

The Post-Abortion Review

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New Study Confirms Higher Substance Use Rates Among Pregnant Women After Abortion

A new study published in the *British Journal of Health Psychology* has found that women with a history of induced abortion are three times more likely to use illegal drugs during a subsequent pregnancy.

The study supports a growing body of evidence which suggests that later pregnancies may arouse unresolved grief over prior abortions which women may seek to suppress by increased reliance on drugs and alcohol.

Researchers from Bowling State University, the University of Texas, and the Elliot Institute examined data from a study sponsored by the U.S. Department of Health and Human Services and the National Institute on Drug Abuse.

The data included 1,020 women who gave birth in one of eight Washington, D.C. area hospitals during 1992. Analyses of the data revealed that while women who had induced abortions were significantly more likely to engage in substance use during subsequent pregnancies, women who had experienced miscarriages or stillbirths were not.

“Most women have deeply conflicting feelings about their past abortions,” said Elliot Institute director Dr. David Reardon, one of the authors of the new study. “Later pregnancies may arouse or aggravate unsettled emotions.”

“Some women will experience increased anxiety, perhaps about the health of their unborn baby,” he added. “Others are so awed by the life within them that they begin to question their past choice and feel drowned in self-blame. Still others may find that they have a ton of unmourned grief related to a past abortion which is interfering with their ability to enjoy and bond with their new baby.”

Whatever the individual experience, Reardon said, “it is clear that pregnant women with a history of abortion are at greater risk of trying to suppress their turbulent emotions by relying on more alcohol, cigarettes, or illegal drugs.”

Substance use during pregnancy is an increasing public health

concern. Alcohol and drug use has been linked to numerous problems in infants such as congenital birth defects, low birth weight, developmental and learning problems, and death.

This new study confirms a study recently published in the *American Journal of Obstetrics and Gynecology* that also revealed higher rates of substance use during later pregnancies among women with a history of induced abortion.

A pregnancy may trigger unresolved emotions that stem from a past abortion.

“Medical professionals should be aware of these issues so they can more easily identify which pregnant women are at greater risk of substance use,” Reardon said. “Referral to post-abortion counseling and substance

abuse programs may not only help protect her unborn child from exposure to dangerous substances, it may also help the mother to resolve issues related to the traumas of a past abortion.”

Other Risks Increase With Abortion

Previous studies have found that women with a history of abortion are subsequently at increased risk of depression, generalized anxiety disorder, suicidal tendencies and psychiatric hospitalization. At least 21 previous studies have linked abortion with increased rates of subsequent drug and alcohol abuse.

An Elliot Institute study published in the June 2004 issue of the *American Journal of Drug and Alcohol Abuse* compared women who had unintended first pregnancies and found that, an average of four years later, women who had undergone abortions reported more frequent and recent use of alcohol, marijuana, and cocaine compared to women who carried their pregnancies to term.

Study Citation

Priscilla K. Coleman, David C. Reardon, and Jesse R. Cogle, “Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy,” *British Journal of Health Psychology* 10, 255-268 (2005).

For more information on other Elliot Institute studies, visit www.afterabortion.info.

“Runaway Bride” Exhibits Trauma Symptoms

Case Highlights Trauma’s Impact on Future Relationships and the Need for Resolution

Theresa Burke, Ph.D.

Just about everyone has been talking about Jennifer Wilbanks, a 32-year-old medical assistant from Atlanta, who had been scheduled to get married last month in front of 600 guests and 28 attendants. She disappeared a few days before her wedding, prompting a massive, three-day search.

When I first heard the story, I thought of the many issues that could make a woman sabotage a relationship and become so frightened of intimacy and commitment that she would be overcome by the “fight or flight” syndrome, associated closely with post-traumatic stress disorder. By all observations, Jennifer chose to flee.

Many of us know people who have experienced “cold feet” before their wedding day. If there is trauma in their history, they may wrestle internally with feelings of deep unworthiness, fear of judgment, unexplained terror of trust, and the heavy burden of bringing unspoken past secrets into a marriage.

Conflicts and Fears

One of my clients shared that as she approached her wedding, she was reluctant to reveal the fact that she had suffered the loss of three children because of induced abortions, which occurred many years before she met her fiancé. The secret ate at her. What if he found out? What if he were to judge her? Could he still love her? How could any mother destroy her own child? She worried that if she ever had a child, she would not be a good mother.

Feelings of unworthiness spawned by previous traumatic experiences can lead women to sabotage promising relationships. They don’t trust that good things can happen to them.

They frequently walk away from tender and caring men because of guilt-ridden and rejected hearts. They don’t feel they deserve to be loved. Through traumatic reenactment, they recreate unresolved themes by bringing past issues forward, but in a disguised way—a compelling, unconscious acting out of themes related to the original trauma.

Jennifer shared that she was driven by forces she could not speak about, did not understand, and is still struggling to make sense of. She stated: “At this time, I cannot explain fully what happened to me. I had a host of compelling issues, which seemed out of control . . . In my mind, I was simply running from myself and from certain fears controlling my life.”

What could those conflicts and fears be in Jennifer’s case? We can only speculate, but indeed, there are some interesting themes. Hopefully, if her therapist has any experience with trauma, she will find these potential reenactments worthy of investigation.

In Rachel’s Vineyard we have seen how trauma has been acted out in many ways

as people recount the bizarre behaviors they engaged in following their experiences with abortion, sexual abuse, rape, or painful and damaging experiences from their childhoods.

Frequently they find themselves in new situations where they reexperience familiar feelings of abandonment, victimization, despair, helplessness, guilt, and keeping secrets in future relationships. Sometimes they engage in dramatic fantasy episodes where they unconsciously recreate and reexperience the original feelings related to their trauma. I see Jennifer’s case as having all the hallmark symptoms of traumatic reenactment. Here are some attention-grabbing themes:

Running away in secret. Going off somewhere and not telling anyone as she tried to resolve a growing problem that she hid from friends and family. The running away was an attempt to avoid facing a major life change that was causing stress.

The story about being abducted: Jennifer told police she had been kidnaped and sexually assaulted. While being questioned by authorities, she later admitted to making the abduction story up. Lies were told as she risked serious consequences with the law, an overt invitation for punishment.

Shame and guilt when her secret lies are publicly exposed. There was a need for forgiveness from family, friends, and even society.

Couples should be helped to resolve past traumas before they are married.

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If Jennifer was seeking redemption and forgiveness for something shameful in her past, it is quite conceivable that she could create a conflict in the present that sought to satisfy or reveal an unmet, unspoken need from her past.

Reenacting Personal Trauma

When people can't talk about their painful personal histories, they act them out. They tell their traumatic story, but in a disguised way. They reexperience the feelings associated with their conflict: guilt, shame, helplessness, victimization, secrets, and the desperate attempt to be understood, accepted, and reconciled. The trauma becomes fixed at a certain moment in a person's life, dissociated from consciousness, and provides the material for subsequent post-traumatic reenactment.

This was probably not the first time Jennifer had a dissociative episode. Trauma victims are known to emotionally and mentally depart from reality. They may engage in acting out behaviors or even dissociative fantasies that display the feelings they have never been able to put into words. Stories that have never been told are revealed in camouflaged ways.

Jennifer had a history of shoplifting. She had been arrested three times between 1996 and 1998 for stealing nearly \$1,800.00 worth of merchandise. Compulsive shoplifting can indicate a number of themes related to previous traumatic experiences: to recreate themes of shame and humiliation; an unconscious desire for punishment; or as a way to self-medicate depression by releasing adrenaline and endorphins. It's also not unusual for trauma victims to place themselves in risky or even dangerous situations.

Fortunately, Jennifer is on the road to self-discovery. "Each day I understand more about who I am and the issues that influenced me to respond inappropriately," she stated. "Therefore, I have started professional treatment voluntarily. . . . I look forward to days ahead when I am strong enough to speak for myself."

It's obvious from these words that she had "lost her voice." It makes you wonder if that did not happen years earlier in a traumatic experience where she felt she had no voice. While I am only speculating about common issues that many women experience and act out, I find it a very helpful step toward sanity to look at behaviors we can't explain, as a complicated way that people are trying to tell a story. Ultimately, they are seeking help, understanding, compassion and forgiveness for deep, unspeakable issues.

Helping Couples Heal

In the meantime, Jennifer's fiance appears to be sticking by her, telling us his "only concern now is to get Jennifer well." He stated: "My commitment before God to her was the day I bought that ring and put it on her finger, and I'm not backing down from that."

I think Jennifer has a very good chance of getting well with this kind of support. Many other women are not that lucky when they engage in repetitions of trauma where they seek to sabotage and

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Inventing a Crisis as a Form of Traumatic Reenactment

The following excerpt from Dr. Burke's book, "Forbidden Grief: The Unspoken Pain of Abortion," further explores the issue of traumatic reenactment. To order the book, call Acorn Books at 1-888-412-2676.

A common way trauma victims subconsciously seek release from their deadened emotional state is by provoking conflicts. A depressed person may invite crisis into their life on a daily basis, then wonder helplessly, "Why did I do that?" or "Whatever possessed me to allow this to happen?"

For the post-abortive woman or man, these questions reenact the same questions which haunt their abortion experience. Also, by provoking crises the trauma victim is forced to concentrate on solving the crisis at hand. This distracts her from the self-examination and grief work necessary to heal.

Several years after her abortion, Doris began to avoid her husband, even though she insisted she loved him very much. She would call and tell him she was working late and would be home shortly after picking up a bite to eat. Hours would pass before she would return home. Sometimes she would simply spend the time driving around in her car, or going to visit a good friend. Then Doris would secretly sneak into her home, frequently after midnight.

Predictably, her husband soon began to experience feelings of mistrust and anger about her behavior and to suspect she was having an affair. Doris insisted she was at work and offered regular alibis with witness testimony. Although she proclaimed her fidelity to him, she continued to provoke his jealousy and feelings of abandonment. Doris was bewildered and grief-stricken when he eventually moved out.

On one level, Doris was recreating the same dynamics that had traumatized her at the time of her abortion. She was forcing her husband to go through the same emotions that she went through after her abortion when her former boyfriend began to avoid her. Then when her husband did move out, her own feelings of abandonment were reenacted and she experienced a double dose of grief. She said:

"I loved my husband, I really did. He was probably the best thing that ever happened to me. I wanted to have children with him because I thought he would be a good father. I suppose I did not feel worthy of his love, and I felt unsure and fearful of children. I sabotaged the relationship. . . . It's not like I wanted to set him up to leave me, but that was the consequence of my stupid behavior. So many incredible things are linked to the pain of my abortion. I never understood it while I was going through it, but it is crystal clear to me now."

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shame themselves, violently aborting the promising futures being offered to them.

Kevin Burke, the associate director of Rachel's Vineyard, shared that he believes that Jennifer's situation gives us an opportunity to ponder the whole area of premarital preparation and counsel. He suggests that couples take time to focus on their relationship during the engagement period, and that there should be greater sensitivity and programs in place to identify and help those preparing for marriage who may have trauma in their histories.

"It should be made clear from the outset, that abortion, divorce, sexual abuse or other violations in one's history does not mean that the person can't have a fulfilling and life long commitment," he said. "However, as a church, we have a responsibility to let folks know that if they have these injuries in their past, or with

their current fiancé, or with another individual, that this can often lead to future marital dysfunction."

He suggests that couples should be given various resources for healing these wounds during the engagement period as they prepare for marriage, or perhaps to take for future use.

We know that Rachel's Vineyard retreats deeply impact future marital health and happiness and can also be a gift to one's children. So many marriages and families would be spared the trauma of divorce with this type of psychological and spiritual intervention.

* * *

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Dr. Burke is a therapist and founder of Rachel's Vineyard post-abortion ministries (www.rachelsvineyard.org) and author of *Forbidden Grief: The Unspoken Pain of Abortion*.



Review

Mom, Dad . . . I'm Pregnant

When Your Daughter or Son Faces an Unplanned Pregnancy
Jayne E. Schooler

Available from Navpress, PO Box 35001, Colorado Springs, CO 80935, 1-800-366-7788, www.navpress.com. ISBN: 1-57683-482-4, 206 pp., \$13.99.

Few things can change a parent's life so much as learning that their unmarried daughter or son is involved in an unplanned pregnancy. Most parents want what is best for their children, and will plan and sacrifice so their children can attain their dreams.

A premarital pregnancy disrupts those dreams and can leave parents wondering where things went wrong. Like a couple who plans all their lives to visit a foreign country only to find that their plane has taken them to the wrong destination, they find themselves navigating unknown terrain and grieving the loss of "what might have been."

Jayne Schooler, author of "Mom, Dad . . . I'm Pregnant," is a life issues counselor and expert on family issues whose daughter became pregnant in college. Drawing on her own family's experience as well as insights gleaned from other parents and those who work with pregnant teens and young adults, her book is a road map for parents who find themselves on this journey with their child.

Schooler writes that parents learning of a premarital pregnancy usually experience a tidal wave of unexpected emotions—anger, sorrow, fear, guilt, shame, loneliness, helplessness. Even parents who consider themselves to be pro-life may feel so overwhelmed that abortion seems like the only option. Seeing the pregnancy as

the loss of their daughter's future, they "take control quickly to get their daughter back on course," even if that means pushing for an unwanted abortion.

For parents whose sons are involved in a premarital pregnancy, other issues can arise. Schooler points out that although some young men will abandon the mother or push for abortion, many do want a chance to be supportive and involved in their child's life. However, the baby's father is often overlooked not only by the girl's family but also by organizations that serve unwed mothers, such as pregnancy centers and adoption agencies.

Instead, this book will help parents support their children in a way that serves the young parents *and* the baby. It addresses three major issues, (1) dealing with the initial news of the pregnancy, (2) making critical decisions for the future, and (3) healing the wounds an unexpected pregnancy can cause in a family. Each chapter includes questions for self-reflection and discussion as well as practical advice and resources for families that need assistance.

Most of all, Schooler offers hope to hurting parents that a premarital pregnancy doesn't have to destroy their child's life. Instead, they can help their daughter or son make good decisions for themselves and their baby. This book can put families on the road to healing and help break the cycle of behavior that leads to parenting problems, repeat pregnancies, and abortion.

While the book is clearly aimed at Christian parents (Schooler's husband is a pastor), her honesty about painful issues and her commonsense advice make it an excellent resource for any family facing a premarital pregnancy. Every crisis pregnancy center, church, family therapist, maternity home, and adoption agency should have this book on their shelves as a resource for families.

FORCED ABORTION

America's Coerced Abortion Epidemic

64% of Abortions Are Coerced

Most Abortions Are Unwanted, Not Chosen

- **8 of 10 Would Have Given Birth if Given Support**

Coercion often comes from parents (including the boyfriend's parents), husbands, boyfriends, doctors, counselors and others. They may beg, threaten, or blackmail a woman until she agrees to the abortion. In some cases, an abusive partner or a molester will force her to have an abortion.

- **Reasons Women Give for Having Abortions:**

- Forced by mother
- Husband or boyfriend persuaded me
- Would have been kicked out
- Lack of support from society
- Father opposed
- No other option given
- Loss of family's support
- Clinic persuaded me

- **It's Often *Their* Choice, Not Hers**

- In 95% of all cases the male partner played a central role in the decision.
- Up to 80% say they would have given birth if they'd had support and encouragement from family and friends.

Abortion is not about a woman's freedom to choose according to her conscience—studies show that most women decide *against* their consciences. Their “decision” is often based on the demands or threats of others—even when it violates their own moral beliefs and desire to keep the baby.

- **Threats Often Escalate to Violence or Even Murder**

Once others demand that she have an abortion, the pressure and abuse often escalate. Many pregnant women have been killed by partners trying to prevent the birth.

- Simply being pregnant places women at higher risk of being attacked.
- Murder is the leading cause of death among pregnant women.
- 92% of women list domestic violence and assault as the women's issue that is of highest concern to them.

- **Taken to the Clinic to Make Sure She Has the Abortion**

A former abortion clinic security guard testified before the Massachusetts legislature that women were routinely threatened and abused by the boyfriends and husbands who took them to the clinics to make sure they underwent their scheduled abortions. Women are also pushed by “counselors” trained to sell abortions.

- **Voters Know Coerced Abortion Is Common**

Nearly half of voters surveyed said coerced abortion is common. They will support any candidate who advocates legislation that would hold abortionists liable for failing to screen patients for evidence of coercion.

Girls Forced to Abort

By Parents, Molesters . . . Even School Officials

- **Mother Charged with Forcing 15-Year-Old at Gunpoint into Clinic**

In Florida, Glenda Dowis was charged with forcing her daughter at gunpoint to go to an abortion clinic, where clinic

workers called police. According to a staff member, Glenda Dowis said that if Brittany did not have the abortion, “I’m going to blow her brains out.” Police said Glenda Dowis told staff to perform the abortion even though her daughter “may seem a bit teary.”

■ **Rapist Buys Abortion—Twins Get Seven More Years of Rape**

In New Orleans, a 41-year-old man received two life sentences for raping his girlfriend’s twin daughters and using abortion to cover up his crimes. The victims testified that the assaults began when they were 10 and continued for seven years. One of the girls said she had two abortions after she became pregnant from the man when she was 15 and 17. She said the man paid for one abortion, unbeknownst to the mother. Her mother, who was told that the girl was raped by a date, paid for the second abortion.

| She told them to do the abortion even if her daughter was “a bit teary.”

■ **Lawsuit: School Counselor Bypassed Parents, Law to Arrange Student’s Abortion**

Howard and Marie Carter accused Pennsylvania school guidance counselor William Hickey of coercing their 17-year-old daughter into undergoing an abortion, which was done out of state to avoid parental consent laws. The suit noted that when the teen expressed doubts, Hickey told her, “someday you’ll look back on this and laugh.”

■ **13-Year-Old Returned to Abuser After First Of Two Abortions**

An Arizona judge found Planned Parenthood negligent for failing to report an abortion performed on a 13-year-old girl who was sexually abused by her 23-year-old foster brother. Shawn Stephens took the girl to the clinic, but Planned Parenthood did not notify authorities until the girl returned six months later for a *second* abortion. The girl was allegedly subjected to repeated abuse and a second abortion because of the clinic’s failure to report suspected abuse. Stephens was sentenced to prison and lifetime probation.

■ **Father Uses At Least Ten Abortions to Cover Up Sexual Abuse of His Daughters**

The parents of three teenaged girls pleaded guilty in Baltimore Circuit Court to three counts of first-degree rape and child sexual abuse. The father had repeatedly raped the three girls over a period of at least nine years, and the rapes were covered up by at least ten abortions. At least five of the abortions were performed by the same abortionist at the same clinic.

| Counselor: “Someday you’ll look back on this and laugh.”

■ **Mother Helps Son Use Abortion to Cover Up Statutory Rape of 12-Year-Old Girl**

Pennsylvania mother Joyce Farley campaigned for a federal law to prevent anyone from taking a minor out of state for an abortion in order to circumvent parental consent laws, after her 12 year-old daughter was taken out of state for a secret abortion by Rosa Hartford, the mother of the 18-year-old who had impregnated her. Joyce only learned of the abortion after her daughter began experiencing complications from the procedure. Hartford’s son was later convicted for interfering in the custody of a minor.

■ **Woman: Abuser Punched Her in Stomach After Forced Abortion Doesn’t Work; Causes Miscarriage**

Augencia Jasso of New Mexico was charged with physically and sexually abusing a young girl over a number of years, beginning when she was seven and living in Mexico. The woman told police that the abuse continued when she moved to New Mexico and that Jasso repeatedly threatened to kill her and her family if she told anyone. She also said that when she became pregnant, Jasso took her to a Planned Parenthood office for an abortion, but after finding that the office was closed, he punched her in the stomach, causing her to miscarry.

■ **Abuser Poses as Father of 16-Year-Old Girl in Order to Obtain Abortion**

David A. Gillis, 36, was sentenced to 18 months to two years in prison for felony child abuse after he posed as the father of a 16-year-old girl whom he was sexually abusing and signed consent forms for an abortion at an Omaha abortion clinic. Gillis claimed he was remorseful about the situation, but prosecutors said he continued to write to the girl while in jail and filed frivolous protection orders against her parents.

A complete report on forced abortions, including citations, can be downloaded at www.afterabortion.info.

How to Sow the Seeds of Healing

David C. Reardon, Ph.D.

Do you realize that you can promote post-abortion healing without ever talking to people about their past abortions?

You don't even have to know if someone has had an abortion. And you certainly don't have to become a trained counselor or an expert in post-abortion issues. All you have to do is to sow a few words of compassion and healing into your everyday conversations.

In every case, your goal is merely to plant the seeds of understanding, empathy, and hope that can lead to future healing. You are not trying to complete the healing process. But you *can* help break down some of the obstacles toward healing. In a simple, conversational way, cover the following three points:

- (1) Announce that you have come to a whole new understanding of the abortion issue, including why people choose abortion and how it affects them;
- (2) Express your compassion for women and men who have had abortions, knowing that they must constantly face the fear that others are judging or condemning them, and that they may be experiencing feelings of doubt and regret; and
- (3) Describe how you have heard of new programs that help women and men find freedom from the burdens of secrecy and shame associated with past abortions.

For example, you might simply say: "I read an interesting article that gave me a whole new understanding of why women have abortions. I never really understood before how much pressure many are under to have an abortion.

"I also didn't realize before how much they feel judged and condemned by others. That fear of judgement can really make it hard for them to complete the healing process. Did you know that on average it takes around ten years for women to recover emotionally from a past abortion?"

"The good news is that there are a lot of new programs now to help women and men who are dealing with post-abortion problems."

That's it. You have planted the seeds. Just remember these three key words: understanding, compassion, and hope. The first step, expressing understanding, respects the mind. The second step, expressing compassion, soothes the motions. The third step, offering hope, feeds the spirit.

Wouldn't our world be a better place if everyone would begin to sow the seeds of understanding, compassion, and hope?

This article appears in Hope and Healing, the Elliot Institute's 12-page newspaper supplement on post-abortion issues and healing. To view the rest of the articles, visit our web site at www.afterabortion.info and click on "Hope and Healing."

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New RU-486 Warnings Issued as Women's Death Toll Rises

—Drug Now Urged for Developing Countries

The World Health Organization has included two abortifacient drugs on its “list of essential medicines” to meet health care needs in developing countries, claiming that they will reduce maternal deaths from unsafe abortions.

The two drugs, mifepristone (known in the U.S. as RU-486) and misoprostol, are used together to induce abortion in the first nine weeks of pregnancy.

WHO has claimed that the drugs will be of benefit to women in countries where “surgical facilities are less readily available.” However, in the U.S. clinical trials of the drug, up to 23 percent of the procedures failed and two to four percent of patients had to undergo surgical procedures to complete the abortion.

WHO's decision was announced just a week before Danco Laboratories, the U.S. manufacturer for RU-486 under the trade name Mifeprex, sent a letter to doctors admitting that five women have died after taking the abortion drug and saying it plans to modify the warning label on the drug to include updated safety information. In 2004, the FDA required Danco to include a “black box warning”—the agency's strictest warning—on the drug's packaging to inform users of the risk.

The FDA also reportedly issued a public health advisory to warn patients that RU-486 can result in sepsis or blood infection when undergoing medical abortion when used in a manner that is not consistent with the approved labeling.

The FDA noted that four of the deaths that occurred from RU-486 were from infection. Danco, however, insists that there is “no causal relationship” between RU-486 and the women's deaths.

News Briefs

Judge Won't Block Parental Notification Law

A federal judge has blocked efforts by abortion advocates to stop a Florida parental notification law that was passed by the state legislature with overwhelming support from voters.

The law requires abortion businesses to notify parents of girls age 17 and younger before performing an abortion on them. The judge refused a request from abortion advocates to grant a preliminary injunction to prevent the law from being put in place, saying they failed to demonstrate that they would win their suit. The U.S. Supreme Court, which has previously upheld parental notification laws, is set to hear a case involving a similar New Hampshire law this fall.

* * *

Chinese Population Control Officials Threaten Hong Kong Woman With Forced Abortion

A Hong Kong woman has been spared an abortion after immigration officials reportedly prevented Chinese population control officials from forcing her to terminate her pregnancy.

A Hong Kong newspaper reported that a pregnant woman who was visiting China was surrounded by population control officials, who tried to drag her to a hospital to abort her six-month-old unborn child. The officials allegedly took the woman's travel documents and told her that “Hong Kong is part of China and also follows China's policies.” The woman was released after she was able to contact immigration officials in Hong Kong, who told the population control officials that their actions were illegal. Hong Kong citizens are not subject to China's one-child policy.

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