To Members of the Committee -

The Committee has announced that it will hold a discussion from June 29 to July 24, 2015 to consider whether to develop a General Comment that would “provide appropriate and authoritative guidance to States Parties and other actors on the measures to be adopted to ensure full compliance with the rights protected under [article 6]” of the International Covenant on Civil and Political Rights (“ICCPR”).

The Committee invited “organizations wishing to contribute to the discussion…to do so.” In this letter, Americans United for Life provides our contribution to the discussion.

If the Committee is considering adopting an interpretation of article 6 that includes a right to abortion, we respectfully submit that it would be inconsistent to interpret article 6, which protects life, as providing a right to abortion, and we urge the Committee not to do so. There are many reasons for this, which we cannot comprehensively review herein. Instead, we limit ourselves in this letter to illustrating why abortion is a procedure that has serious negative effects on women’s health, and, hence, should not logically be implied under article 6.

Well-documented, contemporary studies demonstrate significant immediate and long-term medical risks to women from abortion. These risks include, among others: surgical complications; pre-term births; placenta previa; mental health problems; and cancers.

---

1Human Rights Committee, Procedure for the Adoption of the General Comment General Comment No. 36 - article 6: Right to Life (June 4, 2015), http://www.ohchr.org/EN/HRBodies/CCPR/Pages/GC36-article6Righttolist.aspx.
2Id.
However, before we review this data, we note that it would be incorrect to assume that failure to permit abortion causes a rise in maternal deaths. A peer-reviewed scientific study on maternal mortality, based upon 50 years of data in Chile, a country that has prohibited abortion since 1989, found that making abortion illegal did not result in an increase in maternal mortality. In fact, during the study period from 1957 to 2007, the overall Maternal Mortality Ratio or MMR (the number of maternal deaths related to childbearing divided by the number of live births) dramatically declined by 93.8 percent.

A. Complications

Abortion is a dangerous procedure for women. The procedure can have serious complications for the woman, including the following: post abortion triad (pain, bleeding, low grade fever) hematometra, uterine perforation, bowel and bladder injury, cervical shock, cervical laceration, and disseminated intravascular coagulation.

B. Pre-Term Births

At least 140 studies show a statistically significant association between induced abortion and subsequent pre-term birth. Abortions increase the risk of future pre-term birth. In 2009, a meta-analysis reported that even one abortion is associated with a significant increase (36 percent) in the risk of preterm birth. Women with more than one prior abortion increase their risk of delivering pre-term babies by 93 percent. Pre-term birth poses significant risks for the woman who may suffer hemorrhage and the risks of surgery should a cesarean section (“C-section”) be required. Moreover, pre-term babies are at higher risk for cerebral palsy and other developmental problems. Pre-term birth is the leading cause of infant mortality in the U.S and globally. In 2006, the Institute of Medicine reported that 12.5 percent of American babies are born prematurely, a rate higher than most other affluent nations and an increase of 30 percent since 1981. The cost of premature births in the U.S. is over $26 billion annually, which amounts to $51,600 for every infant born too early.

---


3See studies listed in appendix 1 to this letter


C. Placenta Previa

Abortion increases the risk of placenta previa in future pregnancies, which occurs when the placenta covers the cervix during pregnancy. In labor, it creates a medical emergency, requiring a cesarean section to deliver the child, with obvious risks to mother and child. It is also the leading cause of uterine bleeding in the third trimester. Pregnancies complicated by placenta previa have increased rates of preterm birth, low-birth weight, and perinatal death. Three studies cited in a 2003 article published in Obstetrical & Gynecological Survey showed a 50 percent increased risk of placenta previa after abortion.  

D. Mental Health Problems

Abortion increases the risks of mental health problems: suicide, psychiatric admissions, alcohol and drug misuse, and violent death after abortion. Approximately 100 studies in the medical literature demonstrate that women undergoing abortions have a significantly increased risk of subsequent suicide, major depression, and substance abuse, as compared with women who give birth.  

Studies from Finland, Australia, and the United States reveal a two-to-seven fold increased incidence of death from suicide, homicide, and violent death in women who have undergone abortions instead of carrying their pregnancies to term or having never been pregnant. One study found that 27 percent of women who aborted reported experiencing suicide ideation, with as many as 50 percent of minors experiencing suicide or suicide ideation. The risk of suicide was three times greater for women who aborted than for women who delivered.

The researchers concluded that their findings raised the possibility that, for some young women, exposure to abortion is a traumatic life event which increases longer-term susceptibility to common mental disorders. A 1996 study found that the suicide rate was nearly six times greater among women who aborted compared to women who gave birth. In 2005, another study found the same: abortion was associated with a six times higher risk for suicide compared to giving birth. Other studies have found an even higher risk following abortion. In 1995, a study reported that, among women with no history of psychiatric illness, the rate of deliberate self-harm was 70 percent higher after abortion than childbirth. A study comparing American women and Russian women found that 36.4 percent of the American women and 2.8 percent of the Russian women reported suicidal ideation.

10 See studies listed in appendix 2 to this letter
13 Id. at 22.
While abortion has a “deleterious effect,” childbirth appears to have a protective effect against suicide.\textsuperscript{18} Abortion is linked with subsequent drug and alcohol abuse. Women who abort are twice as likely to drink alcohol at dangerous levels and three times as likely to become addicted to illegal drugs.\textsuperscript{19} Women who never abused drugs before abortions are 4.5 times more likely to abuse drugs after abortions.\textsuperscript{20} A study found that the use of drugs other than marijuana was 6.1 times higher among women who had abortions than women who did not have abortions.\textsuperscript{21} The risks of negative mental health consequences for younger women are even more pronounced. A study found that 42 percent of young women experience major depression following abortion.\textsuperscript{22} Minors who undergo abortion have a 78.6 percent chance of experiencing major depression. Teenagers have a 64.3 percent chance of experiencing anxiety after abortions and a 50 percent chance of suicidal ideation after abortions.

\section*{F. Cancer}

Abortion causes the loss of the protective effect from breast cancer of a first full-term pregnancy.\textsuperscript{23} A woman who aborts her first pregnancy loses the protective effect against subsequent breast cancer that a first full-term pregnancy provides.\textsuperscript{24} Abortion is associated with an increased risk of ovarian cancer. A 2012 study of Vietnamese women found that abortion is “significantly associated with an increased risk of ovarian cancer.”\textsuperscript{25} The researchers noted that their finding is consistent with results of a similar study in Egypt.\textsuperscript{26}

\begin{itemize}
\item \textsuperscript{19}David M. Fergusson, \textit{Abortion in Young Women and Subsequent Mental Health}, 41[1] JOURNAL OF CHILD PSYCHOLOGY and PSYCHIATRY 16 (2006).
\item \textsuperscript{20}Phillip G. Ney, \textit{Abortion and Subsequent Substance Abuse}, 26 AMERICAN JOURNAL OF DRUG & ALCOHOL ABUSE 61-75 (2000).
\item \textsuperscript{21}Kazuo Yamaguchi & Denise Kandel, \textit{Drug Use and Other Determinants of Premarital Pregnancy and its Outcome: A Dynamic Analysis of Competing Life Events}, 49 J. MARRIAGE & FAM. 257 (1987)
\item \textsuperscript{22}David M. Fergusson, et al., \textit{Abortion in Young Women and Subsequent Mental History}, 47 J. CHILD PSYCHOL. & PSYCHIATRY 16, 17 (2006)
\item \textsuperscript{23}See 33 studies listed in appendix 3 to this letter finding a positive association between having an abortion and developing breast cancer.
\item \textsuperscript{25}Duc-Cuong Le, et al., \textit{Reproductive Factors in Relation to Ovarian Cancer: A Case–control Study in Northern Vietnam}, Vol. 86, Issue 5 CONTRACEPTION 494–499 (2012)
\item \textsuperscript{26}El-Khwsy FS, et al., \textit{Multivariate Analysis of Reproductive Risk Factors for Ovarian Cancer in Alexandria, Egypt}, J EGYPT NATL. CANC INST 2006;18:30-4.
\end{itemize}
Conclusion

In conclusion, as we have outlined, many scientific studies demonstrate that abortion has significant negative effects on women’s health. Thus, if the Committee develops a General Comment to article 6 of the ICCPR, we believe it would be illogical to include abortion within an understanding of the meaning of article 6.

Respectfully submitted,

William Saunders
Senior Counsel
APPENDIX 1 – LIST OF 140+ MEDICAL STUDIES FINDING AN INCREASED RISK OF PRETERM BIRTH AFTER ABORTION


29. WORLD HEALTH ORGANIZATION, SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: SEVENTH ANNUAL REPORT, GENEVA (Nov. 1978).

31. E. Obel et al., *Pregnancy Complications Following Legally Induced Abortion with Special Reference to Abortion Technique*, 58 ACTA. OBSTET. GYNECOL. SCAND. 147 (1979).


55. G. Krasomski et al., *Fate of Subsequent Pregnancies After Induced Abortion in Primiparae*, 40 WIAD LEK 1593 (1987).


87. Joachim A. Martius et al., Risk Factors Associated with Preterm (<37+0 weeks) and Early Preterm Birth (<32+0 weeks): Univariate and Multivariate Analysis of 106 345 Singleton Births from the 1994 Statewide Perinatal Survey of Bavaria, 80 EUR. J. OBSTETRICS, GYNECOLOGY & REPROD. BIOLOGY 183 (1998).


98. B. Balaka et al., Risk Factors Associated with Prematurity at the University of Lome, Togo, 95 BULL. SOC. PATHOL. EXOT. 280 (2002).


100. Amira Y. El-Bastawissi et al., History of Fetal Loss and Other Adverse Pregnancy Outcomes in Relation to Subsequent Risk of Preterm Delivery, 7 MATERNAL CHILD HEALTH J. 53 (2003).

101. Wen-Hui Han, Li-Mei Chen & Chung-Yi Li, Incidences of and Predictors for Preterm Births and Low Birth Weight Infants in Taiwan, CHINESE ELECTRONIC PERIODICAL SERVICES 131 (2003).

102. Pierre-Yves Ancel et al., History of Induced Abortion as a Risk Factor for Preterm Birth in European Countries: Results of EUROPOP Survey, 19 HUM. REPROD. 734 (2004).


108. P. Stang et al., Induced Abortion Increases the Risk of Very Preterm Delivery: Results from a Large Perinatal Database, in FERTILITY STERILITY S159 (2005).


134. Siladitya Bhattacharya et al., Reproductive Outcomes Following Induced Abortion: A National Register-based Cohort Study in Scotland. 2 BMJ OPEN e000911 (2012), http://bmjopen.bmj.com/content/2/4/e000911.full.pdf.


140. Sari Raisanen, Mika Gissler, Juho Saari, Michael Kramer & Seppo Heinon, Contribution of Risk Factors to Extremely, Very and Moderately Preterm Term Births-Register-Based Analysis of 1,390,742 Singleton Births, 8 PLOS ONE 1 (2013).


APPENDIX 2 – LIST OF 99 MEDICAL STUDIES FINDING AN INCREASED RISK OF MENTAL TRAUMA AFTER ABORTION


30. Richard Henshaw et al., *Psychological Responses Following Medical Abortion (Using Mifepristone and Gemeprost) and Surgical Vacuum Aspiration: A Patient-Centered, Partially Randomized Prospective Study*, 73 ACTA OBSTETRICA ET GYNECOLOGICA SCANDINAVICA 812 (1994).


40. Lise Schleiss et al., *Psychological Consequences of Induced Abortion*, 159 UGESKRIFT LAEGER 3603 (1997).


61. Priscilla K. Coleman et al., *A History of Induced Abortion in Relation to Substance Use During Subsequent Pregnancies Carried to Term*, 187 *AM. J. OBSTETRICS & GYNECOLOGY* 1673 (2002).


83. Anne Nordal Broen et al., *The Course of Mental Health After Miscarriage and Induced Abortion: A Longitudinal, Five-Year Follow-Up Study*, 3 BMC MED. 18 (2005).


APPENDIX 3 – LIST OF 33 MEDICAL STUDIES FINDING AN INCREASED RISK OF BREAST CANCER AFTER ABORTION


