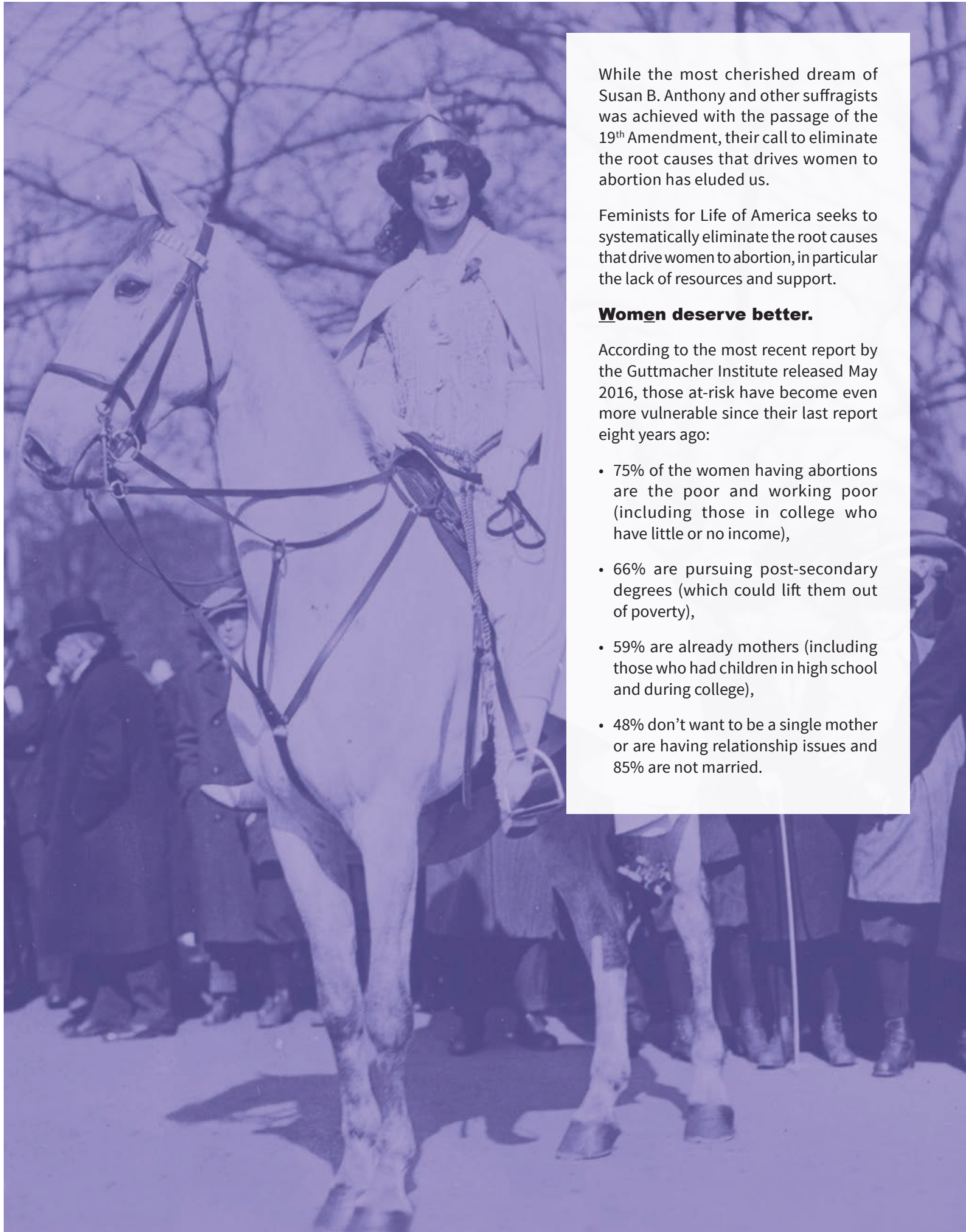
 FEMINISTS FOR LIFE  
OF AMERICA

# THE AMERICAN FEMINIST<sup>®</sup>

## VOICES OF WOMEN WHO MOURN

AND  
MEN

The spectrum of reproductive  
loss and healing.



While the most cherished dream of Susan B. Anthony and other suffragists was achieved with the passage of the 19<sup>th</sup> Amendment, their call to eliminate the root causes that drives women to abortion has eluded us.

Feminists for Life of America seeks to systematically eliminate the root causes that drive women to abortion, in particular the lack of resources and support.

**Women deserve better.**

According to the most recent report by the Guttmacher Institute released May 2016, those at-risk have become even more vulnerable since their last report eight years ago:

- 75% of the women having abortions are the poor and working poor (including those in college who have little or no income),
- 66% are pursuing post-secondary degrees (which could lift them out of poverty),
- 59% are already mothers (including those who had children in high school and during college),
- 48% don't want to be a single mother or are having relationship issues and 85% are not married.

As we look toward 2020's **Centennial Celebration of the 19<sup>th</sup> Amendment**, which guaranteed adult American women the right to vote, Feminists for Life is accelerating our efforts to **educate others about our rich pro-life feminist history** and **address the feminization of poverty for those at highest risk of abortion.**

**This is our revolution.**

The three primary reasons for the feminization of poverty which drives women to abortion include:

- Lack of education,
- Lack of workplace accommodation,
- Lack of paternal support.

In the next four years, we will work to address these primary areas that significantly contribute to abortion. Look for us to do so in new ways—but this is only possible with new and increased support.

We will do this through education and advocacy. Look for us to announce major initiatives and **help us realize the unfulfilled dream of Susan B. Anthony by 2020.**

Make your new or increased monthly gift for year-round support now and it will be double-matched!

Please go online now, or use the form on the back cover.

While Elizabeth Cady Stanton and Susan B. Anthony started this movement, it was Alice Paul who succeeded in passing the 19<sup>th</sup> Amendment. What took so long? One big reason: Money. *The Revolution* owned by Susan B. Anthony and co-edited by Elizabeth Cady Stanton went bankrupt.

Alice Paul knew that donor support was essential to her success. You are key to our success too.

While we hasten a day to make abortion unthinkable, please, **pony up.** Help us herald a better day for women and children.

[www.feministsforlife.org/support](http://www.feministsforlife.org/support)

**Thank you.**



# THE AMERICAN FEMINIST®

A publication of Feminists for Life of America

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Established in 1972, Feminists for Life of America is a nonsectarian, nonpartisan, grassroots organization that seeks real solutions to the challenges women face. Our efforts are shaped by the core feminist values of justice, nondiscrimination, and nonviolence. Feminists for Life of America continues the tradition of early American feminists such as Susan B. Anthony, who opposed abortion.

Feminists for Life of America recognizes that abortion is a reflection that our society has failed to meet the needs of women. We are dedicated to systematically eliminating the root causes that drive women to abortion—primarily lack of practical resources and support—through holistic, woman-centered solutions. Women deserve better than abortion.

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Spring/Summer 2016

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Serrin M. Foster

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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 THAT SHE HAS BEEN GREATLY WRONGED.

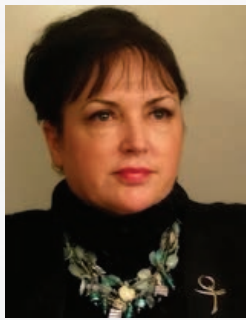
—Mattie Brinkerhoff,

*The Revolution*, 2 September 1869

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FEMINISTS FOR LIFE  
OF AMERICA

# PERMISSION TO GRIEVE. HOPE TO HEAL.



In 1997, Feminists for Life first started the series “We Remember” to document the women who died from legal abortion, and in 2000 took the next step to give women space to share their abortion experiences in a column called “Voices of Women Who Mourn.”

Frankly, not everyone thought it a good idea. People wondered if we were trying to glamorize women who had abortions. Absolutely not.

But at the time, the voices from women in the pro-life movement were seemingly muted. We were determined to change that. Most important, we needed women to help people understand the impact of abortion.

Then, while working on the Women Deserve Better® campaign in advance of the 30<sup>th</sup> anniversary of *Roe v. Wade*, I heard of a physician who grouped all the forms of reproductive loss into a “spectrum of grief.”

This made so much sense, especially when we talk to those who have never known a day without legal abortion. When we put it into this context, they “get it.” As a result, we see more and more students who have supported abortion coming to terms with the loss faced by women and men, as well as the humanity of the child.

Then last year, when Facebook co-founder Mark Zuckerberg publicly talked about his wife’s miscarriages, there was a huge outpouring of sympathy and shared experiences on our Facebook page.

How many people do we know who experience more than one kind of reproductive loss? A woman who has an abortion later faces miscarriage. Couples facing infertility may lose the baby they hope to adopt.

There are so many people who are suffering alone and in silence, and they need their voices heard, too. We thank those who shared their experiences and the authors who shared their stories.

By talking about the spectrum of reproductive grief, we hope that everyone can find hope and healing, and be ever more supportive of one another.

And ultimately, we also hope that pregnant women will find support and increasingly reject abortion as an unnecessary loss.

Because women—and men—deserve better,

A handwritten signature in black ink, appearing to read 'Serrin'.

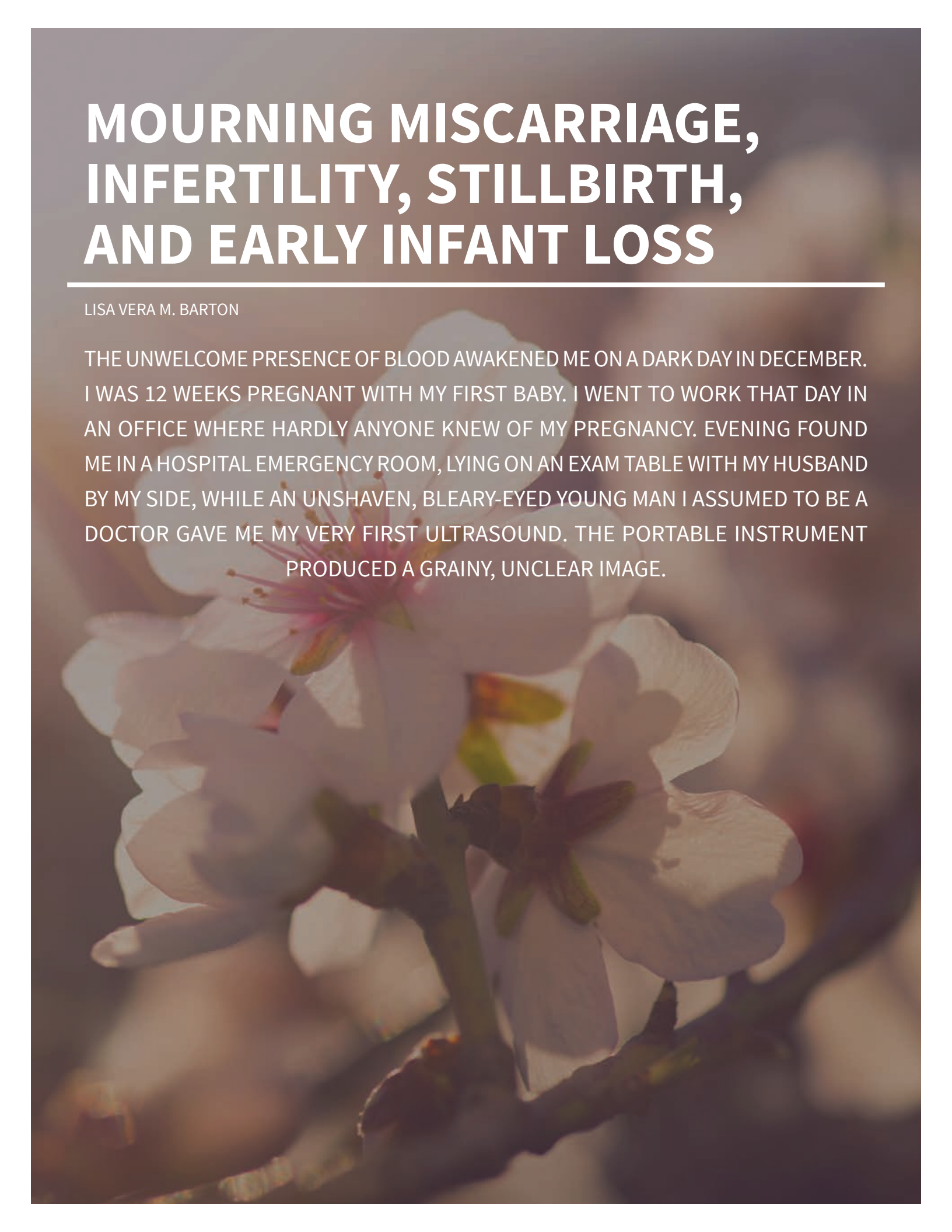
**SERRIN M. FOSTER**  
PRESIDENT

# MOURNING MISCARRIAGE, INFERTILITY, STILLBIRTH, AND EARLY INFANT LOSS

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LISA VERA M. BARTON

THE UNWELCOME PRESENCE OF BLOOD AWAKENED ME ON A DARK DAY IN DECEMBER. I WAS 12 WEEKS PREGNANT WITH MY FIRST BABY. I WENT TO WORK THAT DAY IN AN OFFICE WHERE HARDLY ANYONE KNEW OF MY PREGNANCY. EVENING FOUND ME IN A HOSPITAL EMERGENCY ROOM, LYING ON AN EXAM TABLE WITH MY HUSBAND BY MY SIDE, WHILE AN UNSHAVEN, BLEARY-EYED YOUNG MAN I ASSUMED TO BE A DOCTOR GAVE ME MY VERY FIRST ULTRASOUND. THE PORTABLE INSTRUMENT PRODUCED A GRAINY, UNCLEAR IMAGE.



“What is that?” I anxiously asked.

“We are looking at the products of conception,” he told me.

It took me a moment to realize this man was talking about my baby.

I could barely comprehend what was happening to me during those horrific days, but now more than seven years later, it is easy for me to connect my experience with the culture of abortion in which I have lived all my life.

Born in 1977, I never knew a world before *Roe v. Wade*. Of course, at that time, much less was known about life in the womb. My own mother was not given ultrasounds for her first two pregnancies, not even when something was wrong. When she started bleeding 12 weeks into her pregnancy with me, she was simply told to go home and rest, because she was having a miscarriage. Instead, six months later, she had a baby girl. The irony that I was once dismissed as a miscarriage, and that my first baby would be dismissed in much the same way so many years later, gives me much to ponder about the uneasy balance our society must strike in a world that has mapped the human genome and now offers 3D ultrasounds, even while continuing to offer abortion on demand.

**We do appear to be entering a critical juncture in the abortion debate at the same time that we are starting to see some cracks in the societal wall of silence that has surrounded the topics of miscarriage, stillbirth, and infant death.** This was powerfully reflected in a recent First Person article on *Vox* with the candid title, “I had a miscarriage, and it forced me to rethink everything I believed about abortion” (January 21, 2016). Julia Pelly openly plumbs the depths of confusion she experienced while trying to reconcile her sadness over a miscarriage with her support for abortion.

“I realized that I was referring to my miscarriage in traditionally pro-life terms,” she writes. “I talked about ‘losing my baby’ ... Typically it’s pro-life activists who argue that life starts at conception, not pro-choicers like me. But my baby had certainly felt alive to me.” At the end of her piece, it is on this shaky ground we find her standing, basing the meaning of the baby’s life—and loss—on the feelings of the mother, which allows her to hold these paradoxical views in tension.

In many ways, the kind of losses experienced by both Pelly and me represent the “typical” first-trimester miscarriage. Although, like me, Pelly describes feeling profoundly isolated at the time, the experience we share is shockingly common. Approximately one in five known pregnancies ends in miscarriage, which is generally defined as the spontaneous death of the unborn child before 20 weeks’ gestation. This adds up to about one million babies each year. If we account for undetected pregnancies, the estimated rate of miscarriage could be as high as 50 percent. Those deaths that occur between 16 and 19 weeks are sometimes called “late miscarriages,” while any death after 20 weeks up to full-term is generally classified as a “stillbirth.”\*

Stillbirth occurs in about 1 percent of pregnancies, with approximately 24,000 babies stillborn each year. This is about the same number of children who are born alive but die before their first birthday. The most common cause of death after the first month but before the first birthday remains Sudden Infant Death Syndrome, also known as SIDS, which still happens to about 1,500 infants a year.

About 15 percent of couples are also affected by infertility, a kind of reproductive loss that can be truly invisible, as was the case for Rebecca Peerson of California during the first eight years of her marriage. At age 20, she was diagnosed with Stage IV Endometriosis.

“Being a young, single woman with a strong desire to have biological children, I was crushed by this,” she recalls. While it seemed all her peers were effortlessly reproducing, she would endure 12 surgeries before conceiving her first child unexpectedly.

For some couples, like Karen and Tom Edmisten of Omaha, the sight of a small but happy family belies their long acquaintance with reproductive grief. In a journal entry, Edmisten described the secret sadness of one who has not yet delivered a healthy baby. **“Mother’s Day was difficult. I have conceived children, but no one considers me a mother. It is not a day for those like me: near-mothers... failed mothers.”** She wrote these lines after two miscarriages; she would go on to have a total of five miscarriages, along with her three healthy children. For those who are willing to listen, Karen identifies herself as a mother of eight children, and all of them have names. “A name affirms the uniqueness and dignity of the child you lost,” she writes. “It is a small but very real gift you can give to the baby you were not able to see or embrace.”

Francis Valentine is the real name of a child lost by a Pittsburgh woman who would prefer to remain anonymous. In 2015, she and her husband, already suspecting they were pregnant with their second child, were thrilled to learn they were having twins. However, a routine ultrasound at 10 weeks detected no heartbeat for Francis, while his twin lived on. “The remainder of the pregnancy was difficult physically and emotionally, as I had some complications and was constantly afraid of losing my other baby, grieving Francis while still trying to joyfully anticipate his twin,” the mother recalls.

A common misconception about reproductive grief is that the presence of healthy, living children is a “quick fix” for the pain of loss. This was especially true for the mother of Francis, whose condition is commonly referred to as “vanishing twin.” His mother explained, “Many

people seemed to want me to focus on the happy fact that I was still expecting one baby but I was always afraid I’d lose her too and honestly still am some days.” This mother experienced ahead of time the undue anxiety and ambivalence that will often follow a healthy pregnancy after loss, even when the subsequent baby is delivered safely. “Since I have a living reminder of how old Francis would be, it seems really hard sometimes. I wonder how they would have played together, how my oldest would have been as a big brother to twins.... I’ve dealt with a lot of postpartum depression with the surviving twin, and I think grieving the loss of one has contributed a lot to that.”

Like many parents who have living children, this mother has found that she is grieving not only the loss of her own baby, but the secondary loss of a twin who would also be a younger sibling to her toddler, part of a larger family that “could have been.” And because the vanishing twin is typically reabsorbed into the mother’s body, she truly had no remains of Francis Valentine that could be found.

A few days after learning my own baby had died, I asked for a final ultrasound to confirm the death of the child before I submitted to the surgical removal procedure called Dilation and Curettage (D&C) that is commonly performed in first-trimester miscarriages. The still, small form I saw was very human in appearance. Yet when I asked what would become of him, I was told by the doctor who would soon remove him, “There will be no remains.” I was too stunned to object.

In fact, my home state is one of many that afford parents no real rights to the bodies of their unborn children whose loss is classified as a miscarriage. While practices vary among medical providers, there is no law in these “silent” states to prevent a hospital from disposing of the smallest babies as medical waste. I live in the corner of southwestern Pennsylvania, about an hour’s drive from

Ohio to the west, where my inquiry would have required the hospital to inform me of my options, and West Virginia to the south, where I would have been fully informed of my options—whether I inquired or not.

Rebecca Peerson is no stranger to the regret that can haunt a grieving parent. Joy turned to sorrow when she and her husband lost their first baby to a traumatic placental abruption at 22 weeks. “I wish I would have advocated more for myself in the hospital,” she says. “After Bradley was born, I literally got to spend about two hours with him before he was taken away, and only two pictures of my son exist in this world. I wish I would have asked for more photos, for more items to create a memory box, and more time with my son.” In the years that followed, she would experience two late miscarriages, deliver two children safely (though prematurely) and then grieve the final loss of fertility that came with a radical hysterectomy due to her medical condition.

Although Peerson’s profound experiences of reproductive grief have been very painful, they have made a very positive impact on the course of her life in terms of influencing her career. She now serves as the Director of Education and Public Relations for Right to Life Central California. “There is nothing ‘magical’ that happens to an unborn child when it passes through the birth canal that ‘makes’ him/her a human,” she says.

“I stared into my son’s face, and I saw a tiny human who had so much potential and promise—each unborn child has the same destiny if he or she is just allowed to achieve it.” □

“I wish I would have asked for more photos, for more items to create a memory box, and more time with my son.”

*\*Some states identify stillbirth after 16 weeks, a stage of pregnancy after which the child is typically delivered by labor, rather than removed by a procedure.*

*(All statistics above are reported by the Centers for Disease Control and refer to the United States population.)*



**Lisa Vera M. Barton** lives in Pittsburgh with her husband of 10 years, Timothy, and their daughter, age 3. She is a professional writer who also holds an M.A. in Pastoral Ministry. She offers *Song of Simeon*, an outreach program named after her first baby, in order to raise awareness about prenatal loss and provide practical resources and spiritual support to those who have experienced miscarriage, stillbirth, and infant death.



# PREGNANCY FROM RAPE and the loss of a dream

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JOYCE MCCAULEY-BENNER

We live in a perplexing world. From fairy tales to TV shows, from cultural expectations to ads in magazines, women's dreams are mapped out for us. The perfect wedding. The perfect husband. The dream job. And finally, the dramatic, edge-of-your-seat story of the perfect birth of your perfect baby. Everyone knows how it should go. The husband rushing in (sometimes at the last minute), the grandparents waiting anxiously in the waiting room, the mother giving it all her might, and then the prize: a perfect son or daughter gazing up at her parents. Emmy-winning, picture perfect, American birth story. We all know it so well because it is embedded in our cultural psyche. So when it all comes crashing down, well, our dreams come crashing down with it. And that's when the real story begins:

Five minutes pass. She comes in quietly and places the positive pregnancy test down in front of me. My head spins. I beg her to tell me what to do. I leave the on-campus health care center with not a clue where to turn.

I only know that two months ago, my life was normal. I was not pregnant. I was not raped. I was not fighting with my boyfriend about how (or if) I could have prevented the rapist from attacking me. Two months ago, I still had a job. Two months ago, everything was fine. But now, I am wondering if the newly forming child in me belonged to my boyfriend and me or was the result of a rape.

Unless it happens to you or a loved one, you don't realize that rape and grief are so intricately linked. The denial, the anger, the depression, even the eventual acceptance—these stages come and go with such force it becomes hard to breathe. Rape kills the safety and security you once felt in your body. It kills the trust in a relationship. And it kills that perfect pregnancy story.

“For every act of awful violence, there is also an act of unconditional love.”

I sit uncomfortably in Lamaze class. I'm leaning against a pillow, not a partner. The other couples dart their eyes quickly away from me, imagining, I am sure, the wildest of stories of why I am here alone. I count the breaths alone. The day of the birth is drawing near, and my fear is growing exponentially. My heartbeats confirm this. I am starting to wish that my child could stay inside me forever, where he is safe from a cruel world.

Wendi Lubin was a victim of child abuse and then rape by a male relative at the age of 18. Her rape resulted in pregnancy. She tells her story: “Six months after the birth of my daughter, I filed for child support from the rapist after immense pressure from my family. In direct retaliation, the rapist filed for partial custody of my daughter and then full custody. I was walking at my college campus one day, and just like that, a court official served me with custody paperwork. As I sat there and went through the biggest stack of paperwork I had ever seen in my life, it felt like the rapist and I were entering a nasty divorce custody battle.”

Besides fear, Wendi knew grief all too well. She shares on her *loverawpurity* blog: “The rage, the anger, the angst, the pain, the hurt, is a reality. It may not show on the surface, but it's deep in the layers. If you were raped, you were violated, and a part of you was stolen. This is a step away from murder, a step away from an act of terrorism, a hate crime.”



Wendi Lubin with her daughter, Valencia Marie. Photo courtesy of Wendi Lubin.

The thing about living in a cruel world is that for all of its villains, there are a lot of heroines as well. For every act of awful violence, there is also an act of unconditional love. I survived the birth of my son, the paternity test result, and even the non-traditional birth story. I dug deep down inside to find that strength inside of myself that I never knew I had. Wendi did, too. “What is certain is I am no longer a victim but a fighter. I will never ever go down without a fight. I fought him hard as he raped me. I fought him hard as he came after my child for custody, and I will fight him time and time again. Might have to fight him this Friday, or next year, maybe even 10 years from now. I am a survivor, and that fight is what no one can ever take away from me.”□



**Joyce McCauley-Benner** is an expert in sex trafficking, racial justice, and social services for the poor. As an FFL speaker, she shares her powerful personal story of being raped and not knowing who the father was when she chose “Victory Over Violence.”



# PERINATAL TERMINAL DIAGNOSIS: LOVE, LOSE, LIVE

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CHERYL BLAKE

WHEN I FIRST HEARD THE DIAGNOSIS, MY HEART ACHED.

AFTER NINE YEARS, MY SON AND DAUGHTER-IN-LAW HAD LEARNED THEY WERE PREGNANT WITH THEIR SECOND CHILD, AN EVENT TO BE CELEBRATED. HOWEVER, THE FIRST ULTRASOUND DETECTED COMPLICATIONS. MY GRANDSON WAS ULTIMATELY DIAGNOSED WITH DOWN SYNDROME. I KNEW WE WOULD ALL LOVE HIM THE SAME WAY WE WOULD ANY OTHER BABY, BUT THE HEARTACHE I FELT WAS BECAUSE I KNEW THE FUTURE WOULD NOT BE EASY FOR HIS PARENTS AND BIG SISTER. AS MOTHERS DO, I HAD HOPED FOR THEIR LIVES TO BE FREE OF WORRIES. TO THEIR CREDIT, MY SON AND HIS WIFE TOOK A PROACTIVE APPROACH TO THE BIRTH OF THEIR SON ETHAN AND SOON FOUND SOURCES OF SUPPORT IN THEIR COMMUNITY. THEN, AT 24 WEEKS, HIS HEART SUDDENLY STOPPED, AND ETHAN WAS DEAD BEFORE HE HAD A CHANCE TO BE BORN.

The roller coaster of emotions everyone had experienced during the pregnancy plunged us all into deep grief. Over time, however, the family has found ways to celebrate Ethan's brief existence, such as displaying an image of his last ultrasound and erecting a small memorial.

Going from the realization that their baby would have special needs, and the accompanying fear and sadness at the loss of cultural expectations, to preparing for and welcoming the new life was only the beginning of their journey. The now common early diagnosis of problems allowed for that preparation as medical science has made impressive advancements in the perinatal realm over the last couple of decades. In utero surgery and advances in surgical techniques for congenital anomalies have saved many babies who only 10 years ago would not have survived. Due to advances in ultrasound technologies, the ability to diagnose a wide range of problems while the child is still in the womb has improved. For the conditions that cannot be improved by any known medical intervention, however, this means that parents may know early on that their baby has severe, life-limiting disabilities. Such a diagnosis can turn the joy of pregnancy into dread and grief.

Amy Kuebelbeck, author of *Waiting With Gabriel*, faced the fatal heart condition of her unborn son in 1999. She and her husband had to rethink their whole approach to their journey with Gabriel. They decided to take advantage of the little time they had with Gabriel even in utero, so they shared family experiences with him before his birth, like baseball games. Gabriel lived only a couple of hours after birth, but Kuebelbeck feels she and her husband were able to parent their baby much longer. Kuebelbeck has since developed a website ([www.perinatalhospice.org](http://www.perinatalhospice.org)) that lists perinatal hospices both in the United States and internationally, in addition to other available resources for parents and caregivers.

In an MSNBC report, Annette Klein, a nurse whose own daughter was stillborn in 1982, considers herself lucky to have been able to hold her daughter for a short while when medical staff was not very sympathetic. This lived experience of holding your child as he or she dies is priceless for parents and is rarely regretted. Klein's own experience led her to be a parent educator at a Minnesota hospital where she offers individual birthing classes to parents who have been given a terminal diagnosis.

Also in the report is the story of Jeanne and Steve Deibert. Their son Robbie was diagnosed with Trisomy 18 a few months into their 2005 pregnancy. The prognosis for babies with this condition is bleak since it is associated with severe developmental disabilities and major physical problems. If the child were to be born alive, his chances of living to his first birthday would be only 10 percent. The Deiberts wrote a birth plan for Robbie which included a range of decisions from their wishes about medical measures to the phone number of the funeral home. They had help from Providence Hospice of Seattle's Stepping Stones Pediatric Program through the pregnancy and after Robbie was born. Although Robbie was in the Deiberts' home, Stepping Stones nurses visited almost daily offering advice and encouragement. In the 29 days that he lived outside the womb, his parents and his 2-year-old brother Stevie shared as much life as possible with Robbie, even a trip to the beach. Again, this experience of being with their child, whether it be for a few minutes or several weeks, allows for the parents to grieve appropriately, while, at the same time, creating joyful memories that will be remembered for a lifetime.

Like the Deiberts, Diane Simoni was able to take her daughter Gabrielle home for a time, although Trisomy 13 in her case meant a very brief, yet meaningful, life. Diane and her husband were grateful that hospice services helped them learn essential skills, such as dealing with

a feeding tube. Specific plans, like whether or not Diane wanted CPR as an option in the delivery room, were in place before the birth. In an essay published by Feminists for Life, Diane says, “Parents should know that even babies with chromosomal abnormalities can find a home through adoption if they don’t feel capable of parenting a child with special needs. Whether they choose adoption or take care of the child themselves, there are supports to help families in their situation.”

Carrying a child throughout pregnancy can be a source of public delight. Congratulations and questions about the due date and preparations help bring the parents and the new life they have created into the extended family and the community. Once a terminal diagnosis is made, however, the parents often have to deal with an intense feeling of being alone in their grief. Perinatal hospice provides a type of “friendship” that can alleviate this feeling of loneliness via support and providing a plan that will allow the patient to navigate the emotional and psychological aspects that can accompany such a diagnosis. For the Deiberts and many other parents who have faced the birth of a child whose death is imminent, an important strategy is to hold their baby as soon as possible. “This is such a key concept for these patients,” says maternal-fetal medicine specialist Dr. Jay Bringman. The Deiberts also talk about their holding Robbie after he died. Jeanne has preserved small remembrances, such as Robbie’s baby blanket, to eventually give to Stevie, his older brother, and to Adele, who was born after Robbie’s death.

Too often, parents are at odds with the medical community. Jeannie French was a healthcare executive at the time she received a catastrophic diagnosis and was told by doctors to abort her twin daughter Mary, who was diagnosed with an occipital encephalocele, a congenital defect where much of the brain develops

“Our daughter, living less than a day, saved the lives of two other children. Which of us, even after decades of living, can make the same claim?”

outside of the skull. The parents were advised to abort Mary because of her disability, but also because her situation jeopardized the life of her twin brother, who was developing at her side. Advised to “selectively reduce” her pregnancy (that is, to abort one twin), Jeannie and her husband decided to do all that they could to save little Mary instead. This required months of bed rest, limited activity, and ultimately, a cesarean section. Jeannie and Paul were successful at bringing their daughter to term. Although their little girl lived only a few hours after birth, she was held by her father, greeted by her grandparents, and loved every moment. On the day she was buried, Jeannie learned that Mary’s heart valves were life-saving gifts to two other critically ill infants. About Mary, Jeannie says, “**Our daughter, living less than a day, saved the lives of two other children. Which of us, even after decades of living, can make the same claim?**” And her twin brother? Will French, who now towers over his mother, recently graduated from Carnegie Mellon University with honors.

Kelly Frey, a news anchor in the Pittsburgh area, learned through an ultrasound at the 13<sup>th</sup> week of her pregnancy



The doctors warned that by not aborting Mary, it would risk the health and maybe the life of Will. Now, he's a proud graduate—with honors—of Carnegie Mellon University. *Photo courtesy of Will's mother, Jeannie French.*

in 2009 that her baby's brain was not developing as expected. The cerebral fluid was taking up much of the space where the brain should have been. She and her husband, Jason, warned that their son would probably not survive, have shared their story of Bennett's birth, an altered diagnosis, intensive care beginnings, frequent hospital visits, and various therapies to offer help and hope to other parents facing similar challenges. In their case, baby Bennett has survived, and Kelly has become an advocate for other parents of children with disabilities. Navigating a world of physical, speech, and other therapies and their costs, Kelly offers a list of resources from not only Pennsylvania but also throughout the United States. This story illustrates the inability of the medical profession to accurately predict which newborns will survive, let alone how well they will thrive following birth.

In the last issue of *The American Feminist*<sup>®</sup> titled "Innovation: New, Revolutionary, and Best Practices," Elise Huntley illuminated the services provided by several hospices for babies and services for their parents. They can address a wide range of needs from prenatal diagnosis to miscarriage to life-limiting illness. With the help of hospice staff, parents develop birth plans and work on preparation for the care of the infant and other practical matters. Often, as at Alexandra's House in Kansas City, Missouri, available support groups help the grieving parents to cope. Some facilities include on-site care with various therapies and respite for the families.

Although the anguish over the loss of a child can be intense and feel isolating, parents do not have to face these challenges alone. What all of these parents do share is a sense of grief knowing their children have difficult and usually the briefest of lives. Beyond the sorrow, however, they are able to find ways to cope and know joy in their journeys with their babies. They educate themselves, find support, arm themselves with written plans, and enjoy what time they have. □

*Read the fuller articles about Jeannie Wallace French's and Diane Simoni's experiences in the "Hard Cases. Exceptional Choices," a 2012 issue of The American Feminist.*

*The author appreciates the contributions made by Dr. Jay Bringman to this article.*



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# THE COMPLEXITY OF ADOPTION: A PATCHWORK OF VOICES

JULIA SMUCKER


“Once you are pregnant, there’s no easy way out,” writes birthmother Jessica. “No matter what, your life has changed; you are changed. I simply believed his life was more valuable than my fear.”

Jessica echoes the feelings of many birthmothers and adoptive parents on the inevitable complexity of adoption—not only in terms of a wide spectrum of emotions, but also the fact that it tends to involve entire families, both biological and adoptive.

Angie, whose daughter became pregnant as a teenager, describes her granddaughter’s adoption as “personally bittersweet,” with gratitude for the happiness she sees in her daughter’s and granddaughter’s lives and for the openness and support of the adoptive family. Yet she also has some continued sadness over the lack of her granddaughter’s regular presence in her own life. This ongoing mix of loss and gratitude is common among birthmothers, who increasingly stress the importance of openness between themselves and the adoptive families for maintaining both their own peace of mind, bittersweet as it may be, and an honest and normative situation for the children they’ve placed.

Angie credits the experience of her granddaughter’s adoptive father, who had himself been adopted in a more closed situation, for inspiring his commitment to maintaining openness, in addition to his gratitude toward the birthparents for giving him and his wife the opportunity to be parents. This also shows how the norms of adoption have changed over the years, with open communication being increasingly encouraged and closed adoption now almost unheard of. Some point to this as a hopeful sign that adoption, and particularly birthmothers, are becoming less stigmatized. And some courageous women like Pat, who placed her son for adoption 40 years ago, were already challenging the stigma.

At the time, Pat knew people who had adopted and had been adopted, but nobody who had placed a child for adoption. And while she had her own complex reasons for choosing a closed adoption, she remained very public about having done so, conscientiously promoting



adoption as a positive choice and later forming a support group with other birthmothers. After eventually finding and establishing contact with her then grown son, still another couple's son but now "near and dear" to her, **she expresses a common paradox regarding her son's adoption, calling it the hardest decision she ever made, but one she has never regretted, because she was and is convinced that she did the right thing for him.**

Other times, the right decision may be less clear, and in the weighing of nonviolent choices, each with its own inevitable costs and rewards, compelling reasons can arise for a plan to change. For prospective adoptive parents, the change can be heartbreaking, even while affirming a birthmother's choice to parent. For one couple, this choice came after spending 36 hours with the baby they had planned to adopt. After a wrenching and tearful separation, the would-be mother, Mary Beth, wrote that he "will always hold a piece of my heart. As much as I understand and respect the birthmom's decision, my heart still hurts." Another couple, also chosen by a birthmother who ultimately decided to raise her daughter, expressed a similar mix of grief and support and, thanking friends and family for the support they received in turn, added, "This is one of the things we most look forward to about meeting the child who will someday join—and change—our family: introducing him or her to this network of incredible people! May our various communities work toward providing this kind of support for *all* children." They see hope of "a redemptive story" for the birthmother's family. Mary Beth shares this sentiment, writing of her and her husband's brief role in a mother and baby's lives,

"As hard as it was to love and let go, I know it was worth it. We got to hold our sweet boy for just a short time, but we were there for him when his birthmom couldn't be. He touched our lives in a way we could never imagine. For that, I am grateful."

Even when a woman who makes an adoption plan does place her child, the plan can still change, as recent birthmother Rebecca acknowledges. At the advice of birthing center staff, she spent more time bonding with her daughter after birth than she had expected she would want to, but happily chose to do so knowing she was doing everything she could for her. Recognizing that **adoption placement "involves loss no matter what,"** she rejoices that her daughter has life and a family. Rebecca describes the support system she found in both the agency and adoptive family as ideal, affirming her priorities and allowing her control of the situation. She and fellow birthmother Lauren both stress the importance of openness and normalizing the situation, especially for the child, and of knowing who to talk to out of a shared experience, because as Lauren says, "you can't do it alone." Birthmothers, Lauren adds, need to be destigmatized and have more voices advocating for them, before and after adoption.

Knowing how important a support system is, Rebecca considers herself lucky, since birthmothers can still face a "severe lack of support," especially after adoption placement. Angie agrees, saying that while resources can be found for pregnant women, ongoing support for birthmothers following adoption is a "serious missing

“As hard as it was to love and let go, I know it was worth it. We got to hold our sweet boy for just a short time, but we were there for him when his birthmom couldn’t be. He touched our lives in a way we could never imagine. For that, I am grateful.”

component.” Even when adoption is rightly encouraged as an alternative to abortion, her daughter’s difficulty finding empathetic groups afterward illustrates the need to recognize that when women do choose life, they make a life choice for themselves as well. **Whatever the circumstances, nobody places her child for adoption and then forgets the whole thing ever happened.**

Yet some do, unfortunately, feel forgotten. When Pat, years earlier, was able to connect women who shared

the same experience, some said it was the first they were able to talk about it after years or even decades thinking they were alone. Feeling isolated in the experience can exacerbate the emotional toll that she and others say is especially hard during the first few years after placement. Milestones such as birthdays and Mother’s Day can leave birthmothers unacknowledged. Pat would like to see more recognition of birthmothers as mothers, as well as more celebratory portrayals of adoption in the media to encourage an “accepting and normalizing view” in society at large.

Adoption-positive language is certainly a concern for Colleen, a birthmother who also directs a pregnancy resource center. She takes care to avoid the negative images of “giving up” or “putting up,” or even more neutral terms like “placing,” speaking instead of making an adoption plan, which implies an activeness that defies misconceptions of birthmothers as taking the “easy way out,” or of adoptive parents as “takers.” Indeed, as she points out, nothing is more courageous than to bear a child in the face of the kind of unjust criticism that can make *abortion* look like the easy way out.

For mothers who do choose life, the child’s life itself often becomes the greatest reward for this courageous choice. “We were the best mothers we could be to those children,” Pat says. It’s a common refrain among the webs of families involved in an adopted child’s life: If they are convinced that they are choosing what is best for the child, *that* makes the challenges worth it. □



**Julia Smucker** plies her trade in words as a writer, translator, and interpreter. She has contributed to several publications, including *Radically Catholic in the Age of Francis*, the debut essay collection from Solidarity Hall Press, the websites *Vox Nova* and *Christian Democracy*, the consistent life magazine *Life Matters Journal*, and *The American Feminist*.



# HOPE AND HEALING

SARAH E. HINZE

A few months ago while some of our grandchildren were visiting us, we watched one of my favorite movies, *The Blue Bird*. The movie is a Shirley Temple classic from the novel of the same name by Maurice Maeterlinck. A scene in the movie shows a group of children leaving their home in heaven. Many of them are excited to come to Earth, some are anxious about leaving their friends, others fear coming to Earth. We then hear what is called “the sound of gladness.” It was the songs of their mothers on Earth coming out to meet them. The love of their mothers drew all of them to Earth. Feeling the power of this beautiful scene, I thought of my two children whom I lost by miscarriage at the end of my childbearing years.

I was in my early 40s and a few months pregnant. Everything seemed to be proceeding well. I was happy and optimistic, going about my busy days with my other children. During that time, we hosted a family reunion in our home for three days. Everyone contributed to the workload, and I had time to rest and visit with everyone. A few weeks later at the doctor’s office, it was confirmed to me that the baby had died. I was numb and heartbroken. I feared I had done something wrong, but I soldiered on. Months later, my grief was lifted when I conceived again. I was very aware to be extra protective of my health and went to the doctor right away. He assured me that everything was going well and that I should expect to have a healthy pregnancy. I proceeded with faith and optimism, and felt a quiet assurance that this child was to be named Daniel.

I thought that I was doing so well, but three to four months into my pregnancy, I was saddened when the

miscarriage symptoms started with spotting and cramping. The doctor wanted my body to proceed on its own for a short time before he had me come into his office. During a very lonely night, whether in dreams or awake I know not, I felt the spirit of my son Daniel with me. He was there to bring me a message of comfort that came into my heart and mind. The message was clear.

A few months later, still laden with grief that was almost unbearable, I felt compelled to visit with an elderly and spiritually gifted friend, Marie. She was in her early 90s, but bright, wise, and nurturing, one of my best friends. I called upon her to share my grief, knowing that she would have the time to hear me. I was searching desperately for comfort.

When I arrived at her home, she greeted me with these words: “You have brought your son and daughter with you.”

I looked around and saw no one. Then, understanding what she meant, I sat down and the tears began to flow. “Why are they here?” I asked.

“They have a message for you,” she said. “They have been trying to speak to you, but your grief has been so deep they could not get through. Now, listen to them and be comforted.”

“How do I listen to them?” I asked.

“For some reason, their little bodies did not develop properly enough to be born, but their love for you continues. In meditation, in quiet moments that you give yourself for reflection, they will speak to you in your mind and in your heart. Listen and be healed.”

## **Hope and Healing**

I followed her loving advice and encouragement, and I learned that she was right. Daniel had spoken to me the night my miscarriage began. I reflected back on those words of comfort from him and I started to heal.

I also connected to my other miscarried child, Mariah. In time, I felt her love and energy speak to my mind and heart as well. I learned they wanted a name, that they loved me and our family, and that it was important to them that I heal.

I made a conscious choice to heal.

As I chose to stay in the frame of mind that Marie had suggested, I also felt that my miscarried children wanted me to heal in order to fulfill my life mission, to be a wife, a mother, and a writer. It was hard work; I had to look up and out of the grief and seek to understand the purpose of these trials. I learned that trials come to all of us, and often, we are tested and tried with those things that are the most difficult for us to endure.

For me, the dearest feelings of my heart are for my family and my children. To have them return to God, before I could hold them in my arms, seemed like the greatest test for me. But because of what I learned in this trial, I held my living children closer and treasured all the little grandchildren that have come into our family.

My writing took a new direction after my two miscarriages. My studies of announcing dreams (dreams about a child preparing to be born to us) intensified, and I wrote my first of seven books. I have collected stories now from hundreds of women and a few men. So many of these

personal accounts demonstrate that no matter what the circumstances surrounding a miscarriage, some children fulfill their missions in a very short time and immediately go home to a place filled with light and love. I think it is safe to say that they may even watch over us and assist us in a way similar to guardian angels, as I believe my children have done for my family.

I am thankful for the comfort that was shared by so many friends, many of them holistic healers. It was because of the healing that I personally found that I decided to train as a life coach myself. Now I have been able to help other women with my coaching and through my books on mothers' connections to their unborn children. I know that in time, women can heal from their loss and find comfort and meaning.

Of course, sometimes, our little ones pass away very late in the pregnancy or shortly after birth, rather than earlier on. When a mother finds out that her baby will not live a long life, she may be at a loss with how to cope with her grief.

Throughout history, women have sought various methods of comfort from infant loss, such as saving a lock of the baby's hair, or drying the flowers from the funeral. Creating memories of the short time you have with your baby will help you along in your journey through grief and the healing process. Your most important treasure will always be the memory of your child, but tangible keepsakes may help you. They will be a reminder of your baby and also help you process the loss through many changes in the years to come.

“I followed her loving advice and encouragement, and I learned that she was right. Daniel had spoken to me the night my miscarriage began. I reflected back on those words of comfort from him and I started to heal.”

### *While you are pregnant:*

- *Keep a journal*
- *Save the positive pregnancy test*
- *Ask for ultrasound pictures*
- *Videotape the ultrasound*
- *Record the baby's heartbeat*
- *Take pictures of your belly*
- *Draw the silhouette of your belly or even make an imprint*
- *Knit, sew, or buy a hat for your baby*
- *And if you learn you are losing your baby while pregnant, knit, sew, or buy two blankets for your baby: one you'll use while your baby will be in your arms (which you will keep), the second to wrap the baby in for the funeral*

## Hope and Healing

Services such as Now I Lay Me Down to Sleep (<https://www.nowilaymedowntosleep.org/>) provide the gift of remembrance photography for those who have lost a child. Parents may feel uncomfortable about the thought of taking photographs of their baby during such a difficult time; however, many families are grateful they did. The bereaved family does not have to look at the photographs right away, but the photos will be there for them when they are ready.

My own journey through healing after miscarriage reminds me of Reggie Littlejohn, a humanitarian and litigation lawyer who had a miscarriage that left her very discouraged and depressed. Years later, she received an email at her law firm from a young Chinese woman asking her for her help. She had been literally dragged out of her home by family planning police, strapped down to a table, and forcibly sterilized by a so-called “doctor,” without anesthetic, as a result of China’s brutal one-child policy (which is now an equally terrible two-child policy),

and was now seeking political asylum in the United States. Reggie shares in her TED Talk (<https://www.youtube.com/watch?v=DloAbJmhndM>) that the opportunity to help this woman changed her life and led her to her life’s mission, which is to help and protect the women and unborn children of China and other countries from forced abortion and sterilization at Women’s Rights Without Frontiers (<http://www.womensrightswithoutfrontiers.org/>). As Reggie says, “Sometimes, we find our personal life mission out of our greatest tragedy.”

During the time that I was in emotional distress and grief, **I would never have imagined that I would also find my life mission out of my two miscarriages.** The depth of compassion that I have now for those who have lost children, be it through miscarriage, abortion, stillbirth, or infant death, could never have been learned in any other way. □

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*Editor’s Note: Feminists for Life is nonsectarian, and we welcome all perspectives and know that each person heals differently, including from various sectarian and spiritual sources.*



**Sarah E. Hinze** (center, shown here with family) is an author, blogger, life coach, and most important, a wife and mother. Sarah has spoken on Capitol Hill in Washington, D.C. and at the United Nations against abortion. She blogs at [www.sarahhinze.com](http://www.sarahhinze.com).

# THE RIPPLE EFFECT OF ABORTION

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ELISE HUNTLEY

ABORTION. IT'S A HARD TOPIC TO TALK ABOUT BECAUSE IT HAS AFFECTED MOST OF US PERSONALLY IN SOME MANNER AND EVERYONE INDIRECTLY. MOST IMPACTED IS OBVIOUSLY THE UNBORN CHILD (INCLUDING THOSE WHO HAVE SURVIVED BEING ABORTED), AND ESPECIALLY THE WOMEN WHO HAVE ABORTIONS, BUT ALSO THE MAN, THEIR PARENTS AND GRANDPARENTS, SIBLINGS, FRIENDS, ABORTION PROVIDERS, AND OTHER CLINIC WORKERS.

## **The Ripple Effect of Abortion**

“Abortion impacts concentric circles of people around the woman. Discussing abortion immediately put most people into various camps,” says FFL President Serrin Foster. “One side asks, ‘What about the woman?’ and the other responds, ‘What about the baby?’ Many women today have never known a day without legalized abortion and have been raised to believe it’s not a child. So **when a woman is surprised that she experiences loss or regret, she doesn’t feel like she can go to her pro-life friends because they fear they will call her a murderer—and she can’t go to her pro-choice friends because if it isn’t a child, why is she mourning?** By taking a moment to reconsider abortion by simply listening to those most impacted by abortion, we can begin to heal from this experiment on women and children.”

### **ABORTION HURTS WOMEN**

Most women who have abortions don’t forget their experience. When women recall what happened, they remember the room, the people, and especially the feelings they felt during the procedure. One woman remembers leaving the abortion clinic feeling depressed and traumatized. That moment, the moment she loses a child, impacts a woman forever. Macie had an abortion, and she explains that the abortion didn’t make her unpregnant. She says, “It made me a mother to a dead child, my child that I couldn’t take care of.” Sus describes the experience as terrible. “I look back now and feel like my heart and soul was ripped out of me more and more every time.” After an abortion, women experience immense grief at the loss of their child. But there is hope, and healing can be found. Macie never forgets the children she lost, but she knows that healing can and will come. She writes in her testimony, “I want to bring awareness about abortions and let women know you will be okay. It may not be today or tomorrow, but time can heal anything.” It’s not easy, but it is possible to heal. Eileen puts the hardest part of healing in these words: “The hardest part

has been forgiving myself and renouncing the lies I had told myself for so long. Lies like, ‘You are worthless, you are stupid, you are weak, you are damaged goods.’”

For those who have had an abortion, Eileen’s story provides a word of encouragement: You are **NOT** worthless, you are **NOT** stupid, you are **NOT** weak, and you are **NOT** damaged goods.

Georgette Forney, however, said she suppressed the memory for many years until running across her high school yearbook, and then the memories came flooding back. “I didn’t see the kids, I saw my baby. At that point, I came face to face with my pain.” For years, Forney had tried to move on. She had pretended as though that day had never happened, as though she hadn’t had an abortion that day. Finding her old high school yearbook suddenly brought back memories of what had happened and what could have been. She could have been a mother to a wonderful child. Forney felt as though she could not tell people to avoid abortions, because she had had one. It took her a while to realize that she could talk about her feelings and start to find healing. She wrote her own sign, “I regret my abortion,” and stood before the Supreme Court on the anniversary of *Roe v. Wade*. That led her to co-found the Silent No More Awareness Campaign, an organization of women and men who provide witness for their abortions in hopes to spare others in the future, including many of the women quoted in this article.

Béatrice Fedor writes in her blog that she has forgiven herself for her abortions and she has found peace. She explains that she and other women who have had abortions are “survivors of an evil that is unnecessary and avoidable.” Women who have had an abortion are survivors. She affirms their grief is valid and frequent, but in time, healing is possible. Fedor encourages people to “offer compassion and mercy, lend a friendly ear and a helping hand but not a judging heart.”



Georgette Forney

### **ABORTION HURTS MEN, TOO**

While women are increasingly “silent no more” about regretting their abortions, men also lose their children. “Sometimes it’s against their will or without their knowledge, and they are understandably hurt and angry,” Foster says. “Other times, it is the man who is coercing the woman by illegally threatening her using the power of the purse. But most commonly, it is because men have been told that ‘it’s a woman’s choice’ so that they shouldn’t express their support for the woman and child.”

Chuck supported the abortion of his child at the time, but now he looks back at that time with regret and sorrow. He wishes he could go back in time and do things differently. Chuck said nothing. He recalls, “I was afraid, timid, and complicit by my shame and silence.” Pat also remembers feeling guilt, shame, and regret. David offers a powerful testimony that captures the experience of a father who has lost a child to abortion.

“

I remember sitting in an abortionist’s office the day my son died. No one spoke to me. No one told me anything. No one asked my opinion whether my son should live or die. They just ignored me, as though I wasn’t really there. The facility staff and all the other people in that waiting room seemed embarrassed that I was there. I was embarrassed, too. Embarrassed by my absolute helplessness to save him. You see, in America, no one cares what fathers think about aborting their children. We have no right under the law to protect our unborn children in the face of the mother’s wish to dispose of them. No one bothered to warn me that many post abortive marriages fail. No one bothered to tell me that post abortive fathers have high rates of depression, substance abuse, and divorce (even in later marriages). No one bothered to tell me that this single event would haunt my decisions for years to come. They just let me walk into it blindly. No one bothered to tell me that I would grieve the death of my son just like any other father—only I would have to hide that mourning because killing your child by abortion is one of those secrets we want to keep “in the closet.” No one wants to hear about your aborted son. It’s a woman’s issue they say. My grief doesn’t count. The disruption of my life doesn’t count—not the depression, not the marital troubles, not the disruption of other family relationships ...none of it. But, it counts to me that I couldn’t protect him. It counts to me that my family relationships were ripped asunder in the aftermath of that abortion. It matters to me that my child never had a chance.

—David

## **The Ripple Effect of Abortion**

Foster recalls a young man who came to the Feminists for Life office soon after it was opened in Washington, D.C. in 1994. “I was alone in the office when a young man appeared at my door. He offered to volunteer, but I was rushing to a meeting on Capitol Hill. I asked him if he could come back the next day. That is when he burst into tears telling me it was the 10<sup>th</sup> anniversary of the death of his child. At the time, he was attending a military school and his fiancée was at a women’s college. His parents reminded him that he would be thrown out of school if he became a father before graduating and asked how he would be able to support them without a degree. Her brother said that they could have more children later. She was five months pregnant when she had an abortion in New York. Afterwards, they informed her it was a boy. He told me he was a coward. They never married, and I never saw him again. He just wanted someone to know, to remember, and to mourn. To this day, it is one of the stories that motivates me to help students in college, and to remember that abortion impacts men, too, even if they participated in the decision.”

### **FAMILY AND FRIENDS FEEL THE IMPACT**

Like dropping a pebble into a lake, abortion also has a ripple effect and impacts more people than just the woman and child. “We often hear is that it is a parent, in particular mothers, who takes their teenage daughters to hide their pregnancies. A sincere desire to spare a teen from a hard life is one motivation. Shame is often another factor literally and figuratively driving teens and women to abortion clinics,” Foster says.

When Betty found out her daughter was pregnant, she encouraged the young girl to get an abortion. It took Betty many years to acknowledge that she had lost a grandchild that day. When she realized what had happened, Betty recalls, “Finally, I felt the torment and despair of my dear daughter. All was not fine—the past

isn’t just that—gone and forgotten.” Betty gradually has forgiven herself and she hoped that her story will help other grandparents when faced with the news that their child is having a child. Kathy also tried to be a good friend. She thought she was exempt from the pain and grief. Looking back, Kathy feels awful about what happened. In her own words, Kathy explains her feelings: “I felt guilty and helpless. I felt weak when she needed me to be strong. I was ashamed for my lack of courage to do the right thing.” Abortion is a life-changing event. It changes the lives of everyone involved.

After delivering “The Feminist Case *Against* Abortion” at a Florida university, Foster recalls a student named Marie who approached her. “Conflicted by feelings about her mother, she thanked me for helping her to understand a mother she loved, whose actions made her uncomfortable, but whom she didn’t want to condemn. But then she asked me the hardest question. ‘My mother had an abortion before me, but when my parents decided to have an abortion after me, did that mean that they regretted having me?’” Soon after, Marie helped her mother find counseling. Foster says that this and other stories prompted Feminists for Life to take the next step urging *both* sides to listen to voices of women who mourn, to men who mourn, and the siblings who missed their sisters and brothers. “I am stunned by the number of young people who have told me they felt they should have had an older sibling, only to learn that they were aborted—sometimes a twin. We were looking at a generation missing a third of their family, their peers, their soul mates.”

“Years later, well-meaning friends express regret taking a woman to a clinic to get her ‘out of a jam,’” Foster says. “Oftentimes, they think it is the best option. This tells me we must do a much better job informing people about pregnancy resource centers and other directories of support including those created by Feminists for Life to



Abby Johnson

help women, FFL's Raising Kids on a Shoestring website, and the national campus directory now housed with Students for Life of America's Pregnant on Campus website. We have to raise expectations in women themselves. Tell them, 'Women deserve better. They deserve better. Their children deserve their lives, and they can find the strength and support to make better choices for both of them than abortion.'

### **ABORTION WORKERS CAN FEEL REGRET**

The people who provide abortions are often haunted by grief and sorrow regarding the children who die in their clinics. Catherine, a former abortion clinic nurse, explains the lies she told the women: "We took their money. We lied to them. We put them on a table without ever telling them the truth about the procedure. We never told them about the pain." It wasn't only the women receiving the abortions that were in pain. Catherine had nightmares, depression, and anxiety. She was haunted in her dreams, and it took her time to find peace and healing.

Abby Johnson's healing was especially hard as she was thrust into the spotlight after she left her position as a Planned Parenthood clinic director. She remembers every part of her office. She remembers the shelves, the documents they held pertaining to the abortions performed in her clinic. She recalls perfectly the break room where she and her staff would gather to discuss "abortion stories." And she tells the first—and last time—she operated a sonogram machine during an abortion, watching the child move away from the probe. As she watched the child struggle for his life, she recalled the life of her own daughter. She remembered how precious those ultrasounds had been during her own pregnancy... that first glimpse at the life of her own child. **"The worst thing was not watching the sonogram while the abortion was performed. The worst thing was that I stood there and did nothing."** One week later, she resigned. Johnson has found healing and now leads others to it. "My past will always be there. Those memories will always be a part of my mind. I don't even mind that they are there. Those memories keep me motivated in this fight." Johnson went on to found And Then There Were None for former abortion workers and organized the first Pro-Life Women's Conference in June 2016. Johnson wants clinic workers to know that they are loved and that there is a safe place for them to turn. "We believe that everyone is just one breath away from conversion. We are here to walk that difficult journey with anyone who leaves the abortion industry, and it is an honor to do so."

### **ABORTION SURVIVORS**

#### **SPEAK FOR THOSE WHO ARE MISSING**

Most of the time, a child is lost through abortion. Sometimes, those children survive, and they look back on their experience with mixed feelings. They are grateful to be alive, but it can be hard to reconcile the idea that they almost didn't live, and it was their own biological



Melissa Ohden

mothers who directed their termination. Melissa Ohden survived a saline abortion in 1977. She remembers her feelings about learning that she was aborted and born alive. She writes, “I spent many years of my life being ashamed and embarrassed by the abortion attempt that my biological mother underwent. When I was younger, I was hurt, assuming that so little was thought of me and my potential for life.” While Ohden is grateful to be alive and healthy, she still struggles to accept that her mother aborted her.

Gianna Jessen, a music artist, also survived a saline abortion in 1977. She asks, “**If abortion is about women’s rights, then what were mine?**” Jessen is thankful to be alive, and like Ohden, she spends her time speaking and advocating for other children.

Ohden believes that if her mother’s situation had been different, she might have made different choices. Ohden, who started as an FFL speaker and is now with the Abortion Survivors Network, writes, “I truly believe that if my biological mother, as an undergraduate student,

had felt that there was support for other choices (marital, partnered, single parenthood, or the various options for adoption) and had had the resources to support these choices, she would not have made that fateful decision to end my life. I believe that if she had not felt that she had to decide between her child and her life as she knew it, she wouldn’t have to live with that decision to this day.”

### **OUTREACH TO THOSE AT HIGHEST RISK CAN PREVENT MORE LOSS**

Although it has affected all of us, there are some factors that appear regularly when looking at the women who get abortions. According to the Guttmacher Institute (formerly the research arm of Planned Parenthood of America): Seventy-five percent of the women who have abortions are economically disadvantaged. Fifty-nine percent are already mothers. Sixty-six percent are pursuing a postsecondary degree. Women of color are at a disproportionate risk as are victims of violence. “These statistics guide our efforts to better serve women and prevent abortions in the future, but it also means that we should reach out to these at-risk populations to direct them to healing first and foremost for them, but also in order to prevent more repeat abortions,” Foster says.

Recovery is not a straight path—it is a winding path consisting of good and bad days. Grief and healing takes time, but it is possible to find forgiveness, love, and acceptance. You are not alone. You are loved. Healing is possible. Choose it. □



**Elise Huntley** (top right, shown here with family) is currently studying History and Psychology at Benedictine College.

Read more by Béatrice Fedor in “Metamorphosis,” the 2012 issue of *The American Feminist*, and Melissa Ohden in the “Say NO to the Status Quo” fall 2007 issue.

## Choose to heal

Rachel's Vineyard offers retreats and also a national hotline: 877-HOPE-4-ME (877-467-3463)

National Hotline for Abortion Recovery: 866-482-LIFE (866-482-5433)

Project Rachel offers information and help in a Catholic setting and is open to all. ([hopeafterabortion.com](http://hopeafterabortion.com))

Reclaiming Fatherhood offers resources and support for men who have lost a child through abortion and also those who love and support women who have lost children through abortion. ([menandabortion.info](http://menandabortion.info))

The Silent No More Awareness Campaign offers women and men who have already spent time healing an opportunity to provide witness. ([silentnomoreawareness.org](http://silentnomoreawareness.org))

Abortion workers are invited to connect to And Then There Were None, founded by Abby Johnson. ([www.abortionworker.com](http://www.abortionworker.com))

Abortion survivors like Melissa Ohden and Gianna Jessen can find solace with others who were also "born alive" at The Abortion Survivors Network. ([theabortionsurvivors.com](http://theabortionsurvivors.com))

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Now we must fulfill their unrealized dream for mothers and children.





# SUSAN HURLEY DECONCINI

## Former FFL Board Member, 2002-2007

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Susie's family posted a beautiful obituary to recall the highlights of her life — most importantly, her family and more recently, her soul mate John Adams.

But a lifetime of accomplishments can't fit into a paragraph. And all who knew her will have their own stories to tell about Susie.

The granddaughter of a suffragist, Susie hosted Feminists for Life's board meetings in her home in McLean, Virginia, as if she ran a B&B. I cried at the backyard party she threw for my 10<sup>th</sup> anniversary at Feminists for Life.

What I will remember most about Susie, besides her Shirley Temple smile that matched her personality, was her gems of wisdom that she passed on to much younger board members. We'd be discussing some challenge, and Susie would begin to talk about some unrelated experience. At first, we didn't know where she was going, but we quickly learned to stop and listen. She was teaching us. **Always, always, use carrots not sticks.** (That's how she convinced the Senate to provide day care for the children of Senate staff.) **Give credit before it is due. Most people will measure up.**

She would open doors for FFL. Members of Congress clearly respected and genuinely liked this woman. All had to stop and say hello as we walked the halls on the Hill. And it was Susie who would invite Ambassador Lindy Boggs — one of the first women elected to Congress — to a dinner with the FFL Board of Directors at Antoine's in New Orleans. We heard stories upon stories before following them down Bourbon Street to Bogg's home, which was filled with historic family treasures.

Not everything turned out as she had hoped. When she and then-husband Sen. Dennis DeConcini watched the 1980 presidential debate, Jimmy Carter challenged Ronald Reagan. Would Reagan, if elected, appoint a woman to the U.S. Supreme Court? Reagan said yes. The pro-life Democratic couple immediately thought of a Republican judge from Arizona, Sandra Day O'Connor. But after O'Connor voted in support of Planned Parenthood, Susie would still send little notes to her, including information about Feminists for Life.

When she retired from the board, she said, "Serrin, I am going to be 70 soon. I've done my service for FFL and want to think about what I will accomplish in the next 10 years of my life!" Still, she would continue to welcome us into her home.

Her children threw her a surprise 70<sup>th</sup> birthday party at the Fort Belvoir Officers Club. She worked the crowd like an experienced political spouse — reaching for the next person while seeming to be pulled to the next to ensure she would greet every guest.

After she retired from the Board, Susie continued to open her home for more FFL receptions — most recently last spring where board members Pat O'Kane and Mike Sciscenti, former intern Katherine Beck, and I addressed a group of FFL members.

Little did we know that colon cancer had begun to spread. How could we? How could she? Susie appeared to be so healthy, carrying provisions for the event as if she were a teenager.

And there are the random memories, too. Susie told me she gave up sending Christmas cards (which gave me permission to do the same). If she wanted to talk to you, she'd call. But the year before she received her diagnosis, she sent me a card featuring her surrounded by her grandchildren. I'm glad I kept it — and our last email exchange last year on 9/11 after she shared her catastrophic diagnosis with typically-Susie positive perspective.

Soon after, she mailed her final and gracious farewell letter to friends. It was another gift to us. Rather than facing surgery and drugs that would extend her life a few years but not provide a cure, Susie chose to spend her remaining months with her closest family and loving companion, John Adams. Once again, Susie was teaching us. This time, **she was teaching us how to die with dignity.**

Susie had accepted her ending by recalling the wonderful life she had lived. As the news spread that she had terminal cancer, everyone sent his or her memories filled with admiration and gratitude to Susie. She wrote that she had a wonderful life, that she would travel to Europe with family, and check off items on her bucket list. She thanked everyone for the notes and visitors she received, saying she felt had attended her own memorial service. I'm glad she was able to read what she meant to so many. Well, some of it. There are many more stories to tell about this Remarkable Pro-Life Woman®.

**SERRIN M. FOSTER**  
PRESIDENT

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