When the elevator doors slide open, we step into an empty corridor. The nurse leads; the other patient and I follow. After our walk through the early morning bustle of the hospital, the quiet rings in my ears. My rubber boots thud on the shiny floors. The other patient wears black sweatpants and slouchy boots, blonde hair up with a stretchy band. I’m wearing jeans and a green fall jacket. Neither Blonde nor I are wearing makeup.

A sign on the metal doors ahead warns RESTRICTED ACCESS NO THOROUGHFARE. Blonde chuckles once and says, “That’s welcoming.” I smile politely at her as the nurse picks up a phone by the doors. They buzz open and we step forward into the locked ward.

I was told that I could expect to wait three to six hours. That there is a TV but I should bring my own reading material. As directed, I haven’t eaten since the night before. My heart is racing.

First, a nurse hands me a clipboard with the usual outpatient surgery check-in list (no allergies, nonsmoker, etc.). The waiting room
has pastel walls and padded chairs that face each other along the long walls. There's a door off the side to the nurses’ station. There is indeed a small TV, but it’s turned off. Blonde and I are the only ones in the room, but soon I’ll discover there are other women in the ward, already part of the complicated dance of the day—first meeting, second meeting, change room, procedure room . . .

I fill out the form quickly and wait. Soon a well-dressed girl—let’s call her Fashion Girl—sits down across from me. She barely speaks and looks out of place in her fur-trimmed wool coat, silk scarf, and fashionable boots. As she reads the form, I see her stop at the same question that tripped me. Fashion Girl calls over the nurse, who quickly says, “Oh yes. We know.” Two-thirds of the way down the list, question 23 asks if there is any chance we may be pregnant.

But this is the Termination of Pregnancy Unit. Confirmed pregnancy is the reason we have come here.

In another room across the hospital, my friend is waiting. This is part of the strangeness of the day: in order to guard our privacy, the only ones allowed to enter the ward are the women seeking abortions. Though almost 100,000 abortions are performed each year in Canada, utter secrecy mutes the sisterhood. I begrudge no one her privacy, but I wish there was more openness, that I could have some support here with me. In abortion clinics, where a larger proportion of Canadian abortions take place each year, women wait with their hands held and shoulders to lean on. But in Nova Scotia, there are no abortion clinics. The unit I’ve walked into, at the Victoria General Hospital in Halifax, performs 95 percent of the abortions in the province, with other hospitals performing them irregularly. This is what abortion looks like in Nova Scotia.

The mothers and partners and friends of the women in the ward leave us in the elevator between outpatient check-in and the ward. After the rushed goodbyes before the metal doors slide closed, we disappear into the mysterious world of the TPU, to spend the day with women we have never met but with whom we share one significant biological process. After days, weeks of hiding my truth, I have arrived in a place that defines me.
Two weeks earlier, my friend, my roommate, and I were caucusing in my room. I sat on the bed, feeling numb and resigned. My roommate sat on the floor, which she always did. When I had told her the news, minutes earlier, just out of earshot of the boys we live with, she began laughing uncontrollably. My friend, who had run over from her house across the street, perched on a box.

“Of course this would happen to me. Everything happens to me first, doesn’t it?” I’d addressed this to my friend, and we both laughed bitterly. Through eighteen years of friendship, of important and insignificant changes, I’ve always been the first. First period, first kiss, first boyfriend, first to lose my virginity . . . First. Again.

“Oh my God, I know,” she said. “I actually thought that when you texted me. Of course. So do you know . . . who . . . ?” my friend asked.

“Charlie. Yeah. It is. It must be.”

My voice was calm and even, but my mind was racing. I still could not believe the truth that sat in a drawer in the bathroom.

Seconds after awkwardly peeing on the pink and white stick, I was staring reality in the face. As my urine travelled up the testing stick, two little lines appeared in the white window.

_Maybe sometimes one of them disappears,_ I silently suggested to the empty bathroom.

I had waited the prescribed three minutes. But I already knew.

I realized I’d known since I grumbled idly about being two days late, and then ignored it until I discovered—oh shit—it’s now two weeks. I’d known since I wondered why the hell the cold made my tits hurt so much this winter. I’d known since I started waking in the darkness each morning to relieve new pressure on my bladder. My body knew, but my brain fell behind.

“And what . . . will you do?” My friend did most of the talking.

What I had done, first, was place the test face down in the drawer across from the toilet and pull up my pants. I sent one text message to two people: “I took a test. It says I’m pregnant.” I chose the wording carefully, guarding against what I was not yet ready to admit.

“I don’t want a baby. And if _Teen Mom_ has taught me anything, it’s that adoption is hard.” It felt good to joke about this. Dark humour bends pain into manageable shapes. “Who says you don’t learn anything from MTV?”
As a pro-choice feminist who had just turned twenty-one and was about to graduate from university and start my own life, I wasn't ready to start someone else's. I knew what would come next.

Later, my roommate told me she had felt very awkward in that room. “I just thought, oh my God, what if she wants to keep it and we’re participating in this awful peer pressure?” I remember that she was pretty quiet.

“Will you tell him?” my friend asked.

I found it impossibly hard to keep answering questions. I’d only known about this for twenty minutes.

“I don’t know. I mean, I want to,” I said.

My roommate piped up. “Maybe after you have your first appointment?”

I’d said I would call the sexual health centre in the morning, to get a referral. “Maybe when you have more information?”

“Yeah . . . maybe.”

There was something extremely unfair going on. For weeks, my body had been quietly changing, rearranging its depths to prepare the way for what was growing inside of me. Now the burden of this change rested on my shoulders. But my uterus wasn’t acting alone. And he deserved to feel this stress; I deserved help bearing the load. But I wasn’t sure I had the strength to tell him. Or maybe I feared he wouldn’t have the strength to help me.

“It doesn’t feel fair! That the girl has to deal with this and he doesn’t. The guy should have to suffer through it.”

“Yeah.”

“Yeah.”

Together, we lined up tasks. I would make appointments. I would tell my other roommates. I would carefully guard the truth. I would keep it small. It would not grow.

There were hugs. Laughs. I wondered if they felt in over their heads. Were they watching me to see what I would do? If I was okay? Had I proven I was? Was I?


After waiting a while, I’m led by a nurse to a small room to talk. We go over the form I’ve filled out and she asks a few questions. Would I like to take narcotics against the pain? Though this means staying an extra twenty minutes
after the procedure, I say yes. I am concerned about the pain. I remember how much my IUD insertion hurt.

Would I like the anti-anxiety medication? I dither for a bit but decide I don’t need it.

“Now,” she asks, “have you decided what kind of contraception you’ll use after the procedure?”

That’s the thing about pre-abortion counselling. It’s a lot like health class, only no one pretends you aren’t having sex.

I’d been using the copper intrauterine device, until it migrated down to a corner of my uterus and “failed.” They’d found it during my ultrasound (“Oh yeah, it’s quite low down there”) and would remove it today, along with the “products of conception.” All the same, I decide to stay with a copper IUD—I’ve had poor experiences with hormonal contraception—and the nurse notes it on her chart.

“Does your partner know? About the pregnancy?” she asks.

“I . . . I don’t have . . .” I stop. “The guy involved does know. Yeah. And he’s been great.”

“Good, that’s good,” she says encouragingly. She tells me I’m number six in line, that the doctor will meet with me soon, and sends me back to wait.

By this time, the room has filled somewhat. Blonde is still there, reading her paperback. A girl in green sweats sniffing quietly, a girl in a black tracksuit, a Southeast Asian girl in a huge hoodie. A wiry woman with a long ponytail. A girl with olive skin and embellished jeans picks up a copy of a teen tabloid. I would have guessed they would all be my age, but that’s not true. Our vulnerability makes us all look younger.

The mood of the room has changed while I was gone. The sleepy silence with which I had been happily insulating myself has dissolved. I’ve been back a few minutes when the Southeast Asian girl speaks.

“Do you have kids?” she asks Ponytail.

“Yeah,” says Ponytail. She has five kids. She explains a complicated mess of fathers and breakups. She has two at home right now. “You?”

“I have two,” the Southeast Asian girl responds, and then she begins to sob. Now she’s Sobbing Girl.
I am mortified. The unspoken rules of waiting rooms are three: stay quiet, act deaf, and never make eye contact. In a strange place, treading unfamiliar paths, I’d had no idea what to expect, least of all the loss of these social mores.

I look around the room without lifting my head from my magazine. Fashion Girl is staring straight ahead. Green Sweats is looking out the window, tears still quietly rolling down her face. Later, she mentions that someone named Corey is waiting for her downstairs. I text this to my friend, and she guesses that Corey is the rural Nova Scotian boy trying not to cry in her waiting room.

Ponytail is leaning forward toward Sobbing Girl. She lets her speak.

“I have two, and . . . I just don’t know. It’s hard. I mean, they showed me the ultrasound.”

My mind reels. Certainly, such an experience would test my resolve, my sanity. My ultrasound was short, the screen turned away from me, and the sound was off, though the gel made that squirting sound it does in all the movies about pregnancy.

While I try to prevent my mind from contemplating too carefully the inside of my womb, I lose the conversation. When I come back, Blonde has set aside her paperback and joined in.

“I have a ten-month-old at home,” she says. “It took me a long time to decide. I’m at fifteen weeks.”

There is a murmur in response. The cut-off for abortion in Nova Scotia is fifteen weeks and six days pregnant.

“Nah, I knew right away,” says Ponytail. She tells us she’s eight weeks.

“Eight,” says Black Tracksuit.

“Eight,” I say.

“I can’t wait ‘til it’s over,” Ponytail goes on. She’d been having acne problems and terrible morning sickness.

“Oh, I know!” Blonde pipes up.

I’m next in line. I shrug and offer, “I haven’t been sick at all. My skin’s actually been kind of great.”

Blonde and Ponytail laugh jealously.

A woman comes in and takes Sobbing Girl away, to “go talk.” I realize this must be the counsellor we’ve been told is on call for us.

Once she leaves, the mood lifts. But the talking stresses me.

“It hurts so much, you know, oh yeah,” Ponytail says to the room, unprompted. She’s had two abortions before. “It’s the worst thing I’ve ever
felt. You’re gonna yell for sure. Oh boy.” She never takes the narcotics, she says, because she doesn’t like staying longer to let them wear off.

My stomach clenches. The idea of pain sinks into my limbs and a wave of nausea hits me.

Blonde asks Ponytail to compare it to birthing pains, and then they’re off. Black Tracksuit jumps in, and they’re soon comparing birth stories. But by now I’m so scared of the pain, my head is spinning. To distract myself, I pick up my phone.

I’ve been texting my friend all along, but since we arrived so early in the morning, I’ve been out of touch with anyone outside the hospital. It’s now 9:00 a.m., so I scroll to the guy’s name and write, “This waiting room could be a sitcom.”

He tells me he’s already picked up the car from his mom’s, so he can drive me home later.

“The talking is weird,” I write. “I don’t like talking about the pain.”

I try to keep the conversation light, but I’m scared and he knows it. “I wish I could bear hug you right now,” he writes, and I smile, with tears behind my eyes.

Neither the guy nor I were looking for anything serious, which added another whole level of complexity to the situation. We’d been “casually” spending a lot of time together, but we’d begun drifting apart by the time I found out I was pregnant.

I had pulled the “need to talk about something serious” card, so I knew he must be pretty worked up by the time we sat down on his bed. I took some deep breaths and just blurted it out.

“It’s fine. I’m fine. Everything is fine but . . . I’m pregnant.” Before he could say anything, I slumped into the fetal position, my head in his lap.

It’s quite something to bring this news to a man. For all of the physical pain and responsibility that ultimately falls to the woman in these situations, there is a painful powerlessness for him. The biological process is outside his control, and, ultimately, so is the final say. He struggled to find words as I trembled.

“What . . . do you want to . . . do?” he asked me.
“I figured I should nip it in the bud. You know, before it gets worse.” I was quoting a line I’d heard somewhere.

This seemed to be the right answer. He relaxed slightly.

“Oh E–,” he said, “you’re so strong.”

We were both in shock, so we crawled under the covers. We lay there for a long time, holding each other and periodically saying “Holy shit!” and “Is this really happening?” I didn’t cry. I hadn’t yet.

By the time I left, we’d decided he would tell his roommates. We both realized we wouldn’t be able to focus on anything else, so we spent the next few days in a bubble we created, surrounded by those who knew. We watched movies and he cooked for me. Our roommates made jokes; we shook our heads in disbelief. Once, the hormones made me faint in the shower, and we both worried. But with him there, the anxiety in my stomach calmed down, for a few days. He carried me through beautifully.

By the time it is my turn to meet with the doctor, I’m worked up from listening to the others go on. I don’t know if Ponytail is looking to be the queen bee or what, but she’s certainly been holding court, offering painful tidbits to the rest of us.

The doctor is neat and gruff, and—isn’t life funny—I recognize her as the doctor who inserted my IUD at the Halifax Sexual Health Centre two years before. She goes over my form, again, and asks if I have any questions. I’ve glanced over the “Abortion Procedure” explanation form I received at the centre a few days ago—the friendly nurse with the short hair and skinny scarf had gone over it with me. Her face earnest and concerned, she’d given me the pre-abortion counselling, discussing options and medical jargon.

I shake my head, but one last thing nags me.

“Sorry, I changed my mind . . . Could I have the anxiety medication?”

The doctor notes it on her form, and after another brief contraception chat, our meeting is over.
The ward is laid out in two sections. One side has the main waiting room, the nurses’ station, the meeting rooms, and a bathroom. This is the side I’ve been on. The other side, behind heavy metal doors, has the procedure room and recovery area. You can also get there by walking through the bathroom, into a sitting and changing room that adjoins it, and out another door.

After my meeting with the doctor, one of the nurses leads me into the changing room and explains to me what will happen next. I’m to take a locker, put on the robe and jacket inside it, and put my clothes inside. There’s a menstrual pad in there too, and I must apply it before my turn. Since the lockers don’t lock, the nurse advises me to keep my bag with me. She looks down at the rubber boots I’m wearing and says, “Well, I guess you’ll have to wear those.”

“After you’re done,” she adds, “you can wait wherever you’d like.”

Once I’ve changed, the quiet of the sitting room seems a vast improvement over the frightening chatter. Fashion Girl sits curled up in a chair, staring into space; now wearing a gown like mine, she looks diminished. I take the couch and breathe in the silence.

People come and go from the room. Sobbing Girl follows a nurse in and stands by the lockers. She opens one but closes it again, leaves and doesn’t come back.

The girl with embellished jeans comes in from the recovery side of the ward and changes out of her hospital gear. I study her closely as she moves in and out of the bathroom, watching for signs of pain or trauma, but notice nothing.

Waiting is the hard part. My stomach growls and I’m tired from waking before dawn. The silent seconds stretch out. Though I’ve taken the anxiety drug, half a pill of Ativan melted under my tongue, waves of anxiety wash over me. I take deep breaths. I try to relax every part of me to let the knots of fear come undone.

First, the form from the health centre told me, the speculum. Then the freezing. “The next step is the dilation or opening of the cervix; and this is done by putting small rods into the cervix starting with a very small one, taking it out, putting in a slightly larger one, and so on, until the cervix is open one centimeter . . . then doctor puts a sterile tube in the cervix . . . attached to the aspirator or suction machine . . . Your level of pain is often affected by feeling frightened or anxious.”
Open. Aspirate. My poor, poor body. I know this will be a deep trauma, tearing and forcing open the closed places inside me. The violence of it scares me. I tremble, saying silent prayers to my body, asking for forgiveness. I spread a protective hand over my abdomen, but it’s not love stirring, it’s self-preservation. When it seems too much, when the guilt and blame move over me, I remember the words that a wise friend gave me the day before. “It’s such a tender, vulnerable place in your life and body,” she wrote to me. “Be gentle with yourself . . . self-care is not selfish, is never a violence.”

I care, I tell my body. I’m so, so sorry. Please let’s get through this.

The physicality of the trauma had come to me only the afternoon before. I’d just finished my requisite day of tests, the blood work, the ultrasound. After he nagged me, I allowed the guy to come, and I was glad to have him. We retreated back to his home, under the blankets. My phone rang, and I knew in my belly what would come next.

“Tomorrow? Oh, that’s fast. Yes.”

I made the calls I needed to make, I cancelled work and excused myself from class for the week. The guy made arrangements to borrow his mom’s car. I put my friend on alert. I returned to the couch, and the guy went to make dinner.

Once I was alone, once the actions were done, it caught me. Until that moment, my pregnancy had been a piece of information. I’d managed it carefully, deciding who would know, who wouldn’t know, who I had to tell and when. All of a sudden, I realized I needed to come to terms with my pregnant body and let it go, all in twenty-four hours.

For the first time, the tears came easily. My silence was conspicuous, and soon the guy found me. He knew it would happen eventually, he told me.

“Oh, E—,” he said, and took me into his arms. That’s when I fell apart.

“I don’t regret my decision,” I told him, “but this is really hard . . . I was really hoping that my body would end this before I had to do anything.” Between sobs, I finally let my fears come out of my mouth.

“I know this is something I’ll have to forgive myself for.”

He kissed me on the head and held me close until my breathing evened. The pain isn’t in the choice. It’s in finding the peace in it.
A nurse fetches me to insert an IV for the narcotic they’ll use to numb me during the procedure. She takes me to the recovery room, and I see Ponytail and Blonde sitting in recliner chairs, chatting and laughing. I avoid eye contact and hurry back to the quiet room. Now is the final wait. I’ve been in the ward for three hours, but this wait feels the longest. Every time I hear footsteps, my heart jumps, wondering if a nurse will enter and call me in. They come first for Fashionable Girl.

I’m so, so sorry.

I abandon my magazine and let the waves of fear run through me. I feel a strange calm in letting them come. I don’t cry again. I sit as if in the eye of the storm, accepting some calm.

Ponytail comes in to get dressed. Instead of leaving straight away, she sits down next to me. They’ve asked her to wait to talk to the counsellor before she leaves, but it’s plain that Sobbing Girl is keeping the counsellor busy.

“Have you ever had one before?” she asks me.

I tell her I haven’t and look quickly back to my magazine, staring intently and hoping she’ll realize I don’t want to talk.

“Oh boy. Yeah, it’ll hurt. You’ll yell for sure. Did you take the pain stuff?”

“Yeah.”

“I don’t. I don’t like to wait longer. I want to be done and get out of here.”

I don’t answer. She wonders aloud where the counsellor is.

“That girl was pretty freaked out,” I say. “I can’t believe they showed her the ultrasound.”

“Yeah, but she’s had kids, you know? She should know. She knows what it looks like then. She’s seen it.”

Her jeans are old, she’s too thin, and there are lines forming on her still-young face. And she’s just had her third abortion. I wonder what comfort she gets from scaring someone like me.

“I just want to leave. Gotta go,” she repeats. Her kids will be done at daycare before long, and now she won’t have time for a nap.

Finally, the nurse fetches her, and she goes out. She wishes me luck as she leaves.

Minutes later, at 11:30, the door opens, but I don’t turn until the nurse addresses me.

“E—?”
“Yes?”
“It’s your turn, hon.”

I stuff my magazine haphazardly into my bag, and send a few hasty texts. *It’s my turn,* to my friend and to the guy. Wearing rainboots and my robe, I follow the nurse out of the room, into the other half of the ward.

We enter a room with a cushioned table in the middle and a rolling cart with a tray on it holding instruments I decide not to think about. Despite the half pill of Ativan, I begin to shake. The room is cool, and I feel as though my blood has stopped circulating.

In a dance I’ve become used to, the nurse tells me to lie down, scoot down to the edge, and cover myself with the waxy paper sheet she hands me. I’ve gone through this process over and over in the past few days, so many times that I wondered whose body this was anyway. But soon it would be all mine again. Very soon.

I put my bag down next to the table and hop up, pulling my feet out of my boots. I feel so small, so young, coming in from recess, exchanging boots for indoor shoes. I leave my socks on for warmth. I lie back and shake.

The nurse goes about hooking up the medication to my IV. She tells me to lie with my heels up under my buttocks. I take deep breaths and try to will my body not to shake, first by tensing my muscles then releasing them. “It’s cold in here,” I say, teeth nearly chattering.

She finds a thick sheet, folded several times, and drapes it across me. The weight of it calms me a bit, settles the shaking. I thank her and breathe slowly.

The table has two stirrups at the end, but they are not the gynecological stirrups for heels. They are wider, and curved. They are for knees.

The nurse tells me that once she has injected the narcotic painkiller, I’ll feel loopy, but I’ll still be conscious. There is no escaping this moment. As she lowers the plunger and the cool neurological balm moves up my arm, I feel drunk. I wish I felt more drunk, blackout drunk. I already feel scared enough to throw up. She tells me the doctor won’t be long. She takes out what looks like a blue paper shower cap and wraps it around my left foot.

“What’s that for?” I ask.

She explains to me that it’s a precaution, that my left foot would hang close to “the tray.”
I curl my toes.
“So,” I ask, trying to distract myself, “do you work here often? Or is this like a rotation?”
“No,” she says, her tone serious. “You have to apply here specially. You wouldn’t want the wrong kind of person to work in here.”
I consider these words as she fixes a heart rate monitor to my finger. These women, the ones who’d been poking and prodding, guarding and holding us all day, these women chose this. Day after day, they see women shaking, crying; they watch women struggling against themselves. They are our guardian angels, stand-ins for mothers and partners and girlfriends.
Once the doctor arrives, things happen fast. She greets me and then begins preparing efficiently: gown, gloves, I can’t see what else. I stare straight up, willing my consciousness into my body to slow my heart and my breath. Strong hands move my legs into the stirrups, arrange the sheet to obscure my view. As the doctor inserts the speculum, my nurse is back at my side. She starts to explain what’s happening—the speculum, the cervix freezing. When the doctor starts the dilation, I gasp in pain.
Before I can react any more, the nurse reaches under the blanket and grabs my hand, tight. She speaks in soft, soothing tones. It’s all right. It won’t be long.
_Please let’s get through this_, I pray to my body. _I’m so sorry._
It’s very strange to feel a part of your body you’ve never felt before. It must shock pregnant women at the quickening. It’s like having the circulation return to a limb, only unpleasant. It doesn’t hurt exactly. It’s intense discomfort. It’s deep cramping and a dull ache. It feels utterly wrong. I feel the suction reach inside of me and my breathing comes hard. The nurse lets go of my hand to help the doctor, but she returns quickly and takes it again. She has never asked if I want this; she knows. For those brief moments, we bond.
And then the doctor turns off the machine and leaves the room, the tray in hand. She must check to ensure that the abortion is “complete.” She returns in a moment and interrupts my relief to go in again to get my IUD, which is stuck. I must have whimpered or moaned, because the nurse squeezes my hand. Moments later, the doctor is done. I thank her, and she leaves.
_It’s over. It’s done. We made it._
The nurse brings my knees down and helps me sit up and put on my under-
wear.

“How are you feeling?” she asks. She offers to go get a wheelchair.

I’m achy and woozy, but I don’t want to hold up the room, so I let her help
me to my feet. She carries my backpack, and we walk carefully out and down
the hall. I have to lean on her heavily and take deeps breaths to avoid fainting.
She settles me into a chair in the recovery room and leaves.

The clock tells me it’s been only minutes since I left the sitting room. I
watch them continue to tick by while I wait to regain full consciousness. The
nurses offer me water and ibuprofen, and then saltine crackers, a stick of
cheddar cheese, and jam cookies. Behind a curtain to my left, a girl moans
with pain. I feel deep cramps, but I’m told this is good: my emptied uterus
is contracting. The pregnancy is over. I suck on my water and wait.

After two trips to a small bathroom to check my bleeding, the nurses
decide I can leave. I put on my own clothes carefully, and they lead me
to doors at the opposite end of the ward. On the other side, my friend is
waiting for me.