

## Rebuttals to Common Arguments:

### ABORTION IN OUR WATER

**Argument:** The medical waste from abortions is no different from the medical waste from miscarriages. In both cases, the woman is generating medical waste, not the abortion provider.

- **Rebuttal:** This is a very sensitive and challenging topic to address, and it is vital to note that the two are vastly different. For example, many expectant moms suffering the loss of their baby will go to the hospital, where they can receive proper treatment in accordance with all state and local laws. Even for those who do not, not all will willingly flush their baby down the toilet.
  - Furthermore, in the case of induced abortion, the fetal remains are tainted by the chemical abortion pill.
  - As an abortion is planned, the possible effect of the outcome (an expelling of human tissue) on our water can be mitigated. Specifically, it would be possible to require “catch kits;” indeed, it is irresponsible not to, given the harmful impact aborted babies may have on our water supply.
  - As it relates to the "generator" of the medical waste: In an induced abortion, the "generator" is the abortion provider. This is clearly the case in a surgical abortion; that is, the clinician performing the abortion is considered the generator of the waste – not the patient. 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 the chemical abortion pill, no medical waste would be generated.

**Argument:** Pharmaceuticals have been studied and shown to be in our water, but in such low concentrations they won't affect human health.

- **Rebuttal:** Their possible effects [over time](#) have not been comprehensively studied, nor has the [complex interaction of multiple pharmaceuticals and other contaminants](#) been comprehensively studied for all possible [combined](#) effects (particularly in [children](#)).

**Argument:** Many pharmaceuticals will be removed in conventional wastewater and drinking water treatment.

- **Rebuttal:** Many is not all. And we know other pharmaceuticals and potential endocrine-disrupting compounds, e.g. PFAS, even in very low doses, can be detrimental over time.

**Argument:** Advanced and/or post-treatment processes at wastewater treatment facilities can remove pharmaceuticals.

- **Rebuttal:** Most POTWs are [conventional, not advanced](#).

- Furthermore: While there are advanced treatment systems that [can remove](#) up to 100 percent of certain pharmaceuticals, they face numerous limitations—for example, some have higher operational costs, and, depending on the type of advanced treatment, can lead to “the formation of toxic by-products during the oxidation of pharmaceuticals,” which raises “significant environmental safety concerns about water treatment technologies,” among others.
- The costs of implementing and operating the more effective systems would likely be beyond what [rural communities, particularly](#), could afford.
- Even if this is pursued, it would take decades to fully implement across the United States. The U.S. government should not be risking American's health by continuing to allow possible exposure to mifepristone metabolites while WWTP processes are updated.
- Such efforts still would not get rid of the disturbing reality that human remains (medical waste) are being processed at WWTP, which do not remove all organic waste but allow approximately 10% to enter the water supply (meaning it is highly likely human remains are entering the water supply at a molecular level).

**Argument:** Chemical abortion has been effective for decades, and this is simply a means to control women's bodies.

- 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 remains 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 possible adverse effects caused by said negligent actions are properly addressed.

For more information, visit:  
**[AbortionInOurWater.org](http://AbortionInOurWater.org)**