

**February 27, 2008**

**Testimony in Opposition to Senate Bill 398**

**My name is Dr. Timothy A. Mical Deering. I am a medical doctor. I am board-certified as a family physician.**

**After graduating from Vanderbilt University School of Medicine in Nashville, Tennessee, I served my residency in family medicine at the University of Wisconsin, Madison in the Baraboo Rural Training Track.**

**I have been practicing medicine for 10 years - 5 years in Dane and Sauk Counties and 5 years in a rural community in California. I practice at the present time with a Saint Mary's/Dean Ventures Clinic, Medical Associates of Baraboo, in Baraboo, Wisconsin and I have a role as clinical assistant faculty of the Baraboo Rural Training Track Family Medicine Residency.**

**As a family physician I practice the full-spectrum of family medicine including outpatient clinic and inpatient hospital care, and obstetrics; I care for unborn children, pregnant mothers and deliver newborns. I also care for babies, toddlers, children, adolescents, men, women and the elderly.**

**I am testifying in opposition to Senate Bill 398.**

**A good medical education is vital but doctors, through their practice daily learn from their patients. My patients have confirmed what the data shows, - abortion hurts women – physically and emotionally.**

**In the past three weeks three patients have shared with me the physical and emotional pain that they and others have suffered. The first was a registered nurse who now works as an obstetrical nurse at St. Clare Hospital in Baraboo. She left a job in suburban Chicago under duress because of an unwillingness to be directly complicit in abortions provided at that hospital. This nurse shared with me her emotional distress**

**and troubled conscience from her previous participation in abortion. When she was making her decision to follow her conscience to leave her prior place of employment she was labeled as intolerant and ridiculed by her peers and supervisors. The second person was an 18-year old girl who in January of 2007, a year prior, had been forced into having an abortion by her older boyfriend and his parents; this girl told me of her unresolved guilt, her anger, her frustration and her bitterness. Her psychological distress had led to chronic abdominal pain and depression. The third person was a hospital caseworker who shared her deep personal grief and need for healing, counsel and therapy after learning from her 25-year-old adult daughter that she had an abortion at 19 years of age. The adult daughter had told her mom at last because of her own grief, depression and despair. The mother told me “I am grieving the grandchild I never met” and also spoke of the**

**pain she felt at her daughter's own grief. One abortion had led to devastating anguish in two generations.**

**These stories just confirm what the scientific data tells us – there are many more victims of abortion than the baby that dies. Abortion hurts women – physically and emotionally.**

**National statistics on abortion show that 10% of women undergoing induced abortion suffer from immediate physical complications, of which one-fifth (2%) were considered major.**

**Over one hundred potential complications have been associated with induced abortion. "Minor" complications include: minor infections, bleeding, fevers, chronic abdominal pain, gastro-intestinal disturbances, vomiting, and Rh sensitization.**

**The most common "major" complications are infection, excessive bleeding, embolism, ripping or perforation**

**of the uterus, anesthesia complications, convulsions, hemorrhage and cervical injury.**

**In a series of 1,182 abortions which occurred under closely regulated hospital conditions, 27 percent of the patients acquired post-abortion infection lasting 3 days or longer.**

**While the immediate complications of abortion are usually treatable, these complications frequently lead to long-term reproductive damage of much more serious nature.**

**For example, one possible outcome of abortion related infection is sterility. Researchers have reported that 3 to 5 percent of aborted women are left inadvertently sterile as a result of the operation's latent morbidity. The risk of sterility is even greater for women who are infected with a venereal disease at the time of the abortion.**

**In addition to the risk of sterility, women who acquire post-abortion infections are five to eight times more likely to experience ectopic pregnancies. Between 1970-1983, the rate of**

**ectopic pregnancies in USA has risen 4 fold. Twelve percent of all maternal deaths are due to ectopic pregnancy. Other countries which have legalized abortion have seen the same dramatic increase in ectopic pregnancies.**

**Cervical damage is another leading cause of long term complications following abortion. Normally the cervix is rigid and tightly closed. In order to perform an abortion, the cervix must be stretched open. During this forced dilation there is almost always causes microscopic tearing of the cervical tissue**

**According to one hospital study, 12.5% of first trimester abortions required stitching for cervical lacerations. Unfortunately such attention to detail is not normally provided at free- standing outpatient abortion clinics. Women under 17 have been found to face twice the normal risk of suffering cervical damage due to the fact that their cervixes are immature and developing.**

**The cervical damage from abortion frequently results in a permanent weakening of the cervix. This weakening may result in an "incompetent cervix" which, unable to carry the weight of a later "wanted" pregnancy, opens prematurely, resulting in miscarriage or premature birth. Studies show cervical damage from previously induced abortions increase the risks of miscarriage, premature birth, and complications of labor during later pregnancies by 300 - 500 percent. When the risks of increased pregnancy loss are projected on the population as a whole, it is estimated that aborted women lose 100,000 "wanted" pregnancies each year because of latent abortion morbidity. In addition, premature births, complications of labor, and abnormal development of the placenta, all of which can result from latent abortion morbidity, are leading causes of handicaps among newborns.**

**Looking at premature deliveries, it is estimated that latent abortion morbidity results in 3000 cases of acquired**

**cerebral palsy among newborns each year. Finally, since these pregnancy problems pose a threat to the health of the mothers too, women who have had abortions face a 58 percent greater risk of dying during a later pregnancy.**

**The stories I told illustrate only the tip of the iceberg on the psychological consequences of abortion. Researchers investigating post-abortion reactions report only one possible positive emotion: relief. This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to "get it over with."**

**Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-abortion "numbness." Like shell-shocked soldiers, these aborted women are unable to express or even feel their own emotions. Their focus is primarily on having survived the**

**ordeal, and they are at least temporarily out of touch with their feelings.**

**Studies within the first few weeks after the abortion have found that between 40 and 60 percent of women questioned report negative reactions. Within 8 weeks after their abortions, 55% expressed guilt, 44% complained of nervous disorders, 36% had experienced sleep disturbances, 31% had regrets about their decision, and 11% had been prescribed psychotropic medicine by their family doctor.**

**In one study of 500 aborted women, researchers found that 50 percent expressed negative feelings, and up to 10 percent were classified as having developed "serious psychiatric complications." In a study of teenage abortion patients, half suffered a worsening of psychosocial functioning within 7 months after the abortion. The immediate impact appeared to be greatest on the patients who were under 17 years of age and for those with previous psychosocial problems.**

**Symptoms included: self-reproach, depression, social regression, withdrawal, obsession with need to become pregnant again, and hasty marriages.**

**The best available data indicates that on average there is a five to ten year period of denial during which a woman who was traumatized by her abortion will repress her feelings. During this time, the woman may go to great lengths to avoid people, situations, or events which she associates with her abortion and she may even become vocally defensive of abortion in order to convince others, and herself, that she made the right choice and is satisfied with the outcome. In reality, these women who are subsequently identified as having been severely traumatized, have failed to reach a true state of "closure" with regard to their experiences.**

**Repressed feelings of any sort can result in psychological and behavioral difficulties, which exhibit themselves in other areas of one's life. An increasing number of**

**counselors are reporting that unacknowledged post-abortion distress is the causative factor in many of their female patients, even though their patients have come to them seeking therapy for seemingly unrelated problems.**

**Other women, who would otherwise appear to have been satisfied with their abortion experience, are reported to enter into emotional crisis decades later with the onset of menopause or after their youngest child leaves home.**

**Numerous researchers have reported that post-abortion crises are often precipitated by the anniversary date of the abortion or the unachieved "due date." These emotional crises may appear to be inexplicable and short-lived, occurring for many years until a connection is finally established during counseling sessions.**

**A 5-year retrospective study in two Canadian provinces found that 25% of aborted women made visits to psychiatrists as compared to 3% of the control group.**

**Women who have undergone post-abortion counseling report over 100 major reactions to abortion. Among the most frequently reported are: depression, loss of self-esteem, self-destructive behavior, sleep disorders, memory loss, sexual dysfunction, chronic problems with relationships, dramatic personality changes, anxiety attacks, guilt and remorse, difficulty grieving, increased tendency toward violence, chronic crying, difficulty concentrating, flashbacks, loss of interest in previously enjoyed activities and people, and difficulty bonding with later children.**

**Among the most worrisome of these reactions is the increase of self-destructive behavior among aborted women. In a survey of over 100 women who had suffered from post-abortion trauma, fully 80 percent expressed feelings of "self-hatred." In the same study, 49 percent reported drug abuse and 39 percent began to use or increased their use of alcohol. Approximately 14 percent described themselves as having**

**become "addicted" or "alcoholic" after their abortions. In addition, 60 percent reported suicidal ideation, with 28 percent actually attempting suicide, of which half attempted suicide two or more times.**

**Abortion can cause physical and emotional problems that have not been adequately considered, studied or communicated by the medical community. Physical concerns are not limited to the risk of infection, future pregnancy complications and pregnancy losses, infertility, chronic pain and even risk of death. Neither are emotional and psychosocial concerns limited to unresolved grief, anger, guilt, hostility, decreased self-esteem, increased psychiatric hospitalization, depression, anxiety, post-traumatic stress disorder, suicidality, impairments in interpersonal relations and sexual dysfunction, interrupted bonding and decreased emotional support for children and increased rates of substance abuse. Abortion is not benign.**

**Abortion is not just a “choice”. It is a decision that has profound consequences for physical and emotional wellbeing of women who are usually not adequately warned of its risks.**

**Abortion hurts women – physically and emotionally. I urge you to vote against Senate Bill 398.**

**Reference: Abortion data obtained from The Elliot Institute**