

# *The Post-Abortion Review*

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Summer 1998

## **Two Wrongs Won't Make It Right**

**Incest Case Exposes Shortcomings of Judicial and Medical Reviews of Abortion Cases**

### **Just the Facts**

On July 17th, a Michigan judge issued a temporary restraining order blocking the parents of a 12-year-old girl from transporting her to Kansas for a late-term partial-birth abortion. The girl was 28 weeks pregnant and had allegedly been impregnated by her 17-year-old brother. She and her family came to the United States from India about a year ago and speak little English.

Prosecutors began investigating the incest charge on July 7th after receiving a tip from one of the girl's relatives, who had just learned the girl was pregnant. The girl's brother has since been charged with first-degree criminal sexual conduct — a felony charge that could result in life in prison and possible deportation — but Macomb County Prosecutor Carl Marlinga has said he would accept a plea to a lesser charge.

Abortions after 24 weeks are banned in Michigan except to save the life of the mother. When the parents began to make arrangements for an abortion in Kansas, Marlinga asked Probate Judge Pamela Gilbert O'Sullivan to assume custody of the girl so she wouldn't be rushed into an abortion by her embarrassed parents.

According to newspaper reports, there were indications that the girl did not want to have an abortion. The judge issued the restraining order until the girl could undergo a psychological evaluation.

A week later, on July 24, Marlinga asked the judge to withdraw the restraining order. He said the parents' attorneys had assured him that the girl and her parents had received counseling from experts who agreed an abortion would be in her best interests. The judge granted the prosecutor's request without hearing any testimony or cross-examination of these experts.

At last report, the girl had undergone a late-term, partial birth abortion at the hands of infamous Wichita abortionist George Tiller. She was about 29 weeks pregnant. Approximately 70 percent of babies born at 29 weeks gestation survive without major complications.

The remainder of this article will examine three points demonstrated by this case: (1) the judicial review process doesn't

work; (2) abortionists are recommending abortions despite evidence that it will not help and will almost certainly injure their patients; and (3) society has consistently failed to give incest victims the love and support they need.

### **Putting Girls at Risk: Non-Adversarial Proceedings**

This case highlights a grave failing in the way courts review cases involving abortion for minors. This procedural problem exists whenever (1) the minor is a ward of the state, as in this case, or (2) the minor is seeking judicial bypass in a state with requirements for parental notice.

The problem is that these hearings are non-adversarial. In other words, there is no attorney representing the position that abortion is harmful and not in the girl's best interests.

In the Michigan case, the attorneys for this girl and her parents simply had to find "qualified experts" who were willing to provide sworn statements supporting the view that abortion was in her best interests.

Because there was no attorney representing the other view, these experts, their qualifications, and the medical basis for their conclusions were not subject to cross examination. Nor was the court given the opportunity to hear experts who held the opposite view—that abortion was contraindicated.

In short, the system ensures that judges hear only one side of the evidence—the pro-abortion side.

Since their rulings must be based on the preponderance of evidence presented, they have very little leeway to refuse the recommendation of any "expert" provided by an abortion clinic. The result is that judicial bypass hearings are almost always "rubber stamp" procedures.

Without a process that provides for cross examination of witnesses and the introduction of testimony from experts who would dispute the girl's maturity or the benefit of abortion to her, judges cannot actually "judge" the evidence.

Instead, the judge's role has been reduced to simply certifying

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that the girl's/clinic's attorneys have met the minimum threshold requirement of providing an "expert opinion" that the girl is mature or would benefit from an abortion.

The one-sided nature of such hearings has already forced at least one judge to resign from the bench. In 1995, Omaha judge Joseph Moylan asked to be excused from his first judicial bypass hearing because Nebraska's new law required that the presiding judge "shall" approve of the abortion if the preponderance of evidence supported the conclusion that the girl is mature or that the abortion would be in her best interests.

Moylan's superior refused to excuse him from the case on the grounds that if one such request was granted, other judges would want out of abortion cases, too. Knowing that the evidence would all be presented from one side, and that he would be bound by the "preponderance" of that evidence, Moylan resigned rather than violate his conscience by participating in the approval of an abortion.

The solution to this problem is simple. State laws should be amended to require the courts to appoint an attorney to argue the position that (1) the abortion is contrary to the girl's best interests, (2) she is not mature enough to make this dangerous choice without her parents' knowledge, and/or (3) there is no evidence of abuse that would justify excluding the parents from being informed.

Sadly, none of the pro-life groups that have been notified of this problem in their parental notice laws have made any efforts to correct it. In the meantime, even judges who agree that abortion is dangerous can do little to protect our teenagers from the "experts."

### The "Mental Health" Loophole

When the Michigan story first made the headlines, pro-abortion groups immediately began to promote the notion that abortion was necessary to protect this girl's mental health, or at least to facilitate her healing from the emotional trauma of incest. It is worth noting that while many abortion advocates offered their "expert" opinions, none offered any evidence to support their claims.

Why? Because there is not one shred of evidence to support the idea that abortion ever benefits a woman's mental health even in general, much less in the specific case of an incest victim. Instead, this girl is at an extraordinary high risk of suffering severe emotional harm because of her abortion.

Listing just a few of the known risk factors for more severe post-abortion reactions clearly demonstrates that abortion was contraindicated for this girl. These risk factors include: being a teenager, having a second or third trimester abortion, having a history of mental illness or unresolved psychological trauma, being pressured to abort by others, and aborting in violation of prior moral beliefs against abortion.

Despite these risk factors, Tiller recommended a late-term abortion on the grounds that it would benefit the girl's mental health.

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Tiller made this recommendation to take advantage of a "loop hole" in Kansas law that allows for partial-birth abortion when "continuation of the pregnancy will cause a

substantial and irreversible impairment of a major physical or mental function of the pregnant woman."

Physical risks aside (and there is no evidence that childbirth would have been more dangerous to this girl than a late-term abortion procedure was) it is clear that the emotional damage associated with incest and incest pregnancy had already been done. There is no evidence that continuing the pregnancy through the last few weeks would have caused any additional "substantial" or "irreversible" emotional damage. Indeed, as will be shown below, all the evidence suggests that abortion would cause far more harm than good.

Hopefully the state attorney general will eventually force Tiller to face a grand jury and produce the medical evidence supporting his position that abortion was necessary to prevent this young girl, or any of his other late-term abortion patients, from suffering "substantial and irreversible impairment" of their mental health. It is certain that if Tiller is ever called to task, any "evidence" he produces will be long on personal opinions and bereft of *any* substantiated medical research.

### Ignoring Victims to Promote Abortion

In the debate surrounding this case, it was clear that the most important voices are being drowned out by the politics of abortion. The silenced voices are those of other women who themselves became pregnant as a result of incest.

Our Elliot Institute research associates have interviewed more than a dozen such women. Some placed their children for adoption. Others submitted to abortion. Of the latter, none chose abortion freely.

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This issue has been edited by David C. Reardon, Ph.D., Director of the Elliot Institute. Assistant Editor: Amy R. Sobie. Relevant submissions will be considered for publication but cannot be returned unless accompanied by a SASE. Direct requests for permission to reprint to: Elliot Institute, PO Box 7348, Springfield, IL 62791. Phone: (217) 525-8202. © 1998 Elliot Institute, unless otherwise noted.

One 15-year-old girl was drugged and strapped to the table by an abortionist who insisted that her parents knew best. Years later, she wrote to us: "I grieve every day for my daughter. I have struggled to forget the abuse and the abortion. I can do neither. All I think of is, 'I should have done more, fought more, struggled more for the life of my child.'"

In every case we have reviewed, incest victims rejected abortion for one or all of the following reasons:

First, they saw their pregnancies as a way to expose and stop the incest.

Second, as victims of exploitation, they longed for a truly loving and non-exploitative relationship. They envisioned this hope as being fulfilled in a baby of their own whom they could love and protect.

Third, they had strong ideals about right and wrong. One of these ideas was that younger children, even unborn children, should always be protected.

Adults tend to dismiss the maternal instincts of a 12-year-old as a "playing with dolls" fantasy. But just because a 12-year-old may not be mature enough to raise a child by herself does not mean that she is incapable of loving and bonding with her pre-born child.

Incest victims grow up in a world of exploitation and deception. Yet abortion prolongs their victimization because by its very nature, it demands still more deception.

Because incest pregnancies are almost always discovered late, the unborn babies these girls are carrying are identical to the endoscopic images so popular with expectant parents: beautifully-formed babies who move their fingers, kick, cry, suck their thumbs, and peacefully sleep in the warmth of their mothers' wombs. No doubt any adult pushing a young incest victim toward an abortion would immediately agree that such pictures and films must be carefully hidden from her.

And certainly the abortionists can never honestly tell these young girls how their babies will be dismembered. Certainly Tiller didn't explain to this girl how he would suck out her child's brains before he extracted him from her womb. Such ghastly details would surely have sent her screaming from the room.

It takes a sophisticated mind, one that has mastered the philosophical arguments about choice and personhood, to justify a pragmatic choice for abortion. For girls who would have nightmares if they witnessed the killing of a deformed puppy, the thought of killing a human baby, much less *their own child*, is unfathomable.

So, they must be deceived, if only "for their own good."

But such deceptions cannot be sustained forever.

Edith Young, an incest victim who was impregnated by her

stepfather when she was 12, did not understand what had happened during her abortion until she pieced the facts together during a health class three years later. The revelation knocked her over like an eighteen-wheeler. She became depressed, suicidal, and alcoholic.

"There have been a countless number of nights when I've gone without sleep just so I wouldn't dream," Edith wrote at age 38. "Often I cry. Cry because I could not stop the attacks. Cry because my daughter is dead. And I cry because it still hurts . . . . My daughter, how I miss her. . . . Even though I didn't have any say about the abortion, it has had a greater impact on my life than the rape/incest. . . . Problems are not ended by abortion, but only made worse."

All the other incest victims we interviewed vehemently expressed the same belief: *abortion made their problems worse*. Yet society continues to turn a deaf ear to their pleas. Like their parents, we want to offer them a "quick fix."

No doubt this girl's parents left Kansas feeling as though they had done something to correct an embarrassing family problem and

restore their daughter's life to the way it "should be." But it was a false hope. Perhaps they have already begun to discover that it was all just a comforting lie.

Unfortunately, for the pregnant incest victim, this isn't a choice between having a baby or not having a baby. The choice is really between having a baby or having an abortion.

The latter is a frighteningly real, traumatic, life-changing event. Like the incest, it too will remain in her memory forever.

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## New Nursing Course on Post-Abortion Healing Available

The National Center of Continuing Education announces a new home study course for nurses called *Beyond Grief: Strategies and Interventions for Abortion Aftermath*. Nurses can earn six continuing education credits by completing this program.

Written by Rosemary Benefield RN, MA, MPC, the director of Rachel's Hope Post-Abortion Healing and Reconciliation Workshops in San Diego, *Beyond Grief* teaches nurses how recognize the effects of abortion on some women, how to validate those effects, and how to respond in a caring and healing manner.

For more information, contact The National Center of Continuing Education, PO Box 619042, Roseville, CA 95661-9042, (916) 786-4626. To place an order, call the 24-hour order line at 1-800-824-1254 with your nursing license number and charge card information.

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# One Voice Now

## The First National Women at Risk Conference

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More than 80 women and men from 27 states gathered in St. Louis on August 7th and 8th for the first national conference of Women at Risk, a national coalition of women and families injured by abortion.

At the conference, participants discussed the goals and strategies of Women at Risk and made plans to move ahead with the formation of state and local chapters throughout the country. One of their major goals is implementing pro-woman legislation that would protect women from unwanted and dangerous abortions.

The conference participants unanimously adopted a resolution asking Congress to amend the Civil Rights Act to make withholding information about abortion risks a violation of federal law. The Civil Rights Act provides criminal and civil remedies in federal courts for persons whose civil rights are violated in certain fundamental ways.

“The Supreme Court itself has ruled that it is ‘imperative’ that women must be given all the information about the nature and risks of abortion that a reasonable patient might desire,” said Elliot Institute director Dr. David Reardon, who spoke at the conference. “This resolution simply asks Congress to enforce that ruling.”

The conference participants also looked at ways to make it easier for women who have been injured by abortion to seek compensation for physical and emotional injuries. Ann Vogel, a registered nurse and a cofounder of Women at Risk, said that abortion should be treated just like any other surgical procedure when it comes to the information the patient is given.

“In abortion, the standard of care is not met, primarily because there is no time for the patient to make an unhurried decision,” Vogel said. “Like most surgeries, abortion is not something that can be undone, and it requires careful consideration. It is the doctor’s responsibility to make sure this is a fully-informed decision.”

Women at Risk holds that the abuse of patient rights by the abortion industry will not be resolved until it becomes easier for women to recover compensation for physical and emotional injuries resulting from abortion. Ted Amshoff of Amshoff & Amshoff, a legal firm that deals with cases involving abortion injuries, spoke about the role of civil litigation in protecting women from incompetent and dangerous abortionists.

“Until legislation is passed to protect them, women can still seek justice one-on-one through the courts,” Amshoff said. “You don’t need politicians for justice. All you need are twelve people in a

jury box.”

Conference coordinator Miriam Dapra said that she was very excited about the turnout at the conference and the enthusiasm of those who attended it. She added that Women at Risk also generated a lot of interest among people throughout the country who were unable to attend the conference.

“We have only touched the surface with this conference,” Dapra said. “There is a great deal of interest among the people who contacted us but who were unable to come. We will be doing a lot of hands-on follow up work both with people who were at the conference and with people who were unable to come but who are interested in supporting and working with Women at Risk.”

Dapra added that the group was planning to do intensive hands-on training with state and local chapters during the next year.

“One of the goals of the conference was to have participants from each state or region discuss among themselves what they could do when they got home,” Dapra explained. “The state of Illinois, for example, had one of the largest contingents in attendance, and it was extremely heartening to know that they were one of the states that went home with a specific agenda for setting up a state chapter. I fully expect the same thing to happen within the next few months in several other states.”

Vogel said that Women at Risk’s pro-woman focus makes the group a “haven” for women who have been injured by abortion.

“Women at Risk is about giving women their voice back,” Vogel said. “This is about letting us control our situation rather than letting the situation control us.”

Membership in Women at Risk is open to anyone who has been hurt physically or emotionally by abortion—men, women, grandparents, and siblings—as well as to anyone who is concerned about protecting women from unwanted and dangerous abortions.

More information on Women at Risk can be found at <http://members.tripod.com/~womenatrisk>. Women at Risk can also be reached at: PO Box 7375, Springfield, IL 62791, (217) 525-5879, [womenatrisk@juno.com](mailto:womenatrisk@juno.com).

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## **Arizona Abortionist Loses License After Two Botched Abortions**

An Arizona abortionist who has been involved in two botched abortions has had his license revoked, the Arizona Board of Medical Examiners said earlier this month. John Biskind, 72, agreed to give up his license rather than face a continuing investigation.

Authorities began investigating Biskind after a June 30 incident in which he tried to perform a partial-birth abortion and wound up delivering a full-term baby girl. The baby suffered a skull fracture and two deep lacerations on her face, but doctors said she had no other serious injuries. A Texas couple is reportedly planning to adopt her.

Dr. Edward Sattenspiel, a member of the state medical board, said it was impossible to believe that Biskind could not tell that the baby's 17-year-old mother was 37 weeks pregnant instead of the claimed 23 weeks.

Biskind is also under investigation for his role in the death of 32-year-old LouAnn Herron, who bled to death from a punctured uterus after Biskind performed a late-term abortion on her in April. Heron was about 26 weeks pregnant when Biskind performed the abortion, despite an Arizona law that makes abortions illegal after viability. A former clinic employee has said that she heard Biskind tell a medical assistant to take the ultrasound from a different angle so Heron would appear to be less than 24 weeks pregnant.

Clinic employees said Herron was left to bleed for three hours before an ambulance was called, despite a medical assistant's pleas for the supervisor to call 911. They also said that Biskind left the facility about an hour after the abortion and that there was no nurse on duty in the recovery room.

Officials have said that Biskind's agreement with the medical board will not effect the criminal investigation into the two incidents. A-Z Women's Center in Phoenix, which employed Biskind, has been closed, along with two other clinics belonging to clinic owner Dr. Moshe Hachamovitch.

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## **Judge Closes Georgia's Biggest Abortion Clinic**

In May, a Georgia Superior Court judge responded to complaints from state officials by shutting down Georgia's biggest abortion facility. The Department of Human Resources said Midtown Hospital in Atlanta was "overcrowded, understaffed and dirty" and showed "a complete disregard for, or the inability to care for, the health and safety of its patients."

Midtown Hospital performed more abortions than any facility in Georgia—7,465 in 1996, according to the DHR. The state is pursuing efforts to close the clinic permanently.

## **Criminal Charges Against Abortionist Dismissed**

A California abortionist with a long history of problems with state officials was cleared in June of charges that he was practicing medicine without a license. The judge ruled that prosecutors could not prove that Gordon Sean Goei, who was arrested in May after a botched abortion, had read the notification that his license was suspended. His roommate testified that he hid the letters informing Goei of his suspension to protect him from "bad news."

Goei's license was revoked in 1997 after a series of reprimands from the state medical board, but a judge instead placed Goei on seven years probation on the condition that he get more education and take exams. Failing an exam led to his suspension in March. The medical board has yet to determine if he can keep his license.

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## **Abortion Clinic Must Pay Woman \$700,000 in Negligence Case**

A Canadian judge has ordered staff members at a Halifax abortion clinic to pay more than \$700,000 in damages to a woman who was seriously injured in a car accident following an abortion.

Wanda MacPhail, 37, testified that after her abortion she sat for an hour in a "zombie-like" state without being offered any kind of counseling or support from the staff. She said that on her way home from the clinic, she lost control of her car and crossed the center line, striking another vehicle. The judge ruled that MacPhail was traumatized by her abortion and should not have been permitted to undertake the 40-kilometer drive home.

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## **NOW Backs California Abortionist in Murder Trial**

The national leaders of NOW (National Organization of Women) are publicly supporting California abortionist Bruce Steir, who will soon face murder charges in the death of 27-year-old Sharon Hampton. Hampton bled to death from a punctured uterus after Steir performed an abortion on her in December 1996.

A clinic employee told police that during Hampton's abortion, Steir said he thought he had "pulled bowel" but that he would "just put it back." Prosecutors say Steir had to have known that he punctured Hampton's uterus since that was the only way he could have reached her bowel.

Steir, who admits that he made a "terrible mistake" during Hampton's abortion, surrendered his medical license in March 1997 after complaints of negligence during other abortions, including three in which women had to undergo surgery to repair injuries.

# Announcements

## *Hope and Healing* in the Mail

We hope that by now you have received your copy of *Hope and Healing*, our new 12-page newspaper insert on post-abortion healing. This project has taken many months of hard work and involved consultation with many generous people.

If you haven't already done so, please take some time to read it. I think you will agree with me that this message of post-abortion healing needs to be heard throughout the nation.

*Hope and Healing* addresses the issue of post-abortion suffering in a compassionate, understanding way. It is designed to take down the walls of fear and shame that prevent many people from finding healing and reconciliation after abortion, and to help them take the first step along the road to healing.

I want to take just a moment to encourage you to look for ways to use *Hope and Healing* in your community, whether by ordering copies for your church or workplace or arranging a distribution project through a local college or community newspaper.

Prices for bulk orders are listed on page 2 of *Hope and Healing* and at our web site at [www.afterabortion.org](http://www.afterabortion.org). Pricing for 1,000 copies and over starts at \$16 per hundred and goes down with volume. You can order 50 copies for your church, doctor's office, or local business for \$20, or 100 copies for only \$33. Single copies are available for \$1, which includes 55 cents postage.

To place an order, send your check to: Elliot Institute, PO Box 7348-H, Springfield, IL 62791.

-DCR



### **We've Moved!**



The Elliot Institute web site now has a new Internet address. Come visit us at [www.afterabortion.org](http://www.afterabortion.org).

## **The Name Has Changed, But the Savings Are . . . Even Better!**

In our last issue of *The Post-Abortion Review*, we wrote about a program called Comanity. Comanity was part of a company called Buyers United program that helped pro-life groups and other nonprofit organizations obtain ongoing funds by referring supporters to their long distance service.

Since our last issue was published, Buyers United has decided to offer our supporters full access to *all* of their membership benefits.

Does this mean you can no longer obtain the great low rates and excellent service offered by Comanity? Absolutely not! *In fact, Buyers United offers you the opportunity to save even more.*

### **Better Benefits for You**

At first, when you sign up with Buyers United, you will pay 9.9 cents per minute, 24 hours a day, with no restrictions. Refer just one other business or home customer into the program and your rate immediately drops to just 8.9 cents per minute. (You will also receive a free phone card to give to a friend, which makes referring easy! You don't have to sell. Just give a little gift to a friend.)

More importantly, for every customer you refer *you* will also receive a cash or credit rebate equal to *at least 5* of their paid phone bills!

The good news doesn't stop there. With Buyers United's unique "Piece of the Pie" incentive program, individuals or groups referring over \$500 per month in billings receive 10 percent, 20 percent, or even more in monthly rebate checks!

This is a good plan for both your home and your business. Your participation will help both you and us. Please give it your serious consideration.

To find out more, call Buyers United at 1-800-363-4902. Tell the customer service agent you were referred by the Elliot Institute. Our ID number is 6539000.

Other nonprofit organizations can join the Buyers United program to raise funds as well. For more details regarding using this program as a fund raising vehicle, give us a call at (217) 525-8202. More information can also be found on our web site at [www.afterabortion.org/phone.html](http://www.afterabortion.org/phone.html).

I was forced to face the truth of my choices while casually flipping through the channels on television one day. My interest was caught by the picture of a baby in the womb. Little did I know that I was watching the movie "The Silent Scream." Before my very eyes I saw a baby being torn to pieces by a tremendous force of suction. I saw it jerk away from the metal instrument as if he or she felt pain and fear.

In horror, I realized that this was a *living being!* Tears ran down my face as I flashed back to my second abortion. This is what I did to my baby!! Suddenly, the truth hit me and I knew there was no turning back. I had to face what I had done and for the next five years, that's exactly what I did. Through the pain of discovery comes growth and here is what I learned.

Why, if I felt to horrible about having an abortion the first time, would I do it again? I saw my baby dead before my very eyes, and yet I was able to convince myself that it was okay to get rid of a second child! In total denial, I was able to believe that I had made the right choice for the sole reason that the *truth was intolerable.* The results of my choice were devastating.

Without realizing it, the afternoon that they put my baby in a bucket was the beginning of self-hatred. I lost the value of life. This was evidenced by my divorce and what came after. I became more deeply involved in a destructive lifestyle: sex with many men, drugs and alcohol. Even in the few serious relationships I had, I allowed physical, verbal and sexual abuse because, subconsciously, I believed that I deserved it. Over ten years of destructive habits and relationships were triggered by *one* very bad choice.

The complications of abortion were not limited to emotional and mental anguish. No matter how safe I thought abortion was, I still live with the consequence that I may not be able to have any more children. My doctor has informed me that I have a tremendous amount of scar tissue in my uterus; a direct result of scraping the

womb after the babies were removed. In addition to that, two surgeries and many sleepless nights have been spent over a condition called endometriosis. I suspect it is directly related.

I've experienced abortion and I'm convinced it is murder. Yes, of innocent babes who never get a chance at life. YET IT IS SO MUCH MORE! Abortion not only affects the life of the unborn child, but also the life of the *mother!* I can say from my own experience that a part of ME died each time I gave into my own self-centeredness and exerted my "right to choose."

In my ignorance, I made choices that are irreversible. As a result, I lost a very valuable part of me—self-respect. But I also lost much more. Because of my choice, I learned to neglect an important part of my responsibility as a person: TO VALUE HUMAN LIFE. Two lives were dependent upon me to protect them. Without me, they would have never known life. Because of me, we all learned about *death.*

To anyone who is thinking of having an abortion, I would say that as I go on living my life, the one I tried so hard to protect from the inconveniences of raising children, I have learned to live with regret. But you don't have to! Today, you have the opportunity to choose life and experience the great privilege that only a woman can know. Yes, others may think that you are too young and immature to handle this responsibility, but *you* are the one who may have to live with the guilt and shame if you choose to end a life instead.

Consider how your choice will affect you now and in the future. Know what the dangers are to your body and your mental health. Find out what your options are if you decide to keep your baby or give it up for adoption. Whatever you do, be sure to consider all the consequences. After all, it is *your choice,* but the life you destroy may be your own.

*This testimony is excerpted with permission from the brochure "The Choice," by Sally Garneau. For more information, contact the author at (530) 223-6474.*

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## Please Support Our Work

Our research, education, and advocacy efforts are funded solely by the support of people like you. We have a small mailing list, so your donation makes a big difference. Thank you!

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I learned that I was pregnant at the age of eighteen, shortly after moving in with my boyfriend. Feeling scared and insecure, I didn't know how a baby would fit into my future. Upon seeking counsel from friends and family, it seemed logical to consider abortion as an option. After all, I was young, pretty and intelligent. I had my whole life ahead of me.

It was a shock to learn that I was near the 6th month of my pregnancy. This fact certainly complicated matters. It would mean that I would have to have a different, more costly, kind of abortion. With the support of those I valued most, I made a decision. An appointment was set for one week later.

My boyfriend and I arrived at the hospital early one morning in April. After the initial screening I was shown to an examining room where the lethal dose of saline was injected into my womb. Within minutes, I was led to a hospital room where they informed me that I could expect some cramping, a little worse than a normal period, and that it should be all over in about 24 to 48 hours. There was nothing left to do but wait for my body's "natural" ability to expel the unwanted fetus. In other words, give birth to my dead baby. I was instructed to remain in the bed and to call the nurse after I had the baby.

There were six girls in the hospital room all together. At first we had a great time! Talk was abundant as many family members and friends came and went. It was not until the first "birth" that the atmosphere changed. Slowly laughter was replaced with fear and pain, curiosity gave way to sorrow, and a solemn quiet crept over the room. It was in the moments that followed that my life changed forever.

I'm still surprised at how little physical pain there was. It was similar to having a bowel movement — until I became curious and looked under the covers to see what was there — until that instant when I saw a *baby*, red and bloody and small, but a baby still. I quickly covered myself back up and called the nurse.

While I waited, I became terrified that "it" wasn't dead. Lying in the same bed with me was flesh and blood! The emotions that overwhelmed me in that moment were so strong that my body reacted with violent, uncontrollable shaking. Tears streamed down my face and panic gripped my heart.

It seemed that an eternity passed before the nurse finally came. I watched her calmly close the curtain and put on a pair of plastic gloves. As she lifted up the sheet I turned my head. I couldn't watch as she placed my "waste" in a white paper bucket. As she turned to go, what was

left of my childhood went with her, but somehow I managed to close my mind to the events and go on.

Two years later my boyfriend and I were married. Within three months I was pregnant again but my husband never knew about it. We were separated at the time and I didn't want him to use the baby as an excuse for us to get back together. The relationship had become physically abusive and I refused to go back.

This time I had a suction abortion. Fortunately, there were not obvious side effects such as excess bleeding or infection. I was in and out of the clinic within a matter of hours. Yet another successful procedure to free me of the awful burden of raising a child. Or so I thought.

**It's your choice, but the life you destroy may be your own.**

Continued on page 7

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