



PRESENTS



AFTER TILLER

A film by
Martha Shane and Lana Wilson

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THE FILM

After Tiller is a feature-length documentary film that goes inside the lives of the last four doctors in America who openly provide third-trimester abortions.

SYNOPSIS

Since the assassination of Dr. George Tiller in Kansas in May 2009, there are only four American doctors left who openly provide third-trimester abortions. *After Tiller* paints a complex, compassionate portrait of these physicians—Dr. LeRoy Carhart, Dr. Warren Hern, Dr. Susan Robinson and Dr. Shelley Sella—who have become the new number-one targets of the anti-abortion movement, yet continue to risk their lives every day to do work that many believe is murder, but which they believe is profoundly important for their patients' lives. The film weaves together revealing, in-depth interviews with the doctors with intimate vérité scenes from their lives and inside their clinics, where they counsel and care for their anxious, vulnerable patients at an important crossroads in their lives. By sharing the moving stories of several of these patients, *After Tiller* illuminates the experiences of women who seek late abortions and the reasons why they do so.

LONG SYNOPSIS

Dr. George Tiller of Wichita, Kansas, was a faithful churchgoer and a father of four. He was also one of the only doctors in the country who performed third-trimester abortions for women, and in 2009, he became the eighth American abortion clinic worker to be assassinated since *Roe v. Wade*. With his death, there are now only four doctors in the country who openly provide late abortions. *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.

At the center of this story is Dr. LeRoy Carhart, an Air Force veteran who decided to start providing third-trimester abortions at his clinic in rural Bellevue, Nebraska, after Dr. Tiller's death. In response, the Nebraska state legislature passed a new law that prohibits all abortions after twenty weeks into a pregnancy, forcing Dr. Carhart to look for a clinic space outside of the state. After protestors in Iowa blocked his efforts to open a new practice there, he finally found a clinic where he could work in Germantown, Maryland—but anti-abortion protestors immediately converged, with the goal of kicking Dr. Carhart out forever.

In the meantime, 74-year-old Dr. Warren Hern, a longtime late abortion provider in Boulder, Colorado, struggles to reconcile a family life he wants to fully embrace with a demanding career that endangers his life and the lives of those around him. After threats and harassment from protestors 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

nine-year-old son Fernando. Now that he finally has the family he always wanted, though, he is discovering the severe toll his work takes on his personal life, and must find out if it's even possible for these two things to peacefully co-exist.

Finally, we meet Dr. Susan Robinson and Dr. Shelley Sella, two female abortion providers who used to work with Dr. Tiller in Kansas, but were left without jobs when Dr. Tiller's clinic closed after his death. After finding a new place to work in Albuquerque, New Mexico, these women soon realized that they had moved to a very different legal landscape. In Kansas, an outside physician had to approve every decision to give a woman a third-trimester abortion, while in New Mexico, the final decision is left entirely up to the doctor. 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 decider-of which patients truly need late abortions while she is on-duty at the clinic, she must learn how to evaluate patients' stories and make her decisions accordingly. At the same time, Dr. Sella, a former midwife, struggles with the nature of the work itself, and with how to develop a moral calculus that takes both the situation of the patient and the potential life of 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 and inside their clinics, where they counsel and care for their anxious, vulnerable patients at a profoundly important crossroads in their lives. For all these doctors, the memory of Dr. Tiller remains a constant presence in their lives, serving both as an inspiration to persevere in helping women, and a warning of the risks they take by doing so.

DIRECTORS' STATEMENT

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 late abortion doctors in America with *After Tiller*.

We chose to explicitly frame our film as being from the point of view of these four doctors. Given the amount of violence directed towards abortion providers since the passing of *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 were free from any such restraints. We chose to limit the scope of our film because it allowed us to tell much deeper and more intimate stories, and 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 late abortions were not pro-choice political zealots. They were women from a huge variety of socio-economic and religious backgrounds, and they were racked with guilt, sadness, anger, and even ambivalence about their decisions. The reason so many patients agreed to participate in the film is because they never thought they would end up in such a desperate situation, and saw sharing their stories as the only way anyone could possibly understand. This is a refrain echoed by the doctors in the film, and was also part of the reason they decided to participate. They thought that if more Americans could meet them, and hear where they were coming from—even if they still disagreed with the work that they did—they at least might not want to kill them.

We decided to represent the anti-abortion movement as it is experienced by the doctors themselves—as a constant presence in the background, whether 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 protestors in any extreme or cartoonish way, but rather, in the moments we do have with them, to hear the more reasonable arguments they have against late 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.

Our agenda is not political, but humanist, and we hope that no matter where audiences stand on this issue, *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 they may vehemently disagree with. 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 complicated way.

- Martha Shane and Lana Wilson

BACKGROUND AND CONTEXT

Late abortions comprise less than 1% of all abortions that occur in the United States each year (according to the Guttmacher Institute). A late abortion is usually defined as an abortion taking place in the third trimester of pregnancy, so because a full-term pregnancy is 40 weeks long, the third-trimester begins at about 25 weeks. (This procedure is also popularly known as a "late-term abortion," a phrase used by some in the anti-abortion movement to imply that the pregnancy is coming to term.)

According to a 2011 Gallup poll, only about 10% of Americans support the legality of this procedure, meaning that many people who consider themselves to be pro-choice do not support late abortion rights. There are rampant misconceptions about why women seek late abortions, and many Americans, both pro- and anti-choice, believe that the decision to have a late abortion is made casually or cavalierly by women who simply didn't find time to having an abortion earlier in the pregnancy. In fact, the women who seek late-abortions do so for the most devastating personal and medical reasons, which can include fetal anomalies, protecting the health or life of the woman, being victims of rape or incest, and, often in the case of very young women, either not realizing they were pregnant or being deeply in denial.

On January 22, 1973, the Supreme Court passed the Roe v. Wade decision, which ruled unconstitutional a state law that banned abortions except to save the life of the mother. The 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. Even then, an exception had to be made to protect the life of the mother. The Court later rejected Roe's trimester framework, while affirming Roe's central holding that a person has a right to have an abortion up until the point when the fetus becomes viable. The Roe 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 28 weeks but may occur earlier, even at 24 weeks."

The issue of late abortion rights is now extremely pressing due to the a wave of legislation that began in 2010 with Nebraska's "Pain Capable Unborn Child Protection" act, which banned abortions after twenty weeks and included only an extremely limited exception for the health of the mother. At present, numerous states, including Alabama, Idaho, Indiana, Kansas, Louisiana, Oklahoma, and North Carolina, have followed suit, passing similar or identical legislation. With only four doctors in America who publicly acknowledge providing late abortions, and with the number of states where late abortion is legal decreasing sharply, it may be on the verge of becoming illegal, inaccessible, or both.

SUBJECT BIOS

Dr. LeRoy Carhart served as Lieutenant Colonel in the US Air Force for 21 years, and now works full-time providing abortions. He founded the Abortion & Contraception Clinic of Nebraska (ACCON) in Bellevue, Nebraska, with his childhood sweetheart and wife of 50 years, Mary Lou Carhart, in 1992. 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 assassination in 2009. After Dr. Tiller's death, Dr. Carhart decided to start providing late abortions at his own clinic in Nebraska.

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 along with Dr. Tiller, was one of the major worldwide experts in that field. A scholar as well as a physician, Dr. Hern received his Ph.D in Epidemiology from the University of North Carolina School of Public Health in 1988, and has also studied fertility and the use of contraceptives in Peru's Shipibo Indian communities for the past forty years. He has written extensively about that research as well as about abortion practice and women's rights in numerous publications.

Dr. Susan Robinson is board-certified in obstetrics/gynecology. She started doing abortion care after the John Salvi shooting rampages at two abortion clinics in Brookline, MA, in 1995, and has been doing abortion care exclusively since 2001. She has worked in private abortion clinics and for Planned Parenthood in several affiliates, and has taught abortion care to doctors, nurse practitioners, 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 doing late abortion care again with Dr. Shelley Sella, working under the auspices of Doctors Curtis and Glenna Boyd at Southwestern Women's Options in Albuquerque, New Mexico.

Dr. Shelley Sella is an obstetrician/gynecologist who worked as a home birth midwife in Santa Cruz, CA, from 1987-1989. She performed her first abortion in 1990, and ten 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 his assassination, a friend of his, Dr. Curtis Boyd, invited her and her colleague from Wichita, Dr. Susan Robinson, to begin offering third-trimester abortions at his clinic in Albuquerque, New Mexico.

Q&A WITH FILMMAKERS MARTHA SHANE AND LANA WILSON

What inspired you to make this film?

Lana Wilson (LW): I had the idea for the film in 2009, after Dr. Tiller was assassinated. The news coverage said that Dr. Tiller was killed in a church he had attended with his family for over twenty years, and I remember being surprised that this man could be both the greatest villain of the anti-abortion movement and a deeply religious Christian. The news also reported that Dr. Tiller had been shot before, but had returned to work the day after, which made me wonder—what kind of person would keep going to work after an experience like that? Who would ever want to do a job where they were hated by so many, and literally under attack every day, for what seemed like so little reward?

The media coverage of Tiller’s death didn’t really answer any of the questions that I had. Almost every story on Tiller said he was a “controversial abortion doctor,” got talking points from both sides of the abortion issue, and ended it there. So I was frustrated with what little information was provided on this man, and with how the news was covering it in such a politicized way, always treating Tiller as a dramatic symbol of controversy rather than as a complex human being. Soon I realized that, because of the polarizing nature of this topic, it was just something the mainstream media wasn’t ever going to go into any sort of depth with.

At first I thought that Dr. Tiller would be a fascinating topic for a documentary. But then I thought—what about who’s left now? Will anyone keep doing late abortions after this assassination? I realized that the better documentary would actually be to go inside the present-day lives of whoever was still doing this work, and see what it was like to be them. I had never made a documentary before, so I asked my incredibly talented friend, the filmmaker Martha Shane, if she would collaborate with me on it.

Martha Shane (MS): When Lana approached me with this idea, I was immediately intrigued. I probably had a similar reaction to many people in that my first question was—how can there be only four doctors who are doing this work? It seemed hard to believe that in a country of this size, so few physicians would be trained in doing late abortions, and so I became fascinated by the question of what motivated these few, specific doctors to do such difficult work despite the enormous risks involved.

Shortly after graduating from college, I had started working on a documentary called *Bi the Way*, which looked at bisexuality in America. I’ve always been interested in exploring subjects that people find difficult to talk about openly—sexuality and abortion fit very much into that category. After finishing *Bi the Way*, I spent several months shooting and editing a short documentary about a community health center in post-Katrina New Orleans, and coming to terms with the incredible challenges that Americans, and particularly lower-income people, face in accessing basic health care. So, given that my explorations as a filmmaker thus far had included sexuality and healthcare, *After Tiller* really seemed like a natural fit.

What is your own connection to the subject of abortion?

MS: Like many people who will watch this film, I had very little direct connection to the subject of abortion going into this. I've always considered myself pro-choice, but it was never a deeply thought-out philosophy. On a personal level, I always felt that if I had an unplanned pregnancy, I would want to have the option of having an abortion, and I felt that other people should have that option as well.

As far as late abortions, however, I had never given them a lot of thought, and I knew very little about the reasons why women seek them. As I quickly learned, late abortions account for less than 1% of all abortions performed in America, which is part of the reason why most people know so little about them. I was also surprised to discover that one of the major reasons why women seek these procedures is fetal anomalies, so that in fact a large percentage of the women seeking these abortions had planned pregnancies. The other patients seeking these abortions, as it turned out, included women who were raped but were in denial, very young women who didn't know they were pregnant, and other, similarly desperate cases.

As I began to talk about the project with friends and family, I realized that most people, like me, had very little knowledge about late abortions. There's a severe lack of basic information about this procedure, even among people who are generally well informed about reproductive health.

LW: I also didn't really know anything about late abortion. Personally, I had always been pro-choice, but late abortion makes you think about whatever position you have in a very different way. With some of the cases in the film, I think the woman's decision to have a late abortion is actually quite easy to understand—perhaps even easier to understand and support than early abortions are—but with other cases, it's much harder to accept the woman's decision. That's part of what I think makes this film and the patients in it so compelling—it's hard to grapple with, and involves a lot of self-reflection.

Was it particularly challenging to convince the doctors to allow you to film them for the documentary? Was your relatively young age [the filmmakers are in their late 20s] a help or a hindrance in gaining access?

MS: Initially, following Dr. Tiller's assassination, we were only aware that Dr. Carhart and Dr. Hern were providing late abortions, so we began by approaching them. We knew that developing trust with the doctors would be crucial, because we would eventually be asking the doctors to allow us to film them in the most intimate possible situations—counseling patients, talking to patients in the operating room, working with staff, and spending time with their families—so we decided that it would be best to meet the doctors in person first, without cameras, to present our idea for the film in detail and to discuss issues like security.

We cold-called them in March 2010, fully expecting them to be reticent about speaking with us or to refuse altogether, but we were pleasantly surprised that both were open to having us visit, although Dr. Hern told us repeatedly that it wasn't worth our time and that no one would

ever want to watch such a film. Starting out on that first trip to Boulder, Colorado, and Bellevue, Nebraska, Lana and I were a bundle of nerves, approaching each meeting like an exam, reading and quizzing each other on everything that had ever been written by or about the doctors. However, in both cases, we were quickly set at ease upon meeting the doctors. They were both warm and welcoming, and by the time we left each clinic, the doctors were introducing us to staff, already speaking highly of a project that we had not yet begun filming.

Because we're relatively young, many people asked us over the course of shooting whether we were doing this film as a school project, and I was always glad to get that question. It meant that people didn't find our presence intimidating or obtrusive, and that allowed us to film in situations that would otherwise be very difficult to access. We certainly made it clear to the doctors that this was an independent film, but I do think that being young, eager, and thoroughly unimposing probably had a lot to do with why they agreed so quickly.

The two female doctors in the film, Dr. Robinson and Dr. Sella, however, took about a year to decide that they would participate in the documentary. Like Dr. Tiller, they had originally made a decision not to do press, but they eventually agreed to be interviewed for a Rachel Maddow documentary called *The Assassination of Dr. Tiller*. The fact that there was no negative fall-out, and no upsurge in threats, following that broadcast, convinced them that it was worth at least meeting with us to hear about our ideas for the film.

Ultimately, it was our plan to include patient stories, as seen through the eyes of the doctors, that persuaded the female doctors to be involved. Both hoped that by them participating in this film, people would gain a better understanding of why women seek late abortions—that these are not cavalier decisions, but rather decisions made by women in truly desperate situations, who view this as their best and only option. The incredible thoughtfulness and openness of the female doctors, particularly in talking about their own moral and ethical struggles with their work, made it well worth waiting for them to participate.

In the film, you captured a lot of wrenching conversations with women who were getting late abortions. How did you gain their trust to allow you to film them?

LW: The doctors and the counselors were really our best allies in that area. Like Martha mentioned, helping us get access to patients was the main reason some of the doctors agreed to participate in the film. At each clinic the counselors, in their initial meetings with third-trimester patients, would tell them about our film—first, so they wouldn't be surprised if they saw a camera in the clinic, and second, to see if they might let us film any part of their experience there. It was framed for patients as the chance to share their story of how they ended up there, getting a late abortion, so that other people would understand it better.

No one ever imagines that they will one day be asking for a late abortion—and that includes all of the patients who we met. So they're already in an incredibly desperate and extreme circumstance when that happens. Then protestors harass them as they go into the clinic, and when they leave, they have to go home and come up with a story about what happened to the

pregnancy, usually without acknowledging it as an abortion, because of the possible social repercussions they could face. So I think that the patients at these clinics felt more acutely than anyone the importance of bringing more understanding to this issue. And they understood that telling their stories in this film had the power to change minds, because most of them had lived through that experience themselves—of having no idea why anyone would get a late abortion until they were suddenly faced with that decision.

MS: I think this is another case in which our access was in part the result of being young, friendly, unintimidating female filmmakers. We knew from the beginning that it would be crucial to have a small crew, so that we could be as unobtrusive as possible in the clinics, and we knew that it would be key to hire a female cinematographer, since we would be filming with female patients. We were lucky to find two incredible cinematographers—Hillary Spera and Emily Topper—and Lana and I trained ourselves to record sound, so that we could avoid having an additional sound person.

One of the surprising discoveries was that women who were at the clinic alone were often the most open to being filmed by us. One said that she felt like it would be easier to go through the experience with friends (i.e. us filmmakers!) around, so I think we made patients feel comfortable by being sensitive to their needs, speaking openly about our project, and answering any questions that they had right off the bat.

What did you learn about them from this experience?

LW: I think the biggest thing I learned from the patients is that their lives are often much harder and more complicated than you could ever possibly imagine. And since making this film, I've realized that that's true of anyone I meet—you can never really know where someone else is coming from. At first I found myself being very judgmental of some of the patients—as Dr. Robinson says in the film, some women just aren't good storytellers, for reasons that have to do with much bigger issues of education, class, and so on. And if I were in their shoes, I might have made a different decision. But even in the limited amount of time that we spent filming, we started to get a sense of how much some of these women are dealing with in their lives—that they're just barely making with it, and coping with so much already, but still managed to save the money and travel far away to get an abortion, and what that says about their commitment to that decision. So I think that my sense of compassion for those patients and what they're going through increased exponentially because of this experience. And I think I've become a less judgmental person in general as a result.

MS: I learned so much from watching the doctors at work. The first thing that will really stay with me is the quality and intensity of their listening. I was constantly amazed that even after a long and stressful day, if a patient had a question or needed counseling, all of the doctor's attention would be immediately be focused on that patient, and all their other concerns would seem to drop away. They have this incredible ability to listen to patients without conveying any judgment whatsoever about what the patient is saying, but instead simply empathizing with them. This was true even in the most extreme cases, such as with patients who considered

themselves anti-abortion. Regardless of the patient's worldview or attitude towards abortion, the doctors' determination to listen in a non-judgmental, empathetic, supportive way was unwavering.

The second thing that really affected me about the doctors is how deeply they think about the work that they do. I think it's very common in working life to be focused on trying to get by, to meet every new challenge, and just keep on moving. All of the doctors are incredibly busy and preoccupied with patients, yet at the same time, they have taken the time to really think about the work they do and all of its moral and ethical implications. They know how deeply complex the abortion issue is, and they can articulate its complexity, as well as the reasons they remain so dedicated to this work, better than anyone.

In working as a documentary filmmaker, both the ability to listen intently, and the ability to think deeply about your decisions, are crucial, and I feel deeply indebted to all the doctors in the film for being such incredible models in this regard.

While filming, you spent a lot of time in intimate quarters with the doctors. After the high profile assassinations and each doctor's own experience with constant death threats and harassment, did you ever fear for your own personal safety? Did you experience any harassment yourselves?

MS: I was never really concerned about my own safety. I think that's in large part a tribute to the fact that the clinics' staffs have created very warm and welcoming environments, so that patients can stop thinking about the protesters and security once they arrive. As filmmakers, we were probably affected by that as well—I often thought about how it felt like two completely different worlds inside and outside the clinic. Particularly in places like Bellevue, Nebraska, there was a palpably hostile atmosphere on the outside, and the building acted as a sort of fortress. Inside, the atmosphere was so warm and comforting that it became very easy, while shooting there, to forget how many clinics have been firebombed over the years, and how many clinic staff have been injured and killed.

As far as harassment, there was nothing that felt overtly threatening. I remember one protester in Nebraska who, after learning about our film, waited about five hours in her car for Lana and I to emerge from the clinic so that she could give us a copy of the book *Reason for God*.

LW: I totally agree with Martha, that we really didn't feel threatened while making this film, but there were several very intense, angry blog entries and emails written to us by clinic protestors and other anti-abortion people while we were in production. And there was one slightly chilling moment where a protestor came up to us and said that he had been taking pictures of us and used facial recognition software to find out "who we really were" (although we had always been totally honest about who we were). So he was obviously just trying to intimidate and frighten us. But the vast majority of the protestors were incredibly polite and respectful to us while we were filming.

And the bottom line is that we are not abortion doctors ourselves—we don't even work in an abortion clinic—so the extreme anti-abortion people are not going to go after us in the same way that they go after the doctors. They don't even go after patients—for them, it's really all about vilifying the doctors.

It's surprising to learn that there are only four doctors in the entire country who publically acknowledge providing this service for women, and that all of them are facing retirement age. Did the doctors talk much of training replacements or trying to enlist others into joining them?

MS: I think all of the doctors are intensely aware of the need to train younger doctors to care for these patients in the future, but they are also up against a lot of challenges. First of all, there's a lack of access to even early abortion care training in this country, and secondly, there are very few people who are willing to do such emotionally difficult work, given the very real risks that it entails.

Having been trained by Dr. Tiller, Dr. Carhart, Dr. Robinson, and Dr. Sella have been particularly interested in training younger doctors, and as you can see in the film, the two female doctors have finally found a new doctor who they are now training in Albuquerque.

The documentary maintains a very tight focus on the doctors and the patients of these clinics, without going into the political firestorm around abortion. Was there anything you wanted to include but didn't?

MS: I feel like we found a strong balance of patient stories in the film, and we were able to show the full spectrum of reasons why women seek late abortions. However, I would love to have been able to include an additional story of a patient who was seeking an abortion for more severe mental health reasons. There's a point in the film where Dr. Carhart is reading an emailed interview with a 14-year-old girl who is pregnant for the second time, and describes how she would want to die if she couldn't have an abortion, and how she already tried to end the pregnancy several times herself. These cases are more common than anyone would like to believe, but because of how sensitive they are, it was practically impossible for us to film with patients in those situations. So, while I think that the email is a very strong stand-in for a type of patient that we were not able to film, I wish—from a filmmaking perspective—that we had been able to film with a similar patient.

LW: I totally agree. On a lighter note, there are a lot of colorful details about the doctors I wish we had had time to include—that Dr. Carhart was a baton-twirling protégé as a child, and then planned on becoming a Methodist minister; that Dr. Hern writes these hilarious, absurdist op-eds about reproductive rights, and also publishes books of love poetry... but with four main characters, we had to keep the details we shared about each doctor very focused and relevant to the material at hand. I suppose people are always more interesting that you have time for!

TEAM BIOS

Martha Shane (co-director/co-producer) is a Brooklyn-based filmmaker. From 2006 to 2008, she co-directed, produced and co-edited the feature documentary *Bi the Way*, which had its premiere at the SXSW film festival in 2008 and debuted on MTV's LOGO channel in summer 2009. Subsequently, Shane worked as a freelance editor, producer and cinematographer for projects ranging from a short documentary about a community health center in post-Katrina New Orleans to an experimental film about the Japanese writer Osamu Dazai. *After Tiller* is her second feature documentary. Shane is currently co-directing *The Mystery of Marie Jocelyne*, a suspense-filled feature documentary that unravels the many mysteries surrounding alleged con artist and former film festival director Marie Castaldo. Shane graduated from Wesleyan University in 2005 with a BA in Film Studies.

Lana Wilson (co-director/co-producer) is a Brooklyn-based filmmaker. *After Tiller* is her feature documentary debut. Wilson was previously the Film and Dance Curator for Performa, the New York biennial of new visual art performance, where she curated and produced performances by Canadian filmmaker Guy Maddin, French choreographer Boris Charmatz, and many others. She has also organized several film retrospectives, including *Not Funny: Stand-Up Comedy and Visual Art* (2011), *The Polyexpressive Symphony: Futurism on Film* (2009), and *Dance After Choreography* (2007). Wilson has presented these programs at CPH: PIX (Copenhagen), the Jerusalem International Film Festival, the San Francisco Museum of Modern Art, Anthology Film Archives, and Tanzquartier Wien (Vienna), among other venues. She also curated the film series *Performance Now* for Wesleyan University (2011), co-curated and produced the omnibus artists' film *Futurist Life Redux* (2009), and edited the book *Performa 09: Back to Futurism* (2011). She is currently developing several documentary projects. Wilson holds a BA in Film Studies and Dance from Wesleyan University, where she graduated with honors.

Greg O'Toole (editor) is an award-winning editor whose feature documentaries have screened at festivals around the world and been broadcast on PBS, ESPN, and other networks. Recent documentaries include *Better This World* (SXSW/POV 2011), which won the Gotham Award for Best Documentary and was nominated for three National Emmys, including Best Editing; *The Two Escobars* (Cannes/ESPN, 2010); and *Sons of a Gun* (PBS, SXSW 2009). He is currently cutting *An Honest Liar*, about famed magician and skeptic The Amazing Randi. In addition to his feature documentary work, O'Toole creates award-winning commercial and educational videos for corporate clients such as Saatchi & Saatchi, Fenton Communications, and Eleven Inc. He has also done extensive non-profit work, including the short environmental films *A Simple Question* (Wild & Scenic/KRCB, 2010) and *All Points South* (Winner, NY Surf Film Festival, 2009) and two hour-long series for the Pachamama Alliance, an organization focused on protecting rain forests and indigenous peoples, and The Ella Baker Center, which runs community empowerment campaigns related to jobs, health, and safety. In 2001 he founded GroundSwell Productions, a non-profit organization focused on increasing low-income community access to video production.

Hillary Spera (director of photography) is a cinematographer based in Brooklyn. In addition to *After Tiller*, her latest documentary feature, *Oxyana*, won the Best New Director Award for director Sean Dunne at Tribeca Film Festival in 2013. Other work includes the narrative feature *Wildlike*, shot in Alaska; Katie Aselton and Mark Duplass' thriller *Black Rock*, which premiered at Sundance 2012; *High Road*, an improv comedy feature directed by Upright Citizen's Brigade founder Matt Walsh; and *Salar*, a film shot in Bolivia and shortlisted for a short form 2013 Academy Award. Her documentary credits include *Darkon*, winner of the Audience Award at 2006 SXSW, *Alice Neel*, *American Juggalo*, and *Maidentrip*, Hillary also works in commercials and music videos, most recently completing projects for Kurt Vile and Ben Folds Five. She is most happiest finding (mis)adventures with a camera in hand.

Emily Topper (cinematographer) studied Visual Anthropology at Swarthmore College (BA '99) and Cinematography at the University of Southern California (MFA '04). Her cinematography work over the last couple of years includes the films *Ain't in It for My Health: A Film About Levon Helm*, *Elemental*, and *White Flight*. Emily hails from Baltimore and lives currently in Los Angeles.

CREDITS

Directed and produced by **Martha Shane** and **Lana Wilson**

Executive produced by **Artemis Media Ventures** and **Belle Max Productions**

Edited by **Greg O'Toole**

Director of Photography **Hillary Spera**

Cinematography by **Emily Topper**

Supervising Sound editor and Re-recording Mixer **Peter Levin**

Sound Editing by **Barbara Parks** and **William Hsieh**

Original Score by **Andy Cabic** and **Eric D. Johnson**

Graphics by **Mike Nicholson / Picturebox**

Assistant Editor **Kristina Motwani**

Music Supervision by **Brooke Wentz**

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