

Hearing on H.R. \_\_\_\_,  
Prenatal Nondiscrimination Act (PRENDA) of 2016

**In Person Testimony**  
**Miriam Yeung, MPA**  
**National Asian Pacific American Women's Forum (NAPAWF)**  
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Chairman Franks, Ranking Member Cohen, and Members of the Subcommittee:

Thank you for allowing me to testify before you today. I lead the National Asian Pacific American Women's Forum—the country's only multi-issue organization dedicated to building a movement for social justice and human rights for Asian American and Pacific Islander women and girls in the United States.

On behalf of NAPAWF and the dozens of women's rights, reproductive justice, and civil rights groups that stand with me, I strongly urge the members of this Congress to oppose the Prenatal Non-Discrimination Act of 2016.

This bill represents a duplicitous attempt to address racial and gender discrimination, while actually intending to chip away at abortion rights. Not only does this legislation call into question a woman's motives for seeking abortion care, it is especially punishing in the precedent it would set: forcing doctors to scrutinize a woman because of her race or ethnicity. The decision to seek abortion care should be up to a woman, her doctor, and her family, and not politicians. The majority of Americans supports this value and believe that a woman knows what is best for her and her family.<sup>i</sup> This bill would open the door to increased intrusion into a woman's ability to get health care and in the process, perpetuate stereotypes about women of color.

Instead of introducing legislation to restrict abortion rights, I encourage members of the subcommittee to support racial equality in a real way: by addressing health-care disparities in communities of color, and protecting the sanctity of the doctor-patient relationship by supporting open, honest communication with one's medical provider—which we know to be critical to quality medical care. This bill promotes the exact opposite—forcing doctors to act as police interrogators in their exam rooms, ultimately making women more reluctant to share their personal experiences for fear of their private information being made public. When medically accurate, safe, and nonjudgmental patient counseling is taken away, women—especially those vulnerable to domestic violence or trafficking—lose the chance to seek help from their health care providers.

This bill perpetuates the offensive stereotype that Black women are unable to make reproductive health decisions for their own families. It essentially accuses Black women of being irresponsible and, worse, intentionally deselecting babies who share their own race. It is true that Black women choose abortion care more often than other communities do, but this is because of a well-documented disproportionate lack of access to contraception.<sup>ii</sup> This legislation does nothing to address the root causes of unintended pregnancies, such as the dearth of reproductive health clinics in Black neighborhoods, economic insecurity, or historically rooted inequalities within these communities.<sup>iii</sup>

In February of 2016, Black women leaders came together in solidarity to affirm Black women's autonomy and reject legislation—like PRENDA—that relies on racist claims about Black mothers. In their own words: Monica Raye Simpson, Director of the Trust Black Women Partnership said, "Bans on abortion based on race rely on anti-Black and anti-immigrant stereotypes about women of color and constitutes a direct assault on Black motherhood. We must remember that this legislation has its origins in the billboards put up here in Atlanta and around the country attacking Black mothers and stigmatizing our decisions about pregnancy, billboards we fought and successfully saw removed." Alicia Garza, co-founder of Black Lives Matter, said:

“We absolutely have to make sure that reproductive justice and reproductive freedom is part of the narrative of what it takes to make Black Lives Matter.”

Women of color already face difficulties accessing health care and have poorer health outcomes. Black women are more likely to die from preventable pregnancy related causes than white women,<sup>iv</sup> and their unintended pregnancy rate is higher than any other ethnic or racial group.<sup>v</sup> Vietnamese women are five times more likely to die from cervical cancer than white women.<sup>vi</sup> High levels of poverty prevents Asian American women and other women of color, from accessing healthcare every day, especially when 27 percent of Hmong Americans, 21 percent of Bangladeshi Americans, and 19 percent of Tongan Americans, live in poverty in the United States.<sup>vii</sup> Unfortunately, PRENDA would make healthcare outcomes for women of color *even worse*.

This legislation also perpetuates the offensive stereotype that Asian-American families do not value the lives of their girl children, while also not addressing the issue of sex-selection by ignoring substantive policy to alleviate the root causes of son preference or gender inequity. Son preference is a symptom of deeply rooted social biases and stereotypes about gender. Gender inequity cannot be solved by banning abortion. An inter-agency UN statement addressing sex selection and gender discrimination clearly explains that countries “have an obligation to ensure that these injustices [meaning son preference] are addressed without exposing women to the risk of death or serious injury by denying them access to needed services such as safe abortion.”<sup>viii</sup> Aruna Papp, the Canadian advocate cited in the findings concurs with this opinion and has submitted written testimony opposed to PRENDA for the harm it will do to women. South Korea is the only country to dramatically alter its skewed sex-ratio bias, which occurred due to changes at the societal level as social and economic conditions increased professional and educational options for women and girls.<sup>ix</sup>

Asian American and Pacific Islander women know that gender inequities do exist and are working in culturally competent ways to provide long-term, sustainable solutions. NAPAWF and others are working with members of our own community to empower women and girls, thereby challenging norms and transforming values. For example, we are carrying out programs that build the leadership of women, improve our economic standing, create better access to healthcare, and end gender-based violence against us.

Instead of combatting racial and gender discrimination, PRENDA is nothing more than an attempt to limit abortion access for women of color. Under the guise of promoting equity, this bill perpetuates punishing stereotypes about our communities and undermines our constitutional rights.

You cannot help women by taking away women’s rights. I welcome all members of Congress to work with NAPAWF, and all other organizations that stand with me, to pass legislation that truly results in racial justice and gender equality. Let’s really work together to improve the lives of women. Let’s not make women seeking health care into suspects. Let’s move away from legislation rooted in racial stereotyping, and instead address the real causes of racial and gender inequality in our country.

Thank you.

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<sup>i</sup> Lydia Saad, *Am. Choose "Pro-Choice" for First Time in Seven Years*, Gallup (May 29, 2015) [www.gallup.com/poll/183434/americans-choose-pro-choice-first-time-seven-years.aspx](http://www.gallup.com/poll/183434/americans-choose-pro-choice-first-time-seven-years.aspx).

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- <sup>ii</sup> See generally Susan A. Cohen, *Abortion and Women of Color: The Bigger Picture*, 11 *Guttmacher Pol’y Rev.* (Aug. 2008) <https://www.guttmacher.org/about/gpr/2008/08/abortion-and-women-color-bigger-picture>.
- <sup>iii</sup> *Id.*
- <sup>iv</sup> Elizabeth A. Howell et al., *Black-white differences in severe maternal morbidity and site of care*, 214 *Am. Journal of Obstetrics & Gynecology*, 122.e1 (Jan. 2016).
- <sup>v</sup> Guttmacher Inst., *Unintended Pregnancy in the U.S.*, (Mar.2016) <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.
- <sup>vi</sup> Ctr for Disease Control and Prevention, *HPV in Cmty. of Color*, (May 2015) <http://www.cdc.gov/features/preventhpv/>.
- <sup>vii</sup> Nat’l Coalition for Asian Pac. Am. Cmty Dev., *Spotlight: Asian Am. & Pac. Islander Poverty*, 11 (June 2013) [nationalcapacd.org/sites/default/files/u12/aapi\\_poverty\\_report-web\\_compressed.pdf](http://nationalcapacd.org/sites/default/files/u12/aapi_poverty_report-web_compressed.pdf).
- <sup>viii</sup> World Health Org., *Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO* (Geneva: WHO, 2011) [http://whqlibdoc.who.int/publications/2011/9789241501460\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf).
- <sup>ix</sup> Woojin Chung & Monica Das Gupta, *Why is Son Preference Declining in South Korea? The Role of Dev. and Public Policy, and Implications for China and India*, 4373 *The World Bank Dev. Research Grp. Policy Research Working Paper 2*, 10 (Oct. 2007) [www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_Publication-39869.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Publication-39869.pdf); See also Geeta Anand & Jaeyeon Woo, *How South Korea turned the tide on a demographic imbalance threatening eco. growth and soc. structures*, *Wall Street Journal* (Nov. 2015) [www.wsj.com/articles/asia-struggles-for-a-solution-to-its-missing-women-problem-1448545813](http://www.wsj.com/articles/asia-struggles-for-a-solution-to-its-missing-women-problem-1448545813).