



## *House of Representatives*

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### **STANDING COMMITTEES**

GOVERNMENTAL AFFAIRS  
INSURANCE  
SMALL BUSINESS DEVELOPMENT

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Thank you, Honorable Chair Maloney, for inviting me to address your committee today on behalf of Georgians. Twenty years ago, I had an abortion and faced significant unnecessary burdens in trying to do so. Sadly, over the last 20 years, barriers to accessing abortion care have only increased, exacerbating an ongoing public health crisis defined by more maternal deaths, increasing poverty, and greater inequality overall. The Dobbs decision will amount to structural violence for many communities but most egregiously for Black, Brown, Indigenous people of color, people with disabilities, LGBTQ+ people, and people living at the intersection of these identities who have already sustained centuries of oppression and lack of access to reproductive freedom. Since the inception of America, Black women have been battling for our bodily autonomy, resisting rape, forced birthing during enslavement, and involuntary sterilization into the late 1970s.

Today accessing abortion in Georgia depends on whether or not you have the resources to overcome economic, institutional, and legal barriers restricting access to care. Per the National Partnership for Women and Families Organization, Georgia has over 2.5 million women of reproductive age, and almost half of them are economically insecure. Having a child has implications for one's education, earnings, and economic security – an essential aspect of planning for one's future. Each of us is an expert in our unique life situations. Once a person decides whether or not to carry a pregnancy, regardless of the reason, no one should stand in the way of their decision. They should have access to quality care with dignity, free from government interference or judgment.

As a lawmaker in Georgia, I've witnessed that many barriers exist to accessing reproductive healthcare, and this is true whether you are trying to carry a healthy pregnancy or access abortion. To be clear, while being known internationally to many as being resource-rich, the Atlanta Metro Area does not reflect the majority of Georgia, which is rural and lacks access to many of the resources Atlanta has. Over half of Georgia's 159 counties do not have access to an OBYGN. Georgia continues to rank highest in maternal mortality, with Black women being 3-4 times more likely to die than their white counterparts. Forcing a person to carry an unwanted or medically dangerous pregnancy increases the chance of death of the pregnant person, future infertility, and leads to poor health outcomes unnecessarily. To put it bluntly, abortion is healthcare as it is commonly necessary to resolve miscarriages, ectopic pregnancies, and dangerous health conditions, but there are many areas of the state where pregnant people must travel hours to receive any of this emergency care, thereby increasing the chance of maternal death. This presents more barriers to accessing care as Georgia's



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infrastructure in terms of transportation and broadband internet is sorely lacking for today's needs. Georgia does not have a robust transit system. It's still the case in most of Georgia; if you don't have access to a car, you will not be able to access care of any kind. Our lack of broadband infrastructure in rural parts of the state makes it hard for many Georgians to identify providers or attend telemedicine appointments. Increasing barriers to affording care, Georgia has some of the lowest legal wages in the country. Georgia's state minimum wage is effectively a racist carve-out allowing agricultural and domestic workers to be legally paid \$5.25 per hour. These two industries almost exclusively employ Black and brown workers. Many Georgians find affording basic needs to be very much out of reach. To be clear, these challenges in Georgia are solvable. They are the result of years of Conservative-led government equaling a lack of investments in Georgians. That has led to a harsh reality for many. Poor leadership persists because of rampant voter suppression targeting Georgians struggling the most. All of these factors have made accessing abortion and reproductive healthcare challenging to obtain for many.

Georgia has less than ten clinics statewide performing abortions. Most of the work is being done by independent clinics with limited staff and financial resources, not well-funded large corporations like Planned Parenthood. After Texas implemented Senate Bill 8, abortion providers across the region say they're struggling to accommodate the surge in out-of-state patients as Texas is the nation's second-most-populous state. Since the Dobbs Decision, some clinics have decided to close, anticipating that House Bill 481 could go into effect any day and outlaw abortion in Georgia. If abortion is outlawed in Georgia many will not have the resources to get care out of state. The ability to access reproductive healthcare should not be determined by the state a person lives in. Having a patchwork of reproductive freedom across the country is detrimental to individuals and families. Since the Dobbs decision, providers in Georgia tell me that they have seen two patterns emerge. First, they have been overwhelmed with calls from out-of-state patients as states one by one rush to ban abortion. A provider in Alabama referred 100 patients in one phone call to the Atlanta-based provider I spoke with. The second pattern is that patients are terminating earlier and earlier in pregnancy, feeling pressured to be decisive before losing access to abortion altogether. The latest decision in Dobbs v Jackson Women's Health Organization has only exasperated a dire lack of access to care. Abortion rights should've never been left up to the courts. We must immediately codify complete reproductive freedom in law and ensure that everyone can thrive with dignity.

State Representative Renitta Shannon

July 12th, 2022