

As our country comes together to battle the threat of COVID-19 (coronavirus), Americans are heroically rising to the challenge of social distancing and helping the vulnerable. Aware of the importance not only of such practices as donating personal protective equipment to medical personnel, each of us is responding to the call to examine how we can lessen demands on our health care system for equipment and services needed by those who are ill or at increased risk. Recognizing that this number is already intolerably high and can rapidly surge, we are heeding calls and directives to come to the aid of others in this urgent situation.

Unfortunately, there is one clear outlier – the abortion industry. In 2017, the latest year for which statistics are available, 29,500 abortions were performed in North Carolina, including both surgical and medical procedures. By ceasing both surgical and chemical abortions now, abortion providers will free up much needed medical equipment and decrease the demand placed on ER's due to complications from both medical and surgical abortion. This also will protect women who will, without doubt, need follow-up care, including infection treatment and transfusions, from North Carolina's emergency care centers and hospitals.

While we are in a hectic race to save lives, abortion providers remain insistent on taking the lives of innocent unborn children. While surgery centers postpone elective and diagnostic procedures, abortion centers are churning out surgical and chemical abortions and putting women, especially the poor, at risk. Their continued operation depletes sorely needed personal protective equipment and leads to complications that will further overwhelm already overextended emergency rooms.

On social media platforms, abortion activists are relentlessly insisting that dangerous chemical abortions be made more accessible, even going so far as to demand that FDA safeguards meant to protect women are temporarily suspended.

At a time when hospitals are overloaded, the abortion industry is putting women at risk of incomplete abortion, hemorrhage, and infection. Women undergoing chemical abortions are especially vulnerable, experiencing four times as many adverse events as women undergoing surgical abortions. As many as five to seven percent of all women obtaining chemical abortions will receive surgical procedures. Three percent could end up in the emergency room.

Furthermore, the abortion industry is putting women at risk of infection with COVID19, as well as its own employees by remaining open during this time of unprecedented peril. Many of the clinics in North Carolina see between 25 and 40 patients per day, far exceeding the recommended guidelines of no more than 10 people gathered in any one place. In addition, their consumption of PPE's and other equipment for elective procedures increases the scarcity of needed medical supplies by hospitals and medical professionals fighting on the front lines of COVID-19 response.

The abortion industry is compounding one crisis with another. Therefore, we urge you and Secretary Cohen to use your broad emergency authority to safeguard women and our healthcare providers by:

- Ensuring that emergency response funds are not diverted to the abortion industry.

- Directing the abortion industry to cease operations and join other healthcare providers who have ceased elective procedures due to a directive by Secretary Cohen asking hospitals and ambulatory surgery centers to suspend all elective and non-urgent procedures and surgeries. Abortion should not be allowed during this state of emergency unless there is a true medical emergency making “it is necessary to avert death” of the pregnant woman or “for which a delay will create serious risk of substantial and irreversible physical impairment of a major bodily function.” N.C.G.S. 90-81.21(5)
- Urging abortion providers to donate their PPE and other equipment to coronavirus response.
- Ensuring that state law prohibiting abortions by telemedicine is enforced during the crisis and maintaining FDA limits requiring dispensing of chemical abortion medication in person by qualified licensed physicians. N.C.G.S. 90-21.82(1)(a)
- Promoting medically accurate and supportive information for women that counters the inaccurate and exploitative messaging coming from the abortion industry. N.C.G.S. 90-21.82
- Since 5-7% of women receiving chemical abortion will require surgical procedures and 3% could end up in the emergency room, requiring reporting of complications from abortion that are treated in emergency rooms during this state of emergency response.

North Carolinians are united in a spirit of mutual concern, hope, and solidarity to forge through this crisis and save every threatened human life. We write in full support of these measures and pray for policymakers, our heroic health care personnel, essential service workers, and our fellow North Carolinians, as we join to affirm life and keep our state strong.

Sincerely,