# UNITED STATES SENATE

*Study Guide*


***Agenda:*** *Abortion rights and Medical Malpractice against women.*

***Freeze date:*** *June 24, 2022.*

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## Chairperson's Address

Dear Delegates,

It is with immense pride and excitement that I welcome you to the United States Senate Committee for this edition of our Model United Nations conference. It is a privilege to chair such a bold, complex, and necessary agenda — *Abortion Rights and Medical Malpractice Against Women*.

This agenda is more than just a legal or political debate — it is about access, dignity, and accountability in healthcare. Across the country, women face inconsistent laws, inadequate protection, and preventable harm, all within systems that often fail to prioritise their voices or their wellbeing.

In this committee, you will have the rare opportunity to step into the shoes of Senators and grapple with the difficult questions that real lawmakers face every day.

This committee is not going to be easy — and it shouldn't be. The subject we are dealing with is heavy, deeply layered, and highly personal for millions of people. You will be expected to rise beyond slogans and surface-level arguments. What we're asking of you is to think like lawmakers: to understand nuance, to debate with reason, and to legislate with empathy. That is where real diplomacy begins — in your ability to listen, to disagree respectfully, and to build something meaningful out of conflict.

I urge you to engage with this committee not just as delegates representing political ideologies or states, but as individuals committed to learning — learning about policy, about power, and about the real lives affected by the decisions made in rooms like this one. Don't be afraid to speak up, challenge the majority, or question precedent. Some of the best contributions come from those willing to ask: "Is this truly the best we can do?"

Whether this is your first MUN or one of many, I hope you find this committee intellectually challenging and personally enriching. Thank you for your time, your effort, and your commitment to learning. I look forward to seeing your debates unfold with the depth and integrity that this topic truly deserves.

Wishing you all a meaningful and engaging session ahead.

Warm regards,
Mrittika Sen
Chairperson, United States Senate Committee
***Aravali Model United Nations***

## Paperwork and AI Policy

### 1. Position Paper

A **Position Paper** is a concise document submitted by each delegate before the conference, outlining their assigned Senator's stance on the agenda. It serves as a reflection of their research, political alignment, and proposed direction for debate and legislation.

In the context of this committee, the Position Paper should include:

- A brief overview of the Senator's known views on abortion rights and women's healthcare.
- Analysis of current issues, such as medical malpractice, access to safe abortions, or recent legislative changes.
- Proposed solutions or areas of interest for policymaking, including federal protections, healthcare reform, or investigative actions.
- Optional references to past bills, court cases (like *Roe v. Wade* or *Dobbs v. Jackson*), or state-level precedents that influence their position.

This allows the delegates to clarify their stance, prepare for debate, and set the tone for negotiation and lawmaking in committee.

### 2. Bill

A Bill is a formal proposal for new legislation or a change to existing law. In this committee, it represents the primary instrument through which Senators (delegates) attempt to address the issues of abortion rights and medical malpractice.

Each bill should be structured and written in the format of a U.S. Senate legislative document. Delegates may author or co-sponsor bills that:

- Propose federal protections or restrictions on abortion.
- Establish oversight mechanisms to prevent medical negligence.
- Set up healthcare funding, transparency requirements, or support systems for women.
- Recommend investigative action into malpractice incidents or biased care delivery.

### 3. Amendments

An Amendment is a formal change, addition, or removal proposed to an existing bill under debate. In the U.S. Senate and in this committee, amendments serve as tools for refining legislation, building consensus, or shifting its direction.

Delegates can propose amendments to:

- Add a new section or clause to the bill.
- Modify the language or scope of an existing section.
- Remove a clause that they find problematic or controversial.

There are two types of amendments in committee:

- Friendly Amendment – Accepted by the original author(s) of the bill without a vote.

- Unfriendly Amendment – Opposed by the author(s) and must be debated and voted upon by the committee.

Format of an Amendment:

- Reference the section or clause of the bill being amended.
- Clearly state the change, whether it's a replacement, addition, or deletion.
- Include a rationale.

Amendments are vital to legislative negotiation. They allow Senators to build consensus across the aisle, address concerns, or make bills more practical and effective.

4. **Subpoena**

A subpoena is a special legal request used by the Senate to order a person to appear before the committee and give information — either by speaking (testifying) or sharing documents.

In this committee, delegates can use subpoenas to:

- Call in doctors, patients, hospital administrators, legal experts, or government officials to speak about real or hypothetical situations.
- Ask for reports or records to help the committee understand the issue better and make informed decisions.

Subpoenas are usually part of the committee's investigation process, just like real U.S. Senate hearings. You can motion to issue a subpoena if:

- You believe a specific voice or document could change the direction of the debate.
- You want to uncover facts or hold someone accountable for harm or negligence.

The Chair will control when and how a subpoenaed witness responds (usually through an update or written testimony).

Delegates should use subpoenas wisely and with a clear purpose.

5. **Chits**

A Chit is a written note used by delegates to communicate with each other or with the Executive Board during committee sessions. Since delegates cannot speak freely during formal debate, chits serve as a tool for private coordination, procedural communication, and legislative negotiation.

**AI Policy**

The use of Artificial Intelligence (AI) tools — such as ChatGPT, Gemini, or other language models — is permitted strictly for pre-conference research and drafting, and not during committee sessions.

All written submissions (e.g., **Position Papers, Bills, Amendments** etc.) must reflect original thinking. Delegates should understand and be able to defend anything they submit.

AI-generated content must not be copied blindly. Plagiarism or excessive reliance on AI will be penalized.

During sessions, no real-time use of AI tools is allowed. All speeches, directives, and debates must be the delegate's own work.

Delegates are allowed to use AI tools to assist them in preparing for the committee — but only up to **15%** of any written submission.

All delegates are required to submit their paperwork only to **ussenate2025@gmail.com**. Paperwork submitted on any other platform will not be accepted.

## Introduction to the United States Senate

The **United States Senate** is one of the two chambers of the United States Congress, the other being the House of Representatives. Together, these chambers form the legislative branch of the federal government, responsible for creating and passing laws that govern the nation. The Senate is often referred to as the more deliberative and prestigious of the two, due to its smaller size, longer terms, and unique constitutional powers.

Established under **Article I of the U.S. Constitution**, the Senate was designed to represent the interests of the states at the federal level, balancing the more population-based representation of the House. Today, the Senate continues to play a crucial role in shaping national legislation, confirming federal appointments, and conducting investigations into matters of public concern — all of which are particularly relevant to this committee's simulation.

### Structure

The United States Senate is composed of **100 Senators**, with each of the 50 states represented equally by **two Senators**, regardless of population size. Senators serve **six-year terms**, with elections staggered so that approximately one-third of the Senate is up for re-election every two years. This design ensures both continuity and democratic accountability.

The Senate is presided over by the **Vice President of the United States**, who serves as the President of the Senate but may only vote in the case of a tie. In the Vice President's absence, the Senate is typically chaired by the **President pro tempore**, a senior member of the majority party. Daily operations, however, are largely managed by **party leadership**, particularly the **Majority and Minority Leaders**, who guide legislative agendas and coordinate floor debate.

Committees form the backbone of Senate operations, allowing for specialized focus on various issues. These include **standing committees** (like Judiciary, Finance, and Health), **select committees**, and **joint committees**. While this MUN simulation involves the Senate as a whole, delegates may draw inspiration from the investigative and policy-setting work these sub-bodies conduct.

## Powers and Mandate of the Senate

### 1. Law-making

The Senate, in conjunction with the House, drafts, debates, and passes laws on a wide range of issues — from economic policy and healthcare to civil rights and national security. A bill must pass both chambers in identical form before being sent to the President for approval or veto. Senators may **sponsor or co-sponsor bills**, **amend proposals**, and engage in **debate and negotiation** on legislative priorities.

### 2. Advice and Consent

One of the Senate's exclusive powers is to provide "advice and consent" on key executive actions. This includes:

- **Approving Presidential appointments** (e.g., Supreme Court justices, federal judges, cabinet members, ambassadors).
- **Ratifying treaties** with foreign nations (by a two-thirds vote).

**3. Oversight and Investigation**

The Senate has broad authority to investigate issues of national importance, often through **hearings, subpoenas, and testimony**. This includes inquiries into public policy failures, governmental misconduct, or social crises — such as the one simulated in this committee. Senate investigations are a powerful tool for fact-finding and accountability and often influence legislation or public discourse.

**4. Impeachment Trials**

While the House of Representatives holds the power to impeach federal officials, **the Senate conducts the trial** and ultimately decides whether to convict and remove the individual from office. This judicial role underlines the Senate's unique position as both a legislative and quasi-judicial body.

**Legacy and Responsibilities**

The U.S. Senate has played a central role in many of America's most consequential decisions — from civil rights legislation to war declarations, economic bailouts to healthcare reform. With power comes responsibility, and this committee invites its delegates to engage with that responsibility as they debate laws that could impact millions.

Delegates are urged to approach this committee not as performers, but as policymakers. Think like legislators.

Speak like leaders.

Draft like drafters of history.

## Timeline: Key Events in Abortion Rights & Medical Malpractice in the U.S.

### 1. 1973 – Roe v. Wade

The U.S. Supreme Court rules in *Roe v. Wade* that the Constitution protects a woman's right to choose to have an abortion under the 14th Amendment's right to privacy.

It legalizes abortion nationwide, particularly in the first trimester, while allowing states to impose restrictions in later stages.

The decision then established a trimester framework, where the states of USA had no right to restrict the practice of abortion among women in the first trimester of pregnancy (12-15 weeks), could regulate during the second trimester and could restrict it in the third trimester unless the woman's health was at risk.

### 2. 1992 – Planned Parenthood v. Casey

In the year 1992, there was an update with respect to 'Planned Parenthood v. Casey (1992)', it was a landmark US supreme court case which significantly altered the legal framework regarding abortion rights, which was established by Roe v. Wade in 1973. Certain alterations were made; key outcomes of the case were –

- The court discarded the trimester framework. This restricted the state's ability to regulate based on which trimester the pregnancy was in. Instead, the court introduced a new standard – states could regulate abortions from the moment of pregnancy if those regulations did not impose an '**undue burden'**.
- The undue burden was defined as '**substantial obstacle in the path of a woman seeking an abortion before the foetus attains viability'**. This standard gave more power to states to regulate abortions if their regulations did not act as an 'undue burden'. Examples of undue burdens are – **Spousal notification requirement, mandatory waiting periods, restriction on clinics etc.**
- While Casey upheld the core right established in Roe, it fundamentally **changed abortion jurisprudence by introducing the undue burden standard, which allowed for greater state regulation**. The new standard created a more flexible approach for courts to evaluate abortion laws as the 'undue burden' was open to many interpretations and was very open-ended.
- After the Casey decision, many states passed more restrictive abortion laws, including waiting periods, counselling requirements, and clinic regulations, using the undue burden test as a guideline.

Casey became a key precedent in later abortion-related cases.

Its "undue burden" test was the standard used in cases like **Whole Woman's Health v. Hellerstedt (2016)**, which struck down Texas abortion restrictions, and was central to many of the debates leading up to **Dobbs v. Jackson Women's Health Organization (2022).**

### 3. 2003 – Partial-Birth Abortion Ban Act

In 2003, the U.S. Congress passed the **Partial-Birth Abortion Ban Act**, signed into law by President George W. Bush. The act specifically prohibited a procedure medically known as "intact dilation and extraction," typically used in late-term abortions.

It was the first federal law to ban a specific abortion method without exception for the health of the mother, sparking intense debate among reproductive rights advocates and lawmakers. Supporters argued that the procedure was inhumane, while opponents viewed the law as a politically motivated step toward broader abortion restrictions.

In 2007, the U.S. Supreme Court upheld the law in *Gonzales v. Carhart*, signalling a shift in the Court's interpretation of abortion-related protections and paving the way for future legislative interventions into medical practices.

### 4. 2000s–2010s – Growing Awareness of Medical Malpractice in Women's Healthcare

During the 2000s and into the 2010s, national attention increasingly turned toward the issue of medical malpractice and systemic negligence in women's healthcare.

Reports and investigations revealed alarming disparities in treatment, especially among Black, Indigenous, and other women of colour, who were far more likely to suffer complications or die from preventable causes during pregnancy or abortion-related procedures.

Simultaneously, abortion clinics in several states faced rising threats, closures, and underfunding, leading to less regulated environments where malpractice incidents sometimes went unreported or unpunished. These years laid the foundation for later debates over federal oversight, hospital accountability, and whether patients had adequate legal protection from harm.

### 5. 2010- The Affordable Care Act (ACA)

The passage of the **Affordable Care Act (ACA)** under President Barack Obama in 2010 dramatically restructured the American healthcare system. While the ACA expanded access to insurance for millions of women and introduced preventive services such as contraception coverage, it also sparked significant political backlash.

Provisions related to reproductive health — particularly abortion and birth control — became contentious, leading to **"conscience clauses"** that allowed healthcare providers to refuse participation in abortion-related services on moral or religious grounds.

These exemptions created confusion and tension in hospitals, especially in emergency situations, and led to legal grey areas that would become even more critical in the post-*Dobbs* era.

### 6. 2016 – Whole Woman's Health v. Hellerstedt

In 2016, the Supreme Court issued a major decision in *Whole Woman's Health v. Hellerstedt*, striking down two provisions of a Texas law that had required abortion clinics to meet surgical centre standards and for doctors to have admitting privileges at nearby hospitals.

The Court ruled these provisions placed an **undue burden** on women seeking abortions and did not offer any significant medical benefit. The case reaffirmed the constitutional standard established by *Casey* (1992) but also underscored the growing trend of **states enacting restrictive laws under the guise of medical safety**.

It became a critical moment in the ongoing battle over state versus federal power in regulating reproductive healthcare.

### 7. 2021 – Texas Senate Bill 8 (SB8)

In 2021, Texas passed **Senate Bill 8 (SB8)**, a law that bans abortions after approximately six weeks of pregnancy — a point at which many women do not even realize they are pregnant. Crucially, the law includes **no exceptions for cases of rape or incest**, which sparked widespread criticism.

What made SB8 especially controversial was its **enforcement mechanism**: rather than being enforced by the state, it empowered **private citizens to sue anyone** who "aided or abetted" an abortion, including doctors, clinic staff, or even someone who drove the patient. Plaintiffs could receive **a minimum of $10,000 in damages**, incentivizing lawsuits and creating a chilling effect on medical professionals.

This **civil enforcement loophole** allowed Texas to avoid early constitutional challenges and inspired similar laws in other conservative states. SB8 drastically reduced access to abortion care and created legal confusion that endangered both patients and providers — particularly in emergency or vulnerable situations, including rape and incest.

### 8. June 24, 2022 – Dobbs v. Jackson Women's Health Organization

On June 24, 2022, the U.S. Supreme Court delivered a historic and polarizing decision in **Dobbs v. Jackson Women's Health Organization**, overturning *Roe v. Wade* after nearly 50 years. The Court ruled that the Constitution does not confer a right to abortion, giving states the authority to regulate — and even ban — the procedure entirely

The decision triggered **"trigger laws"** in multiple states, which immediately outlawed or severely restricted abortion. Some states **criminalized abortion with no exceptions for rape or incest, while others enforced ambiguous language that made even emergency abortion care risky for providers.**

The ruling reshaped the national legal landscape and led to an era of legal uncertainty, medical fear, and growing interstate inequality in access to reproductive healthcare.

## Related Topics to cover in Committee

### 1. Effects of Restricted Abortion Access on Women's Socioeconomic Status, Employment, and Education

Restricted access to abortion can force women, particularly low-income or teenage individuals, to drop out of school or forgo job opportunities. This perpetuates cycles of poverty, limits financial independence, and increases reliance on social support programs. Delegates can explore the long-term **economic and educational consequences** of forced pregnancies. This also raises the question of whether reproductive rights are tied to **economic freedom**. A legislative response could include support programs, funding, or federal protections.

### 2. Addressing Cross-State Travel for Abortion Services

After *Dobbs*, many women must travel hundreds of miles to access legal abortion services. This is financially and emotionally taxing, especially for minors, single mothers, or undocumented individuals. Delegates can debate the need for **federal funding, travel protections, or safe transport networks**. It also raises questions about **interstate legal conflict**, such as whether states can penalize out-of-state procedures. This topic invites both logistical and legal solutions in committee.

### 3. How the Dobbs Decision Affects International Perception of the U.S. on Human and Women's Rights

The reversal of *Roe* shocked the international community, with many countries criticizing the U.S. for regressing on women's rights. Delegates can discuss how this ruling affects **America's soft power, diplomacy, and moral leadership**. Should the U.S. redefine its human rights framework, or is abortion a domestic matter? This topic adds depth to the Senate's global responsibilities and invites perspectives on **foreign policy, treaties, and advocacy**.

### 4. How to Support Women with Safe Resources in States with Restricted Abortion Access

Even in restrictive states, women still need access to **factual, legal, and safe support** — whether that's telemedicine, contraception, mental health counselling, or harm reduction services. Delegates can propose **federal grants, non-profit partnerships, or public health outreach initiatives**. This allows pro-choice and moderate delegates to find common ground by focusing on **support, not just legality**. It also intersects with healthcare equity and public trust in medical institutions.

### 5. Creation of Exceptions in Abortion Bans: Health, Rape, and Incest

Many abortion bans passed post-*Dobbs* lack exceptions for rape, incest, or the mother's health — forcing survivors into trauma and unsafe pregnancies. Delegates can discuss the moral, legal, and practical need to establish **minimum federal exception standards**. This also raises important constitutional questions about **bodily autonomy and equal protection under law**. The Senate could explore compromise bills that protect at least these categories. Witness testimony can play a powerful role in this debate.

### 6. Criminal Liability of Medical Professionals Under Abortion Laws

Doctors now face **criminal and civil penalties** for making time-sensitive, life-saving decisions. Many delay or deny care due to legal fears, which leads to malpractice and preventable harm. Delegates can explore protections for medical ethics, clarity in laws, or immunity clauses. Should intent matter? Should guidelines be federalized? This discussion ties directly into your committee's focus on malpractice and reproductive rights.

### 7. Role of Misinformation and Crisis Pregnancy Centres in Post-Dobbs America

Across the U.S., **crisis pregnancy centres** often pose as clinics but discourage or delay abortion care through misinformation. Delegates can discuss whether the government should **regulate advertising**, **require medical transparency**, or **create a federal registry**. This is especially relevant for protecting minors, low-income women, and non-English speakers. The conversation bridges **consumer rights, healthcare ethics**, and reproductive freedom.

## Major Parties Involved

**1. Petitioners: State of Mississippi**

- **Represented by**: Mississippi Department of Health, State Attorney General Lynn Fitch.
- **Position**: Argued that *Roe v. Wade* and *Planned Parenthood v. Casey* were wrongly decided and that states should have full authority to regulate or ban abortion.
- **Law in question**: Mississippi's **Gestational Age Act (2018)**, which banned abortion after 15 weeks of pregnancy — well before *Roe*'s established viability standard (~24 weeks).

**2. Respondents: Jackson Women's Health Organization**

- **Mississippi's last abortion clinic**, often referred to as "The Pink House."
- Represented by its medical director and reproductive rights attorneys.
- **Position**: Challenged the 15-week ban as unconstitutional under *Roe* and *Casey*, arguing it placed an undue burden on women's right to choose.
- The clinic emphasized the **disproportionate impact on low-income women**, women of colour, and rural residents.

**3. U.S. Supreme Court (Majority and Dissenting Justices)**

- **Majority (6-3 to uphold the law, 5-4 to overturn Roe)**:
    - Justices Samuel Alito (authored the majority opinion), Clarence Thomas, Neil Gorsuch, Brett Kavanaugh, Amy Coney Barrett, and Chief Justice John Roberts (concurred with the judgment but not with fully overturning *Roe*).
    - They argued the Constitution does not protect the right to abortion and that it should be left to the states.
- **Dissenting (3 Justices)**:
    - Justices Stephen Breyer, Sonia Sotomayor, and Elena Kagan.
    - Argued that overturning *Roe* undermined decades of precedent and eroded **women's bodily autonomy and constitutional protections**.

**4. Amicus Curiae (Friend of the Court) Briefs**

- Over **140 briefs** were submitted by third parties on both sides.

**Supporters of *Dobbs* (overturning *Roe*):**

- Religious organizations (e.g., U.S. Conference of Catholic Bishops).
- Conservative legal scholars and state governments.
- Pro-life advocacy groups like **Susan B. Anthony Pro-Life America**, **National Right to Life Committee**.

**Opponents of *Dobbs* (defending *Roe*):**

- Medical associations (e.g., **American College of Obstetricians and Gynecologists**, AMA).
- Civil liberties groups (e.g., **ACLU**, **Center for Reproductive Rights**).
- Dozens of legal scholars, human rights organizations, and Democratic-led states.

**5. Broader Stakeholders**

- **Pro-life movement**: Celebrated the decision as a long-awaited victory and called for stricter bans nationwide.
- **Pro-choice movement**: Mobilized protests, legal challenges, and policy efforts to restore abortion access and protect providers.
- **Federal and state legislators**: Quickly became involved, introducing **"trigger laws"** (banning abortion immediately after *Dobbs*) or **protective laws** (expanding access).

## Executive Board Recommendations for Delegates

The Executive Board extends a warm and sincere welcome to all delegates of the **U.S. Senate simulation**. As you step into the shoes of legislators grappling with one of the most controversial and morally complex issues in modern America—**abortion access and medical malpractice in women's healthcare**—we expect delegates to approach this committee with diligence, respect, and intellectual integrity. This committee replicates the **functioning and decorum of the United States Senate**, and delegates will be assessed not only on the content of their arguments, but also on how well they embody the **spirit of American legislative debate**, negotiation, and policy drafting.

**1. Research & Preparation**

Delegates are expected to undertake **thorough, independent research** on:

- Their **Senator's political ideology, past voting record, state interests**, and alignment with party lines (or deviations from them),
- **Landmark cases and legislation** such as *Roe v. Wade*, *Planned Parenthood v. Casey*, *Dobbs v. Jackson Women's Health Organization*, SB8, and The Women's Health Protection Act,
- **Data and medical realities** related to abortion access, maternal mortality, and medical negligence.

**2. Paperwork and Formatting Structure**

In keeping with Senate proceedings, documentation—including bills, amendments, and subpoenas—must be presented in formal legislative structure. Submissions should be clear, logically organized, and labelled appropriately. Creativity is encouraged, but sloppiness is not. Sloppy or vague paperwork will be penalized**.**

**3. Authenticity of Role**

This is not a debate on personal opinions. Delegates must accurately reflect the political identity of their assigned Senator—even if it differs from your own beliefs. Understanding and maintaining your Senator's state-based priorities, religious and demographic influences, party expectations, and past positions is crucial. Always uphold authenticity and resist the temptation to stray into personal ideology or emotionally driven rhetoric.

**4. Quality Over Quantity: Paperwork**

We expect delegates to craft **comprehensive bills** with layered sub-clauses addressing multiple elements of the issue—e.g., criminal liability, emergency care, funding for clinics, and mental health support. One-liner or vague directives will not be viewed as effective policymaking. If you choose to introduce **amendments or subpoenas**, ensure they are specific, justified, and legally sound. Collaboration and coordination will yield better results than isolated proposals.

**5. Lobbying & Committee Diplomacy**

Despite ideological divisions, the U.S. Senate operates on **alliances, negotiations, and bipartisan compromise**. Delegates will be graded on their ability to **form voting blocs,**

**lobby peers, co-sponsor legislation, and negotiate amendments**. Politics is a team sport—even when the parties are at odds. The most successful delegates will strike a balance between conviction and collaboration.

### 6. Discipline & Conduct

Professionalism is not optional. Delegates are expected to remain **punctual, present, and respectful** throughout all sessions. Breaches of decorum—including disrespect toward chairs, disengagement, or disruptive behaviour—will result in direct penalties. Senate debates are high-stakes and emotionally charged; conduct must remain civil and grounded in fact.

This committee is designed to challenge your **analytical thinking, political awareness, and legislative creativity**. You are stepping into a national-level debate where lives, rights, and reputations are on the line. We urge each of you to rise above surface-level discourse and aim for **nuanced, legally sound, and politically realistic solutions**. Let every statement be evidence-backed, every paper well-reasoned, and every decision made with foresight.

We look forward to **a session filled with substance, intensity, and excellence**.

Warm regards,
**The Executive Board**
*U.S. Senate Committee, AMUN 2025*

## Suggested links for further reading


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4. Cornell Law School. “Dobbs v. Jackson Women’s Health Organization (2022).” *LII / Legal Information Institute*, Cornell Law School, 28 June 2022, www.law.cornell.edu/wex/dobbs_v._jackson_women%27s_health_organization_%282022%29.

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6. Duignan, Brian. “Dobbs v. Jackson Women’s Health Organization | Definition, Abortion, Background, Arguments, Roe v. Wade, & Planned Parenthood v. Casey | Britannica.” *Encyclopædia Britannica*, Dec. 2021, www.britannica.com/topic/Dobbs-v-Jackson-Womens-Health-Organization.

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11. Supreme Court of The United States. *Dobbs v. Jackson Women’s Health Organization*. 24 June 2022, www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf.

12. Temme, Laura. “Roe v. Wade Case Summary: What You Need to Know.” *Findlaw*, edited by Ally Marshall, 17 Mar. 2023, www.supreme.findlaw.com/supreme-court-insights/roe-v--wade-case-summary--what-you-need-to-know.html.

13. The Editors of Encyclopedia Britannica. “Planned Parenthood of Southeastern Pennsylvania v. Casey.” *Encyclopædia Britannica*, 2019, www.britannica.com/event/Planned-Parenthood-of-Southeastern-Pennsylvania-v-Casey.

14. The Editors of Encyclopedia Britannica. “Roe v. Wade.” *Encyclopedia Britannica*, 7 Dec. 2018, www.britannica.com/event/Roe-v-Wade.