Real feminists vote NO on SB0798: over-broad language allows pharmaceutical companies and healthcare conglomerates to operate without safety regulations and LIE to my patients.

Give women the same protections we give men.

I am an ex-military women's health physician, military-qualified sexual assault medical forensic examiner, and queer feminist. I was formerly stationed in Fort Hood, and provided testimony to FORCECOM opposing the overarching command climates that oppressed women and frightened sexual assault survivors in our nation's military.

I have witnessed first-hand what happens when we give lip-service to protecting women while using the power of over-broad language to protect women's abusers behind closed doors, and **I want to warn you that the language of your new amendment does not adequately protect women from a society engineered to "keep us in our place."** Based on my expertise viewing corruption and medical manipulation, I can confidently say your amendment will instead be used to support the financial interests of pharmaceutical corporations seeking deregulation.

There's a reason this bill is under the finance committee.

When we perform vasectomies on men, current practice requires several visits and recommends conversations with the partner to reduce what is termed "risk of regret": we don't want to perform an operation that the patient may later experience mental anguish over without absolutely ensuring true consent.

This is not and will not be the case with women's health under your language—and **in a society where I could earn $300 per "pill abortion," at over $3000 a day, physicians are incentivized to rush the process and earn wealth from the shame and inequality that drives women to abortion.**

Almost all of the post-abortive women to whom I have provided healthcare regretted their abortion, with the exception of two—and none of those patients had been counseled over multiple visits for risk of regret.

This is not just a mental health issue: I took care of a patient who was told her first trimester pill abortion would be "just like a period."

She ended up dropping two points of hemoglobin and ended up in my ICU after the severe abdominal pain and mental anguish forced her to take all of her pain medication at once, become extremely drunk, and fall down and hit her head.

She spent that night looking for her baby among the products of conception.

She could never find her.

My patient will remember that for the rest of her life, and her terror and pain were extremely preventable with basic questions. Upon simple evaluation, I discovered she had initially wanted her pregnancy, but her boyfriend had told her he didn't, and she would not really have support. When she mentioned her pregnancy to her military command team, she was told in polite, clever language, "oh, it's too bad you're pregnant—we were going to promote you."

A sexist society that does not provide for the needs of pregnant women left my patient to deal with responsibility for her sexuality alone and forced her to choose between her future, her body, and her *wanted* baby.

And a lazy medical provider failed to even evaluate if she really wanted this procedure—and prescribed her a life-changing pill with no risk-of-regret counseling ***on the anniversary of her brother's suicide by hanging.***

Simple regulation would have saved this woman's life.

Libertarian, laissez-faire abortion policies under the white-knight guise of “protection” has left me with DAILY horror and helplessness after cases like this.

But the procedural inequality is even more sinister than counseling failures: **I have attached over a dozen peer-reviewed, high-quality studies highlighting the alarming lack of safety for the abortion procedure across all trimesters.**

In developed nations with safe birth access, abortion as it currently exists decreases long-term lifespan, increases risk of hemorrhagic events and catastrophic reproductive failure in the future, and permanently changes mental health.

We would not do hack medicine on men. On men, we do modern medicine.

Why are we performing out-dated procedures on women rather than improving birth control access, increasing financial support for pregnancies, holding men responsible for their reproductive actions, and providing easier support for adoption processes to decrease reproductive trauma?

Thank you for holding healthcare providers accountable for institutionalized violence against women and the female body.

Jen (Finelli) Veldhuyzen, MD, SAMFE, FAWM

Make fully informed choices. This is a resource list of good studies on abortion and related risks.

HEALTH RISKS

- **Pregnancy Outcome Patterns of Medicaid-Eligible Women, 1999-2014: A National Prospective Longitudinal Study.** https://journals.sagepub.com/doi/full/10.1177/2333392820941348 A first-of-its-kind, population-based analysis, this study suggests women experiencing repeated pregnancies and subsequent abortions following an index abortion suffer increased exposure to hemorrhage and infection, the major causes of maternal mortality.

-**Breast cancer risk factors in African-American women: the Howard University Tumor Registry experience.** https://pubmed.ncbi.nlm.nih.gov/8126744/ This highly significant 1993 Howard University study showed that African American women over age 50 were 4.7 times more likely to get breast cancer if they had had any abortions compared to women who had not had any abortions.

> *-(Important **basic med school knowledge:** Abortion increases cervical insufficiency risk as compared to MULTIPLE gestations, and also increases risk of **placenta accreta, which can lead to placenta previa, hemorrhage, and death** in subsequent pregnancies—this is why Planned Parenthood will recommend against abortion on someone who has had multiple abortions, as deadly risk increases for each abortion. The "Do No Harm" ethical principle taught in medical school holds a procedure should only be done if the risk of NOT doing it is greater than the risk of doing it: we don't do heart surgery on healthy patients. In healthy pregnancies, your provider should consider the long-term mortality risks of extra procedures.)*

-**Reproductive history patterns and long-term mortality rates: a Danish, population-based record linkage study.** https://pubmed.ncbi.nlm.nih.gov/22954474/ This study looked at life-span for over a million women across 25 years to identify who died sooner. "Increased risks of death were 45%, 114% and 191% for 1, 2 and 3 abortions, respectively, compared with no abortions after controlling for other reproductive outcomes and last pregnancy age. Increased risks of death were equal to 44%, 86% and 150% for 1, 2 and 3 natural losses, respectively, compared with none after including statistical controls. Finally, decreased mortality risks were observed for women who had experienced two and three or more births compared with no births." In a country with access to modern gynecological services, women who completed a natural pregnancy (birth/adoption) lived longer than women who suffered abortions.

-**Risk of ectopic pregnancy and prior induced abortion.** http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.88.3.401 Ectopic pregnancy is

the leading reproductive cause of death for underprivileged women worldwide. This French case control study of over 1800 women found women with previous abortions had a higher risk of ectopic pregnancy than women who had delivered naturally.

-**Risk factors for ectopic pregnancy: a comprehensive analysis based on a large case-control, population-based study in France.**
https://pubmed.ncbi.nlm.nih.gov/12543617/ Another huge study of 2400 women found induced abortion to be a risk factor for ectopic pregnancy. In this study, women with medication-induced abortions had two times greater odds of an ectopic pregnancy in the future compared to non-abortive women; surgical abortions did not increase ectopic risk in this study.

-**Induced abortions and risk of ectopic pregnancy.**
https://pubmed.ncbi.nlm.nih.gov/8582994/ A study of 200 women in Italy found women with previous induced abortions were suffered ectopic pregnancy over twice as often as women with no abortions. Significantly, post-abortive women suffered ectopics almost three times as often as women who delivered naturally, and this number increased with the number of abortions: women who suffered two or more abortions had a relative ectopic risk over *thirteen times* that of women who delivered naturally.

-**Pregnancy-associated mortality after birth, spontaneous abortion, or induced abortion in Finland**. https://pubmed.ncbi.nlm.nih.gov/14981384/ This 14 year Finnish study of over 800,000 women found women were more than twice as likely to die within a year of an induced abortion than after natural pregnancy. **“**The age-adjusted mortality rate for women during pregnancy and within 1 year of pregnancy termination was 36.7 deaths per 100,000 pregnancies, which was significantly lower than the mortality rate among nonpregnant women, 57.0 per 100,000 person-years (relative risk [RR] 0.64, 95% CI 0.58-0.71). The mortality was lower after a birth (28.2/100,000) than after a spontaneous (51.9/100,000) or induced abortion (83.1/100,000). We observed a significant increase in the risk of death from cerebrovascular diseases after delivery among women aged 15 to 24 years (RR 4.08, 95% CI 1.58-10.55).”

-**Complication rates and utility of intravenous access for surgical abortion procedures from 12 to 18 weeks of gestation.**
http://www.ncbi.nlm.nih.gov/pubmed/20705159 While most adverse effects of first and second trimester abortion appear in the long term, not immediately after the procedure, this study found 1 in 1000 women suffered uterine performation and/or required hospital transfer even after simple second trimester surgical abortions. 1/100 women with early abortions and 4/100 women with abortions at 16-18 weeks required IV access for complications such as cervical laceration. **This is concerning because in many states outpatient abortion providers are not required to maintain surgical clinic standards,** putting these women at risk for not even receiving IV care if these complications occur. Many states also do not require abortion providers to have admitting privileges, which means women who require hospital transfers may suffer life-threatening delays. Check the safety regulations for your state.

-**Psychiatric admissions of low-income women following abortion and childbirth.** http://www.ncbi.nlm.nih.gov/pubmed/12743066 Women who suffered an abortion were more likely to require psychiatric hospitalization within four years than women who gave birth.

-**Induced abortion and traumatic stress: A preliminary comparison of American and Russian women.** http://www.ncbi.nlm.nih.gov/pubmed/15448616 “While 65% of American women and 13.1% of Russian women experienced multiple symptoms of increased arousal, re-experiencing and avoidance associated with posttraumatic stress disorder (PTSD), 14.3% of American and 0.9% of Russian women met the full diagnostic criteria for PTSD. Russian women had significantly higher scores on the TSI Belief Scale than American women, indicating more disruption of cognitive schemas. In this sample, American women were considerably more likely to have experienced childhood and adult traumatic experiences than Russian women.” **In the United States, abortions may be targeted towards women with previous trauma** who would actually benefit from improved social support and financial resources instead of re-traumatization from abortion.

-**Relative treatment rates for sleep disorders and sleep disturbances following abortion and childbirth: a prospective record-based study.** http://www.ncbi.nlm.nih.gov/pubmed/16453987 Women who suffered an abortion were more likely to experience sleep disorders than women after childbirth.

-**Abortion and the risk of subsequent preterm birth: a systematic review with metaanalysis.** https://pubmed.ncbi.nlm.nih.gov/19301572/ Preterm delivery risk was 30% after one abortion, 60-70% after 2 abortions, and post-abortive women had increased risk of life-endangering placenta previa and low birth weight.

-**Induced termination of pregnancy and low birth weight and preterm birth: a systematic review and meta-analysis.** https://pubmed.ncbi.nlm.nih.gov/19769749/ A history of an abortion was associated with increased incidence of preterm births and low birth weight in future pregnancies. (Low birth weight and preterm birth are associated with increased infant mortality.)

-**Deaths associated with pregnancy outcome: a record linkage study of low income women.** http://www.ncbi.nlm.nih.gov/pubmed/12190217 This study of over 170,000 women found that “compared with women who delivered, those who aborted had a significantly higher age-adjusted risk of death from all causes (1.62), from suicide (2.54), and from accidents (1.82), as well as a higher relative risk of death from natural causes (1.44), including the acquired immunodeficiency syndrome (AIDS) (2.18), circulatory diseases (2.87), and cerebrovascular disease (5.46).” Instead of being a solution, abortion may be a symptom of a society not providing for women in need—and it may aggravate self-destructive tendencies in people who desperately need mental health support and financial aid, not embryonic death.

-**Short and long term mortality rates associated with first pregnancy outcome: population register based study for Denmark 1980-2004.** http://www.ncbi.nlm.nih.gov/pubmed/22936199 Another Danish study that found increased mortality within ten years of abortion as compared to women who had delivered.

-**Evaluation of induced abortion as a risk factor for ectopic pregnancy. A case-control study.** https://pubmed.ncbi.nlm.nih.gov/9049289/ This somewhat manipulative Norwegian study reported that they found no association between induced abortion and a woman's *next* pregnancy being an ectopic. Looking at a woman's entire pregnancy history, however, the researchers admit that women with any past history of induced abortion had a 1.3 times greater odds of suffering an ectopic at some point compared to women who did not.

Finally,

-**Women's preferences for information and complication seriousness ratings related to elective medical procedures.** http://www.ncbi.nlm.nih.gov/pubmed/16877620 The majority of women want more information on complications after elective procedures. We are often not provided this information in-depth—just given a form to sign—even for permanently life-altering procedures like abortion.

ABORTION RISK MYTHS

Unfortunately, the hyper-political environment of women's healthcare combined with poor quality studies prior to the 1990s have created misconceptions about abortion risks. **Sometimes researchers will make declarations beyond the scope of their findings:** one frequently-cited "study"—actually just an analysis of four cases—by Friedman et al in the American Journal of Psychiatry in 1974 stated in its abstract that there is low risk of emotional complication after abortion, even though all four cases in that study experienced severe psychiatric illness. (Researchers concluded coercion, medical indication, previous psychiatric illness, and the feeling that the woman's decision was not her own contributed to the negative outcome in those cases.) **Other studies have been plagued by poor follow-up:** the most severely traumatized post-abortive women do not return to researchers' clinics to be counted because healthcare interactions *in general* remind them of their abortion. Another study by Frank, et al, in the 1985 Journal of the Royal College of General Practitioners found increased incidence of low birth weight in subsequent post-abortive pregnancies, but **openly dismissed their own findings as likely due to other factors.** Researchers are often financially incentivized to dismiss findings that demonstrate abortive risks, as pregnancy termination can be quite lucrative (over $300 an abortion for a pill-induced abortion), and much of the strongest abortion research is European, as US physicians may experience professional retaliation for "opposing abortion," or they may fear "anti-

abortion" findings will be twisted to oppose access to vital healthcare such as ectopic pregnancy treatment.

One major myth is the claim that *illegal* abortion in the modern era is more dangerous than legal abortion.

According to the National Center for Health Statistics, 39 women died from illegal abortions in 1972, the year before *Roe v. Wade*. Maternal deaths from abortion haven't been in the thousands since the 1930s, before the advent of antibiotics. For perspective, the CDC reports that 12 women died in *legal* abortions in 2009; that number is almost certainly low, because many states (notably California) do not report abortion-related deaths to the CDC.

- *For example, Tonya Reaves bled to death during a legal elective abortion in Chicago in 2012, but her death was likely reported by medical examiners in the general category of "accident" and hemorrhage, and would not be searchable by researchers trying to evaluate abortion-related deaths. https://www.cbsnews.com/chicago/news/mother-of-woman-who-died-after-abortion-sues-planned-parenthood-hospital/*

Some studies will even compare post-abortion infection rates in countries that do not have adequate ObGyn healthcare to countries that do—obviously a dishonest comparison that has nothing to do with legalization.

(In fact, 1985 and 1972 infection rates in the United States after Roe were as high as 25 percent—legalization did not decrease abortion infections.)

In the late 1960s, Dr. Bernard Nathanson co-founded the National Association for Repeal of Abortion Law, which now goes by the name NARAL Pro-Choice America. In *Aborting America*, Nathanson wrote:

It was always "5,000 to 10,000 deaths a year." I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the "morality" of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics?

- http://thebelltowers.com/2013/05/01/pro-life-without-god/

  (Note that illegal abortions do not actually seem to replace legal abortions when abortion is restricted: a large study on abortion access in Texas found that ALL abortions decrease across the board after illegalization. http://jamanetwork.com/journals/jama/article-abstract/2598282)

Another myth is that there is no link between abortion and future breast cancer.

This myth was propagated in the "Summary Report: Early Reproductive Events and Breast Cancer," U.S. National Cancer Institute, March 4, 2003. (Available at: https://www.cancer.gov/types/breast/abortion-miscarriage-risk#summary-report) However, the lead researchers, Dr. Brinton et al, have since been cited in a 2009 study reporting that abortion actually increased breast cancer risk as much as 40 percent in certain populations.

Studies worldwide have found various breast cancer risk factors increase after abortion:

- Dolle J, Daling J, White E, Brinton L, Doody D, et al. Risk factors for triple-negative breast cancer in women under the age of 45 years. Cancer Epidemiol Biomarkers Prev 2009;18(4)1157-1166.
- Daling JR, Malone DE, Voigt LF, White E, Weiss NS. Risk of breast cancer among young women: relationship to induced abortion. J Natl Cancer Inst1994;86:1584-1592. White E, Malone KE, Weiss NS, Daling JR.
- Daling JR, Brinton LA, Voigt LF, et al. Risk of breast cancer among white women following induced abortion. Am J Epidemiol 1996;144:373-380.
- Ozmen V, Ozcinar B, Karanlik H, Cabioglu N, Tukenmez M, et al. Breast cancer risk factors in Turkish women – a University Hospital based nested case control study. World J of Surg Oncol 2009;7:37.
- Xing P, Li J, Jin F. A case-control study of reproductive factors associated with subtypes of breast cancer in Northeast China. Humana Press, e-publication online September 2009.
- Brind J, Chinchilli VM, Severs WB, Summy-Long J. Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis. J Epidemiol Community Health. 1996 Oct;50(5):481-96. doi: 10.1136/jech.50.5.481. PMID: 8944853; PMCID: PMC1060338.

Another frequently-cited 1997 study (Melbye M, et al. N Engl J Med (1997) 336(2):81-5.) has been criticized for failing to report in its conclusions data it collected showing a statistically significant increased risk for women suffering abortions after 18 weeks of pregnancy; the abortion-breast-cancer link was not taught as official continuing medical education to ObGyns until the Thorpe survey in 2003. It is still incorrect to say that abortion *causes* breast cancer, but “a young woman with an unintended pregnancy clearly sacrifices the protective effect of a term delivery should she decide to abort and delay childbearing.” (Thorpe J. et al. Obstetrical & Gynecological Survey (2003) 58(1):67-79)

Further reading:

- http://www.nationalreview.com/corner/327854/new-study-shows-childbirth-safer-abortion-michael-j-new
- http://www.lifesitenews.com/blog/the-lies-in-rolling-stones-seven-most-common-lies-about-abortion

COERCION AND SEXUAL ASSAULT: BELIEVING WOMEN

- News report of UK men forcing women into abortion: https://www.spuc.org.uk/News/ID/384503/Explosive-Mumsnet-post-reveals-how-UK-men-are-trying-to-force-women-to-have-abortions?inf_contact_key=03a46a7593d822aad83b71333a9b69847e470d92b8b75168d98a0b8cac0e9c09

- Forced abortions and sex trafficking in the US:

"In the United States alone, 400,000 are enslaved, but the people and organizations with the ability to save these individuals choose not to. Instead, they choose to turn a blind eye so they can collect money for forced abortions.

According to UNICEF, about 1.2 million children are being trafficked each year for sexual exploitation. They are sex slaves, forced to commit sexual acts while living in constant fear for their lives. They are raped, beaten, sliced with razors, and threatened with death. And now **a study** has shown that when these girls become pregnant, they are forced into abortions, repeatedly.

The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities study found that of the 66 sex trafficking victims they learned about, 55% had undergone at least one abortion. More than 30% had multiple abortions.

"The prevalence of forced abortions is an especially disturbing trend in sex trafficking," wrote study authors Laura J. Lederer and Christopher A. Wetzel. "One victim noted that 'in most of [my six abortions,] I was under serious pressure from my pimps to abort the babies.' Another survivor, whose abuse at the hands of her traffickers was particularly brutal, reported 17 abortions and indicated that at least some of them were forced on her."

- News report on nearly 100 women retraumatized/assaulted at abortion clinic (the importance of believing victims/survivors cannot be understated): https://www.eastvalleytribune.com/news/finkel-faces-34-years/article_e76baed0-8e3f-5ecd-9b1f-0353dfcd0fd8.html

- News reports from Kermit Gosnell's coercion of more than one patient, forcing them to have an abortion even when they changed their mind (number 46 here, and look at the court records for the other, a teenage rape patient who changed her mind but was told "stop being a baby" and forced to continue the abortion): https://www.washingtonexaminer.com/58-horrific-details-from-the-kermit-gosnell-trial-that-you-do-not-want-to-read In memory of Semika Shaw and Karnamaya Mongar, killed by Kermit Gosnell on the medical table.
- News reports of sexual assault y Dr. Ron Virmani, who also admitted on video using his position as an abortion provider to promote decreasing the Black population ("no

one wants those ugly Black babies")
https://www.theblaze.com/news/2014/05/10/abortion-doctor-arrested-after-allegedly-raping-woman-inside-home

- Alveda King, Martin Luther King's descendant, speaks out on disproportionate targeting of Black women for abortion http://www.maafa21.com/category/alveda-king/ with coercive intent to carry out Margaret Sanger's 1930s sterilization vision on the Black community: http://blackquillandink.com/wp-content/uploads/2012/01/margaret-sanger-quotes.pdf; in line with that vision, since 1973, 13 million Black children have disappeared, literally 1 out of every 4, to abortion.

- The US is one of the only developed nations in the world where we promote sex-selective abortions (usually destroy the fetus for being female): http://www.washingtontimes.com/news/2012/may/31/dems-succeed-sinking-bill-against-sex-selection-ab/?page=all

- News report on reversing the abortion pill: http://liveactionnews.org/doctor-saves-over-100-babies-from-abortion-through-pill-reversal-procedure/

PRO-WOMAN FEMINIST RESOURCES:

- afterabortion.com
- sba-list.org
- feministsforlife.org/herstory/

IF YOU OR A LOVED ONE IS IN NEED OF SOCIAL, MENTAL HEALTH, HEALTHCARE, OR FINANCIAL SUPPORT IN THE FACE OF AN UNPLANNED PREGNANCY, YOU ARE WELCOME TO REACH OUT TO DR. JEN FINELLI (VELDHUYZEN) FOR FREE REPRODUCTIVE HEALTHCARE AND RESOURCE REFERRALS. PLEASE TEXT THE NUMBER LISTED ON HER WEBSITE AT HEALTHCARE.BYJENFINELLI.COM.

YOU AND YOUR BODY ARE WORTH PROTECTING.