

IN-DEPTH

A Feature

Commentary:

Society can never prevent a woman from having an abortion.

By Julie Brockowski

The simple answer to this question is no. With a little training and a few medical instruments, a woman can recognise that she is pregnant on, or before, the first day of a missed period and can give herself a less-than-four-week abortion. This procedure can also be used simply for menstrual extraction (very convenient), and is outlined (in an excerpt from *Everywoman*, a feminist periodical) in Ellen Frankfort's book *Vaginal Politics*. Properly done, it is said to be a relatively safe procedure; users are strongly advised to make close observations afterwards and seek medical attention if anything appears inappropriate; equipment includes hospital-grade sterilising and anti-bacterial agents and proper gynaecological instruments. It is a far cry from the coat hangers and knitting needles of the past, but it is not for everyone.

The more complex answer to this question is yes. Women are prevented from having abortions by restrictive legislation, by financial constraints, and by guilt and shame fuelled by pro-life propaganda.

Even though abortion was decriminalised in Canada in 1988 by a Supreme Court decision, many provinces refused to acknowledge the decision and insisted on the old system of hospital abortion committees to evaluate a woman's application to have the procedure. Dr. Henry Morgentaler has been forced to go from province to province, filing lawsuits, fighting to open clinics, to show that provincial abortion laws violate a woman's right under the *Charter of Rights and Freedoms*. Each of his attempts, so far, has been successful. The judge involved in the recent case in this province not only decided in favour of Dr. Morgentaler, he also stated that the provincial abortion law was passed, not with the best intentions for the health care of New Brunswick women, but specifically to prevent the establishment of private abortion clinics in the province.

Dr. Morgentaler is also challenging the policy of the New Brunswick government that excludes abortion in private clinics from provincial Medicare coverage. Even though there is a clinic in New Brunswick now, many women are prevented, for financial reasons, from getting an abortion.

The clinic tries to subsidise abortions for women who cannot afford to pay, but public fund-raising, the main source of the subsidy fund, is difficult for such a controversial cause. They can't really call up people and ask for donations, like the Cancer Society or the Lung Association can. Added to the surgery cost are travel and accommodation costs for women who live outside Fredericton. However, the cost of a clinic abortion is significantly less than a hospital abortion (for which provincial Medicare funds are used). There is no operating room fee, no general anaesthesia, and no hospital room fee at a clinic. If all abortions were done in clinics and covered by Medicare, it is possible that less taxpayer money would be spent on all abortions than is spent now for hospital abortions. An argument against abortion based on fiscal reasons is a flawed one, and people who oppose Medicare-funded clinic abortions because they don't want their tax dollars paying for abortion are misinformed. Tax dollars already pay for abortions; at a higher cost than those performed at a clinic.

Some women are reluctant to go to a clinic to get an abortion because they are afraid their privacy will be violated, and others have been convinced that abortion is unsafe and wrong.

In much pro-life literature, the emphasis is placed on a few late-term abortions and specific cases of unsafe abortion practices. Many of the pictures and stories in these pamphlets are decades old, and none are representative of the modern, safe clinic environment. Ironically, the only reason that a woman would be forced to wait for the late-term/unsafe abortion depicted in this literature, is because she was prevented by society from easily accessing a safe, first-trimester abortion.

The pro-life belief that abortion is wrong stems from the belief that life begins at the moment when the sperm fertilises the egg. If this is true, why does the pro-life movement not attempt to restrict the use of intrauterine devices (IUDs) and low estrogen birth control pills? Both the IUD and the "mini-pill" allow fertilisation, but prevent the fertilised egg to implant on the wall of the uterus. From a biological point of view, there is no difference between the IUD and an abortion.

Women seeking abortions are assured by members of the pro-life movement that, if the pregnancy is carried to term, there are people who are willing to adopt their babies. Why then, are there so many children in the foster care system? Perhaps prospective adoptive parents should look there first, before suggesting that a woman, who doesn't even want to be pregnant, act as an incubator for their child.

More disturbing than the misleading information is the harassment faced by many abortion doctors and their patients. Two doctors and another health care worker have been killed by "pro-life" protesters in the U.S. Many clinics have been bombed or otherwise damaged. There are also emotional and psychological tactics, where activists confront the doctors' spouses in the grocery store and follow their children home from school, asking them why their Daddy/Mommy kills babies. The "sidewalk counselling" practised by pro-life supporters is often nothing short of terrorism. The protesters surround the patient and passively prevent her from going into the clinic. The ancient pictures and supposed "models of the baby they are going to kill" are thrust in the faces of women as they try to enter. In one case, children were told to say to the patients entering the clinic, "Please don't kill me, Mommy!", over and over. This harassment hurts the women that the pro-life movement purports to help.

The aim of a group called Pro-Life Feminists can be summarised as: "We don't support abortion; instead, we want better social programs, maternity leave policies and daycare; ultimately, a society in which a woman can have as many children as she conceives, without sacrificing her career or financial stability." The pro-choice stance is much the same: "We support the right to choose an abortion, also, we want better social programs, maternity leave policies and daycare; ultimately, a society in which a woman can have as many children as she wants, without sacrificing her career or financial stability." The pro-choice movement has both a short-term and a long-term plan. The pro-life movement ignores the present situation, to the detriment of women, and merely dreams of a perfect world.

Exchange continued:

term physical and emotional consequences, which only now are coming to the fore. *Will I Cry?* now is a book that recounts some of those. What at first appeared to be the "right" decision in the lives of many women, came eventually to bring a host of emotional and spiritual crises. Have women, and society, thus really gained?

Few women would choose abortion if they perceived genuine alternatives.

Most are not negligent or callous with human life, as men frequently tend to be. They may, however, be in particular circumstances that forces that course of action. Research indicates that many choose because of economic hardship.

Why are women faced with this situation? Where is the adequate social safety net to prevent this kind of action? Are we sacrificing our unborn children to reduce our national debt? When women choose

abortion for economic reasons, our society, one of the wealthiest in the world, fails them. And it loses in the process.

We, as members of Canadian society, make free choices. But we also allow ourselves to be influenced. We often allow ourselves to be persuaded that the material, rather than the spiritual, is more meaningful. Further, we often believe that material wants are really material necessities. Then our true colours show, as we sacrifice our children — born and unborn alike. Individual desires begin to take precedence over communal well-being. Things begin to count more than people, and we become communally impoverished. We fail to protect our social well-being, and it fails to protect the vulnerable.

Abortion is tragic. But it is symptomatic of an even greater tragedy: our moral and spiritual bankruptcy. The erosion of moral standards — what we willingly accept, even encourage — comes back to haunt us, leaving a trail of devastated lives. Are we pleased with what we accept as meaningful in our lives, individually and collectively? We must pause to reflect on this.

Perhaps we have come to that point, of recognizing our bankruptcy. If so, then we have gained something. When we are no longer satisfied that abortion is an adequate solution — that we really need life-affirmation, not life-destroying, solutions — then we have gained something valuable.

Do we have the courage to redirect ourselves? Can we significantly reduce, perhaps even eliminate, abortion? Can we search for solutions which do not impose restrictive laws but alleviate those circumstances — individual and social — which might encourage women to choose abortion? That would be a major social gain. It will also bring us more in tune with our spiritual selves, and with God who encourages and challenges us to be just, creative and life-affirming in all that we do.

THE MORGENTALER CLINIC

by Cheryl McLean

Upon preparing myself to enter an abortion clinic for the first time, my chosen mode of transportation was the furthest thing from my mind, yet ironically it made the largest impact. The taxi driver that dropped me off became noticeably cool when he realised my destination, and the driver who picked me up was remarkably candid about his disdain for the Morgentaler clinic and its patrons. This encounter only underscored what I already knew; the subject of abortion is highly emotional, particularly given the arrival of a Morgentaler abortion clinic to Fredericton's northside.

Located on a quiet street on the city's north side, the Fredericton clinic, one of eight in Canada, occupies a former private residence, which has been recently remodelled. Upon my arrival, for the interview, Clinic Director, Allison Brewer, was quick to acknowledge that the apparent sentiments of my taxi driver are shared by many. In fact, last February a protest called the "Walk For Life" took place outside of the clinic and drew 400 concerned citizens. Only 12 of these were pro-choice proponents, most of whom were students. The anti-choice movement had organised this walk for months, through various churches. The only other protesting that has taken place occurred during the clinic's first month of operation, by a few silent pro-lifers. In addition to this, a solitary figure has been seen to hold a sign saying "Stop killing babies," while a regular group of about five women have protested silently.

When asked about the recent murders of abortion doctors in Florida and the attempted murder of a Vancouver abortion doctor, Brewer replied that the Florida murder "seems far away, yet Vancouver felt so much closer, because it's in Canada; but it's over." She claims that the Fredericton clinic is adequately secured and will not be adding any further measures, as a result of recent violence elsewhere. The clinic perimeter is fenced in and has shutters for the windows, alarms, emergency lighting, and a surveillance camera. These measures have all been in place since the clinic's initial opening. Brewer continues by saying that in some clinics workers have been harassed, but not threatened with actual violence.

This is not to say that the Fredericton clinic has not had its share of problems. Just before the Thanksgiving weekend of 1993, a decision was made by the courts to withdraw Morgentaler's restriction on performing abortions. That following Monday, the clinic was vandalized. What was thought to be a protest against the clinic by pro-lifers, turned out to be a prank by two twelve year old boys.

The opening of the clinic had depended upon the decision of the Supreme Court of Nova Scotia as to whether the province had jurisdiction on whether abortion clinics were allowed. Unknown to many, Canada does not have an abortion law. To compensate for this, some provinces tried to make abortion illegal if it took place outside of an approved medical facility. This would result in the doctor losing his license. In the case of Dr. Morgentaler, the College of Physicians and Surgeons chose to restrict his license. However, Morgentaler's lawyer, Ron Stevenson managed to move the case forward to last August. Dr. Morgentaler's restriction was removed because legislation cannot focus on one person.

On June 28, 1993 the clinic in Fredericton was opened for the first time. On this day, Morgentaler performed five abortions. On October 13, 1994 Fredericton had an open house celebrating the opening of the latest Morgentaler clinic in Ottawa. Attorney General, Marianne Boyd attended the open house in Ottawa. This says something about the difference in attitude between the upper Canadian provinces and the Maritimes. Brewer said that she does not understand who McKenna's audience is, "Morgentaler thinks it's a personal vendetta". A recent poll, cited by Brewer, claims that Frederictonians are split down the middle on the abortion issue, with 48% supporting each side. Thus, Brewer deems Premier McKenna's public stance to be an irresponsible one, particularly in light of his cuts to welfare, which could potentially hurt those who choose to carry the child to term.

Despite the public division over the abortion issue, Brewer says that the "people that have been (the most) harassing are the media." A Telegraph Journal photographer has been chased out of the yard when they were caught taking pictures of women leaving the clinic. Furthermore, television cameras have been trying to film women in the waiting room. Brewer had "no idea how aggressive media would be," this forced the clinic to not publicise their second clinic day, because they did not want the media to "turn it into a circus." Despite this, the media found out, and escorts were needed to shelter the women with umbrellas to protect them not from protesters, but from the media.

When asked about the differences between hospital-provided abortions and those offered in a Morgentaler clinic, Brewer said that the clinic will conduct abortions up to 16 weeks but the cost is not subsidised, and can cost between \$400 and \$650, depending how far along the pregnancy is. A woman can expect to spend about three hours in the clinic which includes counselling, an ultrasound, and blood work. The procedure itself lasts about 15 minutes. Two doctors are on staff and during a shift, four nurses assist. About every two weeks the clinic performs about 15 abortions. Women from all parts of the Maritimes come to the Fredericton clinic.

This situation differs substantially from the hospital environment where nurses on-duty are obliged to participate in abortions, regardless of their personal convictions. Furthermore, hospitals provide no counselling and the cost is subsidised.

Dr. Morgentaler opened his first clinic in 1976. He started out as a family practitioner in Montreal. What many believe to be a man out for profit started the clinics after women came to him asking for help. Being a humanist, he felt that the laws were unfair for women and decided to do something about it. Morgentaler put in a lot of his own resources to fund the Fredericton clinic, which will never pay for itself. The clinic is opened five days a week to take appointments and provide information on both the procedure and birth control.

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