LIBERTY COUNSEL ACTION

Written Testimony for the U.S. Senate Committee on Health, Education, Labor & Pensions Hearing - *Protecting Women: Exposing the Dangers of Chemical Abortion Drugs*

January 13, 2025

Executive Summary

Liberty Counsel Action first wishes to express our sincere gratitude to Chairman Cassidy and the HELP Committee Staff for organizing this vital hearing exposing the extreme dangers posed by the abortion pill protocol. Many of these dangers — severe hemorrhaging, trauma caused by the failure of abortion providers to inform women that they may see a fully formed fetus floating in their toilet, pain so intense women feel they are going to die,[1] and the reality that human traffickers

and abusers can easily obtain these pills (to name a few) — have existed since the abortion pill protocol was originally approved in 2000.

Tragically and ironically, rather than seek to mitigate these harms, the abortion industry has successfully lobbied for policies that ultimately exacerbated them, year after year, urging lawmakers to remove vital safety protocols and culminating most recently in the Biden administration's decision to allow mail-order abortions with no in-person appointments required — effectively rendering all relevant safety protocols null and void.[2] As a result, the harms suffered by women — physically, mentally, and emotionally — have substantially increased, ranging from hospitalization for physical complications to extreme emotional anguish from a forced abortion.

Adding to this sordid picture and unknown to many is the reality that chemical abortions also present a danger to our ecosystems, and ultimately, all Americans, via environmental pollution. While the aforementioned dangers have led lawmakers[3] and other officials[4] to urge a safety review of the abortion pill protocol, which Liberty Counsel Action wholeheartedly endorses, we also urge consideration of an additional recommendation: that an objective, scientifically sound, and legally compliant environmental assessment be conducted as part of, or in conjunction with, said safety review.

What follows will cover both of the above aspects, with a focus on the often-overlooked environmental harms caused by abortion — not to diminish the reality of women suffering and babies dying (as both are more than enough reason to end all abortion, not just chemical ones), but because in overlooking the environmental harms caused by abortion, the Clinton-led FDA actually violated federal law (the Clean Water Act and National Environmental Policy Act).

This administration and this Congress have an opportunity to right this historic wrong, and in so doing, protect pregnant women, unborn children, *and the rest of the nation* from the scourge of chemical abortion.

Known Physical, Mental & Emotional Harm to Women

Physical Dangers of Chemical Abortions

As Chairman Cassidy succinctly summarized, "chemical abortion drugs not only kill innocent babies, but also put women in serious danger."[5] Indeed, many committee members are likely well-versed on the specific physical dangers of the chemical abortion drug, perhaps best outlined in a recent study of the abortion pill by Ethics and Public Policy Center. Utilizing a substantial amount of real-world data, the study reveals a complication rate based on serious adverse events *22 times higher* than the rate reported on the FDA-approved drug label.[6] These serious adverse events affect 1 in 10 women and include:

- Sepsis

- Hemorrhage
- Infection
- Transfusion
- Hospitalization
- ER visits
- Ruptured ectopic pregnancies (*which are diagnosed in person, often via an ultrasound,*[7] *and can be fatal if left untreated. They are also the leading cause of maternal death in the first trimester and occur in 1 in 50 pregnancies. The abortion pill exacerbates the potential for fatalities – and tragically, women have died from ruptured ectopic pregnancies that were "masked" by abortion drugs, which lead to similar symptoms.*[8]*)*
- Need for surgical abortion
- And more, including other life-threatening events[9] (the abortion pill has been associated with the death of 36 women[10]).

Some of these complications are preventable; unfortunately, more women are suffering largely due to the general lack of safety protocols surrounding the abortion pill regimen — protocols that have been consistently scaled back over the last two decades until (as mentioned previously) being all but entirely removed by the Biden administration. The only notable safety protocol remaining is a requirement that abortion pills not be dispensed after 10 weeks of pregnancy, though this in itself hardly qualifies as a safety protocol given that in multiple states, abortion providers are not required to verify gestation (as woman are not required to have an in-person appointment prior to being issued abortion pills).[11] Additionally, illegal mail-order abortion is accessible in every state via online abortion providers,[12] in violation of the Comstock Act.[13]

Mental and Emotional Trauma Caused by Forced Abortions

Such easy access has also increased instances of coerced abortions,[14] wherein bad actors — including human traffickers and abusive partners — obtain abortion pills with the intent of ending a child's life, often by slipping said pills into women's food and drink. To highlight just a few of the more egregious cases:

- **2018:** A doctor in Virginia, Sikander Imran, spiked his girlfriend's tea with abortion pills when she was 17 weeks pregnant.[15] He was given a twenty-year prison sentence for fetal homicide (reduced to three years).
- **2024**: A Massachusetts man was arrested after it was reported that he gave a woman he had been dating abortion pills "under the guise that he was giving her iron pills and vitamins." She lost her baby. He "was charged with poisoning, assault and battery with a dangerous weapon on a pregnant person and assault and battery on a household or family member."[16]
- **2024:** An Ohio doctor was suspended after coercing (if not forcing) his pregnant partner to ingest the crushed-up powder of chemical abortion pills he obtained online using his

estranged wife's name, date of birth, and driver's license. Details from a "Notice of Summary Suspension and Opportunity" from the State Medical Board of Ohio state: *"holding her down, you took your fingers and forced a crushed powder inside her bottom lip, beside her gums. You continued to hold Patient 1 down. She fought to get away and ran to the kitchen where she called 911. You took her phone and hung up the 911 call.*"[17] The doctor admits to all the above, except forcing her to ingest the powder.[18]

- **2025:** In Louisiana, Rosalie Markezich was pressured to have an abortion via drugs her partner ordered and had sent to her home from an online abortion pill provider. When she pleaded with him not to go through with it, "he became angry and started shouting at her."[19] Rosalie was terrified for her safety and "felt that she had no choice but to take the abortion drugs."[20] In a sworn declaration, she states, "Had the FDA required an in-person visit with a doctor before dispensing the drugs, my boyfriend would never been able to obtain the drugs that he made me take. I also would have told the doctor that I did not want to take them. And I would have told the doctor that I wanted to keep my baby. I do not believe a doctor would have prescribed me the drugs if I told her I did not want them."[21]
- **2025**: A wrongful death complaint from a woman in Texas outlines how a woman's then-boyfriend, Christopher Cooprider, pressured her to have an abortion.[22] Despite her repeated objections to one, Cooprider "obtained pills from AidAccess — a website operated by a Dutch doctor . . . who illegally ships pills into the United States from international sources."[23] After increasing hostility toward his then-girlfriend, he invited his partner to a "trust building night" — and then proceeded to lace her hot chocolate with the abortion pills obtained from AidAccess. When she "finally made her way to the ER, it was too late for her baby."[24]

  For more stories like the above, see Heritage Action's article, "Abortion Pills, Coercion, and Abuse."[25]

One forced abortion is one too many. Indeed, each of these stories is inexcusable, yet they continue to surface. The lack of action taken to date to address these horrendous stories is not only irresponsible but arguably a form of gross negligence.

Mental and Emotional Trauma Caused by Lack of Support for Pregnancy & Ease of Pill Access

In addition to bad actors obtaining abortion pills, there are numerous cases of women struggling to come to terms with their pregnancy, lacking support for the same, and turning to chemical abortion.

In one such tragic incident, Carla Foster, a British mom who was pregnant during the first Covid "lockdown," obtained mail-order abortion pills in her third trimester.[26] She ended up taking them at approximately 32-34 weeks — delivering a dead baby girl, whom she named Lily.[27] According

to the judge hearing the case, she was "in emotional turmoil . . . has emotionally unstable personality traits, and is now 'wracked by guilt.'"[28] In her own words, she is "haunted" by the face of her deceased daughter.[29]

While this may seem extreme — it is entirely possible in any state in our nation. Women, mentally and emotionally struggling to come to terms with their pregnancies — can obtain chemical abortion pills from online providers who are incapable of verifying their gestation. In addition, the abortion industry fails to properly inform women of what will happen during a chemical abortion; they are told it will be like a heavy period.[30] Unknowingly, numerous women take these abortion pills only to be traumatized by extreme pain and witnessing their fully formed baby floating in a toilet. As one woman shared of her own experience:

> *"Of course, it's painful. It feels like you're being stabbed in the stomach. It's unbearable, the pain. I looked down and I saw him [the baby].* ***It wasn't like a heavy period. It was like a baby****."*[31]

Often these women, "scared, because they've passed a tiny but recognizable fetus" end up calling an abortion hotline "'completely freaked out, crying, sobbing' . . . because they were not expecting to see recognizable human fetuses."[32]

The regret and trauma these pills induce cannot be overstated, and the ease with which woman obtain them is bordering criminal. At the very least, it is grossly negligent to allow these pills to be shipped via mail from online providers who fail to adequately ensure their buyers are who they say they are.

Yet: this is the goal of the abortion industry, to make abortion as easy and profitable as possible. The industry is in fact already preparing for any potential "crack down" on the current abortion pill protocol by promoting "misoprostol only" abortions[33] and researching other alternatives for chemical abortion.[34] To the latter point, the Reproductive Health Access Project notes that "even prior to the onset of legal challenges to mifepristone . . . the search for alternative therapies existed."[35] The World Health Organization (WHO) appears to be on the cutting edge of such alternative "therapies," promoting both misoprostol-only abortions and a new regimen that would replace mifepristone with letrozole (which is typically used to treat infertility and cancer), claiming it would be effective up to 14 weeks.[36] They further highlight that letrozole is "more readily accessible than mifepristone in certain parts of the world" and its low cost makes it an attractive "alternative method for medical abortion"[37] — and thus perhaps more profitable. Even more disturbing, the WHO has recommendations on how to manage chemical abortion at any gestation.[38] Likewise, just this past July, *Ms*. magazine reported that, "In light of the FDA's recent decision to reopen its safety review of mifepristone — a move advocates warn may lead to new restrictions — abortion providers say they are ready to offer the misoprostol only regimen to keep telehealth abortion available in all 50 states."[39]

We urge the committee to consider this reality, given that while the FDA has only approved the two-pill abortion protocol, prescribers are currently permitted to prescribe misoprostol only for abortion.[40]

Known Environmental Oversights (Illegal Action) Pose a Risk of Serious Adverse Environmental Effects That May be Harming Men, Women (not just pregnant women), Children (not just those in the womb), and Wildlife

In both the New Drug Application (NDA) and subsequent Abbreviated New Drug Applications (ANDAs, approved in 2019 and 2025) for the abortion drug regimen, the Clinton-led FDA failed to adequately adhere to the Clean Water Act (CWA) and (NEPA), both of which make clear that where a federal agency's activity or actions (e.g., approving a drug) may pollute the environment, a detailed environmental analysis is required:

- The CWA states that "each officer, agent, or employee [of a department, agency, or instrumentality of the executive, legislative, and judicial branches of the Federal Government] **in the performance of his official duties [e.g., approving drug applications], shall be subject to, and comply with, all Federal, State, interstate, and local requirements, administrative authority, and process and sanctions respecting the control and abatement of water pollution.**"[41] According to the CWA, mifepristone and its active metabolites would qualify as pollutants ("chemical wastes") that are discharged into wastewater systems and likely to enter our drinking water supply, given conventional wastewater treatment plants do not fully remove these types of contaminants (more on this below).[42] Under the CWA, fetal remains generated from chemical abortions also qualify as pollutants ("biological materials") that may be discharged into our water systems, threatening environmental safety given aborted fetal remains do not break down like feces or toilet paper and can therefore lead to clogs, as well as contribute to sewer system overflows. [43] The latter can lead to severe environmental harm.[44] Given their potential to be infectious, said remains also pose a hazard to the wastewater treatment workers and other individuals who happen to encounter them (e.g. plumbers).[45]
- The NEPA similarly outlines that **even major federal actions [e.g., an ANDA approval] with no "reasonably foreseeable significant effect on the quality of the human environment," or whose significance is unknown, shall at the least include an environmental assessment,** unless an exclusion applies — and none do.[46] According to the Code of Federal Regulations, "in considering the degree of the effects, agencies should consider . . . Effects that would violate Federal, State, Tribal, or local law protecting the environment."[47] Fetal remains being flushed into the sewer system threatens the violation of various states' medical waste regulations and other state water-quality laws.

None of the above was adequately considered in the original environmental assessment for mifepristone.[48] This historic oversight has allowed abortion providers to instruct women to sit on the toilet during chemical abortions[49] with the full knowledge that aborted human fetal remains of 10+ weeks gestation (often upwards of 1 inch in size[50]) and related medical waste will be expelled and flushed into our sewer systems. (As noted above, this also often traumatizes women who see a fully formed fetus floating in their toilet.[51]) Wastewater treatment systems are not meant to process such medical waste and human remains — morgues and medical waste facilities exist for this purpose.

Consider that if another industry established a standard practice of instructing its clientele to flush something that was large enough to cause a sewer system overflow, there would undoubtedly be calls to prohibit such a practice. Yet for decades, the abortion industry remained impervious to such scrutiny.

We have an opportunity now, with momentum that has been forged by numerous pro-life groups, to ensure such scrutiny via a legally compliant environmental assessment that includes as a central feature consideration of proper disposition of the fetal remains and medical waste generated by chemical abortion.

Specific Risk of Harms Caused by the Chemical Contamination of U.S. Water Supplies

In addition to the harms caused by human remains and medical waste entering wastewater systems, Americans may be drinking trace amounts of active abortion pill contaminants. Consider the following:

- After being taken by women, mifepristone is metabolized in the body and forms active metabolites,[52] which may retain the therapeutic effect of mifepristone.[53]
- The therapeutic effect of mifepristone blocks the hormone progesterone, a vital fertility hormone for men, women, and wildlife.[54]
- Mifepristone and its active metabolites are eliminated from the body mainly via excretion (urine and feces, which pass into the toilet), and thus enter our wastewater systems.
- Most conventional wastewater treatment plants are not designed to fully remove such active metabolites — meaning active abortion pill components are likely entering our nation's drinking water sources.[55] As aptly summarized by one research article: "*No global legal maximum environmental concentrations exist for pharmaceutically active compounds. . .* ***Primary and secondary WWTP treatments generally are unable to remove these pollutants, leading to their migration into drinking water supplies***.[56] This is may be in part due to the fact that, according to the EPA, "*synthetic compounds, such as pharmaceuticals, are often manufactured to be resistant to metabolic transformation."*[57] Notably, mifepristone is a synthetic drug.[58]

- Most drinking water treatment plants are not designed to fully remove these sorts of active contaminants.[59] Indeed, a joint, two-phase U.S. Geological Survey-U.S. Environmental Protection Agency study found several pharmaceutical contaminants present in treated water, specifically detecting 26 different pharmaceuticals across 25 drinking water treatment plants.[60]
- Multiple studies specifically confirm the presence of mifepristone in various water bodies around the world:
    - According to a 2010 study, mifepristone has been detected in both hospital wastewaters[61] and wastewater treatment plant effluent.[62]
    - According to a 2019 study, mifepristone has been reported in fresh and saltwater, "representing a danger for aquatic species."[63]
    - A 2024 study summarizes, "***Mifepristone residues in the aquatic environment have recently grown to be one of the most alarming public health concerns. Mifepristone has the potential to be hazardous to aquatic's life and humans, and it has been linked to the fast growth of endocrine disruptors in the environment . . . Mifepristone is widely distributed in the environment****, and several studies that have been published using various analytical techniques demonstrate the ongoing interest in and intense level of research effort on this compound's presence in the environment*."[64]

    As of now, published scientific research on the presence of mifepristone in U.S. waterbodies is lacking. The above, however, demonstrates the likelihood it is there and the urgent need to study it.

Furthermore, consider that by blocking the fertility hormone progesterone (accounting for its lethal in nature, distinguishing it from other FDA-approved pharmaceuticals**), mifepristone acts as an endocrine disruptor** — that is, it "disrupts" natural hormonal processes — and again, its metabolites remain active after excretion and entering our water supply. While we do not know what may happen over time to someone consuming trace amounts of these contaminants, we do know that certain other potential endocrine-disrupting chemicals in our water, particularly perfluoroalkyl and polyfluoroalkyl substances (PFAS), "can cause cancer and other illnesses" after long-term exposure.[65] More specifically:

- Endocrine disruptors generally (which include various pharmaceuticals and other chemical compounds) are coming under extreme scrutiny from the environmental community[66] given their potential for harm — a reality demonstrated in several scientific research studies, one of which summarizes that **exposure to endocrine disrupting chemicals (EDCs) "is identified as a significant risk factor for decreased fertility in wildlife and humans;"[67]**
- An EPA "Action Plan" on the endocrine disrupting chemicals PFAS published during the first Trump administration states that, "[d]epending on the PFAS, increased risks observed in some animal studies include developmental effects to fetuses during pregnancy and

infants . . . cancer . . . immune effects" and more, and said plan has led to numerous steps being taken to combat PFAS contamination given the harm they may cause by entering our water supply **even though the amount of the substances in the water is minimal (measured in parts per trillion [PPT]);**[68]

- Consider as well that according to the EPA, "there is little doubt that small disturbances in" the body's use of hormones to regulate certain processes, "particularly during certain highly sensitive stages of the lifecycle [like pregnancy] can lead to profound and lasting effects."[69]

All the above leads to the reasonable conclusion that even if the amount of mifepristone's potentially endocrine-disrupting active metabolites in our water are minimal — e.g., present in PPT — they may cause similar harm – particularly to human health and fertility. Furthermore, mifepristone is the only pharmaceutical that was both developed and then approved by the FDA to end a life in the womb and generate human remains and medical waste, which is itself reason enough to ensure it undergoes heightened environmental scrutiny.

Adding to this picture, it is notable that as use of this pill has increased — now accounting for nearly 70% of the over 1 million abortions that occur annually[70] — so have infertility rates in the U.S.[71] Indeed, all the above further begs the question: In the midst of what a leading government official has termed an "infertility crisis,"[72] are American men and women drinking trace amounts of a chemical substance that blocks a vital fertility hormone?

Given this, we urge Congress to immediately solicit independent, gold-standard scientific study to determine the prevalence of mifepristone and its metabolites in our nation's water sources and whether any or prolonged exposure to them, even in trace levels, effectively blocks progesterone in animals or humans, or otherwise adversely affects animal or human health and fertility. Notably, this recommendation falls squarely within the current administration's priorities — for example, the Make America Healthy Again (MAHA) Commission recommended launching a "national initiative to map gene-environment interactions affecting childhood disease risk, especially for pollutants, endocrine disruptors, and pharmaceuticals" — mifepristone and its metabolites are in fact all three.[73] Building on this report, in September of 2025, the MAHA Commission explicitly called out the need for researching pharmaceuticals in our water supply, stating, "Agency research could also include research to inform the understanding of levels of pharmaceuticals in our water supply that could be adversely affecting animal and human health."[74] Furthermore, Health and Human Services Secretary RFK Jr. has called for an investigation into our nation's "alarming decline in fertility," [75] which, combined with the above, suggests that at the very least, environmental review of this drug deserves immediate attention.

Vital Note on Life

Liberty Counsel Action is unapologetically and avidly pro-life, believing that children are made in the image of our creator.

However, one does not need to turn to scripture to make the case that life begins at conception and deserves to be protected; one can also see this truth present in universal standards of ethics and science. As outlined by Maureen Condic, Ph.D., associate professor of neurobiology at the University of Utah School of Medicine: "The conclusion that human life begins at sperm-egg fusion is uncontested, objective, based on the universally accepted scientific method of distinguishing different cell types from each other and on ample scientific evidence . . . Moreover, it is entirely independent of any specific ethical, moral, political, or religious view of human life or of human embryos."[76] The American College of Pediatricians corroborates this, asserting that the difference between an adult human and a human in its "zygotic stage" at conception is simply "one of form, not nature."[77]

Conclusion

What we already know leads to the logical conclusion that the Trump administration, via the FDA, should immediately reinstate the safety protocols required when mifepristone was originally approved. What we do not definitively know — though we have compelling evidence to suggest it is the case, as outlined above — is the extent to which the abortion drug protocol harms our environment by contaminating our water supply. Objective, comprehensive, gold-standard research is needed on the matter, and until such research is complete, we strongly urge that the pill be pulled from the market. We posit that said research will confirm the current evidence that suggests the lethal, medical-waste-inducing drug mifepristone should be prohibited. At the very least, protocols are needed to ensure the human remains and medical waste generated by chemical abortion are properly disposed of, per relevant state medical waste regulations. Likewise, women should be informed of the likelihood they will see a "fully formed fetus" floating in the toilet.

It is irresponsible and arguably cruel to fail to warn them of this reality.

Appendices

1: Response to recent Johns Hopkins Bloomberg School of Public Health study that the FDA's oversight of mifepristone "has been shaped by scientific evidence."

A recent study out of Johns Hopkins Bloomberg School of Public Health concludes, "FDA oversight of mifepristone, developed during key moments from 2011 to 2023, has been shaped by scientific evidence and a cautious regulatory approach led by scientists at the agency."[78] The study

further specifically states that, "There is consensus among leading US and international professional associations and regulatory authorities that mifepristone is effective for pregnancy termination and that serious complications, such as heavy bleeding or sepsis, are very rare." Supplemental information provided by the study from internal FDA sources outlines that, for example, from January 27, 2020 - September 30, 2021, "A total of 8 cases were identified in FAERS [FDA Adverse Event Reporting System] and no additional case reports were identified in the medical literature."[79]

However, as with numerous studies surrounding abortion pill use, there appears to be a certain level of bias. For example, this study cites – yet seems to entirely ignore the findings of – the recent Ethics and Public Policy Center study based on real-world data of 865,727 prescribed mifepristone abortions, which shows the exact opposite of their conclusion: Serious complications are not rare, they are in fact all too common. Specifically, from 2017-2023, 10.93 percent of women prescribed the abortion pill experienced "sepsis, infection, hemorrhaging, or another serious adverse event within 45 days following a mifepristone abortion."[80] The study goes on to cite a total of 94,605 adverse events in this seven-year period, an average of 13,515 per year.[81]

Far more than the 8 cited by the FDA in a 20-month period, to say the least.

The John Hopkins study further posits that, "A reversal of FDA policy on mifepristone by political leaders or appointees would represent a significant break from the last quarter century of mifepristone oversight." The authors seem to imply this would be a negative outcome. On the contrary: Logically, if the "last quarter century of mifepristone oversight" has led to extreme physical, mental and emotional trauma for women, as detailed in the body of this testimony, with more than ten percent of all women experiencing a severe adverse complication as a result of taking the drug – such a "significant break" is needed.

2. Rebuttals to Other Common Arguments*

Argument: The medical waste generated by abortions is no different from the medical waste that results from miscarriages.

Rebuttal: First and foremost, baby loss, whether from a natural miscarriage ("spontaneous abortion") or coerced abortion, is a very sensitive topic, entirely distinct from an induced, freely chosen abortion. Indeed, many expectant moms suffering the loss of their baby will go to a hospital, seeking to preserve the life of their baby — not end it. While many still suffer a loss, in such a setting they can receive proper treatment and, depending on their gestation and the state they live in, may be offered the option of burying or cremating their child (state laws vary widely on the subject).[82] Indeed, ideally, all women suffering pregnancy loss should be offered the opportunity of a dignified burial or cremation for their baby.[83] Consider as well that many mothers in a desired pregnancy will avoid intentionally flushing their baby down the toilet.

Conversely, in an induced abortion, the goal is to end the life of the child, and women are often directed by abortion providers to flush the "pregnancy remains." Said remains may have a negative impact on our water supply, both because of the possibility that flushing said remains can clog pipes[84] and could contribute to sewer system overflows, and because said remains are tainted by the chemical abortion pill mifepristone, which more than likely adversely affects our environment (as addressed above).[85] Given an induced abortion is planned, it is irresponsible not to mitigate these negative impacts. Mitigation efforts could include requiring cremation or burial of aborted human fetal remains,[86] or, at the least, requiring "catch-kits" for collecting the human fetal remains and medical waste generated by the abortion, which can then be returned to the abortion provider for proper disposition in accordance with relevant state medical waste regulations.

Argument: As the woman is generating the medical waste resulting from a chemical abortion, the abortion provider has no responsibility to dispose of it.

Rebuttal: In a surgically induced abortion, the "generator" of the medical waste[87] is the abortion provider — not the patient — and he or she is required to properly dispose of the aborted fetal remains (*flushing them down the toilet is not an option).* It is illogical, then, to consider the patient the "generator" of medical waste simply because the abortion is performed with pills issued by the abortion provider. In both cases, without the initial ("generating") action of the abortion provider, either to use surgical instruments or to issue chemical abortion pills, no medical waste would be generated. Therefore, the abortion provider has a responsibility to ensure the aborted fetal remains (medical waste) are properly disposed of.

Argument: Chemical abortion has been effective for decades, and claims it harms the environment are simply a means to control women's bodies.

Rebuttal: This is not about a woman's ability to choose. Indeed, she could still choose a surgical abortion (which is not only safer but likely reduces the trauma women face, as they are unlikely to see the human fetal remains resulting from the abortion). Furthermore, there remains the primary matter of the FDA's and EPA's negligence in failing to ensure the approval of mifepristone complied with state and local laws on water quality and medical waste (clear violations of the Clean Water Act and National Environmental Policy Act). This needs to be properly addressed both to ensure it does not happen again, as well as to ensure any adverse effects caused by these negligent actions are properly addressed.

Argument: Strict regulations on mifepristone threaten proper miscarriage care.

Rebuttal: Properly regulating mifepristone does not threaten miscarriage care. While there are physicians who use mifepristone for miscarriage care, it is by no means required, nor is it necessarily the most effective way to treat miscarriage. As a Fact Sheet by the Charlotte Lozier Institute on Miscarriage Management highlights, not only are there several ways to care for women suffering from a natural miscarriage, but importantly, *"there is limited data indicating that the*

addition of mifepristone may improve the efficacy of misoprostol in completing tissue evacuation during a miscarriage."[88] The same Fact Sheet highlights a comprehensive meta-analysis which highlights, "*surgical treatment was the most effective of all the available options*."[89]

In short:

> *Fearmongering about an inability to treat miscarriages in the aftermath of the Dobbs v. Jackson Women's Health decision, which allowed legislative limits on electively ending unborn life, but posed no limitations on treating miscarriages, should be recognized for the ideologically driven, pro-abortion rhetoric that it is. The abortion drug mifepristone is not necessary for OB-GYNs to provide quality care to women suffering from heartbreaking pregnancy loss.*[90]

**For more Rebuttals to Common Arguments, see Liberty Counsel Action's resource, "Top Ten Rebuttals to Common Arguments: ABORTION IN OUR WATER," available at abortioninourwater.org/PDFs/AIOW/TopTenRebuttalstoCommonArguments-Jan2026.pdf.*

3: Further Resources

1. For our in-depth legal analysis and other information demonstrating the harm that may be caused by mifepristone and its active metabolites in our water, see Liberty Counsel Action's white paper, Abortion in Our Water: A Special Report | *Chemical Home Abortions & the Disposition of Aborted Fetal Remains,* Liberty Counsel Action, November 2025, available at https://lcaction.org/LCA-PDFs/AbortionInOurWater_Final01.pdf.
2. For more on wastewater systems and the abortion industry's promised moved to misoprostol-only abortions, see Liberty Counsel Action's white paper: *"Stemming the Tide of Chemical Abortions Contaminating Our Water," 2025, https://lcaction.org/LCA-PDFs/StemmingtheTideofChemicalAbortionsContaminatingOurWater.pdf*
3. "Memorandum for the Environmental Protection Agency Office of Water," Liberty Counsel Action, Fall 2025, https://abortioninourwater.org/PDFs/LCA/MemorandumtoEPAre-MifepristoneRegulations2026.pdf.
4. Letter to the United States Food and Drug Administration from Liberty Counsel Action, Fall 2025, https://lcaction.org/PDFs/AIOW/LettertotheFDAonGenericApprovalofMifepristone_Fall2025.pdf.

All the above and more are available at Liberty Counsel Action's website, AbortionInOurWater.org.

End Notes

[1] Sofia Infante, "4 Abortion Pill Stories Show It's NOT Risk-Free," Human Life International, July 2, 2021, https://www.hli.org/resources/abortion-pill-stories/.
[2] Jamie Bryan Hall and Ryan T. Anderson, "The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event," Ethics and Public Policy Center, April 28, 2025, https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/.
[3] Letter to Secretary Kennedy and Commissioner Makary from Senator Lindsey Graham et. al., October 9, 2025, https://www.lgraham.senate.gov/public/index.cfm/2025/10/51-republican-senators-urge-fda-to-continue-to-stand-for-life-reevaluate-generic-abortion-pill-approval.
[4] "Over 20 Attorneys General Cite EPPC Abortion Pill Study in Call for the FDA to Reinstate Safeguards," Ethics and Public Policy Center, August 13, 2025, https://eppc.org/news/over-20-attorneys-general-cite-eppc-abortion-pill-study-in-call-for-the-fda-to-reinstate-safeguards/.
[5] "NEXT WEEK: Senate HELP Committee to Hold Hearing on Protecting Women from Dangerous Abortion Drugs," U.S. Senate Committe on Health, Education, Labor and Pensions, January 7, 2026, https://www.help.senate.gov/rep/newsroom/press/next-week-senate-help-committee-to-hold-hearing-on-protecting-women-from-dangerous-abortion-drugs.
[6] Jamie Bryan Hall and Ryan T. Anderson, "The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event," Ethics and Public Policy Center, April 28, 2025, https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/.
[7] Ectopic Pregnancy," Cleaveland Clinic, January 18, 2023, https://my.clevelandclinic.org/health/diseases/9687-ectopic-pregnancy.
[8] Erik Baptist, "A Woman Does Not Need an Abortion to Treat an Ectopic Pregnancy," Alliance Defending Freedom, September 27, 2024, https://adflegal.org/article/woman-does-not-need-abortion-treat-ectopic-pregnancy/. See also: Christina Francis, MD, "Ectopic Pregnancy and Abortion," Focus on the Family, January 13, 2023, https://www.focusonthefamily.com/pro-life/ectopic-pregnancy-and-abortion/.
[9] Ibid.
[10] "Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation," U.S. Food and Drug Administration, accessed January 11, 2026, https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation.
[11] Laurie Sobel, Ivette Gomez, and Alina Salganicoff, "The Intersection of State and Federal Policies on Access to Medication Abortion Via Telehealth after Dobbs," KFF July 24, 2025, https://www.kff.org/womens-health-policy/the-intersection-of-state-and-federal-policies-on-access-to-medication-abortion-via-telehealth-after-dobbs/.
[12] "Abortion Drug Facts | Online Access," Charlotte Lozier Institute, accessed January 11, 2026, https://lozierinstitute.org/abortion-drug-facts/#online-access.
[13] Mabel Felix, Laurie Sobel, and Alina Salganicoff, "The Comstock Act: Implications for Abortion Care Nationwide," KFF, April 15, 2024, https://www.kff.org/womens-health-policy/the-comstock-act-implications-for-abortion-care-nationwide/. See also: Brianna Herlihy, "19 state AGs warn Costco, Kroger, other retailers against mailing abortion pills to customers," Fox Business, February 27, 2023, https://www.foxbusiness.com/politics/state-ags-warn-costco-kroger-retailers-mailing-abortion-pills-customers.
[14] Carole Novielli, "Woman sues baby's father and abortion pill business for wrongful death of preborn child," Live Action, August 11, 2025, https://www.liveaction.org/news/woman-sues-father-abortion-pill-wrongful-death; Melanie Israel, "Abortion Pills, Coercion, and Abuse," *The Heritage Foundation*, September 23, 2025, https://www.heritage.org/life/commentary/abortion-pills-coercion-and-abuse.
[15] Associated Press, "Doctor Who Spiked Girlfriend's Drink with Abortion Drug Sentenced to 3 years in Jail," News 18, May 21, 2018, https://www.news18.com/news/world/doctor-who-spiked-girlfriends-drink-with-abortion-drug-sentenced-to-3-years-in-jail-1755035.html.
[16] Shaun Ganley, "Massachusetts man accused of misleading woman into taking abortion pill, DA says," WCVB Boston, May 27, 2024, https://www.wcvb.com/article/brookline-massachusetts-woman-tricked-misoprostol-abortion-pill/60918565.

[17] Ohio State Medical Board of Ohio, "Notice of Summary Suspension and Opportunity for Hearing," November 5, 2025, https://www.scribd.com/document/946777542/State-Medical-Board-of-Ohio-Suspends-Doctor-s-License#fullscreen=1&from_embed.
[18] Melissa Andrews, "Ohio suspends UTMC doctor's license amid allegations he secretly gave abortion drugs to patient," WTOL 11, November 10, 2025, https://www.wtol.com/article/news/investigations/11-investigates/utmc-doctor-license-suspended-abortion-drug-allegations/512-2ec091b0-552a-4f67-bc25-3c44a063798e.
[19] *State of Missouri, et al., Intervenor-Plaintiffs, and State of Florida, State of Texas, Proposed Intervenor-Plaintiffs, and Rosalie Markezich and State of Louisiana, by and through its Attorney General, Liz Murrill, Proposed Intervenor-Plaintiffs, v. United States Food and Drug Administration, et al., Defendants, Danco Laboratories, LLC, Intervenor-Defendant, and GenBioPro, Inc., Intervenor-Defendant*, September 19, 2025, https://cdn01.dailycaller.com/wp-content/uploads/2025/09/177118007536-1.pdf.
[20] Ibid.
[21] *State of Missouri, et al., Intervenor-Plaintiffs, and State of Florida, State of Texas, Proposed Intervenor-Plaintiffs, and Rosalie Markezich and State of Louisiana, by and through its Attorney General, Liz Murrill, Proposed Intervenor-Plaintiffs, v. United States Food and Drug Administration, et al., Defendants, Danco Laboratories, LLC, Intervenor-Defendant, and GenBioPro, Inc., Intervenor-Defendant*, APPENDIX IN SUPPORT OF PROPOSED INTERVENOR-PLAINTIFFS ROSALIE MARKEZICH AND THE STATE OF LOUISIANA'S MOTION TO INTERVENE, September 19, 2025, https://cdn01.dailycaller.com/wp-content/uploads/2025/09/72fdbeff-bf3e-4ede-995c-e3175a91ae0e.pdf.
[22] *Liana Davis, Plaintiff, v. Christopher Cooprider; Aid Access GmbH; Rebecca Gomperts, Defendants* | Complaint, August 11, 2025, https://eppc.org/wp-content/uploads/2025/08/1-Complaint-8.11.2025_compressed.pdf.
[23] Melanie Israel, "Abortion Pills, Coercion, and Abuse," *The Heritage Foundation*, September 23, 2025, https://www.heritage.org/life/commentary/abortion-pills-coercion-and-abuse.
[24] Ibid.
[25] Ibid.
[26] "Sentencing Remarks of the Hon. Mr Justice Pepperall," In the Crown Court at Stoke on Trent, June 12, 2023, https://www.judiciary.uk/wp-content/uploads/2023/06/R-v.-Foster-sentencing-remarks-12.6.23.pdf.
[27] Ibid; see also, "Woman released from jail after successful appeal of sentence for aborting her baby at 8 months," Right To Life UK, July 18, 2023, https://righttolife.org.uk/news/woman-released-from-jail-after-successful-appeal-of-sentence-for-aborting-her-baby-at-8-months.
[28] Tristan Kirk, "Mother jailed for taking drugs to abort her unborn baby during 'emotional turmoil'," *The Standard,* June 12, 2023, https://www.standard.co.uk/news/crime/mother-jailed-drugs-abortion-miscarriage-pregnancy-prison-sentence-b1087257.html.
[29] "The Carla Foster case is being weaponised to push for abortion on demand," The Christian Institute, June 16, 2023, https://www.christian.org.uk/features/the-carla-foster-case-is-being-weaponised-to-push-for-abortion-on-demand/.
[30] Sofia Infante, "4 Abortion Pill Stories Show It's NOT Risk-Free," Human Life International, July 2, 2021, https://www.hli.org/resources/abortion-pill-stories/.
[31] Ibid.
[32] "I Saw My Baby," Live Action, accessed April 15, 2025, https://www.liveaction.org/wpcontent/uploads/2023/06/LA23ISMB-WhitePaper.pdf. See also: Carole Novielli, "'They never told me': Women testify of being deceived by the abortion industry," Live Action, January 5, 2018, https://www.liveaction.org/news/women-testify-deceived-abortion-industry/.
[33] "How do I have an abortion using only misoprostol?" Planned Parenthood, 2025, https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-do-i-have-an-abortion-usingonly-misoprostol. This webpage specifically states: ". . . having an abortion using only misoprostol — it's safe, effective, and legal to use in states where abortion is legal. It works 85-95% of the time and can be used up to 11 weeks from the first day of your last period."
[34] In addition to misoprostol only abortions, the following chemical abortion methods have been explored: Ulipristal acetate in combination with misoprostol (see: Beverly Winikoff, et. al., "A Proof-of-Concept Study of Ulipristal Acetate for Early Medication Abortion," The New England Journal of Medicine, Vol. 4., No. 2, January 23, 2025, https://evidence.nejm.org/doi/full/10.1056/EVIDoa2400209; said study states "Like mifepristone, ulipristal acetate binds to the progesterone receptor with high affinity," reducing progedsin levels. Ulipristal acetate is also "registered and marketed in more than 74 countries for emergency contraception"); Letrozole in combination with misoprostol ("Abortion Care Guideline," World Health Organization, 2022,

https://iris.who.int/server/api/core/bitstreams/59a704cc-4024-412a-97d9-55d86d139602/content); Methotrexate in combination with misoprostol (see: N.L. MorenoRuiz, et.al., "Alternatives to mifepristone for early medical abortion," International Journal of Gynecology & Obstetrics, Vol. 96, No. 3, March 2007, https://www.sciencedirect.com/science/article/abs/pii/S0020729206004462; "What You Need to Know About Methotrexate Abortion," Hope Pregnancy Center, November 5, 2024, https://hopepregnancy.org/2024/11/05/what-you-need-to-know-about-methotrexate-abortion/, and CMS Team, "What You Need to Know About Methotrexate Abortion," Her Choice, November 8, 2024, https://herchoicemedical.org/2024/11/08/what-you-need-to-know-about-methotrexate-abortion/, which states, "Methotrexate works by slowing the growth of cells.[1] In a Methotrexate abortion, the drug is administered to stop the pregnancy cells from growing. Misoprostol is taken afterward to expel the fetus from the uterus"); Tamoxifen combined with misoprostol (see Helen C. Pymar and Mitchell D. Creinin, "Medical abortion alternatives to mifepristone," American Journal of Obstetrics and Gynecology, Vol. 183 No. 2, 2000, https://pubmed.ncbi.nlm.nih.gov/10846321/); and, though less common, oxytocin with laminaria (see: Azin Alav et. al., "Misoprostol versus High Dose Oxytocin and Laminaria in Termination of Pregnancy in Second Trimester Pregnancies," Electronic Physician, Vol. 5 No. 4, November 2013, https://pmc.ncbi.nlm.nih.gov/articles/PMC4477781/, which states, "studies have shown that the combination of misoprostol and oxytocin is more effective in comparison to misoprostol alone in pregnancy termination."). See also: "Abortion Pills and Medications," Drugs.com, accessed September 2, 2025, https://www.drugs.com/condition/abortion.html. Undoubtedly, research for other methods will continue

[35] Kenya Lyons, "Insights: Letrozole and Early Miscarriage Management," Reproductive Health Access Project, May 28, 2024, https://www.reproductiveaccess.org/resource/insights-letrozole-and-early-miscarriage-management/.

[36] "Abortion Care Guideline," World Health Organization, 2022, https://iris.who.int/server/api/core/bitstreams/59a704cc-4024-412a-97d9-55d86d139602/content. Also of note: A 2023 study entitled "Safety and effectiveness of self managed abortion using misoprostol alone acquired from an online telemedicine service in the United States" states: "As mifepristone continues to be over-regulated and the 2022 US Supreme Court ruling allows states to severely restrict access to in-clinic abortion care, this regimen is a promising option for self-managed abortion in the US," see: Dana M. Johnson, et. al., "Safety and effectiveness of self managed abortion using misoprostol alone acquired from an online telemedicine service in the United States," Perspectives on Sexual and Reproductive Health, Vol. 55, No. 1, February 6, 2023, https://onlinelibrary.wiley.com/doi/10.1363/psrh.12219.

[37] Ibid. Specifically the guidelines iterate a new recommendation for abortions under 12 weeks: "(NEW) Suggest the use of a combination regimen of letrozole plus misoprostol (letrozole 10 mg orally each day for 3 days followed by misoprostol 800 µg sublingually on the fourth day) as a safe and effective option" with the caveat, "Further evidence is needed to determine the safety, effectiveness and acceptability of the letrozole plus misoprostol combination regimen at later gestational ages, especially in comparison with that of the mifepristone plus misoprostol combination regimen (the available evidence focused on comparison with the use of misoprostol alone)."

[38] Ibid. See also: "Medical management of abortion," World Health Organization and Human Reproduction Programme, accessed January 11, 2026, https://cdn.who.int/media/docs/defaultsource/reproductive-health/abortion/summary-chart-medical-managementabortion.pdf?sfvrsn=c735d28a_3.

[39] Carrie N. Baker, "If Trump Restricts Mifepristone, Clinicians Are Ready to Pivot to Misoprostol-Only Abortions," Ms., July 7, 2025, https://msmagazine.com/2025/07/07/trump-restricts-mifepristone-misoprostol-only-abortions/. Similarly, NPR reported in 2023 that if mifepristone is restricted, "doctors say they will continue to offer medication abortions without mifepristone, using only the other drug, misoprostol." See: Mara Gordon, "Medication abortion is still possible with just one drug. Here's how it works," NPR, April 10, 2023, https://www.npr.org/sections/health-shots/2023/04/10/1168857095/misoprostol-only-medical-abortion.

[40] "Understanding Unapproved Use of Approved Drugs 'Off Label,'" U.S. Food and Drug Administration, February 5, 2018, https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label.

[41] Office of the Law Revision Counsel, 33 U.S.C. §1323, accessed October 8, 2025, https://uscode.house.gov/view.xhtml?path=/prelim@title33/chapter26&edition=prelim.

[42] Several studies confirm this:

- Zvanaka Mazhandu and Tebogo Mashifana, "Active pharmaceutical contaminants in drinking water: myth or fact?", DARU Journal of Pharmaceutical Sciences, September 18, 2024, https://link.springer.com/article/10.1007/s40199-024-00536-9. This article states, "*Numerous studies have demonstrated the inadequacy of conventional water treatment processes in removing active pharmaceutical ingredients (APIs) from the water. These pharmaceutical active compounds have been detected in treated*

wastewater, groundwater, and even drinking water sources. The presence of APIs in water resources poses a significant threat not only to aquatic organisms but also to human health. These emerging contaminants have the potential to disrupt endocrine systems, promote the development of antibiotic-resistant bacteria, and bioaccumulate in the food chain, ultimately leading to unacceptable risks to public health."

- Manvendra Patel et. al., "Pharmaceuticals of Emerging Concern in Aquatic Systems: Chemistry, Occurrence, Effects, and Removal Methods," Chemical Reviews, Vol. 119. No. 6, 2019, https://pubs.acs.org/doi/10.1021/acs.chemrev.8b00299. This article states, "*Wastewater treatment plants (WWTPs) were never designed for and do not completely remove pharmaceuticals*."
- Kundan Samal, Saswat Mahapatra, and Md Hibzur Ali, "Pharmaceutical wastewater as Emerging Contaminants (EC): Treatment technologies, impact on environment and human health," Energy Nexus, Vol. 6, June 16, 2022, https://www.sciencedirect.com/science/article/pii/S2772427122000390. This article states, "*With the increase in demand of Pharmaceuticals and Personal Care Products (PPCPs), there has been a sharp increase of these pollutants in water bodies. This is mainly due to the inefficiency of conventional wastewater treatment plants in treatment and removal of these PhACs*."
- Maite Ortúzar et. al., "Pharmaceutical Pollution in Aquatic Environments: A Concise Review of Environmental Impacts and Bioremediation Systems," *Frontiers in Microbiology,* Vol. 13, April 26, 2022, https://www.frontiersin.org/journals/microbiology/articles/10.3389/fmicb.2022.869332/full. This article notes "*After ingestion, pharmaceuticals are excreted in urine and feces as active substances or metabolites (Sui et al., 2015; ausder Beek et al., 2016). These pharmaceuticals are present in both influent and effluent wastewater but can also be found in surface water bodies, including freshwater ecosystems and marine environments, as well as in groundwater due to effluent leachates generated under recharge conditions (Deo, 2014; Furlong et al., 2017; Ojemaye and Petrik, 2018; Reis-Santos et al., 2018; Fekadu et al., 2019; Letsinger et al., 2019; Zainab et al., 2020). The main concern is that conventional treatment plants are ineffective in removing some of these emerging contaminants (ECs).*"
- P. Verlicchi et. al., "Occurrence of pharmaceutical compounds in urban wastewater: Removal, mass load and environmental risk after a secondary treatment—A review," *Science of The Total Environment,* Vol. 429, July 1 2012, https://www.sciencedirect.com/science/article/pii/S0048969712005608?via%3Dihub. This article states*, "Municipal wastewater treatment plants (WWTPs) are generally not equipped to deal with complex pharmaceuticals, as they were built and upgraded with the principal aim of removing easily or moderately biodegradable carbon, nitrogen and phosphorus compounds and microbiological organisms, ... [the chemical and physical properties of] PhCs [pharmaceutical compounds] in raw wastewaters ... namely solubility, volatility, adsorbability, absorbability, biodegradability, polarity and stability, vary greatly ... with obvious repercussions on their behaviour during the treatments and consequently their removal efficiencies. Indeed, several PhCs have been found in river biota, some at high levels ...* ***thereby evidencing the risk that environmental concentrations of PhCs can be higher than their predicted no-effect concentrations.*** *"* This is notable given the only Environmental Assessment performed on mifepristone did not actually study whether it could cause harm but rather estimated that its concentration in water would be minimal. The study further notes, ***"The present review shows that many PhCs are usually present in raw influent . . . and that common WWTPs are not able to efficiently remove all of them.*** *Observed removal efficiencies vary in a wide range for the different compounds, as well as for the same substance, due to the different chemical and physical characteristics of PhCs and to operational conditions."* A final relevant point: "*This review highlights the fact that the occurrence of some PhCs in the secondary effluent discharged into surface water bodies may pose a medium–high (acute) risk to aquatic life*." (Emphasis added.)

[43] There are numerous examples of fetal remains found in pipes and wastewater treatment plants; for examples, see Liberty Counsel Action's White Paper, "Abortion in Our Water: A Special Report," 2025, https://lcaction.org/LCA-PDFs/AbortionInOurWater_Final01.pdf; footnote 16. Also, according to the EPA, "[p]reventable toilet and sewer backups can pose a threat to human health and present an extra challenge to our water utilities and their workforce. Flushing anything other than toilet paper [wipes, tampons, etc.] . . . can damage internal plumbing, local sewer systems and septic systems." See: "EPA Encourages Americans to Only Flush Toilet Paper," United States Environmental Protection Agency, March 30, 2020, https://www.epa.gov/newsreleases/epa-encourages-americans-only-flush-toilet-paper.

[44] According to the EPA, overflows can lead to "serious water quality problems, and back-up into homes, causing property damage and threatening public health." "Sanitary Sewer Overflows (SSOs)," U.S. Environmental

Protection Agency, April 22, 2025, https://www.epa.gov/npdes/sanitary-sewer-overflows-ssos. Also according to the EPA, combined sewer system overflows (CSOs) "are a major water pollution and public health concern for approximately 700 communities in the United States. CSOs can contain bacteria, debris, and other hazardous substances that can be harmful to people, pets, and wildlife. CSOs can also cause beach closures, shellfish bed closures, algae growth, reduced oxygen levels in waterways, and aesthetic impacts from floating debris or oil slicks." See: "Combined Sewer Overflow Basics," U.S. Environmental Protection Agency, updated August 28, 2025, https://www.epa.gov/npdes/combined-sewer-overflow-basics.

[45] The "Universal Precautions" approach suggests that human blood and certain human body fluids should be treated as if they are infectious. See: "Bloodborne Pathogens," OSHA, https://www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.1030.

[46] Office of the Law Revision Counsel, 42 U.S.C. §4336, accessed October 7, 2025, https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter55&edition=prelim. While the Evita Solutions ANDA was submitted in 2021 and this NEPA language is from 2023, prior NEPA language and corresponding regulations (as outlined in the Code of Federal Regulations (CFR)), which would have applied to the NDA approved in 2000 and ANDA approved in 2019, required essentially the same thing. Specifically, the NEPA previously stated, ". . . every recommendation or report on proposals for legislation and other major Federal actions significantly affecting the quality of the human environment," is to include "a detailed statement by the responsible official on—(i) the environmental impact of the proposed action" and "any adverse environmental effects which cannot be avoided should the proposal be implemented." See: 42 U.S.C. §4332, 1995 Edition, https://www.govinfo.gov/content/pkg/USCODE-1995-title42/html/USCODE-1995-title42.htm, and 42 U.S.C. §4332, 2021 Edition, https://www.govinfo.gov/content/pkg/USCODE-2021-title42/html/USCODE-2021-title42.htm. The 1998 CFR outlines that even in cases where an exclusion applies (to the requirement of an environmental document), the "FDA will require at least an EA [environmental assessment] for any specific action [e.g. approving a drug] that ordinarily would be excluded if extraordinary circumstances indicate that the specific proposed action may significantly affect the quality of the human environment." See: Code of Federal Regulations, Title 21, Chapter 1, §25.21, April 1998, https://www.govinfo.gov/content/pkg/CFR-1998-title21-vol1/pdf/CFR-1998-title21-vol1.pdf. This language remained in similar form in 2025; see: Code of Federal Regulations, Title 21, Chapter 1, §25.21, April 1, 2025, https://www.govinfo.gov/content/pkg/CFR-2025-title21-vol1/pdf/CFR-2025-title21-vol1.pdf. A 1998 FDA guidance adds more clarity, outlining "extraordinary circumstances . . . can be based on the production, use, or disposal from use of the FDA-regulated article." Given that,

1. A "disposal from use" of the FDA-regulated articles (abortion drugs) would be necessary, as after the drug(s) is(are) used to end a pregnancy, human remains and medical waste must be disposed of, and
2. Failure to dispose of said remains properly could significantly affect the quality of the human environment (contributing to sewer system overflows, leading to possible violations of state laws, etc.), the "extraordinary circumstance" of human fetal remains and medical waste generation should have been considered in all subsequent approvals of the two-drug abortion pill protocol, including the 2025 approval of the Evita Solutions ANDA. (Note: The guidance document goes into yet greater detail, reiterating that, "The Food and Drug Administration (FDA) is required under the NEPA to consider the environmental impacts of approving drug and biologics applications as an integral part of its regulatory process." See: Environmental Assessment of Human Drug and Biologics Applications | Guidance for Industry," U.S. Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research Center for Biologics Evaluation and Research, July 1998, https://www.fda.gov/regulatory-information/search-fda-guidance-documents/environmental-assessment-humandrug-and-biologics-applications.) A final point: While the 2021 CFR states that, "If an extraordinary circumstance is present, the agency nevertheless may categorically exclude the proposed action if the agency determines that there are circumstances that lessen the impacts or other conditions sufficient to avoid significant effects," the FDA could not have applied this exclusion, given it did not consider the extraordinary circumstance in the first place. Furthermore, unless the FDA puts mitigation measures in place to ensure proper disposal of the human fetal remains and medical waste resulting from chemical abortion, there are no circumstances or conditions that would "lessen the impacts" or "avoid significant effects" of the "proposed action." See: Code of Federal Regulations, Title 40, Chapter 5, §1501.4, 2021, https://www.govinfo.gov/content/pkg/CFR-2021-title40-vol37/pdf/CFR-2021-title40-vol37.pdf.

[47] Code of Federal Regulations, Title 40, Chapter 5, §1501.3, 2021, https://www.govinfo.gov/content/pkg/CFR-2021-title40-vol37/pdf/CFR-2021-title40-vol37.pdf. The specific excerpt is as follows: ". . .*(b) In considering whether the effects of the proposed action are significant, agencies shall analyze the potentially affected environment and degree of the effects of the action. Agencies should consider connected actions consistent with §1501.9(e)(1). (1) In considering the potentially affected environment, agencies should consider, as appropriate to*

the specific action, the affected area (national, regional, or local) and its resources, such as listed species and designated critical habitat under the Endangered Species Act . . . (2) In considering the degree of the effects, agencies should consider the following, as appropriate to the specific action: (i) Both short- and long-term effects. (ii) Both beneficial and adverse effects. (iii) Effects on public health and safety. (iv) Effects that would violate Federal, State, Tribal, or local law protecting the environment." While again (as outlined in footnote 14) the Evita Solutions ANDA was submitted in 2021 and this CFR language is from 2021-2023, prior CFR language, which would have applied to the NDA approved in 2000 and ANDA approved in 2019, required essentially the same thing, as it outlined that "significantly as used in NEPA" is to include consideration of "whether the action threatens a violation of Federal, State, or local law or requirements imposed for the protection of the environment." See: Code of Federal Regulations, Title 40, Chapter 5, §1508.27, July 1, 2008, https://www.govinfo.gov/content/pkg/CFR-2008-title40-vol31/pdf/CFR-2008-title40-vol31.pdf (2008 was selected because the ANDA approved in 2019 was submitted on February 3, 2009), and Code of Federal Regulations, Title 40, Chapter 5, §1508.27, 1995 (1995 was selected because the NDA was submitted in March of 1996). (Of note, in 2021, this portion of the CFR, 1508.2, became "Reserved." However, as clearly outlined, the 2021-2023 additional language retained the same principle - that environmental analysis should consider whether the action may have the effect of violating Federal, State, or local environmental laws - as did the 2024 CFR, which was modified again to read, "*In considering whether an adverse effect of the proposed action is significant, agencies shall examine both the context of the action and the intensity of the effect. In assessing context and intensity, agencies should consider the duration of the effect. . . (2) Agencies shall analyze the intensity of effects considering the following factors, as applicable to the proposed action and in relationship to one another: (i) The degree to which the action may adversely affect public health and safety. (ii) The degree to which the action may adversely affect unique characteristics of the geographic area such as historic or cultural resources, parks, Tribal sacred sites, prime farmlands, wetlands, wild and scenic rivers, or ecologically critical areas. (iii) Whether the action may violate relevant Federal, State, Tribal, or local laws or other requirements or be inconsistent with Federal, State, Tribal, or local policies designed for the protection of the environment. (iv) The degree to which the potential effects on the human environment are highly uncertain. (v) The degree to which the action may adversely affect resources listed or eligible for listing in the National Register of Historic Places. (vi) The degree to which the action may adversely affect an endangered or threatened species or its habitat, including habitat that has been determined to be critical under the Endangered Species Act of 1973. (vii) The degree to which the action may adversely affect communities with environmental justice concerns. (viii) The degree to which the action may adversely affect rights of Tribal Nations that have been reserved through treaties, statutes, or Executive Orders.*" See: Code of Federal Regulations, Title 40, Chapter 5, §1501.3, 2024, https://www.govinfo.gov/content/pkg/CFR-2024-title40-vol37/pdf/CFR-2024-title40-vol37.pdf.)
Finally of note, in February 2025, the Council on Environmental Quality issued an Interim Final Rule that "rescinded its NEPA implementing regulations at 40 C.F.R. parts 1500–1508." Even so, in a memorandum issued by the Council, they state, "Federal agencies must revise their NEPA implementing procedures (or establish such procedures if they do not yet have any) consistent with E.O. 14154, the 2023 and 2025 statutory amendments to NEPA (as applicable), and case law. **While these revisions are ongoing, agencies should continue to follow their existing practices and procedures for implementing NEPA consistent with the text of NEPA, E.O. 14154, and this guidance**" (emphasis added). It similarly states, "although CEQ rescinded its NEPA implementing regulations at 40 C.F.R. parts 1500–1508, agencies should consider voluntarily relying on those regulations in completing ongoing NEPA reviews or defending against challenges to reviews completed while those regulations were in effect." See: Katherine R. Scarlett, "Memorandum for heads of federal departments and agencies," Executive Office of the President | Council on Environmental Quality, September 29, 2025, https://ceq.doe.gov/docs/ceq-regulations-and-guidance/Agency-NEPA-Implementation-Guidance.pdf.

[48] If a legally compliant EA were conducted prior to the NDA or subsequent ANDAs, the FDA would have considered how the human fetal remains and related medical waste stemming from chemical abortions would be handled.

[49] Kendall @ Planned Parenthood, "What do I need to do before I take abortion pills?", Planned Parenthood, October 4, 2022, https://www.plannedparenthood.org/blog/what-do-i-need-to-do-before-i-take-abortion-pills; "Aftercare Instructions: Medication Abortion," Comprehensive Women's Health Center, accessed April 7, 2025, https://cwhccolorado.com/services/medication-abortion/aftercare-medication-abortion/index.html.

[50] While estimates vary, multiple sources suggest a 10-week fetus is at least one inch; for examples, see: Karen Miles, "How fast is your baby growing? See how fetal weight and height change by week during pregnancy," Baby Center, May 30, 2025, https://www.babycenter.com/pregnancy/your-body/growth-chart-fetallength-and-weightweek-by-week_1290794; "Better Health | Start For Life, Week 10," National Health Service, accessed

October 7, 2025, https://www.nhs.uk/start-for-life/pregnancy/week-by-week-guide-to-pregnancy/1st-trimester/week-10/.

[51] "Live Action's new 'I Saw My Baby' website shines a light on abortion pill trauma," Live Action, August 5, 2023, https://www.liveaction.org/news/live-action-saw-baby-abortion-pill-trauma.

[52] Blake M. Autry and Roopma Wadhwa, "Mifepristone," National Library of Medicine, February 28, 2024, https://www.ncbi.nlm.nih.gov/books/NBK557612/.

[53] "Overview of Active Metabolites," Creative Proteomics, accessed April 8, 2025, https://www.creativeproteomics.com/resource/overview-of-active-metabolites.htm.

[54] "Progesterone Therapy: Why Men Need This Vital Hormone Too!," Your Wellness Center, accessed January 11, 2026, https://yourwellnesscenter.com/blog/progesterone-therapy-why-men-need-this-vital-hormone-too/; Nicolae Tiberiu Constantin, Florin Petrișor Posastiuc and Crina Raluca Andrei, "Progesterone: An Essential Diagnostic Resource in Veterinary Medicine," IntechOpen, July 1, 2024, https://www.intechopen.com/chapters/1187155.

[55] See footnote 42; see also: Water Science School, "Pharmaceuticals move throughout the aquatic environment," U.S. Geological Survey, accessed October 24, 2025, https://www.usgs.gov/media/images/pharmaceuticals-movethroughout-aquatic-environment; see also "How Pharmaceuticals Enter the Environment," United States Environmental Protection Agency, Last modified February 11, 2025, https://www.epa.gov/householdmedication-disposal/how-pharmaceuticals-enter-environment. The EPA specifically states, "[W]hile POTWs may remove some pharmaceuticals incidentally, many pass through and enter the environment because POTWs are not designed to remove pharmaceuticals. While some POTWs [Publicly Owned Treatment Works] may have implemented advanced treatment technologies, even these technologies are not specifically designed to remove pharmaceuticals." While referring to medications that are flushed and a couple other sources, the EPA also acknowledges that human excretion is a source of pharmaceuticals in the environment. See also the EPA's 2019 rule on pharmaceuticals, which acknowledges that "pharmaceuticals are thought to be primarily entering the environment through excretion." Environmental Protection Agency, "Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine | Final rule," Federal Register, Vol. 84, No. 36, February 22, 2019, https://www.govinfo.gov/content/pkg/FR-2019-02-22/pdf/2019-01298.pdf.

[56] Manvendra Patel et. al., "Pharmaceuticals of Emerging Concern in Aquatic Systems: Chemistry, Occurrence, Effects, and Removal Methods," *Chemical Reviews,* Vol. 119. No. 6, 2019, https://pubs.acs.org/doi/10.1021/acs.chemrev.8b00299. Related, another scientific study outlines that though most pharmaceuticals "are not highly persistent, continuous addition of the parent PPCPs [pharmaceuticals and personal care products] and their metabolites to the environment in small notable amounts, has led to their being considered as 'pseudo-persistent' . . . [given] they are biologically active even at low concentrations . . . their presence in treated drinking water may pose a significant threat to the drinking water quality." Recall: Mifepristone and its metabolites are both biologically active and continually added to the environment. Also of note, the same article states "despite the global increase in the manufacture, consumption, and environmental discharge of PPCPs, for a vast majority, there has been no environmental regulations," including for the lethal mifepristone. While some PPCPs made it on the EU's watch list (in 2020, five PPCPs "were included; in 2022, a few more were proposed), mifepristone continues to avoid scrutiny See: Kimberly Etombi Muambo et. al., "Pharmaceuticals in raw and treated water from drinking water treatment plants nationwide: Insights into their sources and exposure risk assessment," Water Research X, Vol. 24, September 1, 2024, https://www.sciencedirect.com/science/article/pii/S258991472400046X.

[57] "Management and Disposal of Unused Pharmaceuticals (Interim Technical Report) (EPA-821-R-08-013) - DCN 05519," U.S. Environmental Protection Agency, September 15, 2008, https://www.regulations.gov/document?D=EPA-HQ-OW-2006-0771-1694.

[58] Blake M. Autry and Roopma Wadhwa, "Mifepristone," National Library of Medicine, February 28, 2024, https://www.ncbi.nlm.nih.gov/books/NBK557612/.

[59] Saleh Taghvaeian, "Pharmaceuticals in Drinking Water," OKState.edu, March 2017, https://extension.okstate.edu/fact-sheets/pharmaceuticals-in-drinking-water.html; Susan T. Glassmeyer et. al., "Nationwide reconnaissance of contaminants of emerging concern in source and treated drinking waters of the United States," Science of the Total Environment, December 2016, https://www.sciencedirect.com/science/article/pii/S0048969716326894?ref=pdf_download&fr=RR2&rr=946880df1e0ddd19. The latter article outlines that while the amount of pharmaceuticals present is typically reduced after treatment, some nevertheless remain present at low levels, including an antibiotic, hormone, and antidepressant. Also of note, per the EPA's "Wastewater Dashboard," of the 17,544 publicly owned treatment works (POTWs) operating in the U.S. in 2022, only 6,708 had advanced treatment processes (38 percent). See: United States

Environmental Protection Agency, "2022 CWNS Data," accessed October 22, 2025, https://sdwis.epa.gov/ords/sfdw_pub/r/sfdw/cwns_pub/wastewaterdashboard?session=6802976525038.
For more on this, see: "Memorandum for the Environmental Protection Agency," Liberty Counsel Action, Fall 2025, https://abortioninourwater.org/PDFs/LCA/MemorandumtoEPAre-MifepristoneRegulations2026.pdf.

[60] Edward T. Furlong et. al., "Nationwide reconnaissance of contaminants of emerging concern in source and treated drinking waters of the United States: Pharmaceuticals," *Science of The Total Environment*, Vol. 579, February 1, 2017, https://www.sciencedirect.com/science/article/abs/pii/S0048969716305551?via%3Dihub.

[61] Xianjun Liu et. al., "Analysis of hormone antagonists in clinical and municipal wastewater by isotopic dilution liquid chromatography tandem mass spectrometry," *Analytical and Bioanalytical Chemistry*, Vol. 396, No. 8, March 1, 2010, https://research.ebsco.com/c/r3w5i4/viewer/pdf/gmrego5wyz?route=details. This study states, "*Although mifepristone is easily transformed to monochloromifepristone, which induces a low recovery from clinical wastewater, it was found in 17 samples [of hospital effluent] with a maximum value of 195 ng/L."* This same study further notes mifepristone was found in *"all the influent sewage samples"* and was likewise *"identified in the effluent"* (at . 70 and .75 n/L).

[62] Ibid. See also a 2014 study in which "*A targeted analytical method was established to determine a large number of chemicals known to interfere with the gluco- and mineralocorticoid signalling pathway;*" it detected mifepristone in "Swiss rivers and wastewaters," with the highest detection being 17 ng/L in hospital wastewaters. See: Adrian A. Ammann, et. al., "LC-MS/MS determination of potential endocrine disruptors of cortico signalling in rivers and wastewaters," *Analytical and Bioanalytical Chemistry*, Vol. 406, October 7, 2014, https://link.springer.com/article/10.1007/s00216-014-8206-9#Tab5, Table 4 (https://link.springer.com/article/10.1007/s00216-014-8206-9/tables/4).

[63] Adele Fabbrocini et. al., "Mifepristone affects fertility and development in the sea urchin Paracentrotus lividus," Molecular Reproduction and Development, Vol. 86, No. 10., January 13, 2019, https://pubmed.ncbi.nlm.nih.gov/30637836/. While unclear whether mifepristone's metabolites were specifically tested for in this study, we know it is possible to test for other pharmaceutical metabolites; see: Paula Paíga, Cristina Delerue-Matos, "Tracing Pharmaceuticals in Water Systems: Focus on Neurodegenerative and Psychiatric Treatments," Journal of Xenobiotics, November 21, 2024, https://pmc.ncbi.nlm.nih.gov/articles/PMC11586952/#notes3. See also: Michal Pech et. al., "Effects of mifepristone, a model compound with anti-progestogenic activity, on the development of African clawed frog (Xenopus laevis)," *Aquatic Toxicology,* Vol. 263, October 2023, https://www.sciencedirect.com/science/article/pii/S0166445X23002965#bib0047. This article states, "*Very high anti-progestogenic activities (up to 121 µg/L mifepristone equivalents (EQs)) were detected in surface waters in China (Rao et al., 2014). Anti-progestogenic activities as high as 32 µg/L mifepristone EQs were also reported in Australian surface waters (Scott et al., 2010), namely, in samples from industrial (50 %) and residential (23 %) areas, downstream of wastewater treatment plants (13 %), and in agricultural regions (6 %)."* If mifepristone equivalents are in the water, one may logically conclude it is likely mifepristone itself also is.

[64] Tlou A. Makwakwa, Dineo E. Moema, and Titus A. M. Msagati, "Multi-criteria decision analysis: technique for order of preference by similarity to ideal solution for selecting greener analytical method in the determination of mifepristone in environmental water samples," Environmental Science and Pollution Research, Vol. 31, April 5, 2024, https://link.springer.com/article/10.1007/s11356-024-32961-3.

[65] United States Environmental Protection Agency, "Biden-Harris Administration Finalizes First-Ever National Drinking Water Standard to Protect 100M People from PFAS Pollution," April 10, 2024, https://www.epa.gov/newsreleases/biden-harris-administration-finalizes-first-ever-national-drinking-waterstandard.

[66] For example, see: "Wildlife and the environment | Endocrine disruptors," Chem Trust, accessed October 22, 2025, https://chemtrust.org/edcs-wildlife/; Manoj Kumar et. al., "Environmental Endocrine-Disrupting Chemical Exposure: Role in Non-Communicable Diseases," Frontiers in Public Health, Vol. 8, September 23, 2020, https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.553850/full; and Andrea C. Gore et. al., "Endocrine Disrupting Chemicals: Threats to Human Health | Pesticides, Plastics, Forever Chemicals, and Beyond," the Endocrine Society and International Pollutants Elimination Network (IPEN), February 2024, https://ipen.org/sites/default/files/documents/edc_report-2024-finalcompressed.pdf.

[67] V.L. Marlatt et. al, "Impacts of endocrine disrupting chemicals on reproduction in wildlife and humans," Environmental Research, Vol. 208, May 15, 2022, https://www.sciencedirect.com/science/article/pii/S0013935121018855. This study further states, "*Studies over the last 50 years have shown that many different classes of chemicals can function as EDCs. It is not just legacy compounds that can effect reproductive function, but many pharmaceuticals and new compounds added to the*

marketplace (e.g. PFAS, neonicotinoid insecticides) act as EDCs. ... there is great need to better monitor human exposure levels to EDCs and establish how this contributes to the increasing incidences of disorders of the reproductive tract and declining fertility rate in both women and men. There is now evidence of sensitive timing of exposure, more specifically during development, which underlines the importance of identifying populations at risk from a biological point of view (i.e., pregnant women and the foetus, newborn) but also possibly in relation to socio-economic status (i.e., occupational and residential exposures)." It concludes: *"Perhaps the ultimate factor in reducing the risks posed by EDCs will be to reduce exposure, and this might be achieved through improved public awareness and vigilant product stewardship by both manufacturers and consumers.*" Proper "stewardship" of mifepristone first requires we know what part it is playing in the risks posed by EDCs. Ultimately, we believe understanding the risks should result in prohibiting its use.

Further examples of scientific research studies on the harms of EDCs include the following:

- Lata Ramrakhiani, Sourja Ghosh, & Swachchha Majumdar, "Emerging Contaminants in Water and Wastewater: Remediation Perspectives and Innovations in Treatment Technologies," Springer Nature, May 25, 2022, https://www.researchgate.net/publication/360849479_Emerging_Contaminants_in_Water_and_Wastewater_Remediation_Perspectives_and_Innovations_in_Treatment_Technologies. This study states: "[a]ll ECs are potential hazardous materials of ecosystem affecting the quality of freshwater ... Exposure of such contaminants and its bioaccumulation can induce endocrine disruption, congenital disorders, mutagenesis and carcinogenesis, etc. on human health." These ECs "involve a wide variety of compounds including pharmaceuticals (veterinary and human drugs) ... etc." (emphasis added) and enter the aquatic ecosystem (where water is drawn from to supply drinking water, irrigate crops, and more) principally via "municipal and industrial Wastewater Treatment Plants (WWTP) that treat domestic sewage, wastewater from hospital, chemical manufacturing plants, livestock and agriculture."
- Teresa A. Donovan, "Musing Aloud," Research Gate, August 2015, https://www.researchgate.net/publication/281101224_Musing_aloud, which references other studies highlighting the adverse impacts of various estrogens (which act as EDCs); for example, "Bhandari and colleagues (2015) found that exposure to environmentally relevant quantities of ethinyl estradiol—commonly contained in most oral contraceptive regimens—led to reduced fertility rates and increased embryo mortality in a model fish population. Moreover, adverse impacts on population health persisted in offspring three generations later."
- Richard A. Lovett, "Human drugs make fish flounder," Nature, November 16, 2012, https://www.nature.com/articles/nature.2012.11843.
- William V Williams et. al., "Hormonally Active Contraceptives, Part II: Sociological, Environmental, and Economic Impact," The Linacre Quarterly, Vol. 88, No. 3, April 21, 2021, https://journals.sagepub.com/doi/10.1177/00243639211005121.
- Concetta Pironti, Maria Ricciardi, Antonio Proto, Pietro Massimiliano Bianco, Luigi Montano, Oriana Motta, "Endocrine-Disrupting Compounds: An Overview on Their Occurrence in the Aquatic Environment and Human Exposure," Water, May 2021, https://www.mdpi.com/2073-4441/13/10/1347. This study on the wider matter of endocrine disrupting chemicals found "many EDCs are not degraded enough by the available microorganisms [to remove them from the water]."

[68] "EPA's Per- and Polyfluoroalkyl Substances (PFAS) Action Plan," United States Environmental Protection Agency, February 2019, https://www.epa.gov/sites/default/files/2019-02/documents/pfas_action_plan_021319_508compliant_1.pdf.

[69] United States Environmental Protection Agency, "Overview of Endocrine Disruption," December 19, 2024, https://www.epa.gov/endocrine-disruption/overview-endocrine-disruption. For more information on this, see Liberty Counsel Action's "Memorandum for the Environmental Protection Agency Office of Water," Fall 2025, https://abortioninourwater.org/PDFs/LCA/MemorandumtoEPAre-MifepristoneRegulations2026.pdf.

[70] We know as of 2023, it is at least 63 percent, but it is likely much higher due to the continual increase of chemical abortion year after year as well as the lack of reporting requirements. See: Rachel K. Jones and Amy Friedrich-Karnik, "Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020," Guttmacher Institute, March 2024, https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase53-2020. See also, Ingrid Skop, M.D., "Fact Sheet: Deficiencies Affecting U.S. Abortion Data Collection and Application," Charlotte Lozier Institute, July 24, 2025, https://lozierinstitute.org/fact-sheet-

deficienciesaffecting-u-s-abortion-data-collection-and-application/, and "Abortion pills by mail in every state," Plan-C, 2025, https://www.plancpills.org/.

[71] Brady E. Hamilton, Ph.D., Joyce A. Martin, M.P.H., and Michelle J.K. Osterman, M.H.S., "Vital Statistics Rapid Release | Births: Provisional Data for 2024," National Vital Statistics System, No. 38, April 2025, https://www.cdc.gov/nchs/data/vsrr/vsrr038.pdf.

[72] "RFK Jr Sounds Alarm on U S Health Crisis "Our Children Are in Trouble," YouTube, April 8, 2025, https://www.youtube.com/shorts/shX_OHfg1Wo.

[73] The MAHA Report | Make Our Children Healthy Again Assessment," The White House, accessed May 23, 2025, https://www.whitehouse.gov/wp-content/uploads/2025/05/MAHA-Report-The-White-House.pdf

[74] "MAHA Commission Unveils Sweeping Strategy to Make Our Children Healthy Again," U.S. Department of Health and Human Services | Press Room, September 9, 2025, https://www.hhs.gov/press-room/mahacommission-report-childhood-disease-strategy.html.

[75] @Robert F. Kennedy Jr, X Post, September 20, 2024, https://x.com/RobertKennedyJr/status/1837263154478563798?lang=en.

[76] Maureen Condic, "A Scientific View of When Life Begins," Charlotte Lozier Institute, June 11, 2014, https://lozierinstitute.org/a-scientific-view-of-when-life-begins/.

[77] Fred de Miranda, MD, updated by Dr. Patricia Lee June, MD, "When Human Life Begins," American College of Pediatricians, March 2004, updated March 2017, https://acpeds.org/position-statements/when-human-life-begins.

[78] Sophie Dilek, MPH; Joanne Rosen, JD; Anna Levashkevich, MSPH; et al., "The US Food and Drug Administration's Regulation of Mifepristone," *JAMA,* January 12, 2026, https://jamanetwork.com/journals/jama/fullarticle/2843710?guestAccessKey=ffa9b37f-eb54-4b7f-a180-8554c58f4280.

[79] "Supplementary Online Content" to Sophie Dilek, MPH; Joanne Rosen, JD; Anna Levashkevich, MSPH; et al., "The US Food and Drug Administration's Regulation of Mifepristone," *JAMA,* January 12, 2026, https://cdn.jamanetwork.com/ama/content_public/journal/jama/0/jsc250013supp1_prod_1767886009.70475.pdf.

[80] Jamie Bryan Hall and Ryan T. Anderson, "The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event," Ethics and Public Policy Center, April 28, 2025, https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/.

[81] 94,605 adverse events from 2017-2023, divided by 7 years = 13,515 serious adverse events, on average, per year.

[82] "Information on Miscarriage and Stillbirth by State," Heaven's Gain Ministries, accessed January 11, 2025, https://heavensgain.org/state-laws/.

[83] While options and information on options for fetal disposition after a miscarriage should be provided to women and families who seek medical care and wish to receive said information, apart from hospitals and clinics providing such options and information there should be no requirements imposed (e.g. issuing "mis-kits"), given such an event is unplanned (some women will not contact a hospital, and so it would be impractical and arguably insensitive to require it).

[84] Jason Miles, "Plumber finds fetus inside pipe while working at apartment complex, officials say," KFYR TV, September 12, 2023, https://www.kfyrtv.com/2023/09/12/graphic-plumber-finds-fetus-inside-pipe-while-working-apartment-complex-officials-say/. As noted in the article, detectives said a plumber working outside of apartment buildings in Houston "found a fetus when he opened a pipe outside of one of the buildings. The fetus is believed to just be weeks old. Neighbors said they had been complaining about backups since Friday." See also: Alejandra Yañez, Update: Tenant finds fetus while working on apartment plumbing in Mission," ValleyCentral.com, February 1, 2023, https://www.valleycentral.com/news/local-news/plumber-finds-fetus-in-mission-pipes-sources-say/, which outlines that "a tenant was working to unclog a pipe when he found the remains [of a fetus]." There are also numerous examples of wastewater treatment plants discovering babies in their systems; for example, in a South Carolina wastewater treatment plant two babies were recovered from the wastewater; see "2 fetuses found at wastewater treatment plant," The Associated Press, August 16, 2016, https://apnews.com/article/16fb077a579d483da1343bd547bb9f33. See also: "Fetus found in sewage at wastewater plant," The Associated Press, May 31, 2022, https://apnews.com/article/mississippi-wastewater-natchez-8021c8d89b77a8f82716ec3b2d8b78e1; Bonnie Campo, "Fetus Found By Deer Creek Waste Water Treatment Facility Workers," March 16, 2018, https://www.newson6.com/story/5e3490e2527dcf49dad7d914/fetus-found-by-deer-creek-waste-watertreatment-facility-workers, which notes, "Two contract employees with the Oklahoma City Utilities Department discovered human remains at city's Deer Creek Wastewater Treatment Facility ... The employees have been questioned by investigators, and been offered counseling services;" Jessica Schmidt, "Human fetus discovered

inside Cincinnati wastewater treatment plant," Fox19 Now, February 14, 2017, https://www.fox19.com/story/34495350/human-fetus-discovered-inside-cincinnati-wastewater-treatment-plant/, which states, "Workers at the Cincinnati wastewater treatment plant on Gest Street reported that they found a human fetus ... Counseling has been made available to all staff involved in the incident ... The coroner's office determined the fetus was a 16-18 week old non-viable fetus;" Associated Press, "Authorities investigating fetus found at wastewater plant," March 7, 2016, https://www.spokesman.com/stories/2016/mar/07/authorities-investigating-fetus-found-at-wastewate/; Dailymail.com Reporter, "Remains of fetus found at wastewater treatment plant in southern California," April 7, 2019, https://www.dailymail.co.uk/news/article-6896445/Remains-fetus-wastewater-treatment-plant-southern-California.html;" Kate King, "Fetus discovered at sewage plant," CT Post, October 3, 2010, https://www.ctpost.com/local/article/fetus-discovered-at-sewage-plant-685219.php, which states, "Workers at the Stamford wastewater treatment facility on Harbor View Avenue discovered a dead human fetus while sifting through sewage Saturday morning;" Mario Diaz, "Fetus found at Newark sewage treatment facility for second time this month," Pix 11, March 22, 2017, https://pix11.com/news/fetus-found-at-newark-sewage-treatment-facility-for-second-time-this-month/; which states, "A horrific discovery Wednesday morning at the Passaic Valley Sewerage Commission treatment facility as a fetus was located within the plant's operating system. It is the second time this month that workers have been presented with this kind of tragedy."

[85] While some may argue that mifepristone is also used in miscarriage care, miscarriage care does not require use of mifepristone (addressed in the above rebuttals). Similarly, some may point out that Mifepristone is the active ingredient in Korlym, which is sometimes used to treat Cushing Syndrome; specifically, Korlym is "indicated for people who have type 2 diabetes or glucose intolerance and for whom surgery is not an option or has failed to control their symptoms." See: Lindsey Shapiro, "Korlym (mifepristone) for Cushing's disease," Bionews, Inc., August 29, 2023, https://cushingsdiseasenews.com/korlym-mifepristone/. According to a 2018 KFF article, "Cushing's affects about 20,000 people in the U.S.," though not all will be prescribed Korlym. Another source estimates that around 300,000 people in the U.S. have adrenal Cushing's syndrome, but states there is a problem in diagnosing the disease. As it pertains to using Korlym (mifepristone) to treat the syndrome, consider the following:

1. About 70 percent of patients with Cushing's syndrome have Cushing's disease, and in these cases, surgery to remove the disease-causing tumor is "usually the first-line treatment" and "can cure the disease in up to 90% of patients."
2. Per one expert, "*Pills will never be better than surgery for adrenal Cushing's syndrome . . . since pills*
    - *Do not fix the underlying problem. The underlying problem is a tumor. The tumor does not disappear because you take a pill. It is like putting a Band-Aid on a large, bleeding artery. It does not fix the problem.*
    - *Are very toxic and have a lot of side effects.*
    - *Are highly expensive compared to surgery.*

    ... there are occasional times where these medications are useful. For instance:
    - *The patient has very high cortisol levels and the doctor needs to control it (as a bridge) until surgery.*
    - *Korlym has some promising signs of lowering cortisol and reducing weight in patients with adrenal Cushing's syndrome making adrenal surgery more straightforward. Again, pills would be used as a bridge to adrenal surgery.*
    - *In patients who have adrenal cancer that has spread, and surgery is no longer an option.*
3. Korlym is one of several medications used to treat Cushing's syndrome.

See: Sarah Jane Tribble, "How A Drugmaker Turned The Abortion Pill Into A Rare-Disease Profit Machine," KFF Health News, April 10, 2018, https://kffhealthnews.org/news/how-a-drugmaker-turned-the-abortion-pill-into-a-rare-disease-profit-machine/; Dr. Tobias Carling, "Top 5 Myths about Adrenal Cushing's Syndrome," Adrenal.com, November 23, 2021, https://www.adrenal.com/blog/top-5-myths-about-adrenal-cushing-s-syndrome; "Cushing Syndrome," Cleaveland Clinic, 12/27/2022, https://my.clevelandclinic.org/health/diseases/5497-cushing-syndrome; Marisa Wexler, MS, "Cushing's disease overview," Bionews, Inc., August 16, 2023, https://cushingsdiseasenews.com/what-is-cushings-disease/. See also: Martin Reincke, MD, and Maria Fleseriu, MD, "Cushing Syndrome | A Review," *JAMA,* Vol. 330, No. 2, July 11, 2023, https://jamanetwork.com/journals/jama/fullarticle/2807073.

[86] For further details, see Liberty Counsel Action's model legislation: "Environmental Protection from Chemical Abortion and Dignified Disposal of Human Remains Act," Liberty Counsel Action, October 2025, https://abortioninourwater.org/PDFs/AIOW/ModelStateLegislationEnvironmentalProtectionfromChemAbortionDignifiedDisposalofHumanRemainsAct.pdf.

[87] Note: To be clear, babies are by no means medical waste. They all—whether miscarried or aborted—deserve dignity. Even so, if one disagrees with the reality that an aborted baby is a baby, chemical abortions do result in the expulsion of blood, placenta, body parts and other material that is technically considered "medical waste" per the Clean Water Act's definition of the same. At the very least, they should be disposed of via respectful, sanitary means. See: Office of the Law Revision Counsel, 33 U.S.C. §1362(20), accessed May 30, 2025, https://uscode.house.gov/view.xhtml?path=/prelim@title33/chapter26&edition=prelim.

[88] Ingrid Skop, M.D., "Fact Sheet: Miscarriage Management with Mifepristone," *Charlotte Lozier Institute,* https://lozierinstitute.org/fact-sheet-miscarriage-management-with-mifepristone/.

[89] Ibid.

[90] Ibid.