

POST-ABORTION TRAUMA
Elizabeth Goodwin

REVEALING THE PROCEDURE
Gregory Moeck

THE ADVOCATE

Undercover at the health center

Ashe
Center



Health services' true objectives
for vulnerable young women

EDITORIAL

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THE MISSION

We believe in the right to life for all human beings—from the youngest to the oldest, from conception until natural death. We hope to create a world where every life is protected both by individual choice and by law.

THE ADVOCATE is a student magazine run by Live Action.

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If you wish to help out with THE ADVOCATE or more generally to advance the culture of life at UCLA, please send us an e-mail at LAadvocate@gmail.com. For an online copy, go to www.LAadvocate.com

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COVER STORY

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FEATURES

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Elizabeth Goodwin 3 **A time to grieve** The secret anguish of women and an industry that refuses to recognize it.

Special announcement For free and confidential counseling, pregnancy tests, ultrasound, referrals and other services, THE ADVOCATE recommends the Westside Pregnancy Resource Center. www.wprc.org. For more details, see the back cover.

THE ABORTION PROCEDURE

What is an abortion?

BY GREGORY MOECK

Abortion is so commonplace today that people have become desensitized to the very word. Since the Supreme Court legalized abortion on demand in 1973, there have been over 46 million legal abortions in the United States. In China—where it is often illegal to have more than one child—single provinces have totaled over 800,000 abortions annually. It is estimated that 46 million babies are aborted annually world wide.

Surely this is one of the key social issues of our time. Yet when asked, few can identify what an abortion even is. Most people have abstracted away from what abortion actually involves. "Abortion" is the act of bringing forth young prematurely. The baby is purposely expelled from the mother's womb by outside forces. Induced abortions can be

organized into three different categories:

Therapeutic abortions

These procedures are performed when the pregnancy threatens the mother's life. They account for an infinitesimal number of abortions each year.

Eugenic abortions

Eugenic abortions are performed when a child has an undesired mental or physical defect. The mother may choose to abort the child instead of having to raise a handicapped child. Eugenic abortions also constitute a small number of legal abortions annually.

Elective abortions

Elective abortions are performed when the mother's life is not at risk and the child's health is not an issue. These abortions are performed for personal, financial or emotional convenience. Elective abortions constitute the vast

"Most people have abstracted away from what abortion actually involves."

"Abortion, really" continued on page 4...

Undercover at the health center

Counselor encourages girl to get abortion

BY LILA ROSE

UCLA Health Services should remain apolitical. What follows is proof that it does not. It receives its funding from tuition and state support, so it ought to act as the agent of those who pay tuition and taxes. But for young, pregnant women, it instead operates much like a referral program to abortion providers.

In November of 2006, I gathered the proof personally by posing as a young student, accidentally pregnant. I attended two counseling sessions, one with Christine Miller, a counselor from the Center for Women and Men; the other with Ann Brooks, a nurse and counselor from the student health center. Below is a collection of excerpts from my counseling sessions.

THE PLAYERS



Ann Brooks, nurse practitioner at the Arthur Ashe Student Health Center.

Her track record: “Most of the students I talk to terminate the pregnancies.”



Christine Miller, associate director of the Center for Women and Men.

Her intentions: The Center strives to support women and remain “apolitical.”

THE HEALTH COUNSELOR GAVE ME THREE OPTIONS

1. Pregnancy: Embarrassing and unsupported

Ann Brooks: “[Look] forward to the physical difficulties of pregnancy. The embarrassment of your classmates, both this quarter and next quarter: living in the dorm, being pregnant in the dorm, that would be a little different. Frequency of urination—you know, you’re sitting in class. You’d have to go to the bathroom.”

Ann Brooks: “UCLA doesn’t support people who are pregnant and make things easier for them necessarily.”

2. Adoption: Difficult and no reward

Ann Brooks: “One of the beautiful things about having a baby is you go through this often difficult few months of being pregnant ... and then you don’t get the present.”

Ann Brooks: “There’s not one [adoption referral] here at UCLA that I know of. I occasionally get letters from either people who want to represent people who want to adopt or people who are trying to adopt themselves. But I don’t investigate it at all.”

3. Abortion: Convenient and safe

Ann Brooks: “[RU-486] is more private, it’s more personal, you can do it when you want to and, you know, be where you want to be and so forth and so on. But the advantage of the surgical [abortion] is that when you walk out of the office it’s done ... They both have very, very low risk. As far as medical concerns, neither of them affect your future fertility.”

A FAIR CHOICE?

- 2** abortion doctors at UCLA
- No** pre-natal care
- No** adoption referral services
- No** pregnancy support groups

“Undercover” continued on page 5...

A time to grieve

the sad reality of post-abortion syndrome

BY ELIZABETH GOODWIN

Women who are considering abortion should be warned of its potential consequences. They should know multiple studies reveal its psychological and even physiological repercussions. But the abortion industry has never been eager

to complicate its image of abortion as a harmless way to prevent an unwanted child. It will likely continue until it encounters irresistible evidence.

Well, the evidence for complications is becoming formidable. An article on abortion trauma in January's

Journal of Child Psychology and Psychiatry shows that even women without past mental health problems are at risk for depression, suicide or drug addiction after an abortion. The study, "Abortion in young women and subsequent mental health," found women who had abortions had twice the level of mental health problems and three times the risk of major depressive illness as those who had given birth or had never been pregnant.

The study's first author, David Fergusson, singled out the American Psychological Association for criticism. Until recently, institutions such as the APA had dismissed the idea of a link between abortion and depression, much to the delight of the abortion lobby. NARAL has written: "The American Psychological Association, the Journal of the American Medical Association, and other groups with medical and health expertise have investigated the alleged existence of 'post-abortion stress' or 'post-abortion trauma.' None has found it to exist."

Fergusson, a self-described pro-choicer, found otherwise. It was enough to prompt the APA to withdraw its official statement denying a link between abortion and psychological harm. Its women's abortion fact sheet – try it at www.apa.org/ppo/issues/womenabortfacts.html – once contained the denial. The sheet has since quietly disappeared from its web site. Naturally, it is "currently being updated."

This comes in a line of studies, such as the one presented at the 2000 annual meeting of the American Psychological Society. Its data also suggest that women who undergo abortions are at greater risk for mental health problems in subsequent years. According to its authors, "compared to birth, abortion is associated

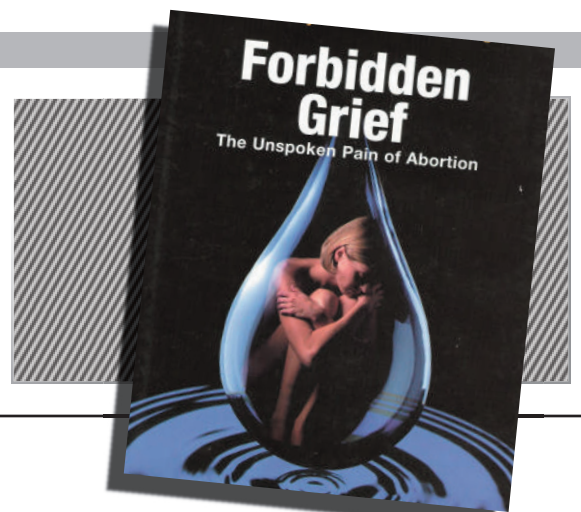


"Post-abortion syndrome" continued on back cover...

FOR FURTHER READING

Something inside has died

Millions of women have suffered by an abortion industry that refuses to acknowledge the reality of its product. Abortion is probably the most difficult decision a woman can make, yet women are told to regard it as "no big deal" because the industry wishes to escape any intimation of guilt. Abortion patients' repression and dislocation is explored in *Forbidden Grief*, a chronicle of two psychologists' research. As they demonstrate, "abortion is no panacea."



What is an abortion, really

...continued from page 1.

majority of abortions performed today.

The following are the most common methods of inducing abortions:

Prostaglandin

Prostaglandins are a class of hormones that, among other things, initiate labor. For the abortion procedure, artificial prostaglandins are injected into the amniotic sac, eventually inducing violent labor and the birth of a child too young to survive.

A saline solution is often injected first, to ensure that the baby is dead prior to being expelled from the womb. This makes it more pleasant for nurses, doctors and the mother. The saline solution poisons the child and burns its skin away.

Nonsurgical

Of nonsurgical abortions, also called medical, the two most common are RU-486 and methotrexate. Both are used to abort babies between 5 to 9 weeks old by destroying the lining of the mother's uterus. Both are taken as a pill or an intramuscular injection, and both include prostaglandins to induce labor so that the dead child can be expelled.

Dilation and curettage

The "D&C," as it is known in the trade, is performed by dilating the cervix to insert a razor-edged hollow tube called a curetted cannula into the womb. Once inserted, the curette is used to scrape the baby off the womb and to cut it into pieces. The remains are suctioned out through the cervix.

Afterward, the attending nurse must reassemble the tiny body to ensure that no parts were left in the womb, as they may cause infection.

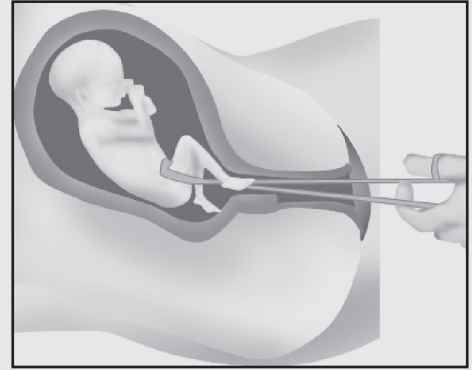
Suction aspiration

This procedure is the most commonly used abortion technique. The cervix is manually dilated with a series of rods to allow for the insertion of a hollow plastic vacuum tube. A suction force 28 times stronger than a vacuum cleaner literally tears the developing baby to pieces and sucks the remains into a container.

Partial-birth abortion

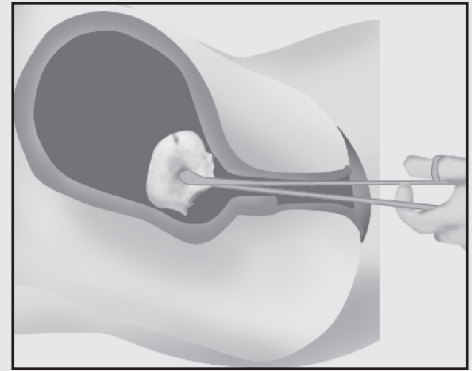
This procedure is used in the fifth and sixth months of pregnancy and sometimes later. It is uniquely horrible. The practitioner partially delivers the child, excluding the head. He then punctures the base of the baby's skull, still inside the body, and a suction catheter is inserted to suck the baby's brains out.

Inside dilation and evacuation



A gruesome abortion procedure is dilation and evacuation. It can be done as early as 13 weeks. In it the abortion practitioner must grasp the unborn child with a clamp and tear its limbs apart.

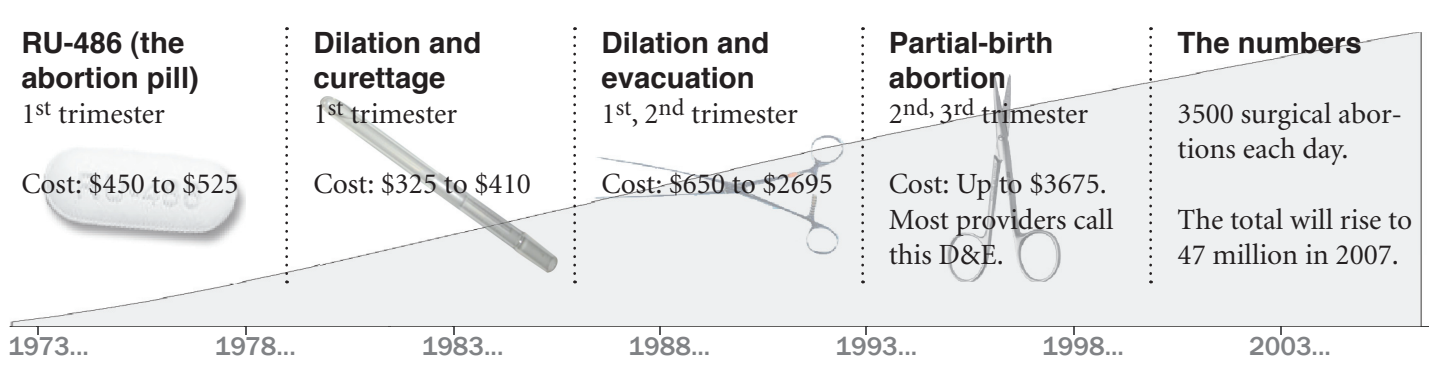
After the body has been "evacuated," the practitioner must crush the head with the clamp, because the head has grown too large to be removed.



JUST THE FACTS

Quick facts on abortion in the United States

source: The Guttmacher Institute, <http://www.guttmacher.org>; Family Planning Associates, www.fpamg.net



Undercover at the health center

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RU-486 THE ABORTION PILL

1. Abortion misinformation

RU-486 IS “VERY SAFE”

Ann Brooks, of the Arthur Ashe Student Health Center: “[RU-486 is] a very safe medication. It’s pretty crampy. It’s like a bad menstrual period ... Now, there have been a **couple of deaths** associated with it.”

IT’S NOT AS SAFE AS SHE SAID

A couple deaths or 12? A total of 12 deaths since 2000. “Since FDA approval in 2000, eight women in the US, two women in the UK, one woman in Sweden, and one in Canada have died following mifepristone abortions.” (Wikipedia article “Mifepristone,” cited January 11, 2007)

NONE of these risks were mentioned by the Counselor

Family Planning Associates, an abortion provider Brooks suggested, lists the side effects. Their website reads that RU-486 can include:

“Nausea, vomiting, diarrhea, heavy vaginal bleeding, headache, dizziness, backache and fatigue. Cramping may become quite severe ... As in surgical abortion, risks of hemorrhage do exist.”

Also according to FPA, about 7% women suffer an incomplete abortion and have to return to FPA for surgery. There they remove “incomplete passage of tissue,” a.k.a. fetal pieces.

THE UNBORN

2. Just a collection of cells

Child at 7 weeks



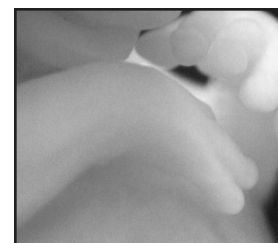
LOOK AT THE POTENTIAL, NOT THE CHILD

Christine Miller: “How far along are you?”

Lila Rose: “We figured it out—like 6 or 7 weeks.”

Ann Brooks: “You have a collection of cells that could potentially develop into a human being if left in the uterus ... I prefer to look at the potential part of it rather than on the child part of it.”

By only 5 weeks, the baby’s brain has developed 5 regions, and some cranial nerves are visible. By 7 weeks, the major organs have begun to form. The baby has developed its own blood type, unique from its mother’s. Facial features are also observable. The eyes have a retina and lens. The major muscle systems are developed and the baby is able to move.



Tiny fingers and hands present at 7 weeks.

3. Milking Medi-Cal

HOW TO GET MEDI-CAL TO PAY FOR A FREE ABORTION

Ann Brooks: “Now I don’t know how closely they question you about having insurance because if they found out you had insurance they’d probably say ‘Oh no, this is for people that don’t have any coverage at all.’ I do know that for ending a pregnancy I have a colleague who draws the line at you don’t have your own insurance, period. She doesn’t ask, you don’t ask.”

In order to avoid tipping my parents off, counselor Ann Brooks found a way for me to get an abortion without using their insurance. However, she told me she couldn’t provide this if I wanted to keep the child.

Ann Brooks: “The difference is if you were terminating the pregnancy, I have a place that I can send you where they will get you signed up for the Medi-Cal coverage and they just don’t ask. ... But I don’t think they could do that [ignore your insurance and give you Medi-Cal coverage] for pregnancy, for on-going pregnancy.”

IS THIS LEGAL?

From California Health and Human Services Agency, Department of Health Services:

“[Persons requesting Medi-Cal must] report to the county department, and to the health care provider, any health care coverage/insurance they carry or are entitled to use. If they willfully fail to give this fact, they may be guilty of a criminal offense.”

ON RIGHT AND WRONG According to the Center for Women and Men

Christine Miller: “*There’s no right or wrong answer at UCLA. So for me, [abortion is] not a moral issue. It’s more, ‘what are your feelings about it, what feels right to you.’*”

4. Some political opinions from the health center

UCLA Health Services should be apolitical, providing helpful medical facts and services to students. These are a just a few additional opinions that Brooks shared with me.

Ann Brooks: “I don’t need more [pro-life] people out there ... It makes my job that much more difficult.”

Health center welcomes abortion supporters

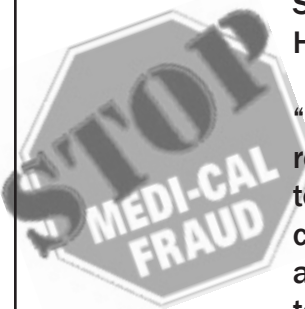
Ann Brooks: “I agree with abortion ... Which is one of the reasons why I get to do it. Because that way other people don’t have to think about it so much ... I believe that a woman should have a choice ... I think there are people here [workers at the health center] who are probably not comfortable with abortion. But I think that most of the people who work here, we expect them to not put their opinions on the patient. And if they have a strong opinion about it, to not say it.”

Gang rapist = unborn child: An equation that confuses pro-lifers

Ann Brooks: “Well they feel that human beings don’t have the right to end a life whether it’s a few cells or whether it’s a gang rapist or something ... You gotta be consistent, and if you’re against taking the life of a few cells then you shouldn’t be killing someone even if they’re a terribly nasty person. So I have a little bit of trouble with people who are inconsistent with what they think about life.”

Dear pro-life students: Feeling and talking is OK, but leave the thinking to us

Ann Brooks: “There are some people who feel very strongly, and I respect the strength of their belief that abortion is a bad thing. And it’s fine that they believe that, and it’s fine with me that they can talk about it, but it’s not fine with me if they think that nobody else should do it here.”





Priest



Mom & Dad



Pro-life person

Who's to be trusted?

Who should a pregnant girl go to for help? We've depicted some options: her mother and father, a priest (or other religious leader), a pro-life friend or a UCLA health counselor. You might think some combination of all would be wisest. UCLA Health Counselors disagree.

Christine Miller, on religious leaders: "A lot of religious leaders are kind of like, 'Abortion is bad, don't do it.' If you talk to someone like that ... you'd feel pressured to do something you don't want to do."

Ann Brooks, on parents: "This is something that is maybe not best for them to take care of."

Christine Miller, health counselor, on Ann Brooks, health counselor: "I would talk to Ann ... Because some of the other people I've talked to, they have their own agenda."



UCLA health counselor

graphic illustration by Ignacio Reyes

POST-ABORTION TRAUMA

...continued from page 3.

with a significantly greater risk for psychological disturbance among low-income women."

Abortion-rights activists once confidently cited the APA's position as proof that there was no such thing as post-abortion syndrome and no link between abortion and depression. Planned Parenthood made a similar statement on its web site, citing the same authority. Fergusson's large, well-designed study definitively linking abortion and depression has silenced the APA itself. Will this mean definitive recognition of post-abortion trauma?

We are already seeing a ripple effect. Fergusson's study prompted 15 of Britain's top obstetricians and psychiatrists to send an open letter to the Oct. 27 London Times. Its signatories include the past president of the Royal College of Psychiatrists and university professors. In it they call on their nation's doctors' group to revise its guidelines about what women considering abortion are told: "Since women having abortions can no longer be said to have a low risk of suffering from psychiatric conditions such as depression, doctors have a duty to advise about long-term adverse psychological consequences of abortion."

An aside: UCLA Counselor says post abortion trauma is a problem because it makes women pro-life

Ann Brooks: "Just a purely personal thing—is that a few women who have had abortions as young women regretted it and decided that what they did was wrong ... And they're very pro-life as a result of it. **I don't need more [pro-life] people out there like that. It makes my job that much more difficult.**"

WESTSIDE PREGNANCY RESOURCE CENTER

For free and confidential help (counseling, pregnancy tests, ultrasound, referrals and other services), we recommend the Westside Pregnancy Resource Center. It is located at 828 Pico Blvd #6, about six miles from UCLA. By bus, take the Santa Monica 3 from Weyburn and Westwood Blvd to Pico and Lincoln Blvd.

For more information, browse www.wprc.org. Or call (310) 581-1140.

24-hour hotline: (800) 395-HELP