No. 18-1460

In The Supreme Court of the United States

DR. REBECCA GEE, in her official capacity as Secretary of the Louisiana Department of Health and Hospitals, *Cross-Petitioner*,

v.

JUNE MEDICAL SERVICES, L.L.C., on behalf of its patients, physicians, and staff, d/b/a/ HOPE MEDICAL GROUP FOR WOMEN; JOHN DOE 1; JOHN DOE 2, *Cross-Respondents.*

On Cross-Petition for Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit

AMICUS BRIEF OF THE AMERICAN CENTER FOR LAW AND JUSTICE IN SUPPORT OF CROSS-PETITIONER

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QUESTION PRESENTED

In light of the centrality of material health arguments in this case, should this Court keep in mind that the assumption that abortion is generally safe, even safer than childbirth, is unsupported and manifestly incorrect?

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INTEREST OF AMICUS¹

The American Center for Law and Justice ("ACLJ") is an organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. ACLJ attorneys have appeared frequently before this Court as counsel for parties, *e.g.*, *Pleasant Grove City v.* Summum, 555 U.S. 460 (2009), or for amici, *e.g.*, *Trinity Lutheran Church of Columbia, Inc. v. Comer*, 137 S. Ct. 2012 (2017), addressing a variety of issues.

The present amicus brief addresses the misconception that abortion has been proven to be safe and routine, even safer than childbirth.

SUMMARY OF ARGUMENT

This case revisits the constitutionality of abortion facility safety regulations. It is essential, therefore, that this Court understand that abortion, as currently practiced in the United States, is frequently the occasion of medical mishaps, even serious injuries and deaths. In particular, the assertion that abortion is

¹ Counsel of record for the parties received timely notice of the intent to file this brief. The parties in this case have consented to the filing of this brief. Copies of the consent letters are being filed herewith. No counsel for any party authored this brief in whole or in part. No person or entity aside from the ACLJ, its members, or its counsel made a monetary contribution to the preparation or submission of this brief.

somehow safer than childbirth is an unsupported canard, contrary to the truth.

ARGUMENT

No one expects to see an ambulance pulling away from a dermatology or dental office. Yet ambulances are a frequent sight at abortion facilities. This sorry fact is just one of many that belie the abortion industry myth that abortion is safe and routine, even safer than childbirth. As demonstrated below, abortion in fact is a hazardous procedure that all too often results in serious complications. Moreover, the common claim of abortion apologists that abortion is safer than childbirth is based upon incomplete data and inaccurate comparisons. The evidence strongly suggests that abortion is more dangerous, not less, than childbirth.

I. ABORTION IS A POTENTIALLY HAZARDOUS PROCEDURE.

A. Ambulance calls

People who visit а dentist. eve doctor. dermatologist, or ear/nose/throat specialist do not typically leave in an ambulance. Yet that is a frighteningly common occurrence at abortion facilities. Here is a partial list of *documented* incidents from March 2018 through May 2019 in which an ambulance was called to transport an abortion patient from an abortion facility:²

Mar. 2, 2018, Portland, OR

Mar. 3, 2018, Little Rock, AR

Mar. 17, 2018, Cleveland, OH (911 recording)

Mar. 21, 2018, Chicago, IL (911 recording)

Mar. 22, 2018, Orange, CA

Mar. 24, 2018, Cleveland, OH

Mar. 24, 2018, Chicago, IL (911 recording)

Mar. 26, 2018, Orange, CA

Mar. 5, 2018, St. Louis, MO

Mar. 16, 2018, Charlotte, NC

² A list of documented incidents from 2009 through May 2019, citing sources, is included as Appendix A to this brief. The list presented here in the text omits the source references but notes whether the source includes a recording of the 911 call and/or a video of the incident. Both lists exclude incidents that were not published online or for which the exact date could not be ascertained.

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Mar. 30, 2018, Portland, OR

Mar. 31, 2018 Little Rock, AR (911 recording)

Apr. 5, 2018, New York, NY

Apr. 23, 2018, Beverly Hills, CA (911 recording)

May 4, 2018, Bellevue, NE (video)

May 16, 2018, Beverly Hills, CA

May 19, 2018, Boston, MA

May 22, 2018, Chicago, IL (911 recording)

May 25, 2018 Montgomery, AL

May 30, 2018, Boston, MA

July 3, 2018, Beverly Hills, CA

July 5, 2018, Boston, MA

July 5, 2018, Chicago, IL (911 recording)

July 10, 2018, Beverly Hills, CA (911 recording)

July 27, 2018, Chicago, IL (911 recording)

July 29, 2018, Glendale, AZ

Sept. 5, 2018, Cleveland, OH (911 recording)

Sept. 5, 2018, Chicago, IL (911 recording)

Sept. 7, 2018, Boston, MA

Sept. 11, 2018, Boston, MA

Sept. 11, 2018, Chicago, IL (911 recording)

Sept. 13, 2018, Beverly Hills, CA (911 recording)

Sept. 22, 2018, Greensboro, NC

Oct. 6, 2018, Chicago, IL (911 recording)

Oct. 12, 2018, Cherry Hill, NJ

Oct. 19, 2018, Boston, MA

Oct. 26, 2018, New York, NY

Nov. 2, 2018, St. Louis, MO

Nov. 3, 2018, Cuyahoga Fall, OH

Nov. 9, 2018, Cleveland, OH (911 recording)

Nov. 28, 2018, Boston, MA

Nov. 29, 2018, Washington, DC (911 recording)

Dec. 1, 2018, Chicago, IL (911 recording)

Dec. 7, 2018, Baltimore, MD (911 recording)

Dec. 14, 2018, Flossmoor, IL (911 recording)

Dec. 21, 2018, Bellevue, NE (911 recording)

Jan. 18, 2019, St. Louis, MO

Jan. 24, 2019, Grand Rapids, MI (911 recording)

Jan. 29, 2019, Chicago, IL (911 recording)

Jan. 30, 2019, Bakersfield, CA (video)

Feb. 4, 2018, Boston, MA

Feb. 7, 2019, Southfield, MI (911 recording)

Feb. 7, 2019, Dayton, OH (911 recording)

Feb. 16, 2019, New York, NY

Feb. 23, 2019, Chicago, IL

Mar. 6, 2019, Peoria, IL (911 recording)

Mar. 6, 2019, New York, NY

Mar. 7, 2019, Dayton, OH (video, 911 recording)

Mar. 21, 2019, Chicago, IL

Mar. 22, 2019, Southfield, MI (911 recording)

Mar. 27, 2019, New York, NY

Mar. 29, 2019, New York, NY

Apr. 2, 2019, Boulder, CO (video)

Apr. 4, 2019, New York, NY

Apr. 5, 2019, Cleveland, OH (video, 911 recording)

Apr. 17, 2019, Cleveland, OH (911 recording)

Apr. 20, 2019, Boston, MA

Apr. 23, 2019, Boston, MA

Apr. 30, 2019, New York, NY

May 10, 2019, Philadelphia, PA (video)

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There is every reason to believe this list is just the tip of the iceberg. The news media do not, as a rule, report on medical emergencies at abortion facilities. Documentation of such occurrences therefore is almost exclusively done by pro-life demonstrators or sidewalk counselors. See McCullen v. Coakley, 134 S. Ct. 2518, 2527 (2014) (distinguishing protesters and sidewalk counselors). Hence, documentation occurs only if (1) such persons are present outside abortion facilities, (2) such persons remain there long enough to be present when complications begin to arise (possibly many hours after the pregnant women entered the facilities), (3) such persons witness (or record) the incident, 3 (4) such persons report the incident to some entity with a media platform, and (5)that entity publishes an account of the incident. It is therefore logical to conclude that the incidents reported markedly understate the actual number of incidents in which abortion patients require emergency transport. See, e.g., Planned Parenthood of Greater Tex. Surgical Health Servs. v. Abbott, 748 F.3d 583, 595 (5th Cir. 2014) ("During these proceedings, Planned Parenthood conceded that at least 210 women in Texas annually must be hospitalized after seeking an abortion"); Cheryl Sullenger, Court Records Indicate Nearly 1,000 Abortion Patients Likely Hospitalized Annually in

³ As noted in the accounts referenced in Appendix A, emergency vehicles are sometimes directed to the back of the facility, possibly out of sight of those present in front of the building.

Texas (Apr. 22, 2014), www.operationrescue .org/archives/court-records-indicate-nearly-1000-abor tion-patients-likely-hospitalized-annually-in-texas/.

Moreover, not all serious complications in the aftermath of abortion manifest themselves quickly enough to result in ambulance transport from the abortion facility itself. For example, a woman in Boston discovered two months after her abortion that the doctor had "left three-fourths of [her] dead baby inside her." Chervl Sullenger, Planned Parenthood Abortionist Botches Abortion So Badly Most of Baby's Body Left Inside Mother's Womb, LifeNews.com (Mar. 7, 2019), www.lifenews.com/2019/03/07/plannedparenthood-abortionist-botches-abortion-so-badlymost-of-babys-body-left-inside-mothers-womb. In the interim, she suffered fatigue and continual bleeding, "passing large blood clots, some the size of a baseball." Id. Her lawsuit against Planned Parenthood is still pending. Id. (including link to civil lawsuit).

Another post-abortion woman had her mother take her to the hospital after she went home; she apparently came within an hour of dying from internal bleeding. Cheryl Sullenger, One Hour From Death: Abortion Patient Warns of Incompetence, Squalor at North Carolina Abortion Mill (Nov. 2, 2015), www.operation rescue.org/archives/one-hourfrom-death-abortion-patient-warns of incompetencesqualor-at-north-carolina-abortion-mill.

Additionally, a patient at a Maryland abortion facility was transported after the fact, by her family, to an emergency room; she subsequently died. Operation Rescue, *Carhart Patient Dead From* Horrific 33-Week Abortion Injuries (Feb. 8, 2013), www.operation rescue.org/archives/carhart-patientdead-from-horrific-33-week-abortion-injuries/.

The long list of ambulance transfers, Appendix A, while plainly very incomplete, suggests the regularity of serious complications associated with abortion.

B. Maternal abortion deaths

As noted, abortion can lead to the subsequent death of the woman. *See, e.g., The Pro-Choice Death List,* www.safeandlegal.com/the-pro-choice-death-list/ (listing 250 women who died from abortion).⁴ Some examples of women who died after abortions include:

Diamond Williams, an 18-year-old who died after an abortion in Charlotte, Nancy Flanders, This abortion facility has killed one woman and injured at least 20 more, Live Action News (Aug. 10, 2018), www. liveaction.org/news/abortion-facility-killedinjured-woman/; Cheryl Sullenger, Mystery Surrounds Death of 18-Year Old Girl After an Incomplete Abortion (July 12.2018). www.operationrescue .org/archives/mystery-18-year-old-girl-after surrounds death of incomplete abortion/;

⁴ This list is by no means exhaustive. For example, it does not include Lakisha Wilson or Maria Santiago, despite the notoriety of their deaths, *see infra*.

Keisha Marie, a 23-year-old who died after an abortion in Albuquerque, Cheryl Sullenger, *Looking Deeper: Analysis of Facts Proves Woman Died from Abortion – Not Pregnancy* (Aug. 25, 2017), www. operationrescue.org/ archives/looking-deeper-analysis-of-facts-proveswoman-died-from-abortionnot-pregnancy/ (with link to autopsy report);

· Cree Erwin, a 24-year-old who died after an abortion in Kalamazoo, Amanda Prestigiacomo, *Cree Erwin, 24, Died From A Botched Abortion. Now Her Brother Is Sounding The Alarm On Planned Parenthood.*, Daily Wire (Apr. 25, 2017), www.dailywire.com/ news/15727/cree-erwin-24died-botched-abortion-now-her-amandaprestigiacomo;

 Lakisha Wilson, a 22-year-old who died after an abortion in Cleveland, Scott Taylor, Woman dies after being rushed to hospital following an abortion, Cleveland 19 News (Apr. 1, 2014), www.cleveland19.com/story/25133698/woman-die s-after-being-rushed-to-hospital-following-an- abo rtion; Statement of Cuyahoga County Medical Examiner's Office, www.operationrescue.org/pdfs/ MedicalExaminerStatement-05302014.pdf (medical examiner statement); Operation Rescue, Autopsy Report Reveals Abortion Patient's Hemorrhage Not Detected in Time (July 1, 2014), www.operationrescue.org/archives/autopsyreport-reveals-abortion-patients-hemorrhage-notdetected-in-time/ (with link to autopsy report);

Tanya Reaves, a 24-year-old who died after an abortion in Chicago, Steve Miller, Documents Shed Light On Woman's Death After Abortion, CBS Chicago (July 24.2012), http://chicago.cbslocal.com/2012/07/24/documents -shed-light-on-womans-death-after-abortion/; Order for Approval of Wrongful Death Settlement, Jones v. Planned Parenthood of Ill., No. 2013 L 000076 (Cook Cty. Cir. Ct. L. Div. Jan. 24, 2014), https://www.lifesitenews.com/images/pdfs/Tonya ReavesWrongfulDeathSettlement-0124 2014.pdf (\$2 million wrongful death settlement);

- Jennifer Morbelli, a 29-year-old woman who died after an abortion in Maryland, Chelsea Kiene, Jennifer McKenna-Morbelli Death: Pro-Life Group Demands Justice After Abortion-Related Passing, Huffington Post (Feb. 12, 2013), www.huffington post.com/2013/02/12/jennifer-mckenna-morbellin-2671375.html;
- Maria Santiago, a 38-year-old who died after an abortion in Baltimore, Jessica Chasmar, 4 Maryland abortion clinics shut down, 3 doctors suspended, The Washington Times (June 6, 2013); Notice of Current Violations, Imposition of Administrative Penalty Under State Regulations, Md. Dep't of Health and Mental Hygiene (Mar. 26,

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2013), http://dhmh. maryland.gov/ohcq/AC/ SurgAbortFac_Surveys/Associates%20in%20OB %20GYN%20Baltimore,%20Complaint,%202%20 21%202013.pdf (state report on Patient G);

- Karnamaya Mongar, a 41-year-old who died after
 an abortion in Philadelphia, MaryClaire Dale &
 Emad Khalil, Woman Survived War, Died After
 Gosnell Abortion, NBC10.com (Apr. 16, 2013),
 www.nbc philadelphia.com/news/local/WomanMongar-Survived-War-Died-After-GosnellAbortion-203233721.html; and
- Alexandra Nuñez, a 37-year-old who died after an abortion in New York, Michael J. Feeney, Barry Paddock & Jonathan Lemire, *Queens clinic A1 Medicine probed after Alexandra Nunez is fatally injured while undergoing abortion*, NY Daily News (Jan. 26, 010),www.nydailynews.com/news/ queen-clinic-a1-medicine-probed-alexandra-nune z-fatally-injured-undergoing-abortion-article -1.460728.

II. THE CLAIM THAT ABORTION IS SAFER THAN CHILDBIRTH IS A MYTH.

An understanding about the relative safety of abortion versus childbirth has been an important consideration in this Court's abortion jurisprudence. Most notably, the trimester framework which was established in *Roe v. Wade*, 410 U.S. 113 (1973), and which governed abortion cases until *Planned* Parenthood v. Casey, 505 U.S. 833 (1992), hinged in part on the premise that "until the end of the first trimester mortality in abortion may be less than mortality in normal childbirth." *Roe*, 410 U.S. at 163. *See also id.* at 149 & n.44 (asserting that "[m]ortality rates for women undergoing early abortions, where the procedure is legal, appear to be as low or lower than the rates for normal childbirth") (citing, *inter alia*, abortion mortality figures from U.S. Department of Health, Education, and Welfare (HEW)).

Abortion providers and their advocates have regularly repeated the mantra that abortion (at least early abortion) is safer than childbirth. See, e.g., Safety of Abortion, National Abortion Federation $\mathbf{2}$ 0 h t р • 0 6) t / 1 (prochoice.org/pubs_research/publications/downloads/ about_abortion/safety_of_abortion.pdf ("Complications from having a first trimester aspiration abortion are considerably less frequent and less serious than those associated with giving birth"); Is abortion safe?, Planned Parenthood, https://www.plannedparenthood.org/learn/ teens/askexperts/is-abortion-safe ("[A]bortion . . . is 11 times safer than giving birth."); Michelle Tang, 5 Things That Are More Lethal Than Legal Abortion, Huffington Post (Feb. 29, 2016), https://www.huffpost.com/entry/5-things-that-aremore-le_b_8630572 ("[C]arrying a baby to term . . . is 90 times more likely to kill you than having a legal abortion.").

This claim apparently rests upon a comparison of maternal mortality and abortion mortality statistics

published by the federal Centers for Disease Control (CDC). E.g., Elizabeth G. Raymond & David A. Grimes, The comparative safety of legal induced abortion and childbirth in the United States, 119 Obstet. Gynec. 215 (2012), abstract available at www.ncbi.nlm.nih.gov/ pubmed/22270271. But see David C. Reardon, Rebuttal of Raymond and Grimes, (2012),79LINACRE Q. 259available atwww.ncbi.nlm.nih.gov/pmc/articles/ PMC6027034/ (thoroughly refuting claim and citing numerous contrary references); Priscilla Coleman, PhD, A Serious Misrepresentation of the Relative Safety of Induced Abortion Compared to Childbirth Published in a Leading Medical Journal, We Care, available at https://www.wecareexperts.org/sites/default/files/ articles/Raymond%20&%20Grimes%20(2012)_Critiq ue.pdf (similar). Petitioners make the same assertion here. The complaint contends that if women are "forced" to give birth, it will "jeopardize" their health. Cplt. for Declaratory and Injunctive Relief, ¶ 34. This allegation relates to petitioners' claim that when abortion becomes unavailable, risk to maternal health increases.

The problem is that, as demonstrated below, petitioners' claim is unsupported and almost certainly incorrect. This Court therefore should not assume that access to abortion provides a health- or life-saving benefit to pregnant women.

While the *Roe* Court treated the relative safety of (early) abortion over childbirth as "now-established medical fact," 410 U.S. at 163, this "fact" is no such thing. First, the unthinking comparison of maternal

mortality and abortion mortality statistics is *not* probative because there are crucial differences in the derivation of these statistics. Second, the medical literature strongly, if not overwhelmingly, indicates that abortion is *poor* health care for women, particularly when compared to the alternative of childbirth.

Amicus ACLJ addressed this point at length in previous amicus briefs to this Court. See Amicus Br. of the American Center For Law And Justice, Family Research Council, The Texas Conservative Coalition, and The Houston Coalition For Life In Support Of Respondents, Whole Woman's Health v. Hellerstedt, 136 S. Ct. 2292 (2016) (No. 15-274), 2016 U.S. S. Ct. Briefs LEXIS 505; Amicus Br. of the American Center For Law And Justice in Support of Petitioner, Gonzales v. Planned Parenthood Fed'n of Am., 548 U.S. 939 (2006) (No. 05-1382) 2006 U.S. S. Ct. Briefs Lexis 613. Substantial research has confirmed the speciousness of claiming abortion is safer than childbirth. Notably, a comprehensive analysis by a physician conclusively rebuts this myth. Byron Calhoun, Systematic Review: The maternal mortality myth in the context of legalized abortion, 80 The 264www.aaplog.org/ Linacre Q. (2013),wpcontent/uploads/2013/07/LNQ61-Maternal-

Mortality-Review-7-17-13.pdf. Key points about the faulty nature of petitioners' relative safety claim include the following:

Deaths from abortion are underreported, ⁵ and abortion data, more generally, is very incomplete;
Deaths from abortion can be counted as "maternal deaths," thereby falsely inflating the measure of deaths supposedly from childbirth;⁶

⁶ Indeed, the CDC acknowledges that its tally of abortion deaths are taken from the CDC's Pregnancy Mortality System, and thus represents a subset of deaths that are double-counted as both maternal deaths and abortion deaths. *See* Karen Pazol, *et al.*, *Abortion Surveillance – United States*, 2010, CDC Morbidity & Mortality Wkly. Rep.: Surveillance Summaries, Nov. 29, 2013, www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm (first paragraph under Methods subsection Abortion Mortality:

⁵ The failure to report abortion-related deaths is apparently all too common. David C. Reardon. Thomas W. Strahan. John M. Thorp, Jr. & Martha W. Shuping, Deaths Associated with Abortion Compared with Childbirth - A Review of New and Old Data and the Medical and Legal Implications, 20 J. Contemp. Health Law & Pol'y 279, 286-91 (2004) (hereinafter Reardon, Deaths Associated with Abortion). Such underreporting is in some ways perfectly understandable. The woman may have concealed the abortion from her loved ones. The physician or coroner may, to spare the family further grief or stigma (or out of ignorance of the underlying abortion), simply report death as being due to "sepsis" or "hemorrhage" or "embolism" rather than noting an abortion connection. By contrast, there is little incentive to conceal deaths due to childbirth or complications of pregnancy, and such deaths are thus more likely to be counted. Also contributing to the undercounting of abortion is the unreliability of death certificates or official reports as sources of information regarding associated abortions. See id. at 289-90 (noting that official coding standards impede the reporting of abortion deaths). See also Mika Gissler, et al., Methods for identifying pregnancy-related deaths: population-based data Finland 1987-2000, 18 Paediatric & Perinatal from Epidemiology 448, 451 & tbl. 2 (2004) (94% of abortionassociated deaths were not identified from death certificates or cause-of-death registries alone).

Abortion mortality statistics likely will not include many deaths that result from abortion, such as increased suicide rates or longer-term fatal health consequences, even though studies show a greater risk of death from these and other causes after abortion (as opposed to childbirth);⁷ a fair comparison of abortion with continued child-

counting.

⁷ The CDC defines an abortion-related death as including "a death resulting from a direct complication of an abortion, an indirect complication caused by a chain of events initiated by an abortion, or an aggravation of a preexisting condition by the physiologic or psychologic effects of abortion," plus any "pregnancy-related death in which the pregnancy outcome was induced abortion," Pazol, *et al.*, *supra* note 6, at 4.

describing criterion for listing a "pregnancy-related death" as also an "abortion-related death"; second paragraph under Methods subsection Abortion Mortality: "Since 1987, CDC has monitored abortion-related deaths through its Pregnancy Mortality Surveillance System"); id. at 8 (first paragraph under Results subsection Abortion Mortality: "Using national data from the Pregnancy Surveillance System" to identify abortion deaths). With such an approach, the results are mathematically stacked against childbirth ever being deemed safer than abortion: even if no pregnant woman ever died apart from abortion, the mortality totals for abortion and "maternal mortality" would be identical. The abortion mortality rate -"legal induced abortion-related deaths per 100,000 reported legal abortions," id. at 8-9, will therefore only be higher than the maternal mortality rate as to those later-term procedures where the denominator (number of abortion procedures) is sufficiently smaller than the number of live births as to offset the double-

bearing, like a fair comparison of smoking with nonsmoking, would have to take into account not just immediate consequences, but also all other statistically significant increased death risks;

- The overall maternal mortality figures do not account for the stage of gestation. A high percentage of maternal deaths are associated with miscarriages early in pregnancy; but obviously, for example, a woman entering her second trimester faces zero risk of a first-trimester death from ectopic pregnancy - the leading cause of first-trimester maternal deaths, see infra note 9 – yet the undifferentiated maternal mortality rate incorporates those first-trimester deaths; for a woman beyond any given stage of pregnancy, it makes no sense to compare abortion mortality with maternal mortality *throughout* pregnancy; the figures would have to be adjusted to subtract out deaths occurring at stages of pregnancy that have already passed; yet maternal mortality statistics do not make this adjustment and thus are not properly comparable to abortion mortality statistics:
- Maternal mortality is measured per childbirth, not per pregnancy;⁸ hence, the relevant maternal population is artificially reduced by excluding those who experience miscarriages and stillbirths,

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⁸ "The pregnancy-related mortality ratio is an estimate of the number of pregnancy-related deaths for every 100,000 live births." *Pregnancy Mortality Surveillance System*, CDC, www. cdc.gov/reproductivehealth/MaternalInfantHealth/PMSS.html.

except that if such women die, their deaths are nevertheless included in the maternal mortality totals; thus, the relevant baseline population is artificially reduced by excluding cases of pregnancy losses, while the total of deaths still includes those maternal deaths resulting from these very same uncounted pregnancies; ⁹ this combination inflates the reported percentage risk of childbirth (in mathematical terms, the denominator [using births, not pregnancies] of the risk fraction is reduced, while the numerator [maternal deaths] is maximized);

The CDC itself has admitted that the statistics for maternal mortality and abortion mortality are "conceptually different" and "used by CDC for different public health purposes," Letter of July 20, 2004 from Louise Gerberding, Director,

⁹ Thus, for example, even though many women survive ectopic pregnancies, the supposed maternal mortality rate for all ectopic pregnancies will be infinitely high. There will be some maternal deaths in the numerator but no live births in the denominator, yielding an infinitely large fraction. Obviously, this is a misleading, indeed useless, statistic. This error will distort the overall maternal mortality rate by adding to the numerator (deaths) while not adding to the baseline denominator (live births). Historically, ectopic pregnancies have been the leading cause of deaths in the first trimester. See Current Trends Ectopic Pregnancy – United States, 1990-92, CDC Morbidity & Mortality Wkly. Rep.: Surveillance Summaries, Jan. 27, 1995, at 46, www.cdc.gov/mmwr/preview/mmwrhtml/00035709.htm. Hence, this is no trivial distortion. The same distortion flows from the inclusion of deaths from early miscarriages, while excluding the number of associated pregnancies from the baseline.

Centers for Disease Control, to Walter M. Weber (*see* Appendix B); i.e., for purposes of comparison, they are apples and oranges.

Overall, there is strong evidence that abortion is actually detrimental to maternal health and, if anything, more likely to lead to death or other adverse consequences than the continuation of pregnancy. See Amicus Br. of ACLJ, Gonzales v. Planned Parenthood Fed'n of Am., supra pp. 13–14 (citing multiple studies). See generally Elliot Inst., "Abortions Increase Risk of Maternal Death: New Study," After Abortion, www.after abortion.org/2012/multiple-abortionsincrease-risk-of-maternal-death-new-study/ (and list of related articles). Access to abortion is no favor to women's health.¹⁰

¹⁰ As providers of abortion for a fee, petitioners have an obvious conflict of interest in purporting to represent the rights of their patients in a challenge to the laws here, which are essentially consumer protection laws. Women have an interest in reasonable, patient-protective safety measures. Providers, by contrast, have an interest in opposing *any* regulation that cuts into their volume of business or net profits. The sellers have little or no incentive to fairly assert interests that make their ultimate sales less likely or less profitable.

III. PUBLISHED LITERATURE INDICATES THAT, IF ANYTHING, ABORTION IS *MORE* DANGEROUS THAN CONTINUED PREGNANCY.

Published research strongly indicates that abortion, rather than being safer than childbirth, is in fact more dangerous.

In Finland, for example, researchers drew upon national health care data to examine the pregnancy history of *all* women of childbearing age who died, for any reason, within one year of childbirth, abortion, or miscarriage, between the years of 2001 and 2012 (a total of over 10,000 women). The study, updating previous research from 1987–2000, found that, adjusting for age, women who had abortions were 3.5 times more likely to die within a year than women who carried to term. E. Karalis, V-M Ulander, A-M Tapper, & M. Gissler, 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 (2016).available athttps://obgyn.onlinelibrary. wiley.com/doi/pdf/10.1111/1471-0528.14484.

A subsequent study based upon Medicaid records in California likewise found significantly higher mortality rates after abortion. The study linked abortion and childbirth records in 1989 with death certificates for the years 1989–97. This study found that, adjusting for age, women who had an abortion were 62% more likely to die from any cause than women who gave birth. David C. Reardon, et al., Deaths associated with pregnancy outcome: A record linkage study of low income women, 95 So. Med. J. 834 (2002).

Yet another study, this one of nearly a half million Danish women, found that the risk of death after abortion was significantly higher than the risk of death after childbirth. David C. Reardon & Priscilla K. Coleman, *Short and long term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980-2004*, 18 Med. Sci. Mon. 71 (2012). The study specifically examined both early (before 12 weeks gestation) and late (after 12 weeks gestation) abortions, and found statistically significantly higher death rates for both groups as compared to mortality after childbirth.

The Finland and California studies both showed, *inter alia*, a heightened risk of suicide after abortion.¹¹ (The Danish study did not examine this aspect.) A British study found the same thing. Christopher L. Morgan, *et al.*, *Mental health may deteriorate as a direct effect of induced abortion*, 314 British Med. J. 902 (Mar. 22, 1997) (letters section) (found suicide attempts more than four times as frequent after abortion than after childbirth). All these studies are consistent with the many studies documenting adverse emotional consequences after abortion. See David C. Reardon, *Abortion Decisions and the Duty to*

¹¹ See E. Karalis, *supra* p.19 at 1119 & tbl. 4 (suicide rate after induced abortion was six-and-a-half times higher than suicide rate after childbirth).

Screen: Clinical, Ethical and Legal Implications of Predictive Risk Factors of Post-Abortion Maladjustment, 20 J. Contemp. Health L. & Pol'y 33, 39 n.14 (2003) (citing nearly three dozen sources).

A related consequence of abortion is the elevated risk of substance abuse. See, e.g., David C. Reardon & Phillip G. Ney, Abortion and Subsequent Substance Abuse, 26 Am. J. Drug & Alcohol Abuse 61 (2000); David C. Reardon, et al., Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth, 26 Am. J. Drug & Alcohol Abuse 369 (2004); Priscilla K. Coleman, et al., Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy, 10 British J. Health Psychol. 255 (2005).

Of course, abortion can also cause physical harm. This can result directly from the procedure itself (e.g., perforation of the uterus, laceration of the cervix), from the deprivation of the health benefits of continuing pregnancy (e.g., eliminating the protective effect of a full-term pregnancy against breast cancer),¹² or by masking other dangerous symptoms (e.g., a woman with an infection or an ectopic pregnancy may believe her symptoms are merely normal after-effects of abortion, leading her to delay seeking medical help).¹³ See generally Physical effects

¹² See Justin D. Heminger, Big Abortion: What the Antiabortion Movement Can Learn from Big Tobacco, 54 Cath. U.L. Rev. 1273, 1288-89 & nn.119 & 121 (2005) (citing sources).

¹³ Cf. Reardon, Deaths Associated with Abortion, supra note 5, at 284 & nn.26–27 (CDC does not count as abortion death a

of abortion: Fact sheets, news, articles, links to published studies and more, The UnChoice, www.theunchoice.com/physical.htm (listing sequelae and referencing sources); Reardon, *Deaths Associated* with Abortion, supra note 5, at 311–17 (same).

In sum, there is ample reason to believe that abortion is *detrimental* to maternal health and, if anything, *more likely* to lead to death or other adverse consequences than the continuation of pregnancy.

* * *

Abortion is a procedure fraught with hazards. This Court should reject any assertion that abortion is healthy for women, much less some sort of panacea. There is good reason to believe precisely the contrary.

death from ectopic pregnancy that ruptures after the woman had an abortion, even though "the deaths are at least partially due to the failure of the abortion provider to verify the site of the pregnancy and the completion of the abortion").

CONCLUSION

If this Court grants the petition in No. 18-1323, it should grant the Conditional Cross-Petition.

Respectfully submitted,

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Counsel for Amicus Curiae

June 24, 2019

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APPENDIX A: Documented ambulance calls 2009–19

2009

Feb. 6, 2009, Charlotte, NC http://www.lifenews.com/2018/08/09/abortion-clinicthat-killed-this-woman-in-botched-legal-abortioninjures-at-least-20-more-women (link to incident report) Feb. 26, 2009, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Mar. 12, 2009, Dayton, OH http://www.operationrescue.org/archives/pattern-ofabortion-complications-at-haskell-clinics-promptscomplaint (911 recording) Mar. 12, 2009, Wichita, KS http://www.operationrescue.org/archives/tillerabortion-patient-transported-to-hospital-%E2%80%9Cno-lights-no-sirens%E2%80%9D June 13, 2009, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood June 17, 2009, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood

1a

June 30, 2009, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Aug. 11, 2009, New Rochelle, NY http://www.newrochelletalk.com/node/1118 Aug. 20, 2009, New Rochelle, NY http://www.newrochelletalk.com/node/1118 Aug. 27, 2009, New Rochelle, NY http://www.newrochelletalk.com/node/1118 Sept. 16, 2009, Orange, CA http://www.lifenews.com/2009/09/30/state-4466 Sept. 26, 2009, Orange, CA http://www.lifenews.com/2009/09/30/state-4466 Sept. 29, 2009, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood (two incidents) Oct. 3, 2009, Riverside, CA http://www.operationrescue.org/archives/ambulancerushes-third-planned-parenthood-abortion-patientto-the-hospital Oct. 13, 2009, Sacramento, CA http://www.youtube.com/watch?v=dj4ZyV1Bur8 (video) Oct. 22, 2009, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Oct. 24, 2009, St. Louis, MO

2a

http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Nov. 6, 2009, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Dec. 6, 2009, Charlotte, NC http://www.operationrescue.org/archives/alive-ordead-video-shows-ambulance-at-north-carolinaabortion-clinic (video)

$\boldsymbol{2010}$

Jan. 22, 2010, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Feb. 19, 2010, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Mar. 18, 2010, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Mar. 27, 2010, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-has-

inured-60-other-women-in-botched-abortions (link to CAD report) Mar. 30, 2010, Riverside, CA http://www.lifenews.com/2010/04/02/state-4953/ Mar. 31, 2010, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Apr. 2, 2010, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood May 24, 2010, Naples, FL http://www.lifenews.com/2010/05/24/state-5118/; http://www.foxnews.com/story/2010/05/27/plannedparenthood-patient-taken-to-hospital-afterprocedure.html June 12, 2010, Cleveland, OH http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safetyviolations-and-more; http://abortiondocs.org/wpcontent/uploads/2015/05/Preterm-Complication-6-12-10.pdf (state health department records) Aug. 23, 2010, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Sept. 18, 2010, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report)

$\mathbf{2011}$

Jan. 7, 2011, Boston, MA

http://www.operationrescue.org/archives/ambulancetransports-victim-from-boston-planned-parenthoodabortion-clinic Jan. 11, 2011, Boston, MA http://www.operationrescue.org/archives/powerfulnew-video-exposes-harm-caused-by-obama-fundedplanned-parenthood-abortion-clinics (portion of video) Feb. 4, 2011, Akron, OH http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safetyviolations-and-more; http://operationrescue.org/pdfs/Akron%20 Women's%20Abortion%20Complications%201.pdf (state health department records) Feb. 5, 2011, Ft. Pierce, FL http://sohltc.com/2011/02/07/breaking-newsambulance-takes-woman-from-ft-pierce-abortionclinic-with-sheet-over-her Feb. 12, 2011, St. Louis, MO http://www.operationrescue.org/archives/emergencytransport-from-planned-parenthood-makes-anothercase-for-defunding

5a

Feb. 16, 2011, Cincinnati, OH

http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safetyviolations-and-more; http://abortiondocs.org/wpcontent/uploads/ 2015/05/PP-Cincy-Abortion-Complications-2-2012.pdf (state health department records) Mar. 12, 2011, Charlotte, NC http://www.lifenews.com/2018/08/09/abortion-clinicthat-killed-this-woman-in-botched-legal-abortioninjures-at-least-20-more-women (link to incident report) Mar. 18, 2011, Charlotte, NC https://www.lifenews.com/2018/08/09/abortion-clinicthat-killed-this-woman-in-botched-legal-abortioninjures-at-least-20-more-women (link to incident report) Mar. 18, 2011, Everett, WA http://www.lifenews.com/2011/03/21/plannedparenthood-sends-woman-to-hospital-after-botchedabortion: http://abortionstate.blogspot.com/2011/04/911-audioconfirms-planned-parenthood.html

Apr. 1, 2011, Aurora, IL

http://www.operationrescue.org/archives/powerfulnew-video-exposes-harm-caused-by-obama-fundedplanned-parenthood-abortion-clinics (portion of video)

Apr. 8, 2011, Milwaukee, WI

http://www.operationrescue.org/archives/as-nafcelebrates-video-documents-two-abortion-injuriesinflicted-by-naf-member (video, two ambulances) Apr. 9, 2011, West Palm Beach, FL http://www.lifenews.com/2011/04/15/woman-rushedto-hospital-in-florida-after-botched-abortion; http://www.operationrescue.org/archives/another-nafabortion-clinic-transports-injured-woman-viaambulance; http://www.christiannewswire.com/ news/3303316750.html Apr. 14, 2011, St. Paul, MN http://www.operationrescue.org/archives/minnesotaactivists-reports-4th-abortion-emergency-transportin-a-week (video) Apr. 22, 2011, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood/ May 12, 2011, Albuquerque, NM http://www.lifenews.com/2017/04/17/this-late-termabortion-clinic-shoots-babies-through-the-heart-withpoison-to-kill-them (911 recording) May 25, 2011, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood June 8, 2011, Columbus, OH http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safety-

violations-and-more; http://abortiondocs.org/wpcontent/uploads/2015/05/East-PP-2-Ab-Comp-2011.pdf (state health department records) June 12, 2011, Bronx, NY http://www.operationrescue.org/archives/botchedabortion-emergency-takes-place-at-clinic-caught-indumping-scandal July 6, 2011, Cleveland, OH http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safetyviolations-and-more; http://abortiondocs.org/wpcontent/uploads/2015/05/Preterm-Complication7-6-11.pdf (state health department records) Sept. 2, 2011, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Sept. 22, 2011, Columbus, OH http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safetyviolations-and-more; http://abortiondocs.org/wpcontent/uploads/ 2015/05/East-PP-2-Ab-Comp-2011.pdf (state health department records) Oct. 6, 2011, Dayton, OH http://www.operationrescue.org/archives/specialreport-secret-ohio-department-of-health-docs-reveal-47-horrific-botched-abortions-countless-safety-

violations-and-more (with link to state report) Oct. 14, 2011, Virginia Beach, VA http://www.operationrescue.org/archives/new-911tape-reveals-botched-abortion-at-virginia-plannedparenthood (video, 911 recording) Oct. 19, 2011, St. Louis, MO http://www.operationrescue.org/archives/newdocuments-reveal-dirty-conditions-political-cover-upat-st-louis-planned-parenthood Oct. 21, 2011, Milwaukee, WI http://www.lifenews.com/2011/10/27/clinic-workerslaugh-as-woman-injured-in-botched-abortion (video) Dec. 20, 2011, Sioux City, IA http://www.lifenews.com/2011/12/21/plannedparenthood-botches-abortion-sends-woman-tohospital/ Dec. 22, 2011, Stockton, CA http://www.operationrescue.org/archives/ambulancerushes-woman-to-hospital-after-pre-christmasabortion-injury/

$\mathbf{2012}$

Jan. 21, 2012, Birmingham, AL http://www.lifenews.com/2012/01/22/botchedabortions-injure-two-women-in-birminghamalabama; http://www.operationrescue.org/archives/abortionclinic-hid-critical-information-about-botchedabortions-new-evidence-shows (911 recordings); http://news.christiansunite.com/Religion_News/religi

on10151.shtml (two women taken in ambulances) Jan. 21, 2012, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Feb. 2, 2012, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Feb. 6, 2012, Charlotte, NC http://www.lifenews.com/2018/08/09/abortion-clinicthat-killed-this-woman-in-botched-legal-abortioninjures-at-least-20-more-women (link to incident report) Feb. 9, 2012, Dayton, OH http://www.operationrescue.org/archives/pattern-ofabortion-complications-at-haskell-clinics-promptscomplaint (911 recording) Mar. 3, 2012, Fairfax, VA http://www.operationrescue.org/archives/troubledvirginia-abortion-clinic-puts-bleeding-botchedabortion-patient-in-hospital (video, 911 recording) Mar. 3, 2012, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Mar. 6, 2012, St. Paul, MN

http://www.lifenews.com/2012/03/13/plannedparenthood-botches-abortion-sends-woman-tohospital-2 (video) Mar. 15, 2012, Little Rock, AR http://www.lifenews.com/2018/04/23/abortion-cliniccaught-injuring-woman-in-botched-abortion-hasinured-60-other-women-in-botched-abortions (link to CAD report) Mar. 17, 2012, Austin, TX http://www.operationrescue.org/archives/medicalemergencies-at-one-texas-abortion-clinic-support-theneed-for-hospital-privileges/ Mar. 28, 2012, Sharonville, OH http://www.lifenews.com/2012/03/28/woman-rushedto-cincinnati-hospital-possible-botched-abortion; http://www.lifenews.com/2012/08/21/woman-rushedto-ohio-hospital-after-botched-late-term-abortion; http://www.operationrescue.org/archives/pattern-ofabortion-complications-at-haskell-clinics-promptscomplaint (911 recording) Mar. 31, 2012, Cleveland, OH http://www.operationrescue.org/archives/firemarshall-ignores-danger-of-broken-elevator-atabortion-clinic-where-patient-died (video, 911 recording) Mar. 31, 2012, Bellevue, NE http://www.lifenews.com/2012/05/23/moans-screamsheard-from-botched-abortion-victim-in-911-call (911 recording) Apr. 2, 2012, Austin, TX

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Sept. 22, 2018, Greensboro, NC http://www.lifenews.com/2018/11/30/city-covers-upserious-medical-emergency-at-greensboro-northcarolina-abortion-business Oct. 6, 2018, Chicago, IL http://www.lifenews.com/2018/11/26/plannedparenthood-that-killed-woman-in-botched-abortioninjures-teen-so-badly-she-needed-an-ambulance (911 recording) Oct. 12, 2018, Cherry Hill, NJ http://www.lifenews.com/2018/10/16/abortion-clinicdownplays-botched-abortion-requiring-ambulance-to-911-calls-it-miscarrying Oct. 19, 2018, Boston, MA https://www.lifenews.com/2019/05/21/bostonplanned-parenthood-abortion-clinic-has-hospitalized-10-women-in-last-12-months/ Oct. 26, 2018, New York, NY http://www.lifenews.com/2018/10/29/plannedparenthood-hg-forced-to-call-ambulance-afterinjuring-woman-in-botched-abortion Nov. 2, 2018, St. Louis, MO http://www.lifenews.com/2018/11/05/just-oneplanned-parenthood-clinic-has-injured-70-women-inbotched-abortions Nov. 3, 2018, Cuyahoga Fall, OH http://www.lifenews.com/2018/12/03/abortion-clinicuses-rainbow-umbrellas-to-try-to-hide-botchedabortion-injuring-another-woman (link to report) Nov. 9, 2018, Cleveland, OH

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Feb. 16, 2019, New York, NY http://www.lifenews.com/2019/04/11/plannedparenthoods-hq-abortion-clinic-hospitalizes-5women-in-7-weeks-after-botched-abortions Feb. 23, 2019, Chicago, IL http://www.lifenews.com/2019/05/09/chicago-plannedparenthood-injures-women-every-6-weeks-inbotched-abortions Mar. 6, 2019, Peoria, IL http://www.lifenews.com/2019/03/18/listen-abortionclinic-tries-to-cover-up-details-of-botched-abortionduring-911-call (911 recording, link to CAD report) Mar. 6, 2019, New York, NY http://www.lifenews.com/2019/03/28/plannedparenthood-hq-has-sent-15-women-in-26-months-tohospital-after-botched-abortions; http://www.lifenews.com/2019/04/11/plannedparenthoods-hq-abortion-clinic-hospitalizes-5women-in-7-weeks-after-botched-abortions Mar. 7, 2019, Dayton, OH http://www.lifenews.com/2019/03/12/watch-abortionclinic-that-kills-babies-in-abortions-up-to-birthinjures-woman-in-botched-abortion (video, 911 recording, link to incident report) Mar. 21, 2019, Chicago, IL http://www.lifenews.com/2019/05/09/chicago-plannedparenthood-injures-women-every-6-weeks-inbotched-abortions Mar. 22, 2019, Southfield, MI http://www.lifenews.com/2019/04/11/planned-

parenthoods-hq-abortion-clinic-hospitalizes-5women-in-7-weeks-after-botched-abortions (911 recording, link to 911 records) Mar. 27, 2019, New York, NY http://www.lifenews.com/2019/04/11/plannedparenthoods-hg-abortion-clinic-hospitalizes-5women-in-7-weeks-after-botched-abortions Mar. 29, 2019, New York, NY http://www.lifenews.com/2019/04/11/plannedparenthoods-hq-abortion-clinic-hospitalizes-5women-in-7-weeks-after-botched-abortions Apr. 2, 2019, Boulder, CO http://www.lifenews.com/2019/04/04/abortion-clinicthat-kills-babies-up-to-birth-injures-woman-inbotched-abortion (video); http://www.lifenews.com/2019/04/05/ abortion-clinickills-33-week-old-baby-in-legal-abortion-fails-to-call-911-after-severely-injuring-mother (link to CAD report) Apr. 4, 2019, New York, NY http://www.lifenews.com/2019/04/11/plannedparenthoods-hg-abortion-clinic-hospitalizes-5women-in-7-weeks-after-botched-abortions Apr. 5, 2019, Cleveland, OH http://www.lifenews.com/2019/04/17/abortion-clinicthat-killed-woman-in-botched-abortion-sendsanother-woman-to-hospital-2 (video, 911 recording) Apr. 17, 2019, Cleveland, OH http://www.lifenews.com/2019/04/22/clinic-thatkilled-woman-in-botched-abortion-calls-911-after-

woman-bleeds-uncontrollably-from-late-abortion (911 recording, link to CAD report) Apr. 20, 2019, Boston, MA https://www.lifenews.com/2019/05/21/bostonplanned-parenthood-abortion-clinic-has-hospitalized-10-women-in-last-12-months/ Apr. 23, 2019, Boston, MA https://www.lifenews.com/2019/05/21/bostonplanned-parenthood-abortion-clinic-has-hospitalized-10-women-in-last-12-months/ Apr. 30, 2019, New York, NY http://www.lifenews.com/2019/05/09/plannedparenthood-hq-has-injured-six-women-in-botchedabortions-over-last-two-months May 10, 2019, Philadelphia, PA http://www.lifenews.com/2019/05/14/plannedparenthood-where-brian-sims-bullied-women-calls-911-for-botched-abortion-hours-after-huge-protest (video)

APPENDIX B: Correspondence with HHS/CDC

ACLJ

American Center for Law & Justice

April 30, 2004

Tommy G. Thompson Secretary U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

Re: Abortion statistics and maternal health

Dear Secretary Thompson:

In the challenges to the federal partial birth abortion statute, as on many other occasions, the proponents of legalized abortion make the claim that abortion is safer for women than childbirth. There is very good reason to believe that this claim is false. However, a fair scientific examination of this claim is hindered by the way the Centers for Disease Control (CDC) maintains its relative maternal mortality statistics.

I am writing to urge your office to direct a reassessment of the pertinent statistical measures. In short, the HHS should see to it that the American public -- and in particular, women contemplating the choice between abortion and continuing pregnancy --

have a genuine basis for an honest and meaningful comparison of the relative risks. If, in the alternative, the CDC is unable to provide a basis for a true comparison, it should so state.

The CDC has in the past reported maternal mortality as the "[n]umber of maternal deaths per 100,000 live births." See. www.cdc.gov/epo/ e.g., mmwr/preview/ mmwrhtml/00054602.htm (Fig. 1, footnote *) (Maternal Mortality -- United States, 1982-1996). Abortion mortality, by contrast, is reported as the number of "[l]egal induced abortion-related deaths per 100,000 reported legal induced abortions." See, www.cdc.gov <u>e.g.</u>, /mmwr/preview/mmwrhtml/ss5212a1.htm (Table 19, footnote *) (Abortion Surveillance -- United States, 2000).

Here are some of the concerns with these statistics:

1. <u>Denominator too small for maternal mortality</u> <u>rate</u>

Maternal mortality should reflect deaths <u>per</u> <u>pregnancy</u>, not deaths <u>per live birth</u>. Stillbirths and miscarriages are fairly common occurrences.¹ To count maternal <u>deaths</u> associated with miscarriages,

¹ <u>See</u>, <u>e.g.</u>, www.cdc.gov/nchs/releases/00facts/trends.htm ("6 million-plus pregnancies in 1996 in the U.S. resulted in 3.9 million births, 1.3 million induced abortions and almost a million fetal deaths," i.e., "16 percent [ended] in a miscarriage or stillbirth").

for example, while not counting the <u>pregnancies</u>, improperly inflates the maternal mortality rate.²

2. <u>No maternal mortality rate adjustment for</u> <u>gestational stage</u>

The relative risk of aborting versus continuing a pregnancy should reflect the prospective risks only, and not risks associated with stages of pregnancy already passed. For example, ectopic pregnancies cause a significant percentage of maternal deaths, and indeed are the leading cause of deaths in the first i t r m е \mathbf{s} t е r See, e.g., www.cdc.gov/mmwr/preview/mmwrhtml/00 035709.htm (Current Trends: Ectopic Pregnancy --United States, 1990-92). Obviously, a woman entering her second trimester faces zero risk of a first-trimester death from ectopic pregnancy, yet the undifferentiated CDC maternal mortality rate incorporates those first-trimester deaths. An abortion cannot eliminate risks that have already passed; only prospective risks should enter into the comparison.

3. <u>Underreporting of abortion-related deaths</u>

A true statistical comparison of the risks of death from abortion versus continued pregnancy is impossible if the statistics are inaccurate. Thus, the

² Of course, live births should be counted only once for each labor, regardless of whether the woman bears at one time a single child, twins, triplets, or a greater number.

apparently common failure to report abortion-related deaths see

www.afterabortion.org/PAR/V8/n2/abortion deaths.html ("The Cover-Up: Why U.S. Abortion Mortality S **Statistics** Are Meaningless"). underestimates the abortion mortality rate. The same problem would apply to any underreporting of other maternal deaths. (And, of course, abortion-related deaths must be <u>excluded</u> from the maternal mortality rate if any comparison is to be made. Counting abortion deaths as maternal deaths as well -- or instead -- stacks the deck against childbearing and in favor of abortion.)

4. Disregard of non-immediate deaths

Recent studies indicate that abortion is associated with an increased rate of short-term and long-term maternal death. <u>See</u> www.afterabortion.org/physica. html ("A list of Major Physical Sequelae Related to Abortion"). A fair comparison of abortion with continued childbearing, like a fair comparison of smoking with nonsmoking, would take into account all such statistically significant increased death risks.

* *

*

Women choose or decline abortions for many different reasons, and the decision for many may represent a complex balance of multiple considerations. It is a grave disservice to withhold from women the information needed for a genuine comparison between abortion mortality and the risk of mortality from continuing the pregnancy. Such information may be

decisive for many women. Moreover, abortion businesses, which have profit motives for women to choose abortion, cannot be relied upon to present the full picture. Indeed, such businesses may be using statistics -- despite the flaws described above -- to help abortion sell to trusting lay women. Cf. www.abortion.com/questions.html (claiming that "statistically, childbirth is far more dangerous than abortion").

I strongly urge you to direct the CDC to make all necessary adjustments to its preparation and presentation of statistical data to allow for an honest, unbiased comparison of the relative risks of abortion and continuing pregnancy.

Very truly yours,

/s/ Walter M. Weber Senior Litigation Counsel

WMW:fd

cc: Timothy Goeglein Terrell Halaska

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service Centers for Disease Control and Prevention (CDC) Atlanta, GA 30333

JUL 20 2004

Mr. Walter M. Weber Senior Litigation Counsel American Center for Law & Justice 201 Maryland Avenue, N.E. Washington, D.C. 20002

Dear Mr. Weber:

We appreciate your interest in the Centers for Disease Control and Prevention's (CDC) efforts to collect and publish maternal mortality statistics (including those related to abortion). CDC makes every effort to identify all such deaths and to present maternal mortality statistics using established scientific methods.

The maternal mortality rate is computed as all maternal deaths per 100,000 live births. In contrast, the measure used for abortions is a case-fatality rate which is computed per 100,000 legal abortions. These measures are conceptually different and are used by CDC for different public health purposes.

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CDC calculates the maternal mortality rate per 100,000 live births for the following reasons:

- 1. To maintain comparability in long term trends for the United States. Estimates of the number of pregnancies (including live births, miscarriages or stillbirths, and induced abortions) in the United States have been published only since the 1970s.
- 2.The live birth component of the pregnancy estimates is highly reliable. Virtually all births are counted in every year. Estimates of all abortions are based on CDC's abortion surveillance system, which relies on state abortion reporting systems. Estimates of stillbirths. ectopic pregnancies, and miscarriages are based on survey data and are subject to significant sampling error, particularly for smaller population subgroups. Estimates of stillbirths and miscarriages are based on pregnancy history data from the National Survey of Family Growth (NSFG). The NSFG is conducted periodically, every 5 to 7 years. The data are subject to sampling error, particularly for smaller population subgroups. For information on the estimation methodology, see www.cdc.gov/nchs/data/ series/sr_21/sr21 056.pdf.
- 3. To maintain international comparability. Many other countries cannot adequately estimate the number of pregnancies, especially those in which abortion is illegal.

Information on miscarriage and stillbirth also varies considerably in completeness. In the interest of international comparability, the World Health Organization has specified that the number of live births should be used for the denominator of the maternal mortality rate.

Adjusting the maternal mortality rate for gestational stage is not statistically feasible, because this requires data that are not currently completely available. The Pregnancy Mortality Surveillance System (PMSS) relies primarily on death certificates which do not typically provide this information. Gestational age may be available for some maternal deaths in cases where linkage with other records (e.g., birth certificates. fetal death reports) \mathbf{is} possible. Information on gestational age for induced abortions is available in about 42 states or jurisdictions.

CDC recognizes that despite efforts to count all maternal deaths (including those abortion-related) in the United States, some remain uncounted. The death itself is reported but accurate information on the cause may not be provided. CDC estimates that maternal deaths in general are underreported by 30 to 150 percent (see www.cdc.gov/mmwr/preview/mmwrhtml/ss5202e1.ht m). The nature of the surveillance systems make it difficult to obtain complete data. The PMSS compiles data from 50 states, the District of Columbia, and New York City. Abortion surveillance involves data from 47 states, District of Columbia, and New York City. These systems are voluntary (CDC does not provide

remuneration for data) and rely primarily on death certificate data which may or may not provide information that indicates the death was maternal or abortion-related. In the case of deaths associated with induced abortion, CDC also uses searches of computerized print media databases (Lexis-Nexis) to identify additional cases.

At CDC we are very committed to improving data collection systems and providing the most accurate and reliable data on all aspects of maternal and infant health. I hope this information is helpful.

Sincerely,

/s/ Julie Louise Gerberding, M.D., M.P.H. Director