



May 16, 2025

U.S. House of Representatives, Washington, D.C., 20515
U.S. Senate, Washington, D.C., 20510

RE: The danger abortion drugs pose to women and babies

The Honorable Members of The U.S. House of Representatives and U.S. Senate:

The following letter is on behalf of the American Center for Law & Justice (ACLJ) and over 220,500 of its supporters who oppose abortion and value innocent human life.¹ By way of introduction, the ACLJ is an organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. Counsel for the ACLJ have presented expert testimony before state and federal legislative bodies, and have presented oral argument, represented parties, and submitted amicus curiae briefs before the Supreme Court of the United States and numerous state and federal courts in cases involving a variety of issues, including the right to life, and in particular, issues plaguing chemical abortions.²

We appreciate and are encouraged at recent events in congressional hearings where members voiced their concern for the safety and health of American women and children. We write to raise a specific concern to both the sanctity of life and women's health and safety. These harms to women and children will continue under current federal policy regarding abortion pills if Congress does not intervene. Current regulations provide grossly insufficient safety measures for women and what little protection they do provide are openly ignored by organizations that mislead women as to the true risks of the abortion pill regimen.

Drug-induced, or "chemical" abortions, through the abortion pill regimen (i.e. mifepristone and misoprostol), are harmful to women. Widespread availability of chemical abortions facilitate physical harm and emotional coercion. Finally, it is well known that faulty and insufficient

¹ *Petition: Defend Life, Defeat Abortion in All 50 States*, ACLJ, <https://aclj.org/pro-life/defend-life-defeat-abortion-in-all-50-states>.

² See, e.g., *FDA v. All. for Hippocratic Med.*, 602 U.S. 367 (2024); *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (2022); *June Medical Servs. v. Russo*, 591 U.S. 299 (2020); *Livingwell Med. Clinic, Inc. v. Becerra*, 585 U.S. 1027 (2018); *Whole Women's Health v. Hellerstedt*, 579 U.S. 582 (2016); *Pleasant Grove City v. Summum*, 555 U.S. 460 (2009); *Gonzales v. Carhart*, 550 U.S. 124 (2007); *Schenck v. Pro-Choice Network*, 519 U.S. 357 (1997).

reporting standards prevent a full analysis of the risks. This under-reporting undermines common-sense safety regulations and informed consent laws. We have confidence that Congress will take seriously the severity of the dangers to women and babies and take measurable steps to protect women in this country from exploitation by bad actors.

I. Physical harm, psychological coercion and no safety measures are dangerous to women

Contrary to the false and oft-pushed narrative that abortion is “liberating” and a fundamental “right” for women, abortion largely serves as a form of oppression for women. Abortion is oppressive not only because women are often coerced into abortions but also because of the dangerous complications from abortions that threaten women’s health.

A. The myth of choice

Sixty-four percent of American women surveyed in the early 2000s reported feeling pressured by others to obtain an abortion.³ Nearly 74% of post-abortive women surveyed in 2017 admitted “that their decision to abort was [not] entirely free from even subtle pressure from others to abort.”⁴ Over 58% “reported aborting to make others happy.”⁵ While 28.4% of the women specifically chose abortion “out of fear of losing their partner if they did not abort.”⁶ A 2023 study showed that “61% of the women reported experiencing a high level of pressure to abort,” concluding that “[w]omen frequently choose abortion due to perceived pressures from other people, financial concerns, or other circumstantial pressures.”⁷ Differing from the narrative that abortion offers women “choice,” many women have been and continue to be pressured and coerced into abortion., and then are left, often without support, to navigate the negative effects of abortion. Often, pressure comes from those who prioritize their own interests above the best interests and wishes of the pregnant woman: “once abortion becomes available, it becomes the most attractive option for everyone *around* the pregnant woman.”⁸

Abortion is frequently a method of exploitation used by human traffickers, sexual predators, and domestic abusers. Forced abortions are prominent in sex trafficking where survivors are prevented from having any “choice.”⁹ Abortion also supplies a convenient means for sexual predators to conceal obvious evidence—pregnancy and childbirth—of their exploitation.¹⁰ One

³ Vincent M. Rue, et al., *Induced Abortion and Traumatic Stress: A Preliminary Comparison of American and Russian Women*, 10 MED. SCI. MONITOR 9 (2004).

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ David C. Reardon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, CUREUS (Jan. 31, 2023), <https://www.cureus.com/articles/124269-effects-of-pressure-to-abort-on-womens-emotional-responses-and-mental-health#!/>.

⁸ Frederica Mathewes-Green, *When Abortion Suddenly Stopped Making Sense*, Nat’l Rev., (Jan. 22, 2016), <https://www.nationalreview.com/2016/01/abortion-roe-v-wade-unborn-children-women-feminism-march-life/>.

⁹ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61, 73 (2014), <https://tinyurl.com/3hvjednk>.

¹⁰ See, e.g., *United States v. Raniere*, 2019 U.S. Dist. LEXIS 84634 (E.D. N.Y. May 3, 2019) (abortions for women impregnated by leader of apparent cult); Tonya Alanez, *58 Porno Videos of 15-Year-Old Girl Lead to Davie Man’s Arrest*, S. FLA. SUN SENTINEL (Oct. 23, 2019) <https://www.sun-sentinel.com/2019/10/23/58-porno-videos-of-15-year-old-girl-lead-to-davie-mans-arrest/> (“The victim stated that she got pregnant from the defendant and he took her to the clinic to have an abortion.”); Carole Novielli, *Man Took 14-Year-Old For Three Abortions After Impregnating Her; Clinics Ignored the Rapes*, LIFE NEWS (July 30, 2014), <https://www.lifenews.com/2014/07/30/man-took-14->

study revealed that among women who “chose” abortion, “the probability of being a victim of [intimate partner violence] in the past year . . . was almost three times higher than for women [who chose to continue their pregnancy].”¹¹ This is not “freedom” but a means to conceal coercion and abuse.

In the context of chemical abortions, it is far easier for an abuser to coerce a woman into taking abortion pills than to compel her to go to a facility for a surgical procedure.¹² Abortions, and especially chemical abortions, are an all-too-common method of exploitation of women.

B. Chemical abortions pose a great risk of physical harm to women

In addition to psychological exploitation, the physical safety of women is also at risk. The rate of abortion pill-related ER visits has increased by more than 500% in the past fifteen-years.¹³ Chemical abortions have nearly four times the complication rate of surgical abortion.¹⁴ In a brand-new study released on April 28, 2025, the largest-known study of the abortion pill based on 865,727 cases where women were prescribed mifepristone from 2017–2023 provides the following data: 10.93% experienced some adverse event in the 45-days after a chemical abortion, including, but not limited to:

- 28,658 cases of hemorrhage;
- 40,960 ER visits;
- 3,062 ectopic pregnancies;
- 24,563 cases required surgical abortion; and
- 49,169 other abortion specific complications.¹⁵

The pure medical risks are substantial. These numbers represent a significant difference from Mifeprex’s label, which claims only a 0.05% rate of adverse events following a chemical abortion.¹⁶ Despite the known risk and public pressure, long-standing safety measures in obtaining chemical abortion drugs and requirements for medical oversight were rolled back by the Biden administration, exponentially increasing the risk of complications for women and preborn babies.

[year-old-for-three-abortions-after-impregnating-her-clinics-ignored-the-rapes/](https://www.abc13.com/news/local/probation-revoked-for-man-in-forced-abortion-case/); David McFadden, *Probation Revoked for Man in Impregnating 11-Year-Old, Forcing to Get Abortion*, ABC13 News (July 19, 2018), <https://wsnet.com/news/local/probation-revoked-for-man-in-forced-abortion-case>.

¹¹ Dominique Bourassa, MD, & Jocelyn Bérubé, MD, *The Prevalence of Intimate Partner Violence Among Women and Teenagers Seeking Abortion Compared with Those Continuing Pregnancy*, 29 J. OBSTETRICS GYNAECOLOGY CAN. 415, 415 (2007).

¹² E.g., Nancy Dillon, *California Man Accused of Forcing Pregnant Girlfriend to Take Miscarriage Pills at Gunpoint*, N.Y. DAILY NEWS (Dec. 12, 2019), <https://www.nydailynews.com/2019/12/12/california-man-accused-of-forcing-pregnant-girlfriend-to-take-miscarriage-pills-at-gunpoint/>; Assoc. Press, *Police: NY Man Forced Woman to Swallow Abortion Pill*, FOX NEWS (Jan. 8, 2015), <https://www.foxnews.com/us/police-ny-man-forced-woman-to-swallow-abortion-pill>.

¹³ *Abortion Drug Facts, Introduction*, CHARLOTTE LOZIER INST., <https://lozierinstitute.org/fact-sheet-risks-and-complications-of-chemical-abortion/> (last visited May 3, 2025).

¹⁴ *Abortion Drug Facts*, CHARLOTTE LOZIER INST., <https://lozierinstitute.org/getthefacts/abortion-drugs>.

¹⁵ Jamie Bryan Hall and Ryan T. Anderson, *The Abortion Pill Harms women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event*, (April 28, 2025), <https://eppc.org/wp-content/uploads/2025/04/25-04-The-Abortion-Pill-Harms-Women.pdf>.

¹⁶ *Id.* citing Danco Laboratories, “The Safe and Effective Abortion Pill | Mifeprex (mifepristone),” <https://www.earlyoptionpill.com>.

Moreover, we know that, historically, we have inaccurate information on abortion harm as reporting negative side effects is inconsistent. The Charlotte Lozier Institute reported such a discrepancy on the claim that “abortion is safe.” In the study claiming safety, only 74% of women in the study followed up with the researchers.¹⁷ “[W]omen who feel the most negative reactions following their abortions are less likely to participate in follow ups, and FDA data shows that women who have been harmed by abortion frequently end up seeking care from another doctor.”¹⁸ This phenomenon, where over 25% of participants fail to follow up with medical staff, shows how unreliable the current reported statistics are regarding chemical abortion complications. This Congress must act to ensure higher standards of care, rigorous reporting of all adverse events, and if the evidence thus collected supports it, a federal restriction of medication abortion.

II. The harm to women has increased since FDA deregulation

After Biden’s FDA removed critical life-protecting restrictions—such as in-person doctor visit requirements—from the prescribing of chemical abortions, the number of chemical abortions has skyrocketed. Since the year 2000, there have been nearly six-million chemical abortions.¹⁹ In 2022, chemical abortions were the most common way women chose to abort their babies.²⁰ In 2023, abortions reached the highest numbers seen in a decade, and 63% of all abortions reported in the U.S., or 642,700, were chemical abortions.²¹ Even with these numbers, the Guttmacher Institute warned that the reported numbers were “almost certainly” lower than actual abortion numbers because the numbers only reflected documented abortions within the healthcare system.²² The deregulation of the pill and boom of telehealth increased access to chemical abortions via unregulated domestic and foreign abortion pill providers. Reported numbers are severely undercounted.

As the public controversy surrounding the legality, safety, and availability of chemical abortions has increased in recent years, abortion pill providers have actively and openly sought ways for customers to illegally stockpile pills without prescriptions and hide their chemical abortions. In fact, the largest increases in requests for abortion drugs have occurred in states where abortions are banned.²³ These findings stem from a review of Aid Access,²⁴ an “online telemedicine service providing self-managed chemical abortions (abortion conducted outside the formal health care setting) in the US,” and does not account for international abortion pill

¹⁷ *CLI Scholars React to Nature Medicine Study*, CHARLOTTE LOZIER INST. (Feb. 16, 2024), <https://lozierinstitute.org/cli-scholars-react-to-nature-medicine-study/>.

¹⁸ *Id.*

¹⁹ Carole Novielli, *FDA Estimates Show Abortion Pill Killed Almost 6 Million Preborn Humans Since 2000*, LIVE ACTION (Sept. 27, 2023), <https://www.liveaction.org/news/fda-abortion-pill-6-million-preborn-2000/>.

²⁰ Rachel K. Jones et. al., *Medication Abortion Now Accounts for More Than Half of All US Abortions*, GUTTMACHER, <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions> (last updated Dec. 1, 2022).

²¹ Carole Novielli, *Abortions are Skyrocketing. With a Whopping 63% Done by Abortion Pill. Here’s Why.*, LIVE ACTION (Mar. 20, 2024), <https://www.liveaction.org/news/abortions-skyrocketing-63-percent-abortion-pill/>.

²² *Id.*

²³ Abigail R. A. Aiken et. al., *Requests for Self-managed Medication Abortion Provided Using Online Telemedicine in 30 US States Before and After the Dobbs v Jackson Women’s Health Organization Decision*, JAMA NETWORK (Nov. 1, 2022), <https://jamanetwork.com/journals/jama/fullarticle/2797883>.

²⁴ *Id.*

businesses that ship abortion pills into the U.S. without any sort of telehealth consultation or prescription in “prepper” kits intended for women who are not pregnant.²⁵

A. Continuing current de-regulation practices risk the health of women and children

With the advent of telehealth as the primary means of prescribing these drugs, misdiagnosis or even non-diagnosis of gestational age or ectopic pregnancy is becoming increasingly common. It’s been observed that some foreign online abortion pill providers will mail pills with no verification of gestational age, let alone standard medical examinations that would normally accompany such a prescription.²⁶ These foreign businesses are “neither monitored nor approved by the U.S. government and remain undisturbed.”²⁷ Even some U.S.-based companies that refer women to these websites emphasize that, while some lab testing has been done, they cannot ensure that the drug will continue to be reliable or safe.²⁸

i. *Inability to correctly estimate gestational age and lax reporting requirements*

Normally, gestational age is determined via ultrasound and is highly reliable at correctly determining age. During that procedure, an ectopic pregnancy may be discovered by the ultrasound technician. The danger lies here as there is no required in-person checkup before the prescription of abortion pills. Thus, determining the true gestational age of the child and the ability to detect ectopic pregnancies is greatly hindered. The American College of Obstetricians and Gynecologists reports that approximately half of women cannot accurately recall the date of their most recent menstrual period, requiring gestational age to be re-estimated in 40% of pregnancies following an ultrasound.²⁹ Therefore, without the valuable information from an ultrasound, it is difficult to diagnose an ectopic pregnancy.³⁰ “Telehealth evaluation should not replace an adequate physical examination with vital signs, a speculum, bimanual examination, ultrasonography (for location, dating, and viability), and appropriate laboratory studies, including beta human chorionic gonadotropin, hemoglobin, and Rh status.”³¹

Furthermore, CDC data reveals that it is known that abortion pills are being prescribed well past the current gestational limits of 11-weeks.³² In a 2021 report, the CDC recorded 12,231 chemical abortions that occurred within 10-13 weeks of gestational age, despite the 11-week cutoff.³³ The CDC has no information on how many of those 12,231 occurred past the 11-week cutoff.³⁴ However, the CDC reported that nearly 1,000 chemical abortions occurred at gestational ages above 13 weeks, with 458—or almost half—of which occurred at or after 21 weeks of

²⁵ Carole Novielli, *Company ‘Out of Compliance’ With Federal Law Begins Selling Abortion Pill ‘Prepper’ Kits Online*, LIVE ACTION (Dec. 18, 2024), <https://www.liveaction.org/news/company-out-compliance-law-abortion-prepper-kits/>.

²⁶ See KATHERINE VAN DYKE, *BENEATH THE SURFACE: EXPOSING THE ABORTION PILL DRUG CARTEL 6* (American Life League, Sept. 2024), https://www.all.org/wp-content/uploads/2024/09/ALL_AbortionPillReport2024.pdf.

²⁷ *Id.*

²⁸ *Id.*

²⁹ Letter from Karen Poehailos MD to Editor of Journal of Am. Fam. Physician, Apr. 15, 2011, <https://www.aafp.org/pubs/afp/issues/2022/0100/p5.html>.

³⁰ *Id.*

³¹ *Id.*

³² Carole Novielli, *CDC Report Shows Abortion Pill is Being Prescribed Past FDA Limits*, LIVE ACTION (Nov. 30, 2023), <https://www.liveaction.org/news/cdc-report-abortion-pill-prescribed-past-limits/>.

³³ *Id.*

³⁴ *Id.*

gestational age.³⁵ These numbers are only generated via *voluntary* reporting to the CDC from 48 reporting areas.³⁶ The true scope of how many pills are being prescribed after the 11-week limit is impossible to determine under current reporting conditions. Given the admissions of even self-reporting abortion providers that they are exceeding gestational limits, it does not strain belief to infer the true scope of the problem to be even greater.

ii. *Chemical abortions necessitate more emergency interventions*

The consequences of incomplete and flawed reporting do not end at prescriptions that exceed the 11-week gestational cutoff. As noted above, the FDA has not required any adverse consequences other than the death of the woman to be listed as a “complication” of chemical abortions.³⁷ However, one study found that 75%—three-quarters—of women treated at ERs after taking abortion pills were in “severe” or “critical” condition.³⁸ From 2004 to 2015, the number of complications designated as severe or critical increased by 4,041.1% for chemical abortions.³⁹ That means that in just eleven years, the prevalence of serious medical conditions among women visiting the ER after taking abortion pills increased by a factor of over forty; and this was still five years before the Biden administration’s irresponsible deregulation. If these kinds of complications were occurring even when the drug was more regulated than it is today, at the very least the former restrictions, and ideally even greater ones, ought to be implemented immediately.

In the years since Biden’s FDA deregulation, reliable numbers are hard to come by, but some medical professionals are reporting very similar trends. In 2022, ACLJ was directly informed by a California doctor that women are taking the abortion pill late in their pregnancy, which has led to a flood of women seeking treatment in California emergency rooms. One woman who came in with complications was 32 weeks pregnant and delivered a live baby in a hospital toilet while waiting to be seen. She fled the scene, leaving the baby in need of medical attention, and without receiving appropriate medical attention for herself. The doctor informed the ACLJ that at that time, this was occurring at least once a week in *every* emergency room in Orange County, California. This story highlights perfectly the risk that unregulated chemical abortions pose to women and their preborn babies if the current regulations are not strengthened.

Even when the woman survives, a “successful” chemical abortion still carries a great risk of psychological harm for a woman. For example, after several abortions—some a product of coercion post-sexual abuse as a minor—a young woman attempted a chemical abortion.⁴⁰ She was given the first pill in an abortion center and sent home to weather the experience alone.⁴¹ After intense pain, the young woman delivered the baby in the bathroom and watched the live baby die in her hands.⁴² This young woman suffered from severe back pain and intense bleeding for *months*

³⁵ *Id.*

³⁶ *Id.*

³⁷ RAFFERTY, *supra* note **Error! Bookmark not defined.**

³⁸ Valerie Richardson, *Study Finds 75% of Women Treated at ERs After Taking Abortion Pills Rated ‘Severe or Critical’*, THE WASHINGTON TIMES (Sept. 5, 2024), <https://www.washingtontimes.com/news/2024/sep/5/three-quarters-of-women-seen-at-ers-after-taking-a/>.

³⁹ *Id.*

⁴⁰ Cassy Cooke, *Woman “Screamed” When She Saw Baby’s Heart “Still Beating” After Taking the Abortion Pill*, LIVE ACTION (Jan. 12, 2024), <https://www.liveaction.org/news/woman-screamed-babys-heart-beating-abortion-pill/>.

⁴¹ *Id.*

⁴² *Id.*

after taking the pill, while Planned Parenthood refused to offer her any help.⁴³ Eventually, she was rushed to the emergency room with dark purple urine and diagnosed with toxic shock as a result of the placenta failing to expel itself from her uterus.⁴⁴ The nurse told her that if she had not come in that morning she would have died.⁴⁵ Though she medically recovered, this young woman suffers residual psychological trauma because she watched her baby die, screaming when she realized what she did, and later stating the experience “about killed her.”⁴⁶ This is not a rare story and is yet another reason why chemical abortions fail women.

iii. *Domestic and foreign businesses profit from chemical abortion and encourage circumventing state law*

Pro-abortion businesses and organizations profit from the deregulation of chemical abortions by the FDA and promote telehealth abortion pills in states where the pills are illegal and in states where abortions are banned or prohibited before the FDA’s 11-week cutoff—though some provide the pill up to 13-weeks’ gestation. For example, the website, Plan C, provides a list of telehealth providers who supply to all or most of the 50 states.⁴⁷ The following are all websites referred to by Plan C as options for obtaining abortion pills:

1. A Safe Choice: referral website connecting users with doctors licensed only in California but prescribing nationwide, skirting state laws that differ from California by using the immunity of California’s “Abortion Shield Law.”⁴⁸
2. We Take Care of Us: claims to provide “safe and supported medication abortion during the first 12 weeks of pregnancy” nationwide.⁴⁹ Allows users to order “prepper kits” for when a woman is not pregnant “to have on hand, just in case.”⁵⁰
3. Abuzz Health: Prescribes chemical abortion drugs up to 13 weeks gestation in all but four states: Texas, Georgia, Alabama, and Missouri.⁵¹ It also provides abortion pills in advance of pregnancy “just in case.”⁵²
4. The Map: a group of Cambridge Reproductive Health Consultants, offers abortion pills in all 50 states,⁵³ and will also provide the pills “for use in the future” where the user is “not pregnant now but want[s] them on hand,” for a \$150 fee.

Foreign entities are also taking advantage of this deregulation for easy profit:

1. Women on Web: A Canadian organization, provides abortion pills to U.S. users nationwide and provides the pill to nonpregnant users.⁵⁴ The website also offers

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ Home, PLAN C, <https://www.plancpills.org>.

⁴⁸ Home, A SAFE CHOICE, <https://asafechoicenetwork.com>.

⁴⁹ Home, WE TAKE CARE OF US, <https://www.wetakecareof.us>.

⁵⁰ *Id.*

⁵¹ Home, ABUZZ, <https://www.abuzzhealth.com>.

⁵² FAQs, ABUZZ, <https://www.abuzzhealth.com/faqs/>.

⁵³ The MAP, CAMBRIDGE REPROD. HEALTH CONSULTANTS, .

⁵⁴ *Abortion Pills for Future Use*, WOMEN ON WEB, <https://www.womenonweb.org/en/survey/22051/abortion-pills-for-future-use>.

medical advice to users “to ensure no remains [of the drug] can be found in [their] system.”⁵⁵

2. Las Libres: A Mexican-based group provide the pills and provide advice on how to skirt local laws by avoiding any detection of the drug medically and by destroying written communications in drug procurement.^{56,57} The group uses encrypted VPNs and uses a documented smuggling network to get these drugs across the southern border.^{58,59}
3. Other foreign groups provide “Prepper kits” to stockpile abortion pills without a prescription for “emergencies.”⁶⁰

The risk that chemical abortions pose to women and their pre-born babies is one that should not be, but is, understated. Knowing that this Congress cares for the safety of both women and preborn children, we respectfully request that—at the very least—hearings be held where members of the medical community can expound upon these dangers. Legislation must also be passed to prevent the illegal dispensing of these harmful drugs.

iv. Deregulation allows AI to illegally dispense abortion pills

The ACLJ has received information and evidence regarding the illegal movement of abortion pills within the United States from one of the Pregnancy Resource Centers (PRCs) we have previously assisted. A volunteer at the Gate Pregnancy Resource Center in North Carolina requested abortion pills using the Plan C website, which then connected her to the recently-defunct, pro-abortion organization, National Women’s Health Network (NWHN). The website’s chatbot assured the volunteer that abortion pills are “very safe and effective” while assuring her that the information was “private, secure, and anonymous.” After asking the volunteer what the estimated gestational age was, and the volunteer responded she was uncertain, the bot again asked for an estimate. When there was no estimate given by the volunteer, the bot assured her that although accurate gestational age was missing, they could still find the “right care for you,” ignoring the FDA’s current gestational age guidelines. The bot then asked for a city, state, and zip code, assuring that the information was private (suggesting the organization knew it might be providing abortion pills to states that have made them illegal). After assuring the volunteer that “doctors generally say it’s safe to take pills without seeing a provider first,” the volunteer ordered abortion pills by mail from the chatbot.

The volunteer received the pills, which were packaged to hide the nature of the contents and their origin. The pills were in a large manilla envelope with the return address for “The Winchester Family” and a street address of a hotel in Oakland, California named “Jack London Inn.” This obviously deceptive packaging contained three small resealable baggies, each with one

⁵⁵ *Mifepristone & Misoprostol Abortion Pills*, WOMEN ON WEB, <https://www.womenonweb.org/en/abortion-pill>.

⁵⁶ Home, LAS LIBRES, <https://www.laslibres.org/> (last visited Mar. 25, 2025); Stephania Taladrid, *The Post-Roe Abortion Underground*, THE NEW YORKER (Oct. 10, 2022), <https://www.newyorker.com/magazine/2022/10/17/the-post-ro-roe-abortion-underground>; Ciara Nugent, *This Mexican Activist Is Helping Americans Defy Abortion Bans*, March 2, 2023, <https://time.com/6259106/veronica-cruz-sanchez-2/>.

⁵⁷ See VAN DYKE, *supra* note 28 at 3.

⁵⁸ *Instructions*, LAS LIBRES, <https://laslibres.org/Instructions/> (last visited Jan. 30, 2025).

⁵⁹ See VAN DYKE, *supra* note 28.

⁶⁰ *Prepper Kits 3,5,10*, MEDSIDE24.COM, <https://www.medside24.com/product-page/prepper-kits> (last visited May 3, 2025); Carole Novielli, *Company ‘Out of Compliance,’* *supra* note 25.

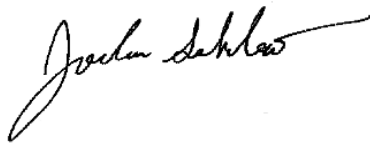
disposable makeup pad folded upon itself inside. Upon inspection, these pads contained pills that the PRC's pharmacist could not identify based on visual inspection. This is a concrete example of the problems surrounding deregulation of chemical abortion pills. We urge Congress to take enforcement action to end these illegal shipments and protect the women targeted by these organizations.

IV. Conclusion

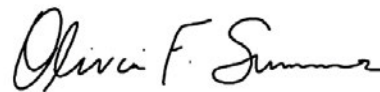
The ACLJ has and will always take the position that abortion takes an innocent human life. There is no more an innocent or helpless a state for a human being than while still forming in their mother's womb. These innocent human beings deserve the full protection of the law. However, preborn babies are not the *only* victims of the abortion industry's callous exploitation of human life. Women are deceived, harmed, and traumatized by all forms of abortion. The increase in the sale and use of chemical abortions, and the numerous risks and harms to women detailed in this letter, is a demonstration of the consequences of abortion ideology. We have great confidence in this Congress and its desire to protect the lives and well-being of American women. That is why, considering the discussion above, we ask that the previous FDA restrictions for abortion pills be reinstated while more data can be gathered under more robust reporting requirements. However, we believe that even with current information it would be prudent to completely ban these drugs from the market.

We hope that Congress will correct the dangerous and reckless course set by the Biden Administration. Should this Congress decide to move forward with advancing pro-women legislation, the ACLJ stands ready to assist in whatever way possible.

Sincerely,



Jordan Sekulow
Executive Director
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Olivia F. Summers
Senior Litigation Counsel
American Center for Law & Justice