

The Post-Abortion Review

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How Bush Can Be BOTH Pro-Woman and Pro-Life

“What is your position on abortion?” Since she already knew his answer, Barbara Walters’ voice echoed tones of both pity and glee. Governor George W. Bush was about to be exposed as an enemy of “choice.”

“I’m pro-life,” Bush answered. Then silence.

Walters allowed the conversation to hang for a few uncomfortable seconds. Bush gazed at her with a disarming, friendly confidence, reassuring her and millions of viewers that he had no more to say on this divisive issue. While he wanted the votes of pro-lifers and agreed in some vague way with that high moral vision, he had no particular agenda he would pursue against abortion.

In that moment of silence, the champion of compassionate conservatism blew it. Not only did he fail to inspire the confidence of pro-lifers, but worse, he failed to bridge the “gender gap.” He failed to attract the respect and support of the vast majority of Americans who dislike abortion but are more concerned about protecting and helping women.

Rather than downplay the abortion issue, Bush could have used Walters’ question as an opportunity to demonstrate his sincere concern and compassion for women. Consider, for example, how any portion of the following answer would have broadened Bush’s base of support among pro-lifers, the middle majority, and even among women who have had abortions:

“I’m pro-life and I’m also pro-woman. I understand the pressures that drive women to undergo abortions, often in violation of their own moral and maternal beliefs. In many cases, women are being pressured into unwanted abortions by their boyfriends, parents, social workers, or doctors. This is a grave injustice to women. I will support programs that help women avoid unwanted, unnecessary, and dangerous abortions.

“We also need to address the emotional pain and grief of women and men who have lost a child to abortion. Blame and finger-pointing are simply wrong. What is needed is an attitude of

understanding and charity. We need to be witnesses of God’s mercy.

“Faced with tough enough circumstances, perhaps any of us would cave in to the pressure to abort, even if we knew it was the wrong thing to do. I’m not going to throw stones at people who have made this tragic mistake. Instead, I will support the many new private ministries that provide post-abortion counseling and healing.

“I’m also deeply concerned about all the emotional and physical damage abortion is inflicting on American women. A recent government study in Finland has shown that the suicide rate goes

up seven fold after an abortion. The same study found that the risk of dying, from all causes, is three and a half times higher for women who have had an abortion compared to women who carry to term.

“Other recent studies show that abortion is associated with a five-fold higher rate of subsequent substance abuse, as well as higher rates of psychiatric care,

suicide attempts, pre- and post-term deliveries, and even breast cancer. I sincerely believe abortion is causing far more harm to American women than most people realize.

“Eleven years ago, Surgeon General C. Everett Koop recommended a major government-funded study to definitively investigate abortion complications. This study was blocked by the Democratically-controlled congress. I think it’s time we finally funded such a study to find out how big this problem really is.

“I am also deeply disturbed by the fact that many politicians, like Vice President Gore, seem to be more interested in protecting the abortion industry than they are in protecting women.

“Many Democrats have consistently opposed laws that would ensure that women are fully informed about all of abortion’s potential risks. They have opposed laws that would ensure that parents know when a 28-year-old man is taking their 14-year-old daughter out of state to undergo a potentially dangerous abortion. And they have also opposed laws that would make it easier to hold abortionists liable for the injuries they inflict on women. Can’t we at least agree to protect women?”

**I understand the pressures
that drive women to
undergo abortions, often
in violation of their own
moral and maternal beliefs.**

“Sadly, some people see abortion as a tool for population control. Many even support international aid for population control programs that include *forced* abortions. But I ask, how can a politician who tolerates forced abortions call himself *pro-choice*?”

“I don’t think that way. I’m not willing to sacrifice the rights and welfare of women for the sake of population control. I’m not willing to reduce the welfare rolls by letting abortion clinic counselors deceive poor women into believing that their lives will be better if they simply go along with an abortion. It’s not true.

“I believe God has intertwined the welfare of women and their children. If we help one, we help both. On the other hand, if we hurt one, we hurt both. That’s why abortion hurts women—emotionally, psychologically, and spiritually. One can’t hurt a woman’s children without hurting her.

“A far better alternative is to *help* both her *and* her child. That’s what problem pregnancy centers are doing around the country: befriending women and giving them the support, encouragement and resources that make it easier to bring an unplanned baby into the world and to experience the joy of that new life.

“Under my administration, we will constantly endeavor to help both

women and their children. We will not sacrifice either. Instead of seeking federal funding for abortion, I will support funding for alternatives to abortion, research on abortion complications, and support for programs that promote post-abortion healing.”

Wow! What a breath of fresh air! If Bush had filled that pregnant moment of silence with such an answer, listeners would have been immediately convinced of both his compassion for women and his commitment to unborn children.

“I’m pro-life,” without elaboration, is simply a label, a half-formed, aborted statement of one’s vision. On the other hand, by articulating a message that is faithfully both pro-life and pro-woman, Bush could simultaneously (1) bridge the gender gap, (2) reassure the middle majority that his heart’s desire is to reduce abortion rates in a way that will truly help women, and (3) wipe the smug smiles off the faces of Barbara Walters, Gloria Feldt, Al Gore and the like. Let’s pray that Bush will become such a messenger.

-DCR

An abridged version of this article appeared in the August 12, 2000 issue of World magazine under the title, “An Aborted Vision.”

The Risks of Choice

Studies Document the Physical and Emotional Dangers of Abortion

Amy R. Sobie

Population controllers have long insisted that abortion is healthier for women than childbirth. A host of studies examining the effects of abortion, however, have proved otherwise. Women who have abortions often face increased physical and emotional problems, including substance abuse, mental disorders, impaired fertility, pregnancy loss, and breast cancer. This article will examine the various studies and what they say about the risks of abortion.

Fatal Complications

Even though most abortion-related deaths are not officially reported as such,¹ legal abortion is reported to be the fifth leading cause of maternal death in the U.S.² The most recent—and best documented—study on abortion-related deaths to date is a 1997 government-funded study from Finland which showed that women who abort are four times more likely to die within a year than women who give birth. By extending their scope beyond the very narrow time frame that is examined by most post-abortion studies, the researchers were able to get a better look at how abortion truly affects women’s lives. The results clearly showed that compared to women who carry to term, women who aborted in the year prior to their deaths were:

- 60 percent more likely to die of natural causes,

- 7 times more likely to commit suicide,
- 4 times more likely to have fatal accidents, and
- 14 times more likely to die from homicide.³

Short-Term Complications

Abortion has also been linked to a number of short and long-term physical problems. Immediate complications can include uterine perforation, infection, excessive bleeding, embolism, anesthesia complications, convulsions, hemorrhage, cervical injury, endotoxic shock, fever, vomiting, and Rh sensitization. Long-term problems include infertility, problems with future pregnancies, certain types of cancer, and lower overall general health.⁴

Infection is one of the most common abortion complications, yet many clinics do not routinely test for or treat infections.⁵ This is despite the fact that even some pro-abortion advocates have admitted that abortion can cause infection. For instance, in an article on “do it yourself” abortions, Planned Parenthood of California spokesperson Michele McDevitt warned that “any time the uterine area is invaded there’s a possibility of infection.”⁶ Ironically, this is coming from the same organization that insists that abortion is safe as long as a woman pays a clinic to do it.

Infection can be even more devastating if the woman fails to seek

treatment or if the clinic does not test for the existence of infection prior to the abortion. One study found that women who had untreated chlamydia infections at the time of their abortions had a 72 percent risk of developing pelvic inflammatory disease compared to 8 percent of women who were treated prior to their abortions.⁷ Another study found that women with a chlamydia infection who delayed seeking treatment for three or more days from the onset of symptoms were six times more likely to develop infertility problems than those who sought treatment right away.⁸

Even when women do seek treatment right away, infections can still lead to long-term damage. Younger women who have not had a previous full-term pregnancy, for example, don't respond as well to antibiotic treatments as older women who have previously given birth to a child.⁹

When Cancer Strikes

Approximately one in eight women will have breast cancer in their life time. An estimated 43,500 women die each year from this disease, with more than 175,000 new cases of invasive breast cancer being diagnosed each year.¹⁰

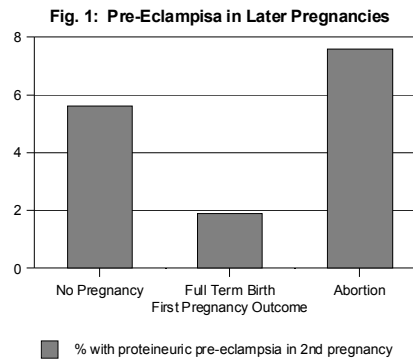
Studies on the abortion-breast cancer link have been dismissed or ignored by the abortion industry and the secular media. But researchers have found that by interrupting the growth of cells in the woman's breasts during the first trimester of pregnancy, abortion may increase her risk of breast cancer.

Dr. Joel Brind, a leading expert on the abortion-breast cancer link, conducted a meta-analysis of 23 published reports on breast cancer and abortion, 18 of which documented a link between abortion and breast cancer. Brind and his fellow researchers concluded that women who aborted their first pregnancies faced a 30-50 percent higher risk of breast cancer. Seven out of ten studies also showed that women who had multiple abortions had a higher risk of developing breast cancer than women who had undergone only one abortion.¹¹

The Risk to Future Pregnancies

Studies indicate that for healthy women, the risks of contracting certain problems during pregnancy and delivery are actually reduced

with each subsequent pregnancy. For example, hypertensive disorders like eclampsia (convulsions) and pre-eclampsia (high blood pressure with edema or abnormal protein in the urine) are among the major causes of pregnancy-related deaths in the western world.¹²



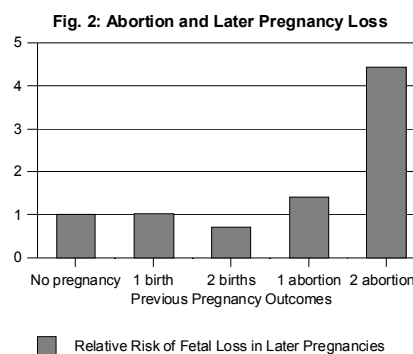
Research shows, however, that women whose first pregnancy ended in a full-term delivery were less likely to experience proteinuric pre-eclampsia in a subsequent pregnancy. But as shown in Figure 1, women who *aborted* their first pregnancy actually had an increased risk of developing proteinuric pre-eclampsia in later pregnancies.¹³

Studies have also found that women with a history of abortion have a greater risk of fetal loss than women who had previous abortions.

Figure 2 shows that women with two prior pregnancies carried to term and no abortions had the lowest risk (0.71), while women with two prior abortions had the highest risk (4.31).¹⁴

Data from other studies show that women with a history of abortion:

- Had a 1.5-1.7 times higher risk of ectopic pregnancy than women who had previously carried a pregnancy to term.¹⁵
- Were four times more likely to have an intrauterine infection during a subsequent pregnancy than women whose previous pregnancy had ended in a birth of at least 20 weeks gestation.¹⁶
- Had a higher risk of bleeding during a subsequent pregnancy than women who had previously given birth or who were experiencing their first pregnancy.¹⁷
- Experienced more intense pain during labor than women who had previously carried to term.¹⁸
- Were more likely to suffer from retained placenta during delivery or postpartum hemorrhage than women who had previously given birth.¹⁹



In addition, although little is known about the impact of abortion on maternal mortality rates in subsequent pregnancies, there can be little doubt that abortion increases a woman's risk

of developing a life-threatening complication during a later pregnancy. For instance, available statistics suggest that legal abortion is responsible for approximately 4800 cases of ectopic

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pregnancy each year. Researchers estimate that about ten women die every year from abortion-related ectopic pregnancy.²⁰

Self-Destructive Behavior After Abortion

Women abort for many reasons: fear of losing a relationship, fear of disappointing their parents or partner, fear of not being able to raise a child, or fear of losing control over their lives. Often those around them send the message that if they sacrifice “just this one thing,” they can hang on to everything else in their lives.

Unfortunately, what many women don’t realize is that they end up sacrificing part of themselves as well along with their children. Abortion leaves them with feelings of self-hatred, isolation and regret. Nancyjo Mann, the founder of Women Exploited by Abortion (WEBA), wrote that after her abortion,

I began to hang around the tough crowd, imitating their ways, taking on their attitudes. What attracted me to them was their destructiveness, their contempt for the world. Soon I was carrying guns and knives, and biking around with motorcycle gangs and worse. The people I ran with were out to destroy, steal, and maim, and that is what I wanted to do both to others and *myself*.²¹

Such self-destructive tendencies are a common post-abortive reaction. One study found that women who had undergone abortions were treated 24 percent more often for accidents or conditions related to violence than women who had given birth.²²

Substance abuse is another manifestation of self-destructive behavior. A recent Elliot Institute study found that women who had abortions were five times more likely to abuse drugs or alcohol than women who carried to term.²³ According to researcher Dr. Philip Ney, “If they are unable to legally obtain mood-altering drugs with a prescription, many of these women resort to alcohol or illegal drugs as a means of suppressing unwanted feelings about their past abortions.”²⁴

Drug and alcohol abuse also put women at greater risk not only for violence, but for other self-destructive activities such as promiscuity (which can lead to repeat abortions, sexually-transmitted diseases and HIV/AIDS) and driving while intoxicated. Post-abortive women are also more likely to use drugs or alcohol during pregnancy,²⁵ which has been linked to brain damage in infants, premature delivery, miscarriage and a host of other problems. Those seeking a remedy for the current epidemic of drug and alcohol-addicted babies would do well to look at the role abortion is playing in this tragic problem.

Post-abortive women are also more likely to smoke than women with other pregnancy outcomes, which carries its own set of health risks.²⁶ For example, smoking during pregnancy has been associated with pregnancy loss, premature birth, low birth weight, Sudden Infant Death Syndrome, and neurological and respiratory

problems in infants. Despite these risks, women with a history of abortion are more likely to smoke during subsequent pregnancies, perhaps a means of relieving post-abortion anxiety.²⁷

The Mental Health Threat

Women with a history of abortion are more likely to experience depression than women who give birth, especially if they had negative feelings about the abortion or felt that they had no control over the abortion decision.²⁸ This is an important finding considering that our WEBA study of 252 post-abortive women found that more than 50 percent said they felt “forced” to abort by others or because of their circumstances.²⁹

An Elliot Institute study of California women for up to six years after childbirth or abortion found that those who aborted had significantly higher mental health claims than women who carried to term.³⁰ And a Danish study found that overall, women with a history of abortion had a 50 percent higher rate of admission to psychiatric hospitals than did women who had live born children.³¹

Repeat abortion may be both a result and a trigger of emotional and psychological problems. A study of women seeking repeat abortions found a three-fold increase in previous psychiatric consultations compared with maternity patients who were carrying their children to term.³²

Another study (see Figure 3) found that while there was no significant difference in psychological disorders or use of social services between women carrying to term and those seeking abortion for the first time, women who had already had an abortion were almost twice as likely to have psychological disorders or to have had contact with the social service system.³³

Conclusion

While it is important to educate women on abortion risks and promote post-abortion healing, we must do more. Women have a right to informed consent before abortion, a right that should be guaranteed by law. This right will only come, however, when laws protecting abortionists from liability are replaced by laws expanding women’s right to redress for physical and emotional injuries caused by abortion. Let us hope and pray that day comes soon.

-ARS

Fig. 3: Incidence of Psychological Problems



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News Briefs

California Abortionist Pleads Guilty in Abortion Death

A California abortionist pled guilty to involuntary manslaughter after botching an abortion that killed a 27-year-old woman.

Abortionist Bruce Steir was sentenced to a year in jail and 1,000 hours of community service for the death of Sharon Hamplton, who bled to death after he performed an abortion on her in December 1996. A witness said Steir knew he may have perforated Hamplton's uterus but sent her home anyway. Steir gave up his medical license in 1997.

Couple Settles Secret Abortion Case With School

A Pennsylvania couple has settled an abortion lawsuit with their school district after a guidance counselor arranged a secret abortion for their then-17-year-old daughter. Howard and Marie Carter accused the counselor, William Hickey, of coercing their daughter to have the abortion, then arranging for her to have it in New Jersey in violation of Pennsylvania's parental consent law.

As part of the settlement, the Hatboro-Horsham school district must pay \$20,000 in compensation to the family, as well as issue and enforce a directive prohibiting school personnel from encouraging students to seek abortions or advising them to cross state lines to do so.

Abortion Death Under Investigation in New York

City and state officials are investigating the death of a woman who died after undergoing an abortion at a Brooklyn abortion facility on June 8. Nancy Washington, 26, went into cardiac arrest after having an abortion at Ambulatory Surgery Center in Sunset Park and died an hour after she was rushed to the hospital. A spokeswoman for the medical examiner's office said they were checking to see if the abortionist had acted properly in this case.

Abortion Clinic Faces Lawsuit Over Illegal Abortion

A Virginia woman who was seriously injured during an abortion in 1998 has filed a lawsuit against the abortion facility, saying that they illegally performed a second-trimester abortion on her.

Chloe L. Ott is seeking \$85,000 in damages from abortionist John Baker and the Hillcrest Clinic in Norfolk for injuries she suffered during the abortion and for performing the abortion illegally. The clinic has denied performing second-trimester abortions, which under Virginia law must be done in a hospital.

Mother Accused of Killing Four Daughters After Abortion

A Los Angeles woman who had an abortion just five days before she started a house fire that killed her four daughters in 1998 has

Women Share Stories of Sexual Assault Pregnancy in New Book

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Victims and Victors: Speaking Out About Their Pregnancies, Abortions and Children Conceived in Sexual Assault is now available from Acorn Books. This ground-breaking book is the first to allow women to share their moving stories and tell why abortion fails to help women facing sexual assault pregnancies.

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been convicted on murder charges.

Sandi Nieves testified that she had no memory of starting the fire, but said that she had been depressed about her abortion and had a "flashback" of holding a lighter in her hand and seeing a blaze. Her daughters, who ranged in age from 5 to 12, died of smoke inhalation.

Abortion May Be Linked to Iowa Toddler's Death

An 18-year-old Des Moines woman who has been charged with killing a toddler in her care is claiming that an abortion she had two days earlier led to the child's death. Tiffany Myers is facing first-degree murder charges in the death of 21-month old Joel Vasquez, but the charges could be lessened if jurors believe her argument that the abortion "intensified years of depression and left her unable to control her anger.

Police say Myers told them Vasquez suffered head injuries from falling off a bed, but later admitted that she threw him to the floor when he continued to cry. The little boy died of head injuries January 21.

Florida Woman Charged in Forced Abortion Case

A Florida woman has been charged with false imprisonment and domestic assault after she tried to force her 16-year-old daughter to have an abortion at gunpoint August 1.

Police say Glenda Dowis of Fort Pierce pulled a gun on her daughter and drove her 67 miles to the Aware Woman Medical Clinic just outside West Palm Beach for an abortion. Abortion clinic workers called the police after Brittany Dowis wrote on a form that her mother was forcing her to have the abortion. No abortion took place.

Abortion vs. Childbirth

New Studies Evaluate Their Effects on Women's Mental Health

Women who undergo abortions are at greater risk for mental health problems in subsequent years, according to a new Elliot Institute study presented at the annual meeting of the American Psychological Society (APS) held this June in Miami Beach, Florida.

The study looked at California women who received state funded medical care and who either had an abortion or gave birth in 1989. Researchers examined the women's medical records for up to six years afterwards and found that women who had undergone abortions had significantly higher mental health claims than women who had given birth. Women who had abortions were more than twice as likely to have sought treatment between two and nine times for mental health reasons as women who carried to term.

According to the authors, Dr. Priscilla Coleman, a psychology professor at the University of the South, and Dr. David Reardon, director of the Elliot Institute, "the data presented in this report suggest that when compared to birth, abortion is associated with a significantly greater risk for psychological disturbance among low income women."

Reardon said that the study avoided many problems that have plagued other post-abortion studies in the past, such as small sample sizes and a limited time frame.

"Most other studies have only followed women for a few months at most," Reardon said. "However, the few long-term studies that have been done show that many women's problems don't start cropping up until at least a year or so after the abortion, often

when they reach the expected due date of the child or the anniversary of the abortion itself. By examining a larger period of time, this study was able to get a broader look at the association between abortion and subsequent mental health problems."

Another new study that was presented at the APS conference by researchers from the University at Albany in New York found that teens who had children were as well or better adjusted than teens who did not have children. Compared to their non-parenting peers, the teen moms in the study had fewer mental disorders, reported less stress, were less likely than their peers to engage in denial as a coping strategy, were less dependent on social support and reported greater satisfaction with the support they did receive.

"These two studies clearly contradict the popular notion that abortion benefits women in general and teens in particular," said Reardon. "Giving birth to a child is a naturally maturing experience. By contrast, abortion increases the risk of subsequent psychological problems, including a six fold higher risk of substance abuse as reported in one of our previous studies."

Citations:

1. P.K. Coleman & D. Reardon (June, 2000). "State-funded abortions vs. deliveries: A comparison of subsequent mental health claims over six years." Poster presented at the American Psychological Society, 12th Annual Convention, Miami, FL.
2. D.R. Hanna, K.A. Lowe & F.H. Leslie (June, 2000) "Pregnancy, coping strategies and stress: Are teenage mothers really more at-risk?" Poster presented at the American Psychological Society, 12th Annual Convention, Miami, FL.

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Pro-Choice Researchers Recognize PAS

Half a Million Women May Suffer From Post-Abortion Syndrome

Pro-choice researchers writing in the August issue of the *Archives of General Psychiatry* have acknowledged that some women experience post-abortion syndrome (PAS). The research team, led by Dr. Brenda Major, diagnosed PAS among 1.4 percent of a sample of women who had abortions two years previously.

“Even at the low rate identified in this study, the impact is tremendous,” said Dr. Vincent Rue, who first proposed PAS as a variant of posttraumatic stress disorder (PTSD) in 1981. “With 40 million abortions since 1972, this would translate into 560,000 cases of PAS.”

In addition, 20 percent of the women in the study experienced clinical depression after abortion, and 31 percent said that if they had to do it over again, they would not have chosen abortion or they were uncertain if they would have chosen it. “Ambivalence is a good predictor of post-abortion problems,” Rue said. “It’s likely that many of these women are having post-abortion symptoms that simply fall short of full-blown PAS.”

The research team concluded that women who did experience post-abortion problems or regret over their decision tended to have a prior history of depression. Elliot Institute director Dr. David Reardon said that this finding shows that abortions should provide better pre-abortion counseling and screening for known risk factors that put women at risk for psychological problems after abortion.

“While Major’s study has merit, it is inappropriate to conclude that abortion is a benign experience for most women,” Reardon said. “The biggest shortcomings of this study are the high dropout and refusal rates. Even though women were offered payment to

participate, 15 percent of the women who were initially approached refused to participate, and 50 percent of those who originally participated refused to participate in follow-up interviews.”

A recent study found that women who declined to participate in post-abortion follow-up interviews most closely matched the characteristics of women who experienced the most post-abortion distress. Dr. Hanna Söderberg, the study’s lead author, reported that “for many of the women, the reason for non-participation seemed to be a sense of guilt and remorse that they did not wish to discuss.”

Söderberg’s research team found that approximately 60 percent of the women in their sample of 854 women had experienced emotional distress after their abortions. This distress was classified as “severe,” or warranting professional psychiatric attention, among 16 percent of the women. In addition, over 70 percent stated that they would never consider an abortion again if they faced an unwanted pregnancy.

Reardon also pointed to other findings in Major’s study that deserve closer attention.

“Major’s research team found that over time, negative feelings and dissatisfaction with the abortion decision increased among the women in the study,” he said. “In addition, only a minority of women reported positive feelings relating to their abortions, and on average they reported no benefits from their abortions. This general ambivalence, combined with a trend toward increasing negative reactions, contradicts the claim that abortion is generally beneficial to women.”

On average, the women reported no benefits from their abortions.

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