Written Statement of
Marcela Howell
Founder and President
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Committee on Oversight and Reform
United States House of Representatives
November 14, 2019
Examining State Efforts to Undermine Access to Reproductive Health Care

Acting Chairwoman Maloney and honorable members of the House Committee on Oversight and Reform thank you for the opportunity to testify at the Committee's hearing on "Examining State Efforts to Undermine Access to Reproductive Health Care." We would also like to take a moment to mourn the passing of Chairman Cummings, a magnanimous and unflappable champion of human and civil rights. As I said in my statement at the time of his passing, we promise to pick up his mantle and continue his fight for universal justice. I am pleased to be here today to honor his memory and continue his fight for justice.

I. Organization and Reproductive Justice Introduction

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national/state partnership with eight Black women's Reproductive Justice organizations: Black Women for Wellness (CA), Black Women's Health Imperative (National), New Voices for Reproductive Justice (PA,OH) SisterLove, Inc. (GA), SisterReach (TN), SPARK Reproductive Justice NOW! (GA), The Afiya Center (TX), and Women With A Vision (LA). Our partnership was established in 2014, to ensure that the voices of Black women, girls, femmes, transgender and gender non binary individuals were represented in a coordinated and concentrated effort at the state and national level.

Each of our organizations is rooted in the Reproductive Justice framework which was founded by 12 Black women in 1994 who came together in Chicago, IL for a conference sponsored by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women, where the goal was to create a collective response to the Clinton administration's proposed plan for universal health care. The conference came just before the International Conference on Population and Development in Cairo, where the decision was reached that the individual right to plan one's own family must be central to global development. Naming themselves Women of African Descent for Reproductive Justice, the Black women developed the term "Reproductive Justice" because women with low incomes, women of color, LGBTQ+ women, including transgender, nonbinary, and gender non-conforming individuals felt neglected and misrepresented by the women's right movement, which had primarily focused on abortion rights as solely a white woman's issue. The term is a combination of reproductive rights and social justice and acknowledges that a pregnant person cannot freely choose what to do with a pregnancy when options are limited by oppressive circumstances or lack of access to services.
Reproductive Justice is the human right to control our bodies, our sexuality, our gender, our work and our reproduction. That right can only be achieved when all frequently marginalized communities have the complete economic, social, and political power and resources to make

1012 14th Street, NW, Suite 450, Washington, DC 20005
P: 202-545-7660
www.blackrj.org

healthy decisions about our bodies, our families, and our communities in all areas of our lives. This includes the right to choose if, when, and how to start a family. It is this vision that propels our concern about the increased barriers to abortion access we are seeing across the country today.

Reproductive Justice focuses on a myriad of issues, from economic justice and environmental justice, to voting rights and health equity. As it relates to reproductive health and rights, the Reproductive Justice frame focuses specifically on access rather than rights, asserting that the legal right to abortion is meaningless for pregnant people when they cannot access such care due to the cost, the distance to the nearest provider, child care needs, or other barriers placed on them by way of state legislatures. These are the very issues we are here today to discuss.

II. The History of Abortion Restrictions from the Hyde Amendment Through Today

From Missouri to Ohio, Texas to Louisiana, Georgia to Alabama and expanding rapidly across the country, we are faced with an ever-complicated web of abortion restrictions that continue to compound already existing barriers, making access to quality abortion care a privilege for the few rather than a human right for all. Abortion is an essential part of health care and a basic human right, yet, across the country, abortion rights are under attack.

In this year alone, five states have passed bans on abortion after 6 weeks (Louisiana, Ohio, Georgia, Kentucky, and Mississippi). A ban on abortion after 8 weeks was passed in Missouri, in addition to a ban on abortions based on the sex, race, or Down syndrome diagnosis of a fetus, and the state continues to work to revoke the license to provide abortion care from the only remaining Missouri clinic. Most people do not even know they are pregnant at 6 or 8 weeks. Alabama passed a law that criminalizes abortion at any stage, period. In addition to all of these horrifying and damaging restrictions, states are also passing "trigger laws", which allow automatic criminalization of abortion in the event *Roe v. Wade* is overturned, as we've recently seen passed in Arkansas, Kentucky, Missouri, and Tennessee. While these bans are egregious and go against an individual's human right to bodily autonomy, this is not a new calamity.

The History of Hyde and Insurance Coverage Bans

After the striking down of anti-abortion laws in the 1973 landmark *Roe v. Wade* decision, this Supreme Court victory was immediately undermined and invalidated for low income people in 1976 with the passage of the Hyde Amendment, introduced by Representative Henry Hyde of Illinois. Representative Hyde took up his own personal crusade to ensure that the right to abortion would be a right in name only for low income people. The Hyde amendment and related abortion coverage restrictions have decimated access for millions of Americans for over 40 years. During the amendment's original introduction, Henry Hyde stated, "I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the… Medicaid bill."[1] He was clear on his intent then, and it has contributed to a widening gap between low- and middle-income individuals and those with unfettered access for decades upon decades. As Justice Ginsburg said, there will never be a day in this country when a rich woman can't get an abortion.

[1] Boguhn, Ally. "Here's What You Need to Know about the Hyde Amendment and Efforts to End It," *Rewire.News, June 21, 2019,* https://rewire.news/article/2019/06/21/heres-what-you-need-to-know-about-the-hyde-amendment-and-efforts-to-end-it/.

Approximately 17 million women of reproductive age in America are enrolled in Medicaid.[2] The Hyde Amendment creates an often insurmountable barrier to abortion for people across the country already struggling to get affordable health care, and disproportionately affects those who are low income, people of color, young, immigrants, or live in rural communities. As the Guttmacher Institute notes, "because of social and economic inequality linked to systemic racism and discrimination, women of color are disproportionately likely to be insured through Medicaid"[3]— therefore subject to the Hyde Amendment's cruel ban on insurance coverage of abortion. The decision of when and how to have a family and start or grow a family is a decision that should only be made by a pregnant person and those they trust, not politicians.

Expansion of Insurance Coverage Bans

Over time, the Hyde Amendment has been expanded across the federal government beyond Medicaid and CHIP to include federal employees, military personnel and veterans, those who receive health care through Indian Health Services, federal prisoners and detainees, Peace Corps volunteers, and low-income residents of the District of Columbia.[4] Additionally, while 17 states have a policy that requires the state to cover abortion for people on Medicaid, almost 60% of women aged 15-44 enrolled in Medicaid and CHIP lived in the remaining 33 states in addition to the District of Columbia that do not cover abortion, except in very limited circumstances.[5]

Restrictions

Over the last decade, abortion access in the U.S. has become increasingly fraught with restrictive laws. The Guttmacher Institute reports that between January 1, 2011 and July 1, 2019, states enacted 483 new abortion restrictions, accounting for nearly 40% of the abortion restrictions enacted by states since *Roe v. Wade*.[6] Such abortion restrictions can include everything from parental notification or consent laws for individuals under 18, the public funding bans described previously, mandated counseling which is often coercive and designed to encourage individuals to carry pregnancies to term, mandated waiting periods before an abortion, and unnecessary and burdensome regulations on clinics and facilities.

Alabama[7]:

- Patients must receive state-directed counseling that includes information that is designed to dissuade individuals from obtaining their abortion. This counseling must be received in person in advance of a 48-hour waiting period.
- Health plans covered in the exchange under the Affordable Care Act cannot provide coverage of abortion except in cases of life endangerment, rape, or incest.
- The parent of a minor must consent for an abortion to be provided.

---

[2] "Medicaid's Role for Women," Women's Health Policy, Kaiser Family Foundation, last modified March 28 2019, https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/.
[3] Donovan, Megan K. "EACH Woman Act Offers Bold Path Toward Equitable Abortion Coverage," Guttmacher Institute, March 12, 2019, https://www.guttmacher.org/article/2019/03/each-woman-act-offers-bold-path-toward-equitable-abortion-coverage.
[4] Ibid.
[5] Ibid.
[6] "State Facts about Abortion: California," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-californiahttps://www.guttmacher.org/fact-sheet/state-facts-about-abortion-california.
[7] "State Facts about Abortion: Alabama," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-alabama.

- Patients must undergo an ultrasound before obtaining an abortion and the provider must offer the patient the option to view the image.
- Clinics are required to meet overly burdensome and medically unnecessary requirements

Georgia:[8]

- While the law has been temporarily blocked by a federal judge, Georgia has passed legislation that would have prohibited individuals from getting an abortion after six weeks of gestation.
- Patients must receive state-directed counseling that includes information that is designed to dissuade individuals from obtaining their abortion. This counseling must be received in person in advance of a 24-hour waiting period.
- Individuals must wait 24 hours after counseling before they can obtain the procedure.
- The parent of a minor must be notified for an abortion to be provided.

Louisiana:[9]

- Bans abortion after six weeks gestation.
- Abortion would be banned if *Roe v. Wade* were overturned.
- 95% of parishes in Louisiana do not have a clinic that provides abortion services.
- Patients must receive state-directed counseling that includes information that is designed to dissuade individuals from obtaining their abortion. This counseling must be received in person in advance of a 24-hour waiting period.
- Individuals must wait 24 hours after counseling before they can obtain the procedure.
- Health plans covered in the exchange under the Affordable Care Act cannot provide coverage of abortion.
- A person must undergo an ultrasound before obtaining an abortion and the provider must show the ultrasound and describe the fetus to the patient, even when the patient has already clearly opted for an abortion.
- An abortion may only be performed after 20 weeks if the person's life is endangered.
- The parent of a minor must consent for an abortion to be provided.
- There are currently only 3 clinics in the state of Louisiana that provide abortions.
- While the law is not currently under effect due to a pending Supreme Court review, Louisiana has passed legislation that would require abortion providers to have hospital admitting privileges, leaving only one clinic in the state of Louisiana equipped to provide abortion.

Mississippi:[10]

[8] "State Facts about Abortion: Georgia," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-georgia.
[9] "State Facts about Abortion: Louisiana," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-louisiana.
[10] "State Facts about Abortion: Mississippi," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-mississippi

- While the law has been temporarily blocked by a federal judge, Mississippi has passed legislation that would have prohibited individuals from getting an abortion after six weeks of gestation.
- Abortion would be banned if *Roe v. Wade* were overturned
- Patients must receive state-directed counseling that includes information that is designed to dissuade individuals from obtaining their abortion. This counseling must be received in person in advance of a 24-hour waiting period.
- Health plans covered in the exchange under the Affordable Care Act only cover abortion in cases of life endangerment.
- The parent of a minor must consent for an abortion to be provided.
- Patients must undergo an ultrasound before obtaining an abortion and the provider must offer the patient the option to view the image.
- Clinics are required to meet overly burdensome and medically unnecessary requirements

Missouri:[11]

- While the law has been temporarily blocked by a federal judge, Missouri has passed legislation that would have prohibited individuals from getting an abortion after as early as eight weeks of gestation, with no exceptions for rape or incest.
- Abortion would be banned if *Roe v. Wade* were overturned.
- Patients must receive state-directed counseling that includes information that is designed to dissuade individuals from obtaining their abortion. This counseling must be received in person in advance of a 72-hour waiting period.
- Individuals must wait 72 hours after counseling before they can obtain the procedure.
- Private insurance policies only cover abortion in cases of life endangerment, unless an optional rider is purchase at an additional cost.
- Health plans covered in the exchange under the Affordable Care Act only cover abortion in cases of life endangerment.
- The parent of a minor must consent for an abortion to be provided.
- The state prohibits abortions performed for the purpose of "race or sex selection."
- Clinics are required to meet overly burdensome and medically unnecessary requirements and abortion providers are required to have admitting privileges at a local hospital.

Ohio:[12]

- While the law has been temporarily blocked by a federal judge, Ohio has passed legislation that would have prohibited individuals from getting an abortion after six weeks of gestation.

[11] "State Facts about Abortion: Missouri," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-missouri.
[12] "State Facts about Abortion: Ohio," Guttmacher Institute, September 2019, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-ohio.

- Patients must receive state-directed counseling that includes information that is designed to dissuade individuals from obtaining their abortion. This counseling must be received in person in advance of a 24-hour waiting period.
- Individuals must wait 24 hours after counseling before they can obtain the procedure.
- Health plans covered in the exchange under the Affordable Care Act only cover abortion in cases of life endangerment.
- The parent of a minor must consent for an abortion to be provided.
- Providers must test for a fetal heartbeat; therefore, most patients are required to undergo an ultrasound before obtaining an abortion.
- Clinics are required to meet overly burdensome and medically unnecessary requirements.

The choice of the language "web of restrictions" throughout this statement has been intentional. In this small sampling of state abortion restrictions presented here, we see a multitude of barriers to access for all individuals, but barriers that certainly impact individuals living at the intersections of multiple identities (whether that be people of color, low income individuals, LGBTQ+ people, individuals living in rural areas, etc.) even harder. Barriers such as waiting periods require two trips to a clinic, meaning extra time off work, additional childcare needs, and often times, incredibly long trips from across the state or even other states to obtain such care. Many of these restrictions put individuals in impossibly difficult decisions that strip them of any authority they may have over their own lives. Throughout these webs of restrictions are oppressive uses of power and control by state governments to ensure that individuals cannot have bodily autonomy and cannot make the best decisions for themselves, their families and their communities.

Reason Bans

Sex-selective abortion bans, like the one in MO, have been passed in 12 states and remain in effect in nine, use false and harmful stereotypes about Asian American and Pacific Islander (AAPI) women to criminalize providers if they perform abortions on the basis of the sex of the fetus.[13] There is no evidence that sex-selective abortions happen in the US.[14] Likewise, race-selective abortion bans which have been passed in four states and remain in effect in two, prohibits abortions on the basis of the race of the fetus, therefore questioning the motives of those seeking abortions, particularly people of color.[15]

The purpose of race- and sex-selective abortion bans has never been to ensure that women of color have agency of our bodies, nor to promote gender and racial equality. Put plainly, race- and sex-selective abortion bans are restrictions on abortion care that target and racially profile people of color. They perpetuate the oppressive narrative that people of color cannot be trusted to make our own reproductive decisions. Though they are promulgated under the guise of

[13] "Sex Selective Abortion Ban Fact Sheet," National Asian Pacific American Women's Forum, last modified November 5, 2019, https://static1.squarespace.com/static/5ad64e52ec4eb7f94e7bd82d/t/5dc5e8ccdf726e7405b7f0f6/1573251276670/PRENDA+update+November+copy.pdf.
[14] Citro, Brian, Jeff Gilson, Sital Kalantry, and Kelsey Stricker. *Replacing Myths with Facts: Sex-selective Abortion Laws in the United States*, June 2014, last accessed November 10, 2019, https://static1.squarespace.com/static/5ad64e52ec4eb7f94e7bd82d/t/5d2ca0d5cd54a90001b97595/1563205847373/replacing-myths-with-facts.pdf.
[15] "Abortion Bans in Cases of Sex or Race Selection or Genetic Anomaly," Guttmacher Institute, last modified November 1, 2019, https://www.guttmacher.org/state-policy/explore/abortion-bans-cases-sex-or-race-selection-or-genetic-anomaly.

preventing discrimination, their true motive is to advance an anti-abortion agenda and gut the constitutional right to abortion at the expense of marginalized communities.

III. Restrictions Impact on Health Access

The web of restrictions and bans highlighted here have ultimately created a landscape in which justice and equity are inaccessible. These bans are compounded by other efforts at the state and federal levels to limit access to abortion care and family planning services, such as the final Title X rule, known as the Domestic Gag Rule, which prohibits Title X-funded providers from referring patients for abortion care, state efforts to prohibit Planned Parenthood from receiving reimbursement under state Medicaid programs, and various strategies to limit who can provide abortion care and other reproductive health care services.[16]

A recent study by UC San Francisco's Bixby Center for Global Reproductive Health has shown that women who are denied an abortion and then give birth report worse health outcomes up to five years later as compared to women who receive a desired abortion.[17] Not only that, but as the country grapples with the maternal mortality crisis we face, one that disproportionately impacts Black women in particular, research has found that the states with higher numbers of abortion restrictions are the exact same states that have poorer maternal health outcomes.[18]

While it has been widely shown that abortion in the United States is an extremely safe procedure, abortion restrictions themselves continue to put individual's health and well-being at risk regularly. When facilities are closed down or restricted in the services they provide, when people must travel further distances to obtain services, research shows that people report multiple barriers to obtaining safe health care, including increased travel time, longer waits, and greater costs.[19] Additionally, when a person has no option but to obtain an abortion later in pregnancy or carry an unwanted pregnancy to term, these outcomes cause more danger to their health than the abortion itself.

Abortion restrictions can often also put a person's physical and emotional safety at risk. Decreased access to abortion care may lead a person to maintain unplanned or unwanted pregnancies keeping them in contact with violent or abusive partners. For example, 7 percent of women in the 2012 Turnaway study reported an incident of domestic violence in the last six months, compared to 3 percent of the women who obtained an abortion.[20] Although leaving an abusive relationship is never easy, women who accessed an abortion were able to leave while those who were forced to carry an unwanted pregnancy to term helped to keep the abusive partner in the women's life. This can often lead to lack of safety for entire families or communities.

---

[16] "Maternal Health and Abortion Restrictions: How Lack of Access to Quality Care is Harming Black Women," In Our Own Voice: National Black Women's Reproductive Justice Agenda and National Partnership for Women & Families, October 2019.
[17] Ralph, Lauren J., Eleanor Bimla Schwarz, Daniel Grossman, and Diana Greene Foster. "Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study." *Annals of Internal Medicine* (2019).
[18] *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*, Black Mama Matters Alliance and Center for Reproductive Rights, 2016, http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf.
[19] "Abortion restrictions put women's health, safety and well-being at risk," University of California San Francisco Bixby Center for Global Reproductive Health, last accessed November 10, 2019, https://bixbycenter.ucsf.edu/sites/bixbycenter.ucsf.edu/files/Abortion%20restrictions%20risk%20women%27s%20health.pdf.
[20] Hess, Amanda. "What Happens to Women Who Are Denied Abortions?" *Slate*, November 14, 2012, https://slate.com/human-interest/2012/11/the-turnaway-study-what-happens-to-women-who-are-denied-abortions.html.

Lastly, to put a fine point on something that we have alluded to heavily throughout this testimony, Reproductive Justice is Economic Justice. Low income people have significantly higher rates of unintended pregnancy, leading to higher rates of unintended births.[21] A majority of those who obtain abortions have incomes below 200 percent of the federal poverty line.[22] A top reason that people choose to have abortions is because of the significant expense of having and raising a child.[23] The long term effects of the abortion restrictions and bans discussed here are drastic as it relates to the economic security and stability of people who can become pregnant, particularly people of color and LGBTQ+ individuals. The Turnaway Study notes that those who were denied their abortion were four times more likely to be below the federal poverty line four years after being denied[24]. For states and governments to control the economic security of families, as well as individual's bodily autonomy, with such blatant disregard will continue to have drastic impacts on already marginalized communities for decades to come. This is not only unjust, it is unethical.

IV. Criminalization of Abortion

This President has said he would criminalize doctors and people who seek abortions. Unfortunately, this isn't just rhetoric but the reality for some who seek to manage their abortion on their own terms. Some state legislatures have passed laws that would criminalize doctors who perform abortions but were either blocked by the courts or vetoed by the governor.[25] We know that women of color, low income communities, and transgender and gender non binary people, and those living at the intersections of these identities, are most affected by the criminalization of pregnancy and abortion. Whether it is criminalizing women like Purvi Patel in Indiana for miscarriages or sending pregnant people to jail for substance use during pregnancy or making it impossible for people to end their pregnancies at home surrounded by those they trust - our bodies have become fodder for political gain.

V. Federal Solutions to Abortion Bans

The abortion bans we see across the country are both a state and federal problem, and we are pleased to be able to recommend a handful of federal solutions to ensure meaningful access to abortion care and over all access to care, particularly for marginalized populations.

The EACH Woman Act

The EACH Woman Act (H.R. 1692, S. 758) makes a meaningful change for those seeking abortion care by creating two important standards for reproductive rights. First, the bill respects that each of us should be able to make our own decisions about pregnancy. If someone gets their care or insurance through the federal government, they will be covered for all pregnancy-related care, including abortion. Second, the EACH Woman Act prohibits political interference

---

[21] Reeves, Richard V. and Joanna Venator. "Sex, contraception, or abortion? Explaining class gaps in unintended childbearing." Brookings Institution, February 26, 2015, https://www.brookings.edu/research/sex-contraception-or-abortion-explaining-class-gaps-in-unintended-childbearing/.

[22] Marcotte, Amanda. "Why Do Poor Women Have More Abortions?" Slate, March 2, 2015, https://slate.com/human-interest/2015/03/poor-women-have-more-abortions-even-though-middle-class-women-abort-more-of-their-pregnancies.html.

[23] Finer, Lawrence B., Lori F. Frohwirth, Lindsay A. Dauphinee, Susheela Singh, and Ann M. Moore. "Reasons US Women Have Abortions: Quantitative and Qualitative Perspectives." *Perspectives on Sexual and Reproductive Health* 37, No. 3 (2005): 110-118.

[24] Cohen, R. "Study Shows Women Who Are Denied Abortions Are More Likely to Experience Poverty," Advancing New Standards in Reproductive Health, January 24, 2018, https://www.ansirh.org/content/study-shows-women-who-are-denied-abortions-are-more-likely-experience-poverty.

[25] Nash, Elizabeth. "Unprecedented Wave of Abortion Bans is an Urgent Call to Action," Guttmacher Institute, May 22, 2019, https://www.guttmacher.org/article/2019/05/unprecedented-wave-abortion-bans-urgent-call-action; Crockett, Emily. "Oklahoma's governor just vetoed the bill that would have made abortion a felony," *Vox Media*, May 22, 2016, https://www.vox.com/2016/4/26/11510874/oklahoma-abortion-outlaw-felony-doctors.

with decisions of private health insurance companies to offer coverage for abortion care. The EACH Woman Act is a Reproductive Justice vision and affirms that we are fighting for a future where our families can thrive regardless of how much money we make or where we live.

The Women's Health Protection Act

The Women's Health Protection Act (H.R. 2975, S. 1645) would assure our right to access abortion free from medically unnecessary restrictions and bans such as those addressed in the hearing today. This includes pre-viability bans, bans that force doctors to provide medically inaccurate information to pregnant people, reason bans, and other restrictions that attempt to delay a pregnant person from receiving care such as waiting periods and ultrasounds that are not medically informed. A pregnant person's access to abortion care should not depend on where they live; the Women's Health Protection Act improves access to abortion care by prohibiting political interference and unnecessary abortion restrictions.

The EACH Woman Act and Women's Health Protection Act must both be passed in order for abortion access to become a reality: the removal of abortion bans means little to a pregnant person who still cannot afford an abortion because their health insurance doesn't cover it, and likewise, the ability to pay for an abortion via health insurance does not shrink the distance between a pregnant person's home and the nearest abortion clinic 200 miles away.

In a nationwide poll among Black, Latinx, and Asian American and Pacific Islander women surveyed in early 2019, 84% of women of color voters agree that candidates should support women making their own decisions about their reproductive health.[26] Moreover, over 60% of women of color voters noted that they would be watching their elected officials in Congress more closely than in previous elections.[27] As women of color become a more powerful voting bloc, Congress must take legislative action protecting abortion rights and access and can expect to be held accountable for their efforts--or lack thereof--to do so.

Holistic Approach and Inclusion of the Reproductive Justice Framework in all Policymaking

It is critical that any legislation passed to protect access to abortion includes a holistic approach to people's lives. A Reproductive Justice framework acknowledges that a pregnant person cannot even get in the door of a health center to receive abortion care if they do not have the transportation, child care, necessary immigration documents and the time off from work needed to access services. Additionally, as we have discussed here today, the numerous restrictions on abortion coverage, medically unnecessary waiting periods, and arbitrary gestational limits on pregnancy termination make many of the barriers insurmountable and therefore abortion care inaccessible.

From the Hyde Amendment to reason bans to refusals of care based on personal or religious beliefs, abortion restrictions disproportionately affect those who have been traditionally excluded from conversations on reproductive health and rights: women of color, LGBTQ people, young people, people with disabilities, immigrants, just to name a few. Those living with intersecting marginalized identities cannot afford to endure another abortion ban or attempts to take away

[26] "Understanding the Priorities of Women of Color Voters: Survey Findings - April 2019," SKDKnickerbocker and Intersections of Our Lives, April 2019, https://intersectionsofourlives.org/wp-content/uploads/2019/04/The-Intersections-of-Our-Lives-Survey-Findings-FINAL.pdf.
[27] *Ibid.*

affordable contraception because they are already battling discrimination in health clinics, wages too low to put food on the table, the debilitating costs of child care, attacks on their rights simply based on their immigration status or how long they've been in this country, and threats to our basic voting rights. For people of color, economic justice is reproductive justice. Immigration justice is reproductive justice. Voting rights and civil rights is reproductive justice. You cannot separate and silo these issues from each other: any attack on abortion rights is an attack on our ability to live with full agency over our lives and not just if and when we choose to grow our families but how we parent our children with economic stability and dignity.

As such, achieving reproductive justice does not mean just the elimination of abortion restrictions or bans on coverage so that abortions are affordable--it must also include achieving equal pay, especially for Black women who are making 61 cents for every dollar the white, non-Hispanic male makes, Latina women who make 54 cents, particular subgroups of AAPI women who make as low as 60 cents, and Native women who make 57 cents to the white male dollar.[28] It must include the ending of mass incarceration and immigration detention that is separating families, addressing maternal mortality and racial health disparities that black women face, ensuring clean water and communities free from harmful chemicals and pollution to raise families in, and implementing workplace policies like paid parental leave. The issues facing women of color and that bring them to the polls differ from that of white women, and nationwide polling shows that over three in four women of color need elected officials to recognize that the issues they face are intersectional.[29]

I thank the committee for raising the red flag on the decades long issue that is this web of abortion restrictions and bans currently in existence. I also appreciate this committee's dedication to addressing these issues through a lens of justice and equity and centering the valued lived experiences of marginalized communities, including Black, Latinx, AAPI and Native women, transgender, and gender non-binary people, LGBTQ+ people, low income individuals, people in rural communities, disabled individuals, youth, and immigrants. I explicitly name them all because all of our struggles are tied together and many of us live at the margins of multiple oppressed identities. I urge the House Oversight and Reform Committee to address these abortion restrictions with urgency and fervor, as that is what all of our communities deserve as we collectively work towards bodily autonomy and a world where full Reproductive Justice can be actualized. In Our Own Voice: National Black Women's Reproductive Justice Agenda stands ready to work with the committee to make this vision a reality.

[28] "The Wage Gap: The Who, How, Why, and What to Do," National Women's Law Center, September 27, 2019, https://nwlc.org/resources/the-wage-gap-for-black-women-working-longer-and-making-less/; "It's Not Really AAPI Equal Pay Day. Here's Why." National Women's Law Center, March 5, 2019, https://nwlc.org/blog/its-not-really-aapi-equal-pay-day-heres-why/.
[29] "Understanding the Priorities of Women of Color Voters: Survey Findings - April 2019," SKDKnickerbocker and Intersections of Our Lives, April 2019, https://intersectionsofourlives.org/wp-content/uploads/2019/04/The-Intersections-of-Our-Lives-Survey-Findings-FINAL.pdf.

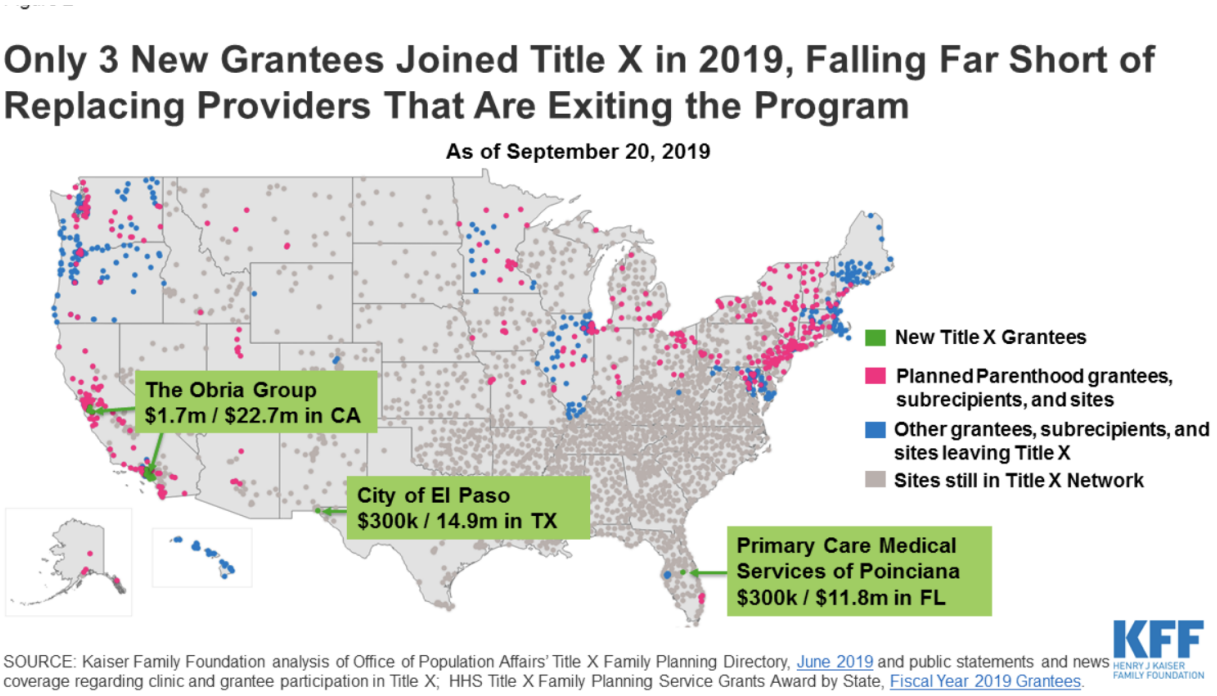
Appendices from In Our Own Voice State Partners

A. Abortion Access in California (Black Women for Wellness)

Although California has pretty good laws on the books for access and protections to abortion, the actual real lived experience to abortion care still has some ways to go.

Abortion Providers
California is home to over 40 million residents, almost 1 out of every 9 Americans. However, 40% of California Counties do not have an abortion provider which is home to about 3% of CA women. To put that in perspective, that is about the equivalent of no abortion providers for the entire population of Washington D.C. In addition, people who live in central CA, the far east side of the State and far north (between Modec and Solano County) have to travel hours to get to a clinic that provides abortion services.

Title X
The new regulations have had a dramatic impact on the number of clinics that are still in the program within the state. Well over 1 in 4 clinics in California have dropped out of being a Title X provider, for a total of 126 clinics. In addition, 1.7 million dollars got awarded to the Obria Group, a fake clinic/crisis pregnancy center network that has facilities throughout southern California.



Crisis Pregnancy Centers
They are over 170 Crisis Pregnancy Centers in the state of California.

Self Managed Abortion/Criminalization

Currently, there are no laws that protect pregnant people for self-managing their own abortion. In addition, just last week a 25-year-old woman was charged with first-degree murder in Hanford, CA for giving birth to a stillborn after drugs were found in her system.

Intersectional issues
California has a record number of homelessness in the State. Many families are getting pushed out of big cities because of unaffordable housing. Black folks are disproportionally represented in the homeless population. In Los Angeles black folks are 47% of the homeless population and 9% of the general population.

We do not have any protections for job discrimination of pregnant women.

B. Georgia Organizations Stand with Groups Challenging the Six-Week Abortion Ban (SisterLove Press Statement, July 11, 2019)

Members of the Georgia Reproductive Health, Rights, and Justice Coalition Support Georgia-Based Advocacy Organizations and Healthcare Providers in their Recently Filed Lawsuit, SisterSong v. Brian Kemp

On Friday, June 28th, SisterSong, Feminist Women's Health Center, Planned Parenthood Southeast, the American Civil Liberties Union of Georgia and others filed a lawsuit challenging the constitutionality of HB481 - Governor Kemp's recent anti-abortion legislation. Challengers are planning to file a motion to block the bill from going into effect while litigation continues.

The undersigned members of the Georgia Reproductive Health, Rights, and Justice Coalition support our partners for their courage and persistence in continuing the fight for reproductive justice and freedom. By serving as named plaintiffs, SisterSong, Feminist Women's Health Center, and Planned Parenthood Southeast are ensuring that the rights and interests of those most affected - particularly low-income women, women of color, and queer and trans communities - are centered in this work and the ACLU of Georgia is continuing to support our advocacy work by bringing the fight to the courts.

HB481, signed last month, would effectively ban all abortion procedures in Georgia after six weeks, before most people even know they are pregnant. This new law is set to go into effect in January 2020 and, until then, legal abortion services will continue to be available in Georgia up until 22 weeks from a person's last period.

We acknowledge that we do not live single issue lives, which means that we are constantly meeting at the intersection of various issues that influence why people in our communities make the decisions that are best for themselves and their families. With that, it would be remiss not to note that restrictions like HB481 disproportionately affect the health and autonomy of communities like ours – those who are Black, Indigenous, and people of color; LGBTQI folks; immigrants; and those striving to make ends meet.

We stand in solidarity with the seven out of ten Georgia voters who support the legal right to abortion and who oppose attacks on abortion access and reproductive justice. At

a time when states are criminalizing people - like Marshae Jones in Alabama - for pregnancy loss and when trans women - particularly black and indigenous trans women of color - are experiencing extreme rates of murder and violence we must continue fighting against all assaults on our bodily autonomy and reproductive freedom.

Abortion is healthcare and healthcare is a human right, full stop. All Georgians deserve the right to make their own decisions regarding their reproductive health, families, and lives. We are optimistic that the United States District Court will follow the lead of other courts - including the Supreme Court - and block or strike down this unjust restriction on the basic human right to bodily autonomy.

Access Reproductive Care (ARC)-Southeast
NARAL Pro-Choice Georgia
National Asian Pacific American Women's Forum (NAPAWF), Georgia Chapter
SisterLove, Inc.
SPARK Reproductive Justice Now!, Inc.
URGE: Unite for Reproductive & Gender Equity

C. SPARK Reproductive Justice NOW!, Inc. Responds to the Signing of HB481 in Atlanta Georgia (Press Statement, May 7, 2019)

In considering GA's extremely inferior and detrimental health crisis, especially amongst Black women and Queer, Trans and nonbinary folks, SPARK is dedicated to pursuing proactive ways of advancing our healthcare systems, practices and outcomes. Unfortunately, our legislators have decided to play politics with Georgians, and we are now here to discuss how the government has inserted itself in our personal and private life decisions by enforcing an abortion ban. To be clear, this abortion ban is a ban on health care.

It is forced pregnancy bill that denies a person their right to self-determination and bodily autonomy. This is a critical public health issue and if this ban is put in place, it will become an injurious public health crisis for this state. We cannot afford this! Georgia already has the worst maternal health outcomes and maternal morbidity AND mortality rates in our nation, comparable to the maternal health outcomes of underdeveloped countries.

Georgians deserve policies and laws that eliminate systemic and structural barriers to adequate reproductive and comprehensive care and provide universal and meaningful access to quality healthcare.

Put simply, when people lack access to safe abortion services, they die. Period. History, our current stories, and public health research/data proves that. Complications of unsafe abortions are among the leading causes of maternal illness and death. Lack of access – and now restriction of access — will not result in people not having abortions. This will only result in an increased amount of unsafe abortions. This is a critical reproductive justice and public health issue specifically for Black, brown, indigenous, Trans and Queer folks who already have severe limitations to access to affordable and affirming reproductive and sexual health services and healthcare coverage.

SPARK and our partners will continue to do the work of ending white supremacy, patriarchy and attacks on bodily autonomy. Please do not be discouraged, stay engaged and stay vigilant! We will continue to work with our legislative champions, as well as, community leaders to put forth a proactive Reproductive Justice agenda that aims to save lives and uplift our shared liberation.

For more information on SPARK and how to stay civically engaged contact:

Dr. Krystal Redman
Executive Director
SPARK Reproductive Justice Now!, Inc
info@sparkrj.org
www.sparkrj.org