

## Dissenting Voices

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Volume 8 | Issue 1

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8-9-2019

# The Abortion Fight: Neither Worn nor Won

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### Repository Citation

Whitehorne, Angelica (2019) "The Abortion Fight: Neither Worn nor Won," *Dissenting Voices*: Vol. 8 : Iss. 1 , Article 4.  
Available at: <https://digitalcommons.brockport.edu/dissentingvoices/vol8/iss1/4>

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# The Abortion Fight: Neither Worn nor Won

## I. Bleed

Yesterday, she had thirty-nine dollars and eleven cents in her bank account, babysitting blood money she calls it. Forty bucks to watch an infant scream on a Saturday night. Today, she takes a slow, tired trudge from her high school to the corner store nearest to her house. Its open sign stays lit from dawn to dawn. This and the poorly painted board introducing ‘Al’s Market’ has become reliable to her. On all major holidays, and even after the petty robbery left the front window boarded up, she could count on Al’s being open. In her youth, she would come here to steal candy cigarettes, pretending to smoke them with her friends before crunching them to powder between her molars.

She walks straight toward the back corner, grabs the three dollar off-brand maxi pads from the white, secluded shelf. She checks out with her arms folded across her breasts, tapping her foot disinterestedly as the skinny-faced man rings her out. They do know each other, but only in the way you know your local drugstore cashier; and so his smile to her is strained. The shade of her feminine hygiene is looming over them and he looks everywhere but into her eyes.

The pads come to three dollars and twenty-seven cents. The tax is almost the tipping point for her, but she pays anyway.

“Thank you,” she says.

The young man shoots a “Have a nice day,” while counting her dollars with determination.

When she arrives home, she goes to her room and opens the package, unwraps one of the 24 neatly arranged, yellow plastic squares. She strips the wrapper slowly and theatrically loud as if the sound of the peeling could be a reminder to her body. It is 11 days past due. She sticks one pad under her pillowcase for good luck.

She unwraps two more sanitary pads, places a bony knee on each, using them as a cushion to pray to whatever celestial object is willing to listen. ‘Please, please, please,’ is her holy, whispered mantra. She uses another as a tissue, to wipe the tears of a weary fornicator. She thinks about how tears of a weary fornicator could be a comedic expression in a different circumstance. Right now, nothing seems particularly funny.

Her mother is not yet home from work, so she spends her time trying to bargain with the possible embryo. She acts as if she has an extremist’s understanding of prenatal development; as if she believes the fetus has the cognitive function to interpret or to reason, to understand its existence at this moment would be a formidable one. Her fear makes her irrational, and so she pleads for the fetus to come back later or

stay dormant or just evaporate like it is water and her uterus is a hot summer day.

All of this is directed at the long, dirty mirror that is propped against her bedroom wall. Ironically, her reflection is sitting in a child’s pose, body hunching over bended knees. She has always had the face of a child herself, one that seems stuck in a soft pallid of innocence despite her growing experience. Although she is only sixteen, it has already been years since she has painted her face and scrunched it up in an elaborate fashion of stoicism, beautifully detached and mature. Today, though, her eyes look desperate, almost comically wide, expressing a youthful disbelief of the universe’s betrayals. She has also always been short. She has always had to look up and over things, the way children strain to see over a candy counter. The aisles and aisles of musty thrift store jeans always flooding over her stout legs, so that she has to roll them, three or four times, up to her ankle.

Her mirror is lined with aging stickers, peeling at their corners. She has collected the stickers throughout the years, sticking each to the glassy surface with purpose. There is one of a bunny holding a lollipop, some from her favorite clothing brands. The one

sticking out to her now rests in the bottom corner. It reads: 'Find joy in the journey.' The idyllic, pink calligraphy seems to mock her from a more optimistic time. The mirror also has smudges where her makeup has hit against it. There are dust spots acquired from all the forgotten cleanings and sporadic fingerprints, from where she has leaned against it, touched parts of her reflection in discovery.

The stickers and prints and smudges distort her appearance and she squints to make herself out. She combs the bangs out of her face with little hope for making them stay where she wills them to. She thinks about the algebra test she has on Monday, the boy she passes in the hall, who in some way might be growing in her now, about the robotic baby she failed in her Family and Consumer class, the way its mechanical wails tapered out after falling harshly from her backpack. She puts her forehead to the ground and cringes with the vision of holding a wailing child for eighteen years, longer than she's even been alive herself.

Her mother cooks like it is a nasty chore. Slamming pots and violently scrubbing dishes along the way. Sweating so angrily that sometimes her perfume seeps into the food, pasta with sauce and mushrooms and a hint of

musky, imitation Dior. She sits at the table in silence while her mother cooks. One of the table legs are loose so that the entire thing leans oblong. She has thirty-five dollars and eighty-four cents in her bank account. Thirty-five dollars can buy you one large package of diapers, two weeks' worth of baby food, or one-tenth of an abortion. She rocks the table leg back and forth to a slow rhythm of 'how, how, how?'

Her mother notices the repetition of the table clanking against the cheap linoleum. "Are you anxious?" she scrutinizes, "Why are you anxious?" The skillet is still in her hand when she comes closer to examine her daughter, "Are you sick?"

"There are many tests tomorrow Momma," is all she can reply, forcing her gaze to her mother's, almost seeing the skillet walk into her face if her mother knew the truth.

"Study hard, my girl." Her mother nods her head, sharp and approving, turning back to wrestle their dinner; the daughter bites down so hard on the skin surrounding her fingernail, the nailbed runs red, hyper aware that it is not the right kind of bleeding.

Nauseous and spitting into the oval porcelain, she recalls the boy spitting nervously at his shoes in the courtyard, as if he could have slobbered out the bad

news she was feeding to him on the school's benches. She felt then, looking over at the catastrophist expression on his face that she, herself could have been his mother; he had seemed that young, that distraught. 'Don't worry,' she cajoled, 'I will bleed.' And the boy visibly relaxed, placing the heavy weight of his forehead on her shoulder.

But she has not bled. She has not bled for so, so many days and now she is gagging over the toilet. She is hoping the fetus could ride up on her vomit like a wave, crash down into the bowl and off to sea, but nothing comes. She begins to yell, a chanting protest of "get out, get out, get out!" It echoes around the rim and out into the hallway. Her mother opens the door. Slowly then fast enough that the door gives a quick shriek itself. She wraps her arms around her screaming daughter, who heaves into the basin and finally there is release.

## II. The Story

This story was created the second week my period was late; it was a work of panic really, an expression of the fear and entrapment I felt with the prospect of losing control of my body. At that point, I was twenty years old, working on my undergraduate degree and below the poverty line. I was also sexually active with shoddy contraceptive practices, a

cruel culmination of my religious upbringing, my vague high school health curriculum, and my convoluted 'all-natural' philosophy. Perhaps my pregnancy scare could be attributed to the lack of agency and decisiveness I was taught to hold over my body. In accordance with the all too common narrative: society was too shy to educate me sexually, but not too shy to shame the young people like myself, who deal with the repercussions of that poor education.

At this turbulent time, like my narrator, I had little more than \$39.81 in my account. I was alone. I twisted a pregnancy test around my fingers, clutched the pointed end into my palm, and stuffed it in the back of my underwear drawer. I remember googling the closest Planned Parenthood, in egotistical disbelief: I was driven, I was school-oriented, I was usually so smart about things; how could I have been so stupid about this?

While my narrator is not me, she embodies the conflict and tension I faced in this time. I chose to fictionalize my character because I consider myself a fiction writer. In their book *Reproductive Justice* (2017), Ross and Solinger state, "Storytelling is a core aspect of reproductive justice because attending to someone else's story invites us to shift

the lens” (p.57). I want my character’s description to be loose, to be subjective to the reader and therefore open to interpretation. Her race or ethnicity is vague. Her state, country, province unknown. All we know is that she is young, unprepared, and ill equipped for new life. Her purpose is to allow readers to embody a kind of ‘pregnancy panic’ that is often overlooked in the politics of reproductive rights. In an issue revolving around the biological anatomy of the person, their own feelings, needs, and experiences are often not weighed in the arguments. I hope, through my character, readers can reconnect to the humanity of fear and bridge a better understanding that abortion is not a gleeful murder but a necessity for survival and medical agency.

### **III. Identity Politics of Reproductive Care**

Personally, I was lucky. I was not pregnant. I bled a few days later and it was a celebration as much as it was an awakening. I told my mother I was going on birth control. I made an appointment with the gynecologist, and I got the pill fully covered by my insurance. But I recognize my personal story is one of privilege, a privilege that may not be afforded to my character. I am a cisgender, white woman. I have the

means to health care, the transportation to receive that health care. If I had been pregnant, I lived in a state where abortion is not restricted, covered for people of my income status, and 20 minutes away.

The United States likes to claim it is the most socially advanced, however basic reproductive health care continues to be a luxury for some instead of a right for all. In the case of trans and non-binary people, obtaining health care can be a gendered, challenging task. Jerkins (2016) relays, “Trans exclusion is all the more egregious when considering that the needs of trans people so often go unmet in a health care system that can be oblivious to their existence” (para.4). Knowledge about trans patients is only offered as electives in medical schools, meaning that medical providers can graduate without ever correctly learning how to treat all identities of patient. This adds another barrier for a trans or non-binary person looking to receive an abortion. Not only do they have to deal with the obstacles of the regulations in reproductive rights, they also have to deal with the gendered ignorance of their health care providers. Due to these circumstances many trans and non-binary folks deny services in fear of discrimination, making a safe abortion impossible (Jerkins, 2016).

Reproductive rights also are racially discriminatory. Many pro-life clinics attack Black and Hispanic people for getting abortions, saying they are allowing abortion clinics to commit a kind of genocide on what would be colored children. However, these organizations leave out the fact that women of color receive abortions two to three times more than white women do (Mansbach & Von Hagel, 2018, para. 4). Partly because of the other health injustices racial minorities face, their rates of unplanned pregnancy is higher. We still live in a time where many racial and ethnic groups live in poverty-dense areas. This means they have less access to affordable contraception and sex health centers.

Due to socio-economic conditions and the lack of resources, it makes sense that more Black and Hispanic people would rely on abortions because they cannot support a child financially (Mansbach & Von Hagel, 2018). The fact that Black and Hispanic people rely more on abortions is an injustice in itself. All areas of lower socio-economic populations are at a higher risk for unplanned pregnancy because of the lack of resources and sex education available to them. It is not that poor people are deciding to have more abortions; insufficient education leads to

“problem pregnancies,” forcing those faced with poverty to seek out abortion more frequently (Furedi, 2016, p. 58). With these racist and classist issues, Black and Hispanic people face another layer of discrimination, both in their scarce health care and the racial guilt pro-life organizations place on them in an attempt to dissuade individuals from abortion (Mansbach & Von Hagel, 2018).

I creatively chose to leave the main character of my story vague to encompass a large breadth of experience. However, it is a reality that the layers of barriers between people and the health care they need are sexist, racist, and classist. The privileges that some identities have over others makes reproductive rights wholly unequitable in our society. In order to dissolve these barriers and ensure reproductive rights to everyone, it is necessary to offer care without restrictions based on cultural or economic factors.

#### **IV. The Financial Straits**

Class status is another identity-based restriction of accessing abortion. With the financial component of the abortion procedure, choice sadly becomes an act of fiction for the majority of those dealing with an unplanned pregnancy. For people who face an infeasible

situation, many find themselves without the resources to terminate a pregnancy safely. “After Roe, privacy, liberty, equality—and reproductive rights—the goals of second wave feminism, remained conditional, dependent upon someone’s access to money and other resources” (Ross & Solinger, 2017, p. 122). There is a stark difference between writing a legal right to abortion and making that right an actuality. People in poverty do not have the means to proper reproductive care. The Roe v. Wade legislation is not enough to ensure safe abortions for everyone. There are also the variables of health care and transporting yourself to an abortion clinic, which can be spread out for hundreds of miles in the rural parts of the U.S., even bypassing into other states (Gutmacher Institute, 2014).

While Roe legislation allowed people of a higher class to obtain abortions in private, those of lower classes could not afford such a transaction. This is a reality ignored by many of the privileged feminists who saw the legislation as pure liberation, forgetting that until “abortion achieved the status of rights for all” (Ross & Solinger, 2017, p. 122), less privileged people would be coerced into unwanted pregnancies.

Those who cannot afford to get an abortion also cannot afford to have a

baby. Adoption is cited as the main remedy for those who cannot financially or emotionally take care of a child. Persuading someone with unwanted pregnancies to simply give up their child after it is born takes away agency as well as glazes over the economic constraints of gestation. An “... estimate from the International Federation of Health Plans put the average amount insurers paid for a vaginal birth in the US at \$10,808 in 2015” (Glenza, 2018, para. 6). This excludes the additional costs for transportation, proper nutrition, and does not begin to estimate the costs for those who are not covered by insurance or are not legal residents of the United States.

Arguments for adoption also do not take into account that there is no federal paid leave program in the United States. Although their jobs are secured for 12 weeks with The Family and Medical Leave Act of 1993, not all parents are guaranteed paid leave for delivery and recovery time (Goodman, 2018). For the financially disadvantaged— some who already have multiple children to care for and who are living from paycheck to paycheck— this is a financially devastating prospect.



## V. Desire and Power

I spoke once to a young woman who was pro-life. She claimed that as soon as you engage in sex you are making a conscious choice to potentially have a child. But this is false. There are people in abusive situations, who have become impregnated through assault, who would now have to suffer through a traumatic delivery. All of this information I shared with blunt urgency, but there is one piece I left out, that didn't come to me until later, but which might be the most overlooked pro-choice argument: feminine desire.

The statistical arguments show factual evidence that humans are financially and emotionally burdened by an unexpected pregnancy. But why do we need this research to justify abortions? Why is it so taboo to say that a person could be allowed to want pleasure without wanting to commit to a lifetime of care to another human being? It is sexist to think of pregnancy as a kind of penance for being sexually active and to expect tremendous sacrifice from the pregnant individual because of their sexual decisions (Lowe, 2016). However, this is the mentality when reproductive health barriers are constructed. Abortion restrictions are another way to regulate subjugated bodies, another way to

separate us from our desires and coax us into a reluctant, passive sexuality identity.

Like many things in our society, ignoring the realities of why someone may choose to terminate pregnancies is a privilege. As Michelle Goldberg (2009) states: "What's at stake are not lifestyles but lives" (p. 223). When people correlate pregnancy as a punishment for unprotected sex, they are demonizing a lifestyle in which desire is a natural component. While this is unjust in itself, they are also ignoring the risks to livelihood that pregnancy causes, both medically, economically, and psychologically. I see abortion as a right regardless of circumstance; taking away someone's autonomy to their body is stripping them of their power and there has already been too long a history of doing so. If we are ever to achieve parity, we must first be given full access to our own body. Forcing anyone into parenthood is an entrapment of their spirit, a violation of their independence, a step backwards for the equity of our humanity.

## VI. The Reality and a Call to Arms

In 2019 the United States has reached a precipice. Our rights hang off the edge of a dangerous cliff, under the storm cloud of a racist, misogynistic, ignorantly

privileged government. You may think that abortion rights are a topic worn and won by the feminists of the past, of the 60s and 70s. However, just last year, our newest supreme court judge, Kavanaugh “infamously ruled against an undocumented teenager in a detention facility who had petitioned for the right to access an abortion” (Arnold, 2018, para.4). The government is choosing to create legislation that prevents its citizens from accessing the health care they deserve, creating barriers that target the vulnerable and keep them so. There are five U.S. states, (Missouri, Wyoming, North Dakota, South Dakota, and Mississippi) who only have one Planned Parenthood within their borders (Gutmacher Institute, 2014, 2018). This means those looking to get an abortion have to travel increasingly far distances to do so, elevating the already stressful and expensive procedure and making it outright impossible for some.

Those in positions of power are still policing what we do with our bodies, despite what is considered constitutional. We do not have the luxury to forget that Kavanaugh would be the deciding vote during a Roe v. Wade overturn, or that abortion is not readily available for every person who needs it. We must realize the rights fought for in the past are once again at

stake and that honestly, they have never been fully secured.

At the end of our conversation, the self-identified pro-life student admitted to me she had not considered all the points I brought up. She continued to say that she personally couldn’t shake that life is beautiful and must be protected. And I agree with her, life is something beautiful, but it is also something to be lived with autonomy. Sarah Weddington (2013), the primary lawyer who argued for Roe v. Wade, states in her memoir, “to say that life is present at the conception is to give recognition to the potential rather than the actual” (p.71). It is a great injustice to ignore the actualities of a person’s life on an abstract commitment to new life.

As a *Dallas Morning News* editorial in 1970 said: “... the controversy over abortion really boils down to a single question: which comes first, the woman or the egg?” (Weddington, 2013, p.77). In other words, the choice is whether to respect the autonomy and quality of life of the individual who needs an abortion, or to subjugate them into a forced reproduction cycle that continues inequity and poverty because we believe cells carry priority over a fully developed human being.

## VII. Conclusion

In conclusion, I have chosen to keep my narrator nameless because I want her to represent all of the people, young or old, who have become passive in their own bodies and all of those who are inflicted with reproductive expectations they cannot or do not want to carry. It seems to be the fate of all people with uteruses in our society to find barriers to their reproductive health, despite the fact that we all deserve bodily autonomy.

But what does happen next for our narrator who is devastated by and unprepared for the possibility of pregnancy?

Perhaps she will keep the child, raise the child, swallow her dread of motherhood and assume the role that is expected of her as an impregnated young woman. Of course, it will alter her education, her life path; the commitment is large but also rewarding as she holds her child to her chest, watches them grow with the seasons.

She could also have the child and then put them up for adoption. Give the miracle of life to a family who is looking for it, prepared for it. A couple who cannot or chooses not to have a traditional birth, a same-sex couple, a single parent wishing to begin their own family. She would cry as she holds the

swaddled child close, and then passes them to their new family, knowing they can give the child opportunities out of her own reach.

However, with each of these two choices there is something lost: our narrator's health and happiness. In those nine months carrying new life she is carted back and forth to the hospital, missing class to care for the fetus. She has to quit her job, putting more economic strain on her mother. She starts to fall behind, she fails her algebra class, she misses her junior prom, quits her honor society. She is too tired, too consumed in gestation to live out an entire year of her fleeting youth. And if she keeps the child, college is distanced or doubly as difficult to work through. The reality is she could very well crumble under the weight of a disadvantaged motherhood.

However, what if we gave her a legitimate, destigmatized third choice? Not the shoddy and shamed structures of abortions we have today, but a safe, thorough, and accessible option. She could walk into one of the plentiful clinics, probably past pro-life protestors— that would be hard, yes-- but once she got through the clean, government funded, de-gendered clinic doors she would be taken care of. She wouldn't have to watch her body swell,

her hormones fluctuate, while studying for her end of year exams. She wouldn't have to miss prom or run out of study hall to throw up in the bathroom stall. She wouldn't have to change the entirety of her life trajectory, modify her dreams, or fall in the cycle of poverty to support a child she did not wish to bear. Instead of punishing young people, specifically those with uteruses, for acting on natural human desire, instead of forcing pregnancy on oftentimes marginalized bodies, we could set up a competent health care structure that allows people to make autonomous decisions and gives them access to the health care that correlates with their needs.

In an ideal world, it would not matter what my character chooses, whether she chooses to carry the fetus to term and become a mother, whether she chooses adoption, or whether she acts soon enough to have a legal abortion. In an ideal world, she would get the right of

choice and the government would support her decision as well as offer proper care. But this is not an ideal world, and reproductive health is not as free as our legislators would have us believe. This paper has shown that the barriers between people and their reproductive care are racist, sexist, and classist, and that although we have *Roe v. Wade*, we are a long way from progressive and available reproductive care.

I hope with stories like the one I have shared, we can learn to think deeper than the easier arguments, confronting our ingrained societal pressures and recognizing the perspectives of varying privileges. Until we can create the idea that reproductive health is a necessary right, we will continue to be subjugated by the different needs of our bodies and continue to be at the mercy of the systems and legislation that restricts our care.

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