlan to start providing abortions on the island.

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For the past several years, ARCC has been active in bringing national attention to the access problems on the Island, as well as supporting PEI activists—who have been inspiring with their determination and creativity! A campaign in January by an anonymous activist called @iamkarats garnered plenty of national media attention. The unknown artist plastered posters around Charlottetown with stencils depicting an Anne of Green Gables-type character in a black bandana demanding that the



premier #SupportIslandWomen. ARCC will continue working with grassroots PEI activists to ensure

that the provincial government follows through on its promises to establish a clinic. **A**

Opposing C-225: Fighting Fetal Personhood

This year, ARCC is leading the national campaign to oppose Bill C-225, the “Protection of Pregnant Women and Their Preborn Children Act”. This private member’s bill was tabled by Conservative MP Cathay Wagantall and has already undergone first reading in the House of Commons. It is slated for second reading and a vote in the fall.

We’ve been educating the Liberal government, all MPs, and Canadians at large that this bill is not about deterring violence, but rather about fetal personhood and increased regulation of pregnant bodies. Since the bill’s introduction, we have registered as a national lobbyist, allowing us to have direct advocacy contact with all MPs. ARCC board members and

members-at-large have met with the NDP health and women’s critics to discuss the bill, and our resources have formed the basis of NDP MPs’ comments in the House of Commons to oppose the bill on first reading. We are circulating paper and online petitions challenging the bill, and have collected over 50 signatories of organizations opposed to the bill. We’ve also released position papers, sample letters to your MP, and other resources to explain our opposition. These can be accessed on our Bill C-225 page (<http://www.arcc-cdac.ca/c225.html>).

Donations to ARCC are used in our direct political advocacy to fund postage and courier charges related to delivering petitions to Ottawa, modest stipends for the researchers and drafters of our

position papers, as well as travel and long-distance charges incurred for our representatives to attend MP meetings. **A**

CALL TO ACTION:

Sign and share our petitions against C-225, write to your MP using our sample letter, and add your group’s name to our list of organizations that oppose the bill. Please do so **by the end of September**, as C-225 will undergo second reading in October 2016.

Exposing “Crisis Pregnancy Centres” in Canada

The anti-choice movement in Canada is still strong and active, with a large base of supporters and organizational resources that far exceed those of the pro-choice movement. They remain committed to defunding abortion, picketing and harassing around clinics, promoting laws to restrict abortion and access, and spreading misinformation. Serious proliferators of misinformation on abortion are “Crisis Pregnancy Centres” (CPCs): anti-choice agencies that present themselves as unbiased clinics or counselling centres. Most are Christian ministries that will not refer clients for abortion or contraception. A few years ago, we polled our members to ask what campaign we should take on next. An overwhelming majority wanted us to tackle CPCs.

ARCC’s largest undertaking in the last two years was the research and reporting of our study “Review of ‘Crisis Pregnancy Centre’ Websites

in Canada”. ARCC members and volunteers reviewed all CPC websites in Canada and concluded that most provide dangerous medical misinformation while deceptively presenting themselves as unbiased. The study also offered recommendations to curb the reach of this misinformation.

The report was presented at the National Abortion Federation (NAF) conference in April 2016. Funding from supportive donors and members was used to pay conference fees, and to subsidize some travel costs for the ARCC presenters.

Going forward, ARCC will be trying to implement the recommendations from the study: advocating for an developing provincial government websites and hotlines to provide accurate information to women, requiring CPCs to post notices/warnings that they don’t refer for abortion, and getting CPCs off referral lists of doctors’ offices and medical clinics. We also plan to submit a summarized version of our study to an academic journal. [A](#)



“Almost half of [CPCs]—48%—claimed on their websites that abortion results in negative psychological consequences, including depression, suicidal thoughts, or “Post-Abortion Syndrome”. However, a 2008 Task Force on mental health and abortion by the American Psychological Association found that the majority of studies on the topic suffered from methodological problems—often severe ones. The anti-choice movement cites these flawed studies to claim that abortion leads to serious psychological issues.”

—From “Review of ‘Crisis Pregnancy Centre’ Websites in Canada”

The Long Road to Mifegymiso Approval

The politicization of abortion in Canada means access is still a challenge for those with unwanted pregnancies, especially those in rural parts of the nation. A palpable example is the long-delayed Health Canada approval of Mifegymiso (“the abortion pill”).

Abortions in Canada were, technically, limited to surgical abortions until this year. Not all Canadian hospitals provide surgical abortions, nor are they required to. Therefore, private clinics such as Henry Morgentaler’s developed to fill the gaps. Some provincial Medicare plans will not cover surgical abortions at private clinics. PEI has neither a hospital nor a private clinic that provides abortions on the island, although services are expected to finally start this fall.

In July 2015, 15 years after the United States, Health Canada finally approved Mifegymiso. Medical abortion has the potential to improve access because rural doctors can provide these abortions in their offices, and the possibility of professionals other than physicians being qualified to administer Mifegymiso.

However, one year after approval of Mifegymiso by Health Canada it is still not available to Canadians.

Further, current Health Canada requirements will limit Mifegymiso’s reach: it limits the prescription and dispensing of the drug to a subset of physicians who are registered and trained in its use (this is a rare regulatory requirement similar to the dispensing of methadone). Instead of this onerous requirement, the drug should be dispensed by pharmacists directly to women—because women and trans people can be trusted! Finally, Mifegymiso is approved in Canada for abortions up to 7 weeks of gestation, as opposed to other countries where it is approved for use up to 9-11 weeks. ARCC knows that none of these restrictions are required for the safe provision of abortion across our country. We continue to collaborate with other organizations, as well as researchers in the area, on efforts to improve access to Mifegymiso. As well, we have been trying to meet with the Health Minister to voice our serious concerns. [A](#)

CALL TO ACTION:

Please write to Health Minister Jane Philpott (jane.philpott@parl.gc.ca) urging her to change Health Canada’s dispensing requirement so that pharmacists can provide Mifegymiso directly to women.



Dr. Wendy Norman pushes the government to lift the restriction requiring pharmacists to dispense Mifegymiso to doctors to ensure that women take the drug with direct medical supervision, calling the latter requirement demeaning to women.

Documenting anti-choice bills and MPs

In the current government, at least 55% of Conservative MPs and 7% of Liberal MPs are publicly and personally anti-choice. Some such MPs have used their official position to introduce or support private member’s bills to restrict abortion. At least 46 anti-choice private member bills or motions have been introduced in Canada’s Parliament since 1987.

ARCC’s lists of anti-choice bills/motions and Members of Parliament have become the go-to source for researchers and media. They are cited frequently and we update them regularly to ensure accuracy. You can find the lists on our Politics and Elections page: <http://www.arcc-cdac.ca/politics-election.html>. [A](#)

ARCC Abroad: We do Global Outreach!

ARCC also sets its sights internationally. As a country in the Global North, Canada sits in a privileged position to promote and assist reproductive rights and abortion access beyond our borders.

At the National Abortion Federation (NAF) conference in April 2016, we networked and met with leading activists from the U.S., Mexico, Colombia, and other Latin American countries. ARCC’s executive director Joyce Arthur has been active in rebutting anti-choice “research” from Latin America, which claims that restrictive abortion laws don’t affect maternal mortality, and she had her rebuttals published



Bangkok Thailand, Jan 2016 – The organizers of the Congress on Women’s Health and Unsafe Abortion, with ARCC’s Executive Director Joyce Arthur (centre), and Dr. Christian Fiala of Vienna (left).

in the BMJ Open journal (http://bmjopen.bmj.com/content/5/2/e006013.abstract/reply#bmjopen_el_9353).

In January 2016, ARCC donations helped subsidize travel and conference costs for our executive director to attend the International Congress on Women’s

Health and Unsafe Abortion in Bangkok, Thailand. There, she spoke and promoted Canada’s model of no restrictive abortion laws, discussing why such laws are unnecessary and how they often serve to restrict access and create hardship or health risks for women.

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JOIN ARCC TODAY

ARCC encourages all pro-choice supporters to become members. Please consider signing up for automatic monthly donations to help establish sustainable funding. You can complete the following membership form and mail it to ARCC, P.O.Box 2663, Station Main, Vancouver, BC V6B 3W3. Or, details and the full range of membership and list serve options are available on our website at www.arcc-cdac.ca

Name: _____

Address: _____

Street _____ City _____ Province _____ Postal Code _____
 Phone: (home) _____ (work) _____ E-mail: _____

Basic Membership:

\$25 minimum fee: Other:

Cheque or money order payable to “ARCC” attached.

VISA #: _____ Signature: _____ Expiry Date: _____

Monthly Donations: I want to support ARCC with monthly donations.

Please debit my bank account: \$10 \$15 \$25 Other: \$ _____

Legal requirements for monthly donations: Please fill out this membership form in full, and attach a cheque marked “VOID”.

Signature: _____ Date: _____

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