

CCPA-MB

# FAST FACTS



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## Manitoba women have access to abortions ... as long as they have time or money

**A** two-tiered system persists in therapeutic abortion services in Manitoba. In Winnipeg, a woman choosing to have an abortion can have the procedure done within about a week at the Morgantaler Clinic – if she spends \$500. If she cannot or does not want to pay, then the procedure is done through the Health Sciences Centre (HSC) where the wait for services can be up to six weeks in the summer months. In Manitoba, abortions are covered under Medicare only if they are performed in a hospital setting.

This is despite the fact that the provincial government gave its commitment to supporting a community-based clinic for abortions over a year ago. Little has happened since then to implement this commitment.

The Coalition for Reproductive Choice (CRC) has been advocating for increased access to abortion services for women for several years. They began a series of meetings with the Minister of Health, Dave Chomiak beginning in April 2000. The government agreed to expand abortion services.

Manitoba Health asked the Winnipeg Regional Health

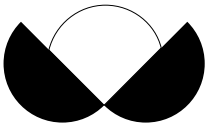
Authority (WRHA) to prepare a proposal for service delivery in 2000. Three options were presented. The first was to increase the capacity of hospitals, the second to fund the established Morgantaler Clinic, and the third was to fund a community-based clinic. The government favored one of

the community-based models. Talks with Morgantaler broke down in April 2001, and that option was abandoned. In August 2001, the WRHA consulted with the Women's Health Clinic to develop a plan for the creation of a clinic operated as a satellite to the services offered currently at the Women's Health Clinic in Winnipeg. Nothing since has happened to implement this plan.

There are many benefits to offering women the option of a clinic setting. "Services are on smaller scale in a community clinic, and the service can be more responsive to clients' needs" says Barbara

Wiktorowicz, Executive Director of the Women's Health Clinic. Many women consider community clinics to be less intimidating than hospitals and more anonymous. Clinics also use less medical interventions. Studies have proven

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that clinics are as safe as hospitals and cost less in the long term. Most importantly, women's choice as to where they feel most comfortable would not be restricted by their ability to pay the \$500 at the Morgantaler clinic.

Doctors at the HSC have provided services to women for many years. However, there are some problems with the administration of services. The idiosyncrasies of doctor's schedules and the decentralized hospital system mean that when doctors go on holidays, they leave the system in a lurch. Abortion is time-sensitive, and when fewer doctors are available, women are forced to wait. Services centralized in a clinic setting would mean that doctors could coordinate their vacation time, and therefore provide better service to women.

## Rural and Northern Services

Women in rural and northern Manitoba are also not well served by the current arrangement. Women seeking abortions paid for by Medicare must travel to Winnipeg to attend several appointments sometimes days apart. Women absorb the expenses of travel and accommodations. Manitoba Health will only cover the cost of travel by bus to Winnipeg if a woman is located in The Pas or further north. Unnecessary time away from home can cause duress for women undergoing medical procedures. A community-based clinic could offer more flexible appointments for women travelling into Winnipeg.

Given the difficulties with hospital-based services for abortion and the government's commitment to the community model, why is it taking so long to fund the clinic? When Premier Gary Doer met with the Coalition for Reproductive Choice in February 2002, uncertainty over the federal overpayment to Manitoba was cited as one of the main reasons why the government could not immediately fund the expansion of services at the Women's Health Clinic. However, as of earlier this month, the overpayment situation has been resolved in the province's favour.

Does the news about the elimination of the federal overpayment mean that the government will fund the clinic soon? Funding a community-based clinic for abortion is not just about money, it is about having the courage to fund it. The perceived controversy over abortion has allowed the government to lag on its commitment. Also, women receiving the services are isolated. "People who need abortions aren't exactly out there yelling for them," explains Shelley Blanco, Co-Chair of the Coalition for Reproductive Choice.

But providing community-based clinics is not revolutionary. In Canada, Manitoba is in the minority. Manitoba and New Brunswick are the only provinces that do not provide funding to clinics. Quebec and Nova Scotia pay the physician's fee. Prince Edward Island, Newfoundland, Ontario, Saskatchewan, and British Columbia all pay for private or community clinic abortion services.

The government has moved to improve the support services necessary for women to have access to reproductive choice. They have committed to more funding to increase counselling and other related services. Plans are also in the works for more public education on birth control and reproductive health issues.

These are important first steps in improving services for women, especially in a province with one of the highest teen pregnancy rates in the country. But they do not go far enough.

When will the pro-choice NDP government demonstrate its commitment to the women of Manitoba by following through on funding community-based abortion services? Time will tell. Meanwhile, women in a difficult stage of their lives are paying the price for a cautious government.

— Molly McCracken

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