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U.S. Senate Judiciary
Subcommittee on Federal Courts, Oversight, Agency Action, and Federal Rights
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**To Chair Whitehouse, Ranking Member Kennedy, and Honored Members of the Subcommittee:**

Thank you for the opportunity to testify at today's hearing.

I realize that there is profound disagreement about abortion, the prevalence and severity of its medical complications, and its consequences for women, families and society, as well as the value of unborn human life. Yet, I believe we all agree that we want to provide the best care for women that assists them in achieving a healthy, fulfilling life.

This hearing seeks to address interstate travel for abortion after *Dobbs*. Women retain their constitutional freedom to travel within our country, for any reason they wish, including to obtain elective abortions. I would like to address the issue of what is "care." Do state abortion limitations prevent necessary medical care to protect the life of the mother? Do medically unsupervised abortion drugs provide a caring way to provide abortion? Does providing abortion drugs without supervision to a woman's abuser or trafficker show care to that woman?

Life of the Mother:

The narrative that pro-life laws will prevent treatment of life-threatening complications affecting pregnant women, requiring them to travel out of state to access necessary medical care is blatantly false. Every state's law allows a doctor to use his "reasonable" or "good faith" medical judgment to determine if an abortion is necessary and when to intervene in a pregnancy emergency.[1] As an experienced obstetrician, I can use my clinical skills, backed up by guidelines from my professional society and the peer-reviewed literature, to diagnose a complication that

[1] Harned, Mary and Skop, Ingrid. "Pro-Life Laws Protect Mom and Baby: Pregnant Women's Lives are Protected in All States," On Point Series, Issue 86. September 11, 2023. Available online at https://lozierinstitute.org/pro-life-laws-protect-mom-and-baby-pregnant-womens-lives-are-protected-in-all-states/.

may become life-threatening. My peers and I know what these conditions are, even if we cannot predict with certainty whether that complication will cause a woman to die or experience severe impairment, or how quickly this harm may occur. Once I have made that determination, I am willing to induce labor to protect my maternal patient, even if I can predict her child may not survive. All laws allow intervention at the time of diagnosis of these serious conditions. No state requires "immediacy" or that a woman be dying before we can intervene. And of course, laws protecting unborn life never prohibit care for a woman who has tragically suffered the death of her unborn child in miscarriage or stillbirth.[2]

Some biased media and abortion advocates have stirred up fear and confusion among doctors by implying otherwise, and this has been exacerbated by pro-abortion medical organizations refusing to provide guidance to physicians, but the tide is turning on this false narrative. The Texas Supreme Court has twice affirmed that doctors may intervene immediately as they believe necessary in a pregnancy emergency, and a similar case in *Idaho and Moyle v. U.S.* will also be decided by the Supreme Court this June.[3] Further, there is no conflict between the federal Emergency Medical Treatment and Labor Act (EMTALA) and pro-life state laws. They both allow doctors to perform medically necessary care in pregnancy, considering the needs of both patients, a woman and her unborn child.

## Abortion Drugs[4]:

Unfortunately, I have often seen the women of Texas provided substandard "care" when they choose to travel out of state for an elective abortion. Increasingly, women are being steered toward choosing abortion drugs rather than being offered a surgical abortion, even though complications occur four times as frequently from drugs compared to surgery.[5] Women are told, deceptively, that these drugs are safe and effective, when in fact, high quality studies document that 8% of women in the first trimester and 38% of women in the second trimester will require surgery to resolve hemorrhage or remove the tissue their body is unable to expel.[6] The FDA's own data shows that approximately one in 25 women will visit an emergency room with a complication from these drugs. The FDA also maintains their two strongest safety strategies on

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[2] Ibid.

[3] Harned, Mary and Ingrid Skop. Misleading Statements About "Life of the Mother" Exceptions in Pro-Life Laws Require Correction. *Issues in Law and Medicine* 39, no. 1 (2024): 76-81. Available online at https://issuesinlawandmedicine.com/articles/misleading-statements-about-life-of-the-mother-exceptions-in-pro-life-laws-require-correction/.

[4] Portions of this section were previously published by the same author in "The Evolution of 'Self-Managed' Abortion: Does the Safety of Women Seeking Abortion Even Matter Anymore?" On Point Series, Issue 77. March 1, 2022. Available online at https://lozierinstitute.org/the-evolution-of-self-managed-abortion/.

[5] Maarit Niinimäki et al., "Immediate complications after medical compared with surgical termination of pregnancy," *Obstet Gynecol* 114, no. 4 (2009): 795-804, doi:10.1097/AOG.0b013e3181b5ccf9. Ushma D Upadhyay et al., "Incidence of emergency department visits and complications after abortion," *Obstet Gynecol* 125, no. 1 (2015): 175-183, doi:10.1097/AOG.0000000000000603.

[6] Mentula M., et al. (2011). Immediate adverse events after second trimester medical termination of pregnancy: Results of a nationwide registry study. *Human Reproduction,* 26(4), 937-942. doi: 10.1093/humrep/der016.

mifepristone because it is known to be dangerous: a "black-boxed" warning, and a "Risk Evaluation and Mitigation Strategy."[7]

The truth is, abortion drugs benefit the abortion industry, which has a pervasive staffing problem because about 90% of obstetricians will not perform an elective abortion.[8] In this way, the abortion industry let the woman "self-manage" her own abortion. She bleeds heavily for about two weeks, experiences labor-like pain, and then passes her unborn child, often seeing his or her tiny body.

These dangerous drugs are also being mailed into pro-life states after being ordered on websites that explain how to circumvent state laws. All aspects of quality medical care are being ignored: no pre-abortion testing, ultrasound, physical examination, or labs. Such medical negligence leaves women at risk of undiagnosed ectopic pregnancy, underestimated gestational age with higher risks of failure, and future infertility or pregnancy complications. This unsupervised distribution of drugs fails to provide adequate informed consent counseling, including knowledge of alternatives and support available if she wants to give birth, and confirmation that the women is not being coerced into an abortion.

Abortion was never "between a woman and her doctor" because the abortionist was often merely an unknown technician performing a requested medical procedure to address social and financial problems. But today, when the abortion drug provider is often out of state or out of the country, that fallacious statement stands exposed, as women are self-managing their own abortions, alone in their trauma, with no one other than our overworked emergency room system available to care for their complications. I have cared for many such women in Texas since *Roe* was overturned, who traveled out of state, only to be offered abortion drugs and returned home to suffer complications.

Trafficking:

Already, we have seen the terrible results of this flippant attitude toward abortion. Recently, a Texas man was sent to prison after he repeatedly attempted to dose his pregnant ex-wife with abortion drugs without her knowledge in an attempt to kill their unborn daughter.[9] In another recent case, a 15-year-old girl was taken across state lines without her parents' knowledge for an

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[7] FDA, Highlights of Prescribing Information. Revised January 2023. Reference ID: 5103833. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf#page=8

[8] Stulberg DB, Dude AM, Dahlquist I, Curlin FA. Abortion provision among practicing obstetrician-gynecologists. *Obstet Gynecol*. 2011 Sep;118(3):609-614. doi: 10.1097/AOG.0b013e31822ad973. PMID: 21860290; PMCID: PMC3170127. Available online at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3170127/.

[9] Louallen, Doc. "Texas attorney sentenced to 6 months in alleged abortion attempt of wife's baby," USA Today. Feb. 8, 2024. https://www.usatoday.com/story/news/nation/2024/02/08/texas-man-wife-abortion-drugs/72531081007/

abortion she did not want, all so that her adult boyfriend and his mother could cover up the evidence of their crimes.[10]

For these reasons, some states have proposed laws prohibiting trafficking of adolescent girls across state lines for abortions by people other than their parents or guardians. Predictably this has met with opposition, but we should ask why. Abortion advocates devote an inordinate amount of time discussing the extraordinarily rare but tragic situation of a young girl who conceives after enduring sexual assault. But in the next breath, they oppose any effort to bring the abuser to justice. Abortion has long been a way for abusive men to maintain control of women, perpetuating the power imbalance, by forcing them into aborting the child resulting from rape or trafficking. Such laws making sure that the abuser cannot get rid of the results of his crime, requiring parental involvement and intervention for a traumatized young girl should be applauded, not opposed.

Similarly, it has been well documented that a medical clinic is the most likely place for a sex trafficked woman to be identified and assisted in escaping her abusive situation. Surveys of trafficking survivors document that 88% sought medical care and 55% obtained an abortion while being trafficked.[11] Widespread availability of medically unsupervised abortion drugs has removed that opportunity for intervention because she is never seen in person. Furthermore, online ordering cannot document that the person ordering the drugs is a woman who wants an abortion, and not her abuser.

Additionally, many pro-abortion states have passed "shield laws" preventing accountability for law-breaking abortionists who provide abortions that injure women from other states.[12] No law enforcement investigation or extradition, no wrongful death or malpractice lawsuits, no discipline against the abortionist's license. If an abortionist in New York mails these dangerous drugs to my patient in Texas, leading to her death, shouldn't he be held accountable?

If abortion is really "women's healthcare," as euphemistically promoted, shouldn't it be held to the same standards of other women's healthcare? Is the point of abortion only the death of the unborn child? Are the women being harmed merely collateral damage that abortion advocates are willing to accept? We must move beyond euphemisms and acknowledge that we are ending human life largely for social and financial reasons. The shattered lives of women around our country demonstrate conclusively that women need us to do better and offer true solutions to their problems, rather than defaulting to ending the lives of their children**.**

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[10] "Idaho woman, son charged with kidnapping after the police say they took teenager to Oregon for abortion," CBS News. Nov. 1, 2023. https://www.cbsnews.com/news/mother-son-charged-kidnapping-teenager-oregon-abortion/

[11] Lederer, Laura and Wetzel, Christopher. "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities." *Annals of Health Law*, Vol. 23, 2014. https://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf.

[12] Harned, Mary. "Abortion 'Shield Laws:' Pro-Abortion States Seek to Force Abortion on Life-Affirming States," On Point Series Issue 96. August 24, 2023. Available online at https://lozierinstitute.org/abortion-shield-laws-pro-abortion-states-seek-to-force-abortion-on-life-affirming-states/.

What does true "care" for women with an unintended pregnancy look like?

We must ask, is abortion the best "care" for a healthy woman carrying a healthy child, the situation occurring in over 95% of U.S. abortions? What reasons are sufficient to warrant ending human life? Social? Relational? Financial? Societal problems? Many, like me, believe that ending a life in these situations is an inadequate and violent response to women's complex problems and fails to address the root causes of their crises.

There are nearly 3,000 pregnancy centers in our country providing free ultrasounds and other medical services, education, emotional, material, and mental health support for women.[13] 97% of clients report a positive experience, demonstrating that these centers are meeting the unspoken needs of many women.[14] Sometimes, a woman just needs someone to tell her she is strong enough to become a mother, to empower her to give birth to her child, as pro-life health care providers such as I, and the pregnancy centers I work, with have done on many occasions. Bringing the father on board through relationship counseling will also encourage the stability of the family and reduce the incidence of single mothers living in poverty, raising fatherless children, resulting in many of the pervasive social ills our country is experiencing today.

Likewise, the states with laws protecting unborn life have also generously expanded funding of broad social support nets and alternatives to abortion programs.[15] In my own state of Texas, the legislature committed $140 million over 2024-2025 to its Alternatives to Abortion program, which is available for Texas residents during pregnancy and up to three years after the baby is born.[16] Women's problems are therefore addressed directly through housing, care coordination, referrals to government programs, job training, free parenting classes, baby supplies and more.

Women need support to address their real and unique challenges. Abortion has never pulled a woman out of addiction. Abortion has never found housing for women facing homelessness. Abortion will never help a woman escape an abusive partner. Genuine support from her community does. This is the real care that women deserve.

Unwanted abortion and abortion coercion:

In a peer-reviewed study based on a survey of over 200 American women ages 41 to 45 with a history of an abortion, more than 60% of the women recalled feeling pressured to choose

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[13] "Pregnancy Centers Offer Hope for a New Generation," A Legacy of Life and Love Report Series, Charlotte Lozier Institute. 2024. https://lozierinstitute.org/wp-content/uploads/2024/05/Pregnancy-Center-2024-Update-full-1.pdf.

[14] Id.

[15] Donovan, Charles. Expanding State and Federal Support for Decisions for Life. American Reports Series 23. May 31, 2023. Available online at https://lozierinstitute.org/expanding-state-and-federal-support-for-decisions-for-life-2/.

[16] *Id*.; *see also* Mansfield, Amanda. Alternatives to Abortion Programs: Support for Mothers and Families. On Point 74. April 20, 2022. Available online at https://lozierinstitute.org/alternatives-to-abortion-programs-support-for-mothers-and-families/; and Maxon, Jeanneane. Fact Sheet: State Alternatives to Abortion Funding. October 13, 2023. Available online at https://lozierinstitute.org/fact-sheet-state-alternatives-to-abortion-funding/.

abortion.[17] This pressure came from finances, life circumstances, or other people in their lives. Interpersonal pressure was most strongly associated with negative mental and emotional outcomes, including intrusive thoughts, feelings of grief or sadness, and interference with daily life and work.[18] In a follow-up study based on the same survey, only a third of the women described their abortions as wanted and consistent with their values and preferences. Forty-three percent described their abortions as accepted but inconsistent with their values and preferences; 14% described them as unwanted; and 10% felt coerced. Sixty percent of the women would have preferred to give birth if they had had more financial security or emotional support.[19] An additional study from this same survey, but focusing on women who did not have abortions, demonstrated that as women recalled their experiences with problematic pregnancies, they reported that their attitude quickly changed to welcome their unborn child.[20]

This research reinforces findings from the National Survey of Family Growth indicating that 15% of all abortions occur for wanted pregnancies.[21] Other research has found that nearly two-thirds of women who had had abortions described feeling pressured by other people.[22] In the United Kingdom, a BBC survey suggests that 15% of all women reported having received pressure to undergo an abortion they did not want.[23]

Sometimes, abortion coercion can take the form of attempting to force an abortion without a woman's knowledge or consent. Recently, Louisiana enacted stronger protections against abortion coercion after the bill sponsor's sister suffered an attempted forced abortion.[24] The woman's ex-husband was convicted of repeatedly attempting to dose his pregnant ex-wife with abortion-inducing drugs in order to kill their unborn daughter. In a similar case in 2022, a

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[17] Reardon D C, Longbons T (January 31, 2023) Effects of Pressure to Abort on Women's Emotional Responses and Mental Health. *Cureus* 15(1): e34456. doi:10.7759/cureus.34456. Available online at https://www.cureus.com/articles/124269-effects-of-pressure-to-abort-on-womens-emotional-responses-and-mental-health#!/.

[18] Ibid.

[19] Reardon D C, Rafferty K A, Longbons T (May 11, 2023) The Effects of Abortion Decision Rightness and Decision Type on Women's Satisfaction and Mental Health. *Cureus* 15(5): e38882. doi:10.7759/cureus.38882. Available online at https://www.cureus.com/articles/146123-the-effects-of-abortion-decision-rightness-and-decision-type-on-womens-satisfaction-and-mental-health#!/.

[20] Reardon D. Welcomed Pregnancies: Characteristics and Patterns of Adjusting to Unwanted, Unplanned, Untimely or Otherwise Difficult Pregnancies. Cureus. 2024; 16(6): e61885. DOI 10.7759/cureus.61885.

[21] Sullins DP. Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study. *Medicina* (Kaunas). 2019 Nov 15;55(11):741. doi: 10.3390/medicina55110741. PMID: 31731786; PMCID: PMC6915619. Available online at https://pubmed.ncbi.nlm.nih.gov/31731786/.

[22] Rue VM, Coleman PK, Rue JJ, Reardon DC. Induced abortion and traumatic stress: a preliminary comparison of American and Russian women. *Med Sci Monit*. 2004 Oct;10(10):SR5-16. Epub 2004 Sep 23. PMID: 15448616. Available online at https://pubmed.ncbi.nlm.nih.gov/15448616/.

[23] Savanta ComRes, Reproductive Coercion Poll. Commissioned by BBC Radio 4. Conducted March 8, 2022; published August 3, 2022. Available online at https://savanta.com/knowledge-centre/poll/reproductive-coercion-poll-bbc-radio-4-8-march-2022/.

[24] Hilburn, Greg. "Shreveport senator files legislation after sister's husband tried to secretly abort baby." Shreveport Times. March 6, 2024. https://www.shreveporttimes.com/story/news/2024/03/06/shreveport-senator-files-bill-after-sisters-husband-tried-to-secretly-abort-baby-with-abortion-pill/72863621007/.

Wisconsin man was sentenced to prison after he spiked his partner's water bottle with abortion drugs while she was in the bathroom.[25] In 2018, a Virginia doctor was sentenced to prison after he dosed his girlfriend's tea with abortion-inducing drugs, resulting in the death of her unborn child.[26]

## Evidence-based medicine?

It is often assumed, without evidence, that women benefit from the ability to abort their children for social, financial and other difficulties, the reasons for more than 95% of abortions in our country.[27] Though pro-abortion medical organizations allege it is an evidence-based intervention, one must ask, what is the disease being treated? Pregnancy is a normal physiologic function for a healthy woman. What are the outcomes being measured? Has abortion ever been compared to no treatment, that is, delivering the child? There have been no quality trials addressing any of these critical questions, only unsubstantiated assumptions. There is no conclusive evidence to support the frequent assumption that abortion is necessary "care" for women.

## Prenatal diagnosis:

Sadly, women who have tragically received a prenatal diagnosis of a life-limiting fetal condition are being used to promote abortion ideology. They are often being told by their physicians that immediately ending their disabled child's life through abortion is the compassionate option, but the doctors evidently fail to reveal that a brutal dismemberment D&E procedure in a pain-capable child is anything but compassionate. In many cases, these heartbroken women are denied informed consent. An informed decision requires receiving information about the baby's condition, how it is affecting her baby, and whether there are any potential treatments as each individual baby is unique. Some fetal conditions that may be considered "life-limiting" such as Trisomy 13 or 18 can affect individual babies in different ways. In the U.S., babies with T13 or T18 who underwent surgery to treat heart issues had a median survival of 15 or 16 years.[28] Parents receiving a prenatal diagnosis should also receive information about perinatal palliative care, where a multi-disciplinary team walks alongside the woman, unborn child and family, discusses treatment options and pain management, and allows the child's life to be treated with respect and dignity. The family can hold and say "good-bye" to their youngest member, whom they love. The mother does not have her grief compounded by recognizing that she made the choice to end her child's life. I have found this approach to be comforting when my patients have encountered this tragic situation, improving their grief response.

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[25] Siewert, Shereen. "Former Wausau-area man convicted of trying to kill unborn child with abortion pill." Wausau Pilot & Review. April 29, 2022. https://wausaupilotandreview.com/2022/04/29/former-wausau-area-man-convicted-of-trying-to-kill-unborn-child-with-abortion-pill/#google_vignette.

[26] Osborne, Mark. "Former doctor who slipped abortion drug into girlfriend's tea sentenced to 3 years in prison." ABC News. May 19, 2018. https://abcnews.go.com/US/doctor-slipped-abortion-drug-girlfriends-tea-sentenced-years/story?id=55280357.

[27] Gaitan, Elyse; Steupert, Mia; Cox, Tessa. "Fact Sheet: Reasons for Abortion." May 24, 2024. Available online at https://lozierinstitute.org/fact-sheet-reasons-for-abortion/.

[28] Five Facts About "Life-Limiting" Fetal Conditions. Charlotte Lozier Institute. February 15, 2024. Available online at https://lozierinstitute.org/five-facts-about-life-limiting-fetal-conditions/.

## Maternal Mortality[29]:

The claim that abortion reduces maternal mortality is false. U.S. maternal mortality researchers know the data is incomplete, and report that at least half of maternal deaths are not documented on death certificates, the primary method by which the CDC identifies deaths for investigation.

Women have a higher risk of death after receiving an induced abortion than after giving birth. A 2017 meta-analysis of all available records-linkage studies documented that the risk of death is twice as high within six months following abortion than childbirth and remains elevated for many years, with a documented dose-effect, as each additional abortion increased a woman's risk of dying by 50%.[30] After 18 weeks gestation, the mortality rate from induced abortion (7.4 deaths/100,000) is more than twice that for vaginal childbirth (3.6 deaths/100,000).[31] Furthermore, maternal mortality increases as the gestational age increases. The CDC documents a 38% increase in mortality for each week that an abortion is performed beyond eight weeks, with 14.7-fold increased mortality early in the second trimester, 29.5-fold increase in the mid-second trimester, and 76.6-fold increase in the risk of death to a woman from abortion after viability (second half of pregnancy).[32]

The claim that pro-life laws will increase maternal mortality is equally false. Examination of international trends demonstrates that maternal mortality does not increase after abortion restrictions are adopted. Chile, which had legal abortion from 1957-1988 and prohibited abortion from 1989-2007, found that maternal mortality declined despite the change in legal status of abortion as education and obstetrical care improved.[33] Similarly, Mexican data showed the 32 states that permitted abortion had a 30% higher maternal mortality ratio and 89% higher abortion mortality rate than states with restrictive abortion laws.[34] Likewise, comparing

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[29] Portions of this section were previously published by the same author in "Handbook of Maternal Mortality: Addressing the U.S. Maternal Mortality Crisis, Looking Beyond Ideology," On Women's Health Series, Issue 1. January 6, 2023. Available online at https://lozierinstitute.org/handbook-of-maternal-mortality-addressing-the-u-s-maternal-mortality-crisis-looking-beyond-ideology/; and "Twelve Reasons Women's Health and Maternal Mortality Will Not Worsen, and May Improve, in States with Abortion Limits," On Women's Health Series, Issue 4. September 22, 2023. Available online at https://lozierinstitute.org/twelve-reasons-womens-health-and-maternal-mortality-will-not-worsen-and-may-improve-in-states-with-abortion-limitations/.

[30] Reardon D, Thorp J. Pregnancy associated death in record linkage studies relative to delivery, termination of pregnancy, and natural losses: A systematic review with a narrative synthesis and meta-analysis. *Sage Open Medicine.* 2017; 5:1-17; Reardon DC et al. Deaths Associated with Abortion Compared to Childbirth –A Review of New and Old Data and the Medical and Legal Implications. *The Journal of Contemporary Health Law and Policy* 20, no. 2, 2004;279–327.

[31] Marmion P, Skop I. Induced Abortion and the Increased Risk of Maternal Mortality. *The Linacre Quarterly.* 2020;87(3):302-310.

[32] Zane S, Creanga A, et al. Abortion-Related Mortality in the United States: 1998-2010. *Obstet Gynecol*. 2015;126:(2)258-265; Bartlett L, Berg C, et al, Risk Factors for Legal Induced Abortion-Related Mortality in the United States. *Obstet Gynecol*. 2004;103:(4)729-737.

[33] Koch E, Thorp J, Bravo M, et al. Women's educational level, maternal health facilities, abortion legislation and maternal deaths: a natural experiment in Chile from 1957-2007. *PlosOne* 2012;7(5):1-16.

[34] Koch E, Chireau M, Pliego F, et al. Abortion legislation, maternal healthcare, fertility, female literacy, sanitation, violence against women and maternal deaths: a natural experiment in 32 Mexican states. *British Medical Journal Open*. 2015;5:e006013.

demographically similar countries of the Republic of Ireland and the United Kingdom with disparate abortion laws,[35] restrictive Ireland demonstrated a lower maternal mortality rate[36] than in the permissive UK.[37] El Salvador, Poland, and Nicaragua, which all enacted abortion restrictions, have seen their maternal mortality improve afterwards. South Africa, on the other hand, has seen maternal mortality worsen after the legalization of abortion.[38]

The U.S. has the worst maternal mortality ratio (MMR) among developed countries[39], despite having very high overall abortion rates, and high later-term abortion rates. This suggests that abortion is not protecting American women, and in fact may be contributing to the maternal mortality problem.

One factor that influences MMR is mental health related deaths. Some women are at risk of increased risk of mental health problems such as anxiety, depression, substance or alcohol abuse and self-harm that may lead to drug-overdose or suicide. "Deaths of despair" are an increasing but often underrecognized cause of maternal mortality. A review of 11,782 maternal deaths in 33 states from 2010-2019 documented 11.4% were attributed to drug-related causes, 5.4% due to suicide and 5.4% due to homicide (constituting over a quarter of all deaths).[40] Breakdown of the family unit and single motherhood may predispose a woman to domestic violence leading to homicide.[41] Suicide is a leading cause of maternal death in many countries.[42] Numerous studies have documented that childbirth protects a woman from suicide, whereas induced or spontaneous pregnancy loss increases her risk.[43] A 2011 meta-analysis of 22 studies found an 81% overall

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[35] Confidential Maternal Death Enquiry in Ireland. 2016-2018. Available at https://web.archive.org/web/20210222085839/https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/ConfidentialMaternalDeathEnquiryReport2016%C3%A2%C2%80%C2%932018.pdf , accessed August 29, 2022.

[36] Notifications In Accordance with Section 20 of The Protection of Life During Pregnancy Act 2013. Available at https://assets.gov.ie/19420/c9bc493cb2274e098e28f3ba59067ba0.pdf, accessed August 29, 2022.

[37] Abortion Statistics: England and Wales: 2018. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808556/Abortion_Statistics__England_and_Wales_2018__1_.pdf, accessed August 29, 2022.

[38] Hogan MC, Foreman KJ, Naghavi M,et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet* 2010; 375: 1609–23.

[39] Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). https://doi.org/10.26099/411v-9255

[40] Margerison CE, Roberts MH, Gemmill A, et al. Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019. *Obstet Gynecol* 2022; 139:172–180.

[41] Margerison CE, Roberts MH, Gemmill A, et al. Pregnancy-Associated Deaths Due to Drugs, Suicide, and Homicide in the United States, 2010–2019. *Obstet Gynecol* 2022;139:172–180.

[42] Oates M. Suicide: the leading cause of maternal death. Br J Psychiatry. 2003 Oct;183:279-81; Phillips MR et al., Suicide Rates in China, 1995–99, *The Lancet*. 2002;359:835-836; Hoyer G, Lund E. Suicide among women related to the number of children in marriage. *Archives of General Psychiatry.* 1993;50:134-137; Appleby L. Suicide after pregnancy and the first postnatal year. *British Medical Journal*. 1991;302:137-140.

[43] Gissler M, et al. Suicides after pregnancy in Finland, 1987-94: register linkage study. *BMJ*. 1996;313:1431-1434; Karalis E, et al. Decreasing mortality during pregnancy and for a year after while mortality after termination of pregnancy remains high: a population-based register study of pregnancy-associated deaths in Finland 2001-2012. *BJOG*. 2017;124:1115-1121; Gissler M, et al. Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000. *Eur J of Public Health*. 2005;15(5):459-463; Ney PG, et al. The

increased risk of mental health problems after abortion. Specifically, it found 34% increased risk of anxiety, 37% increased depression, 110% increased alcohol abuse, 230% increased marijuana abuse, and 155% increased suicidal behavior.[44] A 2013 meta-analysis of all available studies, performed by a respected pro-choice researcher, concluded that there is "no credible evidence to support the research hypothesis that abortion reduces any mental health risks associated with unwanted/unplanned pregnancies that come to term".[45] This researcher had previously documented a 30% increase in substance abuse and anxiety after abortion in a 30-year longitudinal study which controlled for confounding variables.[46]

There are both pro-life and pro-abortion areas in the U.S. exhibiting high MMR. The shared factor of poverty among these areas indicates poverty rather than abortion limits as the cause of the high rate of maternal deaths in these areas. Mississippi, which restricts abortion, has one of the highest MMRs at 35.2/100,000 live births. However, some urban centers managed by progressive politicians with permissive abortion laws have similar ratios: Baltimore 35.2/100,000, Bronx County, NY 40.1/100,000, New York County, NY 25.8/100,000. Since these populations have similarly poor maternal mortality but don't share abortion restrictions, one must ask what they do have in common that may contribute to poor maternal outcomes. The answer, of course, is poverty. In Mississippi, 18.7% of the population lives in poverty, Baltimore City 20%, Bronx County 24.4%, and New York County 16.3%.[47]

## Conclusion:

Our nation has endured more than 50 years of the failed experiment of offering abortion as the solution to women's problems, and we find that women, children and families are worse off in almost every respect than they were before "a woman's right to choose" to end the life of her child was enshrined into our social contract. We see more single mothers raising children in poverty, more child abuse, mental health disorders, and family breakdown now than before *Roe*.

Women need us to do better and offer real support for their challenges, not the violence of ending the lives of their children. I would like to see our country turn in a different direction, to return to

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the belief that children are a blessing, not a burden, and that women are strong and courageous enough to bring forth the next generation of children to enrich our country and the world. As a doctor who has spent my entire career caring for both my patients – mom and baby – I urge us all to offer them real care and support.