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# **Turnaway Study Report Unethically Violated Participants' Privacy and Misleads Public with a Non-Representative Sample, Selective Reporting, and Overstated Conclusions**

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**ABSTRACT:** Results from the Turnaway Study, conducted by Advancing New Standards in Reproductive Health (ANSRH), have widely been represented as definitive proof that women denied access to abortion will suffer severe injury to their health and economic wellbeing. Yet a careful examination reveals that the study is based on a non-random, non-representative sample of women that grossly underrepresents the experiences of the majority of women undergoing abortions. In addition, a reanalysis of its reported results reveal that the effect size of the outcomes observed have been grossly overstated, leading to conclusions that are not supported by the results. There also appears to be selective reporting and misrepresentation of results previously published. In addition, inconsistencies in ANSRH's published record strongly suggest that the credit history reports of the Turnaway Study participants were obtained without their informed consent.

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Advancing New Standards in Reproductive Health's (ANSIRH) Turnaway Study, led by Diana Greene Foster, has resulted in more than fifty peer reviewed studies (Foster 2020). With a well-funded public relations department, many of those studies have captured national headlines (Reardon 2018b) and have been widely cited in legislative hearings and court cases relevant to abortion laws (Shutt 2024; Douglass 2022; Lenharo 2021). One of the most recent Turnaway Study reports was published in the *American Economic Journal: Economic Policy* and concludes, per the abstract, that "women who were denied an abortion experience a large increase in financial distress that remains for years" (Miller, Wherry, and Foster 2023).

In this critique, I argue that this conclusion relies on unreliable data, is overstated, and was based on human data collected without the informed consent of the persons being studied. To provide context to this critique, it is notable that ANSIRH provides abortion advocacy and training (Goodman, Wolfe, and Group 2012). It was founded by Tracey Weitz (ANSIRH, n.d.) who also directs the Susan Thompson Buffett Foundation's population control efforts (Callahan 2014). Warren Buffett is known to have a "Malthusian dread" of population growth (Philanthropy Roundtable 2023; Weise 2015), a concern which is shared by other foundations which also support ANSIRH (Martin 2016; Harlow 2009; Ludwig 2020) and that are also investors in the testing, manufacture and distribution of the abortion drug, mifepristone, also known as RU-486 (Novielli 2019; Levintova 2023).

In short, ANSIRH's staff and their donors do not approach abortion research from a neutral perspective. Indeed, it is possible, even likely, that their individual and organizational desires to increase abortion access and abortion rates in targeted "underserved" communities have contributed to the inconsistencies, misrepresentations, overstatements, and lapses in scientific rigor which are discussed below.

It is also notable that ANSIRH along with other abortion advocates have called for the retraction of studies that have reported negative effects associated with abortion which they have described as being "unreliable" (Littell et al. 2024). They have insisted that any research touching on public policy regarding abortion that "cannot be relied upon" should be retracted, noting: "We must maintain uncompromising standards of quality and integrity at every stage in the production and dissemination of scientific research.... Allowing inaccurate information to remain in the scientific record can have lasting and deleterious effects on law, public policy, clinical practice, and public health" (Littell et al. 2024). Surely, the same standards for quality and integrity should also apply to studies published by abortion advocates.

This critique of the Turnaway Study in general, and their credit history analysis in particular, is formulated around the same standards ANSIRH has used to call for the retraction of other papers. In light of the observations,

criticisms, and unanswered questions detailed below, it will be clear that those same standards require the correction of overstated conclusions published regarding the Turnaway Study, notices of concern regarding results that are being withheld, and in at least some cases the retraction of published papers that are based on unethically obtained data.

### **The Turnaway Study Sample is Not Representative.**

In short, the Turnaway Study is based on a non-random, non-representative convenience sample (Reardon 2018b; Coleman 2022). The sampling flaws are so serious that none of the results from any of the studies can be relied upon for drawing substantive conclusions about the general population. Such a convenience sample may be useful for forming hypotheses. But it should not be presented as evidence that ANSIRH's hypotheses have been confirmed to be true, which is how it is regularly presented (Foster 2020).

### ***The Invitation Process was Not Random and Required Exclusion of Women at Higher Risk of Negative Reactions.***

The Turnaway Study utilized a convenience sample drawn disproportionately from 30 different abortion clinics. The invitation process was not random. Clinic staff were instructed to exclude women who were seeking abortions for therapeutic reasons, such as fetal anomalies (Foster 2020). This single exclusion criteria makes the sample unrepresentative of all women seeking abortions and was most likely implemented precisely to exclude a subset of women known to have more negative reactions to their abortions (Reardon 2018a).

In addition, clinic staff were free to exercise their own judgment on when to invite patients to participate (Reardon 2018b), with some staff inviting less than 20% of eligible patients while others invited 70% to 100% (Dobkin et al. 2014). The lack of a random invitation process, alone, prevents any results from being applied to the general population of women who have had, or have sought, abortions.

### ***Sample Quality was Further Reduced by a Low Participation Rate and Self-censure.***

Of 3,045 women invited to participate, only 1,132 (37.2%) agreed to participate. Normally, such a low participation rate would often result in automatic rejection of studies by many journals. For example, the journal *Obstetrics & Gynecology* requires a minimum response rate of 60% or higher ("Instructions for Authors" 2019).

But this low participation rate was even further damaged by a 15.5% dropout among those who had agreed to be interviewed during the seven to eight days prior to their first interview. This dropped the actual participation rate

(completion of at least one interview) to 31%. Over the course of the five years that additional interviews were attempted, approximately half of the remanent dropped out (Reardon 2018b).

In any context, a mere 31% participation rate introduces an overwhelming imputation that the results are tainted by self-selection bias. This is even more true when the subject matter is one's recent abortion, where it is well established that abortion patients who anticipate the most post-abortion distress are least likely to agree to post-abortion interviews (Söderberg et al. 1998; Adler 1976; Reardon 2018a). This effectively results in self-censure, the omission of data representing an important subgroup of the target population. This self-censure is especially significant when the outcomes of interest are related to the emotional and psychological responses associated with abortion.

In an effort to deflect criticism of the fact that only 31% of women invited to participate in the Turnaway Study did so, ANSRIH has asserted that these low rates of participation are similar to those of other post-abortion survey studies initiated at other abortion clinics (Foster 2020). But comparisons to other poor studies do not convert a poor study into a good study.

Similarly, ANSRIH has asserted that their study compares well (A. Biggs et al. 2022) to the attrition rate reported in the Nurse's Health studies (Bao et al. 2016). But while a 5% attrition rate every six months is not unprecedented, the original Nurse's Health Study had a 71.2% participation rate (Bao et al. 2016), not a mere 31%. Plus, the participants in the Nurse's Health Study were not incentivized with \$50 gift cards at each interview. So ANSRIH's attempt to claim that the Turnaway Study participation rates are in any way similar to the Nurse's Health Study lacks any merit.

In fact, the Turnaway Study's low participation rate does not even fare well in comparison to other ANSRIH abortion clinic sponsored studies. In another ANSRIH study collecting data only from pre-abortion interviews, 72% of women invited to participate did so (M. A. Biggs et al. 2020) well over twice the Turnaway Study participation rate. Notably, this higher rate of participation for a pre-abortion interview was most likely due to the fact that the women who anticipated post-abortion stress were not being asked to participate in a post-abortion interview.

### ***The Sample Disproportionately Excludes Women Who Experienced Pressure to Abort.***

Women who feel pressured to abort contrary to their own values and preferences are significantly more likely to attribute negative emotional and psychological reactions to their abortions (Rue et al. 2004; Reardon and Longbons 2023; Reardon, Rafferty, and Longbons 2023; Reardon 2024b).

One retrospective study of patients at health care facilities found that 64% of women with a history of abortion reported being pressured to choose

abortion by others (Rue et al. 2004). Another study of a national population of women 41-45 years of age, part of the Unwanted Abortion Studies, found that 61% of those with a history of abortion reported high levels of pressure to abort and that pressure to abort was strongly correlated to undergoing an abortion contrary to the woman's own moral beliefs or maternal desires, more negative than positive emotions, and a decline in overall mental health (Reardon and Longbons 2023). Pressure to abort was also associated with feeling greater stress in completing a post-abortion survey (Reardon and Longbons 2023).

In sharp contrast to the above studies, only 1.2% of the aborting women in the Turnaway Study reported feeling pressure from others (M. A. Biggs, Gould, and Foster 2013). This suggests that the Turnaway Study's sample severely underrepresents the majority of abortion patients who do report external pressures to choose abortion.

Further confirmation of the non-representative nature of ANSIRH's sample is found in the Unwanted Abortions Studies' retest of one of the Turnaway Study's key variables, "decision rightness." Using a 101-point scale for measuring decision rightness, instead of the yes or no measure employed in the Turnaway Study, the Unwanted Abortions Studies' analyses revealed that the Turnaway Study's results regarding decision rightness most closely align with only the 33% of women who describe their abortions as freely desired and consistent with their own values and preferences (Reardon, Rafferty, and Longbons 2023). All the other groups, who reported pressure to abort contrary to their own preferences, reported less "decision rightness" and higher rates of negative effects. Notably, the value of 33% describing the women who freely chose their abortions is nearly identical to the 31% of the invited women who participated in the Turnaway Study. This suggests that self-censure limited the Turnaway Study population principally to women who freely chose abortions in a manner consistent with their own values and preferences.

Conversely, the Unwanted Abortion Studies had a 91% completion rate, and the percentage of women reporting a history of abortion (22.6%) matched the Guttmacher Institute's estimate for lifetime incidence rates (Jones and Jerman 2017). This suggests that the survey methodology employed in the Unwanted Abortion Studies, which was designed to lower fears of judgment before asking women to reveal their abortion histories (Reardon 2024b), was more likely to be acceptable to a more representative sample of the national population of women who have had abortions.

### ***ANSIRH's Own Attrition Analyses Confirms that there is Turnaway Study Sample Bias.***

As previously mentioned, approximately 50% of Turnaway Study respondents dropped out over the course of the five-year biannual interviews.

Notably, the dropout rate was higher among women who reported less relief and happiness at the baseline interview which occurred one week after recruitment at the abortion clinic (Rocca et al. 2015). This is consistent with the expectation that women who have more negative feelings and more stress, when responding to questions about their abortions, are the most likely to opt out.

In yet another Turnaway Study report examining suicidal ideation and thirteen covariates, ANSIRH reported that three of the thirteen covariates were not associated with attrition (M. A. Biggs et al. 2018), suggesting that the other ten covariates and suicidal ideation itself *were* significantly associated with attrition (Reardon 2024a). ANSIRH has not explained why the associations between attrition and these other variables have not been reported and has refused requests for data that would allow for any reanalysis (Reardon and Foster 2024).

***Turnaway Study Incentives May Have the Biased Sample Toward Lower Income Women.***

ANSIRH reports that the Turnaway Study participation rates were even lower prior to the introduction of \$50 gift cards provided to women each time they participated in an interview, a practice which tripled participation rates (Dobkin et al. 2014). This incentive may have disproportionately induced participation among lower income women for whom \$50 was a significant reward. In contrast, the Unwanted Abortions Studies were conducted at a cost of less than \$4 per completed interview paid to the electronic survey distributor, with only a portion of that amount provided as an incentive to participants (Reardon and Longbons 2023; Reardon 2024b).

***Reticent Participants May Have Given False Information.***

In ANSIRH's credit history analyses, it is also worth noting that the authors reported that 18.1% of the women agreeing to participate could not be matched to Experian credit reports based on the names, birth year, and addresses provided, and that the failure to match was higher for women who withdrew from the study prior to their first interview, one week after going to the abortion clinic (Miller, Wherry, and Foster 2023, 407). The authors dismiss the significance of the missing data by proposing the theory that these women were simply too young or too poor to have credit records. Yet, given the very high dropout and non-participation rates overall, it may be more likely that many of these women who agreed to participate actually provided false contact information in order to appear compliant or in the hope of obtaining a gift card.

## The Turnaway Study Inappropriately Mixed Groups That Obscures Findings.

Conceptually, the Turnaway Study is portrayed as an examination of the effects associated with having an abortion or not having an abortion. Specifically, the 1,132 women who initially consented to participate were divided into groups: 304 women who aborted in the first trimester (the Early Abortion Group), 536 women who aborted within two weeks of the gestational limits (the Near Limit Group), and 262 women who were denied abortions because their pregnancies were beyond gestational limits (the Turnaway Group) (Miller, Wherry, and Foster 2023). The dropout rate prior to the first interview one week later was significantly different between groups: 10%, 16% and 21% for the Early Abortion Group, Near Limit Group, and Turnaway Group, respectively (M. A. Biggs et al. 2017). Another 14 women in the Turnaway Group dropped out after the one-week interview, so the outcome of their pregnancies is unknown (Miller, Wherry, and Foster 2023).

### ***Reproductive Histories Were Not Adequately Segregated.***

Instead of limiting ANSIRH's credit history study to women with known pregnancy outcomes, the authors inexplicably chose to mix women who (a) had delayed abortions at a different clinic and (b) women who carried to term and (c) women who had natural losses into a single Turnaway Group (Miller, Wherry, and Foster 2023). ANSIRH has acknowledged that at least 50 women in the Turnaway group with known pregnancy outcomes either had late term abortions elsewhere or natural losses, though they have withheld information about how many had which kind of loss.

This admixture of women who carried to term and women who had abortions is both unnecessary and inappropriate. It makes it impossible to separate the effects associated with abortion from the effects associated with carrying a pregnancy to term, which is the entire point of the investigation.

In addition, the Turnaway Group is further adulterated by including women with prior and subsequent abortions in it. ANSIRH has elsewhere revealed that 40% of the Turnaway group had prior histories of abortion (Rocca et al. 2013). In addition, given the high rate of rapid repeat abortions reported elsewhere (Studnicki et al. 2020; Reardon and Craver 2021), it is likely that at least some women had one or more abortions during the five-year period following the index pregnancy.

As a result, ANSIRH's Turnaway Study analyses are actually comparing two groups of women who are known to have had abortions (Early Abortion Group and Near Limit Group) to an admixture of women *with and without* a history of induced abortions (the Turnaway Group). This inappropriate

admixture makes it impossible to separate any effects associated with having an abortion and not having an abortion.

It is well established that women with a history of abortion have higher rates of mental health issues (Studnicki et al. 2023; Reardon 2015; 2018a; Sullins 2016) and remain on public assistance longer (Studnicki et al. 2021; Strahan 1995) than low-income women who carry to term. These issues may make it more difficult for these women to maintain relationships and/or advance their economic well-being. Therefore, if the women in the Turnaway Group who obtained delayed abortions elsewhere had disproportionately more economic differences than women who carried to term, ANSIRH's blending of these two distinct groups (Miller, Wherry, and Foster 2023) into a single group could lead to a misattribution of negative effects associated with abortion to the group of women who did not have abortions.

Obviously, a better study design would have been to simply publish results that either excluded or segregated into a separate subgroup the women in the Turnaway group who had prior or subsequent abortions. Indeed, this option is so obvious that it is impossible for ANSIRH researchers to have missed it. If women who carried to term who had no history of abortion suffered significant economic disadvantages compared to women who had abortions, that finding would have more clearly strengthened their hypothesis that abortion benefits women's economic wellbeing.

But instead, they chose to report results based on an inappropriate admixture of women with and without a history of abortion. This raises the suspicion that they were seeking results which could be portrayed as demonstrating economic harm to the women who carried to term even though an actual analysis of that subgroup, which was withheld from publication, did not support that assertion.

### ***Gestational Ages and Reasons for Abortion Refusal are Inappropriately Mixed.***

In ANSIRH's credit history study, the authors conclude that "Our study indicates that laws that impose gestational limits for abortion result in worse financial and economic outcomes for the women who are denied an abortion" (Miller, Wherry, and Foster 2023). This conclusion is not supported by their data and thereby violates STROBE guidelines (Cuschieri 2019).

In fact, the authors' elsewhere reveal that "many in the Turnaway group are denied abortions at a gestational age lower than what is legally allowed" (Miller, Wherry, and Foster 2023, 405). Indeed, examination of their provided "histogram of gestational age at time of abortion receipt or denial" (Figure 1) reveals that 10% of the Turnaway Group were turned away at or before 12 weeks gestation, 22% were turned away at or before 18 weeks of gestation, and



55% were turned away prior to or during the 24<sup>th</sup> week of gestation. This data suggests that over 50% of patients were turned away for *medical reasons*, not legal reasons.

During the time the Turnaway Study participants were recruited, *Roe v Wade* prohibited any restrictions prior to 24-weeks of gestation that were not strictly directed to protecting women's health. At the same time, most abortion providers have the right and duty to refuse to do abortions that are contraindicated by important medical reasons, such as concurrent raging infections, coercion, intoxication, or the abortion provider's inability to treat complications associated with later term abortions (Baker 1999; Baker and Beresford 2009).

Clearly, ANSIRH could have analyzed their data using only the subset of women who were turned away due to legal restrictions on late term abortions. But they chose not to. That decision eviscerates the value of any of their published findings being applicable to effects associated with laws regulating gestational age limits.

### **Summary Statements Regarding Turnaway Study Findings are Misleading.**

ANSIRH's decision to blend those who aborted elsewhere with those who carried to term under the same label, the Turnaway Group, has hidden significant differences between these two distinctly different groups. For example, in their credit history analysis (Miller, Wherry, and Foster 2023, 403) the authors mislead readers on page 403 when they state: "This body of work [the Turnaway Study published papers] finds that women who were turned away by the abortion clinics experienced worse mental health in the short run (Biggs et al. 2017)." This statement falsely suggests that all women turned away by abortion clinics, on average, experienced adverse mental health effects, at least in the short term. But in fact, a closer reading of the cited reference reveals that there were no differences beyond one week and the differences observed at one week were chiefly limited to a continued presence in anxiety among only the 50 *women still seeking abortions* (OR=2.29; 95% CI 1.39 to 3.18) (M. A. Biggs et al. 2017). At the same point in time, the women in the Turnaway Group who ultimately carried to term actually had *much lower anxiety* scores (OR=0.57; 95% CI 0.01 to 1.13) compared to all the aborting groups (M. A. Biggs et al. 2017). Arguably, this finding could have been interpreted as a sign of improved mental health among women who are "denied an abortion," provided they do not continue to seek one. Yet this finding is never highlighted.

In another Turnaway Study report ANSIRH revealed that 16% of the women who had abortions reported at least three symptoms of PTSD, of whom 19% attributed their symptoms to their abortions (M. A. Biggs et al. 2016). This finding was largely ignored by ANSIRH, however, based on their claim that

the observed PTSD symptoms were more often attributed to other experiences. But that argument does not diminish the underlying fact that many women reported that their abortions *were* a contributing factor in PTSD symptoms, as is also reported in other studies (Rousset et al. 2011; Rue et al. 2004; Van Rooyen and Smith 2004) and that abortion, if experienced as a subsequent stressor, may contribute to and aggravate preexisting PTSD symptoms (Kube, Elssner, and Herzog 2023).

In yet another study ANSIRH revealed that the majority of aborting women in the Turnaway Study reported negative feelings: sadness (64%), guilt (53%), regret (41%), and anger (31%), but in every case these negative emotions were lower among the Turnaway group who carried to term (Rocca et al. 2013).

In yet another study, ANSIRH revealed that there were higher rates of suicidal ideation among the women who had abortions compared to those who carried to term (M. A. Biggs et al. 2018). But the significance of this finding was concealed through an unjustifiably complex multivariate regression which inflated the confidence intervals in such a manner so as to allow the authors to assert that there were no statistically significant differences, at least in their “adjusted” results (Reardon 2024a).

Typically, ANSRIH has hidden the fact that negative reactions are common behind the single data point claim that “the most common reaction to abortion is relief,” which was reported by 81% of the aborting women included in the Turnaway Study (Rocca et al. 2013). But they fail to mention that their measure of relief encompasses a wide range of meanings. It includes relief that a dreaded medical procedure is over. Relief that one’s partner will stop pressuring for an abortion. Relief that one’s parents won’t learn of the pregnancy. Relief that one won’t need to find a bigger house. Relief that one can simply focus on something else in the future.

In short, nearly all women will experience some form of relief when an abortion is over. This is precisely because abortion is almost always both a stress releaser and a stress creator (Speckhard and Rue 1992). It typically exchanges the release of immediate stresses for a set of new stressors. This is why most women who report positive emotions also report concurrent negative emotions (Reardon et al. 2023; Reardon 2018a). In addition, when women are provided with a wide range of emotions associated with abortion, relief is not even in the top five. In a self-reported grading of the most prominent feelings experienced by abortion, guilt, grief, depression, and anxiety are rated more highly than relief (Reardon 2024b).

In summary, readers of the Turnaway Study credit history study were misled by the statement that the Turnaway Study had already proven that “women who were turned away by the abortion clinics experienced worse mental health in the short run.” This is a distortion of what the body of

Turnaway Study papers has actually revealed. Negative emotions were only prominent among the 50 women in the Turnaway group who continued to seek and found abortions elsewhere. Indeed, ANSIRH's own data shows that the majority of the women in the Turnaway group actually experienced abortion denial as a welcomed reprieve, as will be discussed in the next section.

### **The Classification of “Women Who Are Denied Abortions” is Misleading.**

While not revealed in the credit history analysis, the Turnaway Study's principal investigator has elsewhere admitted that the women in the Turnaway group who carried to term were overwhelmingly happy and relieved not to have had abortions, even as soon as just one week after being turned away (Foster 2020, 121,204). Foster also admits her surprise at being unable to prove there are any mental health harms associated with being denied an abortion, writing:

“I expected that raising a child one wasn't planning to have might be associated with depression or anxiety. But this is not what I found over the long run. *Carrying an unwanted pregnancy to term was not associated with mental health harm.* Women are resilient to the experience of giving birth following an unwanted pregnancy, at least in terms of their mental health.”

(Foster 2020, 109) (emphasis added) Considering the aforementioned research, revealing that nearly 70% of abortions are sought contrary to women's own preferences (Reardon, Rafferty, and Longbons 2023), it seems likely that the immediate reduction in anxiety experienced by at least some of those who were turned away was because they had been *spared unwanted abortions*.

Even ANSIRH's own research reveals that less than 42% of women seeking abortions characterize their pregnancies as “unwanted” (M. A. Biggs et al. 2020). For the others, the pregnancy is untimely or even described as “wanted”. In addition, analyses of the National Longitudinal Study of Adolescent to Adult Health found that 20% of women admitting a history of abortion reported that the aborted pregnancy was wanted (Sullins 2019).

Many women who fear being forced into unwanted abortions will conceal their pregnancies until they anticipate it will be “too late” for the abortion to be performed (Burke and Reardon 2007). In such cases, women whose concealed pregnancies are finally revealed or discovered may go to the abortion clinic for a late term abortion only at the behest of a pressuring partner or parent. In these cases, the women may be hoping the abortion provider will agree it is too late to do the abortion. If this scenario applied to any of the Turnaway Group women who gave birth, this would help to explain the high levels of happiness and relief they reported after being spared unwanted abortions (Foster 2020).

## **The Study Design is Flawed and Does Not Test the Underlying Hypothesis.**

Notably the conceptual design of ANSIRH's credit history study (Miller, Wherry, and Foster 2023) is also fundamentally flawed. The underlying hypothesis is that women compelled to raise unwanted children who might otherwise have been aborted suffer economic hardships. But the authors do not investigate, or at least report, on the participant's initial and transitional assessment of their pregnancies' wantedness.

As previously discussed, only a fraction of women seeking an abortion consider their pregnancies to be unwanted (M. A. Biggs et al. 2020; Reardon 2018a; Sullins 2019; Rue et al. 2004). Many feel compelled to submit to unwanted abortions due to external pressures (Burke and Reardon 2007; Reardon and Longbons 2023). Moreover, initially unwanted, unplanned, or untimely pregnancies often quickly transform into *welcomed pregnancies*. This last point is verified by ANSIRH's own finding that six months after going to the abortion clinic, 88% of the women "denied" an abortion were happy they had not had one, and by the end of the five-year study, only 4% still said they wished they could have had an abortion (Foster 2020, 204). Indeed, a significant percentage of those who carried to term (estimated to be around 50% or more) reported they were glad they didn't have an abortion at their first interview, one week after being recruited at the abortion clinic (Rocca et al. 2013).

From this perspective, the Turnaway Group who gave birth should really be framed as women who were "spared unwanted abortions" rather than as women who were "denied abortions." Better yet, the authors could and should have segregated their results between the women who are glad they did not have abortions and those who continued to believe abortion would have been their better option.

In short, ANSIRH's credit history study truly tells us nothing about how credit data varied among the 4% in the Turnaway group who *actually felt that they had been denied abortions* that may have made their lives better.

## **The Study Lacked an Appropriate Control Group.**

Comparing the credit history of the Turnaway Group to women who had abortions is inappropriate if the goal is to investigate economic markers associated with delivering a child that was at risk of abortion.

Clearly, family size impacts financial obligations. The authors observed only a few differences between the credit reports of the Near Limit and Turnaway groups. These mostly had to do with increased debt, which is most likely explained by the fact that the Turnaway group, on average, had more expenses related to having one more child.

Therefore, a better designed investigation would have compared the Turnaway birth group to a psychosocial and economically matched control group of women who carried planned pregnancies to term and never considered abortion. That comparison would at least have helped to isolate effects associated with unplanned pregnancies that are either carried to term or aborted. In contrast, the Turnaway Study design offers no such insights.

### **Most of the Credit History Results Were Not Statistically Significant, and Gross Exaggerations Were Applied to the Few That Were.**

Despite the claims of the abstract and summary conclusions, a careful reading of the Turnaway Study credit history analyses reveals that most of the metrics investigated did not significantly vary between the study groups (Miller, Wherry, and Foster 2023, 412). Specifically, as seen in Table 2 of the report, ten outcome measures were combined into three summary index scores: debt delinquency, access to credit, and consumer borrowing levels.

For two of the three indexes (“credit access” and “borrowing”) the authors admit that they found no statistically significant differences. Small, but statistically significant, differences were observed in the delinquency index, however, leading the authors to relabel the “delinquency outcomes” index as the “financial distress” index.

### ***The Authors’ Definition of Their Financial Distress Index is Misleading and Double Penalized the Same Debts to Inflate Statistical Differences.***

Digging into the details, the authors’ delinquency outcomes / financial distress index was defined as including (1) any elevation in the amount of debt paid to a collection agency, (2) any debt 30 days or more past due, (3) the number of court appearances identified in public records reported to Experian, and (4) the percentage of the group with credit scores below 600 (the threshold for having subprime credit) (Miller, Wherry, and Foster 2023, 410). The key question this “financial distress” index raises is this: how much confidence can we have in the authors’ assertion that this combination of four equally weighted metrics are a meaningful measure of financial distress?

As argued below, it is my view that this index, both in its development and naming, was nothing more than a post facto construction that is, in fact, a poor measure of financial distress. The first variable in this index, reports of payments made to collection agencies, is truly a sign of debt. But it may also be a sign of improved financial health if it indicates the payor finally has funds to pay a previously unpaid bill. So, on its own, it is not properly recharacterized as “financial distress.” It is a metric of debt.

The second variable, bills 30 days overdue is also a sign of debt. But it can also reflect disputed payments, forgetfulness, obstinacy, acceptance of debt to be paid overtime, or gaming of the system. But whatever the circumstances, wouldn't it be more accurate to characterize this debt as simply overdue debt rather than "financial distress?"

The authors' choices for what should be included in this index really become suspicious when we examine the third variable in their financial distress index: the number of court records associated with each woman. Regarding this variable, the authors admit that Experian doesn't report any specifics regarding the court cases. But despite the huge cloud of ignorance surrounding this metric, the authors choose to include it as an *equally weighted measure* of "delinquency" and "financial distress" because, they argue, some of these cases would include "bankruptcies, tax liens, or evictions" (Miller, Wherry, and Foster 2023, 410). Yet, some of these cases might also include civil suits to collect child support, reimbursements for medical expenses related to childbirth, or any number of other issues.

Moreover, to the degree the authors are right and some of these cases really are related to financial debts, by including these case counts into a contrived index that *already includes debt collections and past due bills* the authors created an index number that penalizes delinquent payors twice, once for the collected debt and a second time for its related court case.

Similarly, the fourth index variable, a subprime credit score, is also known to be closely correlated to a history of unpaid debts. So, once again, inclusion of this variable as an equal weight factor in a four-factor constructed index is repetitive and inflationary. Subprime credit scores are not independent of indebtedness. Therefore, its inclusion only serves to double penalize women who have a downgraded credit score due to their delinquent debts.

In short, while it may have been reasonable to include the first two elements of debt delinquency (renamed as "financial distress") into an outstanding debt index, the combination of the four index variables used was duplicative and unwarranted. More importantly, is there any precedent for using these four variables as a measure of financial distress? No. This is simply a label the authors prefer to use because "financial distress" sounds more ominous than "elevated debt" much less "increased child related expenses."

### ***Differences in the Delinquency Index are Exaggerated.***

Given their disappointment in failing to find any differences in credit access and borrowing indices, the authors are left with only the finding of a small increase in debt of "about one-tenth of a standard deviation among the Turnaway group in the postperiod" (Miller, Wherry, and Foster 2023, 417). Yet this small difference is quickly transmuted into the proclamation that they had found "a *jump* in markers of financial distress in the Turnaway group"

(emphasis added) (Miller, Wherry, and Foster 2023, 415) and their repeated exaggeration of having found “*strong evidence* that being denied an abortion had *large effects* on markers of *financial distress*” (emphasis added, pages 420, 429 and in the abstract). These claims are both unwarranted and misleading, for many reasons.

First, as discussed above, the Turnaway Study sample is non-random, non-representative and tainted by the admixture of women with a history of abortion in both the Near Limits Group and Turnaway Group. Such a convenience sample cannot provide “strong evidence” regarding any generalizable conclusions. Secondly, statistical associations, especially weak ones, are not proof of a direct causal connection. Any differences found cannot be elevated to “strong evidence” simply because differences are statistically significant at a 95% confidence interval. Even in better studies, such differences should only be characterized as “may increase the likelihood of” the observed outcome. Thirdly, the few data points grouped together as “financial distress” are at best markers of debt, not comprehensive measures of “financial distress.” Fourthly, and most importantly, the authors failed to provide an objective measure of effect size that would justify their characterization of the observed differences as being “large effects.”

Specifically, the normal convention for describing the degree of effects is to report the Cohen’s *d* statistic (the difference between the group means divided by the pooled standard deviation of the two groups). Conventionally, a Cohen’s *d* value of 0.8 or larger is described as a “large effect” and a value below 0.2 is a “very small effect” (Sullivan and Feinn 2012; Sawilowsky 2009). While the authors of this credit history report chose not to report the Cohen’s *d* values, we can calculate this measure of effect size using the mean and standard deviations reported in Table 2 and the group sizes from Table 1: Near Limit (n=333) and Turnaway (n=150).

**Table 1. Cohen’s *d* measure of effect size for the four components of the “financial distress index”**

	<b>Cohen’s <i>d</i></b>	<b>Conventional description</b>
Collections	0.11	Very small effect
Amount past due	0.07	Very small effect
Public records	0.10	Very small effect
Subprime credit score	0.04	Very small effect

As seen in these calculations, all of the effect sizes should have been classified as “very small.”

The lack of significant differences is also visible in the effect size graphs shown in Figure 3 of the Turnaway Study report. It reveals that the lowest

upper limit of the 95% confidence intervals prior to the index pregnancy overlap the lower 95% confidence limit at every time following the index pregnancy. This overlap signifies that the differences *are not statistically significant*, at least at the 95% confidence level.

In summary, while the authors may have had enough statistical power to identify differences in these variables that are statistically associated with “abortion denial,” describing these differences as “strong evidence” of a “very large” effect was grossly misleading.

### ***The Authors’ Assessment of Financial Distress is Contradicted by the Turnaway Group’s Own Self Report.***

A critical reading of the reported results reveals additional exaggerations and misrepresentations. Specifically, the authors report that the past due debt of the Turnaway group rose by an average of \$1,750 (Miller, Wherry, and Foster 2023, 417). But this should clearly be interpreted in light of the fact that most of these women had more hospital expenses related to childbearing and another child to clothe and feed. Indeed, if the total household debt were divided by the number of household members, the total per person debt might be lower, at least in many cases.

Most importantly, there was no difference between the two groups in regard to women feeling they did not have enough money “most of the time.” (Miller, Wherry, and Foster 2023, 427) In other words, according to the Turnaway Group’s own self-assessment, they were not experiencing higher rates of “financial distress,” at least as measured by the metric of feeling a lack of enough money. In addition, as discussed above, the vast majority of the women in the Turnaway Group who gave birth reported they were glad their welcomed child was not aborted (Miller, Wherry, and Foster 2023, 121,204). Given that context, wouldn’t the increased debt these women faced be more accurately described as simply evidence of an increase in household expenses following the birth of a welcomed child rather than a terrifying increase in “financial distress”?

Finally, the argument that the authors have mischaracterized these increased expenses as “financial distress” is underscored by their own admission that the Turnaway group did not experience an increase in past due collections (Miller, Wherry, and Foster 2023, 418). The new mothers were in fact taking on more debt, but they were also mostly getting by and, on average, their finances were gradually improving.

In short, while the authors admit that most of the differences in the outcome variables they investigated were not statistically significant, they repeatedly and willfully describe the evidence of increased household expenses (most likely due to the addition of a welcomed child into the household) as “*strong evidence* that being denied an abortion had *large effects* on markers of



*financial distress*” (emphasis added, page 420, 429 and in the abstract), despite their own evidence that the women who carried to term did not perceive themselves as more financially distressed.

### **“The Economic Consequences of Being Denied an Abortion” is a Misleading Title.**

The assertion that ANSIRH’s credit history report measures the “economic consequences” associated with having or not having an abortion is overly broad and strictly untrue. In fact, the study measures only statistical associations related to a few credit record variables. Association is not causation, and nothing in the study remotely establishes that any of the observed differences are wholly, or even partially, direct consequences of being “denied an abortion.”

Nor are all economic associations investigated. For example, most children grow into productive tax paying adults. But those economic consequences are not included. Also, some new parents accelerate their efforts to gain educational and career advancements in order to better provide for their children. But the lifetime effects of these economic consequences are not investigated, either.

Instead, what the authors actually investigated are only a few credit score metrics which they then imbue with exaggerated importance. An accurate title for the paper would have been: “A Few Credit Score Metrics Associated with a Non-Representative, Convenience Sample of Women Turned Away from Abortion Clinics.” But this title would not have lent itself to exaggeration.

### **The Interpretation of Results Does Not Follow STROBE Guidelines.**

As previously noted, the authors also failed to comply with the STROBE guidance regarding interpretation of the results: “Give a *cautious* overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence” (emphasis added). Most of the limitations on the data described above are never mentioned. Nor can the interpretation of the results be characterized as “cautious.” Instead, the authors are overreaching in their claim that they have produced “*strong evidence* that being denied an abortion had *large effects* on markers of *financial distress*” (Miller, Wherry, and Foster 2023, 420) (emphasis added). This is subsequently expanded into: “We find evidence that being denied an abortion has *large and persistent negative effects* on a woman’s *financial well-being*” (Miller, Wherry, and Foster 2023, 429) (emphasis added).

In fact, only well-informed and critical readers will recognize that (a) the sample of women interviewed is non-representative, (b) most of the variables for which the authors expected differences were not significantly different,

(c) for the few variables for which there were observed differences, the effect size was very small, declined rapidly, and was limited to measures of debt (which most likely was due to increased expenses related to having a new and welcomed child in their households), (d) the authors' definition of "financial distress" (subsequently mutated into "financial well-being") is overly broad and deliberately chosen to exaggerate the readers' impression of the small and minor differences actually observed, and (e) the claimed discovery of financial distress was contradicted by the birthing groups' own self reports which revealed no increased perception of insufficient monies.

In addition, the authors discuss abortion laws at least 22 times, leading to their conclusion that "Our study indicates that laws that impose gestational limits for abortion result in worse financial and economic outcomes for the women who are denied an abortion" (Miller, Wherry, and Foster 2023, 431). But as noted above, their own data reveals that 10% of the Turnaway Group were turned away prior to 12 weeks gestation and over 22% were turned away prior to 18 weeks of gestation and 55% prior to 24 weeks gestation, which was the earliest limit allowed by *Roe v Wade* for laws to restrict access to abortion. So, it would appear that nearly half of the women were turned away for medical reasons imposed by their abortion providers, not state restrictions. Moreover, the authors fail to identify which of these women went on to get abortions elsewhere. While the authors could have used the subset of only those women who were turned away after 24 weeks to test their hypothesis that laws restricting abortion were associated with differences in credit history data, they did not provide such analyses. Therefore, the author's attempt to assert that their findings demonstrate economic harm to women who are "denied an abortion" due to state laws is overreaching and inappropriate.

### **Unethical Collection of Human Data Without Consent of the Subjects.**

For all the reasons discussed above, findings from the Turnaway Study papers, and the credit history analysis in particular, are unreliable and overstated. They can truly tell us nothing that is applicable to the general population of women who have had or are considering abortions. For these reasons alone, publishers should issue expressions of concern and require ANSIRH to revise the papers to more fully disclose the limitations of their dataset and to narrow their discussion of findings to more cautiously interpret their results in a manner that more accurately reflects the limits of their data, alternative explanations, and the body of research revealing conflicting results.

In regard to the Turnaway Study credit history analyses, however, in my view an expression of concern would be inadequate. Unless the authors can thoroughly document that all Turnaway Study participants, including those

who dropped out prior to the first interview, consented to having their personal identifying information used to retrieve their credit histories and court records, the paper should clearly be retracted due to the authors' unethical collection of data without their subjects' full informed consent (Barbour et al. 2009)

I have requested such documentation from the authors (Reardon and Foster 2024), but have received no additional response. My reasons for believing that the subjects did not give consent are strong, and likely irrefutable. Specifically, the Turnaway Study's solicitation of volunteers among women seeking abortions occurred between January 2008 and December 2010, with interviews conducted by telephone one week after seeking an abortion and every six months thereafter for up to five years, meaning the last interviews were conducted in 2015 (Foster 2020). Yet, in Foster's book, *The Turnaway Study* (Foster 2020, 178), she states that the idea to link identifying data of the study participants with Experian credit reports was first brought to her attention in 2018 by economist Sarah Miller, "an economist I had never met before."

Therefore, it is clear that the consent forms signed by the participants did not include consent to access their credit reports or the court records accessed by Experian, either at the time of their enrollment between 2008 and 2010. Nor could the consent forms have disclosed the fact that accessing their credit scores might cause some negative impact on their credit scores.

It is also clear that this 2018 plan to draw information from Experian's Credit Report Archives could not have been submitted to, much less approved by, the Committee for Human Research at the University of California, San Francisco at the time the study was first conceived and approved. It is possible that a subsequent request to use the research subjects' personally identifying information to access their credit histories without obtaining further consent from the women was submitted to and approved by the Committee on Human Research. But this is not a published claim by the authors, and it has certainly not been documented, despite requests for such documentation (Reardon and Foster 2024). Moreover, it seems highly unlikely that an institutional review board would approve collection of credit history data using the personally identifying information provided over ten years earlier without participants being offered an opportunity to approve or disapprove such data collection.

The authors have also refused to provide a copy of the informed consent form signed by participants, which would indicate the range of information participants agreed to disclose (Reardon and Foster 2024). Normally, consent to participate in interviews is limited to only the answers participants offer at the time the questions are asked. In other words, consent is conditional and can be withdrawn at any time.

It would be uncommon to ask participants in a survey to also agree to grant the researchers with a blanket waiver to use their names, addresses and birth dates to collect additional data from third party sources, such as credit

records, criminal records, medical records, or other public records. One would certainly expect that requesting such a grant to link interview data to other databases would result in a larger number of eligible participants refusing to agree to be interviewed. If this was the case, perhaps this would help to further explain the Turnaway Study's very low participation rate. But if such expansive liberties were granted by the signed consent forms, surely ANSIRH would share proof of this. Instead, in the only publicly accessible copy of the "Turnaway Study Operating Procedures Manual," deposited with the American Medical Association (Gould, Barar, and Foster 2016), both the consent forms and survey questions have been redacted, without explanation or justification.

In addition, it is notable that of the 1,132 women who told abortion clinic personnel that they agreed to be contacted by ANSIRH to answer questions about their experience, 176 (15.5%) changed their minds and refused to complete even the first interview, and approximately 50% dropped out, or were lost to follow up prior to the 2015 (Reardon 2018b), three years before the credit history study was conceived. Yet despite these women's explicit or implicit withdrawal from continued participation in the study, credit history reports were pulled for all 1,132 women who signed the undisclosed consent form at the time of their enrollment, even if they never actually participated in even a single interview.

### **The Authors' Claims Regarding Data Privacy are Unlikely, Unrealistic, and Self-Contradictory.**

In the "Additional Materials, Replication Package" provided by the authors (Miller, Wherry, and Foster, n.d.; 2023), the ReadMe.pdf file contains a data availability statement which declares that "The consent form signed by the Turnaway study participants also states that the data will only be used within the Turnaway research team and cannot be posted publicly." This statement is either untrue or violated at whim.

As described above, the consent form itself has been withheld from public scrutiny. So, its contents and provisions cannot be verified. Moreover, Sara Miller was not part of the Turnaway research team at the time any of the data was collected. Yet at least some of that data was shared with Miller in violation of the asserted policy.

In addition, the suggestion that participants did not want to have non-identifying data shared with other researchers is not reasonable. While surely participants would deserve and want a guarantee that *identifying information* would not be shared, it is not reasonable that they would insist on withholding all other non-identifying data. Indeed, most participants in scientific research want their data to be used as widely as possible to generate the most results possible. Most would also likely agree that results based on the data they

provide should be subject to re-analysis and verification by other researchers. In other words, most people are pro-science. They want their privacy protected, but they also want the data they provide to have maximized value. Therefore, there is no reasonable justification for ANSIRH to have insisted on participants signing a consent form placing an unlimited embargo on all non-identifying data.

If in fact the consent form signed by participants explicitly stated that every data point collected would be restricted solely to use by ANSIRH, that restriction in itself may have introduced additional self-selection bias. Those women who recognized that their agreement to participate gave sole proprietorship of their data to an abortion advocacy group may have been more likely to refuse to participate.

Most importantly, restrictions on data sharing (if in fact it was in the consent form at all) were clearly conceived and written up, not by the study participants, but by ANSIRH. Putting such restrictions into the consent form would only serve ANSIRH's proprietary interests (not those of the participants). In short, if any data sharing restrictions truly exist in ANSIRH's undisclosed consent form, they exist solely to give ANSIRH an excuse to deny critics access to the very same data that may expose weaknesses or inconsistencies in the interpretations of ANSIRH's results.

Finally, it is important to note that in the heavily redacted copy of the "Turnaway Study Operating Procedures Manual" (Gould, Barar, and Foster 2016, 72), there is a provision which states: "Permission to utilize Turnaway Study data and publish analyses can only be granted by the Study's PI, Dr. Diana Foster. Interested researchers must submit a proposal to Dr. Foster prior to starting any analysis projects." This provision for data sharing is clearly what Foster would rely upon when she provided the study participants' personal identifying information to Miller and Experian. But it also contradicts the claim that the non-identifying information cannot be shared with other researchers.

Based on this evidence from the operations manual, the data sharing statement "The consent form signed by the Turnaway study participants also states that the data will only be used within the Turnaway research team and cannot be posted publicly," is clearly inaccurate. It should read: "Dr. Foster reserves the right to refuse to share any and all data with anyone who fails to convince her that they share her goals and objectives."

In short, either (1) the consent form included provisions that forbade sharing data with Miller and Experian, or (2) the authors have lied to journal editors and readers about what was really in their undisclosed consent forms. There is no third alternative.

## **The Turnaway Study is Unreliable Because it is Unverifiable and Nonreplicable.**

Good science relies upon findings being verifiable and replicable. This is why data sharing of non-identifiable data is not only a common practice it is the preferred practice, under the FAIR principles guiding reuse of scholarly data (Wilkinson et al. 2016), the American Psychological Association's ethical principles (American Psychological Association 2010), and the American Economic Association's (AEA) own data sharing requirements.<sup>1</sup> ANSIRH's evasion of data sharing requirements is a violation of these standards and has rendered their Turnaway Study finding unverifiable and nonreplicable.

The AEA adheres to the Data and Code Availability Standard<sup>2</sup> which allows withholding of personally identifying data, but otherwise requires posting of a replication package that "allows for replication by researchers unconnected to the original parties." It also requires "Raw data used in the research (primary data collected by the author and secondary data not otherwise available) is made publicly accessible." In addition, "survey instruments or experiment instructions as well as details on subject selection are included."

In other words, ANSIRH should have provided all the data it used so their own findings can be verified and further investigated, plus all survey instruments fully documenting all questions that were asked and in what order. The latter is necessary to allow investigation regarding how the ordering of questions may affect results and to allow replication of the study using a different study population. But as previously mentioned, the only publicly posted copy of the "Turnaway Study Operating Procedures Manual" (Gould, Barar, and Foster 2016), is heavily redacted. All survey interviews, originally contained in appendices K, S and T, were among the materials redacted. Therefore, these redactions make it impossible to replicate the study design.

Also, it is clear from the data sharing statement in the same procedures manual that Foster could have used her authority to share data with researchers who are not connected with an abortion advocacy group (Gould, Barar, and Foster 2016, 72). But she chooses not to. Therefore, the data availability statement the authors provided to AES (Miller, Wherry, and Foster, n.d.) hides the fact that Foster has the authority to make the data generally available but has chosen to withhold it, using the undisclosed consent form as an excuse to prevent reanalyzes by researchers who may not share ANSIRH's political objectives.

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1 The American Economic Association's data code policy is found here: <https://www.aea-web.org/journals/data/data-code-policy>

2 The American Economic Association endorses the DCAS, the Data and Code Availability Standard v1.0 posted here: <https://datacodestandard.org/>

In the AES data availability statement, the authors also assert that “The data use agreement with Experian precludes posting these data publicly” (Miller, Wherry, and Foster 2023). But that claim, too, is suspect. While certainly Experian would require withholding of personally identifying information, it is unlikely Experian, if asked, would have opposed the posting of recoded data covering 10 credit card metrics for a mere 483 women for study replication purposes. This data would have no additional economic value to Experian, would pose no threats to consumer privacy, would help to advance science, and would help to demonstrate the potential value of buying Experian data to other social scientists. This presumption that ANSIRH’s researchers are misreading Experian’s data license would be dispelled if they provided documentation that they made efforts to obtain Experian’s permission to include data in the replication package which were refused. Otherwise, it seems more likely that the authors did not seek any clarification, much less permission from Experian. Instead, it seems most likely they decided that the user license could be turned into an excuse for withholding data, which is obviously their preference.

In short, instead of offering a real replication package, as required by the publisher, the authors offered only thinly veiled excuses for withholding the data they do not want to expose to any further examination. This makes it impossible to check how the results would have been different if weaknesses in the original study were investigated in a more careful analysis. For example, skeptics cannot investigate how the debt metrics among the Turnaway group varied between those who had abortions and those who carried to term. Nor can a reanalysis be done to examine if the effects varied among women who had prior or subsequent abortions. Nor can a reanalysis be done limiting the groups to those women who sought abortions only after 24 weeks of gestation, which would be the only way to test how state laws on gestational limits might have affected the credit history metrics.

This study is also nonreplicable because of the divisive politics surrounding the abortion issue. Clearly, the abortion clinics that cooperated with ANSIRH did so only because they were confident the researchers shared their pro-abortion biases. This makes it impossible for researchers who take a more critical view of abortion to gather similar information from women at the time they are seeking or have recently undergone an abortion.

That barrier to data collection makes ANSIRH’s withholding of data even more significant. If only a narrow set of biased, ideologically aligned researchers have access to obtaining a data through the cooperation of abortion providers, it is even more important for that data to be accessible for review, verification and interpretation of results by researchers who may have different insights and biases.

## **Anonymous Funding Sources and Related Conflicts of Interest.**

The authors state “This study was supported by research and institutional grants from the Wallace Alexander Gerbode Foundation, the David and Lucile Packard Foundation, The William and Flora Hewlett Foundation, and an anonymous foundation” (Miller, Wherry, and Foster 2023, 1). Since when are authors allowed to conceal funding behind “an anonymous foundation”? The whole point of requiring disclosure of funding is to help readers identify the potential influences and goals of funding partners.

As previously noted, Warren Buffett’s Susan Thompson Buffett Foundation is a major ANSIRH supporter, is deeply engaged in population control efforts, and is well known for its desire to maintain a low public profile (Ludwig 2020; Philanthropy Roundtable 2023; Harlow 2009; Martin 2016; Callahan 2014; Weise 2015). Perhaps it is the anonymous foundation. In any event, all three of the named funding sources are also deeply involved in supporting population control via abortion (Martin 2016; Brathwaite and Uchida 2023; Influence Watch 2024; Levintova 2023). This includes investments in Danco, the manufacturer of the abortion pill, mifepristone, at least by the Packard Foundation (Novielli 2019; Bernstein 2000; Levintova 2023) and perhaps others funding this study.

In other words, the funders of this study may have a vested interest in promoting the claim that abortion benefits women’s economic well-being, even if the evidence collected does not actually support that view. Conversely, in the face of disappointing results, ANSIRH researchers who received funds based on the expectation that their findings will help to prove economic harm from being denied abortions may feel obligated to exaggerate their findings in a manner designed to reflect those expected results.

In any event, the funding sources for this study have direct and indirect financial interests in abortion and the abortion pill manufacturer and distributor. These interests are not adequately disclosed. And crediting support to an unnamed foundation is simply an evasion of the ethical obligation to accurately report funding sources.

## **The American Economic Journal: Economic Policy Declines Publication of Criticism.**

It is worth noting that a summary of the above issues was conveyed to the editor of the *American Economic Journal: Economic Policy* (AESEP). The editor declined to investigate the issue of lack of informed consent but invited me to write a commentary critiquing the paper for the journal’s consideration. The result was this paper, excluding this subsection, which was submitted in April of 2024 and languished there until July of 2024, at which point I received a



rejection of the commentary on the basis that it “does not represent a significant enough contribution” to the literature.

The editor also wrote: “Lastly, both the referee and I agree that it is unfortunate that the researchers did not explicitly ask for consent to link their Experian credit data. The economics profession can do better in terms of informed consent and this is a subject of active discussion within the American Economic Association.”

To my knowledge, the journal has not published any notice of concern about this “unfortunate” business. Nor, to my knowledge, has the editor requested verification of the ANSIRH authors’ claims regarding the Turnaway Study consent form and data sharing policies. At the very least, at the time of this submission to *Issues in Law and Medicine*, the journal has failed to post a notice alongside the ANSIRH provided replication package notifying readers of any the concerns raised in my query to the editor.

### Summary Statement

The Turnaway Study’s principal investigator, Foster, has called for the retraction of abortion related studies that may have unreliable results (Littell et al. 2024). By that same standard, *every* Turnaway Study publication should be retracted.

Considering the limitations discussed above, the Turnaway Study is clearly unreliable. It uses a nonrandom, nonrepresentative convenience sample that suffers from a high degree of self-censure and clearly underrepresents the majority of women who feel pressured to abort contrary to their own values and preferences.

In addition, the three subpopulations used in the Turnaway Study analyses are inappropriately mixed. This results in analyses that obscure rather than clarify differences between those who had abortions and those who carried to term. In at least some cases, these obfuscations have been summarized in a manner that implied negative effects were observed among all the women who were “denied abortions” when in fact the negative outcomes were only applicable to the women whose abortions were only delayed because of the first abortion clinics own rules. While this convenience sample may have been useful for testing survey instruments, or developing hypotheses that can be tested with better samples in the future, it is not suited for drawing *any* general conclusions. Despite these limitations, which are never adequately disclosed, ANSIRH repeatedly selectively reports, misrepresents, and exaggerates the significance of their findings.

At the very least, publishers of the various Turnaway Study analyses should require the authors to publish corrigendums fully disclosing all the limitations discussed above and to provide more cautious interpretations and discussions of their results per STROBE guidelines (Cuschieri 2019). A better

solution, given the inability of this weak data set to justify the conclusions AN-SIRH has proclaimed as verified scientific truths (ANSIRH 2019; Foster 2020), is to retract these papers. After all, ANSIRH staff have themselves called for a retraction of abortion research that may be unreliable, arguing “Allowing inaccurate information to remain in the scientific record can have lasting and deleterious effects on law, public policy, clinical practice, and public health” (Littell et al. 2024).

Specifically in regard to the credit history paper, unless the authors provide the publisher and public with evidence that the signed informed consent forms included a waiver to allow identifying information to be used to obtain credit report data, the AESEP credit history paper (Miller, Wherry, and Foster, 2023) should also be retracted per COPE guidelines due to its unethical use of human data without the full informed consent of its subjects (Barbour et al. 2009).

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