



Our Bodies. Our Lives. Our Futures.

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February 11, 2020

The Honorable Frank Pallone
Chairman
House Committee on Energy & Commerce
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
House Committee on Energy & Commerce
Washington, DC 20515

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health
House Committee on Energy & Commerce
Washington, DC 20515

The Honorable Michael C. Burgess
Ranking Member
Subcommittee on Health
House Committee on Energy & Commerce
Washington, DC 20515

Dear Chairman Pallone, Chairwoman Eshoo, Ranking Member Walden, Ranking Member Burgess, and Members of the Subcommittee:

We are an organization created by and for young women-identifying, nonbinary, gender nonconforming, and femme individuals from across the country. For far too long, decisions about our bodies, lives, and futures have been made without listening to our voices. Today, however we are making sure our voices are heard as you convene for a hearing on H.R. 2975, the Women's Health Protection Act. The legislation before you is a critical means of protecting access to abortion care from state-level bans and medically unnecessary restrictions.

Today, we are using our voices to express our utmost support for this legislation. And we are using our voices to affirm our right to make decisions about our own lives – from the halls of Congress to our doctors' offices – and our right to access the support and care that will enable us to turn our decisions into reality.

In the last decade, anti-abortion lawmakers have worked in coordinated efforts to deny access to abortion care. Each of the nearly 450 laws they passed established barriers that mean only those of us born in certain zip codes are able to receive comprehensive health care. Each of the nearly 450 laws they passed created barriers that will most deeply burden people of color; lesbian, gay, bisexual, transgender, and queer people; people living in poverty, young people, and people living in rural or medically underserved areas.

Approximately 60 percent of abortion patients are in their mid-twenties,¹ so these restrictions are personal. They are inhibiting our ability to exercise our constitutional rights, and thus preventing us from being in control of our own futures, which we are working hard to create. These restrictions mean we are forced to compromise our ability to show up and engage fully in our daily lives; participate equally in our communities, education, and jobs; and care for our full health.

The Women's Health Protection Act would give us back our futures, by ensuring that *today* we can receive the health care we deserve without interference from medically unnecessary restrictions and bans. We are in solidarity with our peers who are already forced to contend with the consequences of their lawmakers' actions. And we are terrified of what lies ahead if

¹ Jerman J, Jones RK and Onda T. "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008." Guttmacher Institute. 2016. <https://www.guttmacher.org/infographic/2016/us-abortion-patients>



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state-level bans and medically-unnecessary restrictions continue to spread.

Already, nearly 90 percent of American counties are without a single abortion provider, and six states are down to their last abortion clinic. For people living in these communities and states, the only way to receive abortion care is to travel long distances and pay the associated costs. In fact, nearly one-fifth of U.S. abortion patients traveled more than 50 miles one-way.² For the 16.1 percent of young adults, ages 18-24, living in poverty,³ the cost of gas or tickets for planes, trains, and automobiles is too far out of reach.

For individuals who can make it to an abortion clinic, but are subject to medically unnecessary waiting periods, they face rising abortion care costs: from \$350 at an abortion clinic or \$500 at a physician's office in the early weeks to over \$1,000 over time.⁴ Again, as poverty rates among young adults rise,⁵ the costs wrought by the waiting period means accessing care is no longer an option.

We cannot allow people to be turned away from the care they, and their doctors, believe is best for them. If they are, the consequences can be deadly for people who get pregnant. In the years just before *Roe v. Wade* recognized the right to abortion care, there were about 40 abortion-related deaths per million live births.⁶ By 1976, that number dropped to about 1 abortion-related death per million live births, before continuing to decrease.⁷

Now, decades later, as we are forced to again fight to exercise our constitutionally-protected right, maternal mortality rates increase. Research tells us that the rise of state-based abortion restrictions may be contributing to that increase.⁸ Therefore, it is not hyperbole to say we are supporting The Women's Health Protection because we are fighting for our futures and we are fighting for lives.

It is time medical decisions are returned to medical professionals and patients, rather than the political pursuits of politicians. It is time to pass the The Women's Health Protection Act.

We thank the Committee for holding this hearing.

Sincerely,

Platform

²Liza Fuentes and Jenna Jerman. "Distance traveled to obtain clinical abortion care in the United States and reasons for clinic choice." Guttmacher Institute. July 8, 2019. <https://www.guttmacher.org/article/2019/07/distance-traveled-obtain-clinical-abortion-care-united-states-and-reasons-clinic>

³Child, Young Adult Poverty Rates Stagnate: Census Data Show Millions Left Behind." CLASP. September 12, 2018.

<https://www.clasp.org/press-room/press-releases/child-young-adult-poverty-rates-stagnate-census-data-show-millions-left>

⁴Abortion Facts." National Abortion Federation. Retrieved March 8, 2018. <https://prochoice.org/education-and-advocacy/about-abortion/abortion-facts/>

⁵Poverty Among Young Adults is on the Rise." Goldman School of Public Policy, University of California Berkeley. June 6, 2019.

<https://gspp.berkeley.edu/news/news-center/poverty-among-young-adults-is-on-the-rise>

⁶Willard Cates, Jr., et al. "Legalized abortion: effect on national trends of maternal and abortion-related mortality (1940-1976)." *American Journal of Obstetrics and Gynecology*. 1978. 132(2):221-224.

⁷Willard Cates, Jr., David A. Grimes, and Kenneth F. Schulz. "The Public Health Impact of Legal Abortion: 30 Years Later." Guttmacher Institute. January 1, 2003.

<https://www.guttmacher.org/journals/psrh/2003/01/public-health-impact-legal-abortion-30-years-later>

⁸Last Five Years Account for More Than One-Quarter of All Abortion Restrictions Enacted Since Roe." Guttmacher Institute. January 13, 2016.

<https://www.guttmacher.org/article/2016/01/last-five-years-account-more-one-quarter-all-abortion-restrictions-enacted-roe>