Pro-Choice with No “Buts”

Three Commentaries

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Between 2004 and 2010, while I was executive director of Planned Parenthood Alberta, which became Sexual Health Access Alberta in 2006, I wrote several commentaries on abortion for the Calgary Herald. Some I initiated; others were invited. Two of the commentaries republished here are as pertinent today as they were at the time I wrote them. The first speaks to the stigma of abortion, a stigma that effectively silences the voices of the majority of women who’ve had abortions and robs the abortion discourse of its most valuable asset: first-hand personal experience. The second addresses a recurring theme in Canadian abortion politics—the idea that it just isn’t right that Canada has no laws restricting abortion. The third commentary written for this collection, attempts to convey what it means to me to be “truly pro-choice,” to believe in a woman’s right to choose to have an abortion without feeling the need to justify or seek approval of her reasons for doing so.
In the summer of 2004, the Planned Parenthood Federation of America raised controversy throughout North America for selling “I had an abortion” T-shirts. Unsurprisingly, the public assumed that all organizations with Planned Parenthood in their name were selling the shirts. I received several angry phone calls and emails from Albertans appalled at the idea of women wearing the message “I had an abortion.” While I explained that Planned Parenthood Alberta was not selling the shirts, I also defended the right of women to wear the T-shirts and felt compelled to make a case for their value.

The column was published in the *Calgary Herald* on 30 July 2004. By the time I got to work that morning, I had a phone message from a woman who worked in the same building as I did, the executive director of another non-profit organization. Her message stated that she thought the T-shirts were a bad idea until she read the column. “I hadn’t thought about it like that,” she said. “You changed my mind.”

**The Effort to Understand Can Begin with an Unemotional Statement of Fact**

“I had an abortion.” Why has this statement of fact elicited such fear and loathing from so many?

The furor was sparked by the news that the Planned Parenthood Federation of America is selling T-shirts with the simple statement “I had an abortion.”

Neither the Planned Parenthood Federation of Canada nor Planned Parenthood Alberta is involved with this campaign. Canadians have chosen a gentler approach to the abortion debate that rages on in the United States. Yet the very thought of millions of American women calmly announcing “I had an abortion” to friends, neighbours, and strangers has the Canadian public squirming.

If the power of an idea can be measured by the virulence of the response it receives, then the idea of women refusing to be silenced or shamed for choosing a safe, legal, and common procedure to manage their own reproductive lives is a very powerful one.

The words “I had an abortion” do not overtly express sorrow or shame, joy or sadness, fear or relief. It is the lack of emotion in the statement that seems to offend so many, including the gentleman who...
called me to express his objection to the T-shirt caption. As I told him, this does not mean these or other emotions were not felt by the women who chose abortion. It’s just that the emotional content of each woman’s story belongs to her.

The critics’ response to these T-shirts superimposes their own vitriolic emotions onto the prospective wearers. They seem to think it is fine and dandy for others to walk around in “Abortion is Homicide” T-shirts, expressing an opinion not shared by the courts or the majority of citizens in either the United States or Canada and one that could be construed as libellous to those who provide or choose abortions, while those who have the courage or gall to reveal a personal truth should be ashamed of themselves.

What do the critics know about each and every woman’s abortion experience? Absolutely nothing. And therein lies the power of the T-shirt idea.

It is one thing to heap scorn on abortion as a concept, a choice, or a medical procedure. It is quite another to heap scorn on a real woman with a face, a family, and an abortion story who refuses to be silenced, shamed, or ignored because she made a choice that millions of women have made since the beginning of time.

Perhaps the knee-jerk negative reaction to the T-shirts reflects the shame and helplessness many of us feel, consciously or not, about our failure as a culture to diminish the need for girls and women to choose abortion.

Despite all our reproductive technology and our public education efforts, many women daily still face the tough decision about whether or not to continue a pregnancy they did not plan or intend. What failure of responsibility do we all, individually and collectively, have to account for?

According to the Planned Parenthood Federation of America, one in three women in the United States will have had an abortion before the age of forty-five. Because of universal health care and better sexuality education, Canadian figures may be less, but the point is made.

Abortion is part of many women’s experience. Blame these women if you dare, but one day they may decide to stand up en masse and ask you to hear their stories and compel you to start asking questions that lead to understanding, compassion, and action.

If, by some chance, every single woman in North America who has had an abortion chose to acknowledge this tomorrow by wearing the T-shirt, we would all be shocked by how many of these women we
know. And truly humbled by the depth and breadth of the abortion experience.

The anti-choice movement would be over and the effort to understand would begin.

This second commentary appeared in the *Calgary Herald* on 28 January 2008, a day that marked the twentieth anniversary of the *Morgentaler* decision. I was asked by the *Calgary Herald* to write a column from the pro-choice perspective. The papers had been full of commentaries in the week leading up to the anniversary, so I was able to push back against some of the arguments calling for the decision to be revisited. The arguments I made then are the same I’d make today against those who insist that Canadians reopen the debate on abortion. As I write, this commentary is still posted on the websites of the International Medical Abortion Consortium and the Safe and Legal in Ireland Abortion Rights Campaign.

A Canadian Controversy—a Wise and Just Decision, Worthy of Canadians

As Canadians celebrate, agitate, or ruminate on the twentieth anniversary of the Supreme Court decision to strike down Canada’s abortion laws, it is time to consider the general impact of this judgment.

Twenty years without any abortion law is considered scandalous by some. Yet, when compared to other countries with laws governing abortion, Canada is an intriguing example of how unnecessary such laws actually may be.

Writing in a *National Post* commentary on 22 January 2008, David Frum called the Canadian situation “the Western world’s most radical abortion regime.” In this case, “radical” is best defined as going to the root or foundation of something. Radical as in fundamental.

The fundamental truth of having no abortion laws (and having universal health care) is that positive outcomes have ensued. When comparing the US situation to ours, a reasonable, thinking person would admit that having no law has been more effective at managing outcomes than has the morass of restrictions legislated south of the border.
Canadian women have about one-quarter fewer abortions per 1,000 women than American women.\(^1\) In Canada, a greater percentage of abortions are done before twelve weeks than in the United States. Canada also has one of the lowest maternal mortality and complication rates for abortion in the world. In addition, Canada's abortion rates are similar to or lower than those in European countries that do have laws restricting abortion and have generally been in decline since 1997.

What the *Morgentaler* decision has meant for Canada is that abortion has settled into the domain in which it rightly belongs—the health care system. It is a medical procedure that, as two decades have proved, can be appropriately regulated by provincial Colleges of Physicians and Surgeons.

Canada's abortion statistics bear this out, including those related to the most controversial aspect of our no law status—that there are no legal restrictions on late-term abortions.

Procedures occurring after twenty weeks gestation make up less than 0.6 percent of abortions.\(^2\) Late-term abortion is rare, difficult to access, and provided only in cases of serious maternal or fetal health problems.

It is inflammatory to suggest, as does a recent national billboard campaign by LifeCanada, that women do or can access abortion on demand when they are nine months pregnant.

To further demonstrate how abortion laws have no real power to impact actual abortion rates, consider a study by the Guttmacher Institute and the World Health Organization published in October 2007 by the medical journal *The Lancet*.\(^3\) It found that abortion rates in countries worldwide are similar regardless of whether the procedure is legal or not. “The legal status of abortion has never dissuaded women and couples, who, for whatever reason, seek to end pregnancy,” said Beth Fredrick of the International Women’s Health Coalition, commenting on the study.

Herein lies another fundamental truth about abortion: that whether legal or not, safe or not, abortion is a choice often made by normal women all around the world. We cannot deny this. We could do worse as a society than to normalize abortion as a fact of human experience. Not normal as in blasé, but normal as in standard, natural, common.

Canada, it could be argued, has been doing just this for the past twenty years. We have, to a lesser or greater degree, depending on where you live in this expansive country, normalized abortion as a
medically necessary, reasonably accessible, and compassionately delivered health care procedure.

Canada also continues striving, through sexual health education and services, to reduce the need for abortion.

Perhaps this normalization is what most aggravates those who want to keep the abortion controversy simmering—or boiling over onto the political stovetop.

Barbara Kay, also writing in the National Post last week, argued that Canadians who believe abortion should be restricted in some cases have been silenced. She noted astutely that “the 20-year anniversary of any transformative social decision is a good moment for a dispassionate review of the decision’s consequences.”

Could it be the consequences of the Morgentaler decision that have kept our politicians from responding to calls for discussion on legal restrictions to abortion?

After all, a dispassionate review reveals that abortion in Canada is being appropriately regulated by the medical profession with reasonable outcomes equal to or better than countries that do have laws restricting abortion.

All things considered, it appears the decision made twenty years ago today by the Supreme Court of Canada was wise, just, and worthy of Canadians.

To these commentaries I now add a third that challenges what it really means to support a woman’s right to abortion and explores what appears to be the habitual need to qualify the morality of women’s decision-making.

So You Think You Want an Abortion

In my evolution as a sexual, reproductive, and abortion rights advocate, I can almost remember the day when the penny dropped and I understood what it meant to be truly pro-choice. Pro-choice with no provisos.

Not: “I support abortion, but not when it’s used as birth control.”

Not: “I believe in a woman’s right to choose, but not her right to have multiple abortions.”

Without Apology

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Not: “I support abortion rights, but no one should be able to have an abortion after twelve weeks.”

Not: “I am a pro-choice feminist, but I can’t condone the selective abortion of female fetuses.”

Just: “I support a woman’s right to choose to have an abortion.”

Proviso thinking stems from the belief that, surely, to be moral and upstanding as both individuals and a nation, we must impose some restrictions on abortion. This opinion continues to ignore the fact that since 1988, abortion in Canada has been effectively regulated by the Canadian Medical Association and provincial medical governing bodies. Having no law does not mean that there are no restrictions on abortion: no woman who is thirty-nine weeks pregnant can walk into an abortion clinic in Canada and demand an abortion.

The proviso game is really about judging women’s reasons. Many people who consider themselves pro-choice find it hard not to judge women’s reasons for choosing abortion, yet they fail to realize that it’s a no-win pursuit. It ends in a tangle of circular argument:

She didn’t use birth control so she can’t have an abortion. . . . Her birth control failed, but she can’t have an abortion because she’s already had one. . . . Another abortion? Oh, she was sexually assaulted. . . . She’s eighteen weeks pregnant? Well, she can’t have an abortion, it’s too late! . . . Why did she wait so long? Oh, her pro-life doctor lied and told her she wasn’t pregnant. . . . If she can’t figure out how to get an abortion before twelve weeks she shouldn’t be able to have one. Oh, she was living in rural PEI, and it took her a month to plan a trip to the abortion clinic in New Brunswick. . . . Oh my, this does get complicated.

Beyond the issues of contraceptive failure and timely access to abortion services, it gets even more complicated. Disability rights activists are concerned that the selective abortion of fetuses with disabilities devalues the lives of people with disabilities and that genetic testing revealing fetal anomalies may result in undue pressure on women to abort. Undue pressure on women to abort for any reason is unacceptable, but the idea of restricting access to abortion to protect fetuses with disabilities is illogical. Why should it be legal to abort a fetus without a genetic disorder but not a fetus with a genetic disorder?

Opponents to abortion in the United States have recently begun to push for laws that would ban abortion on the basis of a Down
syndrome diagnosis. Rachel Adams, the mother of a Down syndrome child, believes these laws are not about fighting prejudice but about limiting women's reproductive rights. In a column for the *Washington Post* she writes that “we won’t end discrimination by limiting access to abortion, which will have the unwanted consequence of driving some women to risk their health by seeking illegal alternatives and other women to bear children they are not prepared to raise.”

Sex-selective abortion has also attracted controversy, along with calls for restrictions such as denying parents information about the sex of their baby until after the second trimester of pregnancy or making sex-selective abortion illegal altogether. The abortion of female fetuses is problematic for many feminists, but are legal restrictions an effective way to change deeply engrained cultural attitudes that value boys over girls?

This issue provides an example of how, in Canada, the medical profession can address such concerns in a way that precludes the need to enact laws restricting abortion. In February 2014, the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Canadian Association of Radiologists (CAR) issued a joint policy statement on the nonmedical use of fetal ultrasound. The statement specifically addresses what the authors refer to as “entertainment” ultrasounds performed for nonmedical reasons without guarantee of technical safeguards and operator qualifications. The policy states that ultrasound technology “should not be used for the sole purpose of determining fetal gender without a medical indication for that scan.” Without calling for restrictions to abortion, the SOGC and CAR “encourage governments to join with our organizations to find appropriate means to deal with this public health issue.”

The bottom line for this abortion rights advocate is that the reason a woman chooses to end a pregnancy in any situation is none of my business. I don’t know her story or her situation. How can I presume to judge or condone or reject her reason? I may not agree with her reason, I may not like her reason, but it is her reason to have and to act on. To believe otherwise is to believe that I’m more qualified to make this decision for her than she is.

Politicians and pundits who keep insisting that it’s time to talk about imposing a set of restrictions on abortion in Canada should ask themselves why they believe that they, or any of us, qualify to be the arbiters of women’s reasons for choosing abortion.
The no-proviso pro-choice position acknowledges that there are as many reasons for choosing to have an abortion as there are women who choose to have one. I can’t understand them all, nor do I have to agree with them all, but I will not support any effort to deny any woman the right to act upon her self-determined reason for having an abortion.

Will there come a time when these kinds of commentaries in support of a woman’s right to have an abortion are no longer needed? We might hope so, but I think the reality is that reproductive health advocates will continue to face challenges that demand reaction, response, and action, such as the sustained pressure that abortion activists on Prince Edward Island put on the provincial government in order to make abortion services at long last accessible in that province.

Maintaining abortion rights requires vigilance, as our American colleagues know all too well. But, in Canada, the legacy of the 1988 Morgentaler decision that struck down this country’s abortion laws continues to inform public sentiment. Ipsos poll results released on 24 February 2016 show that the percentage of “Canadians who believe abortion should be permitted whenever a woman decides she wants one” has steadily increased, from 36 percent in 1998, a decade after Morgentaler, to 57 percent at present. And we can be assured that the pro-choice, majority Liberal government elected in October 2015 will not challenge the position of the majority of Canadians.

Notes

1 The statistics here and below were accurate at the time the article was written; I have appended a few notes for the present publication. According to the United Nations, in 2007, the abortion rate in Canada stood at 15.2 per 1,000 women of childbearing age and at 20.8 in the United States. By 2013, the numbers had fallen slightly, to 13.7 in Canada and 19.6 in the US. See United Nations, Department of Social and Economic Affairs, Population Division, World Abortion Policies 2007 and World Abortion Policies 2013. In Canada, statistics about abortion are now compiled annually by the Canadian Institute for Health Information (CIHI). In the US, similar statistics are periodically released by the Centers for Disease Control and Prevention. See, for example, “Abortion

Although these statistics would not yet have been available at the time this article was written, according to the CIHI, 98,762 abortions were performed in Canada in 2007, of which only 549 (0.56%) were reported to have occurred at a gestational age of 21 or more weeks.


