POV
Community Engagement & Education
DISCUSSION GUIDE

After Tiller
A Film by Martha Shane and Lana Wilson

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LETTER FROM THE FILMMAKERS

Reality is complicated. Yet when it comes to the abortion issue in America, we are often presented with two very different, black-and-white versions of what is right and what is wrong—no exceptions granted. As a result, the nation’s shouting match over abortion has become increasingly distanced from the real-life situations and decisions faced by those people most intimately involved—the physicians and their patients. It was for this reason—and with a desire to shed more light, rather than more heat, on this issue—that we decided to go inside the lives of the last four doctors in America performing third-trimester abortions with After Tiller.

We chose to frame our film explicitly as being from the point of view of these four doctors. Given the amount of violence directed toward abortion providers since the ruling on Roe v. Wade in 1973, the murder of Dr. George Tiller in 2009 being only the most recent example, these doctors have frequently been forced to live in the shadows. As filmmakers, our goal was to give these doctors a voice. One of the most interesting things we discovered through interviewing the doctors is that they recognized the moral and ethical complexity in doing this work better than anyone—in fact, they struggle with the issues at the heart of this debate every day.

It is a given, of course, that mainstream news coverage related to abortion must allot equal time to both sides of the issue, but as independent filmmakers, we chose to limit the scope of our film primarily to the point-of-view of the doctors because it allowed us to tell much deeper and more intimate stories. Yet as the film evolved, we began to recognize that many of the doctors’ personal moral and ethical struggles were reflected in the larger national debate over abortion.
Likewise, the patients who came to these doctors for third-trimester abortions were women from a huge variety of socio-economic and religious backgrounds, and they were wracked with guilt, sadness, anger and even ambivalence about their decisions. The reason so many patients agreed to participate in the film is that they never thought they would end up in such a desperate situation, so they saw that only if they shared their stories could anyone possibly understand it. This is a refrain echoed by the doctors in the film, and was also part of the reason they decided to participate.

We decided to represent the anti-abortion movement as it is experienced by the doctors themselves—as a constant presence in the background, whether through participants standing outside their clinics in protest or lurking in the air as a potential threat—but not as the main story. We were careful not to portray the protesters in any extreme or cartoonish way, but rather, in the moments we do have with them, to hear the arguments they have against third-trimester abortion.

The doctors in our film would be the first to acknowledge that people can disagree about this subject. But they are also absolutely dedicated to their work and see it above all as something that helps women and alleviates suffering. In this way, their motivations are the same as those of any other doctors. What is different, of course, is that because of the nature of their jobs, these four doctors are more controversial and targeted than any others in the country. It is thanks to the courage and willingness of the doctors to be open and candid with us, and to allow us such extraordinary access to their patients and lives, that we were able to make a film that pulls back the curtain on a profession that is so often kept out of sight.

We hope that no matter where audiences stand on this issue at the start, *After Tiller* will lead them to look at it in a very different way. People who are against abortion rights will need to consider patient circumstances they might never have conceived of, and pro-choice people will have to think about whether or not they can accept other people making decisions with which they may vehemently disagree. How do you judge stories? How do you judge people? As Dr. Tiller once said, “We are all prisoners of our own experience,” and we hope that our filmmaking will help people evaluate their positions in a more honest, thoughtful and complex way.

**Martha Shane and Lana Wilson**

Directors/Producers, *After Tiller*
2 Letter from the Filmmakers
5 Introduction
6 Potential Partners
6 Key Issues
6 Using This Guide
7 Background Information
7 Overview
9 The Women Who Seek Third-Trimester Abortions
12 The Legislation
12 The Providers
15 The Protesters
17 Selected People Featured in After Tiller
18 General Discussion Questions
21 Discussion Prompts
25 Taking Action
26 The Legislative Landscape: Information
28 Resources
29 How to Buy the Film

Writer
Gabrielle Steinhardt

Guide Producers and Background Research, POV
Sara Kiener
Specialized Marketing and Outreach, Film Presence
Merrill Sterritt
Development Director, Film Presence
Eliza Licht
Vice President, Community Engagement and Education, POV
Aubrey Gallegos
Manager, Community Engagement and Education, POV
Alice Quinlan
Assistant, Community Engagement and Education, POV
Meg Brown
Intern, Community Engagement and Education, POV

Design:
Rafael Jiménez
Eyeball

Copy Editor:
Natalie Danford

Thanks to those who reviewed this guide:
David Boonin
Professor of Philosophy at the University of Colorado Boulder
Faith Rogow, Ph.D.
Insighters Educational Consulting
Martha Shane
Filmmaker, After Tiller
Tracy Weitz
Director, Advancing New Standards in Reproductive Health
Lana Wilson
Filmmaker, After Tiller
Susan Yanow, MSW
Reproductive Health Consultant
After Tiller is a feature-length documentary film that goes inside the lives of the four doctors who openly provide third-trimester abortions in the United States.

Dr. George Tiller of Wichita, Kansas, was a faithful church-goer and a father of four. He was also one of the only doctors in the country who openly performed third-trimester abortions, and in 2009, he became the eighth North American abortion care worker to be assassinated since Roe v. Wade. With his death, there are now only four physicians in the country who openly provide third-trimester abortions in an outpatient setting. After Tiller moves between the stories of these four doctors—two men and two women—all of whom were close friends and colleagues of Dr. Tiller and are fighting to keep this service available in the wake of his death.

One of these physicians is Dr. LeRoy Carhart, an Air Force veteran who decided to start providing third-trimester abortions at his practice in Bellevue, Nebraska, following Dr. Tiller’s death and the closing of the Kansas facility where he practiced with Dr. Tiller. In response, the Nebraska state legislature passed a new law that prohibits all abortions after 20 weeks into a pregnancy, forcing Dr. Carhart to look for another clinic space outside of the state. After protesters in Iowa blocked his efforts to open a new practice there, he finally found a location where he could practice in Germantown, Maryland—but anti-abortion protesters immediately converge, with the goal of shutting down Dr. Carhart’s medical practice forever.

In the meantime, Dr. Warren Hern, a longtime third-trimester abortion provider in Boulder, Colorado, struggles to reconcile a family life he wants to embrace fully with a demanding career that endangers his life and the lives of those around him. After threats and harassment from protesters led to the unraveling of his first marriage, Dr. Hern was lonely and isolated until meeting his new wife, Odalys, herself a former abortion provider from Cuba, and adopting her 9-year-old son, Fernando. Now that Dr. Hern finally has the family he always wanted, though, he recognizes the severe toll his work takes on his personal life, and he must find out whether it’s even possible for these two things to co-exist peacefully.

Finally, Dr. Susan Robinson and Dr. Shelley Sella are two physicians who, like Dr. Carhart, used to work with Dr. Tiller in Kansas, but were left without a location to offer third-trimester abortions when Dr. Tiller’s practice closed following his death. After finding a practice in Albuquerque, New Mexico, that was willing to expand its services to include third-trimester care, these women soon realized that they had moved to a very different legal landscape. In Kansas, an outside physician has to approve every decision to give a woman a third-trimester abortion based on an articulated health need, while in New Mexico, the final decision is left entirely up to the abortion provider. As a result, these two doctors are now facing complicated new moral terrain, and Dr. Robinson in particular grapples with this situation. As the sole person deciding which patients may receive abortions while she is the doctor at the clinic, she must learn how to evaluate patients’ stories and medical eligibility and make her decisions accordingly. At the same time, Dr. Sella, a former midwife, struggles with the nature of the work itself and labors to develop a moral calculus that takes the situation of both the patient and the fetus into account.

After Tiller follows these four doctors as they confront a host of obstacles—from moral and personal dilemmas to restrictions placed on their practices by state legislation. Rather than trying to take a comprehensive look at the heated political debate surrounding abortion, the film weaves together revealing, in-depth interviews with the doctors with intimate vérité scenes from their lives at home and inside their clinics, where they counsel and care for patients at profoundly important and challenging crossroads in their lives. For all of these doctors, the memory of Dr. Tiller remains a constant presence, serving both as an inspiration to persevere in helping women and their partners and a warning of the risks they take by doing so.
**After Tiller** is well suited for use in a variety of settings and is especially recommended for use with:

- Your local PBS station
- Groups focused on any of the issues listed in the Key Issues section
- High school students, youth groups and clubs
- Faith-based organizations and institutions
- Groups engaged in intergenerational dialogue
- Cultural, art and historical organizations, institutions and museums
- Civic, fraternal and community groups
- Academic departments and student groups at colleges, universities and high schools
- Community organizations with a mission to promote education and learning, such as local libraries

**After Tiller** is an excellent tool for outreach and will be of special interest to people looking to explore the following topics:

- Abortion
- Ethics
- Family
- Health
- Law
- Legislation
- Medicine
- Reproductive rights
- Third-trimester abortion
- Women's issues

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**USING THIS GUIDE**

This guide is intended as an informational and educational resource as well as a prompt for dialogue after viewing *After Tiller*. It is designed for individuals and organizations who want to use the film as a conversation-starter and made with the belief that dialogue is critical in the context of the frequently heated debate over abortion and women’s rights. In a world where differences of opinion and philosophy have led to not only political debate, but also violence and harassment directed toward abortion providers, we hope that this new dialogue will be built on compassion and empathy. It is our goal for this guide, like the film, to take a humanistic approach, asking us to examine our own judgments critically as we consider the circumstances and the experiences that others are facing.

In order to encourage greater understanding of the issues in the film, the guide provides some background information before moving into prompts and activities to generate discussion. We provide a number of ideas, but it is not our intention for you to use all of them in one sitting. Please pick out the discussion prompts or activities that you believe will work best in your context and for the group with which you are working.

Please note: There is much to be gained from both large and small group discussions, as well as individual reflection. Individual reflection and small-group discussions may be easier when dealing with very sensitive issues. If you are facilitating a workshop or lesson using this guide, we recommend moving back and forth between individual, small group and whole group activities for a dynamic experience. Please also note that large groups will require more time to respond to a question than small groups.

For more detailed event planning and facilitation tips, visit [www.pov.org/engage](http://www.pov.org/engage).
OVERVIEW

Third-trimester abortions, which are most commonly defined as any abortions performed after the 24th week of pregnancy, comprise fewer than 1.2 percent of all abortions that occur in the United States. These abortions should not be confused with abortions called “partial birth abortions,” as that term refers to a particular technique used in later pregnancy that was banned by the federal government in 2003. That law was upheld by the U.S. Supreme Court in 2007.

According to a 2012 Gallup poll, only about 14 percent of Americans support the legality of abortions in the third trimester, meaning that many people who consider themselves pro-choice may not support the rights of women to have third-trimester abortions.

On January 22, 1973, in Roe v. Wade, the U.S. Supreme Court ruled that the states were forbidden from outlawing or regulating any aspect of abortion performed during the first trimester of pregnancy; could only enact abortion regulations reasonably related to maternal health in the second and third trimesters; and could enact abortion laws protecting the life of the fetus only in the third trimester. The Supreme Court also ruled that with any restriction, including those affecting women in the third trimester, an exception had to be made to protect the life and health of the pregnant woman. Roe v. Wade stated that a woman has a right to have an abortion up until the point when the fetus becomes viable. This decision defined “viable” as being “potentially able to live outside the mother’s womb, albeit with artificial aid,” adding that viability is “usually placed at about seven months (28 weeks) but may occur earlier, even at 24 weeks.” With current medical technology, a baby born at 24 weeks of pregnancy has a 50 percent chance of surviving.

In its decision in Planned Parenthood of Southeastern Pennsylvania v. Casey, the Supreme Court rejected the trimester framework of Roe v. Wade, while affirming its central holding that a person has a right to have an abortion up until the point when the fetus becomes viable. The regulatory framework put forth by this ruling allows the regulation of all abortions as long as those regulations do not place an “undue burden” on women.
The issue of third-trimester abortion rights has become the focus of a wave of legislation that began in 2010 with Nebraska’s Pain-Capable Unborn Child Protection Act, which banned abortions after 20 weeks and included only an extremely limited exception for the physical health of the pregnant woman.\textsuperscript{viii}

At present, nine additional states—Alabama, Arkansas, Indiana, Louisiana, North Dakota, Oklahoma, Texas, Kansas and North Carolina—have passed similar or identical legislation. Three additional states (Arizona, Georgia and Idaho) have passed comparable laws—some with even earlier restrictions (Arizona bans abortions after 18 weeks)—and are waiting to enact the bans pending the outcome of litigation. Since Roe v. Wade was decided, many states have significantly restricted abortions in the third trimester, which is one reason there are only four doctors in the United States who publicly acknowledge providing this care.\textsuperscript{iv} Due to efforts to restrict these abortions further, as well as efforts to limit abortions at earlier points in pregnancy, the number of states where third-trimester abortion is available is decreasing sharply.

\textbf{Sources:}

\begin{enumerate}
\item Centers for Disease Control and Prevention. “Abortion Surveillance—United States, 2010.” http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?__cid=ss6208a1_w
\item Legal Information Institute. “Roe v. Wade.” http://www.law.cornell.edu/supremecourt/text/410/113
\end{enumerate}
The Women Who Seek Third-Trimester Abortions

There are about 1.2 million abortions performed in the United States each year, and of these, 88 percent occur in the first trimester of pregnancy. About 1.2 percent of these abortions occur after 21 weeks.* A far smaller number of abortions occur at 24 weeks or later, and it is these abortions that are the focus of After Tiller. They are provided for a small, but important patient population.

Debates over women’s reproductive rights and the current legislative landscape have led to a number of popular myths about third-trimester abortions and the women who seek them. Among those myths is that women who seek third-trimester abortions are irresponsible, or make flippant or casual decisions about whether to have abortions. On the contrary, research has found that women are very thoughtful as they weigh the multitude of factors, responsibilities and realities of their lives in their decisions about abortion.*

References:


Reasons for seeking third-trimester abortions fall into two major categories.

**The Status of the Fetus**

Sometimes a woman decides to terminate a pregnancy because testing has established that the fetus is not developing as expected. There can be several reasons for this occurring in the third trimester of pregnancy:

1. Some fetal abnormalities only develop as the pregnancy advances (e.g., fetal stroke), some can only be detected later in the pregnancy (e.g., dwarfism) and some can worsen with time (e.g., hydrocephalus, excess water in the brain).
2. Many women do not have access to early, comprehensive prenatal care, so abnormalities may not be detected until later in their pregnancies.
3. Often a single abnormality will prompt other developmental problems in the fetus.
4. The decision to terminate a pregnancy because of the status of the fetus can take time, because often the pregnancy is very much wanted. Often patients seek multiple opinions, which also takes time, especially for those who have to travel for specialty care.

**The Health Needs of the Pregnant Woman**

A woman may have a severe medical condition that develops late in the pregnancy, or the pregnancy may develop in such a way that there is significant risk to the woman’s health, and a third-trimester abortion may be needed to save the life of the woman.

A woman may decide to terminate a pregnancy because she believes it threatens her physical, emotional, mental, or family health, safety or well-being. For example:

**Many women do not know that they’re pregnant until late in their pregnancies.**

1. Some women do not have symptoms of pregnancy, so they are never prompted to take pregnancy tests.

A stillborn birth certificate. Photo courtesy of After Tiller
2. Some women do not experience body changes suggestive of pregnancy, sometimes because of weight, height or body conditioning.

3. Some women continue to have intermittent bleeding during their pregnancies that they interpret as periods.

4. Some women visit healthcare providers and are told they’re not pregnant.

5. Some women have experienced non-consensual sex and thus are disassociated from the pregnancy potential.

6. Some women use one or more forms of birth control or take the morning after pill, without realizing that these could have failed. (No form of birth control is 100 percent effective, not even sterilization.)

Many women do know that they are pregnant and want abortions but are unable to react quickly. There are several possible reasons for this.

1. **Fear.** This is most common among teenagers, but is seen in all age groups. A teenager who has been told that she will be kicked out of the house or that she will bring a huge amount of shame upon her family should she get pregnant has a very hard time telling her parents that she is pregnant. (In addition, many states require parental involvement for a teenager to have an abortion.)

2. **Money.** Abortion is more expensive the further in pregnancy a woman is. Only 17 states allow low-income women to use Medicaid to pay for abortions, so most women have to raise the money. For every week after 12 weeks the cost increases, so it is not uncommon for women to get later and later in their pregnancies as they try to raise the money they need.

3. **Access.** With the states placing growing restrictions on abortion, access has become an increasingly important issue. Not only are there fewer facilities where abortions are performed, but most facilities do not offer abortions after the first trimester. A common scenario is a woman seeking care at the facility nearest her home. She is beyond the gestational limit of that facility and is referred to another location. She now has to raise additional money to pay for the procedure and for transportation, must arrange to take off more time from work and may have to find child care as well. By the time she has organized all of that and arrives at the next facility, she has passed that facility’s gestational limit as well, and on and on it goes. If she’s extremely persistent and resourceful she will eventually make it to one of the facilities seen in *After Tiller.*

4. **Change in circumstances.** A woman may have initially welcomed a pregnancy, but then something in her life changes drastically—her partner becomes abusive, or goes to jail, or leaves her, or a hurricane destroys her home—and she reassesses, realizing that she cannot do a good job of parenting this baby if she has it.

5. **Chaotic life situation.** Some third-trimester abortion patients live lives of chaos that most people cannot even imagine—lives of extreme poverty, physical and emotional abuse and social isolation. Ultimately a woman in this situation will often come to realize that bringing a baby (or another baby) into her life would likely give that child a lifetime of hardship and suffering, and that is something she does not want to do.

What About Adoption?

The question of adoption is commonly raised in discussions about third-trimester abortion. Many people can have difficulty understanding why patients choose to have abortions, rather than carrying their pregnancies fully to term and then choosing adoption for the children. Adoption, like abortion, is a complicated and difficult decision. Data shows that when adoption is voluntarily selected women and children do well, but when it is involuntarily imposed there can be significant long-term repercussions.

Here are some examples from Dr. Shelley Sella of why a woman might decide that adoption is not the right decision for her:

1. A woman may believe that the child she is carrying would not be healthy given her own medical history or the behaviors she engaged in during pregnancy.

2. A woman may be concerned that the child will be mistreated.

3. Women do not want their children to feel that they were abandoned. The doctors in *After Tiller* say that they hear this frequently from women who were adopted themselves.
4. Some women whose pregnancies were especially traumatic do not want to have to tell those experiences to the children. Some women worry that even if they choose adoption, their children will look for them when they are older.

5. It is physically safer for a woman to have a third-trimester abortion than it is for her to have a full-term delivery. Protecting health for a future pregnancy is a significant concern for some pregnant women. Whatever the specific circumstances, the decision to have a third-trimester abortion is always complicated, serious and deeply personal.

Sources:

- Foster D.G. et al. “Attitudes and Decision Making Among Women Seeking Abortions at One U.S. Clinic.” Perspectives on Sexual and Reproductive Health 44, No. 2 (June 2012).

THE LEGISLATION

As part of the 1973 Roe v. Wade U.S. Supreme Court decision, the court ruled that state laws prohibiting abortion are unconstitutional on the grounds that they violate a woman’s “right to privacy.” The court argued that the First, Fourth, Ninth and Fourteenth Amendments protect an individual’s “zone of privacy,” which the court considered “broad enough to encompass a woman’s decision whether or not to terminate her pregnancy.” However, the court also determined that a woman’s right to an abortion is not absolute and that states may restrict or ban abortions after fetal viability under certain conditions.

As of September 1, 2013:

- 19 states prohibit abortions starting at fetal viability (with exception for the life and health of the woman)
- two states prohibit abortions starting at fetal viability (with exception for only the life of the woman)
- eight states prohibit abortions beginning at 20 weeks

While nine states permit third-trimester abortions without restriction, there are only three states with known providers: Maryland, Colorado and New Mexico.

Sources:


THE PROVIDERS

Today in the United States, only four doctors openly acknowledge that they perform abortions at 25 weeks or later. Why?

1. Legislative Restrictions

Most states limit abortions in the third trimester to those necessary to save a woman’s life. A few more states will allow abortions if the health of the fetus is so compromised that it is likely to die when it is born. However, only nine states allow third-trimester abortions for the many reasons women seek them (see earlier discussion).
2. Violence

Physical intimidation of abortion care facilities and providers is common. In 2000, 82 percent of large providers (facilities providing 400 or more abortions per year) experienced some type of harassment. Typically, harassment took the form of picketing and physical contact with or blocking of patients, but 15 percent of large providers reported that they had also received at least one bomb threat.\(^{xxi}\)

The death of Dr. George Tiller in 2009 is a tragic example of the profound threat to individuals who provide abortion care. In fact, eight abortion care workers have been murdered since 1977, with an additional 17 murders attempted. The film gives us a glimpse into the issues of security and safety that these doctors face. Dr. Robinson tells us about having a safety inspection of her home by a federal marshal. Dr. Hern had gunshots fired into his office, and his mother frequently receives threatening phone calls. And all of the doctors have received death threats and hate mail over the years that they have been doing this work.

3. Lack of Training in Abortion Care at Medical Schools and in Residency Programs

In the film, Dr. Susan Robinson comments, “I just thought the other day, I can’t retire. My God. There aren’t enough of us.” The reasons for the lack of new physicians to take the place of these four doctors are numerous. Many medical schools do not include abortion in their curricula. While there is a requirement that obstetrics and gynecology residency programs include abortion training, the U.S. Congress prohibits penalizing any program that chooses not to teach this procedure.\(^{xxii}\) Consequently, almost half of all obstetrics and gynecology residency programs do not offer any abortion training. Even when training is obtained, most graduating residents find institutional barriers to incorporating abortion care into their practices. To get jobs, many doctors have to sign contracts pledging not to perform abortions.\(^{xxiii}\)
So why, then, do the doctors in the film perform this procedure? The doctors give us several reasons. Dr. Hern shares the tragedy he witnessed as a younger physician when he cared for babies who were abused, battered and damaged “because their parents didn’t want them,” noting the stark contrast between the women under his care who were prepared to have children and those who weren’t. He also speaks about his experience working as a Peace Corps physician in Brazil, where he says many women died after receiving illegal abortions. Dr. Carhart fears the harm women will do to themselves or to their babies if they are unable to access such services legally and safely. Dr. Sella reports that she was drawn to abortion care because of the elements it shares with her previous work in midwifery, such as an emphasis on emotional support for the patients, and on treating the woman as the best judge of her own reproductive decision-making process. And Dr. Robinson, who initially decided to provide abortions because she thought that a wave of recent anti-abortion violence might dissuade many doctors from continuing to provide that care, finds the gratitude of her patients incredibly rewarding.

Sources:


A number of groups and individuals oppose the practice and legality of abortion for a range of reasons, including ethical, religious and political reasons. According to a 2012 Gallup poll, 61 percent of Americans support legal abortion in the first three months of pregnancy, while only 14 percent believe abortion should be legal in the last three months of pregnancy.xxvi The issues raised by those who oppose abortion include the point at which human life begins, viability of the fetus outside the womb, the point at which a fetus can feel pain, health risks to the mother during abortion procedures, religious beliefs, opposition to abortions that are considered elective (i.e., not for the sake of the physical health of the mother or child) and support of alternatives to abortion, such as adoption.xxx

Major organizations and leaders in the anti-abortion movement include the groups Operation Rescue and National Right to Life, as well as religious groups, political groups and individuals. Efforts to end abortion practices range from peaceful sit-ins and advocacy, to work developing alternative support programs for mothers with unwanted pregnancies, to petitions and campaigns to pass legislation banning abortion, to actions to close clinics and extreme cases of property damage and violence.xxxi

In 1994, the Freedom of Access to Clinic Entrances Act was passed, making it a federal offense to impede an individual’s access to a clinic through injury, intimidation or interference.xxxi Some states, such as Massachusetts, also enacted “buffer zone” laws, which require protesters to stay at least 35 feet away from abortion clinics. However, in 2014, the U.S. Supreme Court ruled in *McCullen v. Coakley* that the “buffer zone” law in Massachusetts infringes on anti-abortion protesters’ First Amendment rights to free speech and to assemble peaceably. The court encouraged states to focus instead on protecting staff and patients through laws concerning harassment, intimidation and obstruction.xxxii
Sources:


Selected People Featured in After Tiller

Dr. LeRoy Carhart served as a lieutenant colonel in the U.S. Air Force for 21 years and now works full-time providing abortions. In 1992, he founded the Abortion and Contraception Clinic of Nebraska in Bellevue, Nebraska, with his childhood sweetheart and wife of 50 years, Mary Lou Carhart. Dr. Carhart was trained to do third-trimester abortions by Dr. George Tiller and was an associate physician at Dr. Tiller’s clinic in Wichita, Kansas, from 1998 until Tiller’s murder in 2009. After Dr. Tiller’s death, Dr. Carhart decided to start providing third-trimester abortions at his own clinic in Nebraska. In 2010, when Nebraska enacted a 20-week abortion ban, Dr. Carhart opened a clinic in Maryland, where he currently offers care.

Dr. Warren Hern is the director of the Boulder Abortion Clinic in Boulder, Colorado. He has been performing abortions full-time in Colorado since 1973 and founded his own private practice in 1975. He began doing third-trimester abortions in 1982 and is one of the experts in that field, as was Dr. Tiller. A scholar as well as a physician, Dr. Hern received his Ph.D. in epidemiology from the University of North Carolina Gillings School of Public Health in 1988 and has also studied fertility and the use of contraceptives in Peru’s Shipibo communities for the past 40 years. He has written extensively about that research, as well as about abortion practice and women’s rights.

Dr. Susan Robinson is board-certified in obstetrics/gynecology. She started providing abortion care after John Salvi murdered workers at two abortion clinics in Brookline, Massachusetts in 1994 and has been providing abortion care exclusively since 2001. She has worked in private abortion clinics and for several Planned Parenthood affiliates and has taught abortion care to doctors, nurse practitioners, certified nurse midwives and physician assistants. From 2005 to 2009, she worked with and learned from Dr. George Tiller at Women’s Health Care Services in Wichita. She is now providing third-trimester abortion care with Dr. Shelley Sella, working at Southwestern Women’s Options in Albuquerque, New Mexico, which is owned by Dr. Curtis Boyd and Glenna Halvorson-Boyd.

Dr. Shelley Sella is an obstetrician/gynecologist who worked as a home-birth midwife in Santa Cruz, California, from 1987 to 1989 prior to being licensed as a physician. She performed her first abortion in 1990, and 10 years later, she began providing abortions exclusively. From 2002 to May 31, 2009, she was mentored by and worked with Dr. George Tiller in Wichita, Kansas. Following Tiller’s assassination, a friend of his, Dr. Curtis Boyd, invited Sella and her colleague from Wichita, Dr. Susan Robinson, to begin offering third-trimester abortions at his clinic in Albuquerque, New Mexico.
STARTING THE DISCUSSION

Start out with a question for individual reflection that can help individuals make sense of what they’ve seen and think about what feels most important to them in this moment. It may be useful to have individuals write their initial reflections to gather their thoughts in a safe and personal space before opening up discussion with the group. Depending on the tone and the level of comfort in the room, you may ask people to share what they’ve written in a small or large group discussion. Reflective writing questions include:

• What feelings did you have as you listened to the women? As you listened to the doctors? What information was new to you about the women who were seeking abortions? What information was new to you about the doctors or their staff members? What information was new to you about the protesters?

• Write down four things about the film that you will tell someone close to you.

• Dr. George Tiller is quoted as saying that we are all “prisoners of our own experience.” What does this mean to you in the context of this film? What does it mean for patients? For doctors? For protesters? For legislators? For activists?
ACTIVITIES TO BEGIN THE DISCUSSION

• Perspective-Taking Part 1: THE WOMEN
  o Step 1: Break into groups of three to six people and assign the members of each group to put themselves in the position of women who are pregnant at 25 weeks.
    • Group 1: Women who have wanted pregnancies but have recently discovered fetal anomalies.
    • Group 2: Women who have just discovered that their own health is at risk.
    • Group 3: Women who have been trying for eight weeks to find abortion providers.
  o Step 2: You have all been told you can have an appointment with one of the doctors in the film in the next three days if that is what you want. Within each group, discuss the following:
    • What factors will you weigh in making the decision about whether to end this pregnancy?
    • Which factors feel unique to you and which might be true of other women?
    • How would you feel about a woman in a similar situation who makes a different decision about her pregnancy than you are making about yours?
  o Step 3: Large group share-out: Have members of each group share some highlights from their discussion, shedding light on the perspective of the group they discussed. Provide the opportunity for questions and answers among groups.
**General Discussion Questions**

**Perspective-Taking Part 2: The Women and Those Who Affect Their Choices**

- Step 1: Break into groups of three to six people, and assign each group to take on the identity of a population represented in the film.
  - Group 1: Women who are pregnant at 24 weeks
  - Group 2: Medical providers and counselors (this can also include medical students who are thinking about becoming abortion providers)
  - Group 3: Anti-abortion protesters
  - Group 4: Legislators and policymakers
  - Group 5: Abortion rights activists
- Step 2: Within each group, discuss the following:
  - Dr. George Tiller is quoted as saying that we are all “prisoners of our own experience.”
    - What does it mean for the people represented in your group to be prisoners of their own experience?
    - Based on what we saw in the film and what we know from our lives, how does this group of people experience third-trimester abortion?
    - What do we know, or what can we speculate, about the earlier experiences in their lives that may have led them to their current positions?
    - What do we know, or what can we speculate, about how they experience the perspectives of the other groups?
- Step 3: Large group share-out: Have members of each group share some highlights from their discussion, shedding some light on the perspective of the group they discussed. Provide the opportunity for questions and answers among groups.

**What We Need:**

- Step 1: Have individuals write the following sentences and fill in the blanks. Then, as a group, have each individual share what he or she wrote in the blanks and why.
  - “What I need after Tiller is ________.”
  - “What women need after Tiller is ________.”
  - “What medical professionals need after Tiller is ________.”
  - “What medical students need after Tiller is ________.”
  - “What anti-abortion protesters need after Tiller is ________.”
  - “What legislators and policy makers need after Tiller is ________.”
  - “What abortion rights activists need after Tiller is ________.”
- Step 2: To continue the dialogue online, direct individuals to the “What We Need” images online (http://bit.ly/1e4d5yb). They can fill in the blanks and post the images on social media.

**Partner Dialogue:**

- Step 1: Instruct each individual to think of one person from the film. Break into teams of two and discuss the following from the perspective of the chosen person:
  - What matters most to me about third-trimester abortion?
  - What is most important for me to pay attention to?
  - What am I afraid of or concerned about?
  - What am I feeling about my situation right now?
- Step 2: Time permitting, have a larger group discussion where partners can share what they learned from their dialogues.
The Patients

- The women in the film represented a variety of reasons why women get third-trimester abortions. What were some of them? Did any of the reasons surprise you? Did any of the women’s stories seem more/less compelling to you?

- In the film, a patient tells Dr. Sella, “It’s guilt no matter which way you go. Guilt if you go ahead and do what we’re doing, or bring him into this world and then he doesn’t have any quality of life.” Oftentimes, the abortion debate is framed around “choice.” But many of the women who seek abortions do not feel they have choices. Think about the women you saw in this film. What feelings were they having other than guilt? What types of choices were they facing? What were the possible outcomes of their choices?

- According to the Guttmacher Institute, nearly three in 10 American women will have an abortion by age 45. Have you or someone you know had an abortion? If so, what was that experience like? How did you or that person make her decision? What considerations went into that decision?

- The pregnant women in the film faced very difficult situations. What were your feelings as you heard each woman’s story? Did seeing the difficulty and the pain in the women’s experiences make you think differently about abortion in general or third-trimester abortion in particular? What would you want if you found yourself in the same situation as these women? What would you say to a woman who found herself in this difficult situation? What might you tell someone who places blame and shame on women who seek abortion care?

- In the film, a patient says that her baby, if she chooses not to terminate her pregnancy, is not “viable” because of his medical condition. She shares that the baby might die in utero, might be stillborn or might live in a vegetative state and have a very short life “full of shunts, surgeries and seizures.” She makes the choice to terminate her pregnancy rather than letting the baby live this...
life, suffer and pass away naturally. Why might some women choose to terminate a pregnancy in a case like this one? Why might other women choose to give birth to a baby with this condition? Who should determine the best decision for a family?

• Today, medical costs, legislative restrictions and other issues can make it very difficult for some women to access abortion services. What impact do you think the lack of access to care has on individual women, their families and their communities?

• While some of the stories in the film concern women who planned their pregnancies and wanted to have children, there are also stories of women with unplanned or unwanted pregnancies. How might we help other people gain more empathy for these women?

• Sometimes an abortion is delayed because a pregnant young woman does not feel safe talking to adults about being pregnant. What can we do as a society to make conversations about sex and pregnancy safer?

• Sometimes, a woman wants to have a baby, but during pregnancy her situation changes—her partner becomes violent, her house is destroyed in a hurricane or she loses her job and ability to support a child. What could be done to support women in these situations?

• A father in the film talks about praying in Dr. Sella’s office and asking for a sign to tell him if he and his wife are making the wrong decision about terminating their pregnancy. Dr. Robinson meets with a 16-year-old patient who is Catholic and has always been anti-abortion, but has decided to terminate her pregnancy. Women of all religious faith traditions have abortions. Dr. Tiller himself was a man of deep religious conviction. How do religious beliefs impact abortion decisions? How might religious communities support women and families making abortion decisions?
The Providers

- After watching this film, do you have a greater understanding of the doctors who provide third-trimester abortions? What strikes you most about each of these four individuals? How do they compare to other physicians you have met?
- Dr. Robinson says, “After Dr. Tiller was assassinated, there was no question at all that we would keep on doing this work.” Dr. Hern shares that Dr. Tiller’s death was a “profoundly traumatic experience for me and my family.” Given the violence and threats directed at these doctors and the toll those take on their personal lives, why do you think they remain committed to continue performing third-trimester abortions?
- The film offers a window into the work of the staff at the facilities beyond the doctors. Nurses and counselors conduct intake interviews and counseling sessions, and serious and difficult conversations take place between the counselors and the doctors. These women counsel and care for patients in some of the most difficult moments of their lives. What do you think these staff members have in common? What do you think is most challenging for them?
- Dr. Robinson shares one of her challenges: “It’s a struggle for me to figure out—is it okay for me to say, ‘No, that’s not a good enough story. I’m not doing an abortion for you?’ You’re really on your own out here trying to figure out what’s the right thing to do. What’s really helping people?” If someone close to you needed a third-trimester abortion, do you think you could support her in that decision? What factors would you take into account?
- There are only four doctors who openly perform third-trimester abortions, but there are many other doctors and medical professionals who refer patients to these four doctors for their services. Other doctors may be restricted, either legally or by lack of training, from performing third-trimester abortions themselves, or they may simply choose not to perform these services.
Consider how these four doctors are connected to the larger medical community. What support do you think these physicians need from their colleagues and others in the healthcare community? What role do you play in this support?

The Debate

- According to a 2012 Gallup poll, only about 14 percent of Americans support the legality of third-trimester abortion, meaning that many people who consider themselves pro-choice do not support third-trimester abortion rights. After seeing the film, where do you stand on whether these procedures should be legal?
- The movie depicted many different types of protest, from peaceful prayer to acts of violence. What impact do you think the protests have on the women who are considering abortion? What types of protest seem to you like a reasonable way to state a political viewpoint? What types of protest do you think go too far?

Sources:


Additional media literacy questions are available at: www.pbs.org/pov/educators/media-literacy.php
Taking Action

- Hold a discussion with friends, family and/or community members. Use the film’s framework to fill in the blank: After Tiller we need ________. For example, “After Tiller we need empathy” (“information,” “understanding,” “dialogue”).”

- Brainstorm ways to implement these ideas in your community, or volunteer with support groups or organizations that are already taking action.

- Get involved in the legislative process. Check out the Legislative Landscape section on the next page for more information on the laws surrounding this issue. To find your congressional representative, visit http://www.house.gov/representatives/find/.

- Research the history of U.S. laws related to other aspects of reproductive rights (e.g., contraception, forced sterilization). Explore the links between policy governing abortion and policy governing other aspects of reproductive health.

- For more information on how to get involved in the issues, visit http://aftertillermovie.com.
• Know what’s happening in your state:
  - FiveThirtyEight DataLab
    http://fivethirtyeight.com/datalab/maps-of-access-to-abortion-by-state/
    Features maps that lay out abortion laws by state.
  - Open States
    www.openstates.org
    Allows users to enter his or her address and find his or her assemblyman, alderman, congresspeople and other representatives.

How States Restrict Abortion
Seven restrictions on abortion access as of May 14, 2014

- Waiting period between mandated counseling and when abortion can be performed
- Mandated counseling must include this information
- Gestational limits on abortion except when necessary to protect a woman’s life or health
- Minors are required to get parental consent or give notice
Abortion facilities must meet structural standards equivalent to those for surgical centers

- Yes
- Pending litigation

Abortion providers must have hospital admitting privileges

- Yes
- Pending litigation

Ultrasound required before abortion

- Yes
- Permanently enjoined

Source: Guttmacher Institute
RESOURCES

FILMMAKER WEBSITE

AFTER TILLER
http://aftertillermovie.com/
The film’s website offers a number of resources, including additional information about the film, resources, ways to get involved and links to news reports.

Original Online Content on POV

To enhance the broadcast, POV has produced an interactive website to enable viewers to explore the film in greater depth. The After Tiller website—www.pbs.org/pov/aftertiller—offers a streaming video trailer for the film; an interview with the filmmaker; a list of related websites, articles and books; a downloadable discussion guide; and special features.

What’s Your POV?
Share your thoughts about After Tiller by posting a comment at www.pbs.org/pov/aftertiller.

EXPLORING CONSTITUTIONAL CONFLICTS
http://law2.umkc.edu/faculty/projects/ftrials/conlaw/rightofprivacy.html
This website explores several amendments, including the Ninth Amendment and arguments for a constitutional right to privacy.

FIRST AMENDMENT CENTER
www.firstamendmentcenter.org
The site of this nonpartisan project provides blog posts on a range of relevant topics, including the right to protest and separation of church and state.

FIVETHIRTYEIGHT DATALAB:
MAPS OF ACCESS TO ABORTION BY STATE
http://fivethirtyeight.com/datalab/maps-of-access-to-abortion-by-state/
This statistical site offers a map that depicts individual states’ abortion laws.

LEGAL INFORMATION INSTITUTE: ROE V. WADE
www.law.cornell.edu/supremecourt/text/410/113
This Cornell University Law School website provides summaries and opinions related to U.S. Supreme Court rulings. This page addresses the Roe v. Wade decision.

NATIONAL CONSTITUTION CENTER
http://constitutioncenter.org/
The website of this Philadelphia museum is home to an annotated, online text of the U.S. Constitution.

PROCON.ORG
www.procon.org
To encourage critical thinking and civil discourse, this nonpartisan website provides summaries of debates over controversial issues.

SHMOOP: ABORTION AND PRIVACY
www.shmoop.com/right-to-privacy/abortion-privacy.html
This website, which is easier to read than most legal sites, provides a good explanation of the link between abortion law and the right to privacy.
HOW TO BUY THE FILM

For information on purchasing After Tiller, go to http://aftertillermovie.com.