

The Post-Abortion Review

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New Study Shows Abortion Death Rate Much Higher Than Previously Known

Elliot Institute Research Has Major Implications For Women's Health, Abortion Politics

A study published in the August edition of the *Southern Medical Journal* reveals that women who have abortions are at significantly higher risk of death than women who give birth.

Researchers examined death records linked to Medi-Cal payments for births and abortions for approximately 173,000 low income Californian women. They discovered that women who had abortions were almost twice as likely to die in the following two years. They also discovered that the higher mortality rate of aborting women persisted over at least eight years.

Over the eight year period studied, women who aborted had a 154 percent higher risk of death from suicide, an 82 percent higher risk of death from accidents, and a 44 percent higher risk of death from natural causes such as cardiovascular disease.

This is the second large record based study to implicate abortion in higher maternal death rates. In 1997 a government funded study of maternal deaths in Finland sent a tremor of worry through family planning agencies when it revealed that in the first year following an abortion, aborting women were 252 percent more likely to die compared to women who delivered and 76 percent more likely to die compared to women who had not been pregnant. Many of the extra deaths were due to suicide.

The new study confirms the trend found in Finland using a large sample of American women. In addition, where the Finland study was limited to a one year follow-up, the new study reveals higher mortality rates persist over at least eight years.

According to the study's lead author, David Reardon, Ph.D., director of the Elliot Institute, the causes of death shifted during the period studied.

"During the first four years, higher rates of death from suicide and heightened risk taking behavior were the most pronounced area of difference," he said. "In later years, deaths due to natural causes rose. This may reflect longer term damage that increased rates of depression, anxiety, and self-neglect can inflict on women's cardiovascular and immune systems."

One interesting finding in the Elliot Institute study is that women

who aborted had a 446 percent higher risk of death from cerebrovascular disease. Reardon pointed to another study he led which was published in the prestigious *British Medical Journal* earlier this year, reporting that women who aborted had a significantly higher risk of clinical depression an average of eight years after a first unintended pregnancy compared to women who carried to term.

"Depression is a known cause of heart disease," Reardon said. "Some of these women appear to be literally dying from broken hearts."

Some post-abortive women seem to be literally dying from broken hearts.

A Quagmire of Uncertainty?

Critics of abortion have long complained about the widely acknowledged inaccuracies of abortion mortality

figures. There are no federal or state regulations for reporting abortion complications. Indeed, the international classification codes for identifying cause of death do not even provide a means for identifying surgical abortion as a cause of death.

Even if there was a method for reporting abortion related deaths, the accuracy of such reports would still be limited by the judgment of coroners regarding the underlying cause of death. Deaths from suicide or protracted infections, for example, may be difficult to attribute to a specific underlying cause.

"Government researchers in Finland paved the way out of this quagmire of uncertainty," Reardon said. "By linking death certificates directly to payment records for births and abortions, we can finally get an accurate picture of what is really going on. This is the first American study to use a uniform and objective standard for comparing deaths associated with abortion and birth."

Asked if these findings will lead to general recognition that mortality rates associated with abortion are higher than those for childbirth, Reardon expressed a fear that the new findings will be ignored.

"Five years ago, when Finland published the one impeccable record-based study of death rates, the results were completely ignored by abortion advocates," he said. "If the results had been the opposite, they would have been shouted from the rooftops. But since the population control lobby is anxious to see abortion

legalized in developing countries, they have a vested interest in promoting the myth that abortion is safer than childbirth, so the results were ignored.”

“The various claims that abortion is six, 12, or even 20 times safer than childbirth are all constructed by combining a hodgepodge of studies that rely on data everyone admits is incomplete,” he added. “At best, these were educated guesses. At worst, they are examples of propaganda dressed up as science.”

In either case, Reardon said, “these favorite estimates are deeply entrenched in family planning literature and have not been corrected in light of the Finland research. It is likely many abortion advocates will continue to hold to them despite our findings as well.”

Reardon is especially concerned about the higher risk of deaths from suicides. The Finland study revealed a seven fold increased rate of deaths from suicide among aborting women. Suicide is a leading cause of death among young women. In an Elliot Institute survey of women complaining of post-abortion distress, 56 percent reported suicidal feelings and 28 percent actually attempted suicide, with over half of these attempting suicide more than once.

The explanation for higher suicide rates, Reardon believes, can be found in the Elliot Institute study that was published in the *British Medical Journal*. This study of 1,076 women faced with unplanned pregnancies revealed that subsequent long-term clinical depression was more common among those who had abortions.

Yet another Elliot Institute study published in the *American Journal of Orthopsychiatry* this year revealed that aborting women are significantly more likely to require subsequent psychiatric treatments compared to delivering women. This study examined Medi-Cal payments for outpatient psychiatric care over a four year period. Abortion was most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions, and schizophrenic disorders.

Since all three of the recently published Elliot Institute studies control for the woman’s prior psychiatric state, Reardon said the differences between aborting and delivering women cannot be explained simply by differences in prior psychological health.

“We have been looking at large samples of women who have similar socioeconomic and psychological profiles,” he said. “Abortion is clearly associated with a worsening of mental health and higher mortality rates. By contrast, giving birth appears to

protect mental health and lower mortality rates. The latter is especially evident in the Finland studies.”

The Need for More Research

Public interest in the health effects of abortion was last raised in 1989 when Surgeon General C. Everett Koop reviewed the research on abortion at the request of President Reagan. Koop concluded that all the studies done up to that point were so methodologically flawed that no firm conclusions could be drawn about abortion’s risks or benefits.

In a letter to the outgoing president, Koop recommended a major federally

funded longitudinal study of abortion’s health risks as the only way to secure definitive answers. His proposal for a major study died in the Democrat-controlled congress, however, when abortion advocates argued that the appeal for such research was politically motivated and a waste of taxpayer dollars.

Reardon hopes the results of recent studies will rekindle the effort to make the investigation of abortion’s health effects a priority of the government’s National Institutes of Health.

“The government has ignored this problem for decades, largely at the behest of population control groups which are more concerned about protecting abortion than protecting women,” he said. “I believe women deserve better. They deserve to know the true relative risks associated with abortion. If the government had acted on Koop’s recommendation, we would have had definitive answers by now.”

* * *

For more information about this study, visit the Elliot Institute web site at www.afterabortion.info.

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Women Need More Mental Health Treatment After Abortion, New Study Finds

Another Elliot Institute Study Shows Higher Treatment Rates Persist Over Four Years

Six months after her abortion, Jane had a mental breakdown. When she later delivered a healthy son, unresolved grief over her abortion contributed to severe post-partum psychosis. “I remember wanting to throw him out the window of the hospital room,” she later told her therapist.

A study published in the latest issue of the *American Journal of Orthopsychiatry* reveals that both the early and delayed psychiatric episodes experienced by Jane are significant risks associated with abortion.

By examining Medi-Cal records for 173,000 low-income California women, the research team compared the rate of psychiatric outpatient treatments for women who had abortions versus those who carried to term. To control for differences in prior psychological health, they excluded all women who had any psychiatric care for a year prior to their pregnancy outcome.

Women were 63 percent more likely to receive mental health care within 90 days of an abortion compared to delivery. In addition, significantly higher rates of subsequent mental health treatment persisted over the entire four years of data examined. Abortion was most strongly associated with subsequent treatments for neurotic depression, bipolar disorder, adjustment reactions, and schizophrenic disorders.

An Accurate Look at Abortion Risks

Dr. Priscilla Coleman, the study’s lead author, said that the study design was an improvement over previous studies because it relied on medical records rather than on surveys of women contacted at an abortion clinic.

“Most studies of mental health status after an abortion rely on small groups of women—usually less than 300—and face high drop out rates of 50 percent or more,” said Coleman, a professor at Bowling Green State University in Ohio. “By looking at medical claims for a large group of women, we were able to capture a more accurate picture of the differences between abortion and childbirth.”

Another of the study’s authors, Dr. David Reardon, said, “Our results are likely to underestimate the true difference in psychological treatments because the information on obstetric histories was incomplete. Since many of the women classified as ‘childbirth only’ actually had prior abortions which we did not know about, this would most likely dilute our findings.”

Another study by Reardon, the director of the Springfield, Ill.-based Elliot Institute, was published in the January issue of the prestigious *British Medical Journal*. Examining a large national sample of women, it revealed that women who abort are at higher risk of severe clinical depression than women who carried unintended pregnancies to term.

Reardon is the co-author with Dr. Theresa Burke of a new book, *Forbidden Grief: The Unspoken Pain of Abortion*, in which Jane’s experience, summarized above, is included as part of a comprehensive review of post-abortion reactions. *Forbidden Grief* was recently highlighted as the book of the week selection by radio talk show host Dr. Laura Schlessinger.

By contrast, no studies show that abortion is associated with better physical or mental health.

Reardon believes the results of these recent studies underscore a key message of *Forbidden Grief*.

“We need to expand outreach and referrals into post-abortion counseling programs,” he said. “There are many women who have great difficulty coping with the emotional stress following an abortion. Without help, and especially the understanding of loved ones, they will be more vulnerable to self-destructive behavior and other psychological disorders.”

Reardon said he hopes the results of recent studies will rekindle the effort to make the investigation of abortion’s health effects a priority of the government’s National Institutes of Health.

Defending the Indefensible?

Research published since 1989 has consistently revealed that women who abort are at higher risk of subsequent substance abuse, suicide, depression, and mental illnesses. During the time that knowledge of abortion’s risks has grown, Reardon says, not a single study comparing abortion to delivery of an unintended child has shown that abortion is associated with better mental or physical health.

These facts lead Reardon to insist that “while abortion may still be defended on political grounds, it can no longer be defended on medical grounds.”

For more information about this study, visit the Elliot Institute web site at www.afterabortion.info. Forbidden Grief is available through Acorn Books at www.forbiddengrief.com or by calling 1-888-412-2676.

Behind the Mask of the Kindly Abortionist

Propaganda Distorts Abortion Debate

Rep. John N. Hostettler

Maybe the writers for the NBC drama “Law and Order” just ran out of plot ideas. Instead of a fresh new storyline, their Jan. 6 episode recycled a tired and reliable media theme: a “pro-lifer” stalking and killing an abortion practitioner.

The abortionist, predictably, was portrayed as a family man, caring and gentle with the women who visited his clinic. The pro-lifer was portrayed as a cold and calculated fanatic who prayed with his family before assassinating the kindly abortionist.

This theme has taken many forms on the networks, cable, Hollywood and even news programs. Movies like the “Cider House Rules” depict abortionists as saintly heroes, while television programs like “The West Wing,” “Felicity,” “The Practice,” “Gideon’s Crossing,” “Party of Five,” and others show pro-lifers as intolerant and violent.

The roles are almost never reversed. Pro-lifers are rarely portrayed as caring people with a legitimate concern about the destruction of pre-born babies. Abortionists are not shown to have any shortcomings, much less possess the capability of harming another human being. But is this an accurate representation of reality?

A brief glance at the facts shows it is not. In fact, these portrayals are at odds with what has taken place since the Supreme Court invented a right to take life in the womb 29 years ago. Since 1973, abortion providers and radical abortion supporters have committed more murders and other felonies than can be accurately tallied (not including the tens of millions of murdered babies). The examples are plentiful.

On Valentine’s Day last year, Oklahoma City abortionist John Baxter Hamilton strangled his wife, beat her and slammed her face repeatedly onto a marble floor, killing her. Hardly the actions of someone who is “pro-woman.” Dr. Hamilton was convicted and sentenced to life in prison without possibility of parole.

Another abortionist, Dr. Brian Finkel, owner of the Metro Phoenix Women’s Clinic, was indicted in January on charges of molesting 26 patients. That comes on top of 17 counts of sexual abuse and sexual assault brought against Finkel last year. Altogether, more than 100 women, including four former employees, have alleged sexual misconduct by Finkel.

In 1999, Pasadena abortionist Kevin Paul Anderson strangled his business partner, Dr. Deepti Gupta, a mother of two young children who was expecting her third, the product of their extramarital affair. After strangling her, Anderson put Gupta’s body in her car, poured

gasoline on her and pushed the car off a 450-foot cliff. He was convicted of second-degree murder.

In a case that parallels the recent “Law and Order” episode—except the roles were reversed—Alabama pro-abortion activist Eileen Orstein Janezic murdered pro-life minister and radio talk show host Jerry Simon. After shooting Simon through a window of his home, she held police at bay with a pistol for six hours while quoting from the “Satanic Bible.”

Many abortionists have also been convicted of murdering or maiming their patients. In January, jurors awarded \$2 million to the 5-year-old son of a woman who died following a 1997 abortion at the Delaware Women’s Health Organization clinic. The jury found that Dr. Mohammad Imran was negligent and that his actions led to the death of the 19-year-old woman.

In May 2000, California abortionist Dr. Bruce Steir pleaded guilty to involuntary manslaughter for the death of a 27-year-old woman. According to the medical examiner, she bled to death after Steir performed a second-trimester abortion on her at A Lady’s Choice Clinic. The examiner ruled her death “a result of gross negligence.”

Another California abortionist, Alicia Ruiz Hanna, was convicted in 1994 of second-degree murder after a 27-year-old mother of four died in her clinic. Two of the woman’s children, who sat in the waiting room for hours after she died, saw Hanna trying to stuff their mother’s body into the trunk of a car in order to dump her body in Mexico. The judge described Hanna as “callous and self-serving” before sentencing her to 15 years to life in prison.

Countless other women have died as the result of abortions, several more have given birth to live babies maimed by abortionists, and one New York City abortionist, Dr. Allan Zarkin, even carved his initials on the abdomen of a woman upon whom he had just performed a Caesarean section. Zarkin was fired for this act, but was later hired at The Choices Women’s Medical Center in Long Island, which performs 15,000 abortions a year.

Though you rarely hear about it, there are also numerous cases of abortion supporters killing women who didn’t make the right “choice.”

In 1998, a jury found Alfred E. Smith guilty of murder in the death of his ex-girlfriend Deena Moody because she refused to abort their preborn child. Her charred body was found in her burned car near an Amtrak station.

In 1997, 38-year old Kevin Robinson murdered 15-year-old Daphne Sulk because he had gotten her pregnant and she refused to get

Movies like “The Cider House Rules” depict abortionists as heroes.

an abortion to cover up his child molestation. Daphne's frozen body was discovered near a Wyoming rest area.

In a particularly horrific case, Lavern Ward was upset that his girlfriend, 28-year old Debra Evans, was pregnant with his child and would not get an abortion. So he shot and killed her. Then he stabbed Evans' ten-year-old daughter in the neck and killed her. After hacking the unborn child out of Evans' body, Ward abducted her seven-year old son and stabbed him to death. The only bright spot in this tragedy is that the baby somehow lived.

The list goes on and on and on. Yet the national media almost never cover these incidents. Hollywood and network writers and producers will not portray them. Abortion groups will not acknowledge them, much less apologize for or denounce them.

The truth is that taxi cab drivers, grocery store workers, service station employees, used car dealers, real estate agents, liquor store employees, police officers, jewelers and hotel personnel are murdered at a rate many, many times higher than abortionists, according to Bureau of Labor statistics. But these murders do not fit into a political agenda, so they are ignored by the abortion-favoring media.

The success of a movement that does not enjoy widespread public support often depends on effective propaganda. The pro-abortion movement knows this well and has advanced its cause by repeating myths until they were accepted as fact. Their distortions have turned a violent act into a celebrated "right."

No one understands this better than the national abortion provider Planned Parenthood, who hands out annual awards "to the media

Abortion Violence: The Numbers

A report by Human Life International lists statistics on verifiable crimes committed by abortion supporters vs. alleged crimes committed by pro-life supporters—showing that the images portrayed in the media aren't always true. Here are the numbers:

	Pro-Abortion	Pro-Life
Deadly and extreme crimes (murder, kidnapping, rape, etc.)	181	26
Lesser crimes causing injury (assault, sex crimes, etc.)	1,511	112
Property crimes (arson, theft, burglary, firebombing, etc.)	204	1,094
Total crimes	1,896	1,232

Source: HLI Special Report, updated on Nov. 15, 2001. The full text of the report with citations is available at www.hli.org.

and entertainment figures who have best advocated abortion during the previous year." Among the winners honored last month: the NBC drama "Law and Order."

* * *

Congressman John Hostettler is a Republican from Indiana and the father of four children. This article is reprinted with permission from his office.

Case Study, continued from page 5

I am appalled that so-called feminists deny that women suffer from abortion. I am appalled at the energy spent to dismiss post-abortion stress syndrome. I am appalled that organizations will sacrifice the mental health of young teenagers to push their political goals for choice. How can people who say they care about young girls so adamantly deny them the reality of their suffering?

As a parent, I live in horror knowing that there are young girls going through this pain without their parents' knowledge. Parents are faced with a shell of a person and have no idea where they lost their child. How easy it is to chalk it up to moody adolescence when the reality is that teens are suffering adult-sized pain with a child's coping skills. The only outside source of help they may know—Planned Parenthood—tells them to "get over it."

My dream is to get this pain out in the open. I want to help give women the freedom to acknowledge that abortion hurts.



Post-Abortion Research in Jeopardy

Over the past year the Elliot Institute has seen a drop in donations as well as a drop in the number of subscribers to *The Post-Abortion Review*. In order to support the research you've been reading about in this issue, we are in great need of your support—both prayerful and financial.

The majority of our donations comes from subscribers to *The Post-Abortion Review* and from our Sustaining Partners. Unfortunately, we now have less than 500 subscribers, and less than 60 Sustaining Partners. Since we prefer to spend our time and money on projects rather than fundraising, our supporters receive very few donation appeals from us.

If your subscription has lapsed—or this is a free sample—please subscribe. And if you are already a subscriber (or even if you're not) would you please consider becoming one of our Sustaining Partners? All you need to do is fill out the form that says "Please Support Our Work" on the bottom of page 7 and return it to us. We'll be happy to send you more information—and there's no obligation involved. Please remember, it's your generosity that enables us to continue our ministry!

I was 14 years old, the middle child of nine, and lost in the confusion and shuffle of parents trying to raise four teenagers older than me during the 1970’s. I was accepted to a prestigious private high school, two city bus rides away from home. Going from the suburbs into a large metropolitan area every day helped create a false sense of maturity and countered feelings of inadequacy generated from being a kid from the wrong side of the tracks at such a wealthy school.

This sense of maturity allowed me to think I could handle what I unconsciously knew were dangerous situations. I found myself in a situation of being with a much older man who was feeding me alcohol to the point I could only submit to what he wanted to do to me. Feeling ashamed and guilty and that I deserved everything that happened, I denied I was pregnant for four months.

My girlfriend, who was sexually active, got me into Planned Parenthood. It was all so surreal. I was told to go here, go there, do this, and then placed in a room with a counselor who went through the motions like a robot. She took my adamant refusal to talk to my parents at face value and moved on to the abortion referral.

I remember looking at the list of doctors and her circling the name of the only doctor who would perform such a late abortion. I was amazed that it all seemed so easy, and I could have an abortion, which included a hospital stay, without my parent’s knowledge. It was pricey and my brother paid for it.

Never once did the counselor at Planned Parenthood mention adoption. If she did, it was cursory and pro forma and I was in a daze, stressed by the need to keep all these activities secret.

It was a saline procedure. I was injected with a solution, sent home and told to go to a hospital when I went into labor. I was alone in the hospital room the entire time, waiting for the dead baby to come out. My screams of pain were hushed by a nurse who chastised me for making so much noise and scaring the women who were really having children.

Finally the baby came out; the nurse quickly wrapped it in a large paper bed-pad and threw it in the small trash can across the room. I saw a little blue blob, maybe an arm or a leg. I was told to call whoever was picking me up and that was that.

I am surprised I remember this much. I have blocked so much of this experience and four more abortions—I think four more; I lost count—out of my memory. I went on to a very promiscuous lifestyle, having sex with any man who thought me attractive, feeding my self-esteem. I was looking for love in all the wrong places, desperate for someone to cherish me for who I was. Sex would guarantee they would stay with me longer, at least until

they got tired of me.

Drugs and alcohol went along with this lifestyle. The ironic fact is I was a good student—intelligent, liked by all my friends’ parents, dutiful. My bosses loved my sense of responsibility. I was leading a schizophrenic life and pretty proud that I could handle this. I loved being a contradiction. I loved amazing people by showing them that a slutty drunk could be smart, responsible and socially savvy. This is where I got my self-esteem.

I finally got married. Years of struggling with intimacy and finally, hating sex, has put a strain on our marriage. I came to know the Lord only after the live birth of my first child. It has been a rocky walk.

I once heard a radio program in which the guest made the statement that women who have had abortions may struggle with intimacy. I was floored. It instantly made sense. All the pieces were put together.

I sincerely believe that if I had had my first baby, I would have had a healthier concept of sex and my

womanhood. I sincerely believe I would have understood sex for what it truly is and wouldn’t have misused it. I sincerely believe that by being allowed to shut my parents out of the whole process, I denied them the opportunity to truly parent me. I cannot predict how they would have reacted, but I really, really needed adult guidance.

I often wonder if my mother suffers guilt as she hears bits and pieces of what I went through. I have never given her the whole story for fear of what it may do to her mental health. I give her reassurance that my faith has saved me and she marvels at my resiliency.

My brother who helped with my first abortion struggles with guilt. I imagine all the boyfriends after who helped with the other abortions struggle with guilt—I don’t know. My husband is married to a basket case in dire need of good thorough counseling, but feels inadequate to help a seemingly strong woman who has always taken care of herself.

There is much, much more. Suffice it to say, I am still struggling. I am 41 years old and this all happened 20 years ago. I am reawakened to this struggle because God has told me this pain can and will be used for good. I just need to be obedient; I just need to accept His healing. He has given me two beautiful, wonderful children whom I know I don’t deserve. They are now teenagers and love Jesus too. When my season as a parent has passed, I feel the Lord will direct me in the way I can use this pain.

How can people who say they care about young girls deny the reality of their suffering?

Continued on page 5

Abortion Clinics Concealing Sex Crimes, Study Finds

Clinic Counselors Urge Pregnant “Teen” to Lie About Age

Planned Parenthood and the National Abortion Federation (NAF) are accomplices in the sexual exploitation of teenage girls by older men, according to research released by Life Dynamics. The research says that sexual abuse and exploitation of teenage girls in the U.S. has reached “epidemic” proportions, and that counselors at Planned Parenthood and NAF facilities around the country regularly and knowingly help conceal these crimes.

According to the findings, “among girls 15 and younger who become pregnant, between 60 percent and 80 percent of them are impregnated by adult men,” with some girls being as young as 10 years old. Among the research cited is an earlier study that found that “the average age of men who father children with girls under 14 is now higher than the average age of men who father children with 18-year-olds.”

As part of the study, a Life Dynamics staffer called more than 800 Planned Parenthood and NAF affiliated clinics throughout the U.S., posing as a 13-year-old pregnant by a 22-year-old boyfriend. She told all the counselors their ages and said she wanted the abortion to conceal the relationship from her parents.

According to the findings, an overwhelming majority of clinic workers agreed to keep the girl’s situation secret. Many told her that it was illegal and encouraged the caller to use a false identity

or to lie about her age when she arrived at the clinic. In states where parental notification laws were in place, the caller was often given instructions on how to circumvent those laws. In “a number of cases,” counselors would interrupt the girl or ignore her when she mentioned her age or the age of her boyfriend, leading researchers to conclude that the age factor was a non-issue for counselors.

One counselor told the girl if “she came in with cash, she could be any age she wanted to be.”

According to the study, one counselor told the caller that if “she came in with cash, she could be any age she wanted to be.”

Many employees also told the caller she could come to the clinic with her adult boyfriend to obtain birth control, thus further implicating themselves in abetting the abusive situation.

The study has caught the attention of the chief state’s attorney’s office in Connecticut, which says it will meet with Planned Parenthood to “remind them of their obligation” to report such crimes under state law. Planned Parenthood affiliates in the state accused Life Dynamics of making up the report, despite the fact that the calls were taped and state officials confirmed that the voices on the tape belonged to Planned Parenthood workers.

Life Dynamics says that the information, which is posted on a new web site at www.ChildPredators.com, could be used in lawsuits against the abortion industry.

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News Briefs

Man Gets Life Sentence in Abortion/Murder Case

A Pennsylvania man has been sentenced to life in prison for setting a bomb that killed his pregnant ex-girlfriend and her children because she refused to have an abortion.

Police said Joseph Mienerd, 48, had threatened to kill his girlfriend, Deena Mitts, and that on New Year's Day 1999, he planted a pipe bomb in Mitts's home, killing Mitts, her 7-month-old unborn child, and her 3-year-old daughter Kayla. Mienerd could have received the death penalty under the same federal law used to prosecute Oklahoma City bomber Timothy McVeigh.

Abortion Clinic Warns Patients of PAS, ABC Link

An abortion clinic in San Antonio, Texas, is warning patients of a link between abortion and breast cancer.

A Woman's Choice Quality Health Center requires its patients to sign a medical consent form that lists eleven "risks and hazards [which] may occur in connection with this particular procedure." Two of the risks are listed as "post abortion stress syndrome" and "possible increased lifetime risk of breast cancer." The Coalition on Abortion-Breast Cancer, a research group, said that such a move proves that "it's becoming more and more difficult for the profiteers in the abortion industry to dismiss 45 years" of research showing a causal link between breast cancer and abortion.

British Woman Files Post-Abortion Syndrome Suit

For the first time in the UK, a woman is suing Britain's state-run National Health Service (NHS) for emotional distress after abortion.

The woman, who had the abortion four years ago at age 24, said

she began drinking heavily after her abortion and eventually sought counseling after giving birth to a subsequent son. She accused NHS of failing to warn her of the increased risk for emotional problems and breast cancer after abortion. The Royal College of Obstetrics and Gynecology, which formulates counseling guidelines for NHS, defended their guidelines and suggested that prior emotional problems could account for the woman's subsequent distress.

Australia Could Make Coerced Abortion a Crime

New legislation has been proposed in Australia that would make it a crime to coerce someone into abortion, carrying with it a prison sentence of up to 10 years. Assembly member Vicki Dunne proposes to amend the Crimes Act to create a penalty of up to 10 years in prison for husbands, boyfriends, parents, or anyone else who coerces a woman to choose abortion.

North Korea Accused of Forced Abortions, Infanticide

An increasing number of defectors from North Korea are accusing the prison system there of forcing pregnant women to abort or kill their children, the *New York Times* has reported.

Forced abortions have been part of the North Korean prison policy since the 1980s, but defectors report that the number of forced abortions and infanticides has risen sharply since China recently began deporting thousands of refugees back to North Korea. They say pregnant women—especially those suspected of being pregnant by Chinese men—are given injections to cause abortion, or forced to smother their children at birth. About 200,000 deportees are currently imprisoned in North Korea.



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