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STATEMENT OF
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U.S. PUBLIC HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE
HOUSE COMMITTEE ON GOVERNMENT OPERATIONS
THE SUBCOMMITTEE ON HUMAN RESOURCES
AND
INTERGOVERNMENTAL RELATIONS

WASHINGTON, D.C.

MARCH 16, 1989

MR. CHAIRMAN.

I AM JOINED THIS MORNING BY MY COLLEAGUE, COMMANDER GEORGE WALTER, WHO IS MY SPECIAL ASSISTANT AND WHO SERVED AS DIRECTOR OF THE ABORTION STUDY.

I WILL PRESENT TO YOU THIS MORNING THE PROCESS WE USED TO INVESTIGATE HEALTH EFFECTS OF ABORTION ON WOMEN.

ON JULY 30, 1987, PRESIDENT REAGAN STATED THAT HE THOUGHT WOMEN WERE NOT BEING INFORMED ABOUT THE HEALTH EFFECTS OF ABORTION ON WOMEN. THE PRESIDENT DIRECTED THE SURGEON GENERAL TO ASSEMBLE A BODY OF INFORMATION ON THE HEALTH EFFECTS OF ABORTION ON WOMEN.

LET ME MAKE IT VERY CLEAR MR. CHAIRMAN THAT OUR CHARGE FROM THE PRESIDENT AND OUR DELIBERATIONS, AS WELL AS ANY CONCLUSIONS WE DREW HAD AND HAVE NOTHING TO DO WITH THE SAFETY OF ANY ABORTION PROCEDURE FOR THE WOMAN. RATHER OUR FOCUS WAS ON HEALTH EFFECTS POST-ABORTION BE THAT WEEKS, MONTHS OR YEARS.

MY STAFF AND I DECIDED THAT WE WOULD UNDERTAKE THIS PROJECT IN THE SAME MANNER THAT WE DID FOR THE SURGEON GENERAL'S REPORT ON AIDS. WE REVIEWED THE AVAILABLE LITERATURE ON THE HEALTH EFFECTS OF ABORTION ON WOMEN AND CONSULTED EXPERTS IN THE FIELDS OF SCIENCE, MEDICINE, PSYCHOLOGY, AND PUBLIC HEALTH. I MET PRIVATELY WITH 27 DIFFERENT GROUPS THAT HAD MEDICAL, PHILOSOPHICAL, OR PSYCHOSOCIAL EXPERTISE OR OTHER PROFESSIONAL INTERESTS IN ABORTION. THE PROCESS INVOLVED GROUPS SUCH AS THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS, THE ALAN GUTTMACHER INSTITUTE, THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, THE NATIONAL RIGHT-TO-LIFE COMMITTEE, THE PLANNED PARENTHOOD FEDERATION OF AMERICA, THE SOUTHERN BAPTIST CONVENTION, AND THE U.S. CONFERENCE OF CATHOLIC BISHOPS, AS WELL AS GROUPS OF WOMEN WHO HAVE HAD PSYCHOLOGICAL AND SOCIAL DIFFICULTIES THAT THEY FELT WERE DIRECTLY RELATED TO ABORTIONS.

WHEN I MET WITH EACH OF THESE GROUPS, BEFORE OR DURING THE MEETING, I INFORMED THEM THAT ALTHOUGH THE MEETING WAS BEING RECORDED THEIR CONVERSATIONS WOULD NOT BE USED FOR ANYTHING OTHER THAN INTERNAL REVIEW OF WHAT THEY SAID. HENCE, MY OBJECTION TO THE REQUEST TO HAVE THESE TRANSCRIPTS TURNED OVER TO THIS SUBCOMMITTEE. IF THE SURGEON GENERAL CANNOT ASSURE HIS CONSULTANTS CONFIDENTIALITY, THE BENEFITS OF HONEST AND UNINHIBITED CONSULTATION WILL CEASE.

AFTER WE MET WITH REPRESENTATIVES OF THE SEVERAL ORGANIZATIONS, STAFF FOLLOWED-UP WITH VARIOUS PARTICIPANTS FOR FURTHER CONSULTATION. THOSE CONSULTED WERE PRO-LIFE AND PRO-CHOICE AND CONSTITUTED AN UNOFFICIAL CONSULTING GROUP UPON WHOM WE RELIED FOR INFORMATION IN THE AREAS OF OB-GYN, PSYCHOLOGY, THEOLOGY, FAMILY PLANNING DATA, AND CONTRACEPTIVE METHODS.

INITIALLY, TWO TYPES OF REPORTS WERE CONSIDERED: (1) A SCIENTIFIC DOCUMENT DIRECTED TOWARD ACADEMIA, OR (2) A PAMPHLET FOR PUBLIC CONSUMPTION SIMILAR TO ONE ENTITLED THE SURGEON GENERAL'S REPORT: ACQUIRED IMMUNE DEFICIENCY SYNDROME. REVIEW OF PUBLISHED STUDIES ON THE PSYCHOLOGICAL SEQUELAE OF ABORTION BY STATISTICIANS AT NCHS AND CDC INDICATED THAT THE METHODOLOGY IN VIRTUALLY ALL THOSE STUDIES WAS SERIOUSLY FLAWED. OUR STUDIES REGARDING THE PSYCHOLOGICAL OUTCOMES OF ABORTION COULD NOT BE CONCLUSIVE FOR SEVERAL REASONS: (1) THE LACK OF CONSENSUS REGARDING THE SYMPTOMS, THE SEVERITY AND THE DURATION OF ADVERSE MENTAL REACTIONS POST-ABORTION, (2) THE LACK OF CONTROLS FOR PSYCHOLOGICAL SYMPTOMS OR DISORDERS ASSOCIATED WITH LIFE EVENTS EXPERIENCED BEFORE OR AFTER THE ABORTION, (3) THE METHODOLOGICAL DIFFICULTIES RELATED TO SAMPLING FROM AN APPROPRIATE STUDY GROUP, (4) FINDING A TECHNIQUE TO SURMOUNT THE FACT THAT AS MANY AS HALF THE WOMEN WHO HAVE HAD ABORTIONS ARE LIKELY TO DENY IT ON A QUESTIONNAIRE, AND (5) THE PAUCITY OF LONG-TERM FOLLOW-UP ON POST-ABORTION WOMEN.

BECAUSE THE REPORTS OF STUDIES OF PSYCHOLOGICAL EFFECTS WOULD NOT PERMIT IT, WE COULD NOT PREPARE A REPORT THAT COULD WITHSTAND SCIENTIFIC AND STATISTICAL SCRUTINY. IT WAS DECIDED THAT I WOULD SO INFORM THE PRESIDENT WITH AN EXPLANATORY LETTER RATHER THAN WITH A REPORT. SECRETARY BOWEN AND I DELIVERED THE LETTER TO THE WHITE HOUSE ON JANUARY 9, 1989. ON JANUARY 10, 1989, I INFORMED MY STAFF THAT NO FURTHER WORK ON THE ABORTION STUDY WAS NECESSARY AND DIRECTED THEM TO CLOSE THE FILES.

A DRAFT OF AN EARLY ATTEMPT AT A REPORT WHICH COMMANDER WALTER HAD PREPARED I REJECTED BEFORE I DECIDED TO WRITE THE LETTER TO THE PRESIDENT. I THOUGHT IT WENT BEYOND THE PRESIDENT'S CHARGE. WHILE I WAS PREPARING THE LETTER TO THE PRESIDENT OVER SEVERAL WEEKS, COMMANDER WALTER CONTINUED TO DRAFT ANOTHER REPORT OF THE INFORMATION WE HAD GATHERED. IT WAS SUBMITTED IT TO ME ON JANUARY 17, 1989. I DID NOT READ IT UNTIL I RECEIVED THE REQUEST TO TESTIFY BEFORE THIS COMMITTEE.

MY LETTER TO THE PRESIDENT FOCUSED ON PSYCHOLOGICAL EFFECTS OF ABORTION BECAUSE OBSTETRICIANS AND GYNECOLOGISTS HAD LONG SINCE CONCLUDED THAT THE PHYSICAL SEQUELAE OF ABORTION WERE NO DIFFERENT THAN THOSE FOUND IN WOMEN WHO CARRIED PREGNANCY TO TERM OR WHO HAD NEVER BEEN PREGNANT. I HAD NOTHING FURTHER TO ADD TO THAT SUBJECT IN MY LETTER TO THE PRESIDENT.

I HAVE PERSONALLY COUNSELED WOMEN POST-ABORTION WHO HAVE HAD SERIOUS REACTIONS TO ABORTION SO I KNOW THEY DO EXIST. I ALSO KNOW WOMEN WHO CLAIM POSITIVE HEALTH BENEFITS SO I KNOW THEY EXIST. HOWEVER, THE DATA FROM THE LITERATURE AT THIS TIME ARE INSUFFICIENT, SCIENTIFICALLY AND STATISTICALLY WITH ADEQUATE CONTROLS, TO SUPPORT THE PREMISE THAT ABORTION DOES OR DOES NOT PRODUCE A SPECIFIC POST-ABORTION SYNDROME.

THERE HAS NEVER BEEN A STATISTICALLY VIABLE PROSPECTIVE STUDY ON A COHORT OF WOMEN OF CHILD-BEARING AGE THAT WOULD YIELD INFORMATION ON THE EFFECTS OF ABORTION ON WOMEN. TO DO SUCH A STUDY WHICH WOULD BE CREDIBLE TO BOTH SIDES OF THE ABORTION ARGUMENT WOULD CONSUME A GREAT DEAL OF TIME AND WOULD BE EXPENSIVE.

YOU ASKED FOR COMMENTS ON A PREVENTION STRATEGY. SIMPLY PUT THE ONLY WAY TO PREVENT ADVERSE HEALTH EFFECTS OF ABORTION IS TO PREVENT THE ABORTIONS THEMSELVES. MOST ABORTIONS WOULD NOT TAKE PLACE IF PREGNANCIES WERE NOT UNPLANNED AND UNWANTED. THEREFORE, IT SEEMS THAT EFFORTS SHOULD BE DIRECTED TOWARDS WHATEVER MEANS WOULD MINIMIZE THE NUMBER OF UNWANTED AND UNPLANNED PREGNANCIES. ^{SEX ACTIVITY} THIS WOULD INCLUDE THE UNDERSTANDING OF CONTRACEPTION. IT IS SIGNIFICANT THAT THE MEDIAN AGE OF WOMEN HAVING AN ABORTION IS ABOUT 23.4 YEARS WITH A MEDIAN EDUCATION OF 12.7 YEARS. OBVIOUSLY EXPANSION OF RESEARCH INTO REPRODUCTION AND MALE AND FEMALE CONTRACEPTION WOULD COMPLIMENT SUCH AN ENDEAVOR. IT WOULD BE IMPORTANT TO CLASSIFY METHODS OF BIRTH CONTROL THAT ARE TRULY CONTRACEPTIVE AND NOT ABORTIFACIENT BECAUSE A LARGE SEGMENT OF THE POPULATION HAS NO COMPUNCTION ABOUT USING TRUE CONTRACEPTION BUT WOULD BE OPPOSED TO BIRTH CONTROL IF THE METHOD IS ABORTIFACIENT.

IT IS WORTH MENTIONING THAT THE FIRST PRESS RELEASE BY A WIRE SERVICE AFTER MY VISIT TO THE WHITE HOUSE COMPLETELY MISINTERPRETED MY LETTER TO THE PRESIDENT. THE RELEASE SAID THAT THERE WAS "NO EVIDENCE OF HEALTH EFFECTS POST-ABORTION" RATHER THAN SAYING THAT THERE WAS INSUFFICIENT SCIENTIFIC AND STATISTICAL EVIDENCE ON WHICH TO BASE AN UNIMPEACHABLE REPORT. THAT ERRONEOUS NEWS RELEASE WAS PICKED UP BY ALL THREE MAJOR NETWORKS AND REPEATED VERBATIM. SINCE THEN, THE INCORRECT CONCLUSIONS HAVE SURFACED PERIODICALLY AND HAVE BEEN USED IMPROPERLY TO FURTHER NOTIONS SINCERELY HELD BY THOSE ON ONE SIDE OR THE OTHER OF THE ABORTION ARGUMENT. I WOULD LIKE TO MAKE IT CLEAR THAT THE LETTER I WROTE THE PRESIDENT DID NOT ELIMINATE HIS QUESTION ON PSYCHOLOGICAL SEQUELAE, IT MERELY POSTPONED THE ANSWER.

ONE LAST COMMENT. I HAVE BEEN CRITICIZED BY A SEGMENT OF THE PRESS FOR NOT ADDRESSING THE HEALTH EFFECTS OF ABORTION ON THE FETUS. THIS WAS NOT WHAT I WAS CHARGED TO STUDY. I WAS ASKED BY PRESIDENT REAGAN TO LOOK AT THE HEALTH EFFECTS OF ABORTION ON WOMEN, AND THAT IS WHAT I DID. THE CONSEQUENCES TO THE FETUS ARE UNDENIABLE.

I WOULD BE GLAD TO ANSWER YOUR QUESTIONS.