Federal Court Points Way for Abortion Ban
New Facts Must Be Backed by New Legislative Effort

The efforts of Norma McCorvey, the “Roe” of the 1973 Roe v. Wade case that legalized abortions, to have that landmark decision reversed has taken two steps forward and one step back with the recent federal appeals court decision on her case. In the ruling, the appeals court has suggested that a new legislative effort to ban abortions may be the final step needed to reverse Roe in light of new facts about the dangers of abortion.

The first step forward for McCorvey’s case was the Fifth Circuit Court of Appeals’ rejection of the grounds on which a lower court had previously dismissed McCorvey’s motion.

The lower court had rejected McCorvey’s motion only hours after it was filed on the grounds that too much time had passed since the original decision, but the appeals court rejected this argument since the governing rules don’t impose time limits on such motions.

But this step forward was negated by a step back when the appeals court raised a new argument against considering the motion. In a unanimous opinion, the three judge panel ruled that McCorvey’s motion was moot because the Texas laws prohibiting abortion had, by implication or fact, been repealed. In other words, if reversing Roe would not have any effect on Texas law, there is no practical reason for the court to rule on the substance of McCorvey’s motion.

Invitation for New Legislation

Despite this setback, a second step forward was contained in a footnote of the decision. Here the appellate court noted that “an exception to this mootness rule exists where there is evidence, or a legitimate reason to believe, that the state will reenact the statute or one that is substantially similar.”

Some observers believe that this is a signal that the court would entertain McCorvey’s motion to reverse Roe if the Texas legislature, or perhaps another legislature in the Fifth Circuit, were to give it cause to do so by seeking to reenact a ban on abortion.

In a concurring opinion (see sidebar on p. 2), Judge Edith Jones indicated that it was unfortunate that the case was moot since the thousands of pages of affidavits and evidence accompanying the motion “go to the heart” of the factual assumptions made in Roe.

If the mootness issue were overcome, she observed, a review of these new facts might very well lead the Supreme Court to “conclude that the woman’s ‘choice’ is far more risky and less beneficial, and the child’s sentience far more advanced, than the Roe Court knew.”

**Higher Death Rates Allow New Abortion Regulations**

“This ruling is a green light signaling the need for renewed efforts to ban dangerous abortions,” said Elliot Institute director David Reardon, Ph.D.

In his affidavits cited by Judge Jones, and in a recently published law review article, Reardon summarized a series of recent medical studies demonstrating that abortion, even in the first twelve weeks, is linked to higher death rates than childbirth. This fact alone, Reardon argues, opens the door to strict regulation of first trimester abortions, or even complete bans.

“Most people don’t realize it, but Roe specifically allows states to regulate or ban abortion to protect women’s health at that point in time when the risk of death associated with abortion exceeds that associated with childbirth,” Reardon said.

“In 1973 it was believed that abortion during the first trimester was safer than childbirth, which is why the Court blocked any state regulations during the first twelve weeks. Now that we know abortion is more dangerous than previously thought, the mortality rate comparison which Roe set as the yardstick for determining the constitutionality of state laws now allows states much more liberty to regulate or ban abortions during the first trimester.”

Reardon believes the recent appellate court ruling in the McCorvey case, which took note of this new evidence, underscores the timeliness of a new approach to regulating abortions. He cautions, however, that any new effort to ban abortions must carefully address three key issues if it hopes to survive the next Supreme Court test. A model bill supported by the Elliot Institute was specifically designed to address these concerns.

**Preventing a Return to Illegal Abortions**

“First, we need to show the Supreme Court how we will prevent a return to ‘back alley’ abortions,” Reardon said. “As long as there
is a fear that 1.3 million women will seek even more dangerous illegal abortions, the Court will bend over backwards to avoid reversing Roe.

“To prevent a return to illegal abortions, the threat of abortionists facing criminal prosecution must be bolstered by adding full exposure to civil liability. For example, in our bill we would also allow the woman and her spouse to sue anyone who attempted or completed an illegal abortion on the woman for reckless endangerment, plus any other injuries.

“The reckless endangerment alone would be defined as an injury and would require a minimum award of damages of no less than $400,000. In these cases, the plaintiffs would not have to prove any other injury. The same applies to anyone who aids or counsels her in performing a self-abortion.

“By opening the door to civil liability in this way, we aren’t reliant on the zeal of local prosecutors. Would-be abortionists would live in fear not only of the police, but also in fear of lawsuits by their former clients. This double threat is the surest way to block any return to illegal abortions.”

**Solving the Exceptions Conflict**

“Second, any new laws must be structured in a way that demonstrates an equality of respect for both the lives of women and their unborn children,” Reardon said.

He pointed out that previous abortion bans were struck down, in part, because the courts interpreted any exception—even to save a woman’s life—as proof that the state does not truly believe the life of an unborn child is equal to the life of a woman. Otherwise, the state could not sanction the taking of one innocent life to save the life of another.

“This is a classic Catch-22,” Reardon said. “If the legislation does not allow exceptions to save a woman’s life, as in the case of an ectopic pregnancy, the court will strike it down for condemning women to death without a trial.

“Conversely, if that legislation allows that some medical treatments that involve killing an unborn child are legal, even in limited cases, the courts will once again construe that to mean that unborn children are not entitled to equal protection; adults matter more. From there it is a small step to concluding that threats to a woman’s life include any threats to her physical, emotional, or social wellbeing. That would bring us back to the requirement for such broad health exceptions that any restrictions are rendered meaningless.”

Is there any way out of this impasse? Yes. Reardon believes a

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**Concurring Opinion of Judge Edith H. Jones**

*McCorvey v. Hill, Fifth Circuit Court of Appeals, Sept. 14, 2004*

**Editor’s Note: references and footnotes have been omitted**

I agree that Ms. McCorvey’s Rule 60(b) case is now moot.

A judicial decision in her favor cannot turn back Texas’s legislative clock to reinstate the laws, no longer effective, that formerly criminalized abortion.

It is ironic that the doctrine of mootness bars further litigation of this case. Mootness confines the judicial branch to its appropriate constitutional role of deciding actual, live cases or controversies. Yet this case was born in an exception to mootness [since McCorvey had already delivered her child when the Supreme Court took up the case] and brought forth, instead of a confined decision, an “exercise of raw judicial power.” [quoting Justice White’s dissent in *Roe*]. Even more ironic is that although mootness dictates that Ms. McCorvey has no “live” legal controversy, the serious and substantial evidence she offered could have generated an important debate over factual premises that underlay *Roe*.

McCorvey presented evidence that goes to the heart of the balance *Roe* struck between the choice of a mother and the life of her unborn child. First, there are about a thousand affidavits of women who have had abortions and claim to have suffered long-term emotional damage and impaired relationships from their decision. Studies by scientists, offered by McCorvey, suggest that women may be affected emotionally and physically for years afterward and may be more prone to engage in high-risk, self-destructive conduct as a result of having had abortions.

Second, *Roe*’s assumption that the decision to abort a baby will be made in close consultation with a woman’s private physician is called into question by affidavits from workers at abortion clinics, where most abortions are now performed. According to the affidavits, women are often herded through their procedures with little or no medical or emotional counseling.

Third, McCorvey contends that the sociological landscape surrounding unwed motherhood has changed dramatically since *Roe* was decided. No longer does the unwed mother...
solution has already been found by the highest court of Germany. Following World War II, the German constitution was drafted with very expansive protections of the right to life and human dignity from the moment of conception. When an effort was made to legalize abortion in Germany, the High Court struck it down. It concluded that German law cannot sanction abortion.

On the other hand, the High Court reasoned, the constitution was silent about the degree of duty the State had to prevent or punish abortions. Therefore, while all abortions in Germany are technically illegal, as a matter of public policy the State does not prosecute abortions prior to the first trimester, with additional exemptions from prosecution later in pregnancy for other medical reasons.

While Reardon believes “the German solution” has been abused to allow unjustifiably broad access to abortions in Germany, he still believes that the German High Court identified the correct solution in regard to defining the proper position of the State in regard to abortions necessary to save a woman’s life.

“While the State can never justly endorse the killing of an innocent person, even to save the life of a mother, it is reasonable for the State to refrain from prosecution in such cases,” Reardon said.

“Our model law follows this approach. It excludes licensed physicians from criminal prosecution for abortions that are reasonably related to protecting women’s lives. But it also prevents abuse of this exclusion by retaining and expanding civil liability in the event the abortion was actually unnecessary and unsafe—which covers 99 percent of abortions being done today.”

**Tougher Liability Standards**

This leads to the third element that Reardon believes should be included in any new ban: tough, streamlined civil liability for negligent screening or recommendations that lead to unnecessary or unsafe abortions. He also believes this liability should be linked to a generous statute of limitations so women can sue for emotional injuries that may erupt, even decades later.

“Civil liability is by far the best means of controlling renegade physician-abortionists,” said Reardon. “Without provisions like those included in our model bill, there will always be some abortionists who would try to turn the exclusion from criminal prosecution into a license to perform unnecessary and dangerous abortions.”

In short, the Elliot Institute model bill (1) defines all abortions as illegal, but (2) allows limited exemptions from prosecution for physicians who are reasonably acting to protect women’s health, while (3) providing that any physician performing an abortion is exposed to high liability risks if he or she failed to adequately screen for risk factors and verify to a high degree of medical certainty that the risks of not doing the abortion greatly outweighed the risks of doing it.

**The Chances of Supreme Court Approval Are High**

Reardon believes these provisions will eliminate over 99 percent of abortions, legal or illegal, surgical or chemical. But would such face social ostracism, and government programs offer medical care, social services, and even, through “Baby Moses” laws in over three-quarters of the states, the option of leaving a newborn directly in the care of the state until it can be adopted.

Finally, newborn and medical science, summarized by McCorvey, now graphically portrays, as science was unable to do 31 years ago, how a baby develops sensitivity to external stimuli and to pain much earlier than was then believed. In sum, if courts were to delve into the facts underlying Roe’s balancing scheme with present-day knowledge, they might conclude that the woman’s “choice” is far more risky and less beneficial, and the child’s sentence far more advanced, than the Roe Court knew.

This is not to say whether McCorvey would prevail on the merits of persuading the Supreme Court to reconsider the facts that motivated its decision in Roe. But the problem inherent in the Court’s decision to constitutionalize abortion policy is that, unless it creates another exception to the mootness doctrine, the Court will never be able to examine its factual assumptions on a record made in court. Legislatures will not pass laws that challenge the trimester ruling adopted in Roe. No “live” controversy will arise concerning this framework. Consequently, I cannot conceive of any judicial forum in which McCorvey’s evidence could be aired.

At the same time, because the Court’s rulings have rendered basic abortion policy beyond the power of our legislative bodies, the arms of representative government may not meaningfully debate McCorvey’s evidence. The perverse result of the Court’s having determined through constitutional adjudication this fundamental social policy, which affects over a million women and unborn babies each year, is that the facts no longer matter. This is a peculiar outcome for a Court so committed to “life” that it struggles with the particular facts of dozens of death penalty cases each year.

Hard and social science will of course progress even though the Supreme Court averts its eyes. It takes no expert prognosticator to know that research on women’s mental and physical health following abortion will yield an eventual medical consensus, and neonatal science will push the frontiers of fetal “viability” ever closer to the date of conception. One may fervently hope that the Court will someday acknowledge such developments and reevaluate Roe and Casey accordingly. That the Court’s constitutional decision-making leaves our nation in a position of willful blindness to evolving knowledge should trouble any dispassionate observer not only about the abortion decisions, but about a number of other areas in which the Court unhesitatingly steps into the realm of social policy under the guise of constitutional adjudication.
a law be upheld by the current Supreme Court? Reardon answers with an unequivocal yes.

“The new evidence demonstrating that abortion is hurting women is overwhelming,” Reardon said. “Even pro-abortion justices will be hard pressed to deny that abortionists should be held more accountable for ensuring that any abortions that are performed are more likely to benefit women than hurt them.

“Perhaps the best way of measuring how the Court will react is to look at this bill through the eyes of one of the key swing voters, Justice Sandra Day O’Connor. Abortion advocates criticize O’Connor for never seeing an abortion regulation she didn’t like, while pro-lifers criticize her for not being willing to completely repudiate Roe, even though she admits that Roe was ill conceived.

“O’Connor is a pragmatist who won’t risk throwing out Roe if it will just drive women who have become accustomed to easy access to abortion into seeking dangerous illegal abortions. This is why it is so important for us to provide a solution to the problem of illegal abortions.

“O’Connor would love to see abortion go away, if (1) it can be done in a way that doesn’t hurt women, and preferably (2) it can be done in a way that doesn't damage the credibility of the Supreme Court, which brought us down this path through its activist rulings.

“Our bill passes both these tests. First, it uses civil liability to shut the door to back-alley abortions. But second, it also retains a key concept of Roe in that it protects physicians from criminal prosecution when they are acting in good faith to preserve their patient’s health.”

“Instead of using criminal sanctions to rein in renegade physician-abortionists, we are simply following the suggestion in Roe that the best way to stop physicians from performing unnecessary, unjustified, or unsafe abortions is through expanding civil remedies.

To quote Roe, ‘the abortion decision in all its aspects is inherently, and primarily, a medical decision, and basic responsibility for it must rest with the physician. If an individual practitioner abuses the privilege of exercising proper medical judgment, the usual remedies, judicial and intra-professional, are available.’

“In other words, our model bill provides the Court with a way to end the era of unregulated, unsafe, and unnecessary abortions that has followed Roe, without completely overturning the concept that physicians should not be subject to criminal prosecution when they are sincerely acting to save the life of their patients.

“By focusing on expanded civil remedies for unnecessary and unsafe abortions, we are following the one option left open by the courts that can truly reverse the deluge of abortions that followed Roe.”

The Elliot Institute’s model legislation can be found at www.afterabortion.info/leg.

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**Survey: Most Americans Think Abortion Hurts Women**

New Nationwide Wirthlin Poll Confirms Elliot Institute Findings

A new, nationwide Wirthlin poll has found that a significant majority of Americans believe that abortion is “almost always bad” for women, echoing an earlier Elliot Institute poll that found that the majority of Americans believe abortion generally makes women’s lives worse rather than better.

The new scientific poll of 1001 respondents was conducted by Wirthlin Worldwide on behalf of Americans United for Life. According to pollsters, 61 percent of the respondents said that “abortion is almost always a bad thing for a woman,” compared to only 23 percent who said that it was almost always a good thing.

The poll also asked whether the respondent personally knew someone who had undergone an abortion, with 64 percent saying yes. Of that 64 percent, 55 percent said that based on their observation, the abortion was “generally a negative experience” for the woman, with 40 percent saying they felt that the experience had been generally positive.

The Elliot Institute’s own national opinion survey of 600 adults, which was conducted in December 2002, found that 52 percent of Americans believe abortion “generally makes women’s lives worse,” with only 16 percent saying that they believed it makes their lives better.

Notably, women of all political persuasions were more likely than men to believe abortion is damaging to women, with “pro-choice” women being 43 percent less likely than “pro-choice” men to believe that abortion improves women’s lives.

The Elliot Institute poll also found that 80 percent of Americans believe that women experienced moderate to severe emotional problems after abortion, with 74 to 90 percent believing that abortion clinics do not fully disclose the emotional risks of abortion to women. Even among the most “pro-choice” respondents, only a minority believed clinics fully informed women of the risks.

“These findings show that the public’s eyes are being opened to the fact that abortion harms women, often from personally seeing a woman struggle with the aftermath of abortion,” said Elliot Institute director Dr. David Reardon. “They also underscore the importance of efforts to educate the public on the risks of abortion—efforts that are apparently already taking hold with Americans.”
Women Who Abort Experience More Anxiety
New Elliot Institute Findings From Study Comparing Women With Unintended First Pregnancies

Women who abort unintended pregnancies are more likely to experience subsequent problems with anxiety compared to women who deliver their unintended pregnancies, according to a new Elliot Institute study published in the latest edition of the prestigious *Journal of Anxiety Disorders*.

Using data collected from the federally-funded National Survey of Family Growth, researchers examined a nationally representative sample of 10,847 women aged 15-34 who had experienced an unintended first pregnancy and had no prior history of anxiety.

After controlling for race and age at the time of the survey, researchers found that compared to women who carried the unintended pregnancy to term, women who aborted were 30 percent more likely to subsequently report all the symptoms associated with a diagnosis for generalized anxiety disorder (GAD).

If the excess cases of GAD were projected onto the entire population of women having abortions, there may be as many as 40,000 or more cases of GAD per year attributable to abortion.

“Our study suggests that clinicians treating women with anxiety problems may find it useful to inquire about their clients’ reproductive histories,” said Jesse Cougle, M.Sc., the lead author of the study. “Women struggling with unresolved issues related to a past abortion may benefit significantly from counseling that addresses this problem.”

In their examination of data, Cougle and his colleagues considered women as being at risk for GAD if they reported feeling worried and anxious for a period of at least six months about things that were not serious or were not likely to happen. They also had to experience other symptoms required for a diagnosis of GAD, such as irritability, fatigue, difficulty sleeping, a pounding or racing heart, or feelings of unreality.

Researchers excluded women who reported having experienced a period of prolonged anxiety prior to or at the same time as their first pregnancy. Women who aborted a pregnancy after delivering their first pregnancy were also excluded from the study.

There were also greater differences in rates of generalized anxiety between aborting and delivering women who were under the age of 20 than there were for women who were older at the time of the pregnancy. This may be explained, researchers said, by other studies that show that older women are more likely to conceal past abortions in surveys and that abortion is a more stressful experience for younger women.

“Some studies have found that younger women are more likely to experience emotional distress following abortion than are older women,” Cougle said. “Younger women may feel less control over their decision and may abort under pressure from their parents or partner.”

Abortion advocates have frequently asserted that carrying an unintended pregnancy to term is more emotionally harmful to women than abortion. Not only does the anxiety study look at women whose pregnancies were unintended, but another Elliot Institute study comparing women with unintended pregnancies also found higher depression rates among women who had abortions.

Elliot Institute director Dr. David Reardon, who was an author on both studies, said the new findings show that abortion is risky for women regardless of whether or not they intended to become pregnant.

“Abortion is not a matter of simply turning back the clock, as some abortion advocates have claimed,” Reardon said. “This is not a choice between having a baby and not having a baby, but a choice between having a baby and having what for many women is a traumatic procedure.”

The new study linking abortion to general anxiety disorder also has been preceded by nearly a dozen other studies published in the last three years linking abortion to increased risk of depression, substance abuse, suicidal behavior, and death from heart disease.

Because of increasing concern about the mental health effects of abortion on women, legislation has been introduced in Congress to expand funding for research on abortion risks and to provide treatment for women struggling with post-abortion trauma.

“The evidence that abortion harms women is piling up,” Reardon said [see “Survey: Most Americans Think Abortion Hurts Women, p. 4]. “Americans are truly waking up to the fact that most abortions are unwanted, unsafe, and unfair.”

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**Study Citation:**
**Court Blocks Florida Law Requiring Abortionists to Give Women Information on Risks**

A federal appeals court has overturned a Florida law requiring abortionists to give women information about the risks of abortion, ruling that it imposes “burdens upon the pregnant woman which improperly intrude upon the exercise of her choice between abortion and childbirth.”

Abortion advocates say the law, which would also provide women with information about prenatal development, government benefits for mothers, and alternatives to abortion, “is skewed to try to convince someone to have a child.” However, pro-life advocates argue that such laws have been upheld in other states and that women have the right to all information about their choices. The law was blocked by a three-judge panel of the Fourth Circuit Court of Appeals. The state has yet to decide if it will appeal the ruling.

**Two Planned Parenthood Businesses Face Discrimination Lawsuits**

Planned Parenthood businesses in Houston and Los Angeles are facing discrimination lawsuits filed on behalf of former employees by the Equal Employment Opportunity Commission, a federal agency that monitors discrimination in the workplace.

In August, several former Planned Parenthood of Los Angeles employees filed a complaint alleging that the abortion business creates “a hostile workplace environment” for male and minority employees, and that one black employee was fired after he filed a complaint accusing his supervisor of referring to him with a racial slur. The second federal lawsuit was filed in October after Aymara Castro, an employee of the Houston Planned Parenthood business, said she was forced to resign after complaining about sexual harassment at work.

**Abortionist May Lose Medical License After Alabama Woman’s Death**

An Alabama abortionist has had his medical license suspended following the death of a woman from a botched abortion, pending a decision by the state medical board as to whether his license should be revoked.

Malachy DeHenre is also facing suspension and possible loss of his license in Mississippi, where he also performs abortions. In Nov. 2003, a Birmingham woman died just ten hours after DeHenre performed an abortion on her. Four other women were also injured from abortions performed by DeHenre, including a 22-year-old woman who had to have a hysterectomy. The New Woman Medical Center, one of the clinics where DeHenre worked and one of only two abortion businesses in Mississippi, has closed following the suspension of DeHenre’s license.

**Chinese Woman Imprisoned, Tortured for Opposing One-Child Policy**

A Chinese woman who lost her job 16 years ago after refusing to have an abortion has been imprisoned and tortured for complaining about China’s one-child policy, humanitarian groups say.

Mao Hengfeng was sentenced in April to 18 months of “re-education” in a prison camp after she repeatedly complained to government officials about her treatment and asked that her rights be restored. Humanitarian groups report that she has been “brutally tortured” while in prison and that her two daughters have also been arrested and interrogated. Despite opposition from pro-abortion groups, the U.S. is withholding funds from the United Nations Population Fund (UNFPA) for its association with China’s coercive one-child program.

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**Germaine Greer on the “Choice” of Abortion**

On the subject of abortion and “choice” for women, feminist writer Germaine Greer wrote in her 1999 book, *The Whole Woman*:

“...What women ‘won’ was the right to undergo invasive procedures in order to terminate unwanted pregnancies, unwanted not just by them but by their parents, their sexual partners, the governments who would not support mothers, the employers who would not employ mothers, the landlords who would not accept tenants with children, the schools who would not accept students with children...

“If the child is unwanted, whether by her or her partner or parents, it will be her duty to undergo an invasive procedure and an emotional trauma and so sort the situation out. The crowning insult is that this ordeal is presented to her as some kind of a privilege. Her sad and onerous duty is garbed in the rhetoric of a civil right. Where other people decide that a woman’s baby should not be born she will be pressured to carry out her duty to herself, to the fetus, to other people, to the health establishment, to the state by undergoing abortion. Her autonomy is the least important consideration. In both cases she is confronted by people who know better than she what she ought to do.”
about it is fairly superficial detail. Thirty-six years of denial, shame, guilt, pain, sadness, and anger came to an end. I was shown how to look at the abortions through new eyes.

I shared my experiences with 10 other post-abortion women. This was the first time I had ever told anyone about this part of my life. The acceptance and love and forgiveness offered to me enabled me to begin my healing.

I faced my three children, named them and asked for their forgiveness. Through the miracles of this weekend retreat I know that God has forgiven me, and I am on my way to forgiving myself.

Like all good 60’s kids, I wanted a “quick fix,” although I knew one weekend was not going to fix 36 years of torment. My healing is a process, a journey just begun.

I made my dead children a promise, which I quote in full: “I promise you that I will no longer be silent about you. I will not hide in shame or guilt. I commit to turning our pain and sorrow into something good and positive. I will find a way to honor your existence and your deaths. I will let Jesus guide me in memory of you.”

I am discovering many ways of keeping this promise. I shared my story with my family. They were all unbelievably caring, loving, and supportive. Again I am blessed. Not all post-abortion women get such positive, compassionate responses.

Some have families who do not want to hear their stories, who cut them out of their lives, who get angry and mean. That is not what we need for healing. I pray that all families try to understand the depth of the pain of post-abortion women and find compassion.

One of the joys of my retreat was the discovery that I can use my God-given talents for writing and speaking to keep my promise and to perhaps help others understand the difficulties of the post-abortion journey. So I am writing letters to editors and articles such as this.

I am speaking out when appropriate. This year I walked in a Memorial Day parade in memory of Luke, Grace, and Benjamin. I proudly wore a T-shirt that says “Women Regret Abortion.”

I will share my story openly and freely. I will not hide in silence, guilt, or shame any longer. I am not a politician or a lobbyist. I am just a 54-year old woman who has discovered what a heavy price I have paid for the three “choices” I made.

I will do my part to make sure that all information is provided to women who are considering an abortion. I was never informed of what I might experience after the abortions. My consent was not informed. I will use my experience to let other post-abortion women who are suffering know that they are not alone and that there is healing and forgiveness for them, too.

I pray that you, dear reader, will find compassion in your heart for me and for all post-abortion women. With compassion we have a chance for understanding and a chance to heal the gaping wounds of all post-abortion women.

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Case Study

A Need for Compassion
Susan Swander

I need your compassion, as do many other women like me. I am a post-abortion woman. At the age of 54, I am finally confronting the damage that three abortions have done to me. I was one of the lucky ones: I did not suffer any physical damage to my cervix or womb. But the extent of the emotional, mental and spiritual damage in my life is quite overwhelming to me. Here is a bit of my story—my history, my recovery, and my healing.

At age 18 in the 1960’s, I was sexually active and terrified that my parents would find out how I was living my life. I got pregnant and the father was long gone. I didn’t even know his last name. Now what was I supposed to do? Like many other young women at the time I did two things. I got drunk, and I had an abortion. That seemed to be the answer in those days. That answer (that choice) scarred me for life. It changed me forever.

I spent the next six years running from the anguish going on inside. My drinking and my promiscuity increased dramatically; I discovered some of those wonderful hippie drugs we all loved; I started a deadly relationship with food and yo-yo dieting, and I fell in love a dozen times and couldn’t make one of the relationships work.

During this time, I did meet the man of my dreams. He was perfect—well, almost. He had one flaw—he was married. So in 1974 when we wound up pregnant, there was only one, “easy” choice—another abortion. I was so drunk the day of that abortion that I do not remember any of the details. That day is a fog to me except for one feeling that has remained—a deep pain.

For the next 11 years of my life, my coping tools all got worse—the drinking, the promiscuity, the food problems, and two marriages falling apart. Then, several things happened that began my long, slow journey of recovery and healing. God blessed me with a son in 1981, and in 1985, God gave me the gift of sobriety. My sobriety eventually led me back to my Catholic faith, which I had abandoned in my college days.

But my return to my faith did not occur until after I had one more abortion. In 1991, my married friend and I were pregnant again. This time I was sober. This time I wanted to keep the baby. I was given a choice—the baby or him. I was angry and hurt. But after so many years of craziness and foggy thinking, I caved in and had my third abortion.

For 36 years I was an ardent pro-choice advocate, until the circumstances of one fall day in 2003 again changed me and the course of my life. Neither of my vehicles were available to me, so I couldn’t go to my regular church for Sunday Mass. I went to a church closer to home, and after Mass picked up a church bulletin.

There was a small box ad about Rachel’s Vineyard Post-Abortion Retreats that gave a web site address (www.rachelsvineyard.org). Being the good computer junkie that I am, I jumped online to the web site. I sat there reading through the site sobbing, with tears streaming down my cheeks. I knew in my gut that it was time for me to deal with my abortions.

I finally attended my Rachel’s Vineyard Retreat in April 2004. There are no words to describe this profound experience. What I write

continued on page 7

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