

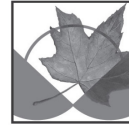


Fast

FACTS

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Respect and the right to abortion

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The loss of abortion rights in the U.S. has spurred new debate here in Canada. In the *Free Press* op ed “A key question in the abortion debate” (July 8) Carl DeGurse, in launching an argument against abortion, writes about his being conceived to young parents prior to their marriage.

I am compelled to share my story in response, to explain why I centre the human right to bodily autonomy and integrity and access to medically necessary health care in this debate.

In the early 1970s, mother had long-distance romance with my father, an American engineer, and despite being on the pill, became pregnant. She has long since passed away, but she unashamedly told me her story. A successful journalist in Toronto, she feared her career and part of her identity would be lost if she became a mother.

She had no support from my father.

Faced with these prospects in 1973, she decided to have an abortion, went through the arduous process that existed back then, and went to the clinic for the procedure. But she changed her mind, and left the waiting room.

She went on to give birth to me, moved in with her parents back in Winnipeg and never regained the career she left behind. So, like Carl DeGurse, if my mother had chosen to have an abortion, I would not exist. But unlike DeGurse, I am pro-choice.

His main argument is central to the anti-choice/anti-abortion movement: to turn to science to determine when human life begins. A look at the biological literature shows us this is a simplistic response.

Sahotra Sarkar, a professor of philosophy and integrative biology at the University of Texas, writes in *The*

there is an alternative.

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Conversation that biology can tell stages of biological development, but cannot determine at which one of these stages life begins.

Claiming science can give us a simple determination of when life begins neglects that abortion care is part of medical care and is based on clinical standards. Those who conceive, carry and bear children must be given the respect and decency to make decisions regarding their health and well-being under the advisement of medical professionals.

While of course I'm grateful to have been born; my mother's decision to continue with her pregnancy was made before I could survive outside her body. This decision was hers to make. I in no way judge her for contemplating abortion, as I respect her bodily autonomy and her control over her own body.

Bodily integrity and control are human rights. Abortion in Canada was decriminalized in 1988, when the Supreme Court, in *R v Morgentaler*, found restrictive criminal laws on abortion violated the charter rights of women — specifically, security of the person, because laws restricting access to abortion negatively impacted women's physical and psychological health (Abortion Rights Coalition of Canada).

Abortion is part of the Canada Health Act and provided by provincial public-health systems. Most abortions are done in the first trimester. Less than one per cent are done after 20 weeks and, if so, primarily because the fetus is gravely or fatally impaired or the woman's life or physical health is at risk.

By falsely claiming abortion can be done up to a full-term pregnancy, DeGurse and anti-choice proponents attempt to shock others into supporting their beliefs.

The decision to have an abortion is emotional, physical and, for some, spiritual. I was an unplanned pregnancy counselor at the Women's Health Clinic and counselled women seeking information and referrals for abortion. It is not a decision taken lightly.

Access to reproductive health care, including abortion, is intrinsic to equity, equality and well-being. But anti-choice crusaders rarely talk about related reproductive health issues: lack of comprehensive sexual health education (including consent), lack of free or affordable birth control, and high rates of poverty among single mothers, many of whom are racialized.

History shows that if legal abortions are hard to get, mainly low-income and racialized people who can't afford to travel to places where they can get a safe abortion will seek out risky abortions from unlicensed providers, putting themselves at risk of severe health complications and even death.

The anti-choice movement encourages pregnant people to choose adoption instead of abortion. Yet multiple studies show pregnant women are much less likely to choose adoption, as they see carrying a baby to term and then relinquishing it for adoption as more mentally distressing than abortion.

Adoption is also complex. I personally struggled with fertility and, after years of yearning to parent, my partner and I adopted. We are honoured and humbled to have been chosen to parent. But I would never wish my personal longing to parent to influence or override another's rights.

It is my hope that by sharing my story, and my mother's, and countering anti-choice rhetoric with peer-reviewed scientific research, that more people will respect that access to safe abortions is part of a continuum of reproductive health care overseen by medical professionals and intrinsic to human rights.

Molly McCracken is the Manitoba director of the Canadian Centre for Policy Alternatives. In 2019 she helped to posthumously publish Papergirl, her mother Melinda McCracken's book.

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