The Post-Abortion Review

Vol. 6, No. 4 *Elliot Institute, PO Box 7348, Springfield, IL 62791* Sept.-Dec. 1998

"The Best Kept (ugly little) Secret in America"

It is being promoted as the "best kept secret in America."

One might expect such hyperbole from the manufacturer, which has committed 30 million dollars to promoting this product. But when the U.S. Food and Drug Administration (FDA), which is normally a regulatory agency, not a public relations firm, jumps into promoting a new drug, it's time for America to wake up. Either this is really great news . . . or . . . it is another attempt to manipulate the American people for the purposes of advancing the government's population control efforts. (Can you guess which of these two opinions I ascribe to?)

So what is the "best kept secret in America?" That high-dosage estrogen and progestin birth control pills can be taken in concentration, within 72 hours after "unprotected intercourse," to "prevent unwanted pregnancy."

How does it work? In short, either (1) not at all (in which case it was unnecessary, but women think it worked) or (2) by causing an abortion.

The manufacturers realized that the abortifacient aspect of the Pill needed to be disguised.

For a more complete understanding of the "morning after pill," we need to understand how birth control pills work in general. In essence, the Pill is a dose of hormones that overpowers a woman's normal hormonal cycle in such a way that her reproductive system malfunctions.

Essentially, the Pill is intended to make a woman sick. The medical goal, of course, is to limit the chemically-induced illness to just the reproductive system. In practice, however, it is hard to limit the effects on the rest of the woman's body, which is precisely why the Pill has so many side effects.

As a birth control agent, the Pill has three modes of operation: (1) it may suppress ovulation, (2) it may thicken the cervical mucous to block sperm passage, and/or (3) it may cause an abortion by making the uterine lining hostile to implantation.

The original high-dose birth control pills had high rates of suppressing ovulation, but in an effort to reduce unwanted side-effects, manufacturers have reduced the dosage levels. As a result, the newer "low-dose" birth control pills are less effective at suppressing ovulation and more dependent on mode of operation number three: abortion by blockage of implantation. The "morning after pill" is a continuation of the trend toward more "birth control" through drug-induced abortion.

Playing with Words . . . and Hormones

Decades ago, even before the legalization of abortion, doctors and pill manufacturers realized that the abortifacient aspect of the Pill needed to be disguised. At the very least, this ugly fact would disturb many "good" Catholic ob/gyns and their Catholic patients, as well as the millions of other Christians who accepted birth control but might be opposed to an abortifacient.

As early as the late 1960's, the population controllers began to redefine the "medical" meaning of "conception." According to this new definition, which is now widely used in medical textbooks, "conception" occurs at the moment of implantation rather than at fertilization. According to the logic created by this new definition, if a human embryo never implants, then it was never really "conceived" in the first place — and therefore it is never actually aborted.

This tortured logic proved very successful. Thousands of Catholic doctors sighed in relief and pulled out their prescription pads. Indeed, even many pro-life groups were unwilling to blow the whistle on this deception. They were apparently content to focus on the more visually horrific problem of surgical abortions.

In addition, critics have claimed that some pro-life leaders were afraid to offend donors who were on the Pill by exposing an unpleasant truth that might be seen as an indictment of our own friends. In their turn, some of those leaders responded that we can never really know when the Pill is acting as an ovulation suppressor and when it acts as an abortifacient.

When ignorance is bliss, lies are accepted as common knowledge.

The Push for "Emergency Contraception"

Because the Pill has an abortifacient mechanism, doctors have known for a long time that it can be used as a "morning after pill." This is possible because it takes a new human embryo six to seven days to travel down the fallopian tubes to implant in the womb. A high dosage of estrogen pills taken during this time can harden the uterine lining and force an abortion before the human embryo implants.

Because the risks of using the Pill in high doses have not yet been tested, using it as a "morning after pill" was an "off-label" use that

was not sanctioned by pharmaceutical companies. Therefore, they could not be held liable for any injuries that might result. This is why less than one percent of American women have used the Pill in this way during the last twenty years. But with the help of the Clinton administration, times are changing.

Under the current administration, the FDA has moved beyond its traditional role as a regulator to that of a cooperating partner in population control efforts. We saw an example of this when the Clinton administration and the FDA agreed to reduce testing standards in order to bring RU-486 into the United States more quickly. (See *The Post-Abortion Review*, Vol. 5, No. 4)

Under the Clinton administration, the FDA has become a partner in population control efforts.

The same path was followed in efforts to expand access to "emergency contraception." According to the *Wall Street Journal*, in 1995 the FDA approached Roderick Mackenzie, the chairman of Gynetics, to ask the company to submit an application to market a "morning after pill." This action was followed by an FDA notice published in the *Federal Register* encouraging the use of high-dosage birth control pills for the off-label use of "emergency contraception" (EC).

This endorsement by the FDA effectively reduced liability risks for everyone involved. Responding to this encouragement, several family planning agencies set up toll-free hotlines to provide information and even "EC" prescriptions. Major news stories were generated to provide free publicity for what the FDA was now calling a "safe and effective" birth control method.

By September of 1998, with a green light from the FDA, and apparently no requirements for further testing, Gynetics rolled out PREVEN, a $20 prepackaged "emergency contraception" kit. Government health officials, Planned Parenthood, and all the other usual suspects joined in the fanfare over this "leap forward" in reproductive health care that promised to "slash" abortion rates. Once again, the popular media jumped onto the band wagon by giving this "hot new product" hundreds of millions of dollars in additional free publicity.

At this point, while PREVEN is still a prescription drug, many family planning clinics are calling in prescriptions for women without ever seeing the patients. Some states are even considering allowing pharmacists to prescribe it in lieu of a physician.

But even this isn't enough for "EC" advocates who want to see the kits in every medicine cabinet. While one "EC" promoter said on *Good Morning America* that using PREVEN was as simple as taking an aspirin, the *Washington Post* reported that it "could ultimately join the ranks of smoking cessation products, like nicotine gum and the patches," which the FDA made available without a prescription "to increase their use."

Deceptive Trade Practices

Like surgical abortion, acceptance of "emergency contraception" is dependent on the success of a medical con game. Patients need to be deceived and manipulated on several levels.

Lie number one: "EC is highly effective." The actual effectiveness rate is unknown because the effectiveness and safety of this method have not been thoroughly tested. When pressed for a statistical rating of effectiveness, a Planned Parenthood spokeswoman stated that "emergency contraception" is 70 to 90 percent effective. This wide range of quoted effectiveness speaks volumes about how little is really known. But to reduce the risk that callers will entertain any reasonable doubt, this same spokeswoman hurried to suggest that the actual effectiveness was probably much higher than these conservative estimates since she herself had only seen one or two pregnancies among her EC patients.

A failure rate of up to 30 percent is not exactly impressive. The full story is even worse.

Women are potentially fertile for only four to five days per cycle. This includes the day or two before ovulation that sperm may survive in the cervical mucous. These few days represent only about 18 percent of a typical woman's 28-day cycle. This means that most women were probably taking EC unnecessarily, because they were not fertile anyway.

As a result, as much as 80 percent of the "morning after pill's" claimed effectiveness is the result of a free ride because the woman was naturally infertile anyway. All these "successes" get put into the denominator when calculating the "overall" effectiveness rate. The actual failure rate during ovulation, therefore, is actually many times higher than the reported "overall" rate.

(This statistical manipulation is true for the claimed effectiveness rates of all birth control technologies. By comparison, the 2 percent failure rate attributed to modern natural family planning methods is already calculated according to only those "failures" which occur during a woman's fertile period.)

Do these facts bother "EC" promoters? No. Even when women

The Post-Abortion Review is the quarterly journal of the Elliot Institute, ISSN 1083-9496. The Elliot Institute was founded in 1988 to perform original research and education on the impact of abortion on women, men, siblings, and society. The suggested annual donation for a subscription is $20. Contributions to the Elliot Institute, a nonprofit, 501(c)3 corporation, are tax-deductible. More information can be found at www.afterabortion.org.

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, (217) 525-8202.

have no risk of becoming pregnant, their unnecessary use of "EC" is still very profitable. In addition, "EC" promotion is a great sales leader. Women who request "EC" are great potential customers for other birth control products.

Lie number two: "EC is safe." Actually, what they really mean by "safe" is simply that women aren't dropping down dead. Once one accepts this limited definition of safety, "EC" must be "safe" since the only common immediate effect of this drug-induced illness are flu-like symptoms of nausea and headaches.

But beyond these few short-term reactions, no one knows what the longer term effects will be. Why? Because "EC" is one of the FDA's "most favored drugs." It has been exempted from thorough testing. The FDA is content with the simple presumption that one or more short-term exposures to high levels of this hormonal treatment is no more dangerous than the prolonged low-level exposure experienced by normal Pill users. (Not that the latter is well understood either.)

Breast cancer is related to variations in estrogen levels. Will "EC" use effect breast cancer risks? No one knows. Birth control pill use has been related to subsequent infertility problems. Can "EC" effect a woman's long-term fertility? No one knows. When "EC" fails to abort the newly conceived child, or when a woman takes this drug after a child is already nestled in her womb, what risks does high exposure to estrogen pose to the unborn child? Again, no one knows.

This is an example how pro-abortion counselors can use ignorance to their advantage. When a woman becomes pregnant after having tried the "morning after pill," the counselors will then be able to use her concerns about how the drug may have affected her unborn baby to pressure her into a surgical abortion.

Lie number three: "EC is contraception." This is only true if you accept the birth control industry's new definition of "conception." Since most patients still equate fertilization with conception, and at least many of these patients are morally opposed to abortion, this distinction is an important one.

Some patients will believe the lie that "EC" prevents the conception solely because they simply don't ask questions. Others may be convinced by counselors who will juggle the two meanings of "conception" in such a way as to "protect" them from the truth.

Still other patients, who may half-suspect the truth, may anxiously embrace this "reframing" definition of when "conception" occurs in the hope that it will enable them to deny moral responsibility for their decision. But any such desire for ignorance reflects a fear of being responsible for oneself. It is not a desire that others are obligated to satisfy. Neither parents nor the state are ever under any moral duty to foster irresponsibility.

If we are to truly become morally responsible for ourselves, we must learn to face the truth. Only then can we honestly choose between good and evil.

-DCR

The Morning After Abortion Pill Act

In order to expose the truth about the "morning after pill," I would encourage state and federal legislators to consider a consumer protection law that would ensure that women receiving a prescription for "emergency contraceptives" are provided with a "plain language" explanation of how this hormonal therapy works.

Before providing "EC" to women, physicians and pharmacists would be required to obtain the woman's signature on the following disclosure form:

> "If you have recently engaged in sexual intercourse, the sperm from your partner may have already fertilized your ovum (egg). The human embryo created at this moment is a living, genetically unique human being.
>
> Fertilization can occur in as little as fifteen minutes after intercourse. If fertilization has already occurred, the intended effect of this drug is to harden or disturb the lining of your womb in such a way as to prevent the human embryo from being implanted in your womb. As a result, the human embryo will be aborted and expelled from your body.
>
> The effectiveness rate of this drug in preventing implantation, if ovulation has already occurred, has not yet been determined.
>
> The long term effects, if any, of using this drug at this dosage level have not yet been determined. The effects of this drug, if any, on the development of an unborn child have not yet been determined."

Legislators might also consider adding this line: "The State encourages you to reflect upon the serious moral questions associated with the use of this or any other substance that may cause an irreversible loss such as abortion." This line does not impose a moral view on others, but simply reminds the public that we should reflect on the moral implications of our actions.

The law should also provide that failure to obtain a signed consent form would expose the physician and/or pharmacist to lawsuits for violation of conscience and deceptive trade practices. Plaintiffs should not be required to show any other injury. A minimum award of damages might also be provided for by law.

While "EC" advocates will no doubt squawk about the impropriety of being forced to tell the whole truth to people who "really don't want to know it," the public debate this bill would provoke would in itself be extremely educational. The title alone, "The Morning After Abortion Pill Act" might do wonders to strip away the veil of deceit that surrounds "emergency contraception" and hormonal birth control methods in general.

Share this idea with pro-life legislators in your state. The truth is not only out there; it is waiting to be told.

Letters to the Editor

A Judge's Comments on Judicial Bypass

Dear Dr. Reardon,

I was surprised and pleased to see your article in the recent *Post-Abortion Review* concerning how parental notification/judicial bypass hearings are conducted. I believe it is the first discussion I have seen on this most important point. It is a shame and quite unfair that these hearings are merely one-sided and give "rubber stamp" approval of the request for abortion.

You mention that the judge must decide whether the girl is mature or that the abortion would be in her best interests. Actually the judge must also decide whether she is capable of giving informed consent. This would require that she know the effects of an abortion and possibly the methods, etc. This is not meant as a criticism. I was just happy to see a discussion of these hearings.

I agree with you that in order to have an actual "hearing" there should be an attorney representing the other side in order to determine whether the minor is mature, can give informed consent, or that it would be in her best interests.

Sincerely,
Judge Joseph W. Moylan
(Ret.)

Finding Hope After Abortion

Dear Staff,

I have just finished reading a free sample of *Hope and Healing*. The articles in it are very good, accurate, and encouraging. I believe too that healing and recovery after abortion are possible. You could not have convinced me of that nine years ago, however. And even if you could, and had offered it as possibility, I would not have received it.

I felt that I deserved the internal torment I was experiencing and was determined to only work on some of the problems caused by my abortion. People told me that God loved me and that He forgave, and that was fine; it was His job. I just knew I could never forgive myself.

But God has a different plan, a better plan. The more I attended post-abortion counseling, the clearer it became that recovery and healing are "follow through" concepts. You can't partially heal your life.

Today I am amazed at the changes that have taken place over the past nine years. I am able to work in a crisis pregnancy center and help other women who come in for post-abortion healing. It is such an incredible transition to see how these women come into group and then see how changed they are after. They may not be completely recovered, but they are on the road and they have something they thought they would never experience again, HOPE.

I don't believe Webster's dictionary has a word to describe the place women go to emotionally after an abortion. We know how it feels, but it is difficult to find the words that could convey it to someone in an authentic, descriptive way. But I also believe we need to share our stories in spite of this fact. Who else but post-abortive women can share what the actual experience meant to them emotionally, physically, spiritually? If we stay secluded in our place of personal silence, no one will be able to reach in and cradle what is now such a delicate soul.

Thank you for your publication, and know I will share this paper with as many people as I can in the coming months.

Very Sincerely,
Kathy C.

The Tragedy That Is Abortion

Dear Dr. Reardon,

I was one of the ladies in your group on Sunday. I wanted to talk with you at the end of the talk but couldn't. The thought of abortion in our family is a terrible thing.

It will be three years this November since our granddaughter, age 21, had an abortion. Three months later her father found her hanging from the cross beams in the basement. We did not know anything about the abortion until a week before her death when she tried suicide by cutting her wrist. Her girl friend found her and called her mother. That was when she told her mother what she had done. They took her to the hospital to the floor for the mentally depressed. They kept her five days, released her, and then three days later she killed herself.

She claimed her boyfriend made her do it [the abortion] by making promises of marriage, etc. She found out he was seeing another woman and couldn't handle it.

She dearly loved children, especially her boyfriend's two little ones. She was always taking care of some friend's children.

Thought perhaps this story might help you in your work. If someone like you could have talked with her, she might be alive today.

Sincerely,
A Friend

Substance Abuse During Pregnancy and the Threat of Jail

Over the last several years, national media reports on the problem of "crack babies" — babies born with an addiction to crack which was used by their mothers during pregnancy — have sparked an interest in laws that would allow judges to jail pregnant drug addicts to prevent them from continuing to abuse drugs that could harm their unborn children.

Recently, legislators in two states have passed such bills, often known as fetal protection laws. Since June, women in South Dakota who abuse drugs or alcohol during pregnancy now face involuntary detention at treatment facilities at almost any time throughout their pregnancies. And in Wisconsin, a new law allows juvenile court judges to act on behalf of unborn children who have been exposed to drugs by confining their mothers to a treatment facility, doctor's office, hospital, or relative's home.

The concern is that these laws could be used to push drug users toward abortion.

In all, twelve states—Alaska, California, Delaware, Georgia, Indiana, Maryland, Massachusetts, Minnesota, South Dakota, Tennessee, Virginia, and Wisconsin—introduced fetal protection bills this year. The numbers are up from 1997, when only seven bills—all of which failed to pass—were introduced.

On the surface, these laws are intended to protect unborn children from the harmful effects of drugs and alcohol. We must worry, however, that in the absence of any restrictions on abortion, such laws may force drug addicts to choose between experiencing painful withdrawal symptoms or having an unwanted abortion. Since "crack babies" are often portrayed by the media as a burden on society, it is not inconceivable that some judges and social workers may use these new laws to push women toward abortion.

Another concern is that treatment programs that ignore post-abortion syndrome will simply be ineffective. As this article will show, there is a strong association between a history of abortion and subsequent substance abuse during pregnancy. Many, if not most, of these drug addicted women are post-abortive. Many are abusing drugs in an effort to repress their emotional pain, while at the same time they are becoming pregnant to "replace" the babies they lost to abortion.

The False Refuge of Drugs

Drug abuse is an "escape" from emotional reality. Nancyjo Mann, a post-aborted woman and founder of Women Exploited by Abortion, describes how she used drugs to escape the pain and stress caused by her abortion in this way:

> "The natural center of this destructive, escapist world in which I lived, of course, was drugs . . . Drugs were my refuge, my comfort, my slow fuse to self-obliteration. When I was stoned, I didn't have to think. If I couldn't think, I couldn't feel, and if I couldn't feel, that was almost as good as being dead. It was better than facing myself."[1]

A later pregnancy may cause an even greater increase in post-abortion stress. Studies have found that women with a history of abortion have higher levels of depression and anxiety during a subsequent pregnancy than any other group of women, including women with previous miscarriages. Researchers concluded that their pregnancies reawakened unresolved feelings of guilt, grief, and loss that led these women to fear the outcome of their pregnancies.[2]

A strong association between abortion and drug abuse has been reported in several studies:

•A study of 697 pregnant inner-city women at Boston City Hospital found that women with a history of abortion were much more likely to use cocaine during subsequent pregnancies. Researchers found that the risk of cocaine use increased even more for women with a history of multiple abortion. They also found that cocaine users were more likely to use alcohol or other drugs during pregnancy: 88 percent of pregnant cocaine users smoked, 80 percent consumed alcohol, 72 percent smoked marijuana, 14 percent used opiates and 9 percent used other illicit drugs.[3]

•A 1987 study of 110 drug-exposed infants at UCSD Medical Center in San Diego found that women using drugs were more likely than nonusers to have a history of one or more induced abortions. Women who used cocaine and/or methamphetamine reported an average of 1.7 abortions compared with 1.2 abortions for nonusers. Women who used heroin or methadone averaged 2.4 abortions to 1.2 abortions for nonusers.[4]

•A study of 137 pregnant drug users enrolled for prenatal care at one hospital found that women using cocaine or opiates reported an average of 1.5 abortions, compared to 0.6 abortions among the non-drug using control group.[5]

Looking for Courage in a Bottle

Researchers in California studied smoking and drinking practices of more than 12,000 pregnant women over a two-year period. Fifty-one percent of all the women in the study said they drank during pregnancy. Yet among women who had two or more previous abortions, nearly all of them—98.5 percent—reported that they drank throughout the entire nine months of a subsequent pregnancy that they intended to carry to term.[6]

Another study of 1,008 pregnant women found that women with a

history of abortion had "higher and more severe levels of alcohol consumption" than women who had a history of stillbirth or miscarriage, or who had given birth to a child with a physical disability. Although 71 percent of the women reduced their drinking during pregnancy, 28 percent remained unchanged. And while a significant number of women reported increased emotional stress during the pregnancy, the fact that the group with a history of abortion had the highest level of alcohol consumption during pregnancy indicates that these women had the most severe problems.[7]

An Elliot Institute study of 252 aborted women found that nearly one-third stated that they began using alcohol more heavily after their abortions, while 40 percent said they began or increased their use of drugs. Of these women, 15 percent described themselves as alcoholic, and 11 percent reported that they became drug addicts.[8]

Nearly all of these studies report that the risk of substance abuse increases with each subsequent abortion. This is especially significant when one considers that nearly half of all aborted women are repeat aborters. This additive effect may be due to "higher levels of anxiety, mood disorders and depression [that] have been noted in women repeating abortion compared with those who have had only one abortion."[9]

Post-abortion counseling is the only way to address the core issues underlying their substance abuse.

The Many Levels of Harm

The U.S. Surgeon General's Office warns that even small amounts of alcohol consumption during pregnancy can be harmful to the unborn child. "Heavy" drinking (usually considered to be one ounce of pure alcohol per day, or the equivalent of two 12-ounce beers, two four-ounce glasses of wine, or two cocktails) during pregnancy has been linked to problems like premature birth, still birth, miscarriage, low birth weight, and fetal malformations.[10]

Heavy drinkers also risk giving birth to a child with fetal alcohol syndrome, which can lead to mental retardation, facial abnormalities, central nervous system disorders and poor growth.[11] Even women who consume an ounce of absolute alcohol only twice a week during pregnancy significantly increase their risk of miscarrying.[12]

Women who drink during pregnancy are also more likely to jeopardize their pregnancy by engaging in risky behavior or failing to seek adequate prenatal care, since alcohol can "blunt" the woman's biological urge to do what's best for her child.[13] And a study of teen mothers found that those who used drugs were nearly three times more likely to report being threatened, abused, or involved in fights during their pregnancy than nonusers.[14]

Heavy drinkers are also more likely to suffer from memory loss or depression[15] or to engage in violent behavior that can put them at risk for injury and even death.[16] One national survey found that 17 percent of all female drinkers reported that they had driven a car while drunk or high at least once in the previous year, while 45 percent of women considered "heavy" drinkers had driven while intoxicated.[17]

Cocaine, which is commonly used by post-aborted women who abuse drugs, can cause seizures, convulsions, heart attacks, nausea, vomiting, respiratory problems, delirium, paranoid or violent behavior, and even death. If used during pregnancy, it can lead to pregnancy complications, miscarriages, and brain damage or perinatal death among unborn children.[18]

Large amounts of alcohol also inhibit the immune system, leaving heavy drinkers susceptible to cholera, tuberculosis and other lung problems.[19] And because drugs, alcohol, and a history of abortion are all linked to promiscuous sex, each of these factors increases the risk of future pregnancies, repeat abortions, sexually-transmitted diseases, and HIV/AIDS.

The past several years have seen the spread of HIV/AIDS among women, teenagers, crack smokers, and heavy drinkers. A 1987 study in New York and New Jersey found that HIV/AIDS was the leading cause of death among black women age 15-44. Among the death certificates with any mention of HIV or AIDS, 27 percent also included drug abuse as a contributing factor.[20]

Conclusion

Clearly, substance abuse during pregnancy poses a grave risk to the health of both women and their unborn children. It is also clear that a large part of this problem may be directly attributed to the emotional injuries caused by abortion.

Women who abuse drugs or alcohol during pregnancy do need drug rehabilitation programs, but many will also need post-abortion counseling. For many women, this is the only way to address the core issue underlying their substance abuse.

The political issue of "crack babies" is complicated by a mix of honest concerns and noble intentions on the one hand, and on the other hand, deeply ingrained racial and economic prejudices and thinly disguised social engineering, dominated by the "abort, don't support" philosophy.

In a society where abortion was illegal, mandatory treatment for pregnant substance abusers would clearly be a reasonable way to help women and their children. But in a society where abortion is not only legal but is actively encouraged by government welfare workers, these new laws may be just another weapon to help social engineers push poor and "socially unfit" women toward abortion.

In our opinion, forced treatment laws to reduce substance abuse during pregnancy simply can't succeed in the present social environment. Abortion is the fuel that feeds the fire. Without aggressively promoting post-abortion healing programs, it will be impossible to contain, much less extinguish, this blaze.

-ARS & DCR

Notes

1. Reardon, *Aborted Women, Silent No More* (Loyola University Press: Chicago, 1986), xix.
2. Kumar, R., & Robson, K., "Previous Induced Abortion and Anti-Natal Depression in

Primiparie, *Psychological Medicine*, 8:711-715 (1978).
3. Frank, D., et. al., "Cocaine Use During Pregnancy Prevalence and Correlates," *Pediatrics* 82(6):888 (Dec. 1988).
4. Oro, A., & Dixon, S., "Perinatal Cocaine and Methamphetamine Exposure Maternal and Neonatal Correlates," *Journal of Pediatrics* 111:571-587 (1987).
5. "Childbirth as Protective of the Health of Women in Contrast to Induced Abortion Part II: Smoking, Alcohol, and Drug Use," *Association for Interdisciplinary Research in Values and Social Change Research Bulletin* 12(3):3 (March/April 1998).
6. Kuzma & Kissinger, "Patterns of Alcohol and Cigarette Use in Pregnancy," *Neurobehavioral Toxicology and Terotology* (3:211-221 (1981).
7. Plant, M., *Women, Drinking and Pregnancy* (London: Tavistock Publishing, 1985).
8. Reardon, D., *Aborted Women: Silent No More* (Springfield, IL: Acorn Books, 1987) 23.
9. Franco, K., et. al., "Psychological Profile of Dyshoric Women Post-Abortion," *Journal of American Medical Women's Association* 44(4):113 (July/Aug. 1989).
10. Kline, J., et. al., "Drinking During Pregnancy and Spontaneous Abortion," *The Lancet* July 26, 1980, p. 173-176.
11. "Surgeon General's Advisory on Alcohol and Pregnancy," *FDA Bulletin* Vol. 11, No. 2, (1981).
12. "Surgeon General's Advisory on Alcohol and Pregnancy," op. cit.
13. "Childbirth as Protective of the Health of Women in Contrast to Induced Abortion Part II: Smoking, Alcohol, and Drug Use," *Association for Interdisciplinary Research in Values and Social Change Research Bulletin* 12(3):6 (March/April 1998).
14. Amaro, et. al., "Drug Use Among Adolescent Mothers: Profile of Risk," *Pediatrics* 84(1):144 (July 1989).
15. Klassen, A., & Wilsnak, S., "Sexual Experience and Drinking Among Women in a U.S. National Survey," *Archives of Sexual Behavior* 15(5):363 (1986).
16. Wilsnack, R., et. al., "Women's Drinking and Drinking Problems: Patterns from a 1981 National Survey," *American Journal of Public Health* 74:1231-1238 (1984).
17. Wilsnack, op cit.
18. "Special Report - Medical Complications of Cocaine Abuse," *The New England Journal of Medicine* 315(23):315, 1495-1500 (Dec. 4, 1986).
19. MacGregor, J., "Alcohol and Immune Defense," *Journal of the American Medical Association* 256:1474-1479 (1986); Adams, "Infections in the Alcoholic," *Medical Clinic North America* 68:179-200 (1984); and "Alcoholism, Infection, and Altered Host Defenses," *Journal of Chronic Diseases* 29:35-49 (1976).
20. Chu et. al., "Impact of the HIV Epidemic of Mortality in Women of Reproductive Age," *JAMA* 264(2):225 (July 11, 1990).

Continued from page 8

her four times with a drug that left her unconscious and bleeding. She later suffered a miscarriage.

***

Western Australia May Allow Involuntary Abortions

Legislators in Western Australia have passed a bill allowing doctors to perform abortions without the woman's consent when "it is impracticable" to obtain consent and the pregnancy "causes serious danger to her physical or mental health."

Despite protests from pro-life and post-abortion groups who say the bill is clearly aimed at women with mental disorders and those "deemed unfit for motherhood," the sponsors of the bill refused to include a clause protecting women from being coerced into abortion for the convenience of others.

***

Woman Settles With Homeless Shelter in Forced Abortion Case

A Virginia woman has received a settlement of $25,000 after filing a lawsuit against a homeless shelter that she says pressured her into having an abortion. Shontrese Otey had filed suit against Emergency Shelter, Inc., in Richmond, saying that "employees of [the] local shelter for homeless women and children forced her to have an abortion at the threat of being evicted."

Otey said that when she informed staff members that she was pregnant while participating in the shelter's transitional program last October, she was told that "it was against the center's policy to provide services to pregnant homeless women." She said that two staff members pressured her to submit to an abortion so she could remain in the program.

Become a Sustaining Partner for 1999

Our research, education, and advocacy efforts are funded solely by the support of people like you. Our **Sustaining Partners** are a select group of donors who pledge to support this ministry on a regular basis through monthly, quarterly or semiannual donations. As a **Sustaining Partner** for 1999 you will receive a subscription to *The Post-Abortion Review*, plus monthly letters updating you on the work we are doing each month. For more information, or to begin or renew your subscription to *The Post-Abortion Review*, simply fill out this form and return it to us. Your support makes a big difference. Thank you!

/ / Please send me information about how I can become a **Sustaining Partner** in this ministry by making a pledge for monthly, quarterly, or semi-annual donations.

/ / Sorry, I cannot become a Sustaining Partner right now. However, I am sending a one-time gift to renew my subscription to *The Post-Abortion Review*. Enclosed is my donation of: / / $500 / / $100 / / $75 / / $50 / / $20 / / Other $_____.

Name: _____

Address:_____

_____

Mail to:
The Post-Abortion Review
P.O. Box 7348
Springfield, IL 62791

News Briefs

Mississippi May Seek Recovery of Medicaid Payments for Abortion-Related Injuries

Pro-life activists in Mississippi have asked the state attorney general there to investigate why the state is paying for abortion-related injuries through Medicaid rather than requiring abortionists to foot the bill.

In September, Right to Life of Jackson released a report documenting cases where Medicaid has covered the bills for abortion-related injuries such as hemorrhaging and reproductive damages caused by incomplete abortions. Lawmakers are also looking at a bill requiring abortionists to screen women for known risk factors before an abortion.

Predictably, the report has come under attack from pro-abortion groups. Gail Chadwick of Pro-Choice Mississippi dismissed concerns about abortion safety and countered with the claim that the state "would save a great deal of money by funding abortions for poor women." Mississippi prohibits Medicaid payments for abortion.

***

Genetics Testing Firm Sued After Test Led to Abortion

A New York woman is suing Lenox Hill Hospital and Gynetrix, a genetics testing firm, after she found that the child she aborted because of a genetic test was "normal."

Janet Sheikhan said she had an abortion in 1996 on the advice of her obstetrician after the results of an amniocentesis test showed her unborn child had Edwards syndrome, which can result in mental retardation, physical defects and a poor survival rate.

She filed suit after reading the pathology report from her abortion, which listed the aborted baby as a "normal" male. The genetics test results had said the child was female. Sheikhan said she does not blame her doctor but believes that her test results were mislabeled or mixed up with someone else's results.

***

Doctor Charged in Forced Abortion on Girlfriend

A New York doctor has been charged with assault and unauthorized practice of medicine in an incident that led to his girlfriend's miscarriage. Police say 32-year-old Mark Redeker, a second-year-ob/gyn resident, blindfolded his girlfriend, tied her up, and injected

Continued on page 7

OUR Greatest Need

He knew we longed for peace,
but He did not come as a general.
He knew we longed for unity,
but He did not come as a politician.
He knew we longed for wealth,
but He did not come as an economist.
He knew we longed for knowledge,
but He did not come as a scientist.
He knew we longed for laughter,
but He did not come as an entertainer.
He could have blessed us in any of these ways,
but He did not.
For He knew that our greatest need
was for forgiveness,
and so He came to be our Savior.

The Post-Abortion Review
P.O. Box 7348
Springfield, IL 62791-7348

Forwarding Service Requested

NON-PROFIT ORG.
U.S. Postage
PAID
Springfield, IL
Permit No. 595