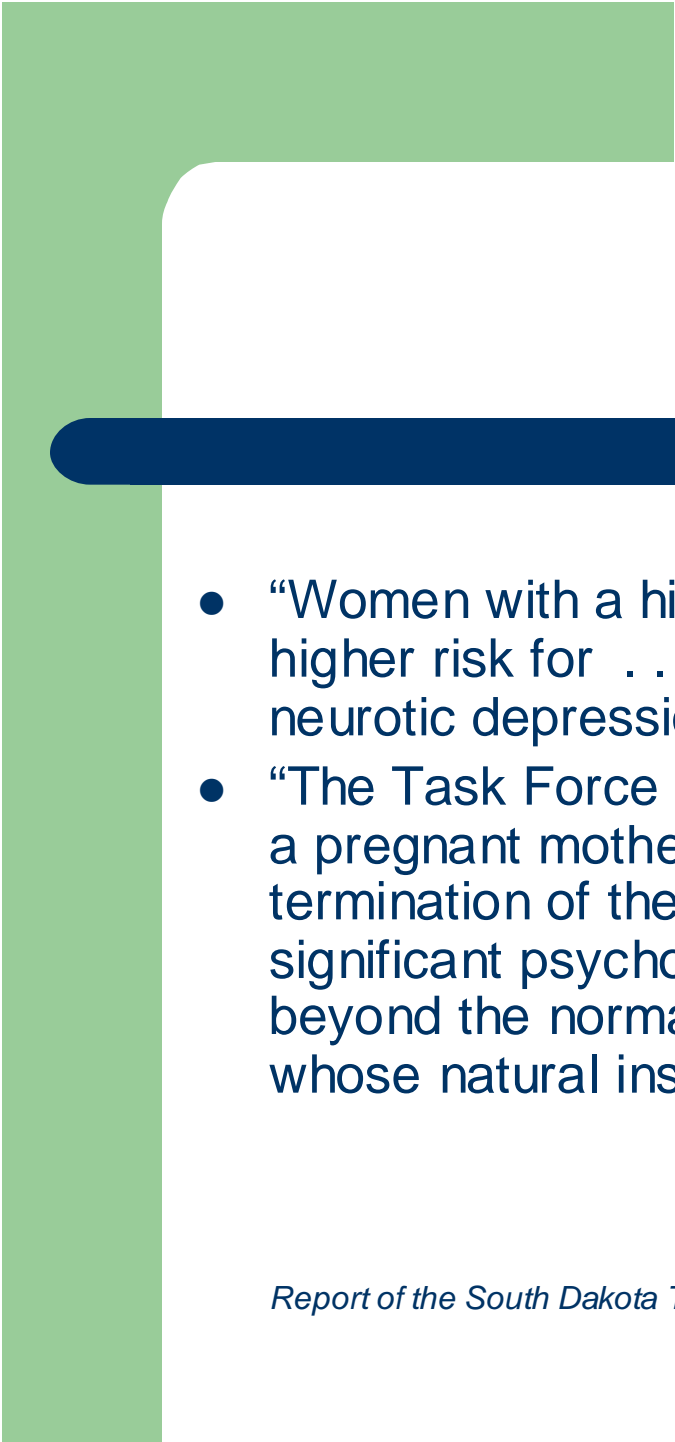

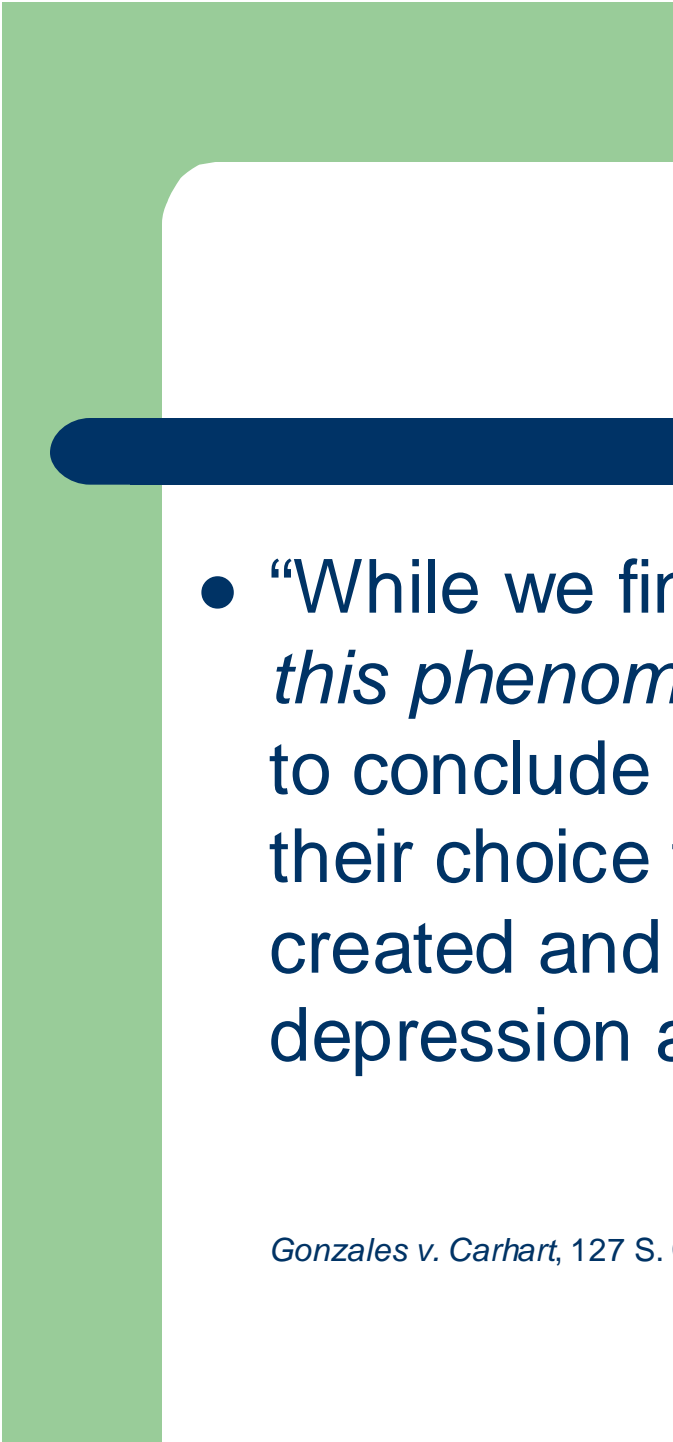



**Efforts to prohibit abortion based on harms to women's health: The manipulation of evidence to support overturn of *Roe v. Wade***

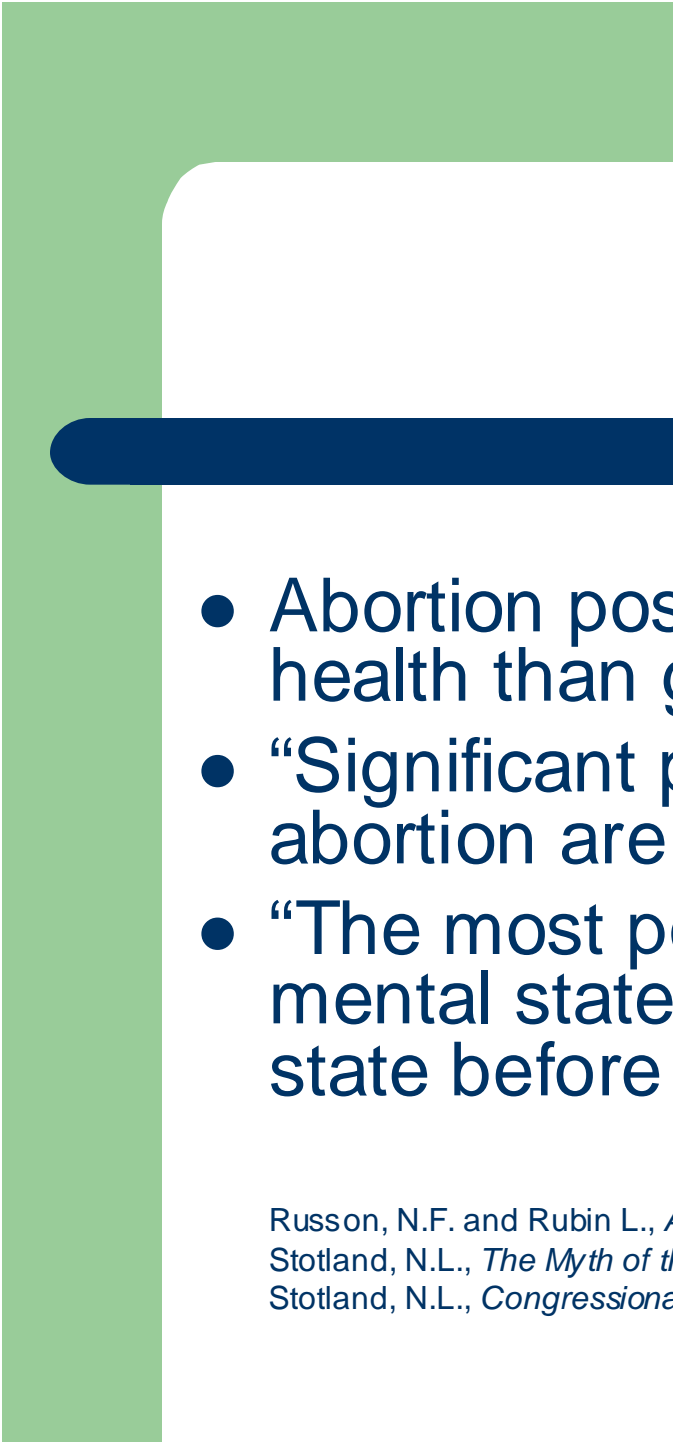

Janet Crepps, J.D.  
Center for Reproductive  
Rights

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- “Women with a history of induced abortion are at significantly higher risk for . . . bipolar disorder, depressive psychosis, neurotic depression, and schizophrenia”
  - “The Task Force finds that it is simply unrealistic to expect that a pregnant mother is capable of being involved in the termination of the life of her own child without risk of suffering significant psychological trauma and distress. To do so is beyond the normal, natural, and healthy capability of a woman whose natural instincts are to protect and nurture her child.”

*Report of the South Dakota Task Force to Study Abortion (2005)*

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- “While we find *no reliable data* to measure *this phenomenon*, it seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustained. . . . Severe depression and loss of esteem can follow.”

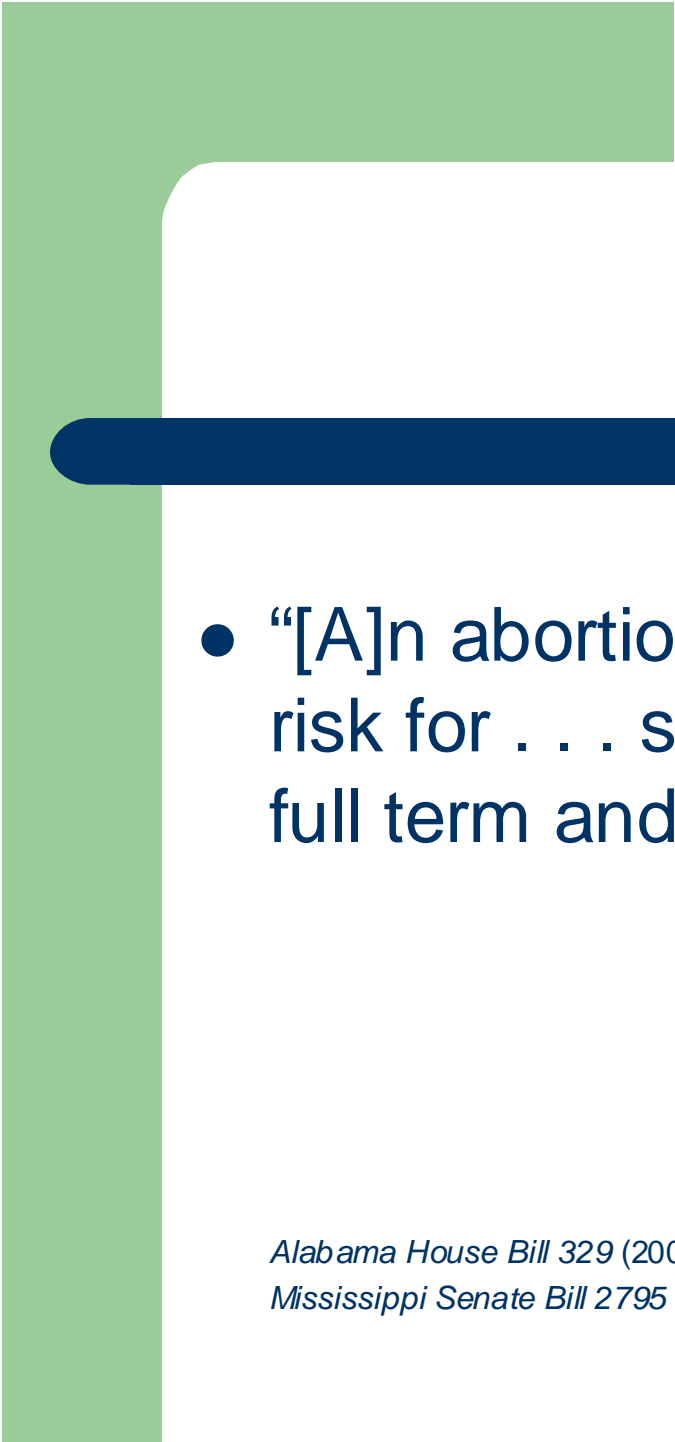

*Gonzales v. Carhart*, 127 S. Ct. 1610, 1634 (2007) (emphasis added)

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- Abortion poses no more risk to “mental health than giving birth.”
  - “Significant psychiatric sequelae after abortion are rare.”
  - “The most powerful predictor of a woman’s mental state after an abortion is her mental state before the abortion.”

Russon, N.F. and Rubin L., *Abortion, Informed Consent, and Mental Health* (2005)

Stotland, N.L., *The Myth of the Abortion Trauma Syndrome* (1992)

Stotland, N.L., *Congressional Testimony* (2004)

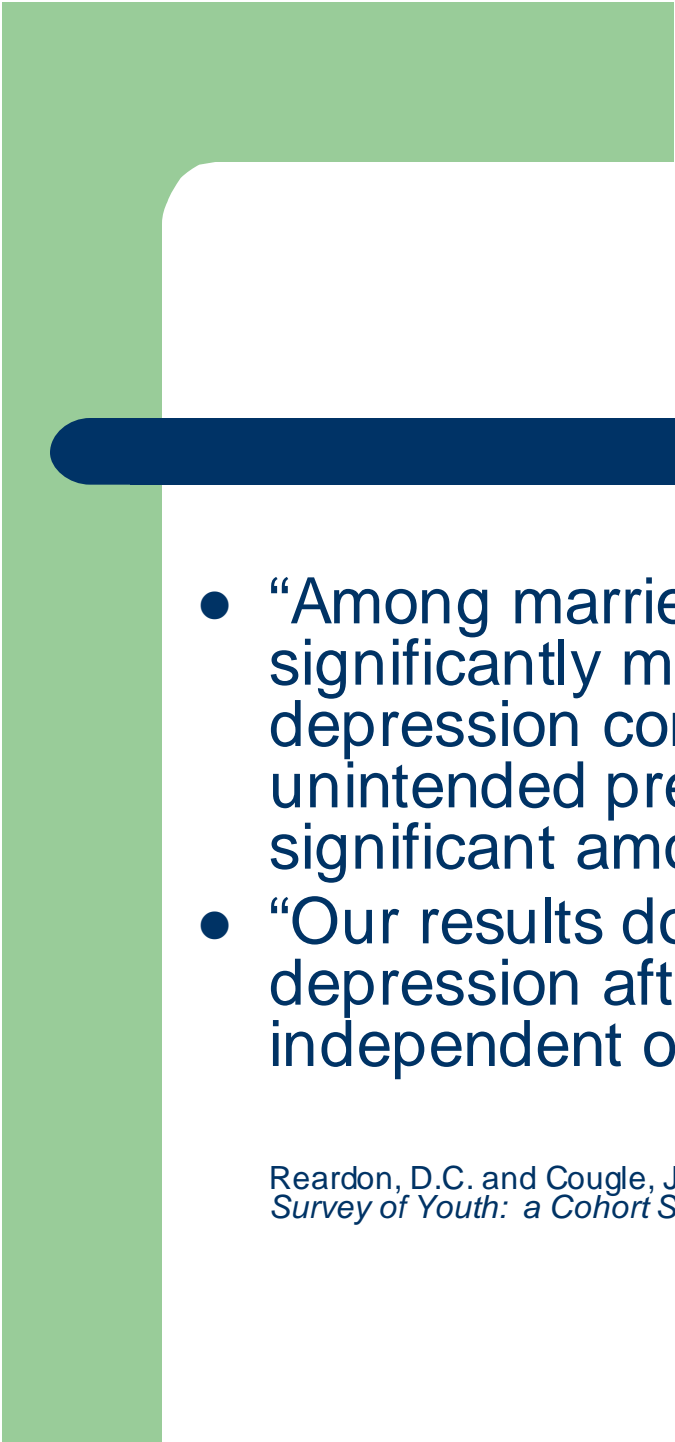

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- “[A]n abortion places a woman at a greater risk for . . . suicide than carrying her child to full term and giving birth.”

*Alabama House Bill 329 (2007)*

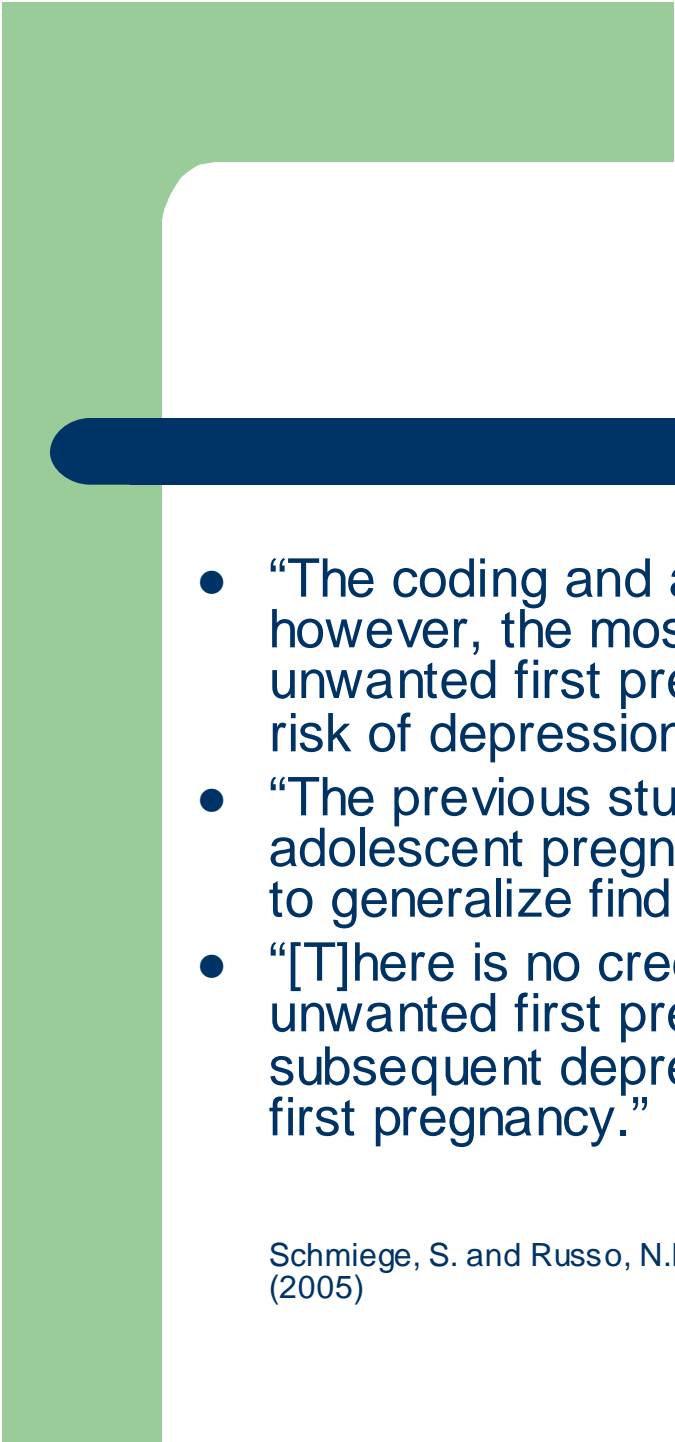

*Mississippi Senate Bill 2795 (2007)*

- “In the year after undergoing an abortion, a woman’s mortality rate for unintentional injuries, suicide and homicide was substantially higher than among non-pregnant women in all age groups combined. While these findings were not statistically significant for deaths resulting from unintentional injuries among women younger than 25 years old and for homicides among women 35 years or older, the increased risk was observed for unintentional injuries for all ages. **It is unlikely that induced abortion itself causes death due to injury; instead, it is more likely that induced abortions and deaths due to injury share common risk factors.** Our register-based data were incomprehensive on these kind of variables, and more detailed background information for example on mental health, social well-being, substance abuse and socio-economic circumstances among the deceased would be necessary for further analysis.”

Gissler, M., et al., *Injury Deaths, Suicides and Homicides Associated With Pregnancy, Finland 1987-2000* (2005) (emphasis added)

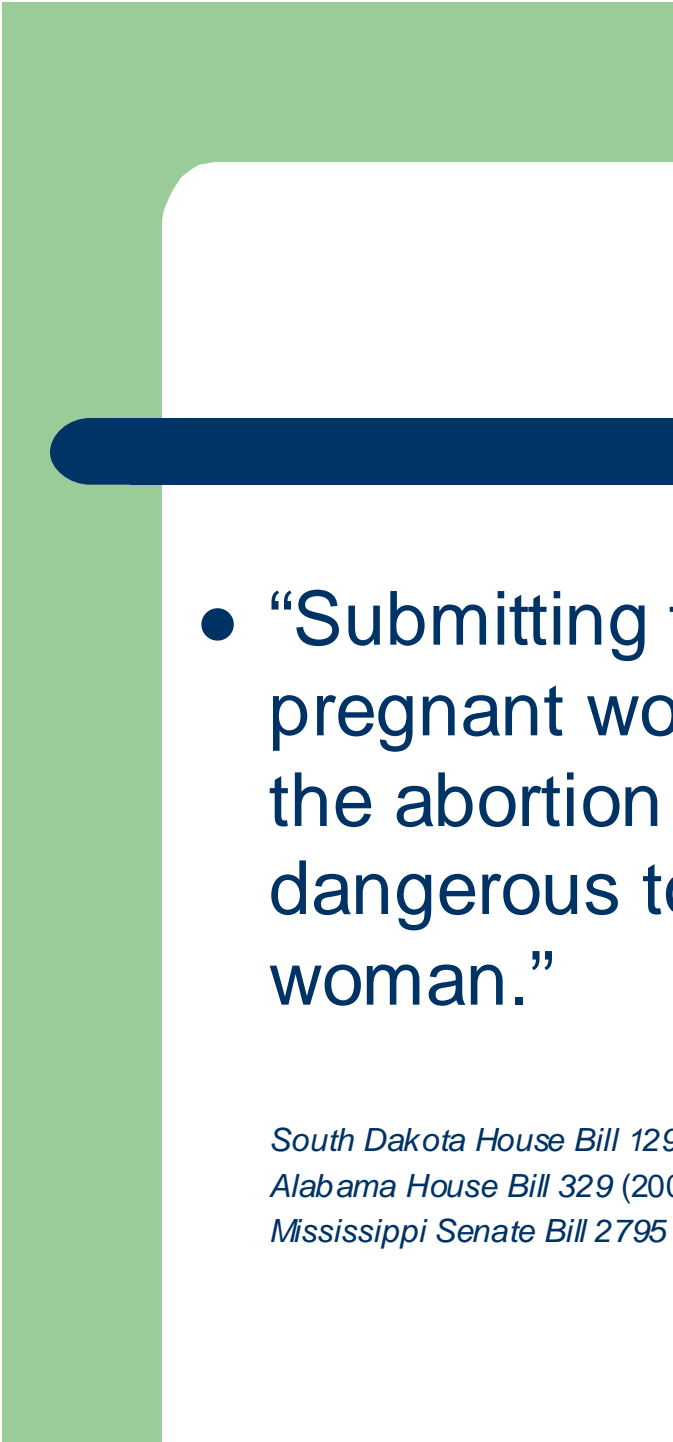

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- “Among married women, those who aborted were significantly more likely to be at ‘high risk’ of clinical depression compared with those who delivered unintended pregnancies. The difference was not significant among unmarried women”
  - “Our results do not support the hypothesis that depression after unintended pregnancies is independent of outcome.”

Reardon, D.C. and Cogle, J. R., *Depression and Unintended Pregnancy in the National Longitudinal Survey of Youth: a Cohort Study* (2002)

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- “The coding and analysis of that trial’s data shows flaws, however, the most critical of which are misidentification of unwanted first pregnancies and exclusion of women at highest risk of depression associated with early child-bearing.”
  - “The previous study’s exclusion of a major population of adolescent pregnancies is a fatal flaw for any study attempting to generalize findings to first unwanted pregnancies.”
  - “[T]here is no credible evidence that choosing to terminate an unwanted first pregnancy puts women at higher risk of subsequent depression than choosing to deliver an unwanted first pregnancy.”

Schmiege, S. and Russo, N.F., *Depression and Unwanted First Pregnancy: Longitudinal Cohort Study* (2005)

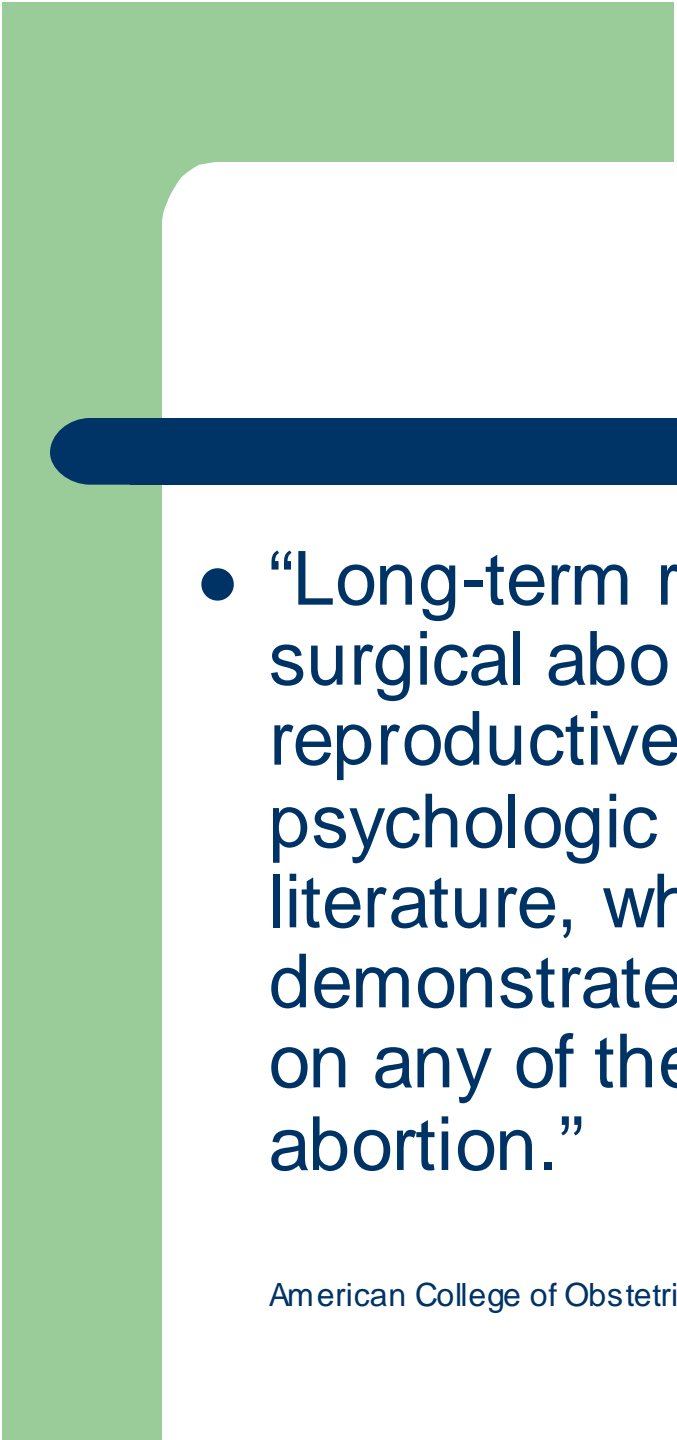



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- “Submitting to an abortion subjects the pregnant woman to significant health risks; the abortion procedure is inherently dangerous to the . . . physical health of the woman.”

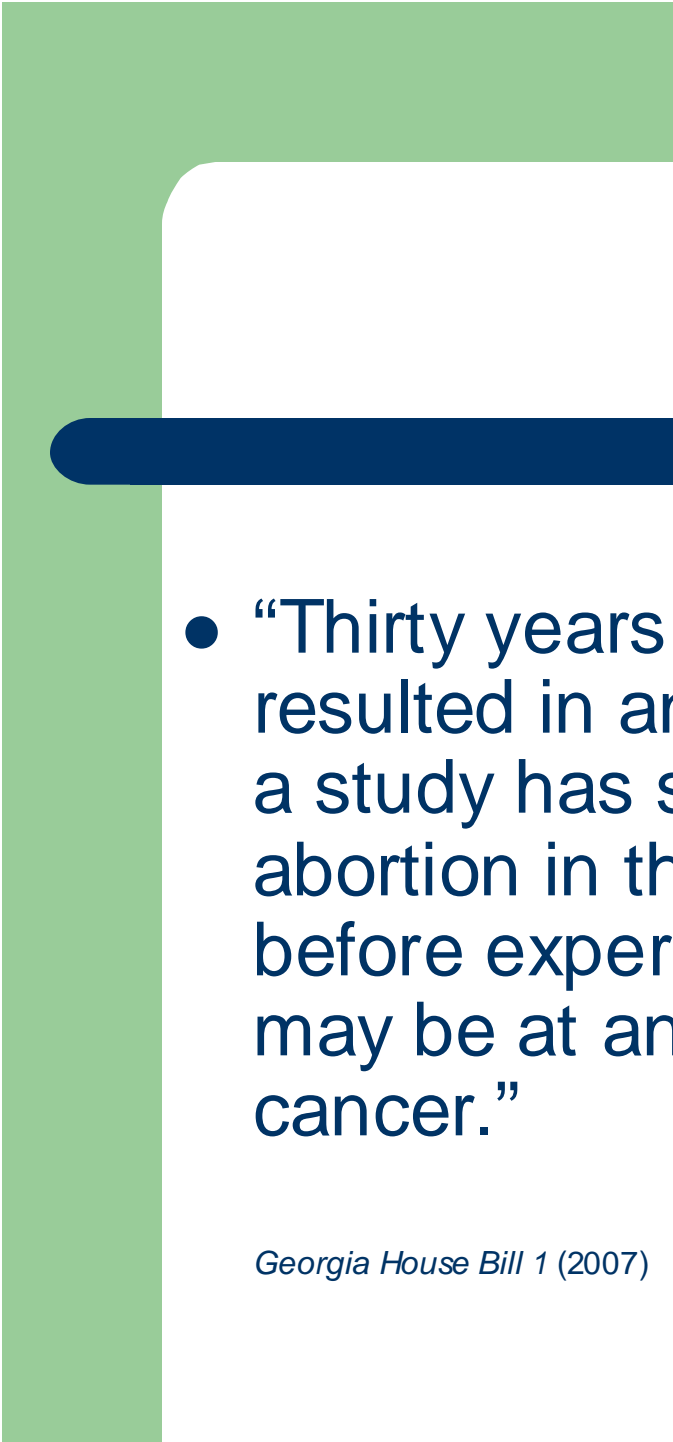

*South Dakota House Bill 1293 (2007)*

*Alabama House Bill 329 (2007)*

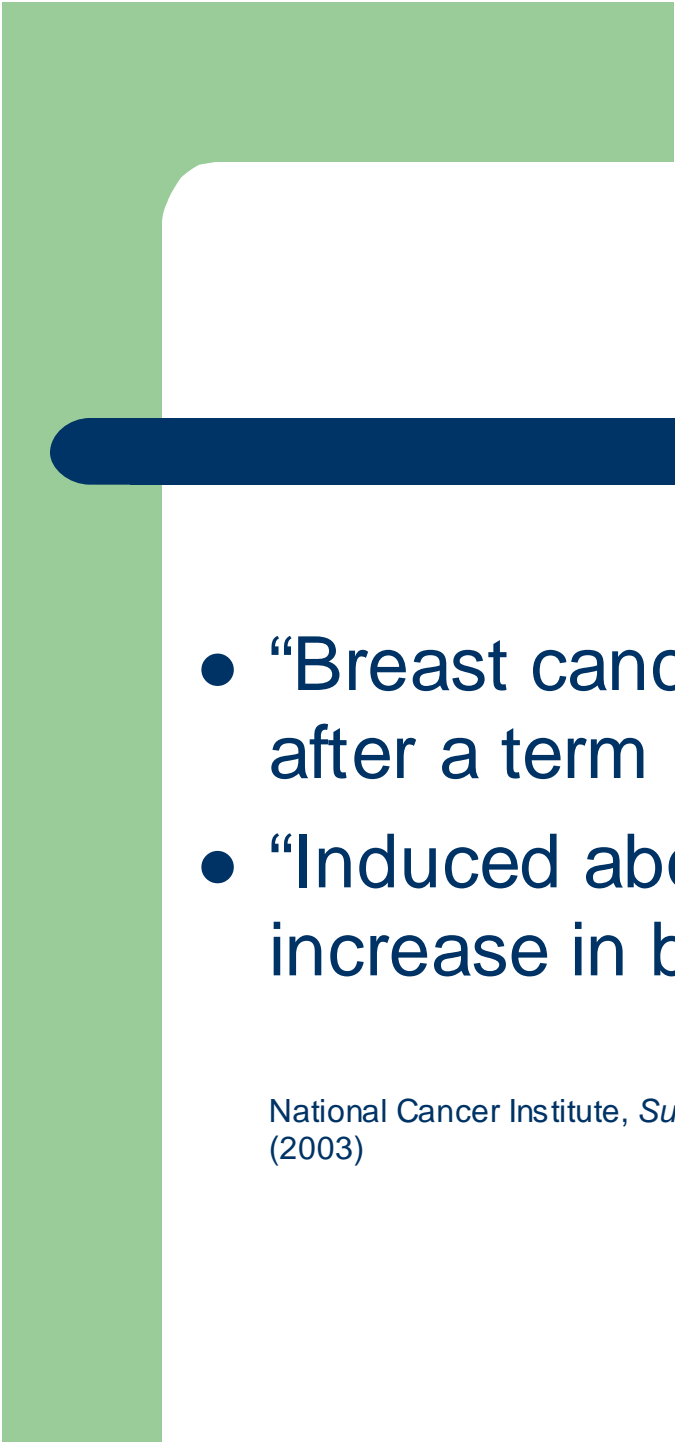

*Mississippi Senate Bill 2795 (2007)*

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- “Long-term risks sometimes attributed to surgical abortion include potential effects on reproductive function, cancer incidence, and psychologic sequelae. However, the medical literature, when carefully evaluated, clearly demonstrates no significant negative impact on any of these factors with surgical abortion.”



American College of Obstetricians and Gynecologists, *ACOG Practice Bulletin* (2001)

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- “Thirty years of abortion on demand have resulted in an increase in breast cancer, and a study has shown that women who had an abortion in the first trimester of pregnancy before experiencing a full-term pregnancy may be at an increased risk for breast cancer.”

*Georgia House Bill 1 (2007)*

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- “Breast cancer risk is transiently increased after a term pregnancy.”
  - “Induced abortion is not associated with an increase in breast cancer risk.”

National Cancer Institute, *Summary Report: Early Reproductive Events and Breast Cancer Workshop* (2003)

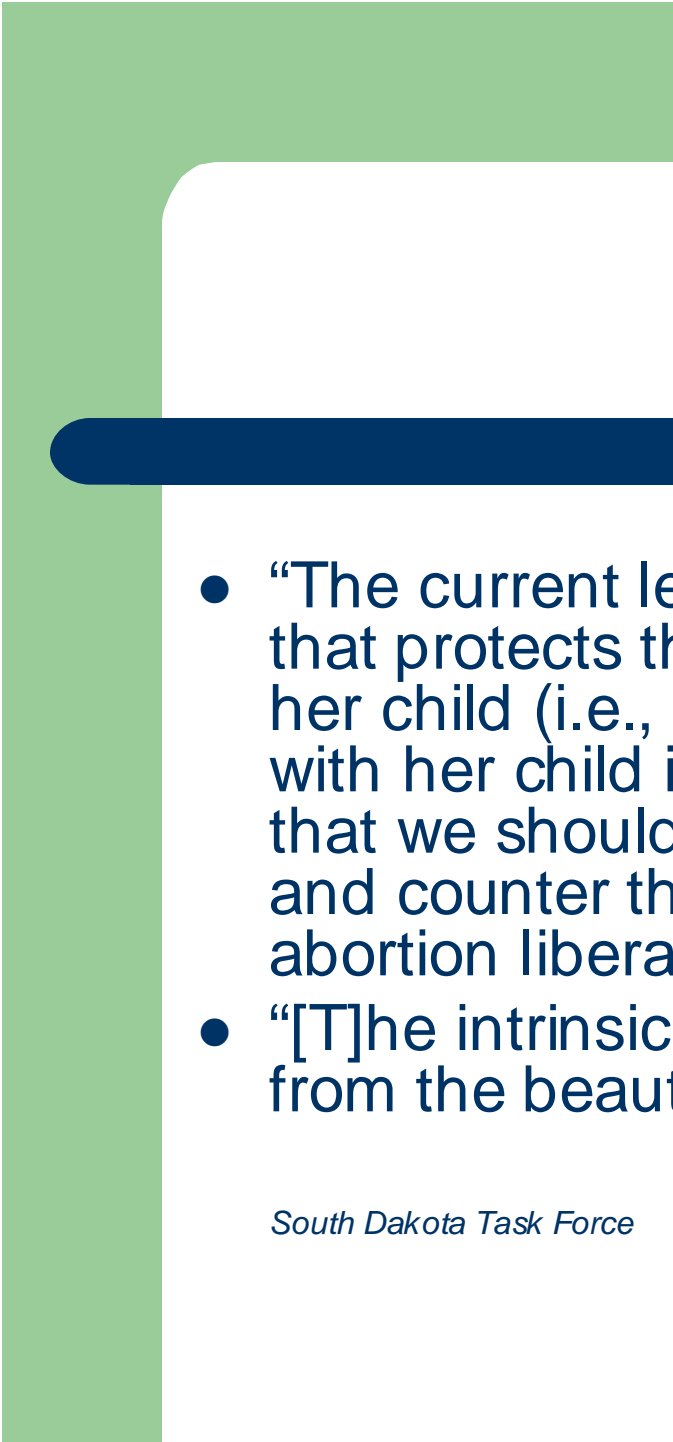

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- 19 million illegal abortions occur worldwide each year
  - 13% of worldwide maternal deaths “are attributable to unsafe abortion”
  - “[M]isoprostol is being used by women ‘on the streets’ in New York and other urban centers across the country.”

Boonstra, H.D., et al., *Abortion in Women's Lives* (2006)

Simmonds, K. and Yanow, S., *When Abortion is Out of Reach, Women Will find a Way: Use of Misoprostol for Self-Induced Abortion Around the World* (2001)

- “It is so far outside the normal conduct of a mother to implicate herself in killing of her own child. Either the abortion provider must deceive the mother into thinking the unborn child does not yet exist, and thereby induce her consent without being informed, or the abortion provider must encourage her to defy her very nature as a mother to protect her child. Either way, this method of waiver denigrates her rights to reach a decision for herself.”
- “The mother, of course, has a duty and a right to make decisions about the welfare of her child at every age. We find it untenable that the law allows a mother to be implicated in the termination of the life of her own child..”
- “There can be no doubt that a pregnant mother considering an abortion is under stress, in crisis, and is vulnerable to the suggestions of others. However, after the stressfulness of the decision and the procedure have ended, women’s cognitive abilities return to normal, often ushering in feelings of pronounced guilt, sadness, and regret.”

*South Dakota Task Force*

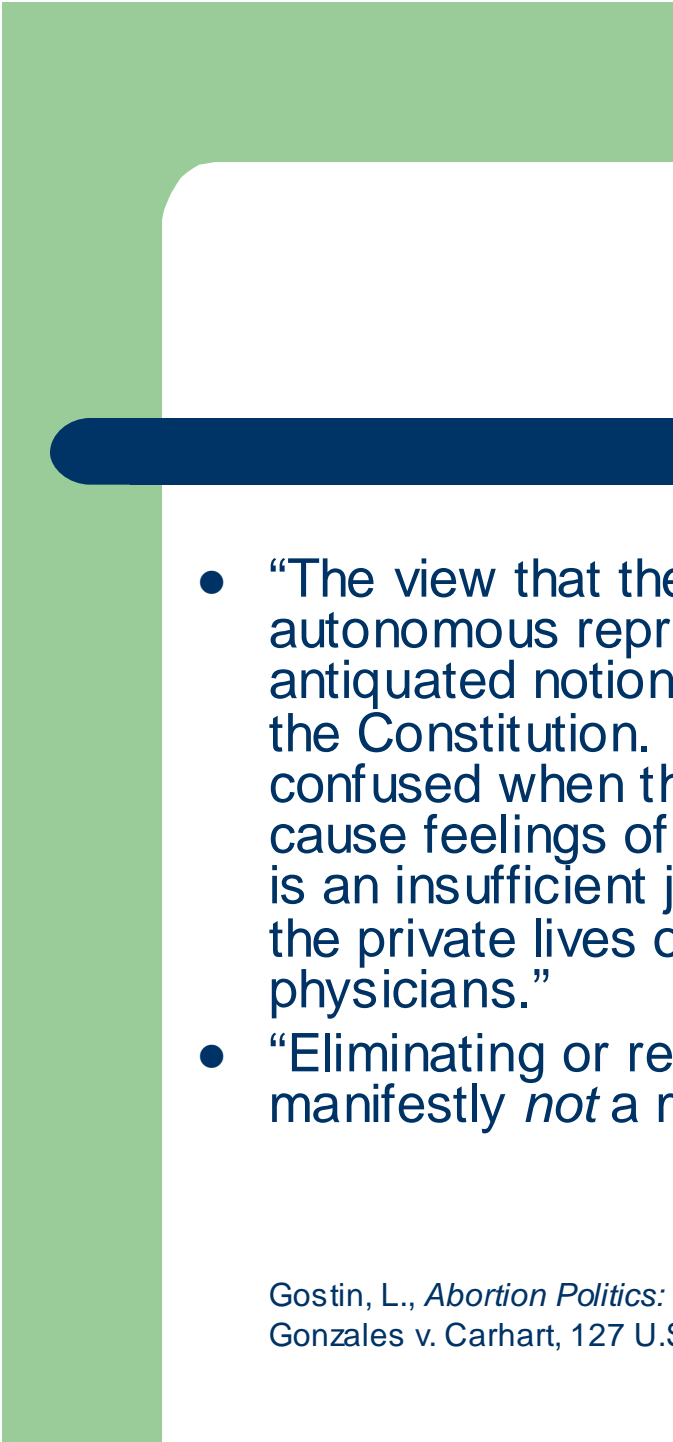

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- “The current legal policy found in our country today, that protects the destruction of her relationship with her child (i.e., abortion) instead of her relationship with her child is a denigration of women. We find that we should, as state policy, promote motherhood and counter the claim that the exclusive ‘right’ to abortion liberates women.”
  - “[T]he intrinsic beauty of womanhood is inseparable from the beauty of motherhood.”

*South Dakota Task Force*

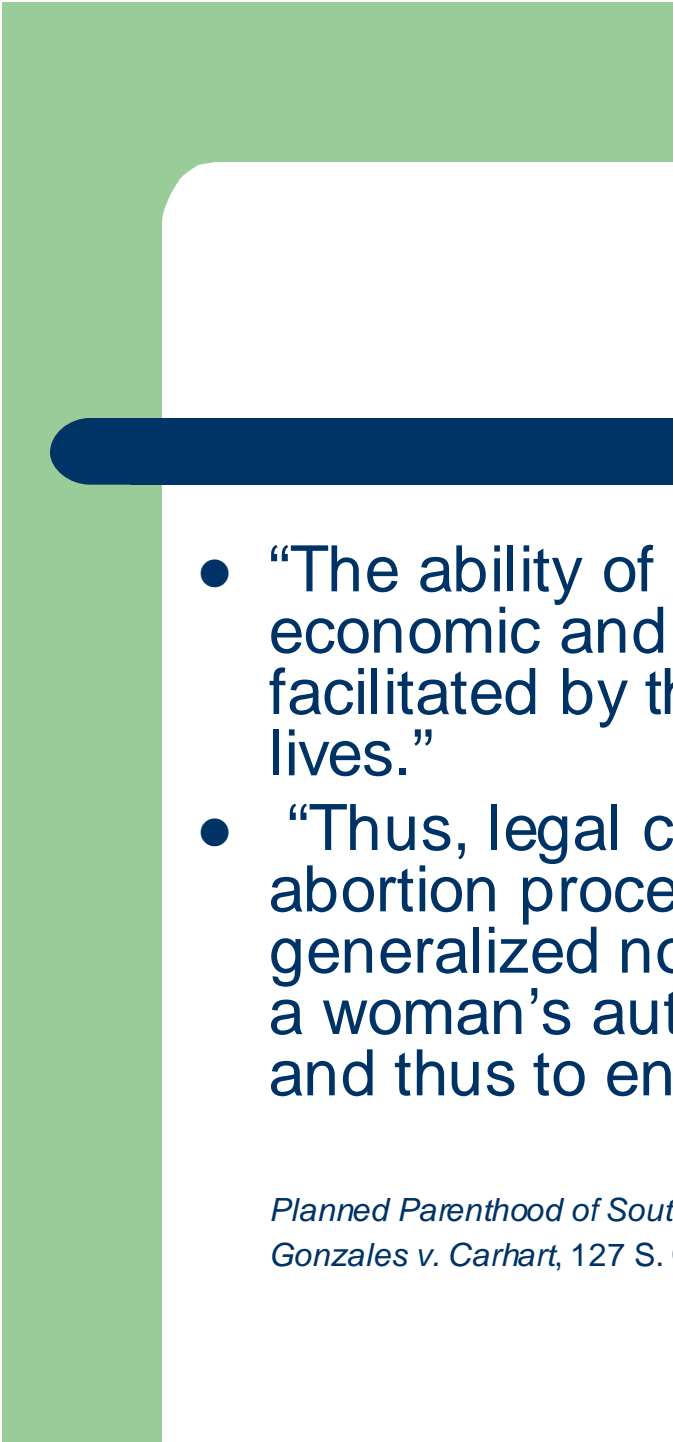

- “The requirement that medical providers obtain permission from their patients prior to providing treatment is embedded in the idea that **individuals should be empowered to make autonomous decisions regarding their own care.** Accordingly, informed consent is a process through which accurate and relevant information is presented to a patient so that he or she is able to knowledgeably accept or forego medical care, based on an appreciation and understanding of the facts presented.”

Guttmacher Institute, *Misinformation: The Medical Accuracy of State-Developed Abortion Counseling Materials* (2006) (emphasis added)



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- “The view that the state must protect women making autonomous reproductive decisions is premised on an antiquated notion about a woman’s place in society and under the Constitution. The new paternalism implies that women are confused when they seek an abortion; or that abortion will cause feelings of guilt, shame, and sadness. . . . Morality alone is an insufficient justification for the government to intrude on the private lives of women and the clinical freedom of physicians.”
  - “Eliminating or reducing women’s reproductive choices in manifestly *not* a means of protecting them.”

Gostin, L., *Abortion Politics: Clinical Freedom, Trust in the Judiciary, and the Autonomy of Women* (2007)  
Gonzales v. Carhart, 127 U.S. at 1649, n.9 (Ginsburg, J. dissenting)

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- “The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.”
  - “Thus, legal challenges to undue restrictions on abortion procedures do not seek to vindicate some generalized notion of privacy; rather, they center on a woman’s autonomy to determine her life’s course, and thus to enjoy equal citizenship stature.”

*Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 856 (1992) (plurality opinion)  
*Gonzales v. Carhart*, 127 S. Ct. at 1634 (2007) (Ginsburg, J., dissenting)