

Your Body. Your Choice. Your Problem.

Where Would We Be Without *Roe v. Wade*?

Hidden Pain: Silent No More

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THE AMERICAN FEMINIST

Feminists for Life of America

®

1973 v. 2003



V

Roe v. Wade

A Thirty-Year Reflection of Its Impact on Women

THE AMERICAN FEMINIST ♀

Feminists for Life of America

"When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society—so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been greatly wronged." — Mattie Brinkerhoff, *The Revolution*, September 2, 1869



W I N T E R

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Remember the Woman

Margaret Colin
Actor and Honorary Co-Chair

IT IS A SPECIAL HONOR FOR ME to be with you here to talk directly to those who have a huge impact on the lives of women and speak on a subject I am passionate about and have been involved with since my mother helped to form the New York State Right to Life Party. We marched here to support all women and protest the violence against them, legislated by *Roe v. Wade*.

In just six short months we will mark the 30th anniversary of *Roe v. Wade*. And while many will remember the 40 million American children that were never born, I want us to also remember the 25 million women and girls in America today who have personally experienced an abortion.

I want you to remember a 13-year-old African-American named Dawn Ravenell, who skipped junior high one January day in 1985 to have an abortion. She died three weeks later having never regained consciousness from this legal procedure. Which part of safe, legal and rare would this be?

I want you to put yourself in the shoes of Marion Syversen, who was raised in a very abusive environment. At age 15, she sought assistance from a local church when she found herself pregnant. Instead of help, Marion was handed \$150, so she thought that God wanted her to have an abortion. She wanted to have her baby—where were the resources to rescue her from that abusive family? We let her down. We didn't give her a place to go, a phone number to call, a safe haven. We could have saved her from the abusive situation and helped her to make choices about her pregnancy. Is abortion the best we could do for her?

I want you to remember Guadalupe Negron, who sought an abortion at age 33 because she thought her husband would not be able to afford another child. After infection set in, one limb after another was amputated until she died leaving her husband and four children motherless. Didn't she have a right to know assistance is available for women in exactly this situation?

And as you revisit the issue of partial-birth abortion, I want you to put yourself in the place of a woman who hoped that if she hid the pregnancy long enough she would have been protected from abortion legally and found the support she needed. But instead she experiences three days of forced labor, risks her future fertility, and while she is awake, fully realizes what is happening to her baby. How does this help her?

Imagine the desperation of a woman so terrified of what her boyfriend, parents, employer, or school will do or not do to support her that she is willing to swallow poison, RU-486. And after three or four visits to a clinic, comes face to face with a recognizable fetus as she aborts at home, at work, in her dorm or doubles over in a grocery store. How is this good medicine?

We mourn our missing children with these women. And we remember the women who have been rendered infertile or died from legal but lethal abortion.

This is violence against women. This is the failure of medicine to help and heal. This is the failure of our American society to help and protect women. We need to address the reasons that women seek abortions, to help them find the resources that are available to ease their situations, and coordinate the resources nationwide. Politically, women have always sought to address the root causes. This isn't news. The early American feminists who fought for our right to vote, fought for the rights of pregnant women—for society to change to accept them, not for them to change to be accepted by society.

As my friend, Emmy winner and Honorary Chair of Feminists for Life, Patricia Heaton, has said, "Women who are experiencing an unplanned pregnancy also deserve to experience unplanned joy."

This year, remember the woman. Become her voice. And help us redirect this debate by focusing on solutions—because women deserve better. ○

Born and raised in New York, Margaret Colin has an impressive history of roles in television, theatre and film. Her credits include "Three Men and a Baby," "Independence Day," "The Butcher's Wife," and "The Devil's Own." Margaret has also portrayed Jacqueline Kennedy Onassis in "Jackie," a hit Broadway show. She has appeared in several television series, including "Chicago Hope," "Foley Square," "Now and Again," and "Madigan Men," and the made-for-television movies "Familiar Stranger," "The Wedding Dress" and "Swing Vote." Margaret recently appeared in the film "Unfaithful," and this fall she will appear in a film entitled "Blue Car." Margaret became FFL's Honorary Co-Chair in 1999 and has spoken out for life on several occasions, including testifying before Congress against research on human cloning. She delivered this address at a Congressional briefing on July 14, 2002.



ABORTION CLINIC

Combating

IN THEIR QUEST to legalize abortion, abortion advocates warned the American public that unsafe, “back-alley” abortions were killing women. Legalizing abortion would make the procedure safer, since it would be performed in sanitary, well-equipped offices and clinics under the supervision of trained medical personnel—or so the argument went.

Thirty years later, many of the nation’s abortion clinics are the true “back alleys” of abortion mythology. Each year thousands of American women are injured, undergo hysterectomies, endure the pain of infertility, or even die because of substandard care at abortion clinics.

In recent years, several abortion-related deaths have garnered significant local and national attention. In one such case, Lou Anne Herron, a 32-year-old mother of two from Arizona, 26 weeks pregnant, bled to death in April 1997 after the abortion doctor punched a two-inch hole in her uterus.

In the recovery room, Ms. Herron was bleeding heavily, eventually lying in a pool of

her own blood. She also was heard to complain that she “couldn’t feel [her] legs.” Characteristic of many abortion clinics, untrained and inexperienced medical assistants were responsible for monitoring Ms. Herron’s recovery.

Later, these medical assistants, realizing that Ms. Herron was still bleeding heavily and had not fully regained consciousness, alerted abortion doctor John Biskind and the clinic’s administrator. Rather than ensuring that Ms. Herron received basic post-operative care, Biskind finished his lunch, performed other

clinics. In Louisiana, a local television station, with the help of a clinic employee, videotaped the conditions inside one abortion clinic, revealing blood-spattered walls, jagged surgical instruments, and generally unsanitary conditions.

In response to mounting evidence of unsafe, unsanitary and medically substandard conditions at some abortion clinics, state legislatures in Arizona, Louisiana, South Carolina and Texas have recently passed comprehensive abortion clinic regulations, designed to ensure the

have no law regulating abortion clinics or do not enforce existing laws. The District of Columbia also has no law.

In the most common reason for non-enforcement of laws on the books, state attorneys general have ruled their states’ laws unconstitutional because of second-trimester hospitalization requirements. Subsequent to *Roe v. Wade*, the U.S. Supreme Court ruled a strict second-trimester hospitalization requirement unconstitutional, which gutted many laws

REGULATIONS: “Back Alley” Abortions

abortions, and eventually left the clinic to visit his tailor. Ms. Herron bled for three hours before an ambulance was called. When the ambulance arrived, Ms. Herron was dead and Biskind had not returned to the clinic. In February 2001, Biskind was convicted of manslaughter and is now serving a five-year prison sentence. The clinic administrator was convicted of negligent homicide for failing to ensure that Ms. Herron received proper care and for failing to call an ambulance.

Travesties such as these raise serious questions. Abortion advocacy groups have utterly failed to answer these legitimate questions from the public and the media about the safety of abortion clinics—or even to acknowledge that a problem exists.

Adding to the impact of publicity surrounding abortion deaths, investigative journalists have exposed unclean and substandard conditions at some abortion

health and safety of women seeking abortions. Other states have re-evaluated the effectiveness of existing regulations.

More and more state legislators are acting quickly and decisively to protect women’s health and prevent more deaths and injuries.

This is not true of abortion advocates, who claim to stand for women’s rights and to be motivated by concerns for women’s health. Many oppose any regulation of abortion facilities. Tragically, in some states, veterinary clinics are more regulated than many abortion clinics. It is strangely disconcerting to know that our pets are more protected than women who seek abortions. Meanwhile, in other states, abortion clinics have been specifically exempted from complying with requirements imposed on general surgery offices and outpatient surgical centers.

Twenty-four states, including such populous states as New York and Colorado,

passed to regulate abortion after the 1973 decision.

Twenty states regulate the provision of abortion at all stages of pregnancy. Six additional states regulate some aspect of the provision of second-trimester abortions. However, the scope and effectiveness of these regulations vary widely. Some states require that certain abortions take place in hospitals or surgical centers, while others simply require that abortion clinics provide statistical information to state officials.

Often, comprehensive abortion clinic regulations (like those in Arizona, South Carolina and Texas) include such “controversial” requirements as maintaining a smoke-free and vermin-free environment, properly sterilizing instruments and having resuscitation equipment and drugs necessary to support cardiopulmonary function readily available in treatment and recovery rooms. Equally unacceptable to many abortion providers are requirements that clinics maintain and

periodically review written guidelines for patient care and employ properly trained and certified personnel. Moreover, state regulations may also require that the clinic employ a registered nurse to monitor patient recovery and care, that at least one physician employed by the clinic have admitting privileges at a local hospital, and that patient medical records be properly maintained and safeguarded. In order to ensure compliance with the regulatory requirements, the regulations also typically provide for an annual inspection by the state health department prior to initial licensing or subsequent re-licensure.

Despite their public profession of commitment to women's health, abortion advocates, including local and state affiliates of Planned Parenthood, the National Abortion Federation (NAF) and most abortion doctors, adamantly and publicly oppose any state regulation of abortion clinics or other facilities performing abortions. Using the term "targeted regulation of abortion providers" ("TRAP") to refer to any regulation of abortion facilities, they lobby tirelessly against the passage of these laws, cynically claiming the regulation is unnecessary and politically motivated. Then, when they fail to derail the legislation, they institute court challenges against enforcement.

Legal challenges to the comprehensive abortion clinic regulations in Arizona, South Carolina, Tennessee and Texas have recently been filed. To support their legal challenges, abortion advocates frequently and disingenuously argue that the regulations are not designed to improve

women's health and will, in fact, hurt women. In advancing this argument, they blatantly ignore the legislatures' frequent reliance on standards of care devised and promulgated by national abortion advocates NAF and Planned Parenthood in establishing medically appropriate, minimum standards for abortion care.



Abortion activists also argue that the cost of complying with the regulations will drive many providers out of business, undermining women's ability to get abortions and, therefore, compromising their health.

For example, according to the Center for Reproductive Law and Policy (CRLP), a pro-abortion legal group, "[T]he real purpose of TRAP laws is to make it harder

for women to exercise their constitutional right to choose abortion. Anti-choice legislators and government officials claim they target abortion providers in order to make abortion safer. However, legal abortion is one of the safest surgical procedures in this country. Singling out abortion with discriminatory TRAP

measures serves only the anti-choice goal of making abortion prohibitively expensive and increasingly difficult to obtain."

What is amazing is that these medically appropriate standards are standards the abortion industry itself developed. These legal challenges clearly demonstrate that the abortion industry sees "women's health" in very narrow terms, equating it with access to abortion rather than with safe and competent medical care.

The abortion industry's arguments against clinic regulation also expose the industry's refusal to take affirmative action to protect women from the dangers inherent in abortion. Women have been the victims of the abortion industry's refusal to police itself. In opposing common sense and medically appropriate regulations, the abortion industry reveals an ugly agenda—pocketing profits instead

of investing in women's safety.

While the challenges to the Arizona, South Carolina and Texas regulations are still in litigation, the results have been promising. In August 2000, the Fourth Circuit Court of Appeals upheld the South Carolina regulations, rejecting arguments that the regulations would prohibitively increase the cost of abortions and would ultimately hurt women's health. In early

24 states, including such populous states as New York

have no law regulating abortion clinics or do not en

2001, the Supreme Court refused to review the case.

Not to be deterred, attorneys from CRLP continued to challenge the regulations when they were sent back to the lower court, losing yet another battle in September 2001. In April 2002, the Fourth Circuit was again asked to review the regulations and rule on different constitutional challenges to their enforceability.

Meanwhile, the Texas regulations have survived challenges alleging that they “unduly burden” a woman’s right to choose abortion and that they violate constitutional equal protection guarantees. In advancing the equal protection theory, attorneys who represent abortion clinics are, in effect, arguing that abortion cannot be regulated without the state also regulating every other arguably “comparable” surgical procedure. To support this legal theory, they argue that such diverse procedures as the removal of tracheotomy tubes, the removal of moles and skin lesions, biopsies and other unrelated medical procedures are “comparable” to abortion. This argument ignores what the American public, women and even the Supreme Court have recognized—abortion is a “unique act” with unique consequences.

While recent court victories are encouraging, the legal battles over abortion clinic regulation have just begun. Ultimately, the Supreme Court will be called upon to decide to what degree and in what circumstances individual states can regulate abortion facilities. In the meantime, these lower court decisions can have positive and far-reaching implications for women’s health by encouraging state legislators to take decisive and concrete action to ensure that women are not receiving substandard medical care at abortion clinics. ○

and Colorado,

force existing laws.

WE REMEMBER



Gracealynn T. Harris

1976 – 1997

GRACEALYNN T. HARRIS WAS 19 YEARS OLD when she bled to death from a perforated uterus after a botched abortion at a Delaware clinic, as the doctor hurried off to his private practice in New Jersey.

“It’s an inadvertent perforation that happened without showing any signs that it happened,” Dr. Mohammad Imram testified. “I have no idea how it happened. I do know how to introduce these instruments.”

Dr. James Mollick, an ob-gyn who practices in Pennsylvania, testified as an expert witness that Imram violated several standards of care, including failing to perform a second trimester abortion in a hospital and not using an ultrasound to guide the instruments. “At 18 weeks of gestation, she has an extremely high risk of being perforated.” Mollick also noted that Imram was working on two patients simultaneously.

Witnesses testified that Harris was weak after the procedure, needed a wheelchair to leave the clinic and may have suffered a seizure in front of the staff. No ambulance was ever called.

In his closing arguments, defense attorney Gil Shelsby said there are commonly acknowledged risks associated with abortions, and that Imram did everything that could have been reasonably expected of him.

Gracealynn Harris was four and a half months pregnant upon her death in September 1997. She left a son, less than one year old. A Delaware Superior Court jury found the Delaware Women’s Health Organization and Imram medically negligent and awarded more than \$2 million to Harris’ son in January 2002. The abortion clinic had already reached an undisclosed settlement with the plaintiffs; that amount and the more than \$900,000 Imram is required to pay will go into a court-controlled account for the child. Imram is a part owner of the abortion clinic.

Source: *The (Wilmington) News Journal*, Jan. 16, 2002; *The Prolife Infonet*, based on *The Associated Press*, Jan. 14, 2002.



YOUR BODY. YOUR CHOICE.

POLITICS AND IDEOLOGY often render research data questionable, but when statistics revealing abortion's harmful health effects derive from a study conducted by a scientist who supports legalized abortion, critics may find it hard to cry foul.

"I would have liked to have found no association between breast cancer and abortion," says Dr. Janet Daling, a researcher for the Fred Hutchinson Cancer Center, "but our research is rock solid, and our data is accurate. It's not a matter of believing, it's a matter of what is."

In 1994, commissioned by the National Cancer Institute, Daling and her research team conducted 1,850 thorough, two-hour, in-home interviews with women in their 40s—845 who had breast cancer and 961 who did not. The results of the study were reported in the *Journal of the National Cancer Institute* the same year and indicated a causal relationship between abortion and breast cancer.

Daling's research linking breast cancer and abortion represents one of many studies conducted by medical researchers since 1957. In 1996, Dr. Joel Brind, a professor of endocrinology at Baruch College, published a comprehensive review and meta-analysis of abortion as an independent risk factor for breast cancer. This review of 40 years of research found abortion increases a woman's overall risk of breast cancer by 30 percent.

The National Cancer Institute study discovered a 50 percent increased risk of breast cancer of women who had an abortion before having a full-term pregnancy. Women who had abortions before age 18 or after age 30 doubled their risk. One result from a small sample merits more research: all 12 women in Daling's study who both were under 18 years old when they had an abortion and had a family history of breast cancer developed breast cancer by the age of 45.

Brind explains, "A woman's exposure to the hormones of early pregnancy—if it (the pregnancy) is interrupted—is so great, that just one interrupted pregnancy is enough to make a significant difference in her risk."

"My heart sinks every time I see a woman in her 30s with breast cancer and young children. Perhaps if she had known her abortion would have increased her risk of breast cancer, she might have made a different choice," says Angela Lanfranchi, M.D., a New Jersey breast surgeon who first suspected a correlation when she noticed many of her younger breast cancer patients had previously aborted. Lanfranchi analyzed her own patients' records and found



New Jersey breast surgeon Dr. Angela Lanfranchi (above) discovered that 30 percent of her breast cancer patients in their 30s with no family history of breast cancer had experienced abortions.

YOUR PROBLEM.

30 percent of breast cancer patients in their 30s without a family history of breast cancer had experienced abortion. Lanfranchi eventually joined with Brind to co-found the Breast Cancer Prevention Institute (www.bcpinstitute.org) to inform women of this risk and others.

Scientists from Japan, Denmark, Italy, Canada, France and Russia have concurred with Brind's conclusions, and *The Wall Street Journal* called his abortion-breast cancer research "very objective and statistically beyond reproach." In *The Care of Women Requesting Induced Abortion*, published in April 2000, Britain's Royal College of Obstetricians and Gynaecologists said that Brind's meta-analysis was "well-done" and "could not be disregarded."

Yet, Planned Parenthood, the National Abortion and Reproductive Rights Action League (NARAL), and the National Organization of Women (NOW) dismiss the research as a pro-life "scare" tactic. NARAL's website discounts the abortion-breast cancer link, which showed an association in 27 of 33 studies, 18 of which were statistically significant, contending, "Legal abortion is one of the safest and most common medical procedures available today. And although anti-choice groups often try to link abortion with the risk of developing breast cancer, the largest and most comprehensive study on the subject concluded that 'induced abortions have no overall effect on the risk of breast cancer.'"

Like many abortion advocacy organizations, NARAL cites "recall bias" as the reason studies show a relationship between abortion and breast cancer—the claim that women who have breast cancer are more likely to accurately recall an abortion, while healthy women underreport previous abortions. They also attribute to the birth control pill any increase in breast cancer due to estrogen.

However, even the large study cited by NARAL, a study of about 300,000 Danish women who had induced abortion, found a 38 percent increased risk of breast cancer if the abortion was at later than 12 weeks. The study's authors, whose conclusions were published in *The New England Journal of Medicine* in 1997, note the risk of breast cancer increases by 3 percent at each additional gestational week, but discount their own statistics. They note that late abortions were a small portion of those analyzed and conclude there is no risk of breast cancer from abortion in the first trimester and that induced abortions have no overall effect on the risk of breast cancer.

The bias against admitting an abortion-breast cancer connection affects a large segment of society. The Alan Guttmacher Institute estimates that 43 percent of American women will have had an abortion by age 45, saying that each year "2 out of every 100 women aged 15-44 have an abortion." The Institute estimates 46 million abortions occur annually worldwide.

These are frightening facts, says Jennifer O'Neill, an internationally acclaimed actor, film and television star, director, author and artist. O'Neill became a household name with her starring role in the classic film "Summer of '42" as well as being spokesperson for Cover Girl Cosmetics for an unprecedented 30 years.

O'Neill reluctantly experienced an abortion early in life and nine miscarriages thereafter. In her new book, *From Fallen to Forgiven: A Spiritual Journey Into Wholeness and Healing*, O'Neill discusses the termination of her pregnancy. Currently, her mother is undergoing radiation to treat breast cancer and O'Neill knows family history puts her at additional risk.

"Why is the elevated risk of getting breast cancer such a secret? Why don't we have guidelines for those at higher risk from abortion in order to detect breast cancer earlier? So-called women's advocates refer to this information as a 'scare tactic.' Getting and not treating breast cancer is a much more frightening issue. The truth will set you free in more ways than one!" says O'Neill. O'Neill

"My heart sinks every time I see a woman in her 30s with breast cancer and young children. Perhaps if she had known her abortion would have increased her risk of breast cancer, she might have made a different choice."

Angela Lanfranchi, M.D.

Voices

OF WOMEN WHO MOURN

I HAD BEEN ENGAGED to an extremely powerful man for two years when I became pregnant. I was ecstatic at the idea of having a child with my fiancé, a man I loved so and was finally about to marry. My joy was short-lived as I stood frozen in horror and disbelief at his unequivocal negative response to my "good news." In short, he promised that he would do everything in his power to emotionally and verbally coerce me into getting an abortion. If I ever insisted on carrying the baby, he swore he would take "his" baby away from me—and assured me, in a tone of voice I had never heard him use before, that he had the political clout, financial means, and industry power to annihilate me personally and professionally.

In the seventies we were told a lie from the pit of hell (and it is still told today), that a pregnancy is just a blob of tissue in the uterus up until three months' gestation. We have no moral responsibility to a blob of tissue—that microscopic entity without a name or a face is no one. Everyone, including my mom and dad and my doctor, told me that abortion of the "tissue" prior to three months' maturity was "all right"—just an inconvenience.

Ignorance on my part is a weak excuse, but an accurate one. I now feel that, despite all the overwhelming outside pressure, I was pitiful in my inability to stand up against others' reasoning, no matter how powerful. I buckled under fear. I didn't know then where to find real strength, to find real truth. Deep down I knew I was wrong to abort my baby, even when everyone was saying it was right. Nothing in the world could ever make me opt for that choice again.



Excerpt from *From Fallen to Forgiven: A Spiritual Journey Into Wholeness and Healing*, by Jennifer O'Neill, W Publishing Group, 2002, by permission of Jennifer O'Neill, actor, model, author, director, and spokesperson. O'Neill

became a household name with her starring role in the classic film "Summer of '42" as well as being spokesperson for Cover Girl Cosmetics for an unprecedented 30 years. For more information, check out her bio at www.jenniferoneill.com.

found a lump in her breast when she was in her 20s, which fortunately turned out to be benign. In 1972, she became the first spokesperson on breast cancer awareness for the American Cancer Society. Ironically, the American Cancer Society does not acknowledge abortion as a risk factor for breast cancer.

"How long will this nation sit by as a powerful, well-funded industry continues to expose women to the No. 1 preventable risk of breast cancer?" wrote Dennis Byrne, in his May 2001 column in *The Chicago Tribune*. "No, I'm not talking about the chemical industry, daily poisoning the environment with its toxins. Nor the producers of fatty food or alcohol. I'm talking about the abortion industry."

Other Threats to Women's Health

Daling and Brind's breast cancer studies are not the only research censored by pro-abortion groups and the media. Additional studies indicate that women who have abortions may be at increased risk of cervical, ovarian and colorectal cancers.

The health of future children as well as the capacity to bear children can be damaged by abortion. The abortion procedure can cause incompetent cervix and infertility, particularly in the presence of sexually transmitted disease, according to a survey of scientific work published this year in *Women's Health After Abortion: The Medical and Psychological Evidence*, by Elizabeth Ring-Cassidy and Ian Gentles. Studies they cite indicate abortion multiplies the possibility of ectopic pregnancy, miscarriage, premature delivery, endometriosis, and infertility. Premature delivery increases the risk of birth defects such as cerebral palsy and other physical and mental disabilities. An undiagnosed ectopic pregnancy can result in removal of the ovaries or maternal death.

Maternal abortion deaths are also underestimated due to imprecise reporting, according to Ring-Cassidy and Gentles, who note that the Alan Guttmacher Institute, the research arm of Planned Parenthood with a vested interest in lower numbers, reports a higher incidence of abortion-related deaths than the U.S. Centers for Disease Control. These deaths are often classified by the symptoms women bring to the emergency room, such as hemorrhaging or infection, and are rarely attributed to abortion itself.

Chemical Abortion

In addition to the health risks associated with medical abortion, the long-term risks linked to chemical abortifacients such as RU-486, recently approved in the United States after a shorter than normal trial period, are also a subject of concern. Yet the immediate risks to women's physical health are already well documented.

Touted as the safer alternative to abortion, RU-486, marketed in the U.S. as Mifeprex, exposes women to many hazardous side effects. Five percent of women taking Mifeprex will need immediate surgical intervention because the procedure fails to expel the fetus. Two percent of patients will be hospitalized for excessive bleeding, which often lasts for more than 30 days.

With three million abortions performed annually, this could translate into 9,000 emergency D&C's (dilation and curettage) and 5,000 admissions for other complications, at a cost well above the \$450 for the Mifeprex. Meanwhile, chemical abortions performed at home allow the problems associated with abortion to be further concealed.

In *Women's Health After Abortion*, authors Ring-Cassidy and Gentles report 38 different symptoms associated with chemical abortion, including diarrhea, prolonged bleeding, pelvic inflammatory infection, gastrointestinal problems, uterine perforation, and high fevers. Women describe the procedure as more painful than surgical abortion, and high-dose narcotics are prescribed frequently.

The book compiles research from more than 500 studies citing the risks associated with medical and chemical abortion and offers vital information too often ignored by the medical community. Ring-Cassidy and Gentles warn, "The ongoing social debate about [abortion's] morality has distracted the medical profession from the close scrutiny to which other forms of surgery are subject," jeopardizing the health of thousands of women each year.

Remember the Woman

FFL Honorary Co-Chair actor Margaret Colin addressed members of Congress in July, asking them to understand the devastating consequences associated with abortion. After enumerating several instances where women died from legal abortions, were rendered infertile from the procedure, or suffered other irreversible health effects, Colin called abortion "violence against women." She went on to say, "This is the failure of medicine to help and heal. This is the failure of our American society to help and protect women." (See p. 3.)

Women deserve to know up-to-date information about procedures that could jeopardize their immediate and future health. Despite her support of legalized abortion, Daling finds the suppression of information regarding the safety of abortion procedures abhorrent: "If politics gets involved in science, it will really hold back the progress [women] have made." ○

Resources:

- **The Abortion and Breast Cancer Connection**
www.ettters.net/cancer.html
- **Breast Cancer Prevention Institute website**
www.bcpinstitute.org
- **Coalition on Abortion/Breast Cancer website**
www.breastcancerabortion.com



HIDDEN PAIN

Silent No More

Valerie Meehan

THIRTY YEARS after the *Roe v. Wade* decision, large-scale research is beginning to find abortion harms women psychologically. But the issue remains clouded by the politics of abortion—and by the shame felt by women who have aborted.

“The whole issue is underground. I had my abortion when I was 16 years old. I didn’t deal with it for 19 years. I pretended it was no big deal,” says Georgette Forney, chair of the national post-abortion awareness campaign “Silent No More.” “One day when I was cleaning out some drawers, I came across a yearbook from that year. I didn’t see the kids, I saw my baby. At that point, I came face to face with my pain.”

“The shame issue will keep us silent and suffering in silence,” says Forney.

Our society wants women to “stuff” their pain, contends therapist Theresa Burke, Ph.D., in a new book, *Forbidden Grief: The Unspoken Pain of Abortion*, written with David Reardon. “As a society we have chosen to tolerate the deaths of unborn children for the purpose of improving the lives of women... This moral compromise is disturbed, however, when women speak of their broken hearts after abortion,” says Burke.

The increasing number of outreach groups for women who have suffered the trauma of abortion, such as Rachel’s Vineyard and abortion rights group The Healing Choice, demonstrates at least some women are seeking therapeutic help after abortion.

Now, several large studies, relying on health and death records of hundreds of thousands of women, have found strong links between abortion and suicide and psychiatric admissions. These record-based surveys, in tandem with a number of smaller studies, support findings of psychological harm.

Suicide is the most unequivocal gauge of distress. Women who have aborted in the previous year are six times more likely to commit suicide than women giving birth, according to a study based on the health and death records of almost 600,000 women in Finland from 1987 to 1994. Another U.S. study using Medicaid abortion records yielded similar results. Researchers in Great Britain studied hospital

admissions for attempted suicide in Wales from 1991 to 1995 and found women who had induced abortions were 225 percent more likely to attempt suicide than women admitted for normal delivery.

In contrast, childbirth seems to protect against suicide. Women who have given birth are half as likely to commit suicide as those in the control groups, according to studies cited in a Canadian book published this year, *Women’s Health After Abortion: The Medical and Psychological Evidence*, by Elizabeth Ring-Cassidy and Ian Gentles. The book, published by the deVeber Institute for Bioethics and Social Research in Toronto, Canada, surveys over 500 articles that have appeared in medical and other journals worldwide, mostly during the past 20 years.

Psychiatric admissions jump after abortion, according to several large studies cited by *Women’s Health After Abortion*. The rate of hospitalizations for psychiatric problems after abortion is nearly five times higher than for the general population, according to recent research sponsored by the College of Physicians and Surgeons of Ontario, Canada.

The study only concerned itself with a three-month period after abortion, and compared 41,039 women who had induced abortions with a similar number who did not. Another large record-based study of women in California found that, over a four-year period, women who aborted had a 72 percent higher rate of psychiatric admission than women who delivered their babies.

Yet many mental health professionals refuse to acknowledge abortion may underpin a patient’s problems, says Burke. The American Psychiatric Association in 1994 removed abortion as a possible “psycho-social stressor” in the fourth revision of its diagnostic manual (*DSM-IV*), the professional bible of the mental health field. In 1992, the prestigious



Women Deserve BetterSM campaign partner and Executive Director of National Episcopalians for Life Georgette Forney is spearheading a national campaign, “Silent No More,” to reach women like her who have experienced an abortion.

Journal of the American Medical Association published a disparaging commentary, "The Myth of Abortion Trauma Syndrome."

Burke quotes a website sponsored by a Planned Parenthood affiliate in Illinois: "You can say or yell 'stop' whenever you have disturbing thoughts...If you find yourself fantasizing too often about what the child might have been like, you should substitute another fantasy: a baby crying because you have no time to give it."

Planned Parenthood, a strong advocate and provider of abortions, acknowledges 10 percent of women will experience lingering depression after abortion, although Planned Parenthood attributes this to pre-existing psychiatric disturbances.

Abortion as an underlying cause of depression is frequently ignored. For example, one young woman, hospitalized for a nervous breakdown, "informed numerous doctors and therapists that her problems began after her abortion. Despite her explanations, no one would consider abortion as a counseling issue. Everyone thoroughly dismissed her abortion as irrelevant," Burke writes.

"They treated me with drugs: tranquilizers, antidepressants and anxiety medication. That's how they handled my grief and pain. They turned me into a zombie," said Kasey (a pseudonym) after her recovery, in an interview published in *Forbidden Grief*.

Ring-Cassidy and Gentles' survey of available literature found that the danger to adolescents from abortion is significantly higher than the danger to adults, according to several small studies. While adolescents are less likely to attempt suicide before an abortion than adult women, they are more than twice as likely as adult women to attempt suicide after abortion, according to a study published in 1998 in the journal *Adolescence*. Meta Uchtmann, director of Suicide Anonymous in Cincinnati, reported that in a 35-month period her group had worked with 4,000 women and nearly half previously had an abortion, according to *Forbidden Grief*. Of the 1,800 who had an abortion, 1,400 were between the ages of 15 and 24, Burke notes.

This is particularly significant since abortion is widely seen as a solution to an unwanted pregnancy blighting a young

woman's future. One in three abortions in the U.S. is performed on teens.

"A lot of younger girls...they've had an abortion on Saturday and they are looking for on-line help on Monday. They are starting to shut down emotionally, they can't go to school," says Georgette Forney, who counsels via the Internet. "As a 16-year-old, you are not prepared to have yourself violated like that. The trauma totally freaks you out."

In general, data on abortion's effects is hard to obtain, with many states collecting no information at all. In addition, researchers are inevitably either pro-life or pro-abortion, although many pro-abortion researchers do not identify themselves as such, Ring-Cassidy and Gentles note.

In 1989, after being directed by President Reagan to study the effects of abortion on women, then-Surgeon General C. Everett Koop stated that all research he found was methodologically flawed. Koop recommended a large-scale study, which was never funded. The survey by Gentles and Ring-Cassidy found the most reliable and extensive studies to be conducted in other countries with liberal abortion laws, particularly in Scandinavia, where extensive records are kept under a national healthcare system.

Very little research has been done using properly matched groups with a control group, the gold standard of scientific studies, Ring-Cassidy says. Many studies consider only short-term outcomes, are often based on questionnaires completed by women shortly after an abortion, and are administered by abortion providers who are biased in favor of a positive outcome, she says. Those reports that look at more long-term follow-up are flawed by "sample attrition," because many women drop out before the study is completed. These women are often most affected by the abortion experience, she says.

While much more research needs to be done, the preponderance of data indicates abortion causes psychological harm to at least some women. Before she chooses abortion, any woman should be aware of the potential of long-term risks to her emotional health.

As Serrin Foster, president of Feminists for Life of America, notes: "Advocating abortion as a simple choice dismisses the huge emotional cost paid by millions of women." ○

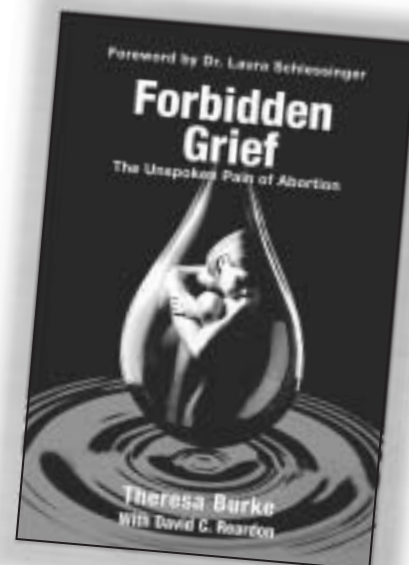
Post-Abortion Outreach

WEBSITES

- www.abortionfacts.com
- www.afterabortion.org
- www.hopeafterabortion.com
- www.pregnancycenters.org
- www.priestsforlife.org/postabortion/postabortiontestimonywomen.htm
- www.ramahinternational.org
- www.rachelsvineyard.org

OTHER:

- The National Post-Abortion Awareness Campaign: Silent No More
800-707-6635
www.helpafterabortion.com





The Burger Court, 1972

On September 23, Women Deserve BetterSM campaign partners held a Senate luncheon briefing sponsored by Senators Jon Kyl, Rick Santorum, Richard Shelby, and Assistant Minority Leader Don Nickles. Actor Jennifer O'Neill (see p. 10) and FFL President Serrin Foster were the featured speakers. Portions of the speeches were carried by thousands of radio and cable television stations.

Where Would We Be

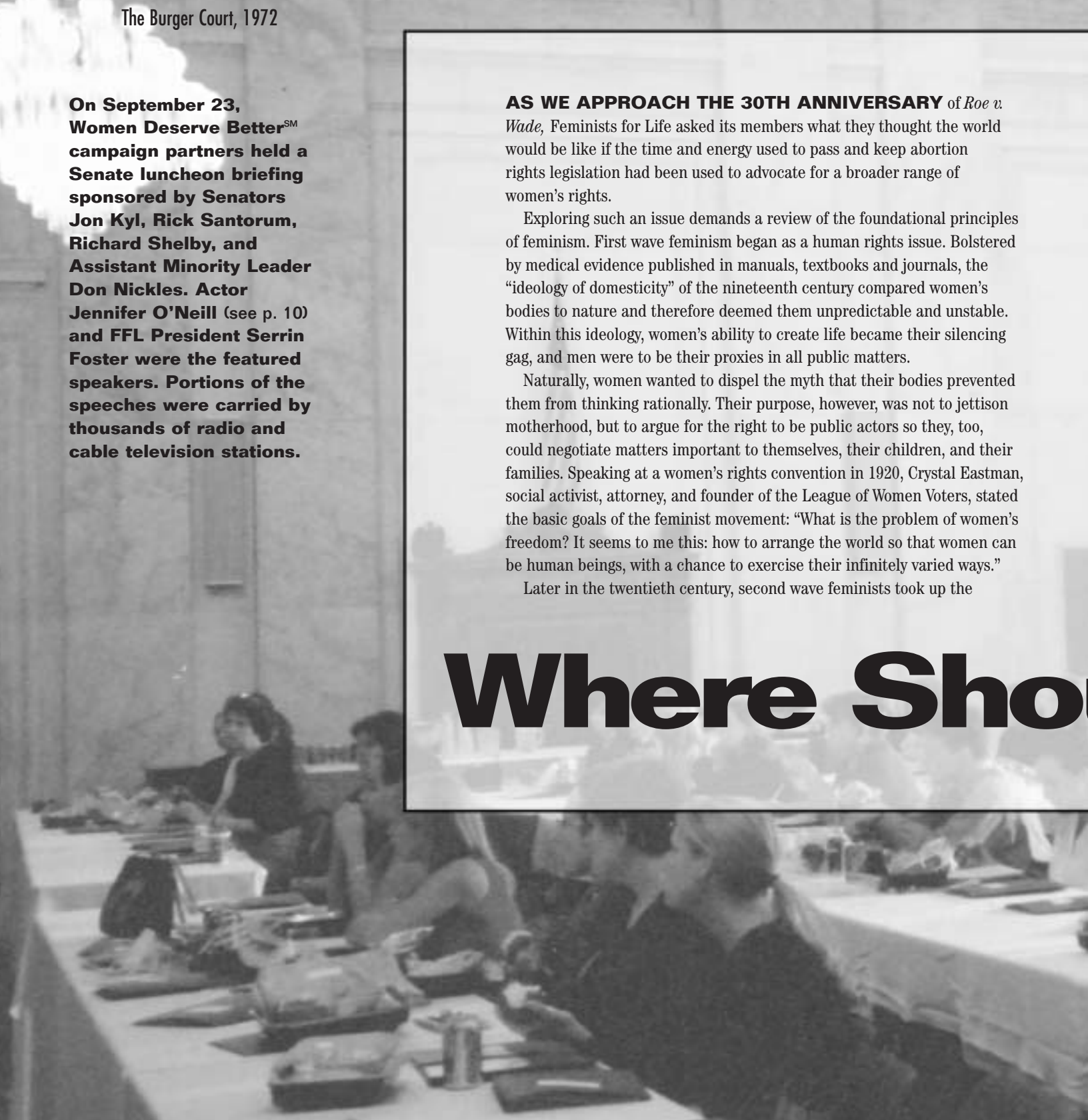
AS WE APPROACH THE 30TH ANNIVERSARY of *Roe v. Wade*, Feminists for Life asked its members what they thought the world would be like if the time and energy used to pass and keep abortion rights legislation had been used to advocate for a broader range of women's rights.

Exploring such an issue demands a review of the foundational principles of feminism. First wave feminism began as a human rights issue. Bolstered by medical evidence published in manuals, textbooks and journals, the "ideology of domesticity" of the nineteenth century compared women's bodies to nature and therefore deemed them unpredictable and unstable. Within this ideology, women's ability to create life became their silencing gag, and men were to be their proxies in all public matters.

Naturally, women wanted to dispel the myth that their bodies prevented them from thinking rationally. Their purpose, however, was not to jettison motherhood, but to argue for the right to be public actors so they, too, could negotiate matters important to themselves, their children, and their families. Speaking at a women's rights convention in 1920, Crystal Eastman, social activist, attorney, and founder of the League of Women Voters, stated the basic goals of the feminist movement: "What is the problem of women's freedom? It seems to me this: how to arrange the world so that women can be human beings, with a chance to exercise their infinitely varied ways."

Later in the twentieth century, second wave feminists took up the

Where Should



Without *Roe v. Wade*?

mantle of their foremothers, and their advocacy ushered in unprecedented changes for women. Their work began with a broad agenda and the slogan “the personal is political.” But the road toward Crystal Eastman’s vision of arranging the world to accommodate women became bumpy. Key movement leaders came to accept a more limited vision: that women could attain “equal rights” as long as they adopted male values, and by extension, those of the workplace, which had little patience with the needs of children or their employee caretakers.

With this shift, the “varied ways” of women became liabilities. To level the playing field, the National Organization for Women and others decided they needed to take control of biology, thus morphing the feminist movement into a single-issue campaign to secure and protect abortion on demand. Paradoxically, the pro-abortion feminist view that women’s biology keeps them from attaining equality with men gives credence to arguments men have used to subjugate women and minorities throughout history.

Feminists for Life of America, several members of Congress, and other members of the Women Deserve BetterSM campaign are working to reestablish the foundational principles of the feminist movement by providing real solutions so all people—including women, including the unborn—can share in the equal rights guaranteed by the Constitution and enrich the world with their “infinitely varied ways.”



ould We Be?



Where Would We Be...What You Think

Comments from our website

I have no doubt that there would still be a strong abortion rights movement in this country without *Roe v. Wade*. However, I do think that a different approach to other issues might be taken in the absence of legal abortion.

For with legality comes acceptance; and this acceptance has a ripple effect on other issues such as international aid efforts. Access to abortion in developing countries is seen as a necessary step in fighting against poverty and the oppression of women.

If abortion were not legal in this country, then perhaps U.S.-based organizations would focus more on eradicating the actual poverty and oppression of women. I believe that *Roe v. Wade* has clouded the mission of essential programs that seek to help women in distress, leaving in place the very situations for which abortion is sought and justified.

There are women who are raped and become pregnant; the problem is that they were raped, not that they are pregnant.

There are women who are starving who become pregnant; the problem is that they are starving, not that they are pregnant.

There are women in abusive relationships who become pregnant; the problem is that they are in abusive relationships, not that they are pregnant.

Without *Roe v. Wade*, I think that this country and our world would be able to focus more on the problems that make pregnancy and motherhood difficult instead of accepting pregnancy and motherhood as difficult and going from there.

*Megan Clancy
Washington, D.C.*

If the United States Supreme Court had not legalized abortion 30 years ago with the *Roe v. Wade* decision, I believe that the United States would be a kinder home for men and women. Through the act of abortion, I believe that women and men lose respect for one another that results in a loss of mutual admiration between the sexes. If abortion had not been legalized, I believe the United States would experience less rape, domestic violence, and mutual infidelities between men and women.

*Christine Urban-Cantong
California*

We would not be annihilating, through abortion, those millions of young people who could keep our Social Security fund expanding and capable of supporting those retired people who currently are agreeing, either silently or vocally, to the killing of millions of future taxpayers.

*Mary Jane Owen
Executive Director,
National Catholic Office of Persons With Disabilities
Washington, D.C.*

Abortion is a springboard to countless social problems for women. Without legal access, we still wouldn't have a perfect world, but we wouldn't have so many injustices to have to fight. Our choices would be more responsibly thought out, with consequences considered, resulting in more joy in our lives.

*Mary Waschka
Keller, TX*

All the wrangling over abortion's legal status has too long distracted Americans from a far more profound and decisive question: what are we doing to expand non-violent choices, before, during, and after birth, so that no woman feels compelled to have an abortion—legal or illegal?

*Mary Krane Derr
Writer
Illinois*

Many "old" feminists are disturbed by the way feminism has been used to co-opt women into becoming clones of men. The original goal of the second wave of feminism was to "humanize" the workplace and the earth in general. *Roe v. Wade* by giving women false freedom has only served to masculinize our world in an inhumane way.

*Gaile M. Pohlhaus
Director of Women's Studies
Villanova University, Villanova, PA*

cont. on pg. 18



President Serrin Foster (below) presented “The Feminist Case *Against* Abortion” at the Women Deserve BetterSM Senate luncheon briefing. Foster urged the Bush Administration to hold a national summit on pregnancy and parenting to create a woman-centered plan to systematically eliminate abortion.





Roe v. Wade robbed my generation of nearly a quarter of its members.

The youth movement is starved for people who will fight for peace and justice against greed and violence.

The world needs more young activists...especially now...and we can do so little, because we are missing so many.

Megan T. Wilson, age 22

Artist, activist, ally, advocate and agitator

South Euclid, OH

I think it is *Roe v. Wade's* very sweeping and humanly devastating effect that has caused many people today to rethink the validity of the decision. In the late 60's and 70's, women railed against the "unfair" burden nature put on them of carrying, delivering, and caring for the young.

The cause of equal rights for women and men was perverted to mean that women should not be biologically "burdened" by anything men are not. Instead of arguing that women, in the full expression of their womanhood and potential and realized motherhood, should receive equal consideration and provision as men, the new call required women to deny their womanhood in order to receive the rather dubious benefits (long work hours, sexual promiscuity, and ambition) seen as belonging to men.

What a travesty! Not only were millions (roughly 1 million per year now) of children sacrificed on this altar of "fairness," but millions of women were left to grieve the personal loss alone and without compassion from society.

The ONLY good thing I can see that came out of *Roe vs. Wade* is that so many pregnancy care centers have sprung up, providing compassionate, informative, caring support to women. And the beautiful irony is that alphabetically "abortion alternatives" comes BEFORE "abortion providers" in the Yellow Pages.

Sharon Gray

Vermillion, SD

The movement of greater numbers of women into more diverse occupations may have been slightly slower, but it would have been accompanied by profound structural changes more welcoming and accommodating to women and to parents of both sexes. People would be inspired to live their mutual responsibilities more creatively.

Cat Clark

Columbia, SC

Abortion being legalized has devalued women and children. It's heard on the news often about children and babies that are literally being "thrown away." Once, this was unheard of, but not any longer. We would have been a kinder, better society had it not been made legal.

Kelli Lowry

Bay St. Louis, MS

I think the children of America would be "special" again. In a society where women kill their own babies before they are born, children are not seen as the special treasures they are. As a teacher of 23 years, I have seen what happens to children when they are special to no one.

Anonymous

A world where children are welcomed and not abused,
And no patent could be held on human life
Where every child is wanted.

A world with more diapers and bicycles and toys and teachers,

A world with more love.

A world with greater hope for our future.

Monte Wilson

Edmond, OK



Denise M. Burke, Esq.
Staff Counsel
Americans United for Life

WHEN ASKED ABOUT COURT CASES INVOLVING ABORTION, most of us immediately think of infamous decisions by the U.S. Supreme Court legalizing abortion and approving “partial-birth abortion.”

However, several recent developments offer pro-life feminists reasons to applaud our court system. These include increased prosecutions of abortion providers for criminal misconduct, including murder. Other recent court cases are exploring the potential of established legal theories, such as civil rights protection, to shield women from abortion doctors who flout existing medical, ethical or legal standards.

Increased Criminal Prosecution of Abortion Providers

State and federal prosecutors have prosecuted abortion providers who commit crimes, ranging from murder to extortion to tax evasion. In doing so, these prosecutors have been forced to rebut charges of discrimination, selective prosecution, and improper political motivations.

In 1997, the California Abortion Rights Action League (CARAL), along with other state and national pro-abortion groups, accused the Riverside County District Attorney’s Office of politically motivated, selective prosecution when it filed charges against abortion doctor Bruce Steir for the death of 27-year-old Sharon Hamptlon. Steir punctured Ms. Hamptlon’s uterus during a second-trimester abortion and left Ms. Hamptlon—while she was unstable and vomiting blood—in order to catch a flight to San Francisco, according to prosecutors. She later died, and Steir was charged with second-degree murder.

Ignoring Steir’s failure to provide even rudimentary post-operative care for Ms. Hamptlon, the California abortion rights organization argued Steir was only targeted because he performed abortions: “To [our] knowledge it is extremely rare that doctors are brought up on murder charges for the death of a patient. Patient deaths, while always tragic, can and do occur in nearly any branch of medicine, including legal abortion, which is one of the safest medical procedures.” Steir pled guilty to the lesser offense of involuntary manslaughter and was sentenced to six months in jail, ultimately serving less than four months of his sentence.

Since 1995, two other abortion doctors have been convicted of homicide for killing their patients. Just as in the case of Steir, each of these prosecutions involved a woman who did not receive basic post-operative care and bled to death following a botched abortion. However, these cases resulted in stiffer penalties for the convicted providers. In 1995, abortion doctor David Benjamin of New York received a sentence of 25 years to life in prison, following his second-degree murder conviction. John Biskind received a five-year prison sentence for manslaughter in 2001 after allowing a 32-year-old mother of two to bleed to death at the A-Z Women’s Clinic in Phoenix while he visited his tailor.

IN DEFENSE OF WOMEN

These cases have not inspired pro-abortion groups to support regulation to protect women at the nation's abortion clinics. Rather, abortion advocates have intensely and routinely opposed state legislation designed to ensure that minimum health and safety standards are maintained at abortion clinics. (See "Abortion Clinic Regulations," p. 4)

Substandard medical care is not the only shameful practice that is drawing the attention of prosecutors to abortion clinics. In late 2001 and again in January 2002, criminal sexual assault charges were filed by the Maricopa County Attorney's Office against outspoken Phoenix abortion doctor Brian Finkel. Finkel has been charged, in two separate indictments, with sexually assaulting 67 patients. He has pled not guilty to the charges and is awaiting trial.

Protecting Women from Exploitation and Harm

Still in the early stages are some innovative and potentially promising theories of liability being employed against abortion providers for failing to fully inform women of the risks inherent in abortion and of the true nature and consequences of the abortion procedure.

Three lawsuits filed in early 2002 are also advancing new theories of liability for abortion doctors. Attorneys in Missouri have sued the Planned Parenthood Federation of America, alleging that it has committed civil rights violations and genocide by specifically targeting women from minority groups for abortions. This federal lawsuit relies, in part, on the well-publicized eugenic views advanced by Margaret Sanger, founder of Planned Parenthood. Attorneys for the plaintiffs also point to the large number of abortion clinics in neighborhoods populated predominantly by people of minority groups.

Two other lawsuits are seeking to impose liability on state officials for failing to properly oversee the provision of abortions in their respective states.

In Texas, a group of women who have had abortions, Operation Outcry (toll free: 877-247-7582, or www.operationoutcry.org), are suing state officials and the state Department of Health. The women argue that the state's failure to require abortion doctors to give detailed and complete information about the risks of abortion has resulted in physical and emotional damage to them and to other similarly situated women.

Abortion advocates have intensely and routinely opposed state legislation designed to ensure that minimum health and safety standards are maintained at abortion clinics.

For example, most abortion providers refuse to inform women of the existence of a link between abortion and breast cancer, even when confronted with 27 studies demonstrating the significance of the link. In three recent lawsuits, the National Abortion Federation (NAF), Planned Parenthood, and a North Dakota abortion clinic were sued for deceptive trade practices or for false advertising for this failure. Two of the lawsuits were dismissed or withdrawn and one was decided in favor of the defendant-providers.

While these cases did not survive pretrial motions, one case, *Mattson v. Red River Women's Clinic*, received a bench trial in March 2002. After hearing evidence both substantiating and refuting the abortion/breast cancer link, a North Dakota state court judge ruled in favor of the abortion doctors, but refused to label the lawsuit as "frivolous." Both the California and North Dakota cases are on appeal. (See "Your Body. Your Choice. Your Problem," p. 8.)

These cases are potentially significant developments in the fight to expose the underreported and often unacknowledged risks associated with abortion. As John Kindley, attorney for the plaintiff in the North Dakota case, noted, "[T]his is part of the basis for disproving the abortion industry's mantra that abortion is 10 to 12 times safer than childbirth."

In Maine, an attorney has filed a complaint against the state Bureau of Health, alleging that the bureau and its director may have been complicit in malpractice, fraud, and improper insurance claims. This is the first step towards a potential lawsuit against the state. A state-sponsored review of statistics shows that second-trimester abortion techniques and procedures were inexplicably being used to end first-trimester pregnancies. State officials never investigated this finding or questioned the motivations of the physicians involved.

Abortion providers are increasingly being sued for failing to comply with state laws requiring that they report suspected child abuse. In a representative lawsuit filed in Arizona, Planned Parenthood of Central and Northern Arizona is being sued for allegedly failing to notify law enforcement officials that a female minor had been sexually abused by a stepbrother until after her second abortion. The lawsuit alleges that this failure subjected her to further abuse.

Where Do We Go From Here?

These recent legal developments are promising for pro-life feminists and provide effective tools to educate Americans about the dangers and risks of abortion. Further, they help undermine the myth of abortion as an act without emotional or physical cost. ○

UNDERMINING YOUR RIGHT TO KNOW

THE U.S. SUPREME COURT has upheld the constitutionality of state informed consent laws, mandatory “waiting periods,” parental involvement laws and restrictions on federal funding for abortions.

However, pro-abortion activists continue to file state and federal constitutional challenges to such laws—and have succeeded in voiding legislation in a number of states.

According to the National Abortion and Reproductive Rights Action League (NARAL), “litigation is typically the best avenue for nullifying ‘anti-choice’ laws.”

Informed Consent Laws

Informed consent laws, also known as “women’s right to know laws,” require abortion clinics to provide women with accurate information regarding the nature, risks, and alternatives to and consequences of the abortion procedure. These laws may also include mandatory waiting periods: a required period of reflection after the dissemination of this information but before the abortion procedure may be performed. State laws allow this information to be provided in a variety of ways: in person, in writing, via telephone, through videotape and/or through a state-sponsored website. The Supreme Court generally approved of informed consent laws in its landmark decision *Planned Parenthood v. Casey*.

Informed consent is not just legally sanctioned—it is an essential protection for women who are contemplating an abortion. A study published in the 1992 edition of the *Journal of Social Issues*, by Anne C. Speckhard, Ph.D., of the University of Minnesota, found that 81 percent of the women surveyed felt victimized by the abortion process. The women felt either that they were coerced into the abortion or that significant information was withheld from them regarding pregnancy resolution and the abortion procedure. These results clearly establish the need for states to mandate dissemination of information.

Despite the studies and anecdotal evidence supporting the need for informed consent laws, and repeated defeats at both the federal and state level, pro-abortion groups continue to mount legal challenges. Claiming these laws are simply subterfuge to “force women to listen to ‘anti-choice’ propaganda,” abortion advocates have filed more than 15 separate lawsuits against state informed consent laws since 1992, the year *Casey* was decided.

While they have succeed in derailing informed consent laws in Montana and Tennessee, they have failed in their efforts to strike down similar laws in 10 other states including Alabama, Kentucky, North Dakota and Wisconsin. Cases involving informed consent laws from Florida and Indiana are currently in litigation.

Parental Involvement Laws

“Parental involvement laws” are laws requiring either consent by a parent or guardian or some form of notice to a parent or guardian prior to an abortion being performed on a minor. In cases such as *Planned Parenthood v. Ashcroft* and *Hodgson v. Minnesota*, the Supreme Court has repeatedly upheld the constitutionality of parental involvement laws. Moreover, in poll after poll, 75 percent to 80 percent of Americans support parental involvement laws.

Constitutional precedent and broad public support for parental involvement laws have not deterred abortion advocates from challenging them in 21 states since 1990. They have realized only limited success from these challenges. However, in a potentially dangerous precedent, the Tenth Circuit Court of Appeals ruled in April 2002 that a Colorado parental notice law was unconstitutional because it lacked a health exception for so-called “medical emergencies.” Such an exception could be used to eviscerate parental involvement laws, given the Supreme Court’s broad definition of “health” as it relates to abortion.

State Medicaid Funding

Pro-abortion groups have lost many of their challenges to informed consent and parental involvement laws, yet they have found a potentially more effective weapon in their

fight to eliminate what they view as “restrictions” on the “right to abortion.” While the Supreme Court has determined that the Hyde Amendment—federal legislation limiting the use of Medicaid funds for abortion—is constitutional, pro-abortion groups have successfully challenged state restrictions on the use of Medicaid funds for abortion.

Such challenges have resulted in 14 states, including New Mexico, Oregon and Vermont, recognizing a broader state constitutional right to abortion. Further, in an attempt to build on this success, pro-abortion advocates have recently filed lawsuits in Arizona, Florida, Idaho, Indiana and Texas, challenging state funding restrictions. The recognition of a broader state constitutional right to abortion is an ominous development that could, ultimately, result in state informed consent, parental notice and other abortion-related laws being found unconstitutional, despite conformance with the constitutional requirements enunciated by the Supreme Court.

Take Action

What can pro-life feminists do? We can—and must—pay attention to developments in our home states, voice support for laws that regulate and restrict abortion, and take advantage of every opportunity to speak out on the need for informed consent, parental involvement and other laws that inform and protect women. Abortion harms women and children. Any woman considering abortion should be aware of the possible consequences of that decision—a decision that research and experience show often has lifelong consequences. ○

After an abortion at age 19, Michaelene Jenkins produced a “Women’s Resource Guide” to better serve women in Southern California. The project was inspired by a 1995 FFL project in the Washington, D.C., area. Jenkins serves as executive director of Life Resources Network and the Women’s Resource Committee, and has brought FFL’s College Outreach Program to Southern California universities.



herstory

Worth Repeating

AS A YOUNG GIRL IN NEBRASKA IN THE 1870s, Susan LaFlesche watched helplessly as one of her fellow Omaha tribeswomen died for lack of medical care. During the long night, they sent for the doctor four times, but he had a turkey shoot the next day and did not want to be bothered. Besides, Susan recalled, "it was only an Indian."

Susan resolved then to become a doctor who would make house calls to give her people the good treatment they all deserved. This was an improbable goal, considering that in the 1870s the white culture practically excluded women from "doctoring," and the Omaha custom was that women not be healers until after menopause. (A woman was believed to pose spiritual danger to the tribe during her menstrual period.) Yet Susan prevailed, becoming the first Native American woman doctor in 1889 at the age of 24.

With both of her parents being half Native American and half white, Susan grew up learning to bridge two cultures. As a child, she participated in traditional games and seasonal rituals, learned native stories from her grandparents, and came to appreciate the sacredness of the land. Her father, Chief Joseph LaFlesche, the last hereditary chief of the Omahas, broke with tradition in a number of ways, such as building a wooden house for his own family, sending his children to a mixed-gender Christian school on the reservation, and requiring his children to speak Omaha or French with their parents but English with their siblings.

Susan attended school in New Jersey, Virginia, and finally Philadelphia for medical training, graduating at the head of her class. Her commitment to the Omaha people never waned. She believed that as a doctor she could "do a great deal more than as a mere teacher, since my work...will be chiefly in the houses of my people."

Susan turned down an offer of marriage to attend medical school, and her financial sponsors required a promise that she remain single at least one or two years after graduation. She accepted an Office of Indian Affairs position of government physician for the reservation school she had attended, saying, "I feel that what is done for the children is more important than anything else." Susan later applied for the position of

government physician for the tribe, noting that she already knew the language, customs, and traditions. She also served as a "medical missionary" to her tribe for the Presbyterian Home Missions.

Susan's popularity with her people was almost immediate. Men as well as women and children came to trust her. The Omahas were less concerned than the white culture with gender, giving credibility according to age, kinship networks, and personal contribution. Susan went from home to home to care for her patients, walking or riding her horse in all seasons, even at 15 or 20 degrees below zero. She was heard to lament that she was "only able to visit 10 houses in an afternoon."

Beyond providing medical care, Susan served as translator and letter writer for the Native Americans, as public relations agent with Eastern benefactors, correspondent with the Office of Indian Affairs on behalf of the tribe, and lobbyist for a bill to outlaw the sale of alcohol on tribal lands. Once the Native Americans became citizens, Susan instructed them on their new rights and responsibilities, translating the wider culture's expectations.

Surprising many, at 29 Susan married a French-Sioux named Henry Picotte, a lively and supportive companion. She bore two sons, fulfilling her desire to be a mother. "Motherhood is a privilege," she had written years before; she thought it was "a shame that, for medical reasons, some women could not bear children."

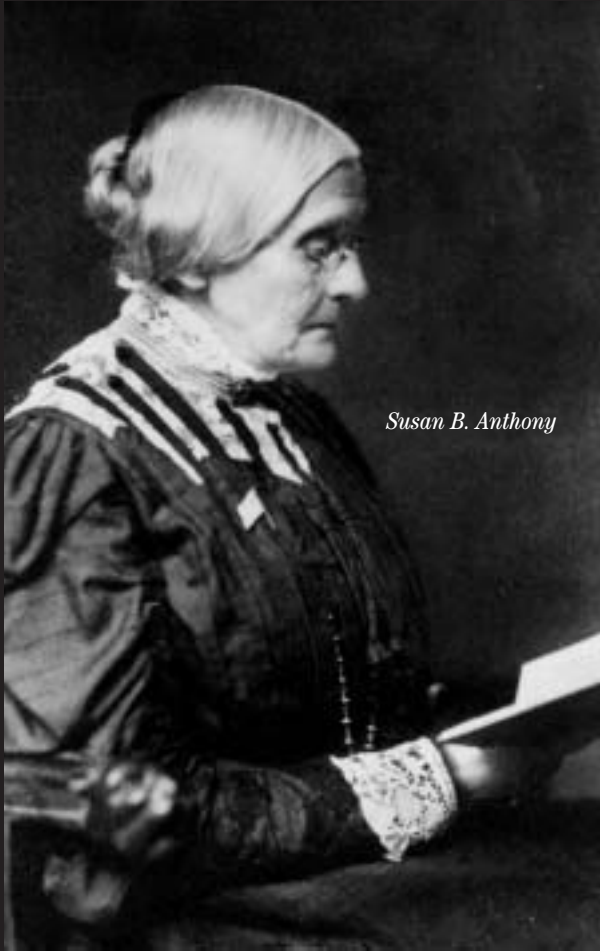
While married, Susan broke with custom, continuing to offer medical treatment to any sick person, Native American or white. She was known to keep a candle lit in her window to help the sick find her.

After 10 years of marriage, Susan's husband died. She relocated her work to Walthill, Nebraska, where, with the help of the Presbyterian Church, she achieved her dream of establishing a hospital on the Indian reservation. This pioneer doctor died just a few years later, having given her tribe what she knew they deserved: caring and considerate medical treatment. ○

Lisa M. Bellecci-st. romain is an FFL member, author of three books and a public high school social worker who teaches psychology at the high school and college levels.



Honoring the legacy of our foremothers



In the tradition of our feminist foremothers, Feminists for Life continues to work toward justice and equal rights for all people. We believe that our struggle against abortion, euthanasia and other violent, dehumanizing "answers" to complex human problems is as pivotal as the efforts of the women of the mid-19th century who worked to ensure the women of future generations the right to vote.

Once again, your annual contributions will be recognized in a special way through FFL's Feminist Giving Clubs.

Feminist Leadership Circle \$100-\$249

Feminists nationwide who support justice and full rights for women and children.

Alice Paul Circle \$250-\$499

Author of the original Equal Rights Amendment in 1923, Paul told a colleague, "Abortion is the ultimate exploitation of women."

Susan B. Anthony Circle \$500-\$999

Her publication, *The Revolution*, stated: "I deplore the horrible crime of child murder ... We want prevention, not merely punishment."

Elizabeth Cady Stanton Circle \$1,000-\$2,499

In a letter to Julia Ward Howe in 1873, she wrote: "When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."

Women's Suffrage Circle \$2,500-\$4,999

In a landmark victory for the nascent women's-rights movement, nationwide women's suffrage was guaranteed through the 19th constitutional amendment in 1920.

The Revolution Circle \$5,000-\$9,999

Elizabeth Cady Stanton's and Susan B. Anthony's periodical gave voice to early feminist thought and documented the anti-abortion consensus among feminist leaders.

Seneca Falls Society Circle \$10,000+

The 1848 Seneca Falls Convention marked the beginning of organized feminism in the United States.

As we approach another New Year, please help FFL honor the memory and legacy of our feminist foremothers by continuing the work they began. Donors who contribute more than \$100 during 2002 through the Combined Federal Campaign or United Way local campaigns and wish to be recognized should contact FFL's national office immediately. Charitable agencies, including FFL, are not informed of individual giving amounts.

Donors who prefer to remain anonymous should notify the national office immediately. *Thank You!*

GIVE THE GIFT OF FFL

THE PERFECT YEAR-END GIFT

Surely you know someone who would relish the unique viewpoint of Feminists for Life. Gift memberships are \$25 (students \$15). Note recipient's name on the enclosed envelope or order form on p. 27. We will notify them of your thoughtfulness. (Sorry, no anonymous gifts.) Gift members receive a full year of *The American Feminist*.



YEAR-END GIFTS DOUBLED! THREE WAYS TO MATCH

CELEBRITY MATCH

PLANNED PARENTHOOD has confirmed what we knew was true—FFL's College Outreach Program is capable of having a "profound impact on college campuses and on Planned Parenthood's public education



Patricia Heaton

and advocacy efforts." But being capable and having the capacity to make their prediction a reality are two very different things.

It will take serious funding to bring FFL's College Outreach Program to even more campuses across the nation. **Emmy winner Patricia Heaton, Margaret Colin and other Hollywood celebrities have pledged to match**

whatever you give—dollar for dollar—toward FFL's 2003 Public Education and Outreach Campaign.

But we must receive your gift before midnight on December 31, 2002, for it to count toward the challenge grant!

MONTHLY DONATIONS MATCH

A former FFL Board member and a member of the Elizabeth Cady Stanton Circle has challenged FFL members to begin or increase their electronic donations. **All monthly online donations (NEW) and electronic fund transfer donations received or increased by December 31, 2002, will be doubled by this generous feminist.**

Make a resolution to provide Feminists for Life with year-round support by beginning or increasing a monthly contribution through FFL's Electronic Fund Transfer. Along with your pledge, your first three months of support will mean twice as much because each gift will be doubled!

But please hurry. We are in the new millennium. And we need to be prepared.

CORPORATE MATCH

Many employers offer a corporate match program. Ask your company if they participate—and double your gift to FFL!



SEX, LIES AND AUDIOTAPE



Donors who contribute \$100 or more will receive an **audio cassette tape** of FFL President Serrin Foster's landmark speech, "The Feminist Case *Against* Abortion," as presented to students at the University of San Diego last spring. Students called the speech "amazing," "powerful," and "mind blowing," and one student told a reporter she came "pro-choice and defensive" but left thinking she was pro-life. Foster's lecture has been included in an anthology on "Women's Rights" edited by Jennifer Hurley, part of the series "Great Speeches in History" published by Greenhaven Press. Copies of the tape were distributed by the Women Deserve BetterSM campaign to members of Congress and legislative staff at both House and Senate briefings.

Electronic Fund Transfer Form

Help FFL Help Women and Children! Your monthly electronic donations provide essential support as FFL works to bring about positive change for women and children. Electronic donors receive quarterly President reports, detailing FFL's progress. To begin your monthly contributions, simply fill out the electronic transfer form and send it (along with a voided check) to FFL. It's that easy! Donations will be debited on the first business day of each month and will be put to work immediately by FFL. Your participation helps FFL continue the tradition of the early feminists—pro-woman and pro-life!

I want my bank to transfer monthly donations to Feminists for Life of America. My authorization to charge my account at my bank shall be the same as if I had personally signed a check to FFLA. This authorization shall remain in effect until I notify FFLA, or notify my bank in writing that I wish to end this agreement, and my bank or FFLA has had a reasonable time to act on it. A record of each charge will be included in my regular bank statements and will serve as my receipt.

\$_____ Amount of monthly pledge (\$5 minimum).

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day(____) _____ Eve.(____) _____

Signature _____ Date _____

Please enclose a voided check from your account to show the bank's address and your account number.

Send to: Feminists for Life,
733 15th Street, N.W., Suite 1100, Washington, D.C. 20005.
Electronic fund transfers will begin immediately upon receipt.
Thank you!



FFL Commends HHS Secretary Thompson for Health Coverage of Women and Unborn Children

FEMINISTS FOR LIFE PRESIDENT SERRIN FOSTER is celebrating a significant change in regulation that will benefit both uninsured women and their unborn children.

Health and Human Services Secretary Tommy Thompson issued a new regulation allowing states to expand prenatal care and labor and delivery services for women who are uninsured but not eligible for Medicaid. An estimated 10.9 million women of childbearing age do not have health insurance. This change to the State Children's Health Insurance Program (SCHIP) will enable states to provide for the health needs of pregnant women who might otherwise not receive care.

"It is well documented that prenatal care can improve health outcomes for both mothers and children. Yet the United States has high rates of infant mortality, premature delivery and low birth weight compared to other developed countries," said Foster. "Most uninsured American women lack access to prenatal health care because they cannot afford the out-of-pocket expenses."


Feminists for Life believes that no woman should be denied essential health care simply because she is pregnant and poor. FFL has long advocated replicating New York State's implementation of SCHIP, which includes prenatal care. The proposed change by HHS is a quicker, more comprehensive means to that end.

Until now, SCHIP allowed states to provide health care coverage to targeted low-income children from birth to age 19. With the change, states could provide coverage for children starting from conception. This is consistent with the policies of the American Academy of Pediatrics, which states that the "physical and psychosocial growth, development, and health of the individual begins prior to birth when conception is apparent and continues throughout infancy, childhood, adolescence and early adulthood ...

The responsibility of pediatrics may therefore begin with the fetus and continue through 21 years of age."

The expanded SCHIP would give many women who are not eligible for Medicaid the resources to deliver healthy children. Equally important, pregnant women at risk of complications would receive the medical treatment they need and deserve.

"While we congratulate Secretary Thompson for refusing to choose between women and children, families and friends will soon be able to congratulate new parents when healthy babies are born to healthy mothers," said Foster. ○



Express Yourself

Some say FFL's trademarked logo is reminiscent of a woman reaching out to a child, or a child to her mother. We all agree that it is a joyful interpretation of the classic women's symbol. FFL's stunning logo pin has been reintroduced in celebration of our 30th anniversary. Available in sterling silver or sterling silver plated in 24-karat gold, it measures 2-1/4 by 1-3/4 inches, and comes in a navy-blue gift box. It's a perfect gift for the dedicated volunteer, public servant — or treat yourself! Each is available for \$100. (See order form on p. 27.) Please specify gold or silver. If you can't decide, get both!

ORDER FORM

Membership/Subscription

Indicate number of items:

- ☐ \$25 Annual Membership (☐ new ☐ renewal)
includes a subscription to *The American Feminist*
- ☐ \$25 Gift Membership (may not be anonymous to the recipient)
Name of recipient: _____
Address: _____
City/State/Zip: _____
- ☐ \$15 Student Membership (_____ graduation date)
- ☐ \$15 Student Gift Membership (_____ graduation date)
(may not be anonymous to the recipient)
Name of recipient: _____
Address: _____
City/State/Zip: _____
- ☐ \$35 *The American Feminist* subscription only,
non-membership/institutional
- ☐ \$35 Annual Membership Outside U.S. (U.S. currency, please)

The American Feminist \$5.00 ea.

Indicate number of issues:

- ☐ *Roe v. Wade: A 30-Year Reflection*
Winter 2002-2003
- ☐ *FFL's 30th Birthday: Hope for the Future*
Fall 2002
- ☐ *Crimes Against Women Around the World*
Spring/Summer 2002
- ☐ *Bold Faced Lies*
Winter 2001-2002
- ☐ *Raising Kids Cheap*
Fall 2001
- ☐ *Women Deserve Better*
Summer 2001
- ☐ *Remarkable Pro-Life Women II*
Winter 2000-2001
- ☐ *Human Commodities for Sale*
Summer 2000
- ☐ *Embracing All Life: From Conception Until Its Natural End*
Winter 1999-2000
- ☐ *Is Life Always Worth Living?: Assisted Suicide and Euthanasia*
Summer 1999
- ☐ *Victory Over Violence: Rape, Incest and Domestic Violence*
Fall 1998
- ☐ *Work vs. Family: The Struggle to Balance Career & Family*
Summer 1998



College Outreach Program: Send a Kit to Campus

Indicate number of items:

- ☐ \$35 Health Clinic Kit ☐ \$55 Pro-life Feminist History Kit
- ☐ \$35 Pro-life Collegiate Kit ☐ \$35 Pro-life Advisor Kit
- ☐ \$35 Campus Counselor Kit ☐ \$250-500 range for ad placement

☐ Please send kit to where the need is greatest

☐ A college of my choice: _____

Name of kit recipient: _____

Title: _____

College: _____

Address: _____

Phone: _____

Materials Indicate number of items:

- ☐ \$100 FFL Logo Pin
- ☐ sterling silver
- ☐ 24K gold plate over sterling
- ☐ \$16 *Prolife Feminism Yesterday and Today* (anthology of pro-life feminist essays)
- ☐ \$18 *Swimming Against the Tide: Feminist Dissent on the Issue of Abortion*
- ☐ \$15 *Different Voices* (anthology of pro-life feminist essays)
- ☐ \$2 "Question Abortion" bumper sticker
- ☐ \$2 "Voices of Our Feminist Foremothers" poster
- ☐ \$5 *Man's Inhumanity to Woman* (essays by 19th-century feminists)
- ☐ "You're Not Alone" brochures: 50 for \$5; 100 for \$10; 250 for \$20
- ☐ "What Women Really Want" brochure: Free with a self-addressed stamped envelope
- ☐ "You Have Choices" brochure: Free with a self-addressed stamped envelope
- ☐ "College Outreach Program" brochure: Free with a self-addressed stamped envelope
- ☐ \$50 Set of 8 25" x 38" black and white posters. S/H included in price.



Donations

- ☐ Monthly pledges
- ☐ Please send monthly donor envelopes
- ☐ Electronic transfer form; see p. 25.
- ☐ Tax-deductible donation to Feminists for Life
- + **15% shipping and handling for materials**

\$ TOTAL ENCLOSED

Please print: _____ Indicate if new address

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☐ VISA ☐ MasterCard

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Billing Address (if different on card): _____

Signature: _____

Please use enclosed envelope or mail to:
FFLA, Dept. 0641, Washington, DC 20073

Thank you!

Refuse to chooseSM

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DESERVE

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