



ICYMI: Indiana Health Care Providers, Patients and Pregnancy Resource Center Detail Harms Caused by Abortion Restrictions; State Relies on Discredited, Anti-Abortion Activists in Defense

03.19.21 – (MEDIA ADVISORY) During a four-day trial which considered the constitutionality of a host of Indiana abortion restrictions, Indiana health care [providers](#), individual patients who were forced to navigate the barriers when accessing health care, and a [pregnancy resource center](#) provided testimony detailing the harms experienced by pregnant people seeking abortion services in the state.

On the other hand, Indiana relied heavily on anti-abortion activists and junk science in their defense of the restrictions, including witnesses who have been discredited by other courts.

Specifically, Indiana relied on the testimony of Donna Harrison, Executive Director of the [American Association of Pro-Life Obstetricians and Gynecologists](#); Harrison has a long history of serving as an “expert witness” in support of anti-abortion ideology, twice being discredited by courts. In 2012, a state district court criticized testimony Harrison gave in support of medication abortion restrictions as resting on “[an impossibly flawed premise](#).” Again, in 2015, another state district court [struck](#) part of her affidavit because she lacked “**sufficient qualifications.**”

Indiana also relied on an anti-abortion and anti-OB/GYN and a professor - Priscilla Coleman - whose [research](#) has been resoundingly debunked. Her testimony in support of an abortion restriction in Tennessee was [excluded](#) by a federal district court last year; the judge referred to her testimony as “**not credible and not worthy of serious consideration.**”

Case history

In 2018, two abortion providers and a pregnancy resource center [filed](#) a challenge to a host of abortion restrictions in Indiana. [During this first phase of the trial](#), the court will consider Indiana’s ban on telemedicine to provide medication abortion care and other laws requiring an in-person interaction between providers and patients, and restrictions that force patients to make multiple medically unnecessary trips to a clinic.

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