

An Interview with Dr. David C. Reardon, Director of the Elliot Institute

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Q Could you explain the mission and work of the Elliot Institute?

A We believe that understanding how abortion hurts women is the key to ending abortion. Perhaps even more importantly, a deep understanding and empathy for women who have been hurt by abortion will help many of us to become more faithful witnesses of Christ's Divine Mercy.

The fullest exposition of this view, and our strategy, is laid out in my book "Making Abortion Rare: A Healing Strategy for a Divided Nation." To give you a brief summary, we must begin by recognizing that even though most people dislike abortion, it was legalized on the premise that destroying "unwanted pregnancies" will help women live happier, more productive lives. While it is right to argue that the ends don't justify the means, it is even more effective to show that abortion causes more harm than good in women's lives. This is true because while many have hardened their hearts to the humanity of the unborn child, they still care about women.

The truth is that abortion is simply bad medicine. Nothing good comes from it. God has intertwined the well-being of women and their children in such a way that it is impossible to kill a woman's unborn child without exposing her to grave physical, psychological, and spiritual harm.

There is not a single scientific study that has shown that abortion has, on average, actually produced any benefits to women. In contrast, there are numerous studies showing abortion's harms. Many of these have been done through the Elliot Institute. We have had our research published in major medical journals such as the British Medical Journal and the American Journal of Obstetrics and Gynecology. They have consistently shown that abortion is associated with higher rates of depression, substance abuse, psychiatric illness, divorce, and death from all causes, including suicide.

Another part of our work is to be advocates for the authentic rights of women. In regard to women considering abortion, we work to hold their physicians accountable for giving good medical advice. Given the lack of anything more than anecdotal evidence to show benefits from abortion and the large

body of literature documenting injuries, it is impossible to justify a medical recommendation for abortion based on the scientific literature.

For those women who have had abortions, we advocate for their right to hold doctors accountable for the injuries they have suffered. More importantly, through projects like our "Hope and Healing" campaign, we try to reach out to post-abortive women and men to share the good news of Christ's mercy and His desire to heal them.

This is also our most important message to pro-life Christians. We must emphasize our understanding, empathy, and compassion toward those who have made the mistake of choosing abortion. This love and acceptance makes it easier for post-abortive women to process their grief, to have a conversion of heart, and to become witnesses for life. As more and more women and men find healing, they share it with others, and become the most powerful witnesses for the culture of life. This is happening right now, just as Pope John Paul II predicted in *Evangelium Vitae*. Supporting and expanding post-abortion ministries is one of the most important things pro-life Christians can do. It is the post-abortive women and men who are healed and reconciled with God who will finally bring about an end to abortion. They are the ones who will create the cultural shift that will make abortion not just illegal, but unthinkable.

Q Do you see a shift in public attitudes about abortion? If so, why?

A At least in the United States, the general public is becoming increasingly pro-life, or at least anti-abortion. This is especially evident among young people. Youth are idealistic by nature, and they are also witnesses to the damage abortion, sexual promiscuity, and divorce has caused to their families, neighbors, and friends.

There has been a slow steady drop in abortion rates over the last fifteen years. At least in part, this is due to the fact that as more people have experienced abortion, there are now more women telling their sisters, daughters, friends and others that abortion it is not the "quick and easy" solution they once

imagined.

The Elliot Institute recently commissioned a national survey that shows that only 16 percent of adults believe abortion generally makes women's lives better. Even among women who identify themselves as strongly pro-choice, less than a fourth believe abortion improves women's lives. Eighty percent believe negative reactions are common or very common and most believe that the negative emotional reactions to abortion are moderately severe to very severe.

Most people are already inclined to see abortion as an ugly, regretful experience. Helping them to see how extremely ugly and devastating it can be is the fastest way to erode support for abortion.

Q Should the rhetoric of the abortion debate be shifted from a "rights-based" debate pitting women against children to one where the practical consequences and outcomes of abortion are exposed?

A It is always a mistake to think that only one approach should be used. While I discuss the question you raise at great length in "Making Abortion Rare," I can only quickly outline the main points here.

First, we are always called to witness to the whole truth. That means the truth about the sanctity of life, the authentic rights of women and children, and the evil that abortion does to both.

Second, we must always resist the false dichotomy proposed by abortion advocates that there is a conflict of rights between the woman and her child. As soon as one argues that the rights of the unborn supercede those of the woman, one is admitting that there is a potential conflict of rights and therefore a legitimate reason for people to polarize to one side or the other.

Instead, we must insist that the authentic rights and welfare of both the mother and child are intertwined. To hurt one, you will necessarily hurt both. To help one, you must help both. The former is what abortionists do; the latter is what we are called to do, and do especially well through our pregnancy help centers. The abortionist's solution is not an act of charity; it is an act of abandonment.

Third, we must remember that there are different levels of moral maturity. Many people will continue to have more concern about themselves or the pregnant women they see, than they ever will for the unborn children they can't see. Arguing about absolute moral truths with such a person will get you

nowhere. Their hearts are hardened to the truth. All they care about is results. This is why pointing out that abortion is a false solution that causes more harm than good is more effective with this group. Showing people how abortion hurts women may not lead them to their spiritual conversion, but it will reduce abortions and eventually stop it completely.

Moreover, exposing the false promise of abortion is a legitimate argument. God has created us in such a way that whenever we choose evil, we will eventually reap a bad harvest. Showing people the bad harvest is therefore a legitimate way to teach people what is evil.

But let me be clear. Abortion is not evil primarily because it harms women. Instead, it is precisely because of its evil as a direct attack on the good of life that we can know it will ultimately harm women. While the research we are doing is necessary to document abortion's harm, good moral reasoning helps us to anticipate the results.

Q If pro-life activists focus on talking about the harm abortion causes women, who will speak for the unborn?

A Again, there is no reason to speak of one but not the other. Up to the present time, however, we have not done enough to bring the harm abortion does to women into equal focus.

More important, however, is the fact that in the process of defending and healing post-abortive women, we are helping and preparing them to speak on behalf of their unborn children. It is THEIR voices that will be the most effective witnesses on behalf of the unborn.

While I can tell audiences, "An unborn baby's heart beats at three weeks," the post-abortive witness can say, "My baby died in that abortion." Both statements are true. But the second statement is more powerful, especially to those who have hardened their hearts to the unborn child, because it demonstrates the relationship of the child to our human family and the grief that the child's death has left behind.

The witness of these women and men who have lost their children is far more powerful than anything I can say. I see my role, and really the role of all pro-life activists, as one that helps provide a platform for the voices of these women and men to be heard. They are the ones who will soften hardened hearts, because they can speak from their own experiences about the evil of abortion.

Q Why should pro-life activists start to use the term “poor choice”?

A First, this term accurately describes abortion. Abortion is a poor choice. Framing it in that sense reminds listeners of that fact. As noted earlier, the vast majority of people already see abortion as a choice that is riddled with emotional land mines and produces little, if any, benefit to women.

Second, abortion advocates learned long ago that if the discourse was allowed to center on abortion itself, they would lose ground. Their market research led them to realize that their appeals for support were stronger when they focused on the abstract idea of “choice” rather than the reality of abortion. In essence, they have been arguing, “Don’t worry about looking at abortion too closely. If each woman is free to choose, she can make her own evaluation of the risks and benefits.” This “pro-choice” appeal has proven to be especially powerful in our democratic and consumer oriented culture. But it only works as long as it serves to distract people from the question of whether the choice being offered is ultimately good or bad, helpful or harmful. Using the terms “poor choice,” and “poor-choice advocates” presents a direct challenge to abortion advocates to defend abortion as a good choice, which in turn provides us with opportunities to show that it is a bad choice.

Third, “poor choice” has an especially strong rhetorical value because it sounds so much like the phrase “pro-choice.” It is memorable. It creates a mental link between “pro-choice” and “poor choice” that quickly erodes the value of all the “pro-choice” clichés. Who wants to be in favor of a bad choice?

I discuss how and why this poor choice rhetoric can be used in greater detail at our new web site, www.PoorChoice.org. We also have Poor Choice fact sheets on the site that make it easy to show others why abortion is a bad medical choice.

Q How might abortion advocates counter “poor choice” rhetoric?

A It’s too early to tell. They might argue that a poor choice is better than no choice. But it’s hard to imagine that they could gain much ground in the public debate with that approach. They might also try to show examples of women who will say their abortions were a good choice. But this is just anecdotal evidence, and we have just as many women, if not many times

more, who would say their experience was just the opposite.

In fact, many of the post-abortive women who now work to stop abortion will also testify that for many years they too thought they had been benefited by their abortions. On average, it takes about ten years for a woman’s emotional defenses to collapse under the weight of her repressed grief.

But I don’t think the professional abortion advocates will want to open up the debate to a comparison game. On an emotional level, the stories of women’s grief are more compelling than those of the woman who is satisfied with her abortion. On the scientific level, opening up the debate to a rigorous review of the scientific literature on abortion complications will lose them support, not gain it.

So I think their most likely reaction will be the same as it has been over the last ten years in response to all the recent studies published about abortion complications. Ignore it. Pretend it doesn’t exist. Dismiss it as radical anti-abortion propaganda unworthy of comment.

Refusing to discuss abortion’s dangers has always been their main line of defense. This is why the poor choice rhetoric label is especially effective. It is a quick, two-word challenge, that we can insert at every place in the abortion debate. When we do this, the public’s repeated exposure to phrases like “poor choice” and “poor-choice candidate” will erode the mind-numbing power of their “pro-choice” catch phrase and properly call attention to the facts poor choice advocates want to ignore.

Q How effective has the use of different rhetoric such as “pro-abortion” or “anti-life” been in shaping public opinion in the abortion debate?

A I do believe there are some people, a small minority, who truly are anti-life and pro-abortion. These are either mercenary abortionists or zealous population controllers who don’t care if women get hurt by abortion as long as they are either making money or reducing targeted populations of the poor.

That said, however, most of the people who describe themselves as “pro-choice” really dislike abortion but accept it as an “evil necessity” because they think it helps women. Or at the very least, they’ve bought into the idea that they should respect the freedom of each woman to decide for herself. When such a person hears pro-lifers talk about “pro-abortion-

ists,” they feel misjudged and resentful. The “pro-abortion” phrase may intimidate them into silence, but it doesn’t call them to reflection. Our polls show that many people in this group will actually acknowledge the idea that abortion is a poor choice. Exposure to this phrase will not turn them into pro-lifers overnight, but it will encourage them to reflect more deeply on abortion and will open their hearts to regulatory laws to restrict abortion.

For example, I think this approach will result in widespread support for laws that would hold abortionists responsible for failing to screen women for factors that place them at higher risk for abortion complications. Since most women have numerous risk factors, such laws could radically reduce abortion rates. Most immediately, the assembly line abortion mills would shut down because they can’t do proper screening in the five to ten minutes they allow for processing abortion patients.

It is my belief that in the short run our top priority should be to build a public consensus that abortion should be avoided as a poor option and allowed only when doctors know it will be safe and beneficial to women. Since abortion is inherently dangerous and there is no medical evidence that it is ever beneficial, such a reasonable effort to protect women’s health would effectively result in doctors no longer performing abortions. We would still have decades of post-abortion counseling ahead of us, but abortion will end if doctors are held fully and properly accountable for their decisions to abort.

Q Won’t “poor choice” rhetoric require highly knowledgeable advocates? Will there be a problem if the pro-life activists use this rhetoric without a thorough knowledge of the facts?

A As I mentioned earlier, even most abortion advocates already believe abortion is an ugly choice and that women frequently, if not generally, have moderate to severe negative reactions. So most people won’t be inclined to argue against this characterization.

While it may be helpful to memorize a few facts — such as women who abort are seven times more likely to commit suicide in the following year compared to delivering women, and six times more likely to engage in subsequent substance abuse — the real value of this rhetoric is that it challenges listeners to look at the results of the choice, not just the option of choosing. If they object to the poor choice description, this gives the pro-lifer an opportunity to challenge them to present evidence that abortion is

actually a good choice.

If pressed to present facts about abortion’s dangers, pro-lifers will find them readily available in fact sheets at www.PoorChoice.org, or in books like Theresa Burke’s “Forbidden Grief,” or Tom Strahan’s “Detrimental Effects of Abortion.” Even in the case of rape or incest pregnancies, we have books like “Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault” that demolish the argument that abortion is necessary or beneficial in these cases.

While I would hope that all pro-lifers would want to learn more about the dangers of abortion, we have to remember that the truth is the truth. Anyone should be able to confidently assert the simple truth that abortion is a poor choice and women deserve better. Just as one doesn’t have to be an embryologist to advocate for the unborn child, neither is it necessary to be a psychiatrist or obstetrician to start advocating on behalf of women.

Most importantly, pro-lifers who routinely use poor choice language, wherever others would use the euphemisms “choice” or “pro-choice” will at the very least be reinforcing the mental link between “pro-choice” and “poor choice.” Repeated often enough, this association will quickly undermine decades of work by pro-abortionists to position themselves under the banner of “choice.” Who wants to be identified as a poor-choice advocate?

I really see no risk that this could backfire even if the pro-lifer feels completely at a loss for presenting facts to support her position. If challenged to prove her point, she can easily find the facts mentioned above. Better yet, she can invite a representative of a post-abortion ministry — who often will be a post-abortive woman — to describe her firsthand experience to skeptical audiences.

The public discussion of abortion’s harm to women has been evaded for too long. If using the poor choice rhetoric results in challenges to produce proof of abortion’s injuries, we should be thankful for the great opportunity to respond. We’re ready.

For more information, visit www.poorchoice.org.